

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	Care365 II
2. Name of Applicant	Care365 LLC
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Yocheved Gottesman
4. Description of the Independent Entity's qualifications	Trained grant writer and business writer, with extensive experience in analyzing parameters for the successful implementation of social and medical initiatives.
5. Date the Health Equity Impact Assessment (HEIA) started	Sep 20, 2023
6. Date the HEIA concluded	Dec. 6, 2023

7. Executive summary of project (250 words max)
<p>Care365 LLC, (the "Center") is submitting this application for administrative review – full construction, with the purpose of establishing an extension of its current Article 28 clinic (PFI #15293). The current clinic is located at 1 Main Street, Monsey, (Rockland County) NY, 10952. The proposed extension ("Care365 II" or "Extension Clinic") will be located at 1633 Route 202, Pomona (Rockland County) NY, 10970 (approximately seven miles north from the existing facility), and will provide primary medical care and specialty medical services (to be certified for "Medical Services – Primary Care" and "Medical Services – Other Medical Specialties") for the residents of Pomona, NY and surrounding areas. Specialty services include: cardiology, lab testing, x-ray imaging, and sonogram testing.</p>

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

Situated in the town of Ramapo in Rockland County, NY, the location of the planned Center is experiencing rapid population growth in recent years. In 2011, Ramapo had a population of 127,975. In 2021 the population was 150,344.

With the exponential population growth and rise in housing prices over the last decade in the Monsey area, many residents started spreading out to Northern regions of Ramapo, including Airmont, Wesley Hills, and Pomona. There is a need for increased medical services to properly accommodate the needs of the expanded population.

Currently, there is only there are only one other Article 28 D&TC within the zip code of the proposed Center, and it provides pediatric care only. New Square, a village in Ramapo which is a ten-minute drive away from the address of the proposed Center, with a population of 8,589, has a designated Health Professional Shortage Area (HPSA ID 13699936B6) as well as a Medically Underserved Area (MUA/P ID 0236). There is an additional primary care HPSA in Rockland County (HPSA ID 13699936NP) as well as another MUA (MUA/P ID 07534), pointing to a general shortage of primary healthcare services in the PSA's region.

As elaborated further in Meaningful Engagement, several prominent local politicians cite the need for improved access to healthcare services to serve the diverse and growing community in Pomona, a village in Ramapo.

During the 2019 Community Health Priority Selection Forum, it was determined by an open vote that Rockland partners will be focusing on the "Preventing Chronic Diseases and Promoting Well-being" and "Preventing Mental and Substance Use Disorders" Prevention Agenda priority areas.

The establishment of Care365 in Pomona will be a key player in "Preventing Chronic Diseases and Promoting Well-being" in the PSA. A welcome addition to the healthcare landscape in Ramapo, the Center will bring quality primary care as well as specialty services, thus playing a role in reducing chronic diseases and promoting well-being among the local population.

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.

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
 - Immigrants
 - Women
 - Lesbian, gay, bisexual, transgender, or other-than-cisgender people
 - People with disabilities
 - Older adults
 - Persons living with a prevalent infectious disease or condition
 - Persons living in rural areas
 - People who are eligible for or receive public health benefits
 - People who do not have third-party health coverage or have inadequate third-party health coverage
 - Other people who are unable to obtain health care
 - Not listed (specify):

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?

We used data from the ACS 5-Year Estimate Data Profiles (2021) to determine the scope of underserved groups that will be impacted by the Center. 4.5% of the families living in zip code 10970 (the PSA) earn an income that is below the poverty level. This translates into 8.9% of the population, approximately 1,000 individuals out of the 11,449 residents.

The PSA has a population of 11,449. The largest racial/ethnic groups are White (53.3%) followed by Hispanic or Latino (26.3%) and then by Black or African American (20.2%). Thus, close to half of the population are racial minorities.

52.8% of the population are females equating to a total of 5,928 women. There are 2,435 foreign-born residents living in zip code 10970. 7.6% of the population has a disability, a total of 872 individuals. 1,900 residents are over the age of 65. 14.5% of the households in the PSA receive SNAP or food stamp benefits. 4,724 (41.3%) individuals have public health coverage. 376 individuals are uninsured (3.3%).

Most of the data was readily available on data.census.gov. However, it was somewhat difficult to obtain data on the number of people with infectious diseases or conditions. It was also difficult to obtain data on the number of gay, lesbian, or trans-gender residents in the zip code.

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

Low-income People: Poverty and health are closely linked, with those in poverty often shown to have an increased risk of chronic and mental health conditions, mortality, and lower life expectancies. By providing Medicaid-covered and waived health care, the Center will help low-income people prevent and manage chronic conditions, sans a financial burden, thus enhancing their quality of life and life expectancy.

Racial and Ethnic Minorities: Racial and ethnic minorities may face challenges in having access to medical care in the United States. When they receive it, their care may not be equivalent to that of other groups. Blacks, Hispanics, and some Asian populations, when compared with whites, appear to have lower levels of health insurance coverage, with Hispanics facing greater barriers to health insurance than any other group. The Center's outreach methods will be conducted in English, Spanish, and Yiddish as well as any other language that reflects the ethnic needs of the population. By hiring staff members of diversified racial backgrounds and ensuring that patients of all races are treated with equal quality and respect, the Center will encourage people of racial minorities to seek health care in a comfortable and pleasant setting.

Immigrants: Low literacy and language skills are associated with poorer outcomes in educational attainment, employment, and health. While limited English proficiency and low literacy are not the same as health literacy, they can still be barriers to accessing health care. Both make it difficult for patients to understand health information and are associated with lower utilization of health services. By adopting a culture of accommodation and sensitivity to foreign-born people, the

Center will positively impact the well-being of the 2,435 immigrants residing in the PSA.

Women: The Center will have a female PCP, specializing in women's health. One of the specialty services will be mammograms, which will increase the local women's access to early breast cancer screening. The ultrasound service will also help diagnose and treat gynecological issues.

Lesbian, gay, bisexual, transgender, or other-than-cisgender people: It was difficult to find data on this group, however evidentially speaking, the Applicant affirms that their current Center in Monsey, NY treats a number of transgender individuals.

People with Disabilities: By ensuring physical accessibility in every detail of the facility's layout, per the Americans with Disabilities Act 1990, the Center will increase healthcare accessibility to people with disabilities. Staff will be trained in accommodating and communicating with visual and hearing impairments.

Older Adults: Many seniors have multiple chronic conditions, putting them at greater risk of hospitalization and its adverse effects. In many cases, hospitalization can be prevented through early intervention by primary healthcare providers. By providing senior-friendly health care, in addition to specialty diagnostic services such as cardio care, x-ray imaging, sonograms, and laboratory testing, the Center will reduce the PPH (preventable patient hospitalization) rate among the older population in the PSA.

Persons living with a prevalent infectious disease or condition: It was difficult obtaining precise data on this group, however, the Mid-Hudson Region Community Health Assessment 2019 - 2021 provides some info on a county level. According to this assessment, the top 3 causes of death in Rockland County are Cancer, Heart Disease, and Chronic Lower Respiratory Disease. During the 2019 Community Health Priority Selection Forum, it was determined by an open vote that Rockland partners will be focusing on "Preventing Chronic Diseases and Promoting Well-being".

People who live in rural areas: While the PSA itself is not considered rural, it is in close proximity to rural areas. For example, Putnam County, located a short distance from the PSA has a population density of 429.39 and is thus defined as rural. It can be anticipated that the Center will occasionally treat patients from neighboring rural areas.

People who are eligible for or receive public health benefits: The approximately 1,700 families who receive public health benefits in zip code 10970 will be among those who will benefit from the Center's quality health care, fully covered by Medicaid.

People who do not have third-party health coverage or have inadequate third-party health coverage: Every single person who walks through the doors of Care365

receives quality medical care, no matter if he has private insurance, Medicaid, or if he is uninsured. If someone is uninsured, the Center offers a lenient payment plan, but if the patient is unable to pay, the Center will absorb the cost of care.

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?

As noted above, there is only one other diagnostic and treatment center in the ZIP code, that provides pediatric services only, which means that many adults and children receive care at facilities that are in a different ZIP code than their residences. The proposed project, an extension clinic at 1633 Route 202, Pomona (Rockland County) NY, 10970 is designed to accommodate up to 600 patients per day, for primary care and specialty services. Here too, the majority of the patients will be from one of the medically underserved groups.

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

There is one other DTC in the PSA, zip code 10970. "Tov Medical Center" offers pediatric PCP services only. Thus, the Care365 Center will be the only primary care clinic in the PSA serving children and adults. Furthermore, the proposed project will be the only DTC within 5 miles offering extended hours until 11:00 PM. It is also the only center to provide x-ray and Ultrasound imaging services in the area; the closest imaging center is 6.5 miles away from Pomona.

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

As elaborated above, the Applicant's services are largely unique in this service area. Thus, it is difficult to identify providers offering similar services in the area, which underscores the critical importance of the establishment of this Center.

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and

federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

The Applicant is fully committed to meeting its obligations under Public Health Law § 2807-k. By opening an extension clinic in Pomona, the Applicant will increase its capacity to provide care to a larger circle of minorities, low-income individuals, people with disabilities, and those from other medically underserved groups.

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

The staff at the Center will be comprised of approximately 15 individuals, with the exception of the current medical director, new hires will initially include: 2 front desk receptionists; 3 MAs; 1 lab clerk; 1 X-ray technician; 1 Ultrasound technician; 1 scribe; 4 providers; 2 call center operators

As the Center grows to include more specialty services additional hires will be made.

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

No.

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.

In 2019, Care365 submitted an application for establishment of an Article 28 Clinic at 1 Main Street, Monsey, Rockland County NY 10952, which is visited by approximately 300 patients per day, the majority of whom belong to one of the medically underserved groups. With the local population growing and spreading

out, the applicant realized the need to expand Care365 to serve the additional neighboring area.

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

As elaborated in Step 1, Question 4, by addressing the specific health needs as well as the individual sensitivities of each underserved group, the Center will bring positive change to the health landscape in Pomona. The Center is scaling not only the quantity of health care by increasing the availability of providers and their services but also the quality of health care, by fostering a pleasant and sensitive approach to patients from all underserved groups.

It is the Applicant's full belief that all human beings - no matter their age, gender, race, origin, physical impairments, etc. - are entitled to convenient access to quality services and health care. By making its services available to the 11,449 residents of Pomona, in addition to patients from surrounding areas, the Center will improve health equity among its minorities, women, people with disabilities, older adults, immigrants, and people with low incomes.

Beyond providing services to treat health problems, a big focus of the Center will be disseminating preventive education. This will entail meeting with community leaders, and religious and civic organizations to implement educational programming to promote a healthy lifestyle – including reducing tobacco use, increasing physical activity, vaccinations, and promoting better nutrition.

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.

To date, there are no foreseen negative impacts that may occur as a result of the project. The local community and its leader are eagerly awaiting the Center's establishment and its positive impact.

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 Center currently runs a flagship clinic at 1 Main Street, Monsey, NY 10952, which is visited by approximately 300 patients per day, the majority of whom belong to one of the medically underserved groups. The proposed project, an extension clinic at 1633 Route 202, Pomona (Rockland County) NY, 10970 is designed to accommodate up to 600 patients per day, for primary care and specialty services. Here too, the majority of the patients will be from one of the medically underserved groups.

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 Center is conveniently located on a busy highway artery Route 202, which is mostly a two-lane road, expanding to four in some busier sections. Thus, it will be easily accessible by private transportation as well as public transportation, including bus lines run by Rockland Coaches.

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

The Center is designed fully following the Americans with Disabilities Act 1990, enabling people with mobility impairments to easily navigate the entrance, reception area, treatment rooms, and bathroom facilities. The diagnostic rooms will be outfitted with portable imaging equipment that can be used on a patient in a wheelchair or on a stretcher.

Meaningful Engagement

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

New York State Department of Health

Rockland County Department of Health

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

The local Health Department did not provide information for this project.

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

Completed, see attached.

9. 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?

It was apparent from engagement with stakeholders that this project is expected to have a positive impact on all population segments. However, several community members specifically cited the older population as one that will greatly benefit from the primary and specialty services offered at the Center. The Center will be instrumental in reducing avoidable hospitalizations among older adults and thus prevent unnecessary stress and hazardous complications that may crop up in a hospital setting. The older adult population comprises 16% of the general population, amounting to 1,900 individuals.

10. 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 consensus among community members is that the project will be a welcome development, that they are eagerly awaiting. Community members cited delays in treatment, long wait times, time-consuming traveling, and excessive stress as a result of the shortage of primary care services in the area. Some also expressed

anticipation that the Center's establishment will create job opportunities for residents and boost the local economy.

One community member related how an elderly relative fell and required stitches for a facial laceration. With no local solution, the older adult was admitted to the hospital, where he ended up contracting an infection. Had there been a local urgent center, the older adult could have been treated within an hour and avoided hospitalization and subsequent complications. This highlighted the great benefit the Center will have on the older adult population.

Another community member expressed great enthusiasm, citing Care365's sterling reputation as a professional and caring healthcare provider. Across the board, community members of all ages, genders, and cultural backgrounds are looking forward to the Center's establishment.

In summary, the project is viewed as a source of great benefit with no foreseen negative consequences. Across the board, community members of all ages, genders, and cultural backgrounds are looking forward to the Center's establishment.

11. 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.

As part of the engagement efforts, members of the community contributed their valuable perspectives on the project. Participating members represented multiple underserved groups, including low-income families, women, families receiving public benefits, older adults and more. Several political leaders serving the PSA enthusiastically lauded the project, citing it as a long-awaited response to a critical need and an important advancement to the community's health equity. As detailed in the HEIA Data Table, we gathered input from 4 political leaders and 5 residents, all of whom reinforced staunch support for the project.

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 will hire a diversified staff with multilingual members. Signage and outreach materials will also be available in Spanish and Yiddish and disseminated via channels used by foreign language speakers. The Center will also use Boostlingo technology to aid in real-time interpretation and thus allow smooth communication with foreign language speakers. Staff will be trained to communicate with people with speech, hearing, or visual impairments and if necessary to use auxiliary aids for smooth communication.

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

The Applicant seems well-versed and well-equipped to deal with all the necessary aspects of providing quality health care to all medically underserved groups, including those with communication and/or handicap barriers.

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

The Applicant will conduct periodic surveys among its clientele to ensure optimal service delivery and to garner feedback on suggested improvements.

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

The project will help remove barriers to equitable health care and services by making quality health care easily available at low/no cost to people in underserved groups, including racial minorities, women, older adults people with disabilities, immigrants etc.

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?

In its flagship Center in Monsey, the Applicant facilitates annual surveys among its clientele to monitor impact and gather input on areas of improvement. The applicant plans on implementing these measures in the extension Center as well.

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 facility aims to become recognized by NCQA as a Patient-Centered Medical Home (PCMH), a model that is committed to continuous quality improvement and a patient-centered approach putting patients at the forefront of care and increasing staff satisfaction – while reducing healthcare costs.

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)

The data and evidence gathered for the assessment highlight the need for primary care and specialty services in Pomona, NY. Significant numbers of medically underserved individuals coupled with a dearth of Medicaid-approved DTCs in the PSA are strong indicators of health inequity that requires intervention. Drawing on the experience in its flagship Center in Monsey, NY, Care365 is well-suited to provide these much-needed primary care and specialty services. The Applicants look forward to fostering a positive impact on the Pomona community through its healthcare work at Care365 II.

----- 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, Zehava Goldenberg, attest that I have reviewed the Health Equity Impact Assessment for the Care365 II project that has been prepared by the Independent Entity, Yocheved Gottesman.

Zehava Goldenberg

Name

Sole Member

Title

Zehava Goldenberg

Signature

12/29/2023

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.

Care365 is determined to improve health equity among all medically underserved groups and will spare no efforts to ensure that its outreach program and treatment approach provides an optimal experience for individuals of all denominations. Our mitigation plan will encompass five main focus areas:

1. Community Engagement – Care365 will establish collaborations with local community organizations, religious institutions, and nonprofits that serve medically underserved populations and organize health fairs and outreach programs in collaboration with community partners to raise awareness about available healthcare services.
2. Cultural Sensitivity Training – Care365 will provide cultural competence training for all staff to ensure sensitivity and understanding of diverse cultural backgrounds. The Center will foster a welcoming and inclusive environment by incorporating culturally competent practices in patient care.
3. Effective Communication – Care365 will hire a diversified staff with multilingual members. Signage and outreach materials will also be available in multiple languages and disseminated via channels used by foreign language speakers. Boostlingo technology will be used to aid in real-time interpretation and thus allow smooth communication with foreign language speakers. Staff will be trained to communicate with people with speech, hearing, or visual impairments and if necessary to use auxiliary aids for smooth communication.
4. Tailored Marketing – Care365 will disseminate marketing materials that resonate with the cultural and social norms of the target communities and utilize community influencers, leaders, and trusted figures to endorse and promote healthcare services.
5. Feedback Mechanism – Care365 will establish a feedback mechanism to collect input from patients and the community to continuously improve services. Feedback will also be garnered from community leaders and organizations to ensure alignment with community needs