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	Addition of Electrophysiology Lab
2. Name of Applicant	Auburn Community Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Elm and Oak Health, formerly MP Care Solutions **Colleen Boyle**, Manager Product Strategy and Compliance, cboyle@elmandoakhealth.com **Howard Brill**, SVP Population Health Management and Quality hbrill@elmandoakhealth.com **Andrea Indiano**, Project Manager aindiano@elmandoakhealth.com **Jeanette Fafone,** Administrative Coordinator, jfafone@elmandoakhealth.com **Stephen Kay**, Health Systems Analyst skay@elmandoakhealth.com
4. Description of the Independent Entity's qualifications	Elm and Oak Health, formerly Monroe Plan, was founded in 1970 to provide innovative means of providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations, and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experienced in delivering actionable data and designing data-informed and financially sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	3/13/2026
6. Date the HEIA concluded	5/5/2026

7. Executive summary of project (250 words max)
The project is the addition of an electrophysiology lab to Auburn Community Hospital. An electrophysiology lab diagnoses and treats heart arrhythmias. Adding this service increases Auburn Community Hospital's ability to treat heart conditions locally. The service is expected to treat 80 persons during the first year and has the capacity for 200 persons per year.
8. Executive summary of HEIA findings (500 words max)
The project supports the availability of local cardiac specialty services in Cayuga County, building on the cardiac catheterization lab established in January 2026 at Auburn Community Hospital. Cayuga County is a rural county whose residents previously needed to travel to Syracuse or Rochester for advanced cardiac services. Public transportation in the county and cross-county is limited. The lack of local availability leads to delayed treatment and treatment avoidance for time-sensitive conditions, which can result in very serious and life-threatening acute conditions. The impact is exacerbated for older, low-income persons living in more remote, rural areas of the county. The local availability of these services potentially reduces those delays, improving outcomes. Because the project involves the addition of a highly specialized and technical service, it was difficult for several stakeholders to directly comment on the specific service. Instead, the discussions focused on the overall needs in the community for specialty services, the challenges of travel and transportation, collaborative relationships with the hospital, and concerns with staffing and quality. In addition to transportation barriers, there was concern about financial difficulties faced by uninsured residents and those with high-deductible plans. The project was strongly supported because of significant barriers to access and limited local availability of advanced services. The project was also supported by direct consumers and residents, who viewed services that helped them and their treating providers positively and reduced their travel time. Among the community-based organizations, there were two common threads in the discussions regarding better adaptation to the needs of vulnerable and underserved persons. The first involved improving collaboration with community-based organizations. Communication could be improved, particularly when involving patients with behavioral health difficulties. The second involved staffing and quality. Specifically mentioned were concerns about adequate support staff and not relying on floating staff. While the electrophysiology lab is not likely to benefit from outreach or community education, there is a need in the community for general healthcare education and information about how to navigate the healthcare system.

SECTION B: ASSESSMENT

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

STEP 1 – SCOPING

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

   The project is the addition of an electrophysiology lab at Auburn Community Hospital. The project's service area is Cayuga County. Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau's 5-year estimates for ZCTAs. Racial and ethnic distributions by ZCTA are displayed in Figure 1. The county's geography is elongated, with the city of Auburn, where the hospital is located, in the center but with the northern and southern parts of the county 20 to 30 miles distant.

   The total population of the service area is 73,123. Over one-third of the service area population lives in the city of Auburn. Zip code 13021, where the city and the hospital are located, has over half of the service area's population. 87.3% of the population is White, 3.5% is Black or African American, 0.2% is American Indian and Alaska Native, 0.7% is Asian,1.5% is some other race, and 6.8% multi-race. 3.7% is Hispanic or Latino.

   Cayuga County ranks 31st in New York State poverty in 2020 (NYS Office of State Comptroller 2022). The overall poverty rate was 9.1%. Poverty rates in the ZCTAs range from 0% to 18.8%. 47.0% of the population has public health insurance coverage, and 4.4% have no health insurance coverage. 14.4% of the population has a disability. The service area includes HRSA-designated underserved areas and medical professional shortage areas. Cayuga County is a rural county.

   The Community Health Needs Assessment (Mouton et al., 2025) identified preventing chronic disease, including those related to the heart, as a major community health need. Hospitalizations related to heart diseases, potentially preventable heart failure hospitalizations, and heart disease mortality rates are higher in Cayuga County compared to New York State averages. The Needs Assessment reported that significant racial and ethnic disparities occur in chronic disease.

   Areas of high concern in the New York State Prevention Agenda include potentially preventable hospitalizations among adults, with the age-adjusted rate per 10,000 at 141.5 in 2024, compared to the prevention agenda objective of 89.2 and a New York State average of 93.7 per 10,000. The difference in

premature deaths before age 65 years between Black non-Hispanic individuals and White, non-Hispanic individuals was 37.2% compared to the prevention agenda objective of 18.4%, and New York State average of 20.2% in 2023.

Sources:

American Community Survey 2023. "Five-year Estimates."

Moulton, Christine, Clare Kelley, and Keith Bubblo. 2025. "COMMUNITY HEALTH NEEDS ASSESSMENT & COMMUNITY SERVICE PLAN: AUBURN COMMUNITY HOSPITAL."

New York State Department of Health. 2025. "Prevention Agenda Tracking Dashboard." https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county.

NYS Office of the Comptroller. 2022. "New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller." https://www.osc.ny.gov/reports/new-yorkers-need-look-poverty-trends-new-york-state-last-decade.

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

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

Low-income people

The medical and epidemiological literature identifies significant disparities and impacts of poverty on cardiovascular and heart disease (Hamad et al. 2020; Metkus 2024; Lancet Regional Health 2025). A statistical model of heart disease for persons on Medicare who also have diabetes estimates that 60% of excess heart disease for low-income persons is due to poverty rather than medical and demographic risk factors (Zhou et al. 2025). In addition, there are disparities in ablation for atrial fibrillation treatment for low-income zip codes compared to higher-income zip codes (Nathan et al. 2026). Ablation for atrial fibrillation is a treatment procedure performed in electrophysiology labs.

The overall poverty rate in the service area is 9.1%.

Racial and ethnic minorities

Similarly, there is an extensive literature showing disparities in heart disease prevalence, outcomes, mortality, and treatment, for racial and ethnic minorities compared to Whites (Zhou et al. 2025; Thomas et al. 2022; Nathan et al. 2026). These disparities include the treatment of cardiac arrhythmias, which show reduced utilization for Blacks, Hispanics, and Asians compared to White individuals (Moinul et al. 2025).

The differences in Black versus White age-adjusted mortality rates are persistent and large, about 1/3 higher for Blacks compared to Whites, and have continued over a twenty-year period since 1999 (Kyalwazi et al. 2022).
The service area is 87.3% White, with 12.7% non-White or multi-race. The Black population is estimated at 3.5%.

Older adults

The risk of heart disease increases with age, with 30 to 40% of acute coronary heart disease occurring in persons age 75 or older (American Heart Association 2022; CDC 2024; National Institute on Aging 2024).

21.1% of the service area population is age 65 or older.

Persons living in rural areas

Mortality disparities between urban and rural areas for cardiovascular and heart disease have increased and are significant (Ajmal, Javed, and Corban 2026; American Heart Association 2024; Marinacci et al. 2025; Pierce et al. 2025; Zhou et al. 2025). The disparities are related to social determinants of health, increased behavioral risk factors, reduced availability of primary health care and access to specialty care, and differences in health care quality between urban and rural areas in the United States.

Cayuga County is a rural county.

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

Community stakeholders identified that persons with public health benefits, high-deductible plans, and those lacking insurance may face access issues to specialty care in the Central New York region.

In the service area, 47.0% of the population has public coverage, and 4.4% have no health insurance coverage. The available data does not provide insight into persons on high-deductible plans that might impact access.

Sources:

Ajmal, Muhammad, Ayesha Javed, and Michel T. Corban. 2026. "Cardiovascular Care in Rural America: Challenges, Insights, and Strategies for Meaningful Improvement." The American Journal of Medicine 139(3):250–52. Doi:10.1016/j.amjmed.2025.09.004.

American Heart Association. 2022. "Hearts and Bodies Change with Age, Heart Disease Treatments May Need to Change, Too." https://newsroom.heart.org/news/hearts-and-bodies-change-with-age-heart-disease-treatments-may-need-to-change-too.

American Heart Association. 2024. "More Adults in Rural America Are Dying from Cardiovascular Diseases." https://www.heart.org/en/news/2024/11/15/more-adults-in-rural-america-are-dying-from-cardiovascular-diseases.

American Heart Association. 2025. "Cardiovascular Health Risks Continue to Grow within Black Communities, Action Needed." https://newsroom.heart.org/news/cardiovascular-health-risks-continue-to-grow-within-black-communities-action-needed.

CDC. 2024. "Heart Disease Risk Factors." https://www.cdc.gov/heart-disease/risk-factors/index.html.

Community Stakeholders.

Hamad, Rita, Joanne Penko, Dhruv S. Kazi, Pamela Coxson, David Guzman, Pengxiao C. Wei, Antoinette Mason, Emily A. Wang, Lee Goldman, Kevin Fiscella, and Kirsten Bibbins-Domingo. 2020. "Association of Low Socioeconomic Status With Premature Coronary Heart Disease in US Adults." *JAMA Cardiology* 5(8):899–908. doi:10.1001/jamacardio.2020.1458.

Kyalwazi, Ashley N., Eméfah C. Loccoh, LaPrincess C. Brewer, Elizabeth O. Ofili, Jiaman Xu, Yang Song, Karen E. Joynt Maddox, Robert W. Yeh, and Rishi K. Wadhera. 2022. "Disparities in Cardiovascular Mortality Between Black and White Adults in the United States, 1999 to 2019." *Circulation* 146(3):211–28. doi:10.1161/CIRCULATIONAHA.122.060199.

Marinacci, Lucas X., Zhao Nian Zheng, Stephen Mein, and Rishi K. Wadhera. 2025. "Rural-Urban Differences in Cardiovascular Mortality in the United States, 2010-2022." JACC 85(1):93–97. doi:10.1016/j.jacc.2024.09.1215.

Metkus,Thomas S. 2024. "New Dimensions Assessing Poverty and Cardiovascular Disease." *JACC: Advances* 3(7):100931. doi:10.1016/j.jacadv.2024.100931.

Moinul, Sheikh, Manuel Urina-Jassir, Joan Rodriguez-Taveras, Adelqui O. Peralta, Peter S. Hoffmeister, Scott Kinlay, Hirad Yarmohammadi, William E. Boden, Jacob Joseph, and Matthew F. Yuyun. 2025. "Meta-analysis of racial and ethnic disparities in rhythm control strategies for atrial fibrillation in the United States. " American Journal of Cardiology 245:1–10. doi:10.1016/j.amjcard.2025.02.028.

Nathan, Ashwin S., Lin Yang, Kriyana P. Reddy, Sahityasri Thapi, Lauren Eberly, Timothy Markman, Alexander C. Fanaroff, Jay Giri, Emily P. Zeitler, Larry R. Jackson, Tara Parham Graham, Rajat Deo, Francis E. Marchlinski, and David S. Frankel. 2026. "Racial, Ethnic, Socioeconomic, and Geographic Inequities in Catheter Ablation for Atrial Fibrillation." *Heart Rhythm* 23(5):1065–72. doi:10.1016/j.hrthm.2026.01.030.

National Institute on Aging. 2024. "Heart Health and Aging." https://www.nia.nih.gov/health/heart-health/heart-health-and-aging.

The Lancet Regional Health - Americas. 2025. "Cardiovascular disease: addressing poverty is key." The Lancet Regional Health – Americas 42. doi:10.1016/j.lana.2025.101029.

Thomas, Kevin L., Jalaj Garg, Poonam Velagapudi, Rakesh Gopinathannair, Mina K. Chung, Fred Kusumoto, Olujimi Ajijola, Larry R. Jackson, Mohit K. Turagam, Jose A. Joglar, Felix O. Sogade, John M. Fontaine, Andrew D. Krahn, Andrea M. Russo, Christine Albert, and Dhanunjaya R. Lakkireddy. 2022. "Racial and Ethnic Disparities in Arrhythmia Care: A Call for Action." *Heart Rhythm* 19(9):1577–93. doi:10.1016/j.hrthm.2022.06.001.

Pierce, Jacob B., Spencer M. Ng, Joy A. Stouffer, Clark A. Williamson, and George A. Stouffer. 2025. "Rural/Urban Disparities in Cardiovascular Disease in the US—What Can Be Done to Improve Outcomes for Rural Americans?" American Journal of Cardiology 248:10–15. doi:10.1016/j.amjcard.2025.03.033.

Zhou, Xilin, Joohyun Park, Deborah B. Rolka, Christopher Holliday, Daesung Choi, and Ping Zhang. 2025. "Disparities in cardiovascular disease prevalence by race and ethnicity, socioeconomic status, urbanicity, and social determinants of health among Medicare beneficiaries with diabetes." *Preventing Chronic Disease* 22. doi:10.5888/pcd22.240270.

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

   <u>Low-income people</u>

   - An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
   - Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

   - Because of limited cross-county public transportation, local services may reduce the costs of travel and barriers to care for low-income persons.

Racial and ethnic minorities

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- There are significant disparities in prevalence, treatment, and outcomes related to race for arrhythmia patients. By reducing delays and easing transportation barriers, the project may positively impact disparities in treatment.

Older adults

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- Transportation barriers are particularly severe for older persons, especially in the winter. Locally available services reduces those barriers.

Persons living in rural areas

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- As a rural county with limited cross-county public transportation, locally available services provide improved access for residents.

People who are eligible for or receive public health benefits

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- The Applicant accepts Medicaid and Medicare.
- The Applicant provides public benefit navigation support and financial assistance. This potentially assists persons who are eligible for Medicaid or other public health benefits but may not be currently enrolled.

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

- An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.
- Reduces delays in receiving diagnostic and treatment services for heart arrhythmia patients, which can affect outcomes and risks for stroke.

- The Applicant accepts Medicaid and Medicare.
- The Applicant provides public benefit navigation support and financial assistance. Persons without third-party health coverage or high-deductible plans potentially benefit from financial assistance or support in seeking better health insurance coverage.

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?

   For the purposes of the assessment, outpatient electrophysiology and pacemaker services were analyzed for residents of Cayuga County using the SPARCS data for 2024. These services may also be received inpatient, but the specific procedure codes were not returned for inpatient discharges. More generic revenue or DRGs will not be specific enough to identify the project's impact.

   In 2024, there were 225 discharges for service area residents. The number of discharges has increased rapidly during the past three years:

Table 1 Change in Number of Discharges for Service Area Residents

Year	Discharges for Service Area Residents
2022	139
2023	201
2024	225

The increase in discharges is 20.6% per year. The number of distinct patients in 2024 was 217.

The Applicant reports that in 2024, 558 patients with atrial fibrillation and 74 with atrial flutter were seen. These are patients who are potentially a pool for electrophysiology services. The Applicant notes that not all of these patients would be appropriate for the project services: it reflects an upper threshold of current patients.

Using SPARCS, there were 680 patients at Auburn Community Hospital who had a primary diagnosis of either atrial fibrillation or atrial flutter in 2024.

The electrophysiology lab is expected to see 80 patients in its first year of operation and is planned to have a capacity for 200 patients per year. This capacity aligns with the SPARCS-based 2024 estimate of annual discharges for electrophysiology services.

Low-income people

Previously, Medicaid utilization provided a proxy for estimating the low-income persons impacted by the change. At the time of this assessment, the payer information has been temporarily withdrawn from the SPARCS data and cannot be used as a proxy.

As noted in questions 1 and 3, the poverty rate in the service area is 9.1%

Racial and ethnic minorities

The persons receiving these services in the service area were 96.8% White. Other races are not reportable due to the SPARCS reporting threshold. There were also fewer than 10 persons identified as having Hispanic or Latino ethnicity.

The proportion of non-White persons receiving these services is well below the general population proportion of 12.7%. However, a significant portion of the 12.7% is persons responding multi-race, which is not always well-captured in hospital race and ethnicity data. The low proportion may also reflect treatment disparities found in the national literature.

For the patients diagnosed with atrial fibrillation or atrial flutter at Auburn Community Hospital in 2024, 97.8% were White. Other races and Hispanic/Latino ethnicity are below SPARCS reporting thresholds.

Older adults

The average age of persons receiving these services was 68.7 years, with 68% over 65 years of age.

For the potential patient pool at Auburn Community Hospital, the average age was 73.6 years, with 80% over 65 years of age.

Persons living in rural areas

The service area is a rural county.

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

Payer information has been temporarily removed from SPARCS data; as a result, the service area and hospital distribution of relevant services by payer are not available.

For acute inpatient non-newborn discharges at Auburn Community Hospital, the 2024 Institutional Cost Report indicated that 64.8% of discharges were paid by Medicare, 16.8% by Medicaid, and 3.2% were uninsured, self-pay, or charity.

Sources:

Applicant

SPARCS 2022-2024.

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

   Table 1 shows the distance to alternate facilities. These facilities are outside of the service area but are the current location for residents' utilization.

   Table 2 Distance of Alternate Facilities from Auburn Community Hospital

Facility Name	Distance (miles)
St. Joseph's Hospital	22.5
University Hospital	22.6
Crouse Hospital	22.6
Cayuga Medical Center	32.6
Rochester General Hospital	54.5
Strong Memorial Hospital	55.1

Source: SPARCS 2024

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

   SPARCS data was used to identify facilities for service area residents receiving electrophysiology services or pacemaker placement. Market share is based on 2024 discharges and is shown in Table 3.

   Table 3 Market Share for Electrophysiology and Pacemaker Placement Procedures for Cayuga County Residents, 2024

Facility Name	Discharges	Percent	Cumulative Percent
St. Joseph's Hospital	118	52.4%	52.4%
Crouse Hospital	30	13.3%	65.8%
University Hospital	26	11.6%	77.3%
Strong Memorial Hospital	17	7.6%	84.9%
Cayuga Medical Center	13	5.8%	90.7%
Rochester General Hospital	11	4.9%	95.6%
All Others	10	4.4%	100.0%
Total	225	100.0%	

Source: SPARCS 2024

Over 77% of the current utilization occurs in Syracuse-based hospitals. (Note that Cayuga Medical Center is in Tompkins County.)

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 provided the ICR Exhibit 50 for 2024. The Applicant reported that it met its obligations. The Applicant received $559,760 in reimbursement from the Indigent Care Pool (Exhibit 50, Line 051).

   Sources:
   ICR Auburn Community Hospital 2024. "Exhibit 50."

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

   There is no expected change in staffing due to the addition of the electrophysiology laboratory.

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

    The Applicant's legal firm responsible for consumer issues is not aware of any consumer civil rights complaints against Auburn Community Hospital in the last ten years.

    The legal firm responsible for employee complaints provided the information in Table 4.

Table 4 Auburn Community Hospital and Auburn Memorial Medical Services Employee Civil Rights Complaints, 2015-2026

Auburn Community Hospital

Agency	Date	Complaint	Status
NYS DHR	9/16/2015	Employment complaint alleging discrimination	NYS DHR Issued a Probable Cause

		based on his arrest record and race.	Determination. Hospital settled in August 2016.
NYS DHR	09/08/2017	Employment complaint alleging disability discrimination in employment.	NYS DHR issued a No Probable Cause determination 02/27/18.
NDNY Federal Court	12/19/2018	Employment complaint alleging constructive discharge in violation of the USERRA and NYLL.	Settlement & Release Agreement signed on or about 06/07/2019.
Cayuga County Supreme Court	02/06/2019	Employment complaint alleging gender discrimination; violation of NYLL whistleblower provisions; defamation.	Settlement & Release Agreement signed on or about 11/12/20. Stipulation of Discontinuance filed 02/05/21.
NYS DHR	03/11/2019	Employment complaint alleging harassment, sexual harassment, and retaliation.	Settlement & Release Agreement signed on or about 05/17/19 prior to a NYS DHR determination.
NYS DHR	03/16/2020	Employment complaint alleging disability discrimination and constructive discharge.	NYS DHR issued a Probable Cause determination 09/2020. Settlement and Release Agreement signed on or about 02/21/23.
Cayuga County Supreme Court	03/12/2020	Employment complaint alleging sexual harassment and hostile work environment.	Settlement and Release Agreement signed on or about 11/30/2022. Stipulation of Discontinuance filed 01/05/23.
NYS DHR	02/07/2022	Employment complaint alleging denial of religious accommodation relating to the COVID-19 vaccine mandate.	NYS DHR issued a No Probable Cause determination 07/12/2022.
Cayuga County Supreme Court	08/09/2022	Employment complaint alleging discrimination based on religious beliefs relating to the COVID-19 vaccine mandate.	Following mediation on 03/26/2024, parties agreed to settle. Stipulation of Dismissal was filed 06/05/2024.
NYS DHR	07/15/2022	Employment complaint alleging race and gender discrimination.	NYS DHR issued a Probable Cause finding 11/15/22. NYS DHR approved Complainant's

			request to voluntarily dismiss complaint 02/03/2025.
NYS DHR	02/12/2025	Employment complaint alleging age and disability discrimination and retaliation.	Case is still pending with the NYS DHR.

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Attorney Demand Letter	12/11/2018	Employment complaint alleging gender based discrimination.	Settlement and Release Agreement signed on or about 02/28/2019.
NYS DHR	06/05/2019	Employment complaint alleging termination due to age, heritage, and gender.	NYS DHR issues a No Probable Cause determination 11/12/19.
NDNY Federal Court	01/19/2021	Employment complaint alleging termination due to age, heritage, and gender. *(see above NYS DHR case)*	Court granted our Motion to Dismiss with prejudice on 02/16/2022.
NYS DHR	02/06/2025	Employment complaint alleging discriminatory practice based on age, pregnancy-related condition, retaliation, familial status, and disability.	Case is still pending with the NYS DHR.

Sources:

Berlucchi, S. Alexander 2026/5/15. "Email: RE: Status Report and Onsite Survey Questionnaire." Hancock Esatbrook, LLP.

Jones, Peter. 2026/6/10. "Email: RE: Status Report and Onsite Survey Questionnaire – Privileged and Confidential." Bond, Schoeneck & King, PLLC.

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.

    A new PCI-capable cardiac catheterization laboratory was recently completed, with the first procedure performed on January 13, 2026. New York State regulations require a hospital to have an operating PCI-capable cardiac catheterization laboratory in order to be licensed for electrophysiology laboratory services.

    Since its introduction early this year, the volume has been growing, including for Medicaid patients.

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

Underserved Group	Impact		
	Improve Access	Improve Health Equity	Reduce Health Disparities
Low-income people	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services. • Because of limited public transportation cross-county, local services may reduce the costs of travel.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.
Racial and ethnic minorities	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation	• Reducing transportation and local access barriers also reduces delays in treatment and	• More timely and appropriate care potentially improves outcomes and

	barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.	avoidance of seeking care.	reduces risks for stroke.
Older Adults	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care. • Older adults may experience long travel, particularly during winter months, as a more severe access barrier.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.
Persons living in rural areas	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.
People who are eligible for or receive public health benefits	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently, patients travel to Syracuse or Rochester for EP Lab services. • The Applicant accepts Medicaid and Medicare.	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care. • The Applicant provides public benefit navigation support and financial assistance.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke. • Benefit navigation and financial assistance potentially reduces disparities for persons who experience coverage barriers.
People who do not have third-party health coverage or have inadequate third-party health coverage	• An Electrophysiology Lab at Auburn Community Hospital reduces transportation barriers. Currently,	• Reducing transportation and local access barriers also reduces delays in treatment and avoidance of seeking care.	• More timely and appropriate care potentially improves outcomes and reduces risks for stroke.

	patients travel to Syracuse or Rochester for EP Lab services. • The Applicant accepts Medicaid and Medicare.	• The Applicant provides public benefit navigation support and financial assistance.	• Benefit navigation and financial assistance potentially reduces disparities for persons who experience coverage barriers.

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.

   The project is expected to improve the access and local availability of a specialized diagnostic and treatment service. A potential positive unintended impact is a reduction in the use of ambulance services due to more timely treatment and avoidance of major cardiac or stroke events.

   A potential negative impact raised in meaningful engagements was pressure on hospital support staffing from new services

   Source:

   Community Stakeholders

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.

   Total hospital costs incurred in rendering services to uninsured patients:

   $1,968,646 (ICR 2024, Exhibit 50, ICR Line Code 001).

   729 patients had their applications for financial assistance approved.

   The project is expected to increase the patients seen by 200. 20% of patients at the hospital are on Medicaid or are self-pay. Using that as a proxy for potential

indigent care, this could result in an additional 200 X .20 = 40 patients eligible for financial assistance.

Forty additional patients would increase indigent care by 5.5%, or $10,876 (40/729 * $1,968,646).

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.

Applicant

The Applicant partners with Speedy Transport to provide transportation for patients.

Public

Public transportation in the city of Auburn is provided by Centro and it provides a connecting service to Syracuse. Centro has a paratransit service for persons with disabilities. https://www.centro.org
Transportation outside of Auburn in Cayuga County is very limited.

Cayuga County provides the SCAT Van which is door-to-door service for the elderly and disabled. The service requires one week notice.
Cayuga County also provides the CAM Van for medical transportation, also requiring a week's notice. Medical transportation to Syracuse is only provided on Mondays and Tuesdays. In Auburn the service is door-to-door. Outside of Auburn, connections are through the SCAT Van which then connects to the CAM Van connection point at Willard Chapel.

VetVan provides free transportation from Cayuga County to the VA Medical Center in Syracuse.

GoGo Grandparent through the Cayuga County Office of the Aging is available to residents age 60 or older who cannot utilize the SCAT Van, VetVan or Medicaid transport. GoGo utilizes ride-share services.

Information and phone numbers on these Cayuga County sponsored programs is available at Transportation | Cayuga County, NY.

Medicaid provides transportation through MAS: https://www.medanswering.com

Private

MEDI-GO MEDI-GO – Non-Emergency Medical Transport

Care Fare, LLC Care Fare LLC

Lifeline Medical Transportation Services (315) 730-7839

Suburban Transportation Suburban Transportation – Non-Emergency Medical Transport

Uber and Lyft services are available in Cayuga County

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

   The project is in full compliance with ADA accessibility requirements and standards.

   Source: Holt Architects. 2026. "Letter: RE: CON 261018 Add EP Services to IR/Cath Lab"

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?

   Not applicable. The project does not impact reproductive or maternal health care services.

Meaningful Engagement

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

   Cayuga 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?

   Yes.

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

   See attached Meaningful Engagement Worksheet.

   The meaningful engagement included meetings with the Cayuga County Department of Health, East Hill Medical Center (an FQHC), Finger Lakes Community Health (an FQHC), Cayuga County Mental Health Center (the stakeholder is also the County SPAC), and Unity House (a CBO providing services to disabled persons and persons in recovery). Five highly-vulnerable community residents with cardiac conditions who are Health Home members were interviewed. An onsite survey of patients receiving cardiac-related services at Auburn Community Hospital was also conducted.

   Because the project involves the addition of a highly specialized and technical service it was difficult for several stakeholders to directly comment on the specific service. Instead the discussions focused on the overall needs in the community for specialty services, the challenges of travel and transportation, collaborative relationships with the hospital, and concerns with staffing and quality. The project was strongly supported because of significant barriers to access and limited local availability of advanced services.

   The Department of Health noted that cardiovascular disease is a significant problem and that transportation is a significant access barrier. Currently, patients need to travel to Syracuse or Rochester for advanced cardiac procedures. Due to the age of persons requiring these procedures, the time-sensitivity of the medical conditions, the distance required, and inadequate public transportation the need for local availability is great. Often patients will avoid or delay treatment because of the obstacles, a theme repeated by other stakeholders. There are no negative impacts anticipated but they emphasized the importance of adequate staffing and that it takes time to develop experience and that volume is important for quality.

   The stakeholders in community-based organizations concurred that transportation was a significant barrier. They also noted that financial barriers were concerning in the community, involving persons who were uninsured but who could be eligible for Medicaid, uninsured immigrants, and persons with high-deductible health plans. Primary care access is also a problem, with missed

appointments often leading to disruption in access to primary care. Since advanced cardiac services often require a chain of referrals, disruption in primary care can lead to prolonged delays. Language may also be a barrier, with the quality of translation services being important. The availability of specialty care is limited locally, with distant travel to Syracuse or Rochester common. Because of this increasing local advanced specialty services is very welcomed and project strongly supported.

There were two common threads in the comments regarding better adaptation to the needs of vulnerable and underserved persons. The first involved improving collaboration with community-based organizations. There were comments that the social workers at the hospital were collaborative but that physicians could be difficult to communicate with, particularly when clients had behavioral health problems. The second involved staffing and quality. Specifically mentioned were concerns about adequate support staff and not relying on floating staff. While the electrophysiology lab is not likely to benefit from outreach or community education, there is a need in the community for general healthcare education and information about how to navigate the healthcare system.

Direct Consumer Engagement: Highly Vulnerable Health Home Members

Five Health Home members living in Cayuga County, who have severe behavioral health problems, chronic physical health conditions, and are currently being treated for cardiac conditions were interviewed using an open-ended survey instrument by their care managers or outreach workers. The open-ended questions included whether they supported the project, how it might help them, what is important for their treatment and health-related social needs they might have. (If the health-related social needs were already known by the care managers that information was recorded from the care management system.) All of the interviewed persons supported the project. As expected with a highly specialized service, they indicated that they supported a service that potentially could improve their care and help their doctor. There was one comment that called out not having to travel to Syracuse for services.

Direct Consumer Engagement: Onsite Survey

The Onsite Survey was distributed to patients receiving outpatient cardiac services at Auburn Community Hospital clinics during May. The survey provided a description of the project, a project support question, open-ended questions about how the project affected them and what was important when receiving treatment services, space for writing a statement about the project, demographic items, and questions about health-related social needs. Project support was assessed using a five-point Likert scale, ranging from Strongly Disagree to

Strongly Agree for a support statement. A score of five indicated strong agreement with a project's support statement, and a score of one indicated strong disagreement.

There were 26 responses to the survey. The average support was 4.2, indicating support for the project. Sixteen of the responses were strongly agree, four were agree, three were neutral, and three were strongly disagree. Based on the written comments, two of the "strongly disagree" responses may have been due to a misunderstanding of the scale, since the comments seemed supportive. The other "strongly disagree" response included a comment about wanting a different location.

All of the respondents answered the race, ethnicity, and gender questions. All respondents indicated White race and non-Hispanic ethnicity. The average age was 68.2 years. 57.7% of the respondents were male, and 42.3% were female.

None of the respondents identified any social needs.

The open-ended comments mentioned that the service would be closer to home, reduced travel and shorter waits. There was brief comments about having more accurate diagnoses.

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?

    Based on the service area utilization and community stakeholders, the most impacted group is older persons who otherwise would require assistance traveling to Syracuse or Rochester, and may otherwise defer or avoid receiving timely treatment. This obstacle is exacerbated by living in more rural areas of Cayuga County, and those with limited resources for private transportation and assistance from friends or family.

    Having an advanced specialty service locally is viewed as a significant benefit for these persons by community stakeholders.

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 meaningful engagements emphasized the value of having advanced specialty services locally in reducing transportation barriers, particularly for older persons and those living in more remote areas of the county.
    There were no specific concerns that the project would burden any vulnerable group. There were recommendations that the hospital improve collaboration with community stakeholders, particularly when care involved persons with behavioral health problems. Language and financial barriers were seen as impacting accessibility in the community.

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.

    Not applicable.

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?

    For persons with limited English-speaking ability, the Applicant uses language line services with a portable iPad. In-person translators are also used. The iPad is also used with sign language services. Assistive technology and in-person support are available for people with visual impairments.

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

    - Use the U.S. Census Bureau American Community Survey to assess the most commonly spoken non-English language in the service area and/or, track encounters in the Applicant's EMR with persons with limited English-speaking ability and provide reporting on those encounters.
    - Provide written communications for 80% of the persons with limited English-speaking ability based on language use assessment.

- In written communications, include contact information for bilingual staff or contracted language lines.
- Include translated material in the public website and social media.
- Plan outreach events at locations for persons with limited English-speaking abilities.
- In the facility, provide posters or other visual aids that provide information about interpreting services in multiple languages.
- Staff training on language access resources.

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

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

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

   The community stakeholders view the project as having a positive impact, with no anticipated negative impacts. They made several recommendations to better adapt the project to the needs of vulnerable people and the general community.

For all groups:

Communication of the Availability of the Services

General communication to providers and the community about the availability of advanced specialty services is recommended.

Source:

Community Stakeholders

Ensure Adequate Support Staff

Several of the community stakeholders made similar comments about the need to ensure adequate staffing for new services. Specific comments were made about support staff and about having permanent staff rather than "floaters." The concern is that the quality of care would be impacted without adequate permanent staff.

Source:

Community Stakeholders

General Healthcare Education

Stakeholders noted that community members often have difficulty navigating the healthcare system and would benefit from general healthcare education.

Source:

Community Stakeholders

Monitoring of Translation Services

Community Stakeholders noted that language accessibility is a concern. The Applicant does provide translation services both through technology and in-person translators. The effective use of translation services can be complex, and issues can develop in both administrative and clinical settings. It is suggested that quality monitoring address satisfaction with translation services.

Source:

Community Stakeholders

Financial Assistance and Benefit Navigation

Several stakeholders identified financial barriers as significant in the community. These involved Medicaid-eligible persons who are not enrolled, uninsured immigrants, and persons with high-deductible health plans. The Applicant does provide financial assistance. Every patient is connected with an enroller if they don't have insurance.

Source:

Community Stakeholders

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

   In the context of the welcome addition of locally available advanced specialty services, several community-based organizations are seeking improved collaboration with the hospital and broader communication about the availability of new services. In addition, they see a need for better general healthcare education in the community. One approach is to establish a community advisory board as a vehicle for further engagement and consultation.

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's main impact on systemic barriers is increasing the local availability of a highly specialized service, which otherwise required significant travel for receiving the treatment. Because of limited cross-county public transportation, this barrier leads to delayed treatment and treatment avoidance for time-sensitive conditions which can result in very serious and life-threatening acute conditions.

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?

   Demographic and SDOH data is collected on intake and included in the EMR. Demographic data includes race, ethnicity, sex, age, preferred language, insurance status, PCP provider and primary pharmacy. Every patient is connected with an enroller if they don't have insurance. Every patient with an identified social need is connected with a social worker. The Applicant works closely with the County Department of Health to identify social needs.

   Dashboards were developed for the stroke program. A similar approach is being taken with the cardiac program. The dashboards being developed will include disparities and will be used to improve care plans, such as highlighting culturally important differences. Currently, monitoring has disaggregation for maternal, prenatal, and pediatric care.

   The SDOH screening process involves an opt-in process and connection with a hospital social worker. Social work will attempt to connect patients with community care managers. They will provide a packet for resources to the patients and will do warm hand-off calls. If mental health is involved social work will do follow-ups to mental health providers.

   Data is submitted to the regional health information organization (RHIO).

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

   A concern discussed in the meaningful engagements was delayed treatment due to barriers to access. The project reduces barriers related to transportation but other barriers exist related to the chain of referrals needed for advanced specialty care. The lack of primary care is one root cause of this barrier. Since primary care is collected during intake, there is an opportunity to provide disaggregated monitoring to identify disparities in primary care access.

   The Applicant provides translation services but language accessibility was identified as a concern. The effectiveness of translation services can be complex, involving the knowledge and training of staff about the availability of the service, utilization in administrative settings such as reception areas as well as clinical settings, the ability of the service to accommodate dialects, the adequacy and tools used to support persons with hearing impairments, and the technical

support provided for equipment. It may be useful to include a satisfaction survey or similar process for translation services users to identify specific problems or areas for improvement.

STEP 5 – DISSEMINATION

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

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

Disclaimer:

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

December 2023

Appendix 1: Figures

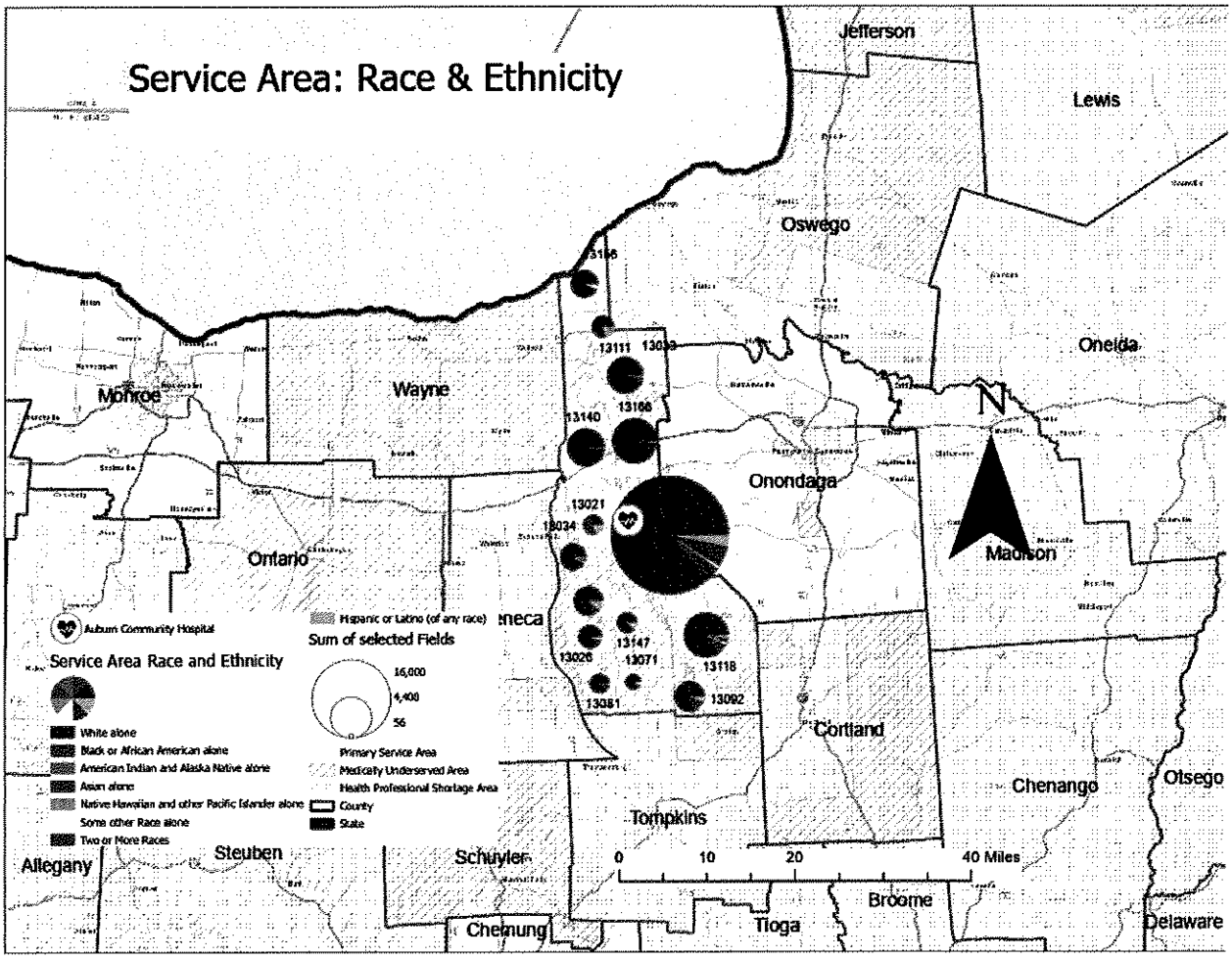

Figure 1 Service Area: Race and Ethnicity

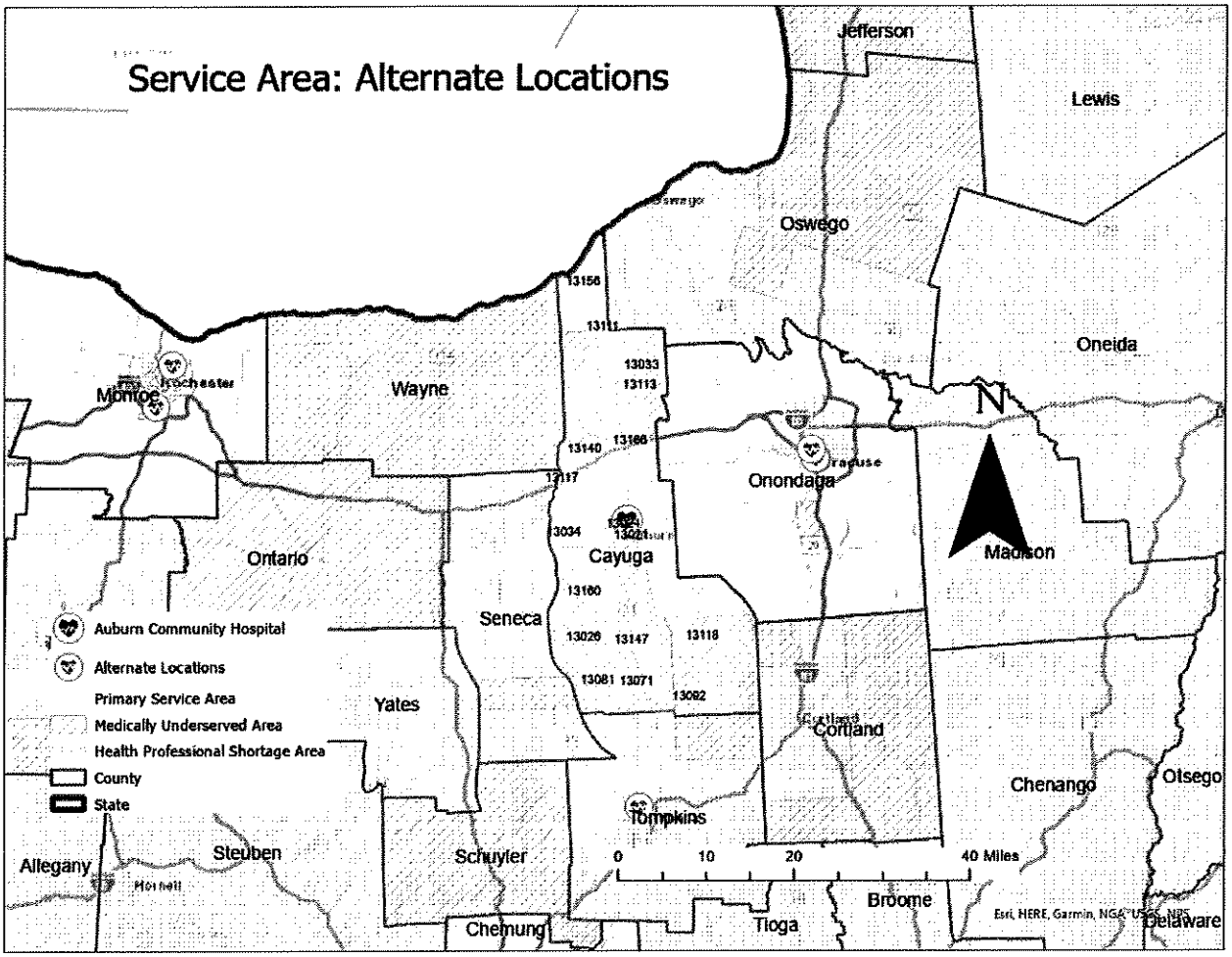

Figure 2 Service Area: Alternate Locations

Appendix 2: Meaningful Engagement Discussion Guide

Guide for Community Meaningful Engagement for HEIA
Auburn Community Hospital – EP Lab

Introduction:

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

Background:

- Brief Overview of the planned changes:
  - MP CareSolutions is assessing creating an Electrophysiology Lab at Auburn Community Hospital. Electrophysiology labs help diagnose and treat heart conditions.
  - We like to understand the change in the context of community needs, particularly for underserved and vulnerable persons.
  - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

Understanding Healthcare Needs

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

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

Impact Assessment

Question 2: What impacts should be considered with creating an electrophysiology lab?

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

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

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

Question 4: Support Question: Do you support this change?

Improving Services

Question 5: How might these services be enhanced to benefit underserved communities or vulnerable persons?

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

Wrap-Up

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

Closing Remarks

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

Appendix 3: Direct Consumer Survey Instrument

Consumer Questions for Health Equity Impact Assessment

Auburn Community Hospital – Electrophysiology Lab

Elm and Oak Health is assessing the addition of an Electrophysiology Lab at Auburn Community Hospital. Electrophysiology labs help diagnose and treat heart conditions. We want to understand how a new lab may affect people who may receive cardiac services at the hospital. We are also interested in your thoughts on how your care could be further enhanced.

1. Please indicate your agreement: I support the addition of an Electrophysiology Lab. (*Check one*)

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
○	○	○	○	○

2. How might these changes affect you?

3. What is most important to you when receiving diagnostic and treatment services?

4. If you would like to make a statement about the expansion, please write below:

5. Can we include your statement in a publicly available assessment of the addition of an Electrophysiology Lab?
   - ☐ No
   - ☐ Yes

(Please turn over for questions on the back .)

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

   ☐ No
   ☐ Yes

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

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

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

   _____

9. Gender? (*check one*)

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

   _____

   ☐ Not sure
   ☐ Prefer not to answer

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

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

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

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

    ☐ Often true
    ☐ Sometimes true
    ☐ Never true

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

    ☐ Yes
    ☐ No

Thank you for your time today answering these questions.

If you would like to submit additional comments or statements, you may do so by sending an email to mpheia@elmandoakhealth.com

Elm and Oak Health, formerly Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in New York State.

Appendix 4: Direct Consumer Health Home Interview Questions

Consumer Questions for Health Equity Impact Assessments
Auburn Community Hospital
Open-ended Community Members
Guide Draft (Open-ended Responses)

Questions will be asked directly to individuals receiving Health Home services through our CMA.

They should be a resident of Cayuga County.

They should be currently receiving treatment for cardiac conditions.

Section A

1. Auburn Community Hospital is planning on setting up an Electrophysiology Lab. An Electrophysiology Lab helps with the diagnosis and treatment of some kinds of heart conditions.
    a. Do you support adding an Electrophysiology Lab at Auburn Community Hospital?

    b. How might having additional services available in Auburn affect you?

2. What is most important for you when receiving treatment for heart or cardiac conditions?

Section B (HRSN Screen – may already have this information – merge with the questionnaire if it is available. ***You do not need to ask these questions if you already know the answer***. If you already know the answer, select the appropriate choice.)

3. Was this answered today by the patient or based on previous information? (check one)

    Answered today / Previous information

We would like to ask about some specific needs you may have. (all single choice)

4. What is your living situation today?
    ☐ I have a steady place to live
    ☐ I have a place to live today, but I am worried about losing it in the future
    ☐ I do not have a steady place to live.

5. Within the past 12 months, you worried that your food would run out before you got money to buy more.
    ☐ Often true
    ☐ Sometimes true

☐ Never true

6. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
   ☐ Yes
   ☐ No

Section C (Demographic Questions – may be merged from other data sources)

7. Are you Hispanic, Latino/a, or Spanish Origin:
   ☐ No
   ☐ Yes
8. What is your race (One or more categories may be selected)

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

9. Age in years (Enter number)

10. Gender (check one)

    Male / Female / Other / Prefer not to identify

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

---------- 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, ERIC BURCH, attest that I have reviewed the Health Equity Impact Assessment for the Addition of an Electrophysiology Lab that has been prepared by the Independent Entity, Elm and Oak Health (formerly, MP CareSolutions).

ERIC BURCH

Name

EVP of ADMIN

Title

E R Burch

Signature

7/30/2026

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.

Auburn Community Hospital will implement the initiatives below to address issues raised by the Health Equity Impact Assessment:

Formation of a Community Advisory Council to meet quarterly and facilitate communication/collaboration with other Community-Based Organizations to address comments from CBO's looking for a more collaborative relationship with the Hospital.

Evaluate translation services and other options to improve the service with written material and train staff on resources available, and utilize a satisfaction survey to measure results.

Expand on our Outreach initiative to include general education on healthcare, along with specialty services available at Auburn Community Hospital.