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	*Rural Emergency Hospital Conversion*
2. Name of Applicant	*Clifton-Fine Healthcare Corporation (CFHC)* *DBA Clifton Fine Hospital*
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	**Rural Health Redesign Center Organization, Inc. (RHRC)** – *Janice Walters, Executive Director* – *Tom Harlow, Northern Border Region Program Director* – *Josh Miller, Northern Border Region Program Manager* – *Susie Aft, Lead Compliance and CoP Specialist* – *Autum Martin, Compliance and CoP Specialist* – *Tracey Dorff, Executive Assistant III*
4. Description of the Independent Entity's qualifications	*Rural Health Redesign Center Organization, Inc. (RHRC), the Independent Entity, is a 501C3 non-profit located in Harrisburg, Pennsylvania, founded in 2020. RHRC is committed to addressing the challenges faced by rural hospitals and communities across the nation. RHRC is dedicated to health equity and helping rural communities to thrive through the support of equitable and accessible care within rural communities for all residents, including but not limited to racial and ethnic minorities; members of religious minorities; lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) persons; persons with disabilities; and persons adversely affected by persistent poverty or inequality. RHRC is composed of rural-relevant subject matter experts, with expertise in hospital administration, finance and operations, hospital profiling, community profiling, innovative payment models, value-based care, data analytics and visualization, quality improvement, regulatory compliance, and human-centered design that encourages and supports healthcare services through a diversity and health equity lens. Through the work of the RHRC, this team has supported over 100 facilities across 39 states, to date. This HEIA was conducted under the Northern Board Region (NBR) project including the leadership of the NBR Program Director.*

5. Date the Health Equity Impact Assessment (HEIA) started	December 1, 2023
6. Date the HEIA concluded	May 31, 2024

7. Executive summary of project (250 words max)

Clifton Fine Healthcare Corporation (CFHC), DBA Clifton Fine Hospital, affiliated with the Samaritan Health system, is a 20-bed, non-profit, critical access hospital (CAH) located at 1014 Oswegatchie Trail, Star Lake, New York 13690 in St. Lawrence County. This organization is applying for conversion to a new national provider designation of Rural Emergency Hospital (REH).

If approved by the State of New York and Centers Medicare and Medicaid Services (CMS), Clifton Fine Hospital would terminate inpatient and both short- and long-term swing-bed services in accordance with law and regulation(s). Swing bed residents would require transfer to another facility. Clifton Fine Hospital would continue to provide emergency services, observation, and other outpatient services. Staffing would be adjusted to reflect the termination of services. As an REH, the organization would receive $3.2 million dollars in monthly payments and outpatient services will be paid by Medicare at the Outpatient Prospective Pay System (OPPS) rate plus 5%.

Clifton Fine Hospital has provided care, treatment, and services for the residents in Clifton Fine community within St. Lawrence County since 1951. Following the COVID pandemic, Clifton Fine Hospital has encountered financial hardships; the additional monthly facility payments and increase in payment would allow Clifton Fine Hospital to continue to provide outpatient services and remain operational rather the alternative of closure. There are additional plans for expansion and renovation of the emergency department but are not included in this Certificate of Need (CON) application.

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

Clifton Fine Hospital (CFH) requested the Rural Health Redesign Center (RHRC) to serve as the Independent Entity for the completion of the Health Equity Impact Assessment (HEIA). The HEIA process evaluates the changes in healthcare service(s) on medically underserved populations and vulnerable groups within the organization's service area.

RHRC compiled and analyzed quantitative data, by county and ZIP codes, across various public databases to evaluate the impact on the service area. The primary service area includes Star Lake 13690; Wanakena 13695; Newton Falls 13666; Fine 13639; and Cranberry Lake 12927. The secondary service area includes Russell 13684; Harrisville 13648; Edwards 13635; Dryden 13053; Oswegatchie 13670; and Childwold 12922. CMS website listed ZIP code 52322 as part of the service area; however, upon investigation, this ZIP code is in Iowa and is potentially an administrative error. Of note, ZIP code 13053 is in Dryden, Tompkins County, New York which is 174 miles from Clifton Fine.

These ZIP codes, along with data for St. Lawrence County, were utilized to assess the impact of termination of inpatient and swing bed services on vulnerable and medically underserved populations. Information analyzed includes income, race and ethnicity, language, age, gender, sexual orientation, vehicle status, number of households with and without insurance, and number of households underinsured, and those with disabilities. Demographic data analysis indicates a significant portion of the population is aged 18-64, employed, with limited access to dental care, mental health, and primary care.

Qualitative data was obtained through the feedback from the following sources: community forum(s), interviews with stakeholders, and surveys posted on the facility website and social media. CFH held two community meetings open to all residents and stakeholders. The community leaders and representatives required by statute were invited to attend.

The data indicates the most vulnerable groups are those socioeconomically disadvantaged, older adults, disabled and those with limited or no transportation services. These groups are likely to utilize inpatient and swing-bed services. Stakeholders expressed concerns about the swing bed services no longer available to the community and the impact of transfer to other hospitals and long-term care facilities on lower socioeconomic status and limited transportation populations. Feedback included support of conversion to a REH rather than closure of CFH.

Investigation of other public sources of data identified a religious minority of Jewish students from a Canadian school who travel to Star Lake during the summer months.

It is anticipated this group will not be impacted by the conversion as they primarily use emergency services. There are Amish populations in the county but within the catchment area of CFH, only one small settlement. They have not utilized CFH services.

RHRC recommended CFH include in its mitigation efforts community outreach, monitoring of quality, patient safety, satisfaction and health equity metrics, outreach with EMS and transportation services, collaboration with facilities receiving transfers, and expansion of staff training including sensitivity of medically underserved populations. CFH developed a mitigation plan to reduce negative impacts on the service area and maintain or improve health equity.

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 reference excel document: heia_data_tables_CFCH_FINAL

2. **Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**

   - ☒ Low-income people
   - ☒ Racial and ethnic minorities
   - ☒ Immigrants
   - ☒ Women
   - ☒ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
   - ☒ People with disabilities
   - ☒ Older adults
   - ☒ Persons living with a prevalent infectious disease or condition.
   - ☒ Persons living in rural areas.
   - ☒ People who are eligible for or receive public health benefits.
   - ☒ People who do not have third-party health coverage or have inadequate third-party health coverage.
   - ☒ Other people who are unable to obtain health care.
   - ☒ Not listed (specify): persons with none or limited transportation

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?

I. *To identify the impact on each medically underserved group given above, various first source verifications were utilized to assess and determine for evidence about the quantitative data regarding community and the population. Sources for county level data were obtained from U.S. Census Data, U.S. Census Data-American Community Survey, and University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps for related groups which include low-income people, racial and ethnic minorities, older adults, persons living in rural areas, and people with limited transportation. Additionally, people with public health benefits, without third-party coverage or inadequate coverage, and those unable to obtain healthcare were observed through these sources, as well.*

II. *Source verification was obtained from Poverty, Racism, and the Public Health Crisis in America, Front Public Health (Beech BM, et.al. 2021) which identified potential impacts on low-income people, and racial and ethnic minorities.*

III. *Facility REaL data was used for evaluation of race, ethnicity, gender, and age to determine the facility population considerations; discharge data was also evaluated for all populations but specifically older adults and persons living in rural areas.*

IV. *Facility-level data provided for indigent care was also evaluated for low-income populations, and public health benefit patients.*

V. *Qualitative data from stakeholder interviews and questionnaires was evaluated from low-income people, older adults, persons living in rural areas, and people with limited transportation to address personal impact within the subpopulation of the service area provided by the hospital. Additionally, representatives from each were invited to participate in the community forums held and provided opportunity to provide formal statements directly to RHRC, which culminates for a whole representation of the medically underserved groups discussed.*

VI. *Although no county-level data was available for LGBTQ+ population, there was New York State level data for this medically underserved population. This data, along with information regarding transportation were among the more difficult medically underserved populations to stratify across this county and hospital demographics specifically. Data given from Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance Brief on Sexual Orientation and Gender Identity: Demographics and Health Indicators, New York State Adults 2019-2020 provided supporting documentation for potential health equity concerns and accessibility issues.*

VII. *Data collected regarding persons with no or limited access to transportation were indicated in county reporting from University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps. Transportation issues and concerns, including private*

personal, commercial, emergency land and air, were discussed at length with the participating hospital and included in survey notes. Furthermore, data on the New York State Community Health Indicator Reports for St. Lawrence County showed that 0.2% of the population used public transportation for work, while another 77.2% of the work population drove alone.

VIII. *Considerations for persons living with a prevalent infectious disease or condition were taken from New York State Community Health Indicator Reports (CHIRS), CDC (Centers for Disease Control) and University of Wisconsin. Data would indicate that St. Lawrence County has a higher incident of Communicable Disease Indicators in pneumonia/flu hospitalizations rates; acute Hepatitis B; and chronic Hepatitis C rates than compared to local communities and aggregated against New York State averages. Other Communicable Disease Indicators and HIV/AIDS and STI (Sexually Transmitted Infection) Indicators were below averages for aggregated New York data and local community measures.*

IX. *RHRC utilized Health Resources and Services Administration (HRSA) websites HPSA Find and MUA find to evaluate Health Professional Shortage Areas (HPSA) and Medically Underserved Area (MUA) and Medically Underserved Populations (MUP) to evaluate healthcare professional shortages and vulnerable populations.*

X. *Other resources included surrounding healthcare facility websites to evaluate their services such as FQHCs, long-term care facilities, hospitals, etc.*

XI. *Resources for the Hasidic Jewish population included the school and summer retreat website and other specific sources related specific practices.*

XII. *Resources for Amish Communities included Elizabethtown College references on Amish populations by state and county. The American Amish website was also utilized regarding religious/healthcare practices.*

XIII. *In addition, RHRC provided a references/works cited resource.*

4. **How does the project impact the unique health needs or quality of life of <u>each</u> medically underserved group (identified above)?**
    I. **Low income**
        i. *According to the St. Lawrence County CHIRS, an estimated 1 in 7 individuals (about 14.7%) within the County are living below the poverty level; 20% of children are in poverty. This is substantiated by 14% of the population is food insecure, as well. Recognizing that lower socioeconomic status is linked to higher incidence of chronic disease, shorter life expectancy, and lower rates of good social, emotional, and physical health, the impact of the project on this population has been taken into consideration. The conversion to an*

REH and the discontinuation of inpatient and swing services is likely to impact this population. There is anticipated economic strain for family members to travel to visit patients who have been transferred to another hospital or have been relocated to a long-term care facility, particularly. There are three critical access hospitals over 30 miles away by car and the closest acute care hospital is 60 miles by car. Swing and long-term care services are located 30-40 miles from Star Lake, New York. The alternative of closure of Clifton Fine Hospital would have a significant impact on this population in that all healthcare needs would require travel. The closest FQHC is located over 30 miles north of Star Lake. However, the applicant does have a rural health clinic that provides primary care and outpatient behavioral health.

ii. *Populations with lower socioeconomic status may receive public health benefits, such as those unable to obtain healthcare, who do not have third-party coverage, or those who have inadequate coverage. However, accessing these programs may be difficult for this vulnerable group. Referrals to the local primary care clinic with additional financial considerations for low-income people are also continuing to promote accessibility for this patient population. An estimated 4.2% of adults in St. Lawrence County did not receive medical care because of cost, according to CHIRS St. Lawrence County.*

II. **Racial and ethnic minorities/Immigrants/language**

i. *The community and service areas surrounding Clifton Fine and Star Lake, New York tend to be homogeneous in nature, with variations slightly during the summer months with vacationers, including international visitors. The population in the county in which services are provided includes 2.3% Black, non-Hispanic, 1.1% Native American or Alaskan Native, 0.1% Native Hawaiian or Other Pacific Islander, 1.1% Asian, 2.4% Hispanic, and 91.9% Non-Hispanic, White. The population with limited English proficiency is 3% throughout the county, with 67.2% speaking other Indo-European languages with Limited English Proficiency (LEP) at home. According to census data, all members of the community including racial or ethnic minorities in the service areas may be impacted by this project, though there is not a disproportionate impact for any specific group.*

ii. *Star Lake, New York has a Hasidic Jewish synagogue and retreat, Congregation Yeshivas Lubavitch located approximately 2 miles from CFHC. The organization is part of the Yeshivas Lubavitch, an all-male school for Hasidic studies based in Toronto, Canada. The school aligns with Chabad Hasidic group that originated from Russia. Based on their website(s), students travel from other countries throughout the world to attend the Toronto school. The retreat occurs in the summer months in accordance with the Jewish*

calendar. They require participating students traveling to Star Lake, NY to have both medical and travelers' insurance prior to participation per their website. Religious implications related to this particular group include the following: 1) individuals may have medical care provided by someone of the opposite gender according to Jewish law; 2) individuals may request someone of the same gender to provide nursing or other personal care; 3) observance of Shabbat and/or religious holidays may impact their care or seeking services; 4) individuals may elect modest dress or other specific customs such as wearing black fedoras, black coat, long beards, tallit (prayer shawl) with tzitzit (fringes). The CFHC Chief Executive Officer provided additional information regarding this group within the community and related processes CFHC has implemented. She confirmed that the Hasidic organization has been utilizing the location as a camp for the last two years, primarily in the summer months. She contacted the group leadership to help understand their specific needs and how CFHC could care for them when they seek services. The leadership declined her request for engagement. She also provided clarification that members of the Congregation Yeshivas Lubavitch have sought services at CFHC, which were provided in accordance with federal, state, and local law and regulation. There have been challenges working through the insurance and reimbursement process due to their international status but that has not affected the delivery of care, treatment, and services. RHRC contacted the school via email twice to obtain feedback on the impact of the conversion of Clifton Fine Hospital, but did not receive a response.

iii. *Research identified Amish and Mennonite populations in St. Lawrence County. These groups are considered a religious minority, but others consider them an ethnic minority. Information on the Amish and Mennonite populations is a challenge as they often do not participate in US Census surveys.*

1. *The Elizabethtown College Amish Studies, The Young Center, collects data annually on the Amish population. New York has the fifth largest Amish population in the United States. As of 2020, there are six Amish settlements listed for St. Lawrence County totaling 3,290 people. Within the settlements are districts which typically consist of approximately 30 families who adhere to a common set of Ordnung, which are rules and guidelines for living. Only one settlement is located within the CFH service area, in Russel/Herman. It has one district established in 2017 with 65 people.*
    a. *Russel Town, in St. Lawrence County New York is located northwest of the town of Clifton. The town has*

a population of 1,872 people compared to the town of Clifton that has 675 people and the town of Fine has 1,304 people.

2. *Resources indicate that some Amish will ride in a car with community members but will not actually drive it themselves. However, they tend to travel via horse drawn buggy and/or bicycles.*
3. *The data above does not include information regarding the Mennonite population. Research identified a Mennonite congregation, Watertown Mennonite Church in Watertown, NY which is located 57 miles southwest of Star Lake, NY. There was not a closer congregation listed and is not within the Applicants service area.*
4. *Cultural practices often include homeopathic and natural remedies related to healthcare. The decision(s) about care is often based on the practices and beliefs of their church or district leaders. This population is susceptible to farm and transportation related accidents. They also tend to not seek prenatal care and often have home births.*
5. *The CFH administrator provided insight that these individuals of this settlement or any other in St. Lawrence County have not sought services at the hospital. This may be due to the location of the settlement that is northwest of Star Lake, New York.*

iv. *The immigrant population within St. Lawrence County shows variation showing through in the local tourist sites during the summer months. The discussion with Clifton-Fine CEO provided information that includes migrant farm workers, often racial and ethnic minorities. Implications of CFHC include the need to ensure cultural adaptability when encountering travelers has been addressed and agreed to continue cultural diversity training and language translating services. Direct reports from the CEO, suggests the highest non-English speaking needs include Spanish. She clarified that there is a transient population from Canada and New York City who have second homes in the area who speak primarily English, and they have not had identified language issues at the facility.*

III. **Women & Lesbian, gay, bisexual, transgender, or other-than-cisgender people**

i. *Data compiled by University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps indicated that women represent 48.6% of the population in St. Lawrence County. Women were approximately 55% of the patient population for Clifton Fine Healthcare Corporation, according to their internal*

Race, Ethnicity and Language (REaL) data.

1. *Clifton Fine currently provides primary care services for women; however, they do not provide obstetrics and gynecology services. Women specifically seeking these services must utilize an alternate facility. Accessibility to obstetrical and gynecology is not anticipated to change for women with the change in REH status; these services continue to decline in rural areas.*
2. *Studies have shown that rural women experience poorer health outcomes and have less access to care than women living in urban areas. The discontinuation of inpatient and swing bed services could negatively impact access to care for women in the service area.*

ii. *Research identified that women are less likely to survive certain types of events, such as an acute myocardial infarction with an out-of-hospital cardiac arrest. Women tend to be older, less likely to present to with a shockable rhythm and less likely to receive standard of care therapy such as dual antiplatelet therapy, beta-blockers, etc. This has often resulted in higher likelihood of dying compared to men. This is not specific to rural areas, but rather gender as predictor of clinical outcomes and treatment interventions. This risk would continue to be present for women; consideration should be given to the increased risk of less access to EMS and longer transport times due to additional transfers. However, the Applicant, with the change in status to an REH, will still provide ED care. Transfers will continue to be a challenge and could be exacerbated by an increase in the need for transfers for inpatients and swing-bed patients who might have qualified to stay at CFH prior to conversion.*

i. *Lesbian, gay, bisexual, transgender, or other-than-cisgender persons were difficult to stratify across the patient population. Insight given from Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance Brief on Sexual Orientation and Gender Identity: Demographics and Health Indicators, New York State Adults 2019-2020 showed that approximately 7.9% of the New York State residents identify as "lesbian, gay, bisexual or something else/other sexual orientation." The brief also concluded that there is a centralized statistically significant portion of that population located in New York City, compared to other areas in the state. Research also identifies that there is a larger portion (69%) of people in rural areas who are "somewhat or unaccepting" of LGBTQ people compared to those is metropolitan areas. This may impact their healthcare interaction with providers and staff. However, there is no data specific to the utilization of inpatient and swing bed services by this population. LBGTQ patients may be*

impacted by the discontinuation of inpatient and swing beds similar to other populations.

ii. *There is a need for mental health service including care for emergency mental health crises particularly for the LGBTQ population which demonstrates higher rates of mental health and suicidal ideation and events. Clifton Fine Hospital provides mental health services in their rural health clinic and emergency services which would include mental health emergencies and placement. Continuing to have access to outpatient mental health and emergency services is vital; conversion to the REH would allow for these services to continue to be offered.*

IV. **People with disabilities**

i. *According to statistical data provided by the University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps, 15.95% of the entire population within the county has a disability. Those aged 65+ represent 36.89% of the population with disabilities, and 11% of the disabled population being Hispanic. The most prevalent disabilities in St. Lawrence are ambulatory difficulties (8.47%), cognitive (6.06%) and independent living (6.57%), and hearing difficulties (5.04%), vision (2.80%) and living difficulties (2.81%). Census data indicates that 12.6% of the population of St. Lawrence County has a disability and under the age of 65 years. There is a 4.4% higher rate of people in St. Lawrence County with a disability compared to disabled people in the state of New York.*

ii. *According to the CDC, studies have shown that people with disabilities are more likely to have less access to care, have poorer overall health, are smokers and physically inactive. They are also more likely to have a secondary condition including obesity, mental health/depression, pain, pressure ulcers, fatigue, and bowel and bladder issues. These indicators place this population at risk for more intensive healthcare services and to be impacted by the termination of inpatient and swing bed services.*

iii. *The termination of swing bed will impact these individual due to relocation to another long-term care facility or hospital that provides swing bed services.*

V. **Older adults**

i. *The relatively small portion of those living within St. Lawrence County are 65 years of age or older, about 18.2%. However, within the next few decades, the 65+ population is expected to grow. As this population grows, there will be a greater demand for health care needs and services, including chronic disease. Older adults require more frequent medical evaluations and are more prone to illness, falls and unintentional injuries, and have more comorbid conditions than younger adults and children. In addition, aging adults may not have access to a vehicle and rely on family, friends,*

or public transportation for accessing basic needs and medical appointments. The strain of caring for an elderly adult may also negatively affect the caregiver.

ii. *This group is expected to be impacted by the termination of swing bed and inpatient services as they are the group that utilizes these the most. However, if conversion to a rural emergency hospital allows for the Applicant to remain open and provide outpatient services, the older population will benefit, rather than having to seek services over 30 miles from their community. The Rural Health Clinic (RHC) operated under the hospital license is vital to the primary care management of older adults more likely with chronic conditions and multiple co-morbidities.*

VI. **Persons living in rural areas & People with limited transportation**

i. *The Department of Health and Human Services states that 30.54% of St. Lawrence County's population is living in a Dental Care Health Professional Shortage Area (HPSA) compared to 15.45% of New York State residents. Additionally, 26.7% of the population in St. Lawrence County is living in a Primary Care HPSA, compared to 23.96% of New York State residents. Furthermore, according to University of Wisconsin Population of Health Institute-County Health Rankings and Roadmaps, 62% of residents in St. Lawrence County are considered rural. This project would allow for these rural populations' continued access to healthcare in their local communities for outpatient and emergency services.*

ii. *The Health Resources and Services Administration (HRSA) categorized the following towns in St. Lawrence County as Medically Underserved Areas: Brasher, DeKalb, Pierrepont, and Waddington with an Index of Medical Underservice Scores ranging from 57-61.5. There does not appear to be a MUA for the town of Clifton or Fine. There is also not a HPSA score for Clifton Fine Hospital, including the RHC that would identify the specific shortage of providers for primary care, dental care, and mental health. There are associated HPSA scores within St. Lawrence County.*

iii. *Data for St. Lawrence County showed that out of all occupied housing units, about 10.4% have no vehicles available. By ZIP code, ZIP code 12922 has no percentage of households without a vehicle; ZIP code 12927 has 2.5% of households without a vehicle available; ZIP code 13053 has 11.3% without a vehicle; ZIP code 13635 has 6.3% of households without a vehicle available; ZIP code 13639 has 9.5% of households without a vehicle available; ZIP code 13648 has 3% of households without a vehicle available; ZIP code 13666 has 21.3% of households without a vehicle available; ZIP code 13670 has 8.8% of households without a vehicle; ZIP code 13684 has 5% of households without a vehicle available; ZIP code 13690 has 7.7% of households without a*

vehicle available; and ZIP code 13695 has 5.1% of households without a vehicle available. Further review of demographic transportation and rural data indicates that 77.3% of drivers commute to work alone, 8.9% carpool, 0.2% utilize public transit for their commute to work, 5.76% of county residents are walking or biking to work, 1.6% utilize a taxi-type service, and 6.3% work from home. Upon review of the 211 Central and Northern New York Regions data, 472 calls were made regarding transportation assistance need, which was the second-to-last need identified from 211 callers in 2021. Notably, according to a recent publication from St. Lawrence County Public Transit Coordinated Transportation Plan 2024, there were 134,322 one-way trips provided by the agency, which covered 986,936 miles. St. Lawrence County Public Transportation Task Force Meetings are publicly held and accessibly via internet, to discuss any issues, concerns or upcoming events that may need collaboration. Although there is no direct impact on transportation, anticipated travels to facilities farther from their locality would put additional strain on already hindered accessibility for these groups, as well as those facilities to which their outmigration would go.

iv. *RHRC identified a non-profit company, Volunteer Transport Center (VTC) which is located in Watertown, New York. The VTC provides essential rides to health, social and other destinations for residents of Northern New York who do not have transportation resources and alternatives. The New York Office for the Aging provides funding for the Senior Transportation Program that serves residents 60 years and older of St. Lawrence County.*

VII. **Persons living with a prevalent infectious disease or condition**

i. *Infectious disease reports from CDC and New York State datasets were reviewed when considering potential impacts on these community health issues. Previously discussed specified portions of this community have higher risks than others for infectious disease and would need to have access to local healthcare availability. Specifically, pneumonia/flu hospitalization rates, acute hepatitis B, chronic hepatitis C, E. Coli, Salmonella, shigella and chlamydia rates among Medicaid women were reported high concern on the New York State CHIRS – St. Lawrence County dashboard. Additionally, through coordinated efforts, referrals to the primary care clinic with accompanying appropriate financial assistance paperwork, residents will continue to have access to care within the community, as well as collaboration with the St. Lawrence County Public Health Department.*

VIII. **People who are eligible for or receive public health benefits; People who do not have third-party health coverage or have inadequate third-party health coverage; Other people who are unable to obtain health care**

i. *For considerations for the significance of impact to patients that receive public health benefits, Health Status and Social Determinants of Health for New York State Community Health Indicator Reports indicated that 16% of households receive Food Stamps/SNAP benefits in the last 12 Months, 50% of enrolled students eligible for free or reduced priced lunch, and 25.4% of the population with Medicaid/means-tested public health coverage. Additionally, 3% of children 18 years or younger and 6% of adults old do not have health insurance coverage. Ongoing services provided by primary care providers, as well as hospital financial assistance for those qualifying, offer financial assistance to those in need and will continue to do so for outpatient services.*

ii. *This population may be impacted by the termination of inpatient and swing because they will be fall under the financial policies and reimbursement contracts of other hospitals and long-term care facilities. RHRC is unable to predict whether this will have a negative or positive impact. There is the potential that other organizations have greater resources to help coordinate enrollment in health benefits or financial assistance.*

5. **To what extent do the medically underserved groups (identified above) <u>currently use</u> the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) <u>expected</u> to use the service(s) or care impacted by or as a result of the project?**
    a. *All patients regardless of income, race, gender, ethnicity, LGBTQ identification, language, age, disability, transportation, etc. had equal opportunity to utilize inpatient and swing services. The group with higher utilization of inpatient and swing services are older adults, and comorbid conditions who live in the service area. Transient populations are less likely to utilize swing services. The Applicant confirmed that there is an increase in utilization of the emergency department during the summer months of people who are vacationing. Due to CFHC providing services for long-term swing bed patients, predominantly for community residents, the organization has cared for at least 10 St. Lawrence County patients for multiple years; the longest length of stay is approximately 10 years. The closest long-term care facility is approximately 40 miles away; the closest hospital providing swing services is approximately 30 miles from Star Lake, New York. Caring for them within the community allowed for access to these services with closer proximity to their residence as well as family members within the community.*
    b. *The Applicant provided volume over the last three years stratified by inpatient, long-term swing, and short-term swing. Analysis of this data indicates that utilization has remained consistent particularly because the population of the service area has not seen fluctuation. There has been a decline of short-term swing and inpatient volume comparing 2023 to 2022.*

This is most likely due to the end of the COVID Pandemic. The following is data related to facility volume over the last three years:

Service Type	2021	2022	2023	Total Volume
Long Term Swing	23	18	22	43
Short Term Swing	65	51	25	141
Inpatient	46	45	20	111

c. *All patients regardless of income, race, gender, ethnicity, LGBTQ, language, age, disability, transportation, etc. will continue to have access to outpatient services such as the emergency department, observation, laboratory, radiology, physical therapy, and primary care within a Rural Health Clinic. The RHC is a certified Patient Center Medical Home that also offers outpatient behavioral health services which has proven to be vital to the community.*
d. *The Applicant upon conversion would no longer provide 1) long-term and short-term swing bed services and 2) inpatient care. The organization coordinated the transfer of the long-term swing patients to the facility of their choice in accordance with federal law and regulation. The patients were also given an option to be transferred to the same facility and placed together. After considering the options, all the long-term swing patients transferred to the same facility to allow them to stay together as a community. The relocation of the long-term swing residents was coordinated in the first quarter of 2024.*

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

The following facilities are located in the service area evaluated for the HEIA and provide inpatient, swing and/or long-term care according to their websites or other public data sources:

a. *Gouverneur Hospital, 77 West Barney Street, Gouverneur, NY 13642 is located approximately 25 miles northwest of CFHC but 32 miles by car. This facility is a critical access hospital that provides the following services: inpatient with critical care and medical detox, swing, cardiology, dermatology, maternity, oncology with chemotherapy, neurology, nephrology including dialysis, surgical services including orthopedics, ENT, general surgery, ophthalmology, pain management, and gynecology, radiology including X-ray, CT, ultrasound, mammography, PET, nuclear medicine, and MRI, laboratory, outpatient mental health/addiction services, emergency services, sleep center, specialty clinics and primary care. This facility had 92 deliveries according to the New York State Health Profile.*
b. *Carthage Area Hospital, Inc.1001 West Street, Carthage, NY 13619 is a critical access hospital located approximately 30 miles southwest of CFHC*

but 41 miles by car. This facility offers the following services: inpatient, maternity, surgical services including general surgery, orthopedics, podiatry, urology, and gynecology, radiology including X-ray, CT, MRI and ultrasound, laboratory, rehabilitation, emergency services, pediatrics, cardiology, outpatient behavioral health for adults and children, sleep center, mobile health unit, specialty clinics, walk-in clinic, mobile health clinic, and primary care. Carthage Area Hospital is designated as a Level 1 Perinatal Center. The organization also has licensed assisted living for aging adults. This facility had 312 deliveries according to the New York State Health Profile.

c. *Lewis County General Hospital 7785 North State Street Lowville, NY 13367 is a critical access hospital located 35 miles southwest CFHC. This facility offers the following services: inpatient with critical care, maternity, surgical services including general surgery, pain management, orthopedics, neurosurgery, and gynecology, dermatology, radiology services including X-ray, CT, 3 D mammography, MRI, bone density, nuclear medicine, ultrasound, and MRI, laboratory, emergency services, sleep center, infusion center, rehabilitation, specialty clinics and primary care. They are designated as a Level 1 Perinatal Center and Primary Stroke Center. This facility also has a licensed 160-bed long-term care unit, and home health and hospice agencies. This facility had 142 deliveries according to the New York State Health Profile.*
d. *Canton-Potsdam Hospital 50 Leroy Street, Potsdam, NY 13676 is a 94-bed acute care facility approximately 36 miles north of CFHC but approximately 60 miles by car. This facility provides the following services: inpatient including critical care and medical detox, oncology, maternity, inpatient chemical dependence/rehabilitation, emergency services, surgical services including orthopedics, sports medicine, ENT, endoscopy, ophthalmology, and general surgery, rehabilitation, radiology including X-ray, CT, mammography, nuclear medicine, MRI and ultrasound, infusion clinic, outpatient behavioral health and substance use programs, sleep center, specialty clinics and primary care. Canton-Potsdam Hospital is also classified as a Level 3 Trauma Center and Level 1 Perinatal Center. This facility had 666 deliveries according to the New York State Health Profile.*
e. *Adirondack Medical Center-Saranac Lake 2233 State Route 86, PO Box 471 Saranac Lake, NY 12983 is an acute care hospital located 43 miles northeast of CFHC but approximately 60 miles by car. This 95-bed facility offers the following hospital services: inpatient with critical care, oncology, cardiology, inpatient behavioral health for seniors, outpatient behavioral health, dialysis, maternity, surgical services including orthopedics, gynecology, ENT, general surgery, ophthalmology, bariatric, thoracic, urology, robotics, cosmetic/reconstruction, pain management, and vascular, radiology including X-ray, CT, MRI, ultrasound, mammography, bone density, PET, and nuclear medicine, pediatrics, wound care, fitness center, cardiac rehabilitation, specialty clinics and primary care. It is*

designated as a Level 1 Perinatal Center. This facility had 172 deliveries according to the New York State Health Profile.

f. *Long-Term Care Facilities with corresponding locations and occupancy rate:*
    i. *Mercy Living Center 114 Wawbeek Avenue, Tupper Lake, NY 12986 is 60-bed nursing home 40 miles east of CFHC. This long-term care facility has a 92% occupancy rate.*
    ii. *Carthage Center for Rehabilitation and Nursing 1045 West Street Carthage, NY 13619 is 41 miles west of CFHC but 41 miles by car. This is a 90-bed long-term care facility with a 96% occupancy rate.*
    iii. *United Helpers Canton Nursing Home 205 State Street Road Canton, NY 13617 is 36 miles north of CFHC but 60 miles by car. This is a 96-bed long term care facility with a 93% occupancy rate. They also offer assisted living but will close this service in May 2024. This is the only assisted living facility within St. Lawrence County; the organization cited the closure is due "low reimbursement rates, increased costs and staffing shortages." The organization is in the process of relocating residents of the assisted living facility in preparation for the closure.*
    iv. *St. Joseph's Home 950 Linden Streed Ogdensburg, NY 13669 is 51 miles north of CFHC. This is an 82-bed long-term care facility with a 99% occupancy rate.*
    v. *Samaritan Senior Village, Inc. 22691 Campus Drive Watertown, NY 13601 is 58 miles west of CFHC. This long-term care facility has 167 beds with a 92% occupancy rate. Samaritan Senior Village is the facility all of the CFHC residents chose to be relocated to.*

g. *Level I or II trauma facilities with corresponding locations and services:*
    i. *Upstate University Hospital 750 East Adams Street Syracuse, NY 13210 is a 735-bed adult and pediatric Level 1 trauma facility. The facility is located 134 miles southwest from CFHC and offers the following services: surgery, cardiac catheterization, emergency services, behavioral health, maternity, specialty clinics and primary care. They are designated as a Level I perinatal center. They have 20 critical care beds.*
    ii. *Albany Medical Center 43 New Scottland Avenue, Albany, NY 12208 is a 748-bed Level 1 trauma center for both adults and pediatrics 191 miles southeast of CFHC. They are also designated as a Comprehensive Stroke Center, Regional Perinatal Center, AIDS Center, and SAFE designated hospital. They offer the following services: inpatient with 80 adult critical care beds and 19 pediatric critical care beds, emergency services, neonatal intensive and intermediate care beds, inpatient and outpatient psychiatric services, cardiac catheterization, surgical services including heart, transplant, orthopedics, spine, robotics, dialysis, oncology including chemotherapy, radiation, bone marrow transplant, rehabilitation subpart unit, wound care, specialty clinics and primary care.*

h. *Federally Qualified Health Centers (FQHC)*
    i. *Community Health Center of North Country has several FQHC locations in St. Lawrence County including the following.*
        1. *4 Commerce Lane Canton, NY 13617 located 31 miles north of CFHC. This clinic offers the following services: primary care, dental care, behavioral health, substance use/abuse, physical therapy, foot care, pediatrics, and optometry.*
        2. *77 West Barney Street Gouverneur, NY 13642 located 36 miles northwest of CFHC. This clinic offers the following services: primary care, behavioral health, substance use/abuse, pediatrics, and foot care.*
        3. *146L Arsenal Street Suite 9 Watertown, NY located 45 miles southwest of CFHC. This clinic offers the following services: foot care and optometry.*
    ii. *North County Family Health Center 238 Arsenal Stee Watertown, NY 13601 is an FQHC located approximately 45 miles southwest of CFHC. They offer the following services: primary care, pediatrics, mobile mammography, and dental care for adults and pediatrics.*

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

Market share data and outmigration was unable to be stratified by specific providers/facilities but reflects the aggregated outmigration. The data for 2022 indicates that the Applicant captured 0.7% of the Medicare Fee for Service (FFS) encounters for inpatient encounters. CFHC swing encounters in the market analysis for 2022 indicates 13.9% of the market share. The data is an aggregate of all swing patients and was unable to be stratified by short- and long-term patients. The 2022 market share of emergency department services was 6.7%; aggregated outpatient market share is 2.8%. The overall market share across all combined service lines is 2.8%.

Based on financial analysis and volume data provided earlier by the Applicant, RHRC surmises that the outmigration for 2023 is projected to be similar; however, that data is not available at the time this HEIA data was collected. The outmigration of inpatient and swing services indicates that the local population has historically underutilized the Applicant services particularly inpatient. There is a higher utilization of swing and ED services, but this still indicates an outmigration. RHRC projects that while the outmigration of some services will most likely continue, with the renovation of the ED and implementation of a convenient care clinic in 2024, Clifton Fine Hospital may capture additional market share.

	Count of Services		
Service Type	Clifton Fine Hospital	Elsewhere	Hospital's Market Share

Inpatient	***21***	***3180***	***0.7%***
Swing Bed	***29***	***179***	***13.9%***
Outpatient[1]	***9841***	***343371***	***2.8%***
Ambulance	*DS[2]*	*DS*	*N/A*
Clinic	*1115*	*64330*	*1.7%*
Emergency	*2203*	*30842*	*6.7%*
Imaging	*129*	*17856*	*0.7%*
Infusion and Drugs	*431*	*17564*	*2.4%*
Lab	*4208*	*146750*	*2.8%*
Major Surgery	*DS*	*3109*	*N/A*
Minor Surgery	*DS*	*DS*	*N/A*
Other	*204*	*19691*	*1.0%*
Rehab and Therapy	*1551*	*41891*	*3.6%*
Total [1]	***9891***	***346730***	***2.8%***

8. **Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.**

The project's implementation will not result in any planned or anticipated non-compliance with Public Health Law requirements. Financial assistance and/or charity care will continue to be available to persons who have received healthcare at CFHC in accordance with the organization's Financial Assistance Program Policy. CFHC provides care, treatment, and services "without regard to age, race, color, creed, ethnicity, religion, national origin, culture, language, physical or mental disability, socioeconomic status, veteran or military status, marital status, sex, sexual orientation, gender identify or expression, or any other basis prohibited by federal, state or local law or by accreditation standards." provide, without discrimination, care of emergency medical conditions to all individuals regardless of their eligibility for financial assistance or for government assistance in accordance with federal law.

Per organizational policy, the determination of a patient's financial responsibility will be made according to the patient's ability to pay as indicated by the eligibility. The Financial Assistance Program (FAP) covers hospital and employed physician services determined to be Medically Necessary by a Physician

[1] *"Outpatient total" and "Total" may not add up due to services that were suppressed.*

[2] *DS = Data suppressed. Row cannot be displayed per CMS small cell size suppression rules which require any service counts <11 or counts from which users can derive values <11 be suppressed. This includes values of zero.*

including both inpatient and outpatient care. Financial assistance is available for uninsured and underinsured patients who reside in New York State and whose household income is equal to or less than 400% of the most recent Federal Poverty Levels (FPL). CFHC will assess on a case-by-case basis financial assistance to non-New York State residents. If a patient's household income is equal to or less than 200% of the FPG, they qualify for 100% coverage. Patients with household income greater than 200% and less than 400% may qualify for partial Financial Assistance based upon a sliding scale. RHRC also confirmed that CFHC has their Financial Assistance Policy in plain language and Financial Assistance Applications available on their organizational website. With the conversion to an REH, CFHC will continue to apply their financial assistance policy and process to outpatients.

The applicant has previously partnered and will continue to partner with the following organizations to provide community services and education to the public:

a. *St. Lawrence Department of Health*
b. *Samaritan Medical Center*
c. *Fort Drug Regional/health Planning Organization*
d. *North County Initiative*
e. *St. Lawrence County Health Initiative*
f. *St. Lawrence County Community Development Program, Inc.*
g. *St. Lawrence County Department of Social Services who partners with the Applicant to provide a DSS social worker on-site at CFHC twice a month to connect patients and their families to community services. This process is expected to continue following REH conversion.*

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 not any anticipated staffing issues projected for the conversion. Due to the elimination of inpatient and long/short term swing beds, the Applicant surmises that there will be an adjustment to staffing. The Applicant currently employs the following staff: full time 59, part time 15, and per diem 6. Staffing will be adjusted to meet the needs of the organization upon conversion, but the plan is fluid based on services and volume. CFHC will continue to provide services with qualified staff in accordance with standards of care, job descriptions and organizational policies. CFHC will submit a revised staffing plan to the Department of Health for public posting reflecting the termination of inpatient and swing services. The plan will outline the plan for day, evening, and night shifts in accordance with state law and regulation. The reduction of staff will impact a portion of the staff but is not thought to impact patients. Stakeholder feedback included concern regarding the reduction of staff, but they expressed greater concern of the impact on staff, providers, and community if Clifton Fine Hospital

ceased all operations and closed. They were genuinely concerned about the impact of closure on the financial status of the community.

The organization has 58 credentialed medical staff and allied health practitioners of various specialties including telemedicine. CFHC currently plans to retain all current credentialed providers on staff. The plan for coverage of observation patients will be provided by the emergency department practitioners. Observation patients will be cared for in the emergency department setting by the ED providers and staff.

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

    There are no civil rights access complaints against the Applicant to the Office of Civil Rights (OCR), Quality Improvement Organization (QIO), and/or State Agency (SA).

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.**

    The Applicant has not undertaken similar projects in the last five years.

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

a. *With conversion, low-income people in need of inpatient or swing services will be impacted and require transfer to another facility. However, they will continue to have access to local outpatient healthcare versus closure of the CFHC. Access to outpatient care may be improved through the Applicant's use of the Fixed Facility Payment to be provided upon conversion to a Rural Emergency Hospital (REH). This additional payment to the facility is approximately $3.2 million dollars paid in monthly installments. CFHC plans to reinvest the payments in expansion of outpatient service lines and contribute to ongoing hospital operations. The organization will continue to evaluate the community health needs assessment as part of the strategic planning for additional outpatient services.*
b. *For low-income patients, there is continued access to outpatient care, as patients within this group are often restricted by their ability to travel and*

resources. While inpatient and swing bed services will be eliminated, data shows that these services were underutilized at CFHC over the last 3 years according to internal facility data. Through conversion to an REH, outpatient services such as chronic disease management, emergency department, observation, and other outpatient services, will remain local and accessible within the community.

c. *Additionally, the Applicant has developed a strategy to reduce the impact of social determinants of health and increase accessibility for low-income populations. These resources include but are not limited to the following strategies:*
    i. *Continued access to outpatient care such as emergency department, observation radiology services, laboratory services, rehabilitation/therapy, and primary care including behavioral health in the clinic setting;*
    ii. *Reinvestment of the monthly facility payment into operations and support of outpatient services;*
    iii. *Implementation of the Board of Directors approved Health Equity Plan; plan includes integration of health equity into the strategic plan for CFHC, analysis of internal and/or external healthcare disparity data, implementation of strategies to reduce disparities, and reporting to administration, medical staff, and Board of Directors;*
    iv. *Ongoing education and training on healthcare disparities and sensitivity for providers and staff;*
    v. *Continued charity care policy/procedure to provide aid for those in need;*
    vi. *Continued ability for patients, family members, staff, and providers to submit concerns through the complaint and grievance process in which the facility will investigate allegations; and*
    vii. *Continuation of the Patient and Family Advisory Council to allow for feedback and communication regarding organizational operations with the public and leadership of CFHC.*

Racial and Ethnic Minorities/Immigrants/Language

a. *CFHC remaining operational and providing outpatient services will ensure racial and ethnic minorities living in St. Lawrence County will benefit from access to services and health care. A key access to care includes the emergency department, laboratory, radiology, therapy, and primary care.*
b. *With continued operation of CFCH, racial, and ethnic minorities will continue to have access to outpatient care that will not require travel to obtain these services. Care will be provided to all patients without regard of language, race, culture, and/or ethnicity.*

People with Disabilities

a. *The CFHC facility is ADA compliant, which will not be impacted by implementation of this project.*
b. *The Applicant provides ongoing diversity/healthcare equity education and*

training to providers and staff; this ongoing education is focused on strategies to reduce health disparities for all vulnerable populations including those with disabilities.

c. *With continued operation of CFCH, people with disabilities will continue to have access to outpatient care that will not require travel to obtain these services. Care will be provided to all patients without regard to disability status.*

Older Adults

a. *Like the other underserved and vulnerable populations impacted by the project, older adults living in St. Lawrence County will also benefit from the Applicant remaining open and able to provide health care in the community.*
b. *With CFCH continuing to provide outpatient services, many older adults living in the service area will not have to travel to other facilities for care to access these outpatient services – often a burden to this population. REH conversion will improve health equity for older adults by preserving access to outpatient quality care closer to home.*

Persons living in rural areas/issues with transportation

a. *Those living in rural areas within the service area or visiting the area will continue to have access to the services provided by CHFC. In addition, access to outpatient care will be improved through the Applicant's use of the Fixed Facility Payment provided upon conversion to a Rural Emergency Hospital.*
b. *For rural populations, there is improved health equity, as patients within this group are often burdened by difficult and lengthy travel distances to access care. While inpatient and swing services will be eliminated, data shows that these services have not been heavily utilized at CHFC. Through conversion to an REH, outpatient services such as chronic disease management will remain local and accessible within the community. Also, transfer to a higher level of care will be available for those needing inpatient and long-term care services. Transfers will be coordinated with EMS, and as indicated with air transport. In addition, other ambulance services are also available for transfers and discharges.*
c. *As noted earlier, CHFC patients are from primarily rural areas, confirming the facility's importance as part of a rural healthcare delivery network. Ensuring the outpatient services provided by the facility remain local will prevent increased disparities for rural populations. The Applicant also has planned the implementation of a walk-in clinic to expand access to primary care rather than overutilization of emergency department services for lower acuity encounters.*

2. **For each medically underserved group identified in Step 1 Question 2, describe any unintended <u>positive and/or negative</u> impacts to health equity that might occur as a result of the project.**
   I. **Low-income people**

i. *Positive impacts from this project for low-income people include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences. With continued availability of local care, there may be an increased likelihood of obtaining healthcare altogether, rather than delaying care due to distance or cost of care available.*

ii. *Negative impacts from this project for low-income people include lack of inpatient care and swing bed services close to home. This could cause issues for those transported to another facility for inpatient care and lack funding to pay for the transfer. An additional consideration for this group is that oftentimes low-income people tend to not seek care because of associated costs, which could compound the transfer consideration for those patients that are unsure of the level care they may need. According to National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division: Board on Health Care Services: Committee on Health Care Utilization and Adults with Disabilities, "Failure to receive needed medical care because of cost was equally likely in families below the poverty level and those whose income was 100–199 percent of the poverty level." Furthermore, the data supported that "Despite the high utilization of health-care services by low-income people, adults under the poverty level reported greater rates of not receiving or of delaying medical care, obtaining prescription drugs, and receiving dental care because of costs than adults who were at 400 percent of the poverty level."*
Additional considerations should be made that there could be a reduction in patient health outcomes due to potentially reduced family involvement upon transfer to another facility for inpatient care. According to Mackie, Mitchell, and Marshall, "Allowing patients and family members to partner in intervention design may enhance uptake and improve outcomes." Information published by Agency for Healthcare Research and Quality elaborates further stating that:

> *"Engaging patients and families through improved communication and other practices also has a positive effect on patient outcomes — specifically, emotional health, symptom resolution, functioning,*

pain control, and physiologic measures such as blood pressure and blood sugar levels. In addition, strategies that promote patient and family engagement can help hospitals reduce their rate of preventable readmissions."

II. **Racial and ethnic minorities**

i. *Positive impacts from this project for racial and ethnic minorities include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for racial and ethnic minorities include lack of inpatient care and swing bed services close to home. If the patient transfers to another facility for inpatient care, family members and/or caretakers may be unable to visit due to distance needing to be traveled. This could impact patient health outcomes, as previously discussed. Also, considerations for language barriers for these groups must be addressed with the transporting EMS organizations.*

III. **Immigrants**

i. *Positive impacts from this project for immigrants include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts because of this project for immigrants include lack of inpatient and swing bed services available. Immigrants that seek care in the emergency department, may have to be transferred upon level of care required to aptly care for the patient, and feasibility for payment may be a concern, as well as potential lack of insurance coverage may impeding the potential immigrant patients' ability to pay. Furthermore, immigrants may have limited*

access to ability to travel to hospitals further away, which could reduce the transfer patient's health outcomes.

IV. **Women**

i. *Positive impacts because of this project for women include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for women include loss of inpatient and swing bed services. Women within the community may have to be transferred to another facility for necessary inpatient stays that require a higher level of care than what would be available at Clifton Fine Hospital post conversion. This may impact women patients' health outcomes due to potential reduction of family engagement and support. Also, because obstetrical and gynecology care is not offered at Clifton Fine, there is no impact to that sub-population of women that are pregnant or may become pregnant. There is some reproductive care provided at the Rural Health Clinic by primary care providers. This will continue to be available after conversion to a REH. A female participant gave feedback that she knew these services have not been available "for quite some time, which is unfortunate" but indicated she recognized those services were sought elsewhere by that specific population.*

V. **Lesbian, gay, bisexual, transgender, or other-than-cisgender people**

i. *Positive impacts because of this project for lesbian, gay, bisexual, transgender, or other-than-cisgender people include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts because of this project for lesbian, gay, bisexual, transgender, or other-than-cisgender people include loss of*

inpatient care and swing bed services. Due to this loss, lesbian, gay, bisexual, transgender or other-than-cisgendered people may have to be transferred to another facility. The transfer may inhibit family engagement and support due to the possible distance from those individuals upon transfer, which has been shown to reduce patient health outcomes.

VI. **People with disabilities**

i. *Positive impacts from this project for people with disabilities include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for people with disabilities include loss of inpatient care and swing bed services. The implications of the loss of these services include reduced patient health outcomes. According to the CDC, a disabled patient is more likely to also have co-morbidities, increasing the likelihood and frequency in which these patients will be transferred to another facility with higher level of care. With transfer to another facility, patient health outcomes deteriorate, and could exacerbate and/or compound health issues for this already medically fragile and underserved population.*

VII. **Older adults**

i. *Positive impacts for older adults include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts for older adults include loss of inpatient care and swing bed services. According to the CDC, 47% of adults aged 55 or older have two or more chronic health conditions. Due to this increased likelihood that older adult patients may also have co-*

morbidities, the probability that the frequency in which these patients will be transferred to another facility with higher level of care is increased. Transfer to another facility, which could reduce the family engagement, and thus, potentially deteriorate patient health outcomes. This could exacerbate and/or compound health issues for this already medically fragile and underserved population. Furthermore, this consideration for older adults was discussed, in part, by volunteers and older adult patients interviewed throughout the assessment process, but in a context of social engagement for support and encouragement for their friends and family receiving inpatient care. To summarize one participants' thought is that older adults do not like to drive long distances, nor in the city, so visiting wives, husbands, or friends "which aren't many at my age" is more of a challenge. Patients without advocates in the hospital have more negative outcomes or difficulties with care transition(s).

VIII. **Persons living with a prevalent infectious disease or condition**

i. *Positive impacts for persons living with a prevalent infectious disease or condition include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for persons living with a prevalent infectious disease or condition include loss of swing bed services and inpatient care. According to the CDC, there is an increased likelihood that patients living with a prevalent infectious disease or condition may also have co-morbidities. There is a probability of increased frequency in which these patients will be transferred to another facility with a higher level of care. With transfer to another facility, patient health outcomes deteriorate, and could exacerbate and/or compound health issues for this already medically fragile and underserved population.*

IX. **Persons living in rural areas**

i. *Positive impacts for persons living in rural areas include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and*

foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.

ii. *Negative impacts from this project for persons living in rural areas, which includes the entire population of the service area being evaluated, includes loss of inpatient and swing bed services. Because of the nature of being rural, residents are restricted in the number of health care facilities available to them. When being transferred to another facility for inpatient or trauma-level care, these rural residents should anticipate that there will be more travelled involved for that level of care. This may result in a reduction of family engagement, and in turn, reduce patient health outcomes.*

X. **People who are eligible for or receive public health benefits**

i. *Positive impacts for people eligible for or receiving public health benefits include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts for people eligible for or receiving public health benefits include loss of swing bed services and inpatient care. This medically underserved population is typically also low-income status by inherent nature of requirement for qualification of public health benefits and has similar implications to that population of people. The implications include reduction of seeking health care and dental services, and prescription drugs due to cost, in addition to high utilization of emergency services compounded with increased likelihood of poor health. Furthermore, this medically underserved population is likely to experience similar reduction in patient health outcomes as other populations when family engagement deteriorates upon transfer to another facility due to distance from the supportive individuals.*

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

i. *Positive impacts for people who do not have third-party health*

coverage or have inadequate third-party health coverage include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.

ii. *Negative impacts of this project for people who do not have third-party health coverage or have inadequate third-party health coverage include loss of swing bed services and inpatient care. These individuals may also have reduced likelihood of seeking healthcare and dental services and prescription drugs based on associated cost. This group may or may not qualify for indigent care programs through hospital policy but would also need to be capable of completing the necessary paperwork that would qualify the patient.*

XII. **Other people who are unable to obtain health care**

i. *Positive impacts for other people unable to obtain health care include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts for other people who are unable to obtain health care include loss of inpatient care and swing bed services. Other people who are unable to obtain healthcare may be less likely to go farther away to seek care, especially when accounting for their established rurality. This population may not be low-income, but rather self-employed, unemployed, or in between jobs; however, it is likely this medically underserved population is less likely to seek care due to associated costs. In addition to the burden of associated cost in delay in obtaining health care, possible exacerbation of condition due to inability to obtain health care may exist. Additionally, concurrent costs associated if transfer to another facility is required for higher level of care for patient need, reduction*

of family engagement and thus, patient health outcomes deteriorate.

XIII. **Persons with none or limited transportation**

i. *Positive impacts for persons with no or limited transportation include continued access to emergency medical care and outpatient services within the community with indigent care options close to home. Additionally, positive impacts include continued job opportunities; improved preventative care to address local health concerns and foster the well-being of residents in the service area; maintenance of local services to mitigate transportation and costs barriers for routine, emergency, and outpatient care; access to local physicians and healthcare professionals who understand the unique healthcare needs of patients; and enhanced cultural awareness as Clifton Fine is equipped to be sensitive to the community's cultural needs and preferences.*

ii. *Negative impacts from this project for persons with no or limited transportation include considerations when the patient must be transported to another facility. There is currently a limited availability of EMS services, which poses potential exacerbation of disparity among populations with limited access to transportation. Additionally, if there were no hospital in the area, transportation to the nearest hospital would prove difficult at best, and consideration of cost may impede patient from receiving care. The Applicant may need to consider evaluation of additional commercial ambulance services for facility-to-facility transfers.*
Furthermore, there is an inherent initial increased risk of lack of family engagement due to limited transportation and availability, as this population has a reduction in availability by default of the grouping, as established for this local hospital. If this medically underserved population transferred to another facility, or if they had to go directly to another facility due to unavailable services, the probability of family engagement is exacerbated and further reduced, and inherently and concurrently could impact patient health outcomes.

The data collected in this research suggests that there will be some impact on health equity to more vulnerable groups, but the continued operation of CFHC as an REH is more beneficial than closure. This conversion allows the organization to continue to provide outpatient care, treatment, and services within this rural community. In preparation for the Applicant's conversion, community stakeholders were asked to share their perspective in this regard through interviews and community surveys. The surveys were posted to the public on CFHC's Facebook page and the organizational website. Analysis of responses related to the public perception of the Applicant upon implementation of this project on a whole were supportive. Concern from community members was raised regarding the transfer of long-term swing bed patients out of the

community particularly for families with limited means of transportation. However, CFHC has initiated a process to assist with transportation costs for those family members. In addition, after the choice was given to the long-term swing patients, all chose to be transferred to the same long-term care facility to maintain their sense of community.

From the community perspective, interviewees provided positive feedback on the thoroughness of the education and transparency regarding the transition. Community leaders stated that having accessible care within the community outweighed the termination of inpatient and swing services. They also vocalized the implementation of the ED remodel process, and the walk-in clinic would improve access to care for all populations including residents of the service area and visitors.

Two transportation issues were brought forward: 1) ambulance transfer of patients to acute care and surgical services; and 2) transportation of family members with limited resources to visit former swing residents. EMS services are 100% volunteer for the service area; although, CFHC has positive working relationships with other ambulance services.

Lastly, there is not a guarantee that federal funding will automatically prevent a rural facility from closure. The Applicant, like other small rural hospitals, has an outmigration trend to other facilities; however, the funding as an REH does provide an infusion of money into the organization.

3. **How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.**

The discontinuation of inpatient and swing bed services is not expected to increase uncompensated care. RHRC surmises that uncompensated care will not be impacted due to the continuation of outpatient services; rather, the organization may experience a decrease in bad debt due to loss in volume of encounters. Analysis of three years of data provided by the Applicant indicates that bad debt and charity care have been primarily applied to outpatient encounters rather than inpatient and swing.

	Patient Type	2020	2021	2022
Bad Debt	Inpatient	0%	30%	15%
	Outpatient	100%	70%	85%
Charity Care	Inpatient	0%	0%	54%
	Outpatient	100%	100%	46%

With the implementation of a walk-in clinic, there may be a decline in the need for indigent care rather than utilization of the emergency department for lower acuity episodes. Associated costs to the patient under outpatient clinic billing would be lower and more manageable. Financial assistance will continue to be available

and applied in accordance with organizational policies and procedures. The financial assistance policies and application are readily available to the public on the Applicant's website.

Analysis of the Applicant's bad debt and charity care [3]indicates a larger amount of Bad Debt in 2020, which was related to the COVID Pandemic. Refer to the table below for the Applicant's bad debt and charity for the past three years in accordance with their cost reports:

Indigent Care	2020	2021	2022
Bad Debt	$1,014,116	$582,164	$261,696
Charity Care	$9,773	$11,029	$4,229

[3] Note for record: RHRC identified an administrative error on CFHC 990's for 2021 and 2022 which was communicated to the CFHC leadership team and confirmed. As an independent entity, RHRC recommends the Applicant amend the 990's.

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.**

As previously discussed, of the 211-assistance calls within St. Lawrence County, only 472 calls made in 2023. Those calls are not delineated by caller need such as medical or other transport need. The volume of calls categorize St. Lawrence County compared to other New York Counties within the region, the second least utilized service.

St. Lawrence County has public transit, but the coverage area is implemented in the more populated northern portions of the county. Public transit does not extend to Star Lake, NY. Public transportation is used by 0.3% of the population of St. Lawrence County according to US Census data.

RHRC identified a non-profit company, Volunteer Transport Center (VTC) which is located in Watertown, New York. The VTC provides essential rides to health, social and other destinations for residents of Northern New York who do not have transportation resources and alternatives. The New York Office for the Aging provides funding for the Senior Transportation Program that serves residents 60 years and older of St. Lawrence County. RHRC reached out to VTC for feedback on this project. As of publication of this assessment, no feedback has been given.

Existing transportation services available in the service area include:

- *EMS services are staffed by volunteers for all shifts. They have three ambulances available from the county.*
- *Eastern Royal Medical Transport provides long distance transportation of stable elderly and disabled persons to and from Star Lake, NY*
- *Alternate Ambulance staffed ambulance services include:*
  - *Gouverneur Rescue. If CFHC does not obtain transport confirmation within 20 minutes of the initial call, the staff will utilize other services.*
  - *Canton Resue*
  - *Seaway Valley*
  - *Guilfoyle*
- *Air Transport includes the following:*
  - *Mercy Flight. If CHFC is unable to obtain air transport confirmation, then they proceed to other services.*
  - *Life Net*
  - *Life Flight*

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

CFHC is currently ADA compliant. The organizational plan is to implement a building project in 2024 to renovate the hospital including the emergency department and a convenient care clinic The renovation is not associated with the REH conversion and is a result of community fund raising, grants from the Northern New York Community Foundation, and support from the New York State Department of Health, St. Lawrence County Industrial Development Agency and the Town of Fine. All plans are reported to be in accordance with ADA regulations as well as designed to accommodate the needs of patients of size.

The CFHC administrator's interview provided insight that the renovations would provide building construction to account for patients of size and as well as the purchase of specialized equipment and supplies to account for patients of size as well. All construction plans adhere to federal and state healthcare facility building codes, laws, and regulations. This renovation will benefit all residents and visitors seeking services at CFHC.

Currently the Applicant's RHC does not accept walk-in patients. The implementation of the convenient care clinic which is expected to provide services 7 days a week will expand services not only for the residents but also visitors who do not have an established primary care provider in the area. Feedback from community members has been overwhelmingly positive regarding the implementation of this service. The Administrator of CHFC also provided information that this is a service that will help improve access as well as reduce costs by reducing overutilization of the emergency department for lower-level acuity care.

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 Applicant does not provide maternity services except for potential obstetrical complaints presenting to the emergency room. With the conversion project, the emergency room would still provide all presenting people with a medical screening exam (MSE) by a qualified provider in accordance with law, regulation, and national standards of care. If the patient is deemed to have an emergency medical condition, services would be provided to stabilize the condition within the organization's capability and capacity and if needed transferred for a higher level of care. The providers in the ED may determine the patient is stable for discharge

and refer those patients to an appropriate provider for follow-up care. CFHC, upon conversion, will continue to provide outpatient and clinic services associated with reproductive health.

This will not be impacted by the conversion to a REH. There are three critical access hospitals over 30 miles from Star Lake, New York that offer maternity services; two acute care hospitals approximately 60 miles by car that offer maternity services. The closest maternity services are in Gouverneur, New York, about 32 miles from the Applicant by car. There are variations in the volume of maternity services with some of the facilities having less than 150 deliveries annually. The availability of the maternity services is not impacted by the conversion of Clifton Fine Hospital to an REH. Evaluation of the Maternity Care Target Area scores indicate there is not a specific HPSA designation for Clifton Fine; however, the three MCTA scores vary across the HPSAs of St. Lawrence Count ranging from 7, 18, and 21.

RHRC identified maternity closures in St. Lawrence County through public information and media releases. Massena Hospital One Hospital Drive Massena, NY 13662 is an acute care hospital in St. Lawrence County approximately 62 miles from Star Lake, New York that closed their maternity unit in July 2020. While this closure was less likely to impact Star Lake service area, the consolidation of maternity services into the remaining hospitalist offering maternity care impacts of residents of St. Lawrence County.

Meaningful Engagement

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

   St. Lawrence Health Department
   80 St. Highway 310 Suite 2 Canton, NY 13617-1476

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

   Carly Zimmerman, Interim Public Health Director

   Ms. Zimmerman was interviewed by RHRC regarding the conversion of Clifton-Fine Community Hospital to a rural emergency hospital designation and the termination of inpatient and swing services. In summation of the conversation, Ms. Zimmerman stated that she had been made aware of the conversion consideration through close staff contact and community forums. St. Lawrence County Public Health Department partners with Clifton-Fine Community Hospital frequently on emergency response and preparedness, communications, and influx of population, not only for vacationers, but also events such as the recent eclipse, which was in the direct path. The Interim Public Health Director discussed at length the impact on the swing-bed patients and families, as well as concerns for any St. Lawrence County residents needing access to long-term

care due to the recent notification of United Helpers, a long-term care facility within the county closing, and a prior long-term care facility closure within the county "a few years ago."

However, Ms. Zimmerman acknowledged the asset that the hospital is to the county, stating that regarding the facility being open or closed, "There is a ripple effect. Staying open boosters [bolsters the] healthcare workforce as a whole within the county." She also explained that continued operations of the hospital are vitally important for the geographical location within the service area, as it not only allows for services readily available to residents, but also relieves strain on other healthcare facilities in other counties, especially in consideration of the outmigration if CFCH were to close. This designation change could possibly prevent that from happening.

Aside from swing-bed patients, the other concerns noted from the interview include construction-related considerations, not only for patients' mobility, inconvenience, and infection-control procedures, but also for the town itself as it could pose some potential, traffic-related bottlenecking issues.
Throughout the discussion with Ms. Zimmerman, acknowledgements were made that there is going to be some minor impacts within the community with the conversion to the REH designation, but the alternatives would be far more harmful; maintaining operations as they currently stand would not be sustainable. Ms. Zimmerman, Interim Public Health Director, supports the designation change for Clifton Fine Hospital.

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

   The "Meaningful Engagement" table in the HEIA Data Table has been completed in alignment with the provided instructions.

10. **Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?**
    a. *Based on the stakeholder engagement activities conducted, and the RHRC's expertise and assessment, the stakeholders most likely to be most affected by the project are community residents, visitors, and patients of the hospital as a result of the termination of inpatient and swing bed services. Evaluation of the Applicant's inpatient and swing bed volume and outmigration report indicate that both have been trending negatively for years with significant underutilization of these services. The greatest change in services will impact those who utilized CFHC for long term swing; however, the outmigration report for 2022 indicates that less than 13% utilized the service. Research indicates that rural hospitals compared with suburban and urban hospitals have a significantly higher outmigration of approximately 76%. Some of this is related to the need for*

specialty services and higher acuity. However, even in lower acuity DRGs, there is an outmigration of approximately 68% for rural hospitals. With the fixed facility payment, the Applicant's goal is to focus on improving the health of the community through the provision of essential outpatient services and reducing the impact of social drivers of health (SDoH).

b. *Various community members, including those required to be invited to the community meeting, participated in the stakeholder activities conducted by the RHRC and provided relevant input into this assessment. The two most common concern of stakeholders either present at the meeting, communicated during interviews or provided during the survey process include 1) no longer having swing bed services and 2) transportation either of family support system or the potential delays of transferring patients. While this was a common theme in the town halls, interviews and surveys conducted, the consensus of community members was that REH conversion will benefit their community overall by ensuring access to essential outpatient care is maintained. These stakeholders were vocal in recommending ongoing education and transparent communication with the community throughout implementation of this project.*

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?

RHRC engaged with community members through the following mechanisms:

a. *Public town hall forums in Star Lake and the Town of Fine;*
b. *Survey distributions which were available both on the Applicant's website and social media platform for over two months to any member of the public, CFHC staff and providers; and*
c. *Phone/web-based interviews with key community leaders, patients, and other stakeholders.*

Information gathered focused on how the REH conversion project would impact members of the community both positively and negatively. Stakeholders and community members stated that those most impacted include long-term swing bed patients and their families; concern was raised that the families would have to travel out of town to the facility the patient was relocated to. This concern is influenced by the area being extremely rural with limited access to public transportation. Socioeconomically disadvantaged, older adults and those with no or limited transportation would also experience challenges with transfer to another hospital for inpatient services.

Stakeholders expressed that they would rather have Clifton Fine Hospital open and offering outpatient services than closed. There was great concern about the impact of the closure of Clifton Fine both on the accessibility of healthcare as well as the financial impact on the community. Rural hospitals according to research are highly essential financially to their community as an employer including

benefits for staff, purchase of supplies/services, and overall access to care contributing to resident health. Concerns were raised regarding staff members' jobs being eliminated but stakeholders with a greater concern for all staff losing their jobs if the Applicant closed.

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.

RHRC provided various forums for participation in this HEIA. Input was provided by community members, employees, patients, board members, public health experts, and community leaders. While the feedback gathered was thorough and well-rounded, RHRC recognizes that some relevant stakeholders may have been unable to participate such as those with limited transportation, low-income, and/or Limited English Proficiency (LEP).

RHRC contacted the Jewish School for feedback on the impact of conversion but did not receive a response. In addition, the Amish settlement in Russell has limitations in communication due to them not utilizing technology. The administrator of CHFC indicated that they have not utilized Clifton Fine Hospital for services which may be due to location within St. Lawrence County.

Given that these forums were primarily taken through in-person or electronic means, stakeholders with limited access to the internet or transportation may have had difficulty accessing the avenues for feedback. Questionnaires were also not developed in Spanish. The CFHC Administrator provided additional clarification that the Spanish speaking population is relatively low. This was confirmed through public health data. However, given the consideration of these populations by those who could participate, RHRC predicts that this HEIA accurately portrays the community's' concerns for the service area.

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**
        i. *CFHC will distribute marketing materials to the community regarding specifics of the Rural Emergency Hospital. This includes the discontinuation of inpatient and swing but continuance of outpatient services available within the community. The Applicant has leveraged social media and their website to provide information, community education and feedback. They also held two community meetings in Star Lake, New York as well as Fine, New York. This allowed the community members to express their concerns and ask clarifying questions. Following conversion, their website and social medical along with other potential marketing opportunities will be utilized.*
        ii. *The applicant intends to use its existing infrastructure to foster effective communication about the resulting impacts to service and care availability with individuals of limited English-speaking ability, The organization provides the following resources for persons of limited English-speaking: telephone interpretation utilizing contracted service, facility signage in other language(s) and translated documents in most common languages. During the registration process, patients or their healthcare designee(s) are assessed for their preferred language. This provides the opportunity to offer language services based on need. Language services are also provided to family members in accordance with the Affordable Care Act (ACA) and other regulations.*
        iii. *In addition, mandatory education and training is required for providers and staff on the organizational resources and processes for limited English-speaking. This has also been incorporated into the organization's Healthcare Equity Performance Improvement Plan approved by their Board of Directors in January 2024. This education is provided during orientation and periodically thereafter.*
    b. **People with speech, hearing, or visual impairments**
        i. *The Applicant has visualization resources that can be utilized for patients and/or families with the need for visualization of language such those needing American Sign Language (ASL) of language needs or hearing impairments. These services will continue to be utilized to facilitate communication, service, and care for people with speech, hearing, or visual impairments.*
        ii. *Mandatory education and training are also provided to staff and providers of resources for disabilities/impairments.*

c. **If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?**
    i. *As indicated in the responses above, the applicant will continue to leverage its existing infrastructure to foster effective communication with patients and their family members. CFHC is committed to implementing performance improvement activities to improve language services if identified.*
    ii. *RHRC recommends marketing and public-facing materials regarding the project be adapted to meet 508 compliance standards, whenever feasible. RHRC also recommends developing education and information about the conversion to an REH, and outpatient services offered in Spanish to provide to those community members with Limited English Proficiency (LEP). These marketing materials may include social media and website information as well as signage or other written materials outlining services offered and the changes.*

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

   RHRC recommends the Applicant to consider implementation of the following:

   a. *Video interpretation services to utilize should the patient prefer video and/or to provide the ability to communicate using American Sign Language (ASL).*
   b. *Marketing materials including signage about an REH to be available in other languages such as Spanish.*
   c. *Consider development of an Ethics Committee that would meet as needed to evaluate and make recommendations for concerns submitted by patients, their healthcare designee(s), staff, and providers. Ethics Committees members often include but is not limited to least one physician, another physician or provider, social worker/case management, nurse leadership, risk/quality, chaplain, etc. The organization may determine the membership or involved persons.*
   d. *Periodic meetings with receiving hospitals to improve care transitions of patients transferred to them.*
   e. *Follow-up with residents relocated to long term care facilities that had previously been swing patients.*
   f. *Education and training on health equity, sensitivity regarding vulnerable populations and organizational resources to improve care coordination and communication.*

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

a. *To engage and consult with impacted stakeholders on forthcoming changes to the project, the Applicant holds periodic meetings with the local EMS stakeholders. These sessions can focus on providing ongoing education to EMS leaders, share applicable data/analysis of ED (Emergency Department) encounters and efficiency, assess the project impact particularly related to transfers, identify alternative options for transfers of patients if needed, and strengthen relationships with EMS as community partners.*
b. *In addition to engaging with the EMS stakeholders, the Applicant's leadership team will provide community education on the REH designation and care, treatment and services offered by CHFC within the local community.*
c. *RHRC recommends the Applicant consider engaging in a post-conversion assessment with relevant community stakeholders on any potential impacts with the termination of inpatient and swing services. This will provide an opportunity for open communication and foster meaningful relationships throughout the community.*
d. *CFHC may also consider engaging the Patient and Family Advisory Council in feedback about the conversion including identifying any barriers or opportunities for improvement.*

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?**

This conversion project is to maintain access to quality outpatient care, treatment and services for all applicable residents and visitors in the service area. CFHC, like many rural hospitals has encountered significant financial challenges with decline in utilization of inpatient and swing services, changes to the Medicare FFS payment structure and staffing challenges. The pandemic financial benefits helped to support hospitals, but with the termination of those financial infusions, rural hospitals in particular, are struggling to maintain operations.

Lack of access to services exacerbates barriers of the underserved populations. Though the conversion to an REH would eliminate inpatient and swing bed services, it also provides additional facility payments, and a five percent increase in OPPS reimbursement to assist with stabilization of the hospital and development of new services. This will allow the organization to reinvest the payments and continue to provide much needed essential outpatient services within the community. Access to these services may mitigate systematic barriers and promote more equitable access to care. CHFC plans to add in 2024 a new convenient care clinic in addition to the emergency department's renovation; this clinic will provide 3-day week coverage initally and accept walk-ins. Currently, the primary care clinic does not accept walk-in patients, but does offer same day sick appointments. This additional service will expand access to care for lower acuity encounters. This renovation and clinic are not part of this current project and will be associated with a separate CON.

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?**
    a. *The Applicant has the following existing mechanisms in place to monitor the project's potential impacts. Data elements currently being collected and analyzed for potential delays include, but is not limited, to:*
        i. *Transfers including reason for transfer, location of receiving facility, and issues with timely transfer.*
            1. *The Applicant collects data on transfers including air transport and has low volume of air transfers with 4 transports via air in 2023 and 7 in 2022.*
            2. *In addition, the length of transfer time depends on the air transport and receiving hospitals. The length of decision to transfer by air is 1.5 hours in 2022 and 1.34 hours in 2023.*
            3. *Analysis of the transfer data indicates that in 2022 101 patients were transferred; 70 were transferred in 2023. However, there was an increase in both the number and percentage of patients transferring by private vehicle (POV) with 6 in 2022 and 11 in 2023. This metric will continue to be tracked post conversion and analyzed for any trends.*
        ii. *Left against medical advice (AMA)*
            1. *According to facility specific data for 2022, 41 of 1,528 encounters (2.7%) left AMA. This rate is below the state and national average for a small hospital (3%). This 2022 data will serve as a baseline for 2023 and 2024 trends.*
            2. *AMA data to be analyzed to identify if there are trends related to patients needing to be transferred to a facility that provides inpatient and/or swing.*
        iii. *Patient experience in the ED*
            1. *Though not required, the Applicant has collected ED patient experience data to evaluate care through the patients' perspective. This data collection and analysis will continue post conversion.*
        iv. *Patient experience for outpatient departments*
            1. *Though not required, the Applicant has collected outpatient experience data and analysis to evaluate care through the patients' perspective. This data collection and analysis will continue post conversion.*
        v. *Complaints/grievances*
            1. *Complaints and grievances are analyzed for trends and reported through organizational committees. This process will continue in accordance with federal and state law and regulation.*

b. *The Applicant will continue to evaluate and analyze these data elements to identify any trends or impact. Identified trends will be reported to administration, medical staff leadership, the Board and shared with staff.*
c. *CFHC has a robust and active Patient Family and Advisory Committee. Administration and other organizational leaders present data, analysis, and action plans transparently to this integral committee. They view these community representatives as partners. The administrator stated that they would be providing data, analysis, and information on the impact of conversion to this vested group.*

2. **What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**
   a. *RHRC recommends the Applicant revise their Health Equity Plan annually and have their appropriate committees approve the plan including the Board of Directors. CFHC Board of Directors approved an initial Health Equity Plan January 22, 2024; this has been integrated into their strategic plan.*
   b. *RHRC recommends the equity plan also be integrated into the Quality Assessment and Performance Improvement (QAPI) Program; the goal is to focus on evaluation of current data and processes, select a specific topic/goal of focus to improve health equity, assess how the goal will be improved and monitored. RHRC recommends that the plan, goal, and data be communicated periodically to staff and medical staff providers. The organization may consider either folding this process into a specific committee or an existing committee such as the Patient Family and Advisory Committee.*
   c. *CFHC will be required to collect the patient efficiency (ED Arrival to Departure) measure under the Rural Emergency Hospital Quality Reporting (REHQR) Program*
      i. *Data collection will include encounters following the conversion date to a REH in 2024*
      ii. *Per the Hospital Outpatient Quality Reporting Program CAH hospitals were not required to report this data. CFHC elected historically as a CAH not to report this measure.*
      iii. *CFHC will submit data quarterly to CMS in accordance with the REHQR Program and Specifications Manual; however, the data will be reported publicly in an aggregate year on CareCompare.gov in CY 2025 and in accordance with the Applicant's conversion date.*
      iv. *The data will be stratified into four categories: overall, non-behavioral health, behavioral health, and transfers.*
      v. *RHRC recommends the Applicant should consider analyzing the data to identify any post-conversation opportunities for improvement including impacts on vulnerable populations. CFHC may focus specifically on the length of time from arrival to transfer due to the inability to provide inpatient and swing care.*

vi. *Data and associated action plans should be communicated periodically to staff and medical providers.*

d. *RHRC recommends the applicant periodically collects REaL & SDoH data, conduct an analysis, and incorporate performance improvement strategies to reduce disparities into their Health Equity Plan and QAPI Program.*
e. *RHRC recommends the Applicant to monitor the following items periodically:*
    i. *Transfers for 3-day inpatient qualifying encounters for LTC and/or Swing*
    ii. *SDoH elements for ED and observation patients*
    iii. *Appropriate utilization of observation beds*
    iv. *Time of arrival/encounter until discharge for observation patients*
    v. *ED efficiency/throughput*
f. *Data elements and analysis to be reported to administration, medical staff leadership and Board of Directors. Any identified trends will be analyzed and addressed through performance improvement methodology. In addition, data, analysis, and performance improvement activities will be shared with employees and the medical staff as appropriate.*
g. *Due to the community member(s) active engagement in the Patient Family Committee, CFHC may consider presenting data and analysis to the committee and further discussion.*
h. *In evaluation of Healthcare Professional Shortage Area (HPSA), there is not an associated HPSA score associated with the primary service area but there are HPSA scores for areas of St. Lawrence County. The HPSA scores for St. Lawrence County indicated a need for primary, dental, and mental health. RHRC recommends the Applicant consider submitting to Health Resources and Services Administration (HRSA) the request for HPSA scoring to identify if there are shortages of primary care, dental care, and mental health. The Applicant currently provides behavioral health services within its primary care clinic by two licensed providers which has been extremely beneficial to the community.*

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, CLIFTON FINE HEALTHCARE CORPROATION, DBA CLIFTON FINE HOSPITAL, attest that I have reviewed the Health Equity Impact Assessment for the CONVERSION TO A RURAL EMERGENCY HOSPITAL that has been prepared by the Independent Entity, RURAL HEALTH REDESIGN CENTER.

___DIERDRA SORREL_____
Name
_ADMINISTRATOR_____
Title
_____CEO_____
Signature
___Dierdra D Sorrell_____
Date 5/31/2024

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.

Medically underserved groups:

Our current typical length of stay for an acute care admitted patient is less than 96 hours, per Critical Access Hospital (CAH) requirements. As a CAH and as a Rural Emergency Hospital (REH) we will continue to keep and treat patients in observation status, which will take into consideration the majority of the patients that we are able to keep and treat today. If there are any patients requiring transfer to a higher level of care, we have an agreement in place with our parent company Samaritan Medical Center in Watertown, NY, St. Lawrence Health System in Potsdam, NY, and SUNY Upstate Medical University, a level I trauma center in Syracuse, NY. In addition, I have written verification from the hospitals listed within the document that they will willingly accept transfers from CFH after REH designation is approved. This list now includes three Critical Access Hospitals that were not an option in the past, so this expands our list of transfer options as an REH. All the listed regional hospitals offer inpatient care and accept Medicare and Medicaid insurances. Transfers of Emergency Department patients needing inpatient care will be coordinated with the accepting facilities ability to provide the necessary higher level of care, an accepting physician, and patient/family preference. Lastly, if we have a patient requiring long-term care, we will look to our affiliate Samaritan Medical Center to transfer these patients. Our on-site Department of Social Services worker will work closely with the patient/family to ensure required documentation/paperwork is completed.

EMS and transportation services

We have a close relationship with our local EMS transport service. Currently CFH staff trained as EMT's are covering 90% of EMS calls Monday-Friday 8am-5pm. This partnership and creative solution recently earned our local EMS service the title of "Agency of Year" at a recent award ceremony. If we exhaust our list of transportation services, we will utilize our in-house team along with Star Lake Fire Department ambulance to transfer patients as needed.

Community Outreach

Clifton-Fine Hospital follows the NYS prevention agenda by being an active partner in the bridge to wellness coalition. We utilize our community health assessment data to drive our community outreach action plans and focus areas. We consistently share these action plans with our patient and family advisory council and internal stakeholders. This allows for feedback and process improvement around health equity and outreach.

References/Works Cited

211 Central New York. St. Lawrence County Public Transportation. St. Lawrence County 2024 Coordinated Transportation Plan – Draft through March 28, 2024. Accessed https://www.slcnypublictransit.com/sites/default/files/2024-03/SLC2024CoordinatedTransportationPlan.pdf

Agency for Healthcare Research and Quality. Guide to Patient and Family Engagement in Hospital Quality and Safety: Information to Help Hospitals Get Started: How Patient and Family Engagement Benefits Your Hospital. December 2017. Accessed https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/How_PFE_Benefits_Hosp_508.pdf

Agency for Healthcare Research and Quality. Poverty and Access to Internet, by County. Social Determinants of Health. NY State: St. Lawrence County. Accessed Poverty and Access to Internet, by County | Agency for Healthcare Research and Quality (ahrq.gov)

The American College of Obstetricians and Gynecologists (2014). Health Disparities in Rural Women, 586. Accessed https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/02/health-disparities-in-rural-women

American Hospital Association. American Hospital Directory Hospital Profiles. Accessed https://www.ahd.com/enhancements.html

America Trauma Society. Find Your Local Trauma Center. Accessed Find Your Local Trauma Center - American Trauma Society (amtrauma.org)

Amish America. 2020 Nationwide Amish Settlement List, Amish Population in the Unites States by State and County, 2020. Accessed https://amishamerica.com/2020-nationwide-amish-settlement-listing/

Beech BM, Ford C, Thorpe RJ Jr, Bruce MA, Norris KC. Poverty, Racism, and the Public Health Crisis in America. Front Public Health. 2021 Sep 6;9:699049. doi: 10.3389/fpubh.2021.699049. PMID: 34552904; PMCID: PMC8450438
Chabad (2023). Jewish Practice: When is a Tallit Worn? Accessed https://www.chabad.org/library/article_cdo/aid/536572/jewish/When-Is-a-Tallit-Worn.htm

Centers for Disease Control and Prevention, Disability and Health, Disability Impacts All of Us Infographics. Accessed May 6, 2024 URL: https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html

Centers for Disease Control and Prevention, National Center for Health Statistics, Infectious Disease. November 3, 2023. Accessed May 6, 2024 URL: https://www.cdc.gov/nchs/fastats/infectious-disease.htm

Centers for Disease Control and Prevention, National Center for Health Statistics, Percent of Adults Aged 55 and Over with Chronic Conditions. Accessed May 6, 2024 from https://www.cdc.gov/nchs/health_policy/adult_chronic_conditions.htm

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [accessed Oct 27, 2023]. URL: https://dhds.cdc.gov

Centers for Medicare and Medicaid Services. Care Compare: Find Healthcare Providers. Accessed Find Healthcare Providers: Compare Care Near You | Medicare

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. [accessed Oct 27, 2023]. URL: https://dhds.cdc.gov

Centers for Medicare and Medicaid Services. Care Compare: Find Healthcare Providers. Accessed Find Healthcare Providers: Compare Care Near You | Medicare

Clifton Fine Hospital Samaritan Health Partner. Accessed Community Service Plan - Samaritan Health

Congregation Yeshivas Lubavitch (2023). Accessed The Shul – Congregation Yeshivas Lubavitch (jewishadk.com)

Community Health Center of the North Country. Locations and Services. Accessed https://chcnorthcountry.org/locations/

Dafaala, M. et al. (2022). Women are Less Likely to Survive AMI Presenting with Out of Hospital Cardiac Arrest. A Nation-wide Study. 97 (9), https://doi.org/10.1016/j.mayocp.2022.06.011.

DiversityDataKids.org. 2021. "Households with no car (percent)", retrieved from https://data.diversitydatakids.org/dataset/08201_1_p-households-with-no-car—percent-?_external=True on May 06 2024, calculated from American Community Survey Summary Files

Eastern Royal Medical Transport. Star Lake, New York. Eastern Royal Medical Transport Provides Cost Effective Alternative to Ambulance and Air Medical Transportation. Accessed Star-Lake - Long Distance Medical Transport by ERMT (easternroyalmedical.com)

Facility Guidelines Institute (2018). Guidelines for Design and Construction of Hospitals; Guidelines for Design and Construction of Outpatient Facilities-Major Additions and Revisions. Accessed https://www.fgiguidelines.org/wp-content/uploads/2018/01/FGI-Guildelines-Outpatient-2018_AddRev.pdf

Gallan, Joel; Hsue, Priscilla Y; Shreay, Sanatan; Meyer, Nicole. Comorbidities Among US Patients with Prevalent HIV Infection – A Trend Analysis. The Journal of Infectious Diseases, Volume 216, Issue 12. 15 December 2017, pg. 1525-1533. https://doi.org/10.1093/infdis/jix518 Accessed May 6, 20204 https://academic.oup.com/jid/article/216/12/1525/4743770

Mosley, M et.al. (2020). 2020 Rural Hospital Sustainability Index, Trends in Rural Hospital Financial Viability, Community Essentiality and Patient Outmigration. Accessed https://guidehouse.com/-/media/www/site/insights/healthcare/2020/guidehouse-navigant-2020-rural-analysis.pdf

Health Resources & Services Administration. Health Professional Shortage (HPSA). Accessed https://data.hrsa.gov/tools/shortage-area/hpsa-find

Health Resources & Services Administration. Medical Underserved Area and Medically Underserved Population Designations. Accessed https://data.hrsa.gov/tools/shortage-area/mua-find

Hennin-Smith, C. et al (2022). Rural LGBTQ+ Americans Face Health Disparities, but Communities Revealed Strengths. Accessed https://www.healthaffairs.org/content/forefront/rural-lgbtq-americans-face-health-disparities-but-communities-revealed-strengths

Mackie, Benjamin R.; Mitchell, Marion; Marshall, Andrea. *The impact of interventions that promote family involvement in care on adult acute-care wards: An integrative review.* Collegian, Volume 25, Issue 1, 2018, Pages 131-140. ISSN 1322-7696. https://doi.org/10.1016/j.colegn.2017.01.006 Accessed https://www.sciencedirect.com/science/article/pii/S132276961630124X

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Health Care Utilization and Adults with Disabilities. Health-Care Utilization as a Proxy in Disability Determination. Washington (DC): National Academies Press (US); 2018 Mar 1. 2, Factors That Affect Health-Care Utilization. Available from: https://www.ncbi.nlm.nih.gov/books/NBK500097/

New York Mennonite Conference. New York Mennonite Conference Congregations. Accessed https://www.nymennonite.org/our-congregations

New York State Community Health Indicator Reports (CHIRS) - County Level: St. Lawrence County. Accessed https://apps.health.ny.gov/public/tabvis/PHIG_Public/chirs/reports/#county

New York State Department of Health, Bureau of Chronic Disease Evaluation and Research BRFSS Brief, Number 2022-16: Sexual Orientation and Gender Identity: Demographics and Health Indicators New York State Adults, 2019-2020 Accessed through https://www.health.ny.gov/statistics/brfss/reports/docs/2022-16_brfss_sogi.pdf

New York State Department of Health. Hospital Staffing Plans-Clifton Fine Hospital, St. Lawrence County. Accessed https://www.health.ny.gov/facilities/hospital/staffing_plans/docs/0817.pdf

New York State Department of Health. NYS Health Profiles: Hospitals. Accessed NYS Health Profiles: Hospitals

North County Family Health Center. Federally Qualified Health Center, Our Services. Accessed https://www.nocofamilyhealth.org/federally-qualified-health-center/

Northern Country Public Radio (2024). St. Lawrence County's only Assisted Living Facility is Closing. Accessed St. Lawrence County's only assisted living facility is closing | NCPR News (northcountrypublicradio.org)

Northen New York Community Foundation (2024). Community Foundation Support Will Help Transform St. Lawrence County's Clifton-Fine Hospital. Accessed https://nnycf.org/cf-hospital-grant/

Northern New York (NNY) 360 (2020). Massena Hospital Closing Maternity Unit, After-hours Surgery. Accessed https://www.nny360.com/news/stlawrencecounty/massena-hospital-closing-maternity-unit-after-hours-surgery/article_ab4da193-1866-5004-a0a3-37b070198b9f.html

Rural Health Information Hub (2021). Understanding the Rural Swing Bed: More than Just a Reimbursement Policy. Accessed https://www.ruralhealthinfo.org/rural-monitor/swing-beds

St. Lawrence County Government. Public Health. Accessed https://stlawco.gov/Departments/PublicHealth

St. Lawrence County. Community Health Assessment and Community Health Improvement Plan. Accessed 2022 Community Health Community Health Assessment and Improvement Plan (samaritanhealth.com)

St. Lawrence County Public Transit. Accessed https://www.slcnypublictransit.com/public-transportation-task-force-meetings

The Times Union (2023). Maternity Wards Continue to Close Across New York. Accessed https://www.timesunion.com/health/article/maternity-wards-continue-close-across-new-york-18376042.ph

The Trevor Project. LGBTQ Youth in Small Towns and Rural Areas. Accessed https://www.thetrevorproject.org/research-briefs/lgbtq-youth-in-small-towns-and-rural-areas/

UCLA School of Law, Williams Institute. LGBT Proportion of Population, New York. Accessed https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=36#density

University of Wisconsin Population Health Institute. County Health Rankings and Roadmaps. Accessed Explore Health Rankings | County Health Rankings & Roadmaps

U.S. Census and American Community Survey: St. Lawrence County. Accessed https://data.census.gov/profile/St._Lawrence_County,_New_York?g=050XX00US36089

Yashivas Lubavitch Toronto (2023). Star Lake Yeshivas Kayitz. Accessed Yeshivas Lubavitch Toronto (lubavitchyeshiva.com)