

New York State Department of Health

1. Title of Project	MOB (CON #241215)
2. Name of Applicant	Mohawk Valley Healthcare System (MVHS)
3. Name of Independent Entity, and lead contacts	HMJ Consulting Brandon Wilks Hilda M. Jordan
4. Description of the Independent Entity's qualifications	Our team of consultants with over 10+ years combined in organizational strategy, community engagement, and DEI - and engaged health equity experts and medical researchers from leading university institutions (Yale, Duke, John Hopkins) and health-focused foundations.
5. Date the HEIA started	March 26, 2024
6. Date the HEIA concluded	June 14, 2024

7. Executive summary of project (250 words max)

The MVHS will relocate and consolidate three (3) outpatient clinics and imaging services from their current locations throughout the City of Utica to the proposed MOB, an extension of the Wynn Hospital downtown. These services include Cardio & Thoracic Surgery, Neuro-Interventional Surgery, Trauma Surgery, Imaging, and blood draw services. The relocation is intended to provide greater efficiency, access to care, and coordination across patients through a centralized downtown location.

The sentiment from MVHS staff and employees directly working in these departments is largely positive with emphasis on the state-of-the-art equipment that will be accessible to all patients. We connected with local community leaders who represent agencies or organizations of medically underserved populations of immigrant/refugee, racial and ethnic minorities, older adults, women, and people with disabilities in Oneida County who agreed with the project. They noted that developing accessibility with translation on signage, continuation of support staff such as translators, multilingual, and culturally responsive greeters, as well as partner organizations and education on the new sites will be critical to building trust among patients. We engaged more than 70 residents who noted structural accessibility of parking, continuity of care, and translation as the greatest mitigation areas for this project.

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

Based on our engagement we believe that the relocation, consolidation, and centralization of services has the potential to enhance health equity for its patients and the medically underserved populations of Oneida County by 1) increasing overall imaging capacity through the introduction of additional medical devices, 2) enabling greater access for patients traveling by private and public transportation in a convenient downtown location, and 3) increasing efficiency, coordination and continuity of care. Most unintended impacts will have to do with the adjustment of change and the organizational management plan to ensure continuous communication amongst departments, the addition of signage, the availability of culturally responsive trained staff, and the need to correct prior existing negative experiences with Wynn Hospital.

For our HEIA process we engaged multiple focus groups, working sessions, and interviews with local community partners and health equity experts to better understand the belief system and logistical changes for the patients through this relocation. Methodically, we sought to center the individual experiences of navigating a new facility from the perspective of the local community members, so we distributed a survey through our community partners and nurses to collect direct resident input in this time-sensitive project. Most of our responses center on the experience of residents from the City of Utica and more rural parts of Oneida County as their community leadership was most responsive to our efforts.

The responses gathered directionally showed a belief in the positive benefits of the relocation and identified opportunities for improving the patient experience. Through

the engagement we identified language, educational, and accessibility barriers and opportunities for change that would most impact racial and ethnic minorities particularly Black and Hispanic/Latinx, immigrants particularly refugees, older adults, People with disabilities. With additional time we would engage in additional outreach measures to better understand the intersectional experiences of Black women, Black older adults, and those living within walking distance of the facility.

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 HEIA data tables contain the five ZCTAs of the City of Utica where the MOB is taking place. These were selected because they include 5% or more of the unique patient visits across the total of relevant services being relocated and discussed in the HEIA report - based on utilization data provided by the client. We pulled publicly available data from reports DP02, DP03, DP04 and DP05 to complete scoping sheet 2.

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:**

Racial and ethnic minorities: Black and Hispanic/Latinx

Immigrants: Refugees

Older Adults

People with disabilities

While the relocation of these services has the potential to impact all medically underserved population patients, this report’s focus will be on the above groups on account of the populations served by the relocated offices.

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?**

To assess the potential impacts the relocation would have on unique health equity needs of the various Medically Underserved Groups (Race and Ethnic Minorities, Immigrants, Older Adults, Persons with Disabilities), our teams reviewed 2023 data on the utilization of specific services by racial/ethnic groups, insights from Community Health Needs Assessment and Community Service Plan (CNHA) from 2019 and 2022, population density maps of medical illnesses with racial breakdowns and MVHS service utilization data. From the population density maps (see Appendix 1), we identified census tracts 201.02, 203, 210, 264, and 215 as areas with the highest number of health events and percentages of health needs regarding hypertension, diabetes, and strokes, which coincide with the highest African American/Black and Hispanic/Latinx populations in the county. The population data in Appendix 1 aligned with the utilization data provided.

During our process, we engaged groups of internal stakeholders and external community partners to understand the potential impact on staff and the community. Represented in our groups were organization leaders, advocates, and healthcare providers for Oneida County residents. Based on input and direction from these partners, we identified the potential impact on refugees, the older adult population, and those facing disabilities in the relocation plans to the best of our ability.

It was difficult to compile utilization data for specific demographic groups beyond race and ethnicity, such as gender, disability, age, and income. The gender and LGBTQ+ impact data was difficult to access or compile for the HEiA. We would engage in additional outreach measures to better understand the experience of those living within walking distance of the facility, Black individuals in the City of Utica and particularly the intersectional experiences of Black women and Black older adults.

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

- **Racial and Ethnic Minorities:** According to the CNHA, Racialized and ethnic minority populations, specifically Black and Hispanic populations disproportionately account for patients involved in assault incidents making the accessibility of trauma and emergency surgery important. Compared to their relative population rates in Oneida County, Black/African-American and Hispanic/Latinx patients are overrepresented in the utilization of several of the services being centralized - in particular Stroke and Emergency services. This

project may provide greater transportation access to the trauma and emergency services for these populations and continuation of care for post-care plans.

- **Black/African-American:** Black individuals have a higher risk of stroke compared to other racial groups¹. This heightened risk is often attributed to factors such as hypertension, diabetes, obesity, socioeconomic disparities, and limited health literacy. The project's relocation and increase of imaging devices and of blood work labs may decrease the travel cost to individuals and increase the accessibility and visibility to scheduling screening and post stroke care.
- **Hispanic/Latinx:** Latinx individuals, in addition to the racialized experience explained above, have a unique need to overcome linguistic barriers in order to access their healthcare. If accompanied with signage and translator protocols, the centralization of this project can increase navigation and accessibility among specialty service offices.
- **Immigrants and Refugees:** A unique subset of the racial and ethnic minority population to consider are refugees and immigrants, given the resettlement of over 16,500 refugees in the area. In addition to a racialized experience similar to other minorities, these patients may need additional support to overcome both linguistic and cultural barriers that are tied to their expectations and beliefs about healthcare that may be distinct from traditional western medicine and create risk to following through on recommended healthcare prescriptions and plans. This project's centralization creates the opportunity for individuals to become familiar with one location and receive support to navigate the cultural shifts.
- **Older Adults:** One of the community priorities from the CNHA included improving the continuum of care, especially for the elderly population. The elderly population represents a large constituency for MVHS, as one of the largest populations in Oneida County are residents between the ages of 55-64. This population faces multiple challenges to accessing equitable healthcare that does not threaten their independence as they navigate loss of independence and disabilities. This project has the possibility to impact their independence and ability to navigate healthcare facilities positively or negatively depending on the communication and technology used to communicate the changes in location.
- **Persons with Disabilities:** In the last community assessment, it was estimated that nearly a quarter of the Oneida County population is living with a disability, with the most common being mobility disabilities. The centralization of this

¹ Source: CDC 2022. Summary Health Statistics: National Health Interview Survey: 2018. Table A-1a. <http://www.cdc.gov/nchs/nhis/shs/tables.htm>

project offers location benefits that include valet parking in the downtown location that can increase mobile accessibility into the facility.

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?**

Our client was able to provide utilization data based on zip codes and racial breakdowns. The zip code data was used to identify zip codes to include in the HEIA data tables, and we provided racial breakdown data of 2023 Unique Patient Visits in the table below. It was difficult to compile utilization data for specific demographic groups such as gender, disability, age, and income.

Race/Ethnicity Breakdown of 2023 Unique Patient Visits by MVHS Services				
Race	Imaging	Neuro/ Stroke	Emergency	Cardio Thoracic
White	85.39%	86.30%	85.19%	90.67%
Black	6.64%	7.05%	9.24%	3.76%
Hispanic	0.00%	0.00%	0.32%	0.00%
Asian	3.47%	3.02%	1.27%	2.55%
Pacific Island	0.38%	0.10%	0.00%	0.24%
Native	0.11%	0.10%	0.00%	0.12%
Other/ Unknown	4.02%	3.42%	3.98%	2.67%

From our discussion with internal stakeholders and leaders, there is no expected change in utilization due to the relocation of services. If anything, the internal staff indicated that they hoped having a convenient, centralized location would increase prescribed follow-up and referral-based visits.

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

The relocation plan does not include any disruption of services and during the move as any imaging or consultation with specialists can continue to occur. This is important since the adequacy of service capacity in the downtown Utica community is a pressing concern. MVHS Medical Group operates 40 primary and specialty care medical offices throughout the service area. Without MVHS, including its full-service hospital and outpatient offices, Utica residents would not have access to critical healthcare services including stroke, trauma, and endovascular services within the city limits. There are no other acute care or emergency care facilities in the city of Utica. The next closest acute care facilities are: the 171-bed Rome Memorial Hospital (Rome, 16 miles/20 minutes), 261-bed Oneida Health Hospital (Oneida: 27 miles/33 minutes), 25-bed Bassett/Little Falls Hospital (Little Falls: 27 miles/30 minutes), 180-bed Mary Imogene Bassett Hospital (Cooperstown: 41 miles/53 minutes), and 502-bed Crouse Hospital (Syracuse: 55 miles/56 minutes).

Analysis of data from County Health Rankings Roadmaps reveals disparities between Oneida County and the rest of New York State in healthcare provider-to-population ratios, designating it as a Health Professional Shortage Area (HPSA) by the US Health Resources and Services Administration (HRSA) in all three categories with moderately high scores: primary care (17/25), mental health (18/25), and dental (17/25). In addition, several census tracts in the service area are designated as Medically Underserved Areas (MUAs), further highlighting the need for increased healthcare resources.

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

Discharge data and market share data are typically inpatient hospital metrics, not data related to outpatient or physician office visits. MVHS shared that market share data is not available for the visits to outpatient imaging services or the physician specialty services (neuroendovascular/stroke trauma and cardiothoracic office visits, which are not related to hospital care but to physician office visits) moving to the Medical Office Building.

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.

MVHS follows 2807-k and is following the regulation based on MVHS' I.S.O., cost report, and financial statement audits. Beyond filing the required paperwork and abiding by the regulations in 2807-k, MVHS exceeds the suggested 300% of the FPL in their Financial Assistance program (up to 325%), which allows patients to apply for financial assistance up to 240 days post-discharge (compared to the stated regulation of at least 90 days). Additionally, MVHS backdates 240 days from financial assistance acceptance (regulation does not require any backdating beyond the DOS the patient applied for).

MVHS does not expect there to be a change in indigent care amounts based on this move. The move is not far enough to change the demographics or the patient population of the offices and services being moved. Also, since the services moving are elective and referral-driven, the relocation will not limit any access to those patients seeking establishment with a PCP or initial consultations. MVHS has contributed \$2,161,417.14 to financial assistance in 2023. Of this \$2.61M, \$603,880 was written off for uninsured patients. The Applicant's total terminal Bad Debt (Self Pay accounts only) for 2023 was \$12,346,818. Insured individuals who are sent to bad debt accounted for \$6,119,693 in 2023.

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

Based on staff surveys no staffing issues will arise, we noted the possible need for additional staff to reduce wait times. Staff for this project will be moved from the existing sites with the relocation of services and imaging. There will be no reduction in staffing and there may be an increase in staffing as volumes grow for these services.

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

There are no active patient-related civil rights access complaints at this time.

- 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.

For over 150 years, the Mohawk Valley Region has been served by three hospitals, which eventually collaborated, merged, and formed the Mohawk Valley Health System (MVHS) in March 2014. Following this amalgamation, MVHS initiated a thorough evaluation of existing operations across its facilities, aiming to streamline clinical and building services and eliminate duplicates. In October 2023, MVHS unveiled the Wynn Hospital, a state-of-the-art regional medical center revitalizing downtown Utica, offering modern and accessible healthcare services to Oneida County and the Mohawk Valley. To optimize operational efficiency, patient experiences, and staffing, acute care services were consolidated at the new hospital and the two legacy hospitals were closed. The centralized, downtown Wynn Hospital location aims to be a one-stop centralized shop for comprehensive healthcare services for Oneida County and stands equipped as one of the few state-of-the-art facilities in the neighboring region.

Just last year, on October 29, 2023, the services of two hospitals (Faxton St. Luke's Healthcare and St. Elizabeth Medical Center) were combined and moved to the new Wynn Hospital in downtown Utica. Years of design and planning were conducted before this move. After six months of being at the Wynn Hospital, a major outcome has been a significant increase in the proportion of MVHS patients being treated at the Wynn Hospital ER identifying as a minority and economically disadvantaged, which corresponds to the increased proportion of MVHS patients coming from Utica. Since the opening of the Wynn, the proportion of non-White patients increased by 2.9%, including a significant increase in Hispanic (Of Any Race), American Indian or Alaska Native, Asian, and Black or African American patients. The proportion of non-English speaking patients significantly increased by 2.4%. As the services to be relocated will be at 601 State Street, directly across from the Wynn Hospital Emergency Room, MVHS anticipates a similar increase in the medically underserved to occur at the new Medical Office Building offering Imaging and specialty physician services (trauma, neuroendovascular/stroke and cardiothoracic surgery). They do not have additional data on the outcome/impact that resulted from previous projects.

Step 2 - Potential Impacts/Meaningful Engagement

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:

- **Improve access to services and health care**
- **Improve health equity**
- **Reduce health disparities**

From our engagement with community partners and healthcare providers, there was general enthusiasm and high expectations for the relocation to provide benefits to the patients and broader community. This includes increase in access to health care and services as well as improved efficiency and quality of care for patients as the centralization is intended to facilitate coordination and continuity of care.² This was raised as a priority in the Community Needs Health Assessment and Community Service Plan completed for Oneida County in partnership with Oneida County Health Department, Rome Health and Mohawk Valley Health System. Additional data points about the prioritized Medically Underserved Groups shared below pull from the 2019 and 2022 publications of the Community Health Needs Assessment. Where additional secondary research was required, we have added footnotes to those sources.

- **Racial and Ethnic Minorities - Black**

- **Improve access to services and health care:** The downtown location is more accessible via public transportation and walking to high-density populations of racial/ethnic minority patients in the region experiencing hypertension, diabetes, depression, and stroke (See Appendix 1). This proximity of the offices to the community and one another allows for

² Supporting the continuum of care was raised as a priority in the Community Needs Health Assessment and Community Service Plan completed for Oneida County in partnership with Oneida County Health Department, Rome Health and Mohawk Valley Health System.

lower-cost rideshare services decreasing the cost of accessing health services.

- **Improve health equity:** Black Non-Hispanics have higher rates of preventable hospitalizations and premature deaths compared to White Non-Hispanics. This centralization may also increase the rate of requests for referrals and completion for screening, engagement in education programs, and post-op continued care for hypertension, diabetes, depression, and stroke.
- **Reduce health disparities:** Hypertension tends to develop earlier and be more severe among Black individuals, often leading to more severe complications including a higher rate of stroke mortality.³ Increasing the screening and post-traumatic care for hypertension and stroke are critical to reducing the overrepresentation of Black community members. If the successful organizational integration of MOB can meet expectations and increase usage of blood test and surgery services, these services may increase the completion of early screening to improve management, increase the efficiency and access of intervention programs and ultimately reduce the mortality disparity correlated with late detection.
- **Racial and Ethnic Minorities - Hispanics/Latinx**
 - **Improve access to services and health care:** The downtown location is more accessible via public transportation and walking to the high-density populations of racial/ethnic minority patients in the region experiencing hypertension, diabetes, depression, and stroke (See Appendix 1). This proximity of the offices to the community and one another allows for lower-cost rideshare services decreasing the cost of accessing health services.
 - **Improve health equity:** Hispanics/Latinx in Oneida County have higher rates of premature deaths compared to White Non-Hispanics. A centralized location, compared to multiple locations, are better positioned to provide consistent resources and practices to overcome language barriers to make education, support and advocacy more accessible.
 - **Reduce health disparities:** Hispanic/Latinx individuals may be less likely to receive routine blood work and regular imaging screenings, which

³ Abrahamowicz AA, Ebinger J, Whelton SP, Commodore-Mensah Y, Yang E. Racial and Ethnic Disparities in Hypertension: Barriers and Opportunities to Improve Blood Pressure Control. *Curr Cardiol Rep.* 2023 Jan;25(1):17-27. doi: 10.1007/s11886-022-01826-x. Epub 2023 Jan 9. PMID: 36622491; PMCID: PMC9838393.

impact early detection and management of chronic conditions, and have less health literacy around surgery-related services, especially neuro-interventional.⁴ If the centralization of services improves the referral process and increases continuity of care, it can reduce the gaps in healthcare service that linguistic barriers can create when handling medical records between multiple entities with varying degrees of comfort with multiple languages.

- **Immigrants and refugees**

- **Improve access to services and health care:** Centralization can simplify the logistics of accessing healthcare, including initial visits, screenings and prescribed follow ups. The downtown location is more centralized and accessible via public transportation.
- **Improve health equity:** A centralized location, compared to multiple disparate locations, are better positioned to scale best practices of cultural sensitivity and provide-patient communication with this population. Repeated positive experiences can overcome cultural barriers as this population increases trust, comfort and familiarity with services and healthcare providers, and are able to advocate for their unique needs.
- **Reduce health disparities:** For this population, navigating complex systems and logistics with limited support and education exacerbates negative health outcomes, especially for those with pre-existing conditions. A centralized location creates an opportunity for our client to provide consistent access to care, as well as, support and education of additional resources and services.

- **Older Adults**

- **Improve access to services and health care:** The downtown location is more accessible via public transportation and two major highways. Centralization of these services may improve the completion rate of screenings and follow up appointments, especially for older adults, if it's more convenient to access for themselves and caretakers they may be dependent on.

⁴ Hall IJ, Rim SH, Dasari S. Preventive care use among Hispanic adults with limited comfort speaking English: An analysis of the Medical Expenditure Panel Survey data. *Prev Med.* 2022 Jun;159:107042. doi: 10.1016/j.ypmed.2022.107042. Epub 2022 Apr 7. PMID: 35398368; PMCID: PMC9617098.

- **Improve health equity:** A single location may be better positioned to coordinate community partners and caretakers with resources to meet the unique issues faced by older adults, such as loneliness, food insecurity, and economic instability - in addition to chronic illnesses. One of the potential continuum of care benefits is providing support and education to these caregivers or family members that older adults may require to access their care by providing a convenient one-stop shop.
 - **Reduce health disparities:** For this population, technological and communication gaps, in addition to dependency on caretakers, may create barriers to accessing consistent healthcare. A centralized location can simplify processes for sharing timely, critical information and services for improving health outcomes
- **Persons with Disabilities**
 - **Improve access to services and health care:** The downtown location is more accessible via public transportation and two major highways. Centralization of these services may improve the completion rate of screenings and follow up appointments, especially for patients with disabilities, if it's more convenient to access for themselves and caretakers they may be dependent on.
 - **Improve health equity:** A single location may be better positioned to adopt accessibility-related best practices to support the various unique needs of patients with disabilities, including mobility, vision, hearing and cognitive. One of the potential continuum of care benefits is providing support and education to these caregivers or family members that patients with disabilities may require to access their care by providing a convenient one-stop shop.
 - **Reduce health disparities:** Compared to people without disabilities, people with disabilities have less access to health care, have more depression and anxiety, and are less physically active.⁵ Through increased coordination between community resources and caretakers, and accessibility support it is possible to overcome these disparities and increase engagement and accessibility for patients with disabilities.

⁵ Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS); [Link](#)

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.

Most of our discussions and engagement with community partners, health equity experts, and other stakeholders aligned with the hypothesis of positive impacts for all patients, including Medically Underserved Groups. To achieve these intended impacts, there needs to be a successful integration of MOB that supports the full patient experience, including access to the location, communications, services, support and education. In addition to centralization improving accessibility to healthcare services and facilitating a continuum of care, the following unintended impacts are possible:

- Increased opportunities to coordinate with health-related community partners and local health organizations to improve community health outcomes,
- Increased trust and reputation amongst patient groups if able to overcome linguistic and cultural barriers by adopting culturally-responsive practices,
- Additional stress on hospital capacity - such as limited parking, as well as other potential organizational and procedural gaps - such as communication,
- Lower engagement and completion rates from patients groups who themselves or peers have negative experiences and perceptions of the hospital,
- Increased inefficiencies due to managing larger patient load such as wait times, which can risk continuity of care and drive patient dissatisfaction

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.**

N/A - MVHS does not expect there to be a change in indigent care amounts based on this move.

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 centralization of imaging and other specialty services with the existing Wynn Hospital - downtown will provide access to quality healthcare and increase accessibility by transportation whether private or public. One of the immediate benefits the relocation provides is its proximity to two major highways for patients traveling by car, multiple bus routes for public transportation commuters, and proximity to affordable public housing within walking distance in the nearby service areas. From our discussions with community partners and through survey responses, the majority of patients travel by either private car or carpool which is aided by the proximity to two major highways and valet parking on site. Those who rely on public transportation are supported by the proximity to multiple bus routes and stops facilitated by Centro. The previous locations were accessible via a singular bus route, whereas the Wynn Hospital- Downtown facility exists 0.4 miles from the public transportation dispatching hub and along 2 different service lines. For a visual of the public bus accessibility, see Appendix 1.

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

N/A - There were no reported architectural barriers for patients to navigate given the relocation. However, limited parking was noted in our survey responses to community members, which the hospital is actively working to address.

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?

One of the community priorities from the CNHA included improving health outcomes for women, infants, and children. The planned change will increase imaging capacity between the Faxton campus and the Wynn Hospital, specifically

there will be a total of 9 ultrasounds adding 3 new devices to the service area and leaving 2 ultrasounds remaining at the Faxton campus. The Faxton Campus will operate as a centralized hub specializing in women and maternal health services. We anticipate that this specialization has the potential to improve health outcomes for this population, though this depends on the efficacy of information sharing and referrals between Wynn Hospital and the Faxton Campus in the future, which was an area of organizational effectiveness not explored during our assessment.

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

We engaged with multiple public health departments, listed in the required HEIA Data Tables (See Appendix 3). This includes representatives from the American Heart Association, the Alzheimer's Association, the Oneida County Health Department, and other community partners identified by the Applicant, MVHS. In addition, we engaged a select group of health equity experts from leading research and medical institutions, including Duke University, John Hopkins, and health-focused Foundations.

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

We engaged the various community partners by joining a standing cadence of working sessions, created a summary of the relocation and survey to be distributed amongst their community constituents, and interviews with select community partners closest to the constituents viewed as most potentially impacted (See Appendix 2). We deployed surveys through community nurses and community partners, in particular The Mohawk Valley Resource Center for Refugees, which collected 62 completed surveys from ethnic minorities, immigrants, and refugees. We also met with an internal group of impacted physicians, community nurses, and other MVHS staff to discuss the impact of the relocation.

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

See Appendix 3 - HEIA Data Tables.

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?

There are two different ways to think about how the planned relocation will impact community members. Firstly, based on proximity, we would anticipate the racial/ethnic minorities including immigrants and refugees who populate the census tracts most heavily in the area adjacent to the hospital will be most affected by the project. The centralized, one-stop-shop approach of the Wynn Hospital will most affect them, ideally in a positive manner by increasing accessibility and decreasing travel time to receiving care and services. Additionally, the centralization of the lab and image screening to downtown may increase the number of successful referral based visits and follow ups, which is generally lower among racial/ethnic minorities. When engaging with their community representatives communication and signage was emphasized as a key component of successful transition to this site. Specifically, noting that reputational management and communication to support the continuum of care will be critical to the utilization among Black and Hispanic/Latinx individuals.

Secondly, based on the risk of disruption, we would anticipate the elderly and/or disabled population to be most likely to be impacted as they are more likely to be dependent on the routine to navigate healthcare including routines and processes with others to access their health care. If this location isn't as convenient as the specialty offices were for existing dependency routines or has any communication breakdowns or barriers, both of these populations are less able to adapt quickly to the change.

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?

Our engagement with community stakeholders shared a general sense of optimism for the change and directed our focus on the downtown location's impact on older adult and racial/ethnic minority populations. Specifically, working with the community members we were able to differentiate areas of improvement they would encourage seeing at the hospital in general versus the specific location, noting that most community members agreed that the centralization of services near public

transit lines and major highways would benefit health outcomes. In the survey responses collected of refugees and immigrants for this project, 45% of respondents were highly likely (NPS > 7) to recommend Wynn Hospital to their peers. In the same survey, 60% agreed that the service relocation would be beneficial for their health and 64% agreed that the relocation would be beneficial to their community. For a review of the outreach and survey, see Appendix 2. Our conversations with the Alzheimer's Association and Oneida County Health Department informed the impact analysis of older adult and disabled patients.

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.

Unfortunately, during our process we did not engage deeply with a community of Women to understand their unique intersectional experience with the previously mentioned Medically Underserved Groups. These community members' experiences are critical to consider given the impact of the relocation to centralize services at the Wynn Hospital, except for women and maternal health services which are housed at the remaining Faxton Campus. In particular, additional effort should be taken to engage partners supporting expecting mothers such as Mohawk Valley Prenatal & Maternity Support, to ensure that the Faxton Campus continues to deliver quality care during the transition and coordinated care with the Wynn Hospital for these patients.

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?
 - A. **People of limited English-speaking ability:** Recognizing the linguistic diversity of Utica and the surrounding community, MVHS will provide

information about the facility in multiple languages commonly spoken by residents. This includes partnership with The Center and MVHS Language Services to provide written materials, such as brochures, flyers, and signage, in languages, such as Spanish, Somali, Bosnian, and others based on the community demographics. Additionally, multilingual staff members or interpreters will be available to assist patients during in-person interactions and appointments.

B. People with speech, hearing or visual impairments:

To accommodate individuals with speech, hearing, or visual impairments, MVHS will utilize accessible communication formats. This includes providing written materials in braille, sign language interpretation, and telecommunication devices for patients with hearing impairments.

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

While not direct changes to ongoing project, we would recommend additional community engagement with critical stakeholder groups - including those that weren't included in this process. That would include ongoing and standing engagement with community groups and local health organizations that support patients that identify as women, refugees, immigrants, older adults, persons with disabilities, and racial/ethnic minorities. These engagements should review and address feedback from these groups on their complaints, satisfaction, and additional support and education needed to access healthcare services and resources.

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

MVHS has weekly meetings with community partners and plans for the rollout to include multiple written communications, information shared across social media, and even open houses for community members to learn more about the Hospital and its services. They can extend invitations to additional community groups to include representation from additional older and diverse populations or use the weekly meeting time to develop educational material to support service navigation and understanding between screening, intervention, and follow-up care. There are also multiple direct engagement opportunities with the broader community through nutrition and diabetes education programs and participation in task forces and community partnerships with local human services organizations addressing health disparities.

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?

To address barriers to accessing healthcare services such as cultural and language differences, the MVHS plans to engage its existing community partners to support the rollout and integration of services. In addition to these efforts, we would recommend the following initiatives to improve access to high-quality health care and to mitigate the risk identified above:

1. Formalized organizational change management planning

As with any organization, there may be underlying organizational challenges that this change will only bring to the surface that should be identified and addressed proactively. The internal stakeholder working group can ensure then that the rollout plan also includes initiatives to address these potential issues or adapt to minimize their risks. We'd recommend implementing a formal change readiness assessment to identify these gaps and pain points that have the most likelihood of threatening the positive impacts intended for the relocation, with particular emphasis on:

- Patient experience - such as parking availability, waiting times, provider interactions, and communications regarding resources, services and follow ups
- Partnership engagement - in particular with caretakers, home care facilities and other community partners supporting elderly adults and those with disabilities
- Accommodation resources - such as translation services to overcome linguistic barriers and adaptable policies to meet unique needs of diverse patients
- Organizational learning - including input gathering through patient surveys, focus groups and community meetings with translation services and health navigators available, and decision protocols for responding to this feedback

2. Staff training to increase cultural competency and awareness

From the surveys collected, we identified directional relationships between patients who commented on having a negative experience or hearing about negative experiences from peers and families with having lower-scored responses on other survey items. These survey items included the likelihood of recommending the hospital to peers, sense of accessibility, and perception of health benefits from the relocation. These results signal that there's an opportunity for MVHS to proactively mitigate these negative experiences to build more trusting relationships with the community and deliver positive patient experiences. A patient's experiences are informed by various touch points with the MVHS staff from first entering the

hospital to leaving and planning for follow-ups. To address the risk of patient discomfort and mistrust, MVHS, as an institution, and its various staff members would benefit from heightened cultural awareness and competency training and developing a continued interpreter relationship - whereby patients are assigned to the same or shared cluster of interpreters.

3. Increased education and accessibility-focused resources

The identified medically underserved groups have various potential accessibility challenges that could create barriers to accessing quality healthcare. One area of concern raised by community partners was cultural and language differences. To overcome this, we would recommend increasing and updating hospital signage and resources to reflect the diversity of languages within the community. Increasing accessibility may also include overcoming digital literacy gaps of different populations, and finding multiple channels of communication for patients to receive their information and potentially on-site access to computers. In addition, we'd recommend increased coordination with community partners, health navigators, local nursing or retirement homes, and other critical stakeholders to support overcoming cultural differences and coordination issues.

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?

MVHS currently uses standard Press Ganey patient satisfaction surveys that are sent to patients after their visit to provide feedback on their experience. There are patient surveys available online and through the paper to provide reviews on their experience with the quality of care and the opportunity to suggest organizational improvements. As an organization, MVHS also continues to participate in several community partnerships to understand the shifting needs amongst the surrounding region and to assess health equity opportunities.

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?**

We recommend developing and regularly deploying an evergreen equity survey to monitor important social determinants of health outcomes and track priorities for improving patients' access to quality healthcare across the various demographics served in the region. Advancing health equity in Oneida County for medically underserved groups requires adequate communication and engagement practices that allow for enhancing health literacy and building trust. With more than 40 languages spoken in the City of Utica and only 20% of the population holding a bachelor's degree, language accessibility is a considerable equity factor. In a diverse population, such as Oneida County, neighborhood institutions and organizations are pivotal for sharing trustworthy information and resource opportunities. The survey design should support the collection of information on social determinants for health, demographic groups, and MVHS access/transportation methods.

--- 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, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

Darlene Stromstad

Name

President/CEO, Mohawk Valley Health System

Title



Signature

June 25, 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)

A major recommendation for mitigating any potential negative impacts is about strengthening communication and community engagement. As the population served by MVHS/Wynn Hospital is culturally diverse, communication and engagement will take many forms. As is current practice, all written materials will be translated into key languages and will be distributed in formats also accessible by those with speech, hearing or visual impairments.

MVHS has two new initiatives to collect and act on community feedback. One is working with our DEI consultant on the creation of an evergreen, online survey that will be available on the organization's website and also

distributed to community groups who can share this information among their constituents. This evergreen equity survey will provide a mechanism to collect ongoing feedback that can be disaggregated by social identity groups to ensure we are collecting data over time. The second initiative is the launching of on-site “Community Conversations” in July. From July through mid-December, at least two “conversations” will be held each week, with a reassessment of the initiative at the end of 2024. Through this program, community organizations and members will be invited to come to the Wynn Hospital to learn more about the hospital and the MVHS organization, but, more importantly, will have an opportunity to provide information on gaps in and access to care, satisfaction, and additional resources and education that may be needed. We will work with our DEI consultant to implement an equity driven “conversation” template for the facilitated discussions. The feedback from these initiatives will be incorporated into operational changes to address concerns, opportunities for collaboration, and mitigate any unintended impacts.