

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	Endoscopy Center of Western New York, LLC – Orchard Park
2. Name of Applicant	Endoscopy Center of WNY, LLC
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">• John Kastan (lead contact)• Maxine Legall• Roland Poirier• Armaan Sodhi
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, provider delivery systems, population health, data analysis, community needs assessments, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, and providers that support individuals with intellectual and developmental disabilities.</p>

	The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful yet objective consulting, and strategic advisory work
5. Date the Health Equity Impact Assessment (HEIA) started	February 13, 2024
6. Date the HEIA concluded	February 13, 2025
7. Executive summary of project (250 words max)	
<p>SCA Health is expanding its partnership with Gastroenterology Associates, LLP by jointly opening a second ambulatory surgery center (ASC) to enhance access to gastrointestinal (GI) procedures in Erie County. This new facility will serve as an extension of the existing Endoscopy Center of Western New York, LLC (ECWNY) in Williamsville, NY.</p> <p>The new site, Endoscopy Center of Western New York – Orchard Park (ECWNY-OP), will be located in Orchard Park, NY, in the Southtowns region of Erie County, south of downtown Buffalo. The decision to establish this second location is driven by population growth and increased patient demand in the area.</p> <p>ECWNY-OP will exclusively provide GI procedures and is projected to handle over 9,000 surgical cases annually once fully operational. This expansion directly addresses the region’s declining access to GI services, which has been exacerbated by:</p> <ul style="list-style-type: none"> • The closure of Lakeshore Medical Center • The discontinuation of GI services at Dunkirk Hospital • The closure of a competing GI practice in 2017 • The retirement and passing of several GI physicians <p>By establishing this new site, the partnership aims to restore and expand GI care availability, reduce travel burdens for patients in the Southtowns, and ensure continued access to high-quality specialty care in Erie County.</p>	
8. Executive summary of HEIA findings (500 words max)	

We expect the proposed center in Orchard Park to expand and facilitate access to GI services for the following medically underserved populations in the community: low-income people, racial and ethnic minorities, immigrants, people with disabilities, older adults, persons living in rural areas, people who are eligible for or receive public health benefits, people who do not have third-party health coverage or have inadequate third-party health coverage.

Stakeholder engagement – including input from community-based providers, patients, and the Erie County Department of Health – demonstrated unanimous support for the project, citing a critical need for expanded GI services in the Southtowns region of Erie County.

Currently, many Southtowns residents travel 45 minutes to an hour to receive care at the existing ECWNY facility in Williamsville, NY. The new Orchard Park location would significantly reduce their travel time, improving access for key populations who face barriers to specialty care, including:

- Older adults, who are increased risk for colorectal cancer and other GI conditions;
- People with disabilities, where long travel times strain staffing resources and patient well-being;
- Rural residents, who experience lower screening rates and higher mortality GI-related conditions due to geographic isolation and provider shortages; and
- Low-income individuals, immigrants, and racial/ethnic minorities who face higher rates of colorectal cancer incidence and mortality, often due to delayed screening, limited provider options, and financial barriers.

The Applicant has a proven track record of serving diverse populations, ensuring that high-quality care is provided without discrimination based on age, race, creed, national origin, religion, sex, sexual orientation, marital status, disability, or payment source.

To maximize the project's health equity benefits, we recommend that the Applicant:

1. Expand community outreach initiatives to ensure that underserved populations are aware of available GI services and encouraged to seek preventive care.
2. Develop structured feedback mechanisms, such as patient satisfaction surveys and focus groups, to monitor the effectiveness of accessibility efforts.
3. Collaborate with health care providers, safety-net organizations, and local agencies to enhance referrals and address financial barriers to care.

By prioritizing accessibility, inclusivity, and continuous engagement, the Orchard Park Endoscopy Center has the potential to significantly reduce health disparities, improve early detection of GI conditions, and enhance health care equity for medically underserved populations in Erie County.

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 spreadsheet, entitled “HEIA Data Tables_ECWNY.xlsx”.

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
- People with disabilities
- Older adults
- Persons living in rural areas
- People who are eligible for or receive public health benefits
- People who do not have third-party health coverage or have inadequate third-party health coverage

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?**

Sources of data include census data, claims data provided by the Applicant, Ambulatory Surgical Center Quality Measures data released by the federal Centers for Medicare and Medicaid Services, information obtained from the federal Uniform Data System (UDS) mapper, and qualitative data obtained from interviews with staff, leadership, community providers, and patients.

For the purposes of this HEIA, the service area has been defined as Erie County, which includes the cities of Cheektowaga, Buffalo, West Seneca, Amherst,

Williamsville, Buffalo, Blasdell, Lackawanna, West Seneca, Springville, Orchard Park, Lancaster, Lake View, Holland, Hamburg, Elma, Eden, East Aurora, Derby, Depew, and Angola.

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

Unless otherwise noted, the data outlined below was obtained from the US Census American Community Survey 2022.

Older Adults

The Center’s service area includes, on average, individuals who are significantly older than the statewide average, with a higher median age and a higher percentage of the population 65 and over. Endoscopic services are traditionally utilized by individuals 40 years and older.¹

	Median Age
Service Area	50
New York State Average	40

Years	Service Area	NYS Average
Under 9 Years	10.4%	11.1%
10-19 Years	10.6%	12.1%
20-34 Years	17.9%	20.3%
35-54 Years	24.1%	25.3%
55-64 Years	15.7%	13.6%
65 and Over	21.4%	17.5%

Low Income People

The median income of the Center’s service area is similar to the statewide average. The poverty rate is lower than the statewide average. Lower income individuals have a higher reported incidence of colorectal cancer than individuals of a higher income status.²

	Median Income	Poverty Rate
Service Area	\$77,301	5.85%
New York State Average	\$74,314	10.1%

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10166951/>

² <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>

Racial and ethnic minorities

The racial demographics of the Center's service area includes a higher makeup of white individuals than the statewide average. There remain significant disparities in both colorectal cancer related incidence and mortality among racial and ethnic minorities, with African Americans reported to have the highest incidence and mortality.³

Race	Service Area	NYS Average
White	88.7%	55.6%
Black or African American	4.1%	14.2%
American Indian and Alaska Native	0.2%	0.6%
Asian	2.0%	8.7%
Native Hawaiian and Other Pacific Islander	0.0%	0.1%
Some Other Race	1.6%	10.2%

	% Hispanic Population
Service Area	4.0%
New York State Average	19.5%

Immigrants

The Center's service area features significantly fewer foreign-born individuals than the statewide average. Studies demonstrate that immigrants may be less likely to be screened for colorectal cancer.⁴

	% Foreign Born Population
Service Area	4.5%
New York State Average	22.6%

People with disabilities

The Center's service area contains a slightly higher percentage of individuals with disabilities compared to the statewide average. Individuals with certain physical and/or intellectual disabilities have significantly higher prevalence of

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9069392/#:~:text=of%20colorectal%20cancer.-,Data%20obtained%20from%20seer.cancer.gov.,Americans%20%5B4%2C10%5D.>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9198177/>

gastrointestinal disorders.^{5,6} People with disabilities may also have specific needs related to communication, sensory and behavioral considerations, and mobility and physical accessibility.

	% with a disability
Service Area	13.5%
New York State Average	12%

Rural Populations

The Center’s service area contains a lower percentage of individuals in rural regions than the statewide average.⁷ Studies have suggested that individuals in rural populations have a lower survival rate from colorectal cancer⁸.

	% Urban Population	% Rural Population
Service Area	89.0%	11.0%
NYS Average	87.45%	12.55%

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

The Center’s service area features fewer individuals receiving public health benefits and/or uninsured than the statewide average. Studies have suggested that individuals with colorectal cancer who were uninsured or insured by Medicaid had higher mortality rates than patients with commercial insurance.⁹

	% Individuals with Public Health Benefits ¹⁰	% of Individuals without Insurance
Service Area	39.10%	2.59%
New York State Average	44.2%	5.2%

⁵ Del Giudice, E., Staiano, A., Capano, G., Romano, A., Florimonte, L., Miele, E., Ciarla, C., Campanozzi, A., & Crisanti, A. F. (1999). Gastrointestinal manifestations in children with cerebral palsy. *Brain and Development*, 21(5), 307–311. [https://doi.org/10.1016/S0387-7604\(99\)00025-X](https://doi.org/10.1016/S0387-7604(99)00025-X)

⁶ Holingue, C., Pfeiffer, D., Ludwig, N. N., Reetzke, R., Hong, J. S., Kalb, L. G., & Landa, R. (2023). Prevalence of gastrointestinal symptoms among autistic individuals, with and without co-occurring intellectual disability. *Autism Research*, 16(8), 1609–1618. <https://doi.org/10.1002/aur.2972>

⁷ Rural is defined by the Census Bureau as all populations, housing, and territory not included within an urban area. To qualify as an urban area, the territory identified must encompass at least 2,000 housing units or have a population of at least 5,000. More information may be found on the Census Bureau [website](#).

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7033015/>

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446414/#:~:text=CONCLUSIONS%3A%20Patients%20with%20colorectal%20cancer,non%2DHispanic%20African%20American%20patients.>

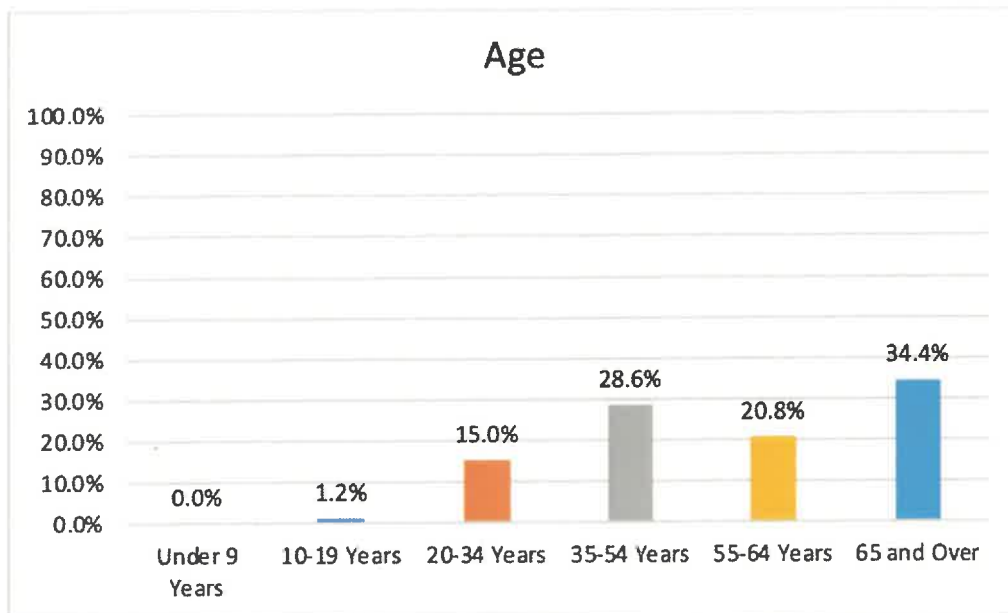
¹⁰ Includes Medicare and Medicaid.

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?

Unless otherwise noted, the data outlined below was provided by the Applicant and reflects its current operations at its existing site located further north in Williamsville, NY. The new site, in Orchard Park, will create improved access to these services for individuals living in southern Erie County, as well as those living further south in western NY.

Older Adults:

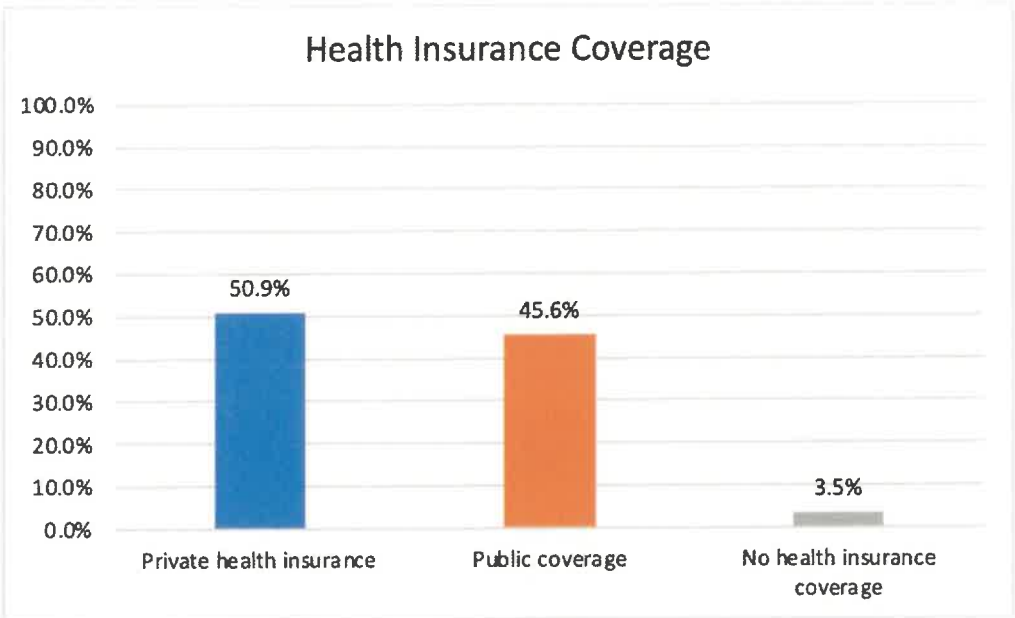
The graph below summarizes the age of patients seen by the Applicant. The Applicant serves a higher proportion of individuals 65 and over in the data compared to the statewide average.



Low-income Individuals: 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

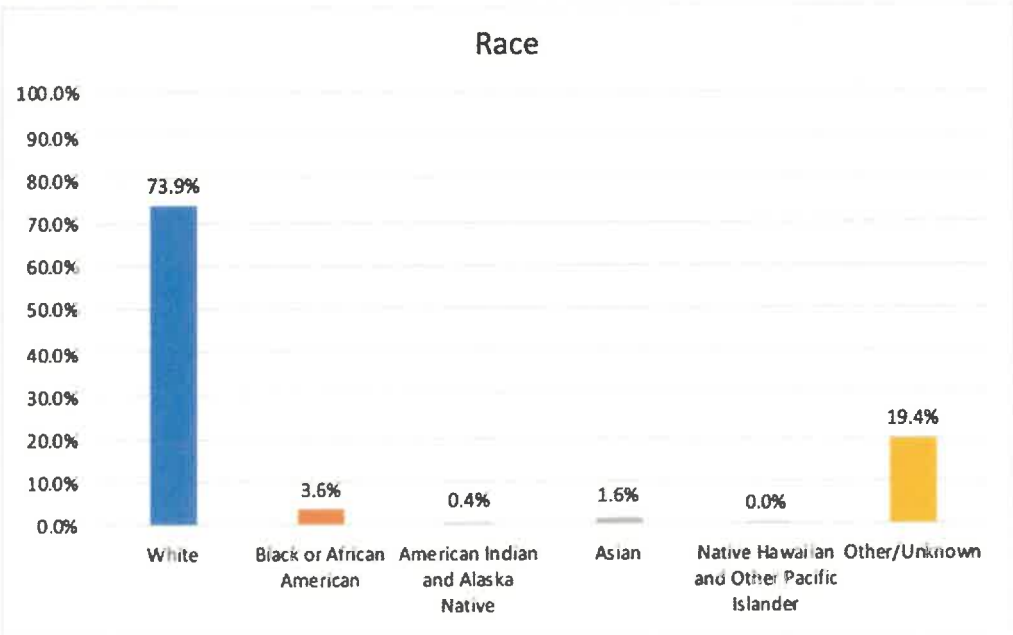
The Applicant does not systematically track and report on the income of the patient populations that utilize their services, and this data is not available through public sources. The Independent Entity has used data on patients' insurance coverage as a proxy for the number of low-income people served.

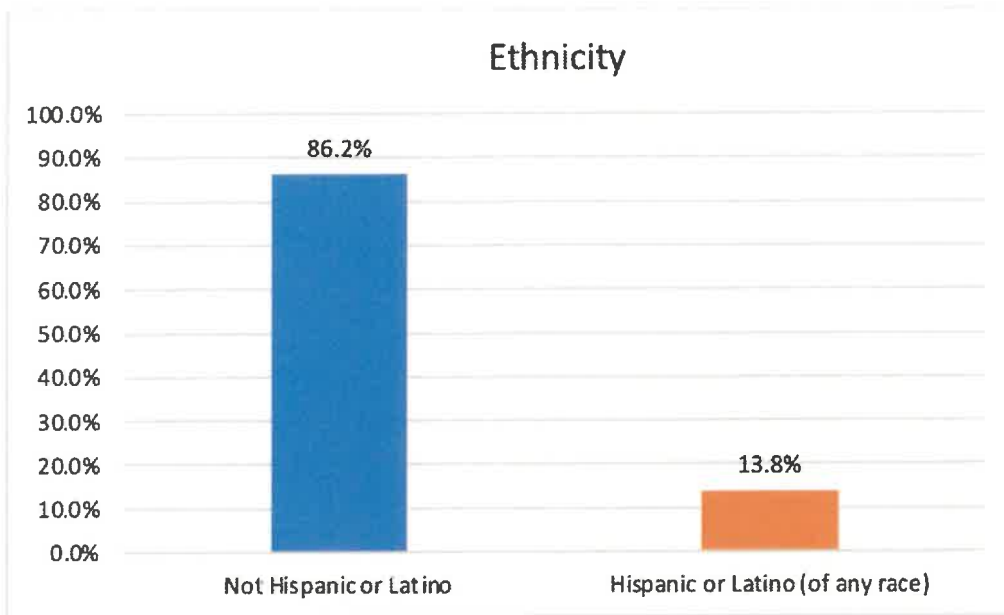
There was a notably higher percentage of individuals with public coverage and with no health insurance coverage reported than in the service area generally.



Racial and Ethnic Minorities

The graphs below summarize the ethnic and racial demographics of the patient population served by the Applicant. The Applicant currently sees a lower proportion of White patients than is representative of the service area. Similarly, the number of Hispanic individuals seen is higher than is representative of the service area.





Immigrants

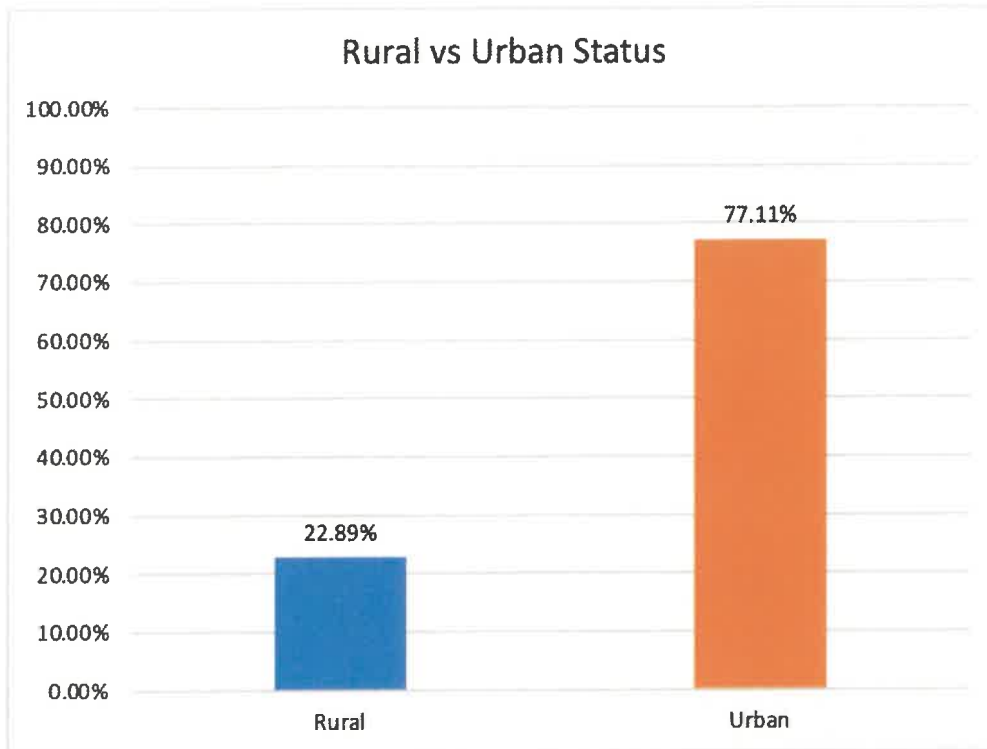
The Applicant does not systematically track and report on the immigrant status of the other patient populations that utilize their services, and this data is not available through public sources.

People with disabilities

The Applicant does not systematically track and report on the disability status of their patients; however, anecdotal evidence provided by the Applicant and by local disability service providers indicate that individuals with intellectual and/or developmental disabilities are included in the Applicant’s current patient population and are expected to be served by the new extension clinic.

Rural Populations

The graph below summarizes the patient population by rural and urban status. The Applicant serves a higher proportion of individuals from rural regions in the data compared to the statewide average.



For all medically underserved groups identified above who reside in southern Erie County and areas further south, the proposed project intends to increase access to GI services. Stakeholder interviews with employees, patients, local referral sources, and community-based organizations demonstrated a need for additional GI services in the area.

Access has been particularly constrained by the closure of Lakeshore Healthcare Center in 2020 and Dunkirk Memorial Hospital’s discontinuation of GI services in 2023.¹¹ The proposed new Center will increase the availability of GI services, providing enhanced access to such services for the community and its medically underserved individuals.

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

Facility	Distance From New Center ¹²
Endoscopy Center of Western New York, LLC	0.3 Miles
Premier Ambulatory Surgery Center	7 Miles
Buffalo Surgery Center	15 Miles

¹¹ <https://www.wkbw.com/news/local-news/southern-tier/theres-just-no-excuse-healthcare-workers-rallying-for-ny-state-to-release-brooks-hospital-funds>

¹² These distances were calculated through google maps

Sterling Surgical Center	2 Miles
Center for Ambulatory Surgery LLC	5 Miles
Ambulatory Surgery Center of WNY	15 Miles

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

Based on CMS's 2022 Ambulatory Surgical Center Quality Measures data, the chart below represents the market share by number of discharges.

Facility	% of Discharges
Endoscopy Center of Western New York, LLC	27.8%
Premier Ambulatory Surgery Center	2.1%
Buffalo Surgery Center	34.8%
Sterling Surgical Center LLC	10.5%
Center for Ambulatory Surgery LLC	17.6%
Ambulatory Surgery Center of WNY	7.3%

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.

N/A

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.

All staff at the proposed Center will be newly hired. Planned staffing includes a director of nursing (1), registered nurses (9), front desk workers (3), endoscopy technicians (5), and a unit assistant (1).

Despite the challenges recruiting and retaining staff in this area of upstate New York, the Applicant has expressed confidence in its ability to recruit and retain a strong complement of professionals.

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

- **Low-Income People:** Low-income populations often face significant barriers to accessing specialized health care services due to cost and availability.¹³ Individuals with lower socio-economic status also have a higher incidence of colorectal cancer.¹⁴ An endoscopy center that offers affordable services and accepts Medicaid can directly enhance access to crucial diagnostic and preventive care, reducing the long-term costs associated with late-stage disease treatment by detecting these diseases early. This group benefits from improved affordability and accessibility, addressing key elements of health equity.¹⁵
- **Racial and Ethnic Minorities:** Historical disparities in health care have disproportionately affected racial and ethnic minorities, leading to worse health outcomes in these groups. There are significant disparities in both colorectal cancer related incidence and mortality among racial and ethnic minorities with African Americans reported to have the highest incidence and mortality rates.¹⁶ By providing culturally competent care and ensuring that services are accessible and respectful of cultural needs, an

¹³ <https://www.wolterskluwer.com/en/expert-insights/five-key-barriers-to-healthcare-access-in-the-united-states>

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3422782/#:~:text=The%20overall%20incidence%20of%20CRC,accounting%20for%20other%20risk%20factors.>

¹⁵ https://www.aha.org/system/files/media/file/2021/03/Market_Insights_Disparities_Data.pdf#:~:text=URL%3A%20https%3A%2F%2Fwww.aha.org%2Fsystem%2Ffiles%2Fmedia%2Ffile%2F2021%2F03%2FMarket_Insights_Disparities_Data.pdf%0AVisible%3A%200%25%20

¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9069392/#:~:text=of%20colorectal%20cancer.-,Data%20obtained%20from%20seer.cancer.gov.,Americans%20%5B4%2C10%5D.>

endoscopy center can help bridge these gaps. Such centers can also focus on community outreach and education, which are essential for increasing awareness about the importance of early disease detection and preventive care.¹⁷

- **Immigrants:** Immigrants may face language barriers, lack of familiarity with the health care system, and fear of accessing services due to immigration status concerns. This has resulted in immigrant status being associated with lower likelihood of colorectal cancer screening.¹⁸ An endoscopy center that offers multilingual services and operates under policies that protect all patients, such as the center proposed by the Applicant, can significantly improve these individuals' ability to seek and receive care.
- **People with disabilities:** As noted earlier in this assessment, people with disabilities are at risk for GI conditions, which may be further influenced by their underlying condition, mobility limitations, communication challenges, and sensory sensitivities. There are several residential and day service providers in the area for individuals with intellectual and/or developmental disabilities, who expressed support for this project because the new center would improve access to services and reduce travel time for their residents/patients. It was reported that many people with disabilities have difficulty tolerating long car rides and would particularly benefit from being able to access GI services at a closer location.
- **Older Adults:** Endoscopic services are traditionally utilized by individuals 40 years and older.¹⁹ Older adults are at a higher risk for conditions like colorectal cancer, which makes access to endoscopy services and screenings crucial. The proximity of services can reduce the need for long-distance travel, which can be challenging for this group. Additionally, age-appropriate care and communication can improve their ability to engage with health care providers and follow through with recommended treatments.
- **Persons Living in Rural Areas:** Residents of rural areas often have limited access to specialized health care services. A new endoscopy center in or near these areas can dramatically reduce the travel time and inconvenience associated with obtaining necessary care, thus improving the availability and accommodation of services. This also helps in early detection and treatment of diseases, which can be lifesaving.²⁰
- **People Who Are Eligible for or Receive Public Health Benefits:** Studies have indicated that individuals with Medicaid had higher mortality

¹⁷ https://www.cdc.gov/pcd/issues/2021/21_0264.htm

¹⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9198177/>

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10166951/>

²⁰ <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-016-0351-7>

rates from colorectal cancer compared to patients with commercial insurance.²¹ Medicaid recipients are often from lower socioeconomic background. These groups have higher rates of certain health conditions (including colorectal cancer) due to factors such as limited access to healthy food, higher rates of smoking, and less access to preventive care. Medicaid patients may experience delays in screening and diagnosis due to various barriers such as fewer health care providers accepting Medicaid, longer wait times for appointments, and lower access to specialty care. Early detection of colorectal cancer through routine screenings like colonoscopies significantly reduces mortality.²² Delays in screening can lead to diagnosis at later, more dangerous stages of the disease.

- **People Who Do Not Have Third-Party Health Benefits or Have Inadequate Third-Party Health Coverage:** For individuals without health insurance, cost is a significant barrier to accessing health care services. Studies have suggested that individuals with colorectal cancer who were uninsured had higher mortality rates than patients with commercial insurance.²³ An endoscopy center providing services at a reduced cost or on a sliding scale can make life-saving diagnostic and preventive care accessible to uninsured populations. This directly addresses affordability and helps in reducing health disparities by ensuring that financial constraints do not prevent individuals from receiving early and appropriate care.

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.

During our discussions with several disability service providers, we identified an unintended yet significant health equity benefit of the project. These providers, many of whom operate residential facilities, group homes, and day programs in the Southtowns, expressed strong support for the initiative. They emphasized that improved access to GI services in this region would greatly reduce travel burdens for their staff and patient populations.

Currently, these providers must coordinate long-distance travel to GI services in the Northtowns, requiring a 45-minute to 1-hour drive each way, along with staff

²¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446414/#:~:text=CONCLUSIONS%3A%20Patients%20with%20c,olorectal%20cancer,non%2DHispanic%20African%20American%20patients.>

²² Zauber, A. G. (2015). The impact of screening on colorectal cancer mortality and incidence: Has it really made a difference? *Digestive Diseases and Sciences*, 60(3), 681–691. <https://doi.org/10.1007/s10620-015-3600-5>

²³<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446414/#:~:text=CONCLUSIONS%3A%20Patients%20with%20c,olorectal%20cancer,non%2DHispanic%20African%20American%20patients.>

accompaniment. Establishing GI services in Orchard Park (a 15-20 minute drive each way) would significantly cut travel time, allowing staff to spend more time at their facilities rather than in transit.

This change is particularly critical for organizations serving individuals with intellectual and/or developmental disabilities, as they are already grappling with workforce shortages. By reducing travel demands, the project would enhance operational efficiency for these organizations and improve continuity of care for individuals with disabilities.

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.

It is anticipated that the proportion of indigent care at the new site in southern Erie County will be similar to the proportion of indigent care provided at the existing site.

Indigent Care Funding (Individuals they are not Billing)	Year	Proportion of Individuals Served	Indigent Care Funding
Bad Debt	2023	81%	\$10,927.14
Bankrupt	2023	1%	\$4,302.72
Courtesy Discount	2023	6%	\$3,280.42
Uncompensated Care	2023	12%	\$3,194.00

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.

Patients typically need someone to accompany them when traveling to and from GI appointments due to the pre-procedure preparation and the post-procedure effects of the anesthesia. There is a lack of accessible public transportation (such as bus routes); however, the Applicant and stakeholders shared that most individuals in the community served have cars. ECWNY-OP will work with patients who lack a support person to obtain transportation through local providers. Medicaid patients have access to non-emergency medical transportation services that support safe transition to scheduled procedures. Patients can also take ride share services, such as Uber, when they have a responsible person accompanying them to and from the center.

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

ECWNY-OP will be compliant with all requirements included in the Americans with Disabilities Act (ADA).

Meaningful Engagement

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

Erie County Department of Health

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

Yes, the Independent Entity interviewed the local health department for this assessment, which refers patients to the Applicant for services and was very supportive of the project. The local health department indicated that the new location was accessible for people in the area and that there are not any other similar facilities nearby. Additionally, it was communicated that the Applicant succeeds in providing services to medically underserved populations, including by being responsive and accepting individuals with all forms of insurance, including Medicaid and uninsured.

3. **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 the completed excel file titled “HEIA Data Tables_ECWNY.xlsx”.

4. **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?**

The primary stakeholders impacted by this project are individuals with chronic conditions and those who require ongoing GI screening and/or services who reside in the Southtowns that lack sufficient GI service providers, including individuals from the medically underserved populations identified previously in this assessment. Primary care providers, disability service providers, and other health care entities seeking to refer their patients for GI services are also impacted by the proposed project as the new facility would provide a new access point for referrals.

All stakeholders interviewed, including the Erie County Department of Health, primary care providers, disability service providers, community-based organizations, employees, and patients were supportive of the project and felt that it would be a welcome addition to the community. All stakeholders spoke highly of the organization and their commitment to serving medically underserved populations, including by:

- Accepting various forms of insurance;
- Providing discounted services;
- Helping to arrange transportation;
- Ensuring a diverse workforce;
- Providing translation services; and
- Participating in health equity initiatives, such as the deployment of care navigators.

One current patient of the Williamsville location, who is an older adult on Medicare, indicated that it would be a “dream come true to have them 15 minutes away for me and my friends and family” (referring to the new Orchard Park location). None of the stakeholders interviewed for this assessment expressed any concern regarding the project.

5. 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 stakeholder engagement reinforced two key findings of the HEIA. First, all discussions affirmed the significant need for expanded GI services in the region. Second, stakeholders confirmed that the Applicant is well-regarded for delivering high-quality GI care, particularly to medically underserved populations.

For example:

- The Erie County Department of Health emphasized the value of its partnership with the Applicant in ensuring uninsured patients have access to care.
- Disability service providers highlighted the Applicant’s commitment to accommodating patients with intellectual and/or developmental disabilities, including by accepting Medicaid and Medicare which are the primary payers for this population but which can pose barriers to access.
- Community-based organizations, health care providers, and patients confirmed that the project will support older adults, Medicaid/Medicare beneficiaries, immigrants, rural residents, and racial/ethnic minorities – all of whom face barriers to accessing GI care.

By expanding services in this region, the project is expected to enhance health equity by increasing access to comprehensive, high-quality GI care for those who need it most.

6. 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 involved developing a comprehensive outreach strategy to community organizations, staff, providers, and patients from which we sought feedback for the assessment. As part of this effort, we conducted 16 interviews with individuals representing diverse perspectives.

We attempted to reach a broad range of organizations and individuals who represent or directly care for the medically underserved populations affected by the project. Based on the diverse input received, we are confident that the feedback collected provides a well-rounded and representative foundation for the conclusions outlined in our assessment.

DSTEP 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 language supports for non-English speaking patients provided by the vendor Pacific Interpreters Language Line. For non-English speaking patients, the Applicant posts information regarding the availability of free language assistance services in multiple languages.

For the visually impaired, the Applicant provides wayfinding that is ADA compliant. Policies and procedures are in place which allow for a service animal and for advocates to be present and assist the patient.

For the hearing impaired, the Applicant utilizes a language service that offers American Sign Language (ASL) services.

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

To better serve medically underserved populations, the Applicant should establish proactive, ongoing communication channels with the community to ensure continuous engagement and accessibility. This includes implementing

structured feedback mechanisms that foster open dialogue about health care needs, service availability, and potential barriers to care.

Additionally, the Applicant should continue to develop and offer targeted educational workshops and seminars on colon health and cancer prevention, ensuring that materials and outreach efforts are culturally and linguistically appropriate for each medically underserved group.

By customizing communication strategies, actively seeking community input, and prioritizing inclusive engagement, the Applicant can enhance awareness, build trust, and improve access to essential GI services for populations that have historically faced healthcare disparities.

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

To further enhance the engagement and consultation process with impacted stakeholders on forthcoming changes to the project, the Applicant can adopt a more structured and proactive approach to communicating updates occurring at ECWNY-OP both during the construction and implementation phases and once operational. The Applicant can leverage its partnerships with community-based organizations and the local department of health to support ongoing communication with residents and patients to ensure appropriate feedback mechanisms.

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 seeks to reduce systemic barriers to equitable health care access by expanding specialty care in a region where such services are currently limited. Additionally, the Applicant has a proven track record of delivering care to medically underserved communities, reinforcing its commitment to health equity.

To further enhance accessibility, the Applicant should continue proactive outreach and engagement to the community throughout the project's construction and implementation phases. This approach will help ensure that underserved populations are aware of and able to access services at ECWNY-OP, ultimately maximizing its impact on equitable healthcare access.

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 has robust systems in place to monitor potential impacts of the project. The Applicant employs the Gastroenterology Quality Improvement

Consortium (GIQuIC), which provides continuous enhancement of provider performance. This system tracks and analyzes various quality metrics (such as patient wait times, patient safety and quality control, documentation and compliance, and clinical management and treatment protocols), offering a dynamic platform for assessing the effectiveness of new practices or procedures introduced by the project.

Stakeholder interviews indicated that the Applicant consistently achieves favorable outcomes on Press Ganey surveys, a tool that gathers and evaluates patient feedback. These scores reflect high patient satisfaction and can serve as a crucial indicator of the project's impact on patient experience and engagement.

Together, these tools provide a comprehensive framework for monitoring both the clinical and patient-centered outcomes of the project, ensuring any shifts in performance are promptly identified and addressed. Both tools involve health equity measures as they track patients' demographic information.

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?

To effectively respond to the findings of this Health Equity Impact Assessment (HEIA), the Applicant should implement a series of targeted strategies to enhance access and equity for underserved populations.

1. **Develop Tailored Programs** – The Applicant should design and implement specialized programs that directly address the unique healthcare needs of medically underserved groups, ensuring that services are both accessible and culturally responsive.
2. **Expand Outreach Efforts** – A comprehensive outreach strategy should be launched to actively engage underserved communities. This should include partnerships with local organizations, community-based events, and multilingual educational campaigns to increase awareness and accessibility.
3. **Establish a Continuous Feedback Loop** – To ensure long-term effectiveness, the Applicant should create a structured feedback mechanism that allows community members to regularly share insights on service accessibility, quality, and areas for improvement. This iterative process will enable the Applicant to adapt strategies in real time, ensuring that health care services remain responsive to the evolving needs of these populations.

By integrating these mechanisms, the Applicant can strengthen its commitment to health equity, build community trust, and drive meaningful, long-term improvements in health care access and outcomes.

STEP 5 – DISSEMINATION

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

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

----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

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

SIDDHARTHA S. SHAH, MD

Name

PHYSICIAN - PARTNER

Title



Signature

2/13/2025.

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.

If the Endoscopy Center of Western New York, LLC (ECWNY) receives approval to expand its operating certificate to a second location for the extension clinic in Orchard Park, NY, we will commit to implementing targeted strategies that enhance health care access, address systemic barriers, and reduce health disparities for underserved populations in Erie County. The following mitigation strategies build upon key findings from the Health Equity Impact Assessment (HEIA) and stakeholder engagement process.

1. Expanding Access Through Strategic Partnerships

ECWNY is collaborating with Gastroenterology Associates, LLP and Catholic Health to address screening backlogs among Medicare beneficiaries, a population with a higher incidence of colorectal cancer and barriers to preventive care. This initiative aims to increase screening

colonoscopy rates and, if successful, could expand to include additional underserved populations, such as Medicaid enrollees and uninsured patients.

ECWNY will work to establish a relationship with Neighborhood Health Center (Blasdell, NY), a Federally Qualified Health Center (FQHC) serving low-income, uninsured, and publicly insured individuals. If successful in establishing a relationship, the collaboration will ensure that patients at Neighborhood Health Center have access to specialty gastroenterology care at ECWNY's new Orchard Park location, eliminating the need for lengthy travel to other GI facilities. ECWNY is also exploring partnerships with Cinq Care, an organization committed to serving vulnerable populations with a focus on Black and Brown communities in upstate New York. Partnership opportunities may include becoming a preferred provider in their network and supporting the implementation of care navigators to increase screening rates and address transportation barriers to care.

2. Reducing Geographic Barriers to Care

The proposed Orchard Park site is strategically located between Route 90 and Route 219, making it more accessible for underserved populations in both urban and rural areas. Key beneficiary groups include:

- Lackawanna residents – a predominantly immigrant and racial/ethnic minority community that experiences lower colorectal cancer screening rates due to language barriers, cost concerns, and limited awareness.
- The Southern Tier – a rural region with limited access to GI specialists, where travel time and transportation challenges are major barriers to care.
- The Seneca Nation of Indians – Indigenous populations residing in the Cattaraugus, Allegany, and Oil Springs Reservations, who face higher rates of preventable GI conditions and cancer due to limited healthcare access and historical disparities in care.

By reducing travel times for patients in the Southtowns that currently receive services at our Northern location, the Orchard Park location will improve continuity of care for these populations and encourage earlier detection and treatment of GI-related conditions. This will be particularly important for rural populations and older adults.

3. Addressing Workforce Shortages & Supporting Disability Service Providers

Stakeholder engagement with disability service providers highlighted an unintended but significant health equity benefit of the project. Many providers operate residential facilities, group homes, and day programs in the Southtowns and currently transport residents and patients long distances for GI care.

The new location will significantly reduce travel time, allowing staff to spend more time providing direct care instead of accompanying residents on lengthy medical trips. This benefit is particularly important for organizations serving individuals with intellectual and/or developmental disabilities, who are already facing workforce shortages and operational strain.

Additionally, the Applicant's commitment to accepting Medicaid and Medicare ensures continued GI access for this population, addressing a common barrier faced by disability service organizations.

4. Implementing Culturally Competent Outreach & Education

There are critical gaps in awareness and utilization of GI services among racial/ethnic minorities and immigrant populations. To address these disparities, ECWNY will:

- Establish formal partnerships with community-based organizations (CBOs) to improve outreach and patient education.
- Work with the Arab American Community Center for Economic and Social Services of Western New York (ACCESS of WNY), a nonprofit serving Yemeni and Arab immigrants, to provide language-accessible materials and culturally sensitive education on colon cancer prevention and the importance of screening.
- Expand multilingual patient education initiatives, ensuring that Limited English Proficiency (LEP) populations receive clear and accessible health information.
- Increase screening uptake through targeted community health events and informational workshops, addressing myths, stigma, and fears associated with GI procedures.

5. Ensuring Long-Term Health Equity Impact

To sustain these efforts, ECWNY will implement a structured feedback mechanism that allows for continuous community engagement and quality improvement. This includes:

- Ongoing consultation with stakeholders, including local health departments, disability service providers, and CBOs, to identify emerging needs and adapt services accordingly.
- Regular data collection and analysis on patient demographics, access trends, and service utilization to ensure that the new site is reaching and benefiting the intended populations.
- Patient satisfaction surveys and focus groups to gather direct input from underserved communities, ensuring that services remain culturally competent, accessible, and responsive to their needs.

Conclusion

By expanding geographic access, fostering strategic partnerships, supporting health care service providers, implementing culturally competent outreach, and ensuring long-term monitoring, the Orchard Park site will play a critical role in reducing health disparities in GI care. Through these efforts, ECWNY remains committed to ensuring that all patients—regardless of income, insurance status, location, or background—receive high-quality, timely, and equitable gastroenterology services.