

## 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	Crouse Health Cardiac Surgery Program, Expanding Services to Increase Access and Patient Continuity/Experience
2. Name of Applicant	Crouse Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group</p> <ul style="list-style-type: none"><li>• Jaclyn Pierce, MPH (lead contact)</li><li>• Maxine Legall, MSW, MBA</li><li>• Ken Stevens</li></ul>
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health</p>

	<p>centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	April 18, 2024
6. Date the HEIA concluded	May 29, 2024

7. Executive summary of project (250 words max)	<p>Crouse Health is seeking to add a cardiac surgery program to its current cardiac care service line. Crouse currently provides interventional and diagnostic cardiology services through its electrophysiology program, a 24-person cardiology care team that includes 14 Board-certified cardiologists, and the region's only pediatric catheterization program. However, cardiology patients receiving services at Crouse Health must currently be referred to other hospital programs for cardiac surgical care. Crouse is seeking to add an integrated cardiac surgery program to its current cardiac service array with the goal of enhancing continuity of care within the Crouse network and reducing wait times for patients that currently must be transferred to other hospital systems for cardiac surgery.</p>
8. Executive summary of HEIA findings (500 words max)	<p>The data analysis and stakeholder engagement conducted as part of this assessment indicated that the following populations would be most impacted by a new cardiac surgery suite in the service area, as a result of their unique health and access needs as it relates to cardiac services and their representation in the community: low-income populations and those who receive public benefits, individuals who are underinsured/uninsured, women, racial/ethnic minorities, and immigrants/refugees. Our findings indicate that the addition of a cardiac surgery suite in the Crouse Health service area would improve access and reduce health disparities for these medically underserved groups by providing an additional option for care, reducing wait times and complexities involved in transferring cardiology patients to another facility, and improving quality of care through enhanced coordination and outcomes tracking.</p>

## **SECTION B: ASSESSMENT**

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

### **STEP 1 – SCOPING**

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

Please refer to attached Excel spreadsheet titled Crouse\_heia\_data\_tables

- 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
- 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

- 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 analyzed utilization data from the Applicant, census data for the community/service area, 2022 NYS SPARCS inpatient discharge data, information and data from the Onondaga County Community Health Assessment/Improvement Plan, academic literature, and information obtained from stakeholder interviews and a community survey. While the Applicant has a large service area – with patients coming from the Canadian border to the Pennsylvania border and from Rochester to Albany – our data analysis and stakeholder engagement focused primarily on the immediate community of Onondaga County.

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

The proposed project will provide an additional option for cardiac surgery services in the Applicant’s service area. The proposed cardiac surgery suite will serve all members of

the community, but will have a specific impact on the medically underserved groups identified below given their unique health and access needs related to cardiovascular care.

### **Low-Income People and People Who Are Eligible for or Receive Public Benefits**

While the poverty rate in Onondaga County is similar to that of New York State (~13%), the poverty rate in the city of Syracuse where Crouse Hospital is located is over 30%.<sup>1</sup> Approximately 27% of households in Onondaga County earn just above the federal poverty line but still less than what it costs for basic necessities to live, otherwise known as Asset Limited, Income Constrained, Employed (ALICE).<sup>1</sup> Racial/ethnic minorities are also disproportionately impacted by poverty in the community served by Crouse Health; for example, 40% of Black residents in Syracuse live in poverty.<sup>1</sup> There is a significant number of children (under age 18) living in poverty in Syracuse (48.4%) and Onondaga County (25%).<sup>1</sup> Many of the individuals we interviewed for this assessment indicated that poverty was a profound issue in the city of Syracuse and a barrier to health care for certain members of the community.

Household income is strongly and independently associated with heart disease, and has been found to have a more significant association with heart disease than conventional risk factors such as smoking and physical activity.<sup>2</sup> This increased risk may be due to numerous multi-factorial issues, including chronic stress, socioeconomic and environmental issues such as living conditions and food deserts, and limited access to both preventive services and treatment as a result of insurance status or financial barriers.

### **Racial and Ethnic Minorities**

There is a greater incidence, prevalence, and mortality of heart failure, sudden cardiac arrest, sudden cardiac death, transient ischemic attacks, ischemic stroke, and intracerebral hemorrhage in Black individuals compared to white individuals.<sup>3</sup> Additionally, risk factors for these conditions such as hypertension, diabetes mellitus (both diagnosed and undiagnosed), and obesity often have an earlier age of onset and greater prevalence in Black individuals than white individuals.<sup>3</sup> Hispanic individuals also have unique risk factors for cardiovascular disease, including higher rates of obesity, hypertension, diabetes, psychological stress, and occupational exposures.<sup>4</sup> In Onondaga

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<sup>1</sup> Crouse Health. (2022). Community Health Assessment and Community Health Improvement Plan 2022-2024. Retrieved from <https://www.crouse.org/wp-content/uploads/2022/12/2022-2024-CHA-CHIP-FINAL.pdf>

<sup>2</sup> Lemstra, M., Rogers, M., & Moraros, J. (2015). Income and heart disease: Neglected risk factor. *Canadian family physician Medecin de famille canadien*, 61(8), 698–704.

<sup>3</sup> Mensah G. A. (2018). Cardiovascular Diseases in African Americans: Fostering Community Partnerships to Stem the Tide. *American journal of kidney diseases : the official journal of the National Kidney Foundation*, 72(5 Suppl 1), S37–S42. <https://doi.org/10.1053/j.ajkd.2018.06.026>

<sup>4</sup> Gomez, S., Blumer, V., & Rodriguez, F. (2022). Unique Cardiovascular Disease Risk Factors in Hispanic Individuals. *Current cardiovascular risk reports*, 16(7), 53–61. <https://doi.org/10.1007/s12170-022-00692-0>

County, 12% of the population identifies as Black and 5.4% of the population is Hispanic or Latino.<sup>5</sup>

### **Immigrants**

Syracuse, where Crouse Hospital is located, is one of the highest intake cities in the United States for asylum seekers, welcoming over 7,000 refugees in the past decade.<sup>6</sup> Onondaga is one of the top five counties in New York State for refugee resettlement, with 89% of refugees in 2023 resettling in these five counties.<sup>7</sup> Onondaga County accepted the second highest number of refugees in 2023 in the state, a total of 1,112 individuals.<sup>7</sup> Depending on their immigration status, residency, and other criteria, immigrants/refugees may or may not be eligible for health insurance coverage and other public benefits. Refugees have an increased risk of cardiovascular disease compared to their non-refugee counterparts.<sup>8</sup> This may be due to numerous factors that impact access, including financial barriers, lack of insurance coverage, concerns about legal/documentation issues, and cultural or linguistic barriers. Cardiovascular health incidence and outcomes may also be influenced by current living conditions for immigrants/refugees and psychosocial stress related to migration or trauma from past experiences.

### **Women**

Over 51% of the population in Onondaga County identifies as female.<sup>9</sup> Heart disease is the leading cause of death for women in the United States<sup>10</sup>, with over 60 million women (44%) nationally living with some form of heart disease.<sup>11</sup> Cardiovascular disease is also the leading cause of death for new mothers, accounting for over one-third of maternal deaths and disproportionately impacting Black women.<sup>12</sup> Women, and in

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<sup>5</sup> U.S. Census Bureau. (2022). Selected social characteristics in the United States: Onondaga County, New York. *American Community Survey 5-Year Estimates*. Retrieved from <https://data.census.gov/table/ACSST5Y2022.S0501?q=Onondaga%20County,%20New%20York>

<sup>6</sup> Syracuse University News. (2023, October 23). Promoting access to equitable healthcare for refugees in Central New York. *Syracuse University News*. <https://news.syr.edu/blog/2023/10/23/promoting-access-to-equitable-healthcare-for-refugees-in-central-new-york/>

<sup>7</sup> New York State Office of Temporary and Disability Assistance. (n.d.). *Population report*. Retrieved from <https://otda.ny.gov/programs/bria/documents/population-report.pdf>

<sup>8</sup> Al-Rousan, T., AlHeresh, R., Saadi, A., El-Sabrouh, H., Young, M., Benmarhnia, T., Han, B. H., & Alshawabkeh, L. (2022). Epidemiology of cardiovascular disease and its risk factors among refugees and asylum seekers: Systematic review and meta-analysis. *International journal of cardiology. Cardiovascular risk and prevention*, 12, 200126. <https://doi.org/10.1016/j.ijcrp.2022.200126>

<sup>9</sup> U.S. Census Bureau. (2022). Selected social characteristics in the United States: Onondaga County, New York (ACSST5Y2022.S0501). *American Community Survey 5-Year Estimates*. Retrieved from <https://data.census.gov/table/ACSST5Y2022.S0501?q=Onondaga%20County,%20New%20York>

<sup>10</sup> Centers for Disease Control and Prevention. (n.d.). *Multiple cause of death*. CDC WONDER. Retrieved May 28, 2024, from <https://wonder.cdc.gov/mcd.html>

<sup>11</sup> Tsao, C. W., Aday, A. W., Almarzooq, Z. I., Anderson, C. A. M., Arora, P., Avery, C. L., Baker-Smith, C. M., Beaton, A. Z., Boehme, A. K., Buxton, A. E., Commodore-Mensah, Y., Elkind, M. S. V., Evenson, K. R., Eze-Nliam, C., Fugar, S., Generoso, G., Heard, D. G., Hiremath, S., Ho, J. E., Kalani, R., ... American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee (2023). Heart Disease and Stroke Statistics-2023 Update: A Report From the American Heart Association. *Circulation*, 147(8), e93–e621. <https://doi.org/10.1161/CIR.0000000000001123>

<sup>12</sup> American Heart Association. (n.d.). Facts about heart disease in women. *Go Red for Women*. Retrieved May 28, 2024, from <https://www.goredforwomen.org/en/about-heart-disease-in-women/facts>

particularly Black women, are also more likely than men to have high blood pressure/hypertension.<sup>12</sup> Hormonal changes throughout a women's life, including during menstruation, pregnancy, and menopause, can uniquely impact cardiovascular health for women. Individuals that we interviewed as part of this assessment mentioned that clinical staff are seeing increased comorbidities in pregnant women seen at Crouse Hospital, many of which are cardiac-related. Women are also more likely to present with atypical symptoms of heart disease compared to men, which can lead to delays in diagnosis and treatment or even misdiagnoses.<sup>13</sup>

### **People Who Do Not Have Third-Party Health Coverage or Have Inadequate Coverage**

Approximately 3.5% of individuals in Onondaga County do not have health insurance.<sup>14</sup> Uninsured/underinsured populations have unique needs related to cardiovascular health due to financial barriers, limited access to care as a result of their insurance status, and other socioeconomic factors. Research indicates that having health insurance is associated with earlier detection of cardiovascular disease and reduced risk of major cardiac events.<sup>15</sup> An estimated 20.6 million Americans who suffer from cardiovascular disease and cardiovascular risk factors are uninsured.<sup>16</sup>

### **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?**

Women comprise 36.9% of the Applicant's current patient population. The racial/ethnic minority composition of the Applicant's patient population is as follows:

- Black or African American: 14.7%
- Asian: 1.5%
- American Indian and Alaska Native: 0.4%
- Native Hawaiian and Other Pacific Islander: 0.1%
- Hispanic or Latino: 4.2%

For insurance coverage, 97% of patients served by the Applicant have insurance, and 3% are uninsured. The payor mix for the Applicant is as follows:

- Medicare: 43%

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<sup>13</sup> Keteepe-Arachi, T., & Sharma, S. (2017). Cardiovascular Disease in Women: Understanding Symptoms and Risk Factors. *European cardiology*, 12(1), 10–13. <https://doi.org/10.15420/ecr.2016:32:1>

<sup>14</sup> New York State Department of Health. (n.d.). Onondaga County minority health data. *New York State Department of Health*. Retrieved May 28, 2024, from <https://www.health.ny.gov/statistics/community/minority/county/onondaga.htm#raceth>

<sup>15</sup> Alcalá HE, Albert SL, Roby DH, Beckerman J, Champagne P, Brookmeyer R, et al. Access to care and cardiovascular disease prevention: A cross-sectional study in 2 Latino communities. *Medicine (Baltimore)*. 2015;94(34):e1441. <https://doi.org/10.1097/MD.0000000000001441>

<sup>16</sup> Barghi A, Torres H, Kressin N, McCormick D. Coverage and Access for Americans with Cardiovascular Disease or Risk Factors After the ACA: a Quasi-experimental Study. *J Gen Intern Med*. 2019;34(9):1797–1805. <https://doi.org/10.1007/s11606-019-05108-1>

- Medicaid: 24%
- Commercial: 25%
- Self-pay: 1%
- Other (includes Worker's Comp): 7%

Quantitative data on service utilization at Crouse Health among the immigrant/refugee population was not available. However, several Crouse Health leaders and staff indicated that the organization serves a substantial number of immigrants/refugees, given the relatively large population in the service area.

As further detailed below, we expect all of these populations to access services at the new cardiac surgery suite in some capacity once operational, as Crouse Health currently provides services to these populations as noted above, and these groups are more likely to require cardiac surgical services as noted in response to Question 4, above.

#### **Low-Income People and People Who Are Eligible for or Receive Public Benefits**

Due to lack of access to primary care and preventive services, low-income individuals are likely to experience delayed care and present at the hospital with more advanced treatment needs, including surgery. As a result, they may be more likely to access services at the proposed new cardiac surgery suite and may benefit from a new option for cardiac surgery in the community.

#### **Racial and Ethnic Minorities**

Black and Hispanic/Latino populations may be more likely to access cardiac surgery services because of their prevalence in the community and the risk factors identified above, and may benefit from additional cardiac surgery options in the community.

#### **Immigrants**

Crouse Health currently provides financial assistance for medical services to all patients, regardless of immigration status. Crouse Health also provides translation services to support patients with English language barriers. As such, immigrants/refugees would be able to access services at the proposed new cardiac surgery suite to address their cardiovascular needs. Crouse Health also has a history of providing outreach and education to help the community's large refugee population obtain health care by partnering with the Onondaga County Refugee Health Committee, InterFaith Works, North Side Learning Center, and the Ukrainian Cultural Center.

## Women

The proposed new cardiac surgery suite at Crouse Health aims to provide an additional option for cardiovascular surgical care for women in Onondaga County and surrounding areas and enhance continuity of care for women currently served by Crouse Health cardiologists, including women receiving maternity care at Crouse.

## People Who Do Not Have Third-Party Health Coverage or Have Inadequate Coverage

Similar to low-income populations that face financial barriers to care, uninsured/underinsured individuals may not have access to preventive care and/or delay treatment, leading to advanced stages of cardiovascular disease and worse clinical outcomes. This population may also experience social determinants of health that negatively impact their risk for cardiovascular conditions, including stress, unhealthy diet, and limited physical activity. As further detailed below, Crouse Health provides a comprehensive financial assistance and charity care policy for uninsured/underinsured individuals and supports individuals with signing up for health insurance for which they are eligible, which will allow this population to receive services at the proposed new cardiac surgery suite. Additionally, Crouse Health collaborates closely with and accepts referrals from the Syracuse Community Health Federally Qualified Health Center (FQHC), which as a safety net provider serves patients who are both uninsured and underinsured.

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

Cardiac surgery services are available at the State University of New York (SUNY) Upstate Hospital and St. Joseph's hospital, which are both located in Syracuse.

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

According to our analysis of 2022 SPARCS inpatient discharge data, and data provided by the Applicant from the 2022 Hospital Economic Council, St. Joseph's provides the overwhelming majority (70-80%+) of cardiac surgeries in the area. This data was corroborated by interviews with stakeholders.

### **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.**

Crouse Health's commitment to provide comprehensive care and support to individuals who are uninsured or underinsured, in accordance with current financial assistance policies and with federal/state regulations, does not appear to be impacted by the proposed project.

Crouse Health is a tax-exempt hospital under Section 501(c)(3) and is therefore subject to federal IRS Charitable Hospital requirements. As such, Crouse Health:

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

None of these activities are expected to be impacted by the project. Crouse Health also supports the develop of Community Health Assessments (CHA) in partnership with the local health department and in accordance with federally required timeframes.

Crouse Health appears to be compliant with New York State's Public Health Law 2807-k, which requires hospitals to establish financial aid policies and procedures for reducing charges to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges. Crouse Health has a financial assistance policy<sup>17</sup> that provides medically necessary care at no charge or reduced charge for patients who meet eligibility requirements. Crouse also provides patients with assistance applying for publicly sponsored health insurance programs and charity care discounts, including translation services.

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

There are no staffing issues anticipated from the project. The Applicant intends to hire new cardiac surgeons and other clinical and administrative employees to staff the cardiac surgery suite.

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<sup>17</sup> Crouse Health. (2023). *Financial Assistance Program (Charity Care) Guidelines 2023*. Retrieved from <https://www.crouse.org/wp-content/uploads/2023/02/Financial-Assistance-Program-Charity-Care-Guidelines-2023-PandP.pdf>

**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.**

No

## **STEP 2 – POTENTIAL IMPACTS**

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

Based on our data analysis and stakeholder engagement, we believe the proposed cardiac surgery suite will have positive impacts for medically underserved populations as follows:

- 1) Improve Access by Providing an Additional Option for Cardiac Surgery in the Community:** Several stakeholders we interviewed mentioned that patients have to wait to access cardiac surgery services at St. Joseph's or SUNY Upstate, particularly if they are being transferred from Crouse Health due to administrative complexities. This additional time and complexity that patients experience prior to receiving surgery can be detrimental to health outcomes, particularly for the medically underserved populations outlined above that may present at the hospital with more advanced disease. The new cardiac surgery suite will also provide another option for patients in the community, who can review quality outcomes at the three hospitals and make an informed decision about where to receive care. Referral partners in the community will also have another option for referring patients to cardiac surgery care, such as the Syracuse Community Health FQHC that works predominantly with low-income individuals, racial/ethnic minorities, and individuals who are uninsured and who has a close working and referral relationship with Crouse Health. Several stakeholders also mentioned the planned Micron chip plant to be built outside of Syracuse, which is expected to create 50,000 jobs in Central New York and bring new individuals to the community. This influx of new community members could further

exacerbate health care access issues for medically underserved patients and demonstrates the need for additional services.

- 2) **Improve Health Equity and Reduce Disparities through Continuity of Care:** Opening the new cardiac surgery suite will allow cardiologists at Crouse Health to provide the full spectrum of cardiac services without having to refer patients to other hospital systems for surgery. This has the opportunity to improve quality of care and outcomes prior to, during, and after cardiac surgery as follows:

- (a) Care Coordination By keeping the patient within the Crouse Health system for their surgery, providers will have a longitudinal knowledge of the patient through the electronic health records and/or communication with other care team members in the Crouse Health network. This may include information regarding the patient's medical history, social care needs, and ongoing treatments. This continuity and coordination can reduce the risk of errors and redundant tests or treatments for patients.
- (b) Improved Communication Providers within the same health system can more easily communicate and collaborate on a patient's care. This seamless communication can help manage chronic conditions, coordinate specialist referrals, and ensure that care plans are consistently followed.
- (c) Enhanced Quality of Care If the patient remains at Crouse Health for their surgery, providers and Crouse Health can more efficiently monitor and track surgery and cardiovascular health outcomes and patient satisfaction through the system's electronic health record and discussions with other care providers. This will allow the organization to more easily identify gaps and areas for improvement.

This continuity of care will be particularly important for the medically underserved populations identified above, who may have more difficulty navigating the complex medical system and adhering to treatment plans if they experience fragmented care at multiple different providers/systems. For these populations that also experience multiple comorbidities, care coordination and effective communication among providers is necessary for better health outcomes and improved patient satisfaction. This will be especially important for immigrant/refugee populations who may have difficulty navigating the complicated U.S. health care system that is structured differently from the way they received care in their native countries, and who may also experience additional confusion because of language and literacy barriers.

There is also a particular benefit for women with regards to continuity of care as Crouse Health physicians and midwives deliver the majority of babies in the region and also provide high-risk obstetric and specialized newborn care. As noted above, pregnant women have unique needs as it relates to cardiac care. One cardiologist we interviewed explained that if a pregnant woman at Crouse

Health currently experiences a heart attack or other cardiac event requiring surgery, they would have to be transferred to another hospital which could delay treatment and impact the health of both the mother and baby. Adding the cardiac surgery suite to the current array of services at Crouse Hospital would mitigate this risk for pregnant women, and for other similar scenarios in which patients need to be immediately transferred for cardiac surgery.

**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 proposed cardiac surgery suite will require additional clinical and administrative staff. As such, an unintended positive consequence could be new job opportunities for underserved populations in the community, including immigrants/refugees that Crouse Health already supports with workforce development. This could also result in new access to health insurance through Crouse Health as an employer. The Applicant and several stakeholders mentioned the possibility that the new cardiac surgery suite would help support cardiology recruitment in the region and bring new physicians/residents/cardiologists to the area.

**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.**

Using most recent data provided by the Applicant, Crouse Hospital provided over 41,021 visits free/below cost for a total of \$18,586,674 in indigent care costs. The amount of indigent care may increase as a result of this project because the Applicant will be providing more services, which may include more services to individuals who are uninsured/underinsured.

**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 Centro bus system provides public transportation in Syracuse and around Onondaga County. The Centro "Call-A-Bus" is a door-to-door advanced reservation service for individuals with disabilities who cannot use regular fixed-route bus services. There is also an Amtrak Train Station in Syracuse. Taxis and ridesharing services are available in the area.

The Applicant partners with several Medicaid transportation companies to support transportation services for its Medicaid patients.

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

The Applicant has indicated that the proposed cardiac surgery suite will be ADA compliant and accessible. Further, the proposed suite will be on the first floor of the hospital and easily accessible from the parking garage. It will be directly across from the cardiology services currently provided by Crouse Health.

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

The proposed project will not impact the delivery of reproductive and maternal health care services delivered at Crouse Health.

Meaningful Engagement

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

Onondaga County Health Department

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

Yes, we interviewed the medical director of the Onondaga County Health Department as part of this assessment. The medical director was supportive of the project, and indicated that Crouse Health has been a great community partner on health equity initiatives and cares for many individuals from underserved communities and those who have challenges with the social determinants of health.

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

Please refer to attached Excel spreadsheet titled Crouse\_heia\_data\_tables

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

Patients who require cardiovascular surgery will be most impacted by the project, and in particular patients who are part of the medically underserved groups identified above. None of the stakeholders that we engaged, including the local health department, cardiology experts, community providers/leaders, and current/former patients, expressed any concern for the proposed project or identified any potential negative impacts on the community or medically underserved populations. Stakeholders indicated that, in general, the community was in need of additional providers/health care services and that there was value for medically underserved populations as long as there is sufficient volume to maintain access and choice of service providers.

Several stakeholders interviewed/surveyed provided valuable feedback on how Crouse Health can consider the impacted populations in both their development of the program and outreach to communities once services are operational, which we have incorporated into our mitigation and monitoring recommendations below.

**11. How has the Independent Entity's engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?**

Our stakeholder engagement process included interviews with Crouse Health employees, the Onondaga County Department of Health, cardiology experts, community-based providers and organizations, a health care workers union, and a New York Assemblyman. We also distributed a survey for local patients and community members. Interviews with stakeholders and responses to the community survey helped to identify the medically underserved groups impacted by the project, as each group identified above was mentioned at least once as a population that is medically underserved in the community and/or that could be supported by additional cardiac surgery services.

All stakeholders interviewed and community members surveyed were either supportive of the proposed project or felt they did not have enough knowledge of the project to make an assessment. The majority of community members surveyed thought that the new cardiac surgery suite would definitely improve or had the potential to improve their options for health care.<sup>18</sup> Individuals surveyed stated that:

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<sup>18</sup> One individual indicated that it would not have any impact on their care

*“Crouse has an outstanding cardiology division, so it’s only natural that they evolve to the next level of providing excellent services to their community.”*

*“I assume with more hospitals providing better cardiac care all groups specifically underserved groups would benefit. If they can’t get into St. Joe’s or upstate, they may have a better chance if Crouse also provides this service.”*

**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.**

SPG’s stakeholder engagement process included working closely with Crouse Health to develop a comprehensive list of stakeholders, public health experts, and community-based organizations from which we sought feedback for the assessment. We conducted 11 interviews with leadership, employees, community-based organizations, the local health department, cardiology experts, and labor union leaders as part of this process. Eight individuals responded to the survey, including community residents and leaders of community-based organizations. The demographic breakdown of survey respondents was as follows:

- **Gender:** Male (6), Female (2)
- **Race/Ethnicity:** White (5), Black (3)
- **Other:** Woman of childbearing age (1), Person Over Age 65 (2), Person Managing Cardiac Health Issues (1)

We attempted to reach as many organizations/individuals/groups as possible that represent the medically underserved groups impacted by the project. While we believe that we received adequate feedback from a diverse group of stakeholders, we recognize that certain individuals/populations may have faced barriers to participation. For example, most opportunities for participation were delivered via electronic means (i.e., online survey), potentially limiting participation for those with limited access to the Internet/electronic equipment. Additionally, while our survey was open for two weeks and advertised through several channels (i.e., fliers posted throughout the community, distribution via Crouse Health community partners), we did not receive a robust response. The survey was also distributed primarily in the Syracuse city community where Crouse Hospital is located, and therefore was not accessible to individuals in more rural areas and in the larger Crouse Health service area. We were also unable to connect with any individuals or organizations that represent the Hispanic/Latino communities in the area, despite several attempts.

## 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 has indicated that if the project is approved by DOH, it intends to conduct comprehensive outreach to ensure that the community is aware of the new services. The Applicant has translation services available and will ensure that the communication is accessible to individuals with speech, hearing, or visual impairments. The Applicant's Diversity, Equity, Inclusion, and Belonging (DEIB) advisory board and committee will be involved in the development of a communication strategy.

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

**Outreach to Ensure Access Among Medically Underserved Groups:** We encourage the Applicant to ensure that its outreach campaign is particularly attuned to the needs of the medically underserved groups identified above to ensure that they are aware of the new service option and do not face any barriers to accessing care. This may include:

- Engaging community-based organizations, local health care providers, and other partners within the Applicant's DEIB initiative;
- Conducting targeted outreach campaigns through local media and social media that include culturally tailored messaging;
- Participating in local health fairs, cultural festivals, and other community events to provide information about new services directly to residents;
- Hosting informational sessions/open houses at the hospital or in the community to explain the new services and how to access them; and
- Collaborating with schools, workplaces, places of worship, and health plans to provide informational sessions and distribute materials.

**Social Determinants of Health Considerations for Surgical Patients:** The Applicant indicated that its social workers and care coordinators are communicating and collaborating with local community-based organizations on a daily basis to support patients with social care needs. We encourage the Applicant to ensure that the new cardiac surgery suite also considers the social determinants of health needs of patients receiving surgical care, including by deploying its current social worker/care coordinator staff within the unit as needed. The Applicant may also leverage the hospital's participation in the State's 1115 New York Health Equity Reform (NYHER) waiver to



screen all Medicaid beneficiaries for social care needs on a uniform basis at the point of care.

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

The Applicant can continue to collect feedback on the development and operations of the cardiac surgery services via additional community/patient experience surveys, town halls, focus groups with patients, and feedback from its community-based partners and DEIB advisory board. As part of this ongoing communication with the community, the Applicant should seek to gain a better understanding of the patient experience at the new site, including transportation, ease of scheduling, payment/insurance coverage, language access, cultural competency of staff, and physical accessibility.

**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 Applicant has indicated that it intends to recruit new clinical and administrative staff for the cardiac surgery suite that are representative of the community in terms of language and demographics, with support from its DEIB committee during the recruitment process. All staff also currently receive comprehensive, annual health equity trainings. Diverse representation and adequate staff training will help patients feel more comfortable and trusting because they will have providers and staff that understand their unique health care needs and experiences. Diverse staff can also challenge and mitigate biases, stereotypes, and assumptions that may contribute to disparities in health care access and quality for individuals living in poverty, women, racial/ethnic minorities, immigrants, and other underserved communities.

**STEP 4 – MONITORING**

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

The Applicant currently collects patient satisfaction surveys and conducts monthly quality meeting across all disciplines in which the staff review metrics and outcomes across clinical services, including cardiac care. The Applicant also has a DEIB internal committee and advisory board that is comprised of local, diverse leaders that meets on an ongoing basis to promote health equity within the organization. All of these mechanisms can be leveraged to monitor the potential impacts of the project, with specific metrics suggested below.

## 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?

Once operational, the Applicant should evaluate whether or not the new cardiac surgery suite has improved access to and quality of care for patients as predicted, particularly for medically underserved groups. This should include:

- **Demographic Analysis of Patients Served**
  - Tracking and analyzing patient demographics (e.g., age, gender, race, ethnicity, socioeconomic status, and geographic location) to ensure that the patient population served reflects the diversity of the community
  - Identifying any disparities in access by demographics
- **Access to Care**
  - Measuring the wait times for surgery and preoperative consultations for different demographic groups
  - Assessing the availability and accessibility of transportation, language services, and culturally competent and trauma-informed care
  - Evaluating whether patients from underserved or marginalized communities face any barriers to accessing surgery services
- **Outcomes by Demographic Group**
  - Collecting and analyzing data on surgical outcomes (e.g., complication rates, mortality rates, readmission rates) stratified by demographic factors
  - Identifying and addressing any disparities in outcomes among different groups
- **Patient Satisfaction and Experience**
  - Conducting patient satisfaction surveys on quality of care and cultural sensitivity
- **Insurance and Financial Barriers**
  - Analyzing the types of insurance coverage held by patients and identifying any gaps in coverage that might limit access to care
  - Evaluating the availability and utilization of the Crouse Health financial assistance program
- **Health Equity Metrics and Benchmarks**
  - Developing specific health equity metrics and benchmarks to measure progress over time
  - Using these metrics to conduct regular reviews and adjust policies/procedures as needed

By implementing these measures, the new cardiac surgery suite can systematically assess and address health equity, ensuring that all patients receive fair and high-quality care regardless of their background or circumstances.

## **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 Applicant's commitment to health equity is evident in its numerous initiatives and programs to address systemwide access issues and disparities – including its DEIB committee and advisory board, participation in the New York State Birth Equity Improvement Project, partnership with the local health department on reducing Black maternal mortality, collaboration on the HANYS “Advancing Healthcare Excellence and Inclusion” project on health care disparities, commitment to engaging with the community through health fairs and other educational initiatives, and strong partnerships with community-based providers and organizations that support medically underserved individuals. We are confident that the Applicant will continue to demonstrate this commitment to health equity with its proposed new cardiac surgery suite, with the goal of improving patient access and continuity of care for the medically underserved groups that are disproportionately in need of advanced cardiac services.

Crouse Health also has plans to continue to expand its cardiology services to special populations, including a cardiology clinic that caters specifically to women. As the only provider of pediatric cardiology in the area, Crouse also intends to add pediatric cardiac surgery to this proposed new suite in the future. Patients in the area currently must travel to Albany or Rochester for pediatric surgery services, which represents another access issue for pediatric populations that could be mitigated by the development and expansion of this cardiac surgery suite.

----- 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**

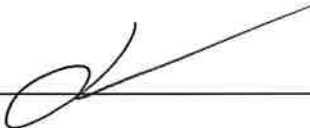
I, Crouse Health, attest that I have reviewed the Health Equity Impact Assessment for the Renovate Space for Cardiac Surgery Operating Rooms and Certify the “Cardiac Surgery – Adult” Service that has been prepared by the Independent Entity, Sachs Policy Group.

Seth Kronenberg, MD \_\_\_\_\_

Name

President and Chief Executive Officer \_\_\_\_\_

Title

\_\_\_\_\_  


Signature

\_\_\_\_\_  
5/31/24

Date

**II. Mitigation Plan**

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

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

Crouse Health does not expect any negative impacts to medically underserved groups. In fact, Crouse expects a positive impact to all groups served by the Hospital, including medically underserved groups. As indicated throughout the HEIA, Crouse Health has historically made significant efforts to provide quality care to medically underserved groups as evidenced by the patient population mix and payor mix of the Hospital.

Therefore, the addition of a cardiac surgery suite in the Crouse Health service area would improve access and reduce health disparities for medically underserved groups by providing an additional option for care, reducing wait times and complexities involved in transferring cardiology patients to another facility, and improving quality of care through enhanced coordination and outcomes tracking.

Crouse plans to engage with medically underserved patients via community events, targeted outreach campaigns, local health fairs, informational town halls and through social media platforms. Additionally, Crouse's Diversity, Equity, Inclusion, and Belonging (DEIB) advisory board and committee will be heavily involved in developing and executing initiatives to bring awareness of the new cardiac surgery services at Crouse to medically underserved groups in Crouse's service area.

While Crouse does not foresee any potential negative impacts to medically underserved groups as a result of the approval of this project, Crouse is committed to providing quality care to all patients and has the required experience, resources, and capabilities to adapt quickly to the needs of the community. Crouse plans to track the performance of the new cardiac surgery suite as it relates to the medically underserved groups in many forms, some of which include patient experience surveys, financial assistance programs, tracking and trending patient outcomes, and measuring surgery wait times. The goal of all of these measures is to provide data to ensure any unexpected negative impacts that may potentially arise are resolved expeditiously.

Crouse believes the approval of this project will have positive impacts on all patients in the Hospital's service area, including the medically underserved groups.