New York State Department of Health

Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	GPDDC Move
2. Name of Applicant	Gramercy Park Digestive Disease Center
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions **Kim Hess**, COO khess@monroeplan.com **Howard Brill**, SVP Population Health Management and Quality hbrill@monroeplan.com **Andrea Indiano**, Project Manager aindiano@monroeplan.com **Todd Glanton**, SVP Technology and Analytics, IT tglanton@monroeplan.com **Sylvia Yang**, Health Systems Analyst syang@monroeplan.com
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization with experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	12/2/2024
6. Date the HEIA concluded	1/10/2025

7. Executive summary of project (250 words max)

This project is a relocation of GPDDC, LLC, an existing Article 28 single specialty surgery center performing endoscopy procedures from 250 Park Avenue South to 36 East 31st Street, NYC, 10th Floor. The new space is 8048 square feet, the same size as the space at the Park Avenue location. The new location will have the same number of four endoscopy suites as the existing Center at the Park Avenue location. The new location will be built to comply with the New York state and CMS program requirements.
The move has been necessitated by the termination of the applicant's lease at 250 Park Avenue. The termination will occur at the end of the current lease term, which is the end of the third quarter of 2025, with a couple of months of flexibility as needed. The landlord of the prior building is changing the use of the building, no longer allowing for healthcare-related tenants.
The project's total cost to renovate and equip the new location is projected at $3,598,374.
The service area remains the same. The new site is located just 12 blocks from the old one in mid-town Manhattan. The medical staff and operational staff, clinical and administrative, will remain unchanged.

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

The project is a short relocation of 0.6 miles in midtown Manhattan for a service area that includes much of the New York metropolitan area. There are no changes in services, staff, space, or other relevant aspects of the gastroenterology healthcare services the Applicant provides. As a result, the project has minimal impact on health equity and is not likely to have any effect on systemic barriers.

The service area is large and highly diverse, with many medically underserved areas neighboring the original and proposed locations. As a gastroenterology surgical center, the most relevant disparities are related to colorectal cancer, of which significant disparities exist, particularly between Blacks and White non-Hispanics. Colorectal cancer screenings are a potential means for reducing disparities. For a specialty surgical center, performing screening requires referrals from a primary care provider.

The NYC Department of Health and Mental Hygiene (DOHMH) supports the NYC Community Cares Project (CCP), which links community health centers with gastroenterology surgical centers for screenings of uninsured persons. GPDDC had, prior to the COVID-19 pandemic, participated in CCP. NYC DOHMH advocates for GPDDC restarting its participation in the program.

Two other community stakeholders representing health centers were interviewed for the project. They concur that the project has minimal impact. One of them is also involved in the CCP program and recommends it. They further encourage the Applicant to engage with community providers in deeper ways and see specialty

providers' involvement as improving outreach and education through their expertise and credibility.

The Applicant currently has limited monitoring processes in place for health equity. The Assessor notes that CMS is introducing mandatory reporting requirements related to the traditional Medicare quality program over the next several years. The Applicant may benefit from beginning a planning process for those requirements.

In conclusion, the project has minimal health equity impact. The Applicant can help reduce access barriers for the uninsured by participating in the CCP program. There are further opportunities for working with community providers to support outreach and education, and to provide additional expertise for underserved persons with cancer. The Applicant should also be aware of future planning and reporting requirements related to health equity and health-related social needs.

SECTION B: ASSESSMENT

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

STEP 1 – SCOPING

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

   The current location of the facility is in zip code 10003, which is part of the Lower East Side and Chinatown Neighborhood as defined by NYC Taskforce on Racial Inclusion and Equity. The proposed new location is in zip code 10016. That zip code is adjacent to a medically underserved area to the west.

   The service area identified in the Certificate of Need is midtown Manhattan. The primary service area following the CMS definition of the highest 75th to 80th percentile of zip codes includes portions of Manhattan, the Bronx, Brooklyn, Queens, and Jersey City. The primary service area is shown in Figure 1. The zip codes with over 100 discharges per year from the facility are, in order, 10009, 11206, 10002, 11211, 10472, 10025, 10462, 10003, 11385, 10451, 10011, 11221, 10456, 11215, 10027, and 10016. These zip codes comprise 32% of the 2023 discharges and are highlighted in Figure 2. In addition to parts of the lower East Side of Manhattan, this group includes zip codes in the Bronx, Brooklyn, and Queens. The zip codes of the current and proposed locations comprise less than 3% of all 2023 discharges. The largest proportion of discharges were from zip code 10009, and were 5% of 2023 discharges.

The primary service area and the zip codes with over 100 discharges per year include HRSA-designated medically underserved areas. Portions of the 10009 zip code are also medically underserved areas.

Sources:

ACS 2022. “Five-year Estimates.”

SPARCS 2023.

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

3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

   <u>Low-income people</u>

   For the primary service area, the percent of the population below the poverty level is 16.5%. About 24.3% of the primary service area population is receiving food stamps or SNAP benefits. There is a very large variation in poverty rates in the primary service area. The 10009 zip code, which has the largest number of discharges and represents 5% of the discharges, has a poverty rate of 19.2%, with 18% on Food Stamps or SNAP Benefits.

Racial and Ethnic Minorities

The primary service area is 33.7% White, with a Black population of 25.8%, 9.8% Asians, 10.3% of persons identifying as two or more races, and 19.6% identifying some other race. 37.3% identify as Hispanic or Latino. Because the facility provides gastroenterology endoscopy, disparities in gastrointestinal disease are relevant to the assessment. Non-Hispanic Blacks have the highest rate of colorectal cancer and incidence and mortality among races (American Cancer Society 2017). For 2022, the rate of age-adjusted colorectal deaths per 100,000 for non-Hispanic Blacks was 16 compared to 12.7 for non-Hispanic Whites (National Cancer Institute 2022b).

Immigrants

The midtown area has a 30% foreign-born population, and other parts of the primary service area have a higher proportion of immigrants. Of the zip codes with over 100 discharges per year, the percentage of immigrants in the population ranges from 19% to 41%.

Sources:

ACS 2022, “Five-Year Estimates,” DP02_0094

NYC Community Health Profiles

People with disabilities

ACS data identifies 11.7% of persons with disabilities. An estimated 3.2% of NYC residents use non-prescription substances other than alcohol and cannabis. There are 23.9% of adults with mental health diagnoses and 39.4% who are estimated to have some level of impairment due to behavioral health problems. (NYC Department of Health 2024).

Older Adults

In the service area, 13.6% of the population was age 65 or older.

People who receive public health benefits

Public health coverage is 45.7% for the primary service area.

People who do not have or have inadequate 3rd party coverage

The New York City Department of Health and Mental Hygiene identified people as lacking health insurance as a priority area. The ACS data indicates that 7.0% of the service area population lacks health insurance coverage.

Sources:

American Cancer Society. 2017. Colorectal Cancer Facts & Figures 2017-2019. Atlanta: American Cancer Society.

ACS 2022 Five-Year Estimates.

Community Stakeholders.

National Cancer Institute. 2022. “Cancer Disparities - Cancer Stat Facts.” *SEER*. Retrieved June 28, 2024 (https://seer.cancer.gov/statfacts/html/.html).

National Cancer Institute 2022. Cancer Statistics Explorer Network. *SEER*Explorer.* Retrieved August 19, 2024 (https://seer.cancer.gov/statistics-network/explorer/application.html?site=20&data_type=2&graph_type=2&compareBy=race&chk_race_6=6&chk_race_5=5&chk_race_4=4&chk_race_9=9&chk_race_8=8&sex=1&age_range=1&advopt_precision=1&advopt_show_ci=on&hdn_view=0&advopt_show_apc=on&advopt_display=2#resultsRegion0)

NYC Department of Health and Mental Hygiene 2024. The State of Mental Health of New Yorkers. NYC Department of Health and Mental Hygiene.

SPARCS 2023.

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

   Since the project is a 0.6-mile relocation without any capacity, services, or staff changes, its net impact is negligible.

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

   To respond to this question, we identified the top 20 procedures performed at Gramercy Park Digestive Disease Center (GPDDC) during 2022 and 2023 (after removing generic procedure codes such as documentation codes). We then looked at the population receiving that service set in the primary service area during 2023. We also examined the population of patients at the Gramercy Park Digestive Disease Center.

   The unique patients in the service area analysis for 2023 were 173,458, with 192,461 discharges. For Gramercy Park Digestive Disease Center, there were

8,655 discharges and 7,845 patients. (The number of GPDDC discharges is different from Table 2 because Table 2 only includes the top 20 procedures.)

Racial and Ethnic Minorities

There are significant differences in racial data reporting in the SPARCS data compared to the ACS data that suggests problems in facilities data collection. The percentage with two or more races indicated for the service area was 0.92% in the SPARCS data compared to 10.3% in the ACS data. Similarly, “Other” race was indicated in 46.1% of the service area patients compared to 19.6% in the ACS data. There were 28.9% of the patients indicating White, 18.8% Black, and 4.8% Asian. For ethnicity, 28.2% of the patients indicated Hispanic or Latino ethnicity.

The GPDDC data showed 44.1% of the patients as indicating “Other,” 29.9% as White, 17.5% as Black, and 8.6% Asian. For ethnicity, 1.5% indicated Hispanic or Latino ethnicity.

Older Adults

In the primary service area, for facilities providing similar services, the average age of consumers was 55 years in 2023. 27.6% of the consumers were age 65 years or older. As expected for these services, the patients are older than the general population.

For GPDDC, 24.4% of the patients were age 65 or older. The average age was 54 years.

People who receive public health benefits

For 2023, 43.3% of the discharges in the service area had Medicare or Medicaid as the primary payer. In contrast, at GPDDC, 9.3% of the discharges were paid by Medicare or Medicaid.

People who do not have or have inadequate 3rd party coverage

For 2023, 3.5% of the discharges in the service area were in the self-pay, charity, or bad debt category. For GPDDC, 1.4% of the discharges were listed as self-pay, charity, or bad debt.

Low Income, Immigrants, People with Disabilities

The available data does not allow for the identification of income levels, immigration status, or disability.

Sources:

ACS 2022. “Five-year Estimates.”

SPARCS 2023.

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

   To analyze similar facilities, we identified the top 20 procedures performed at the facility. We then selected from the SPARCS data other facilities in the service area that performed similar services. There were 52 other facilities in the service area that had 1000 or more discharges for the service set during 2023. Those facilities are displayed in Figure 3. To further narrow the analysis, we looked at alternative facilities within two miles of the current location in midtown Manhattan. Those facilities and their distance to the current facility are shown in Table 1.

   Table 1 Distance of Alternative Facilities with 1000 or more discharges within Two Miles

Facility Name	Distance (Miles)
East Side Endoscopy and Pain Management Center	0.36
Kips Bay Endoscopy Center	0.59
Bellevue Hospital Center	0.61
Lenox Health Greenwich Village	0.65
NYU Langone Hospitals	0.80
NYU Langone Rusk Ambulatory Care Center	0.94
Manhattan Endoscopy Center	1.24

   Source: SPARCS 2023

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

   As described above in Step 1, Question 6, there are a large number of facilities that provide similar services in the service area. Table 2 lists the market share of facilities in the service area with over 5,000 discharges during 2023. The facilities with over 5,000 discharges represent slightly over 50% of all discharges. The Applicant facility has 3.4% of the current market share, with the fifth highest market share.

Table 2 Market Share for Similar Outpatient Discharges for the Primary Service Area, 2023

Facility Name	Discharges	Percent	Cumulative Percent
Advanced Endoscopy Center	8855	4.6%	4.6%
West Side GI	6883	3.6%	8.2%
Bronxcare Hospital Center	6760	3.5%	11.7%
The Endoscopy Center of New York	6698	3.5%	15.2%
Gramercy Park Digestive Disease Center	6524	3.4%	18.6%
East Side Endoscopy and Pain Management Center	6390	3.3%	21.9%
New York GI Center, LLC	6376	3.3%	25.2%
Mid-Bronx Endoscopy Center	6355	3.3%	28.5%
Gramercy Park DDC - Bennett Avenue	6056	3.1%	31.6%
Carnegie Hill Endoscopy, LLC	5891	3.1%	34.7%
Liberty Endoscopy Center	5332	2.8%	37.5%
Manhattan Endoscopy Center, LLC	5217	2.7%	40.2%
NYU Langone Rusk Ambulatory Care Center	5174	2.7%	42.9%
New York-Presbyterian David H. Koch Center	5142	2.7%	45.5%
Kips Bay Endoscopy Center, LLC	5093	2.6%	48.2%
New York-Presbyterian Hospital - Columbia Presbyterian Center	5074	2.6%	50.8%
All Others	94641	49.2%	100.0%
Total	192461	100.0%	

Source: SPARCS 2023

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

   Not applicable. To our knowledge, the General Hospital Indigent Care Pool does not apply to Ambulatory Surgical Centers.

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

   There are no staffing changes due to this project.

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

The Applicant reported no civil rights complaints from consumers or employees in the past ten years.

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

    There have been no similar projects by the Applicant in the past five years.

STEP 2 – POTENTIAL IMPACTS

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

    The project involves a relocation of a little over ½ miles in the same area of Manhattan. It is not expected to significantly impact health equity for the underserved groups identified in this assessment.

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

    Although transportation is a potential concern in any relocation, the new location provides a more convenient subway stop for consumers traveling from upper Manhattan and the Bronx. It is an area well-served by public and private transportation. Some existing consumers may experience confusion navigating to a new location, which can be mitigated with notification and instructions.

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.

    Because the project is a short move, it is not expected to impact indigent care.

    In 2023, 117 discharges or 1.4% of 8,655 were listed as self-pay, charity, or bad debt.

    Source: SPARCS 2023.

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.

   Many public and private transportation services serve the midtown Manhattan area. These include bus and subway services by the Metropolitan Transit Authority. Private transportation includes taxi services, Uber Health, Lyft, and other ride-share services. MAS supports Medicaid transportation: https://www.medsanswering.com.

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

   The project will meet ADA-compliant accessibility standards.

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

   The facility does not provide maternal health care services or comprehensive reproductive health care services, and its relocation will not impact the availability of these services.

<u>Meaningful Engagement</u>

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

   NYC Department of Health and Mental Hygiene

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

   Yes

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

   The Assessor was able to engage the NYC Department of Health and Mental Hygiene (DOHMH) and two nearby health centers: the Union Health Center, and

the Charles B. Wang Community Health Center. A number of other federally-qualified health centers and community-based organizations were outreached but were not able to be engaged. One health center that was reached noted that they felt the move was not an issue and there was little they could contribute.

The NYC DOHMH, Union Health Center and the Charles B. Wang Community Health Center concurred that the relocation was minor and would have no impact. The NYC DOHMH noted that they were concerned with the availability of colorectal cancer screening for uninsured and underinsured persons. They organize the NYC Community Cares Project, which links health centers with gastroenterology centers for colorectal cancer screening. GPDDC, before the COVID-19 pandemic, had participated in the Project. The NYC DOHMH sees renewed participation as important for health equity in the service area. They also noted and are concerned about the relatively low rates of public insurance and "self-pay" consumers at GPDDC. According to the SPARCs data, during 2023, 7.6% of discharges at GPDDC had Medicare as the primary payer, 1.7% with Medicaid, and 1.4% were "self-pay."

In addition to support for the NYC Community Cares Project, the NYC DOHMH noted that there should be a contingency plan if services are suspended due to the relocation. GPDDC does have a contingency plan, which involves using their other location as a an alternative if there was a disruption due to the relocation.

The Union Health Center saw little issue with the project and expressed a strong positive relationship with GPDDC. They noted that some older patients are challenged by navigating transportation but that this was a very small group, and they did not anticipate problems. Regarding support for outreach and education, they felt their internal staff was well-equipped to provide appropriate education.

The Charles B. Wang Community Health Center, an FQHC, sees affordability as the major access issue in the service area. For their patients, language is the foremost issue; while having providers who are culturally competent to the needs of patients is important, language itself is the major barrier. They noted that language extends beyond the direct provider-patient interaction to office staff and the ability to make appointments. The Center does not currently work with GPDDC on the CCP screening program but does work with work with other facilities.

The Charles B. Wang Community Health Center sees the CCP program as moderately successful. There have been some issues with patients being accidentally billed. They stressed that it is important that the patient experience is seamless because negative individual experiences can lead to greater reactions in the broader community's response to healthcare services. They also

emphasized that ongoing engagement and the relationship with community providers by specialty providers is important and should go deeper than contractual agreements and email. Regular check-ins with community providers are important to see whether joint strategies are working. They also recommended that specialty providers like GPDDC work with community providers in developing education and outreach – that specialty providers had a valuable role in helping reduce fears among consumers and understanding the value and importance of screens.

The assessment included an onsite survey of consumers. The onsite survey was conducted in waiting areas at GPDDC during the week of December 16.

Direct Consumer Onsite Survey

The onsite survey, available in Appendix 3, describes the facility's relocation and asks about support for the change. In addition to the project support question, there were demographic and health-related social needs items and open-ended questions concerning impact and healthcare needs. The relocation support question was assessed on a five-point Likert scale, ranging from Strongly Disagree to Strongly Agree. A score of five indicates strong agreement with the statement, and a score of one indicates strong disagreement. There were 20 responses to the questionnaire. The average score for the support of relocation was 3.9, indicating agreement. About 40% of the respondents marked “Other” race, 25% indicated Black, 15% were White, 10% Asian, and 10% Native American. 36.8% of the respondents identified as Hispanic or Latino. Of the 20 respondents, 9 indicated female, 9 replied male, one respondent selected transgender female and one marked a gender identity not listed. The average age was 49.2 years. None of the respondents indicated that they had housing, transportation, or food insecurity social needs.

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

    Because the project is a short relocation in an area with a rich transportation network it has minimal impact. The NYC Department of Health and Mental Hygiene advocates for GPDDC’s participation in the Community Cares Project’s program to coordinate colorectal cancer screening between community health centers and gastroenterology clinics for uninsured and underinsured persons. The Charles B. Wang Community Health Center noted that active engagement between specialty and community providers can enhance outreach and education for screenings to underserved communities.

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?

    As noted in other responses, the project has minimal negative impacts or benefits.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

    The Assessor outreached multiple community health centers and community-based organizations. The full list is in Meaningful Engagement worksheet.

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
    a. People of limited English-speaking ability
    b. People with speech, hearing or visual impairments
    c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

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

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

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

    - Outreach events with sign-language interpreters, written materials for persons with hearing impairments, and readers or large print materials for

persons with visual impairments. In general, the availability of pencil and paper can assist persons with speech disabilities.

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

While the project is a short move, our recommendations for enhancements involve improving outreach for colorectal cancer screening. The most likely approach to outreach for a specialty center will be in partnership with a community health center. In addition to the general guidelines we recommend above, we want to emphasize the need to develop culturally sensitive and aware strategies for outreach for screening. We want to draw attention to nontraditional communication strategies and the importance of sustained attention. Tradition communication media is not effective in improving colorectal cancer screening in underserved communities.

While the settings will vary from neighborhood to neighborhood, churches, grocery stores, barbershops, block clubs, street events, and non-traditional patient navigators are approaches that have been used to communicate and link with underserved communities. Patient navigators include staff who reside in and are members of underserved communities.

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

   The project is a short relocation, and the specific impact and mitigation involve the communication of the move to current patients. In case of a disruption of

services due to the relocation, GPDDC has a contingency plan to use their other location.

As discussed with the community stakeholders, there is an opportunity to enhance health equity by addressing disparities related to gastrointestinal conditions. The NYC Department of Health and Mental Hygiene urged prioritizing uninsured and underinsured persons.

Applicable to Uninsured and Underinsured Persons

NYC Community Cares Project: Increasing Screening Colonoscopies.

The NYC Community Cares project develops partnerships between Ambulatory Surgical Centers and community health centers for free colonoscopies for uninsured patients. The GPDDC had participated in this program prior to the COVID-19 pandemic, partnering with Ryan Health Network. We recommend restarting this partnership.

During 2019, GPDDC had between 4 to 5 screenings per quarter through this program.

Source:

NYC DOHMH. 2024. NYC Community Cares Project: Increasing Screening Colonoscopies for Uninsured New Yorkers.

Applicable to Racial and Ethnic Minorities, All Underserved Groups

Many of the relevant health equity enhancements involve partnering with community providers. A specialty center can provide expertise to improve the quality of outreach and education, and help reduce anxiety about cancer screenings. In this context, Winkfield et al (2021) provides an extensive list of evidence-based enhancements to cancer treatment for underserved communities. These include:

Patient Navigation

Navigation by multilingual and culturally sensitive patient navigators has been found to be an important supportive function for underserved communities. Peer navigators and community health workers, in addition to traditional healthcare professionals, are particularly recommended.

Assessment of SDOH early in treatment

Social needs, such as housing, food, transportation, and safety at home, are often the drivers of disparate outcomes. Addressing those needs as early as possible is critical

Community Outreach Programs - Survivorship

Also recommended are community outreach programs that focus on survivorship to reduce stigma and increase awareness of survivorship needs.

Diverse and Culturally Responsive Workforce

Workforce development is a leading recommendation in the recent National Academy's (2024) publication on health equity. Hiring from underserved communities is an important component of effective outreach.

Peer Support Groups

Peer support groups may help foster and leverage additional support.

Again, in this context, GPDDC can partner with community providers to provide expertise for these activities.

Sources:

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

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

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

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

   We recommend that the Applicant establish a Community Advisory Committee.

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

   As noted, the project has minimal positive or negative impact on equitable access since it is a short relocation. Participation in the NYC Community Cares Project, which GPDDC had participated in through 2019, can improve access for uninsured and underinsured persons.

STEP 4 – MONITORING

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

   The Applicant currently monitors for infection control. Patient demographics are collected for SPARCS. There is no collection of SDOH or HRSN information. The Applicant does not collect SDOH or HRSN information because, as a standalone ASC, it lacks the capabilities to respond to identified social needs.

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

The first recommendation is that the Applicant establish an internal committee or role for health equity policy and monitoring. Starting in 2025, CMS has a mandatory reporting requirement for the Facility Commitment to Health Equity Measure, which is an attestation-based measure. In essence, this measure involves developing a strategic planning process for health equity. Screening for SDOH is voluntary in 2025 but will be mandatory in 2026. Reporting positive screen rates will also be required in 2026. The following recommendations are consistent the new CMS requirements:

An initial technical improvement is to create reporting that links patient demographics and collected quality or outcomes data. The purpose of this linkage is to provide reporting which identifies disparities in quality or outcomes by demographic groups.

Effectively screening for health-related social needs requires staff training as well as appropriate information technology support systems. Many but not all EMRs are developing the capacity to include and report on HRSN screens. Organizations have implemented interim paper-based systems. Typically, screens are organized into two stages, with an initial short screen followed by a more detailed interview by nursing staff if any of the screens are triggered.

Like many provider organizations, the Applicant is concerned about its ability to respond to social needs. Two approaches organizations take are to have a patient navigator who provides linkage assistance or a kiosk with a web-based tool for linkage and referral support, or a combination of the two. For example, the United Way of NYC provides a web-based tool through the FindHelp network. Some healthcare organizations will work with community-based organizations like the United Way or join the FindHelp or UniteUs networks. They may provide a navigator who works with the patient and the web-based tools, if the patient is uncomfortable doing so themselves.

STEP 5 – DISSEMINATION

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

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

Disclaimer:

This document was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

December 2023

Appendix 1: Figures

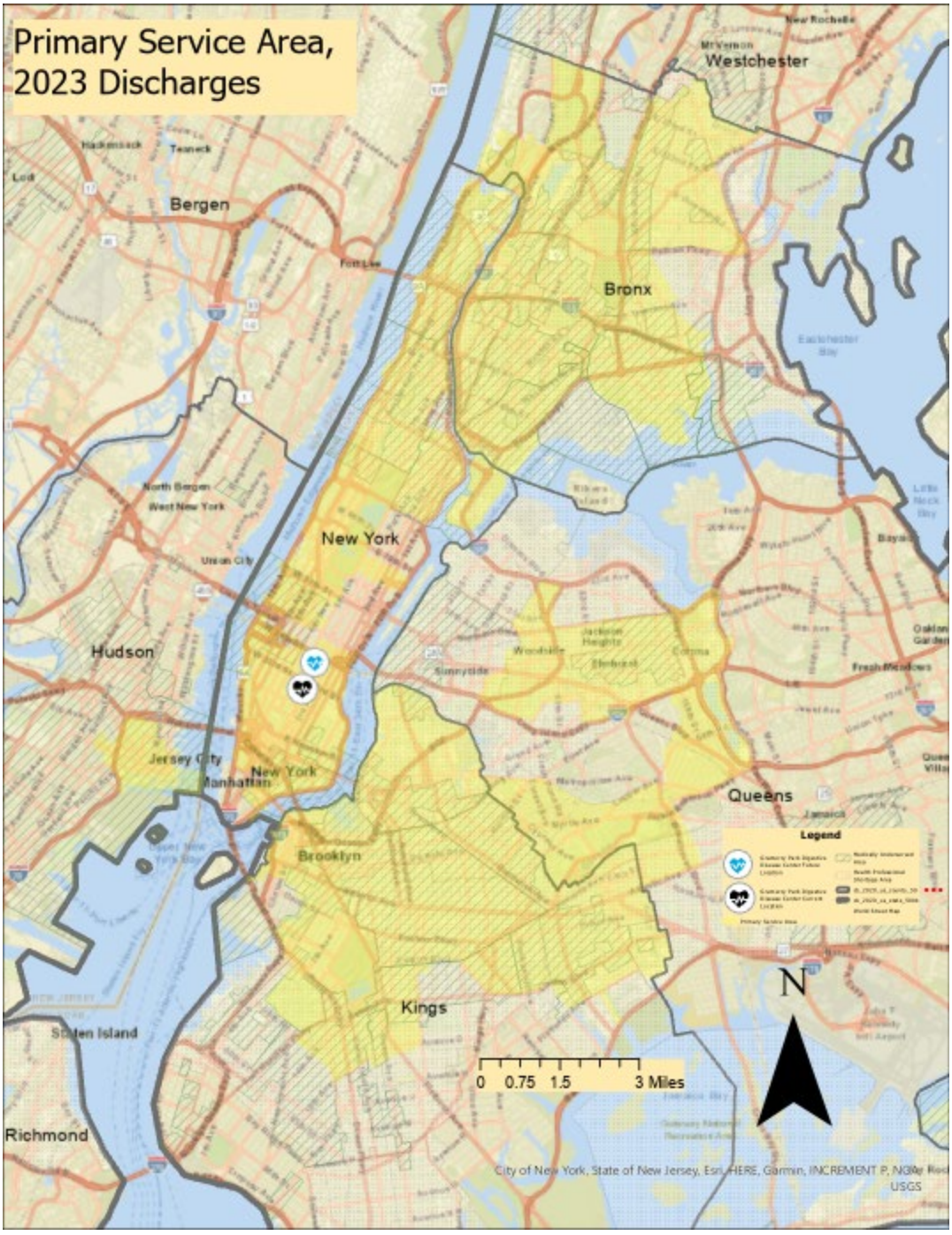

Figure 1 Primary Service Area, 2023 Discharges

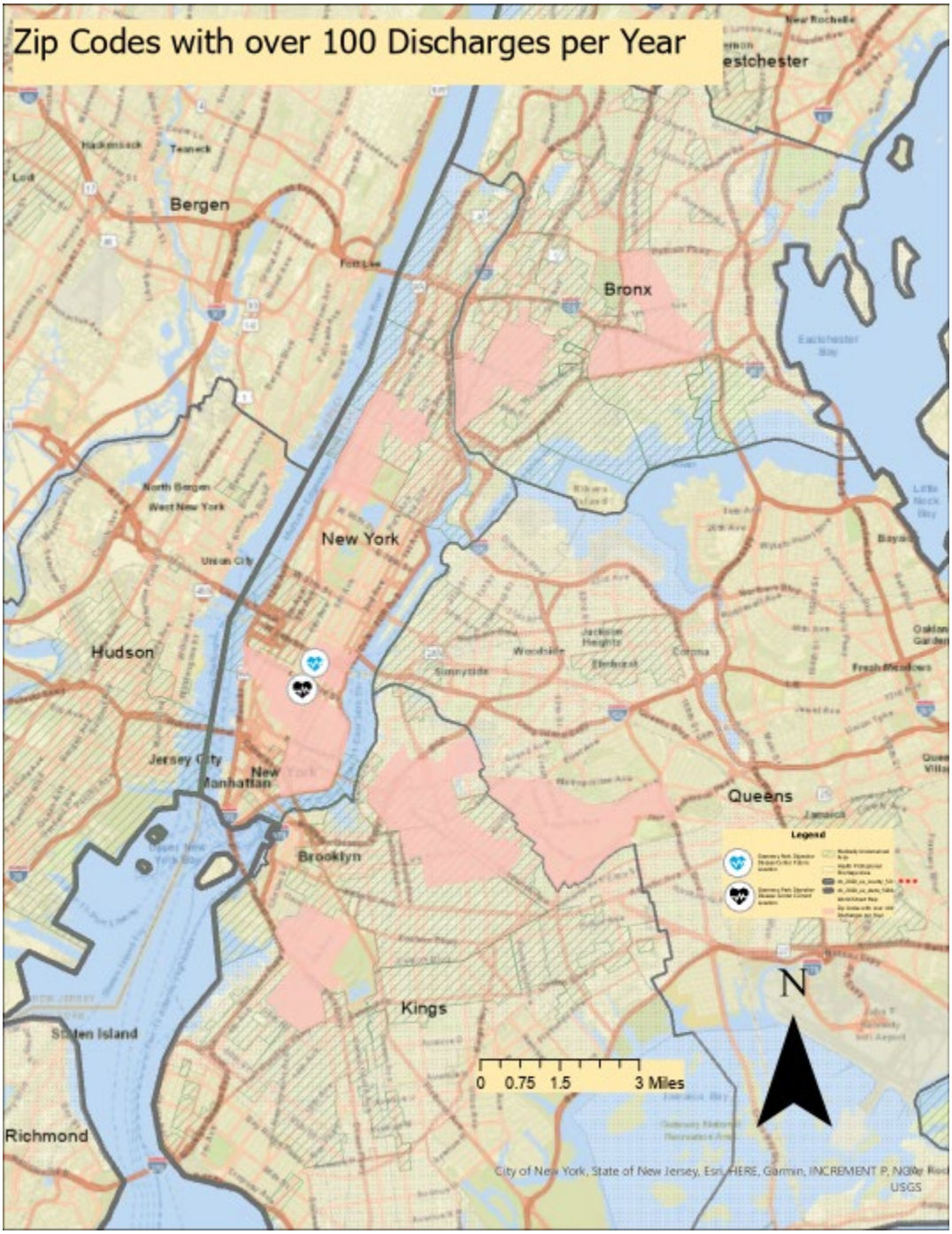

Figure 2 Zip Codes with over 100 Discharges per Year

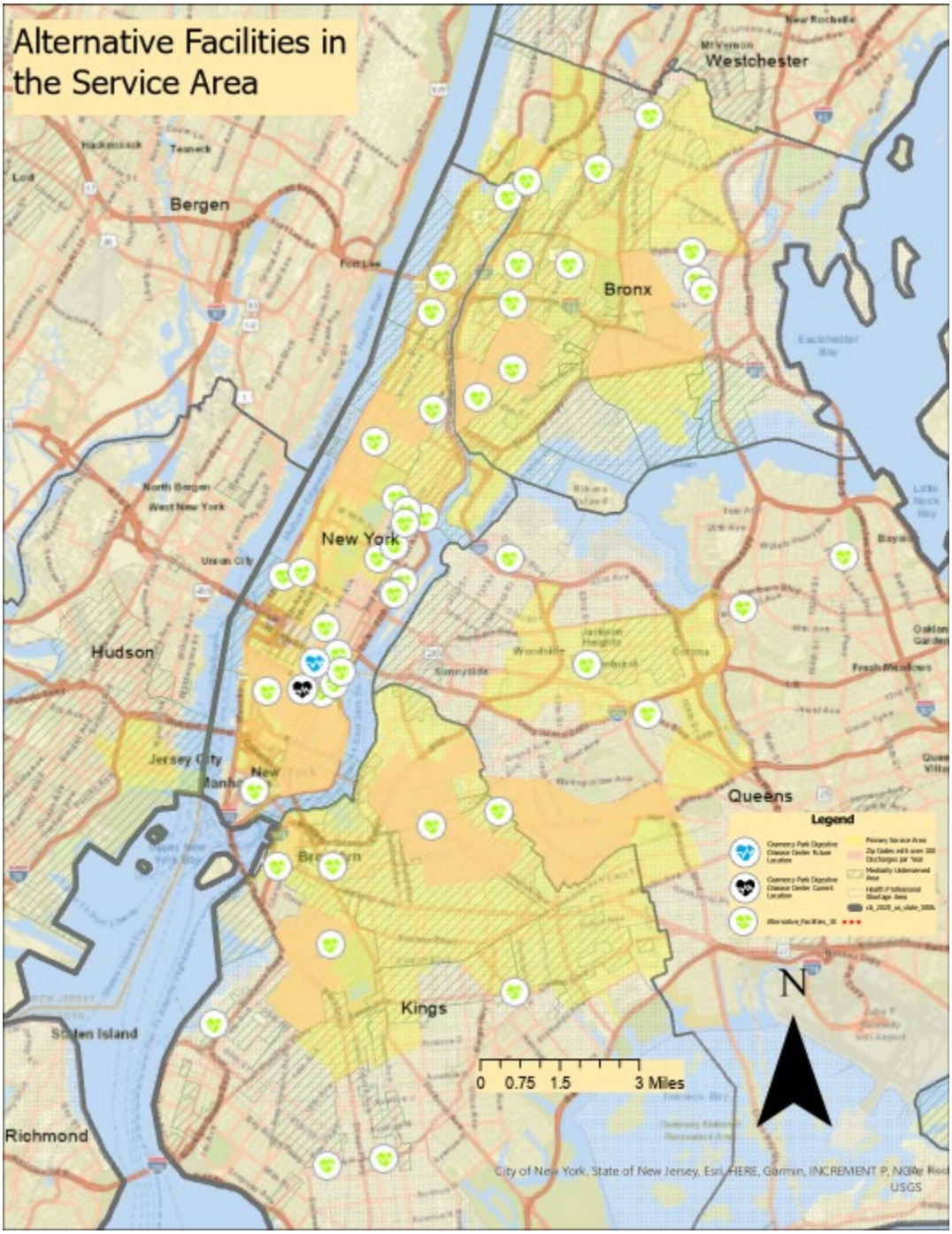

Figure 3 Alternative Facilities in the Service Area with more than 1000 discharges per year

Appendix 2: Meaningful Engagement Meeting Guide

Discussion Guide for Community Meaningful Engagement for HEIA
Gramercy Park Digestive Disease Center

Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes. New York State wants to engage communities in health equity and involve them in the planning processes for healthcare services. The focus is on underserved groups and vulnerable people in the community.
- The Monroe Plan is an independent assessor

Background:

- Brief Overview of the planned changes:
  - Focus area is the move of the facility.
  - The move is from 250 Park Avenue South to 36 East 31st St, 10th floor, a distance of 0.6 miles.
  - Because the change itself is limited, we like to place it in the context of community needs, particularly for underserved and vulnerable persons.
  - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

Understanding Healthcare Needs:

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

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

Impact Assessment

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

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

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

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

Improving Services:

Question 4: How might these services be enhanced to benefit underserved communities or vulnerable persons?

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

Wrap-Up

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

Closing Remarks

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

Consumer Questions for Health Equity Impact Assessment
Gramercy Park Digestive Disease Center On-Site Questionnaire

MP CareSolutions is assessing the relocation of Gramercy Park Digestive Disease Center from 250 Park Avenue South to 36 East 31st Street, 10th Floor. There will be no changes in the size or services at the new location. The change is due to the termination of the lease at the 250 Park Avenue South location. We want to understand how the relocation may impact people receiving treatment. We are also interested in how the new location may be enhanced.

1. Please indicate your agreement: I support having a new location for Gramercy Park Digestive Disease Center. (*Check one*)

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
⬭	⬭	⬭	⬭	⬭

2. How might these changes affect you?

3. What is most important to you when receiving services for gastrointestinal problems?

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

(Please turn over for questions on the back.)

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

   ☐ No
   ☐ Yes

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

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

7. Age in years? (*Enter number*)

   _____

8. Gender? (*check one*)

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

   _____
   ☐ Not sure
   ☐ Prefer not to answer

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

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

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

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

    ☐ Often true
    ☐ Sometimes true
    ☐ Never true

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

    ☐ Yes
    ☐ No

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

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

---------- *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, Gurjeet Parmar, attest that I have reviewed the Health Equity Impact Assessment for the GPDDC Move that has been prepared by the Independent Entity, MP CareSolutions.

GURJEET PARMAR

Name

EXECUTIVE DIRECTOR

Title

Signature

1/20/2025

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.

GPDDC is currently discussing setting the number of indigent cases to be done monthly with the Ryan-Neena Clinic. Dr. Lorenzo Ottaviano is working with Ryan-Neena Clinic representatives to establish a plan, and other gastroenterologists at GPDCC are willing to help with uninsured patients.