

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	Adding Wound Care Services to an Extension Clinic of Good Samaritan University Hospital
2. Name of Applicant	Good Samaritan University Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Sachs Policy Group John Kastan (lead contact) David Gross Nicole Meter Ha Nguyen Roland Poirier Jaclyn Pierce
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, provider delivery systems, population health, data analysis, community needs assessments, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as</p>

	<p>Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful yet objective consulting, and strategic advisory work</p>
<p>5. Date the Health Equity Impact Assessment (HEIA) started</p>	<p>4/5/24</p>
<p>6. Date the HEIA concluded</p>	<p>5/10/24</p>

<p>7. Executive summary of project (250 words max)</p>
<p>The Applicant proposes to begin providing wound care services at an existing hospital based extension clinic operated by Good Samaritan University Hospital (GSUH). The extension clinic, located at 15 Park Ave in Bay Shore, Long Island, already is already certified for Clinical Laboratory Service O/P and Medical Services – Primary Care. This project and the correlated Limited Review Certificate of Need application seeks to add the designation at this location for “Other Medical Services” to establish a new wound care center on site.</p> <p>The Applicant has identified the need for these services based on GSUH discharge data, and particularly the significant number of patients who would potentially require outpatient wound care after being discharged from GSUH. In addition, the Applicant notes existing patient challenges accessing outpatient wound care services in the service area following the closure of another health system’s a wound care center in nearby Hauppauge.</p>

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

The data analysis performed for this HEIA confirmed that GSUH has situated this project in a service area and specific community that has a relatively high proportion of individuals from medically underserved groups as compared to the county in which it is located. The stakeholder interviews further confirmed widespread support for the new service and its intended location. Governmental stakeholders also endorsed GSUH as committed to serving the medically underserved.

Generally speaking, the medically underserved individuals served by GSUH equals and often exceeds their representation in the service area. That said, the analysis performed for this HEIA determined that there may be opportunity for GSUH to further improve access for the Hispanic population – despite Hispanic individuals representing approximately 19% of GSUH’s wound care-related discharges, this group’s representation in the service area is 29%. Therefore, upon implementation of this project, the Independent Entity’s key recommendations relates to (1) intentional, ongoing outreach into the Hispanic community to ensure they are aware of these new services, and (2) developing monitoring metrics to ensure that the project’s intended health equity result – namely treating a meaningful volume of individuals from medically underserved groups – is tracked and remedial measures can be taken if uptake from those communities is limited.

SECTION B: ASSESSMENT

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

STEP 1 – SCOPING

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

Please refer to the accompanying spreadsheet.

The relevant service area is comprised of 25 zip codes within Suffolk County’s 108 zip codes and mainly on the County’s south shore. The service area’s population, 564,000, constitutes roughly 37% of the total Suffolk county population of 1,523,000.¹

¹ These numbers reflect census data.

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

- Low-income people
- Racial and ethnic minorities
- Older adults
- Persons living with a prevalent infectious disease or condition
- People who are eligible for or receive public health benefits

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?

The sources of data used in this HEIA include census data, SPARCS data, NYS Community Health Indicator Reports (CHIRS), CDC data, and internal data provided directly by the Applicant. Unless otherwise noted in the report, the Independent Entity did not have difficulty accessing the necessary data.

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

Generally speaking, outpatient wound care services are dedicated to treating wounds that do not heal. A patient may have what is termed a non-healing wound if it has not started to heal in 2 weeks or has not completely healed in 6 weeks. Some common types of non-healing wounds include:

- Pressure sores
- Surgical wounds
- Radiation sores
- Foot ulcers due to diabetes, poor blood flow, chronic bone infection (osteomyelitis), or swollen legs.

Wound treatment and healing are complex, and causes for wounds are multifactorial, including diabetes, trauma, venous disease, ischemia, pressure, infection, irradiation, vasculitis, and many more. Additionally, wound care involves various biological, environmental, and social factors that can affect healing. These include the underlying conditions of the individual that can impair circulation and immune response; environmental factors including living conditions and access to care; and lifestyle factors such as nutrition and mobility.

As such, the proposed wound care services may impact a broad range of individuals in the community. For purposes of this HEIA, the Independent Entity

determined that the proposed project will particularly impact the following medically underserved populations given their unique health and access needs related to wound treatment as detailed below.

Low-Income People/People Who are Eligible for or Receive Public Benefits

Low-income individuals, including those eligible for or receiving public benefits, are more likely to have health conditions and experience social determinants of health that result in a need for wound care services, including lack of access to health care, nutritional deficiencies, likelihood of smoking, poor living conditions, chronic stress, prevalence of chronic conditions such as diabetes and obesity, and work-related injuries.^{2,3,4,5,6} The Applicant’s proposed wound care services would be available to new and current low-income populations at the project site, which accepts Medicaid and self-pay. The Applicant also offers a financial assistance/sliding fee scale policy for patients based on income levels, as further detailed below.

Of note, the project will be located in the town of Bay Shore (zip code 11706), which has a poverty rate and food stamp recipient rate that is higher than that of the GSUH service area and Suffolk County more generally.⁷

Geography	Poverty Rate	Percent of Pop. Receiving Food Stamps
Project zip code (11706)	8.2%	11.5%
GSUH Service Area	4.8%	8.7%
Suffolk County	6.2%	6.1%
NY State Average	10.1%	14.6%

The number of individuals on public health insurance in GSUH’s service area is similar to that of Suffolk County.

	% Individuals Enrolled in Medicaid	% of Individuals without insurance	% Individuals Enrolled in Medicare
GSUH Service Area	18%	5.4%	16%
Suffolk County	17%	5.4%	19%
New York State	28%	5.2%	19%

² <https://www.healthaffairs.org/doi/10.1377/hpb20180817.901935/>

³ <https://www.sciencedirect.com/science/article/abs/pii/S0022437512000035>

⁴ <https://www.lung.org/research/sotc/by-the-numbers/top-10-populations-affected>

⁵ <https://pubmed.ncbi.nlm.nih.gov/35808947/>

⁶ <https://www.umms.org/charles/health-services/wound-healing/types-risk-factors>

⁷ The data on the following chart reflects census data.

Racial and Ethnic Minorities

Certain racial/ethnic minorities are at greater risk of needing wound care due to smoking prevalence and risk of diabetes and diabetes-related complications.^{8,9,10} The Applicant currently provides services to these populations, as further detailed below, and the new wound care program will be available to all racial and ethnic minorities in need of such services at this site, including individuals currently receiving treatment for diabetes or other chronic conditions.

The proportion of racial and ethnic minorities in the service area – particularly Black and Hispanic individuals – is greater than that of Suffolk County. The percentage of Hispanic individuals in the service area also is greater than the Statewide average.¹¹

Facility Service Area	% Black	% Hispanic	% Asian
GSUH Service Area	12.3%	29.6%	3.9%
Suffolk County	7%	20.1%	4.2%
New York State Average	14.2%	19.5%	8.7%

Older Adults

There are approximately 85,000 individuals over 65 years of age living in the Applicant's service area. Older adults are more prone to wounds as a result of skin changes, higher prevalence of chronic conditions such as arthritis and diabetes, impaired mobility, and cognitive impairment.¹² Additionally, the healing process can take longer for older adults due to major comorbidities and they are more likely to experience complications.¹³ The Applicant currently serves older adults with these risk factors, and intends for wound care services to augment the care currently provided by GSUH to this population.¹⁴

Geography	% Population aged 65+
GSUH Service Area	15.2%
Suffolk County	17.4%
New York State Average	17.5%

⁸ <https://www.lung.org/quit-smoking/smoking-facts/impact-of-tobacco-use/tobacco-use-racial-and-ethnic>

⁹ <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/March-2017-Data-Highlight.pdf>

¹⁰ <https://jamanetwork.com/journals/jama/fullarticle/2757817>

¹¹ The data on the following chart reflects census data.

¹² <https://www.ajmc.com/view/older-adults-more-likely-to-develop-chronic-wounds-research-shows>

¹³ <https://pubmed.ncbi.nlm.nih.gov/37016526/>

¹⁴ The data on the following chart reflects census data.

Persons Living with a Prevalent Condition

As previously indicated, certain chronic conditions are risk factors for wounds and impaired wound healing, including diabetes, arthritis, and kidney disease.¹⁵ The Applicant intends to serve both patients with these conditions that are currently being treated at GSUH and new patients with chronic conditions in the community that require wound care services.

Significantly, many medically underserved ethnic/racial groups require outpatient wound care services being they disproportionately suffer from the related health care conditions. For example, 11.4% of the State's population have diabetes. Yet 16.6% of Black New Yorkers and 12% of Hispanic New Yorkers have diabetes, while the rate among White/Non-Hispanic New Yorkers is 9.5%.¹⁶

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

The Applicant currently does not offer the outpatient services being added by this project at an outpatient extension clinic. As a proxy for the populations expected to utilize the new wound care services, the Independent Entity has analyzed SPARCS discharge data for the populations that currently are served by GSUH on an inpatient basis for procedures that are commonly associated with wound care.¹⁷ The following data for each impacted population is based on this proxy.

Low-Income People/People Who are Eligible for or Receive Public Benefits

Data regarding the income of the patient population currently utilizing services is not publicly available and is not tracked by GSUH. The table below summarizes the percentages for individuals discharged from GSUH with wound care-related conditions who utilize public health benefits. The proportion of Medicaid discharges is slightly larger than the service area, and the proportion of Medicare discharges exceeds the service area's by almost 30%.

¹⁵ <https://www.umms.org/charles/health-services/wound-healing/types-risk-factors>

¹⁶ <https://www.health.ny.gov/diseases/conditions/diabetes/>

¹⁷ The SPARCS data file is from hospital discharges from GSUH in 2022. This data has been filtered to only feature discharges for the following conditions/procedures: Diabetes, Tracheostomy, Vascular and Arterial System procedures/diagnoses (APR DRG Codes: 180-182, 207), Severe Head Trauma, Skin/Burn/Bruise related procedures/diagnoses (Codes: 312, 361, 364, 380-385, 810, 842-844), and Lower Limb procedures (Codes: 305, 314).

Facility	Medicaid % Wound Care Associated Discharges	Medicare % Wound Care Associated Discharges
GSUH	20.4%	46.4%

Racial and Ethnic Minorities

The percentage of Black discharges from GSUH for wound care-related conditions slightly exceeds the service area average. However, there may be an opportunity to improve access for the Hispanic population, as Hispanic individuals represent 19% of these discharges while representing 29% of the service area's population.

	% Black	% Hispanic
GSUH Wound Care Associated Discharges	14.2%	19.0%

Older Adults

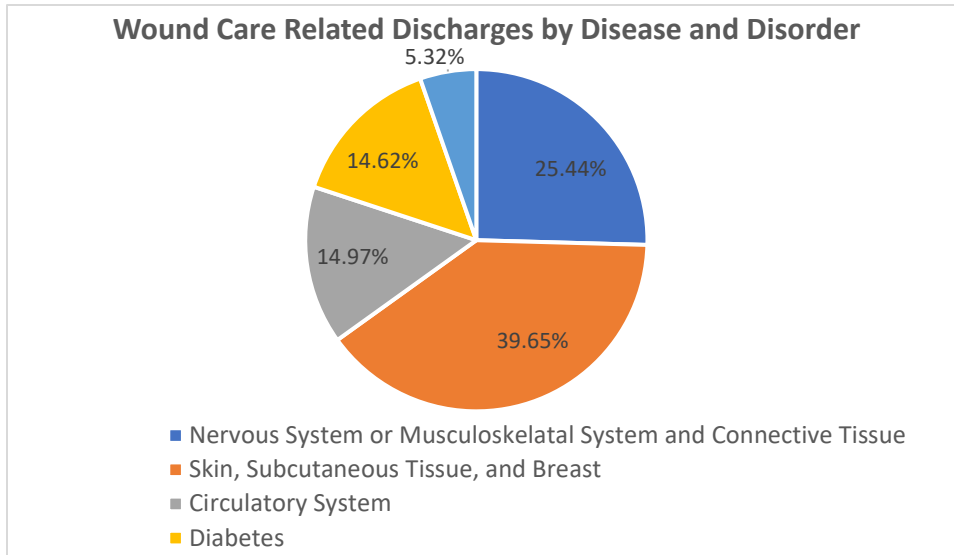
The potential wound care population based on GSUH inpatient discharges skews heavily towards older adults, with greater than 2/3 of the discharges for these services being related to individuals over the age of 50.

Facility	% Population Over 50 Years Old; Wound Care Associated Discharges	% Population Over 70 Years Old; Wound Care Associated Discharges
Good Samaritan University Hospital	68.4%	34.2%

Persons Living with a Prevalent Condition

Of the potential GSUH 2022 inpatient cases related to wound care, the majority were associated with skin disorders or conditions (~40%). Wound care is also particularly required for populations that are diagnosed with diabetes,¹⁸ vascular disease, or other conditions that lead to patients being bed-bound or unable to ambulate for extended periods of time.

¹⁸ Note that any discharge with the primary APR DRG related to diabetes care was included in this analysis. This represents nearly 15% of the discharges analyzed. It is impossible to determine what proportion of these cases would result in wound care services.



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

Wound care services often are performed as an ambulatory service, either in a hospital based outpatient setting or in an off-campus practice setting. SPARCS data for these outpatient services, however, is not publicly available so the Independent Entity could not analyze existing patterns of outpatient wound care delivery in the service area. As an alternative, the information below reflects the hospitals in Suffolk County known to generally provide wound care services, showing their distance from the project site.¹⁹ All offer outpatient wound care.²⁰

Facility	Approx Distance (Miles) ²¹
Huntington Hospital	16
St. Catherine of Siena Hospital	16
Long Island Community Hospital	17
JT Mather Hospital	25
St. Charles Hospital	26
Southampton Hospital	41
Eastern Long Island Hospital	60

¹⁹ The market information provided in this chart was provided to the Independent Entity by the Applicant. The Independent Entity was unable to identify any licensed, non-hospital based providers of wound care services within Suffolk County.

²⁰ This was confirmed via each hospital's public website.

²¹ Distances measured using Google Maps.

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

The current market for wound care services in Suffolk county is dominated by hospital inpatient providers. And as noted in response to Question 6, the market share data specific to ambulatory wound care services is not available publicly. The below table summarizes wound care-related discharges from the hospitals known to provide wound care services in Suffolk County by facility.²²

Good Samaritan University Hospital	35.8%
Huntington Hospital	18.4%
St. Catherine of Siena Hospital	13.0%
Long Island Community Hospital	11.2%
JT Mather Hospital	9.9%
St. Charles Hospital	6.1%
Southampton Hospital	5.3%
Eastern Long Island Hospital	0.4%

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.

Good Samaritan University Hospital:

- Operates an emergency room open to all, regardless of ability to pay;
- Maintains a board of directors drawn from the community;
- Maintains an open medical staff policy;
- Provides hospital care for all patients able to pay, including those who pay their bills through public programs such as Medicaid and Medicare;
- Uses surplus funds to improve facilities, equipment, and patient care; and
- Uses surplus funds to advance medical training, education, and research.

None of these activities are expected to be impacted by the project.

²² See footnote 17 for a description on how market share was developed from DRG data.

GSUH appears to be compliant with New York State's Public Health Law 2807-k, which requires hospitals to establish financial aid policies and procedures for reducing charges to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges.

The Applicant's commitment to and compliance with these standards and regulations are described in Catholic Health's comprehensive charity care/financial assistance policies, as detailed on their public website at this link: <https://www.catholichealthli.org/paying-your-care/financial-assistance/financial-assistance-policy>

- 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.**

No.

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

In the last 10 years, there have been no civil rights access complaints filed against GSUH.

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

No, GSUH has not added wound care services to an extension clinic in the last 5 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**

Based on the prior data analysis and the stakeholder engagement process, the Independent Entity believes that by adding wound care services to the extension

site, GSUH will expand access to wound care services for all of the medically underserved populations described above.

First, although data on access to outpatient wound care is somewhat limited, the stakeholders (including the Suffolk County Commissioner of Health) uniformly expressed a need for these services within the community.

Second, GSUH already provides care to each of the medically underserved populations described above and the project was designed to provide longitudinal, post-discharge care to these very patients. This should improve the quality and integration of care received by these patients and ensure that GSUH patients from medically underserved communities have an immediately-identifiable source for post-discharge care. Additionally, GSUH's Diabetes Education Center and an affiliated vascular surgery practice are both located at the same site as the proposed wound care program. This will enhance continuity of care for patients with diabetes and those in need of vascular surgery consultation and potential procedures.

Third, as described in the data section, the location of this proposed wound care center in Bay Shore has a disproportionately high poverty rate which could help in enhancing access to wound care for these underserved populations.

- 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.**

N/A

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

The amount of indigent care provided by GSUH in 2023 was as follows:

- Uncompensated/Charity Care - \$42.7 million
- Unique Service Write Off - 10,022 services

The Applicant does not expect the project to impact the level of indigent care it provides.

- 4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.**

The extension clinic's location is easily accessible by car, located near I-495 E and the Southern State Parkway, and with free parking available on site.

It also can be reached by Long Island Rail Road, being located less than 0.5 miles from the Bay Shore train station. The site also is serviced by buses operated by Suffolk County Transit.

In addition to these options, patients in Suffolk County have ready access to taxis and ride sharing applications such as Uber and Lyft.

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

N/A.

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?

N/A

Meaningful Engagement

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

Suffolk County Department of Health

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

The Independent Entity interviewed Dr. Gregson Pigott, MD, MPH, Commissioner of the Suffolk County Department of Health, on April 22, 2024. He fully supports this project. He offered that GSUH is well-regarded by communities of color, that there exists a significant need in the area for accessible, high-quality wound care services, and that the proposed location is excellent.

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

Included in the submission.

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?

All of the stakeholders interviewed for this project - including referring physicians, community organizations serving medically underserved individuals, and elected officials, endorsed this project and believe it will make a positive contribution to the health and welfare of the community.

Several interviewees highlighted the location of the site, noting its high levels of accessibility. A staff member of an organization serving individuals with intellectual and developmental disabilities who utilize wound care services mentioned that currently, they are at times forced to seek wound care for their clients at urgent care centers and that a dedicated wound care clinic would be a more appropriate setting. This person also anticipated better continuity of care for the individuals they serve, who usually require multiple visits over time.

Another respondent pointed out that the new site is located near housing for formerly homeless veterans, who may benefit from wound care from prior sustained injuries. This person further noted that the local VA did not offer wound care services.

More broadly, interviewees spoke positively about GSUH’s sensitivity to health equity and cultural competence and their confidence that these values would be incorporated into all services delivered at the extension clinic.

GSUH staff highlighted the opportunities for integrating care for the site’s patients, including those who are part of medically underserved group. They explained that social workers already are integrated into GSUH’s hospital-based wound care program, and that these services would be expanded to the site, thereby linking patients to other related services such as visiting nurses, physical therapy, and durable medical equipment.

One representative of an organization that addresses health-related social needs of undocumented individuals did voice concern as to whether its clients, many of whom receive emergency Medicaid, would be aware that their coverage may extend to wound care and, if it does not, that they can receive care under GSUH’s charity care policies.

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 community engagement process indicated broad based support for new outpatient wound care services. In fact, the interviews highlighted how wide the interest in the services were, as groups not originally identified by the Independent Entity as key medically underserved groups poised to also benefit from this new service (e.g. formerly homeless veterans; individuals with intellectual and/or developmental disabilities).

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.

No.

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 Applicant already has processes in place to provide translation services to people with limited English-speaking ability and to communicate with individuals with speech, hearing and visual impairments. Those resources will continue to be deployed when referring GSUH patients for outpatient wound care services upon discharge. These resources similarly will continue to be available to patients receiving care at the extension clinic.

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

The Independent Entity does not recommend any changes to the project to better meet the needs of medically underserved groups. Given the strong interest and demand for these services in the community, the Independent Entity encourages the Applicant to continue with its efforts to communicate widely about the

availability of these resources to ensure medically underserved groups are aware of the opportunity to access them. For example, one interviewee noted the importance of ensuring that undocumented individuals are aware of GSUH's charity care policies, which may improve their use of the new services.

The Independent Entity notes that, as reflected in the SPARCS data, the patients discharged from GSUH with wound-care related conditions do not fully reflect the Hispanic population exhibited in the service area. Although the Hispanic population represents 29% of the service area, it represented only 19% of GSUH's wound care-related discharges. The strategic location of the services in Bay Shore may help to increase access to this population, as Hispanic individuals represent 39% of the population in the project's zip code . But the Independent Entity further recommends continued outreach to this community, and monitoring of the results, to further, intentionally address health equity in service area.

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

The Independent Entity does not expect any further changes to the project. The Independent Entity encourages the Applicant to continue ensuring widespread knowledge of the new services within the GSUH system and to the community through existing communication channels.

The Applicant has advised that it intends to promote the project services in the following ways:

- Social Media
- Patient Testimonials
- Direct Mail Newsletter
- Public relations (e.g. ribbon cutting, media)
- Distribution of content to local stakeholders and elected officials
- Development of collateral materials for distribution
- Promotion to physician offices throughout the GSUH service area
- Community educational tours by the physicians
- Clinician educational tours by the physicians

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 described in this HEIA, the project was designed by the Applicant to address an existing gap in outpatient wound care within the service area. The Applicant has committed to continuing to provide these services to medically underserved

groups, and the location of the project also is in an area of the service area with a relatively higher proportion of individuals from medically underserved groups and close to public transportation. While the Independent Entity does not recommend any project modifications, it has identified opportunities to further engage medically underserved group as described in the response to Step 3, Question 2.

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?

Quality monitoring of services provided pursuant to the project will be overseen by the physician Co-Directors of the Wound Care Center. In addition, they will collaborate with Catholic Health's VP of Quality and Performance Improvement.

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 Independent Entity believes that the existing oversight mechanisms are sufficient to monitor the impact of the project. However, the Independent Entity recommends that the Applicant develop metrics relating to health equity that would be overseen through this processes, including the number and proportion of individuals from medically underserved communities receiving the wound care services. This would inform the Applicant of the success of their efforts to deliver these services in a manner that effectively addresses local health equity concerns, potentially improving GSUH's current penetration within these communities with respect to wound care services.

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)

----- 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

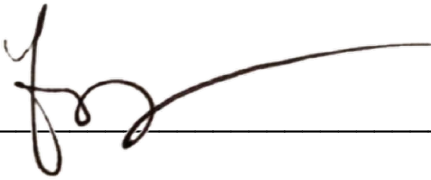
I, Good Samaritan University Hospital, attest that I have reviewed the Health Equity Impact Assessment for the Adding Wound Care Services to an Extension Clinic of Good Samaritan University Hospital that has been prepared by the Independent Entity, Sachs Policy Group.

Justin B. Lundbye, MD, MBA, FACHE

Name

President

Title



Signature

7/30/24

Date

II. Mitigation Plan

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

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

Catholic Health has reviewed the Health Equity Impact Assessment (HEIA) conducted by the Independent Entity and analyzed additional data relative to the prospective patient population to be served by the GSUH Wound Care Center. The market and demographic information presented by the Independent Entity in the HEIA indicates that adding this program should have a positive impact on the GSUH service area and community as it will fill a current void in the market. Additionally, the Independent Entity added that any negative health equity impacts of the proposed program on medically underserved groups is relatively limited. There was mention of an interesting finding that while the Good Samaritan University Hospital service area had a higher proportion of Hispanic patients that may benefit from wound care services, the hospital itself had fewer Hispanic patients proportionally identified in its total potential volume of cases that may require wound care. Given this finding and the higher percentage of Hispanic diversity in the GSUH service area, GSUH will continue to ensure that access to wound care services for the Hispanic population, as well as other potentially underserved patients, will be coordinated post discharge and among physicians as necessary. Overall, GSUH anticipates that the proposed program will have a significant positive impact on access to high-quality wound care for medically underserved groups in the GSUH service area and greater Suffolk County.

While the data presented in the HEIA report demonstrates the positive health equity impact on this population, GSUH remains committed to mitigating any potential negative impacts should they arise. GSUH will ensure that the community is made aware of the new wound care program and financial resources available to them through existing physician communication channels, marketing and community outreach efforts.

Moreover, GSUH will continue to monitor the wound care program and demographic characteristics of the patient population. The hospital will ensure the pursuit of health equity for medically underserved groups at all its facilities in accordance with the health system's mission and Health Equity Strategic Plan.