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	Westfield Memorial Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Stroudwater Associates Lindsay Corcoran, MHA – Principal – lcorcoran@stroudwater.com Clare Kelley, MPH – Senior Consultant – ckelley@stroudwater.com Keith Bubblo – Senior Data Analyst – kbubblo@stroudwater.com
4. Description of the Independent Entity's qualifications	Stroudwater Associates, the Independent Entity, has proudly served the rural healthcare industry since its founding in Portland, Maine, in 1985. Our firm has grown to include a corporate office in Nashville, Tennessee, and individual consultant offices nationwide. Stroudwater is employee-owned, and over 50% of our employees are women. An employee-owned healthcare consulting firm with experience in all 50 states, Stroudwater advises a national healthcare market, including State Offices of Rural Health, community-based organizations, major academic and tertiary care centers, rural and community hospitals, physician groups, ACOs, health plans, and provider organizations. Our consulting team offers deep expertise and broad experience in strategic, financial, clinical, and operational areas.
5. Date the Health Equity Impact Assessment (HEIA) started	August 2024
6. Date the HEIA concluded	February 2025

7. Executive summary of project (250 words max)

Westfield Memorial Hospital (WMH), located in Westfield, New York, has been serving the community since 1942. Westfield Memorial Hospital is committed to delivering compassionate and high-quality care to meet the health needs of its surrounding communities of Westfield, Ripley, Brocton, Sherman, Clymer, Bemus Point, Mayville, Panama, Chautauqua, Stockton, Portland, Dewittville, Hartfield, and Ashville. Westfield Memorial is a member of the Allegheny Health Network (AHN), a ten-hospital health system based in Pittsburgh, Pennsylvania, serving 29 counties in Pennsylvania, portions of New York, Ohio, and West Virginia. Westfield Memorial Hospital is currently a four-bed, not-for-profit, short-term acute care hospital that provides inpatient care, emergency medicine, outpatient surgery, medical imaging, laboratory, physical therapy, specialty care clinics, and women's health services. The hospital is equipped with advanced technology and offers diagnostic services including imaging, laboratory testing, and telemedicine. WMH is pursuing rural emergency hospital (REH) designation as a preferred operating structure. The Centers for Medicare and Medicaid Services (CMS) has developed this new provider type to support small rural hospitals to align outpatient services to community. Hospital will follow all New York State Department of Health (NYSDOH) guidelines and requirements throughout the review process in order to achieve REH designation.

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

Stroudwater Associates, the Independent Entity, was brought in to conduct a Health Equity Impact Assessment (HEIA) to accompany WMH's CON application for rural emergency hospital (REH) designation and to identify the impact on medically underserved and vulnerable populations with the change to WMH's acute care status. To better understand the potential impact, Stroudwater analyzed external and internal data sources and qualitative data from key stakeholder interviews, a community survey, and community forum feedback. With the discontinuation of inpatient acute services at WMH, the greatest potential impact was to the elderly population and people with limited access to transportation. It should be noted that WMH's inpatient utilization has declined over the last three years and only makes up a very small percentage of WMH's total business. Conversely, if WMH were to close completely, the impact to the community and vulnerable populations would be damaging.

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. **COMPLETE**

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): Amish

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

Low-income people

Information on low-income people in the service area was identified using the Census scoping tables, which include data on poverty levels, WMH patient-level data that included payer type, and self-identified low-income persons who responded to the survey question quantifying their annual income.

Racial and ethnic minorities

Information on racial and ethnic minorities in the service area was sourced from Census scoping tables related to racial and ethnic demographics by ZCTA, as well as WMH patient-level data that included race and ethnicity in patient records. Additional sources included individuals who self-selected given racial and ethnic indicators on the community survey, and detail from SPARCS inpatient and outpatient claims files where racial and ethnic indicators were provided. Disparities in health outcomes by racial and ethnic characteristics for major chronic disease categories were sourced from Medicare population data via CMS.

Immigrants

Information on immigrant populations in the service area was sourced from Claritas, from WMH patient-level data, and from self-identified responses to the community survey. Supplementary data to determine current immigrant or recent immigrant populations included Claritas data for populations in the service area where English was not the primary language spoken.

Women

Information on women in the service area was sourced from Census scoping tables, WMH patient-level data where gender was included in patient records, SPARCS inpatient and outpatient claims data, and self-selected gender responses in the community survey.

Lesbian, gay, bisexual, transgender, or other-than-cisgender people

Information on LGBTQ+ and other than cis-gender populations was sourced from self-selected responses in the community survey, and from The Williams Institute.

People with disabilities

Information on people with disabilities was sourced from the Census scoping tables, as well as self-selected responses in the community survey.

Older adults

Information on older adults in the WMH service area was sourced from Census scoping tables, WMH patient-level data where age was included in patient records, SPARCS inpatient and outpatient claims data, and self-selected age responses in the community survey. Additional data on older adults included Medicare chronic disease data and Medicare market share data, both sourced from CMS.

Persons living with a prevalent infectious disease or condition

Information on people with prevalent infectious diseases or conditions was sourced from CDC PLACES data, which estimates small-area prevalence for conditions such as diabetes, cancer, and heart disease. Other data sources included Medicare chronic condition data and self-selected responses in the community survey.

Persons living in rural areas

Information on persons living in rural areas was sourced from HRSA, which identifies counties based on a measure of rurality. According to HRSA methodology, Chautauqua County, New York is classified as "Fully Rural," which indicates that anyone in the service area can be considered to be a person living in a rural area, regardless of their individual location within the county. Differences in geographic location were reviewed using measures such as travel time to work for each ZIP Code within the service area. Additionally, survey respondents could self-identify that they lived in a rural area.

People who are eligible for or receive public health benefits

Information on people eligible for or receiving public health benefits was sourced from Census scoping tables, WMH patient-level data where payer type was included in the patient record, SPARCS inpatient and outpatient claims data that include detailed payer information, and self-selected responses in the community survey.

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

Information on the population with no or inadequate third-party health coverage was sourced from the Census scoping tables and from self-selected responses to the community survey.

Other people who are unable to obtain healthcare

Information on the population that are unable to obtain healthcare was sourced from self-selected responses to the community survey.

Not listed: Religious minority groups

Chautauqua County, New York, and the WMH service area in particular, is home to a large community of Amish residents. Care was taken by the Independent Entity and WMH staff to include this population in the HEIA process. A local physician who regularly interfaces with the Amish population delivered and

collected responses to printed versions of the community survey. Additional data was taken from studies conducted by Elizabethtown College and The Ohio State University.

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

According to the US Census, Westfield Memorial Hospital (WMH) falls within a medically underserved area (MUA) and is in a health professional shortage area (HPSA) for primary care, dental care, and mental health. The WMH total service area (TSA) is composed of 14 zip codes and is where 75% of WMH patients originate from. The conversion of WMH into a rural emergency hospital would mean the four-bed inpatient unit would convert to observation-only beds, with inpatient stays (stays defined as longer than two midnights) no longer available to patients. All patients, regardless of what medically underserved group they fall under, may present to the Emergency Department (ED), and if they meet inpatient acute level of care, the patients would be safely and appropriately transferred to nearby tertiary care organizations. Nearby tertiary care organizations include Saint Vincent Hospital and UPMC Hamot.

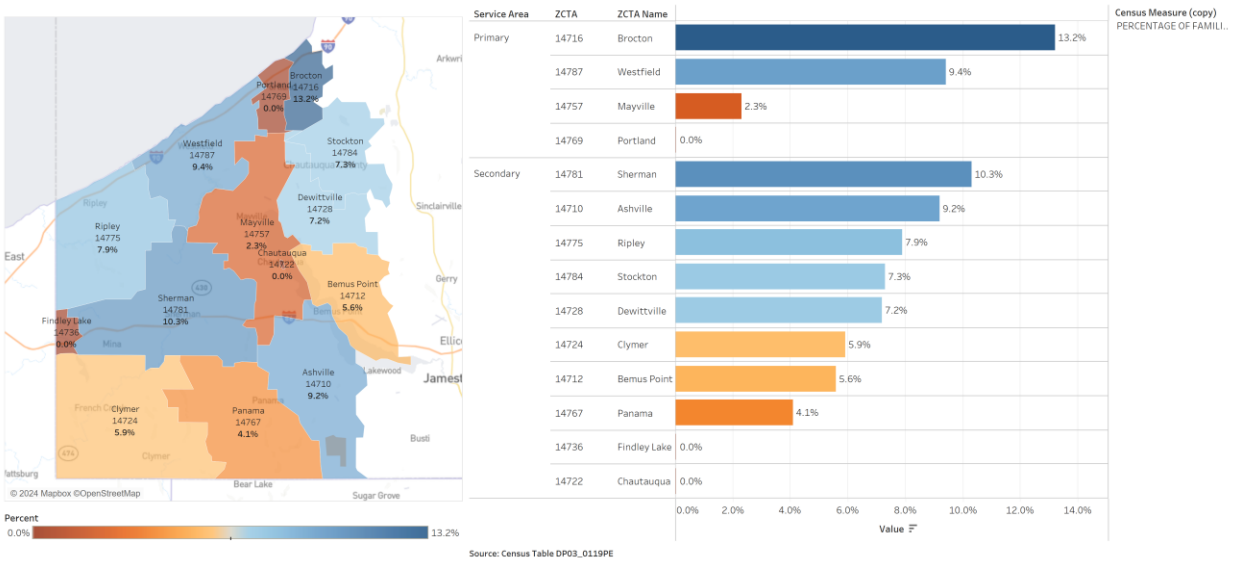
Based on Emergency Department statistical data provided by WMH, WMH's inpatient admissions rate from the ED was approximately 1.2%, or about 112 admitted patients out of 9,539 total ED visits including same day discharges and observations in 2024, compared to 11.6% (or approximately 1,123 patients) who were transferred from the WMH ED out of 9,704 total ED visits in 2024. Based on data provided by the WMH administration, WMH maintains an outpatient presence, seeing approximately 14,661 patients in 2024 who accessed an array of services such as imaging, laboratory, outpatient surgery, wound care, and rehabilitation. Given WMH's low ED inpatient admission rate of 1.2%, the anticipated impact to the WMH population and medically underserved groups is projected to be minimal.

If WMH becomes classified as a rural emergency hospital, individuals in need of inpatient acute services would be transferred to the closest acute inpatient bed available. Importantly, the Emergency Medical Treatment and Labor Act (EMTALA), a federal law, obligates a Medicare-participating hospital that offers emergency services to provide stabilizing treatment for patients regardless of whether they can pay for treatment or if they have health insurance.

Outlined below is a detailed analysis of the potential impact to medically underserved groups based on WMH's conversion to a rural emergency hospital (REH).

1. Low-income people

PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL: All families (%)



Low-income individuals often delay care due to cost and end up presenting in the ED with higher-acuity cases. Additionally, low-income individuals often lack access to appropriate transportation and must rely on public transport or peers for support. Should WMH become classified as a REH, low-income individuals in need of inpatient acute services would be provided transportation to the closest acute inpatient bed available. It is anticipated that the change of WMH to an REH would have a minimal impact on the low-income population due to the lower-than-average amount of families in poverty in the WMH service area. As seen in the US Census American Community Survey 5-Year Estimates showing the total service area, which is composed of 14 zip codes, the Brocton zip code in the primary service area has the highest percentage of families and people whose income had been below the poverty level in the past 12 months at 13.2%. Additionally, only the Westfield zip code in the primary service area, and the Sherman and Ashville zip codes in the secondary service area, had over 9% of families and people with income who had been below the poverty level in the past 12 months. According to the United States Census Bureau, in 2023 approximately 14.2% of the total population of the state of New York was considered below the poverty level. All zip codes within the WMH service area are below the New York state poverty level average.

2. Racial and ethnic minorities

Count of Individuals other than White or Caucasian Who Specified a Race			
	IP Acute	OP Emergency	OP Observation
2022	**2**	**466**	**3**
PSA	1	201	2
SSA	0	37	0
Other	1	228	1
Total All Individuals All Races	169	8,498	107
2023	**3**	**543**	**5**
PSA	1	207	2
SSA	0	50	0
Other	2	286	3
Total All Individuals All Races	143	9,101	147
YTD Nov 2024	**4**	**505**	**1**
PSA	1	183	1
SSA	0	30	0
Other	3	292	0
Total All Individuals All Races	105	8,583	129

According to the Centers for Medicare and Medicaid Services, Black and American Indian/Alaska Native individuals in Chautauqua County have a higher prevalence of COPD and, along with the Hispanic population, higher prevalence of stroke compared to the State average. Additionally, American Indian/Alaska Native individuals have a higher rate of heart disease prevalence in Chautauqua County, and Black, Hispanic, and American Indian/Alaska Native individuals all have higher cancer incidence rates compared to the State average. Individuals from these groups need access to adequate healthcare services to address these health concerns.

Based on patient data provided by the WMH administration as reflected in the table above, racial and ethnic minorities would be minimally affected, as WMH only had an average of three inpatient acute admissions a year from individuals who specified themselves as Black, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or Other based on data from 2022 to November 2024 (year to date), compared to 505 patients of racial and ethnic minority status that had utilized the WMH ED between 2022 and November 2024 (year to date) and will continue to access this service. Of note, observation services would remain at WMH under the REH designation. As a REH, WMH would transfer any patient regardless of racial or ethnic status needing inpatient acute care to the most appropriate facility and level of care. It is anticipated that the change of WMH to an REH would have a low impact on racial and ethnic minorities, due to the low utilization rate for IP acute care from these groups and the ability for WMH to continue to care for underlying health concerns through the ED, observation bed status, and outpatient services.

3. Immigrants

According to the 2024 US Census Bureau, 2.4% of Chautauqua County's population is foreign born. If this percentage is applied to the WMH service area, that would result in an estimated 700 foreign-born individuals in the service area. In the current political climate, individuals who are not US citizens may fear deportation when they need to be transferred or when they need any type of healthcare and have to present to the ED. It is anticipated that the change of WMH to an REH would have a low impact on the immigrant population as care and, if needed, transportation services would be provided regardless of background or nationality.

4. Women

Count of Individuals Who Identified As Female			
	IP Acute	OP Emergency	OP Observation
2022	**84**	**4,562**	**65**
PSA	51	2,111	37
SSA	16	1,170	16
Other	17	1,281	12
Total All Individuals All Races	169	8,498	107
2023	**80**	**5,089**	**79**
PSA	37	2,349	45
SSA	20	1,323	18
Other	23	1,417	16
Total All Individuals All Races	143	9,101	147
YTD Nov 2024	**61**	**4,778**	**75**
PSA	34	2,055	36
SSA	13	1,267	21
Other	14	1,456	18
Total All Individuals All Races	105	8,583	129

According to the US Census American Community Survey 5-Year Estimates, in 2022 women made up 48.4% of the WMH service area population (14,103 individuals). Based on patient data provided by the WMH administration as reflected in the table above, the number of IP acute admissions at WMH from individuals who identified as female in 2022 was 84, or 0.6% of the total female population in the service area.

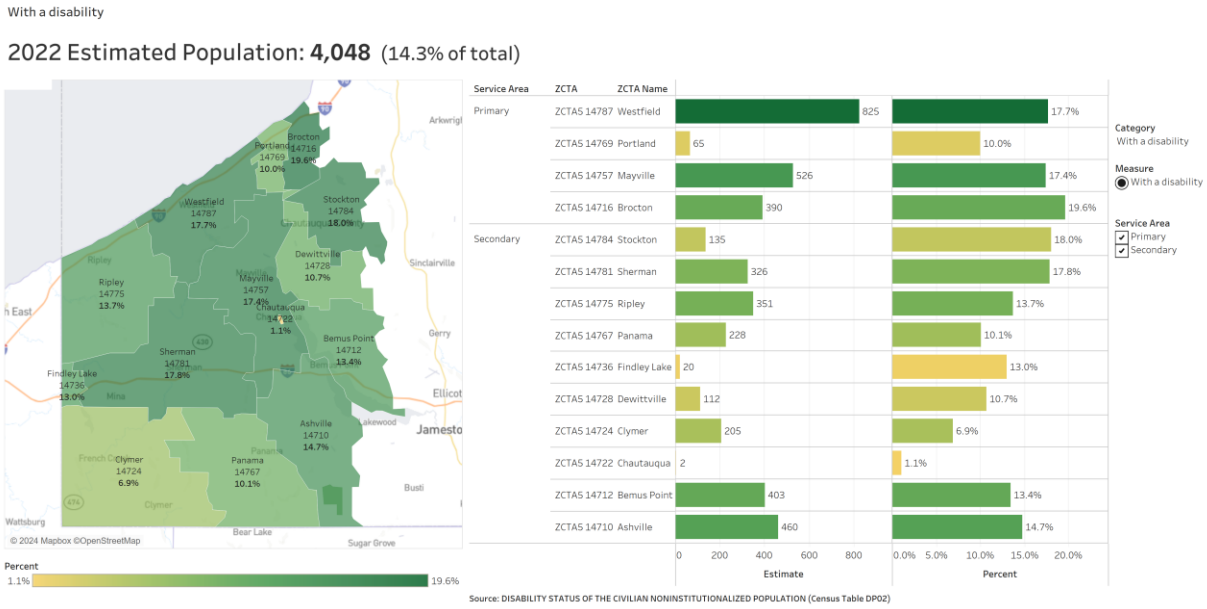
From 2022 to November 2024 (year to date), the average number of IP acute admissions from individuals who identify as female was 75. Therefore, from 2022 to November 2024 (year to date), women made up an average of 55% of WMH's IP admissions.

It is anticipated that the change of WMH to an REH would have a low impact on individuals who identify as female due to the small percentage of the female population in the service area that uses WMH IP acute care. Should WMH become classified as a rural emergency hospital, these admissions would get transferred to the closest acute inpatient bed available.

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

The percentage of the population in New York who identifies as lesbian, gay, bisexual, transgender, or other than cisgender is estimated to be 5.1% according to The Williams Institute.[1] Applying this percentage to the estimated total population of WMH's service area of 29,160 produces an estimated 1,487 individuals. Additionally, the estimated number of same-sex couples per 1,000 households in Chautauqua County is 3.52, according to The Williams Institute.[2] There are some conditions that tend to be more widespread in the LGBTQ+ community, such as HIV/AIDS and mental health issues. Access to services that can continually support these needs is vital for the population. It is anticipated that the change of WMH to an REH would have a low impact on members of the LGBTQ+ community, as their access to care needs for treatment of conditions would be met by access to emergency, observation, and outpatient services. LGBTQ+ individuals who present at WMH and need inpatient acute care services would be transferred to the closest acute inpatient bed available.

6. People with disabilities



As of 2022, the estimated population with disabilities is 4,048, or 14.3% of the total service area population according to the US Census American Community Survey 5-Year Estimates. Within the primary service area, the estimated population with disabilities is 1,806, or 6.4%, and 2,242 (or 7.9% of the total population) in the secondary service area. People with disabilities are more likely to develop chronic conditions such as obesity and depression. According to the Centers for Disease Control, obesity

[1] https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=36&compare=percentage#comparison
[2] https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=SS&area=36013#about-the-data

among adults in the zip codes in Chautauqua County is on average 32.9%. Many chronic conditions and mental health services are treated in the outpatient setting. It is anticipated that the change of WMH to an REH would have a low impact on individuals with disabilities in the community, as outpatient services would continue to be offered, as well as emergency care and observation care. If WMH becomes classified as a rural emergency hospital, individuals with disabilities in need of inpatient acute services would get transferred to the closest acute inpatient bed available.

7. Older adults

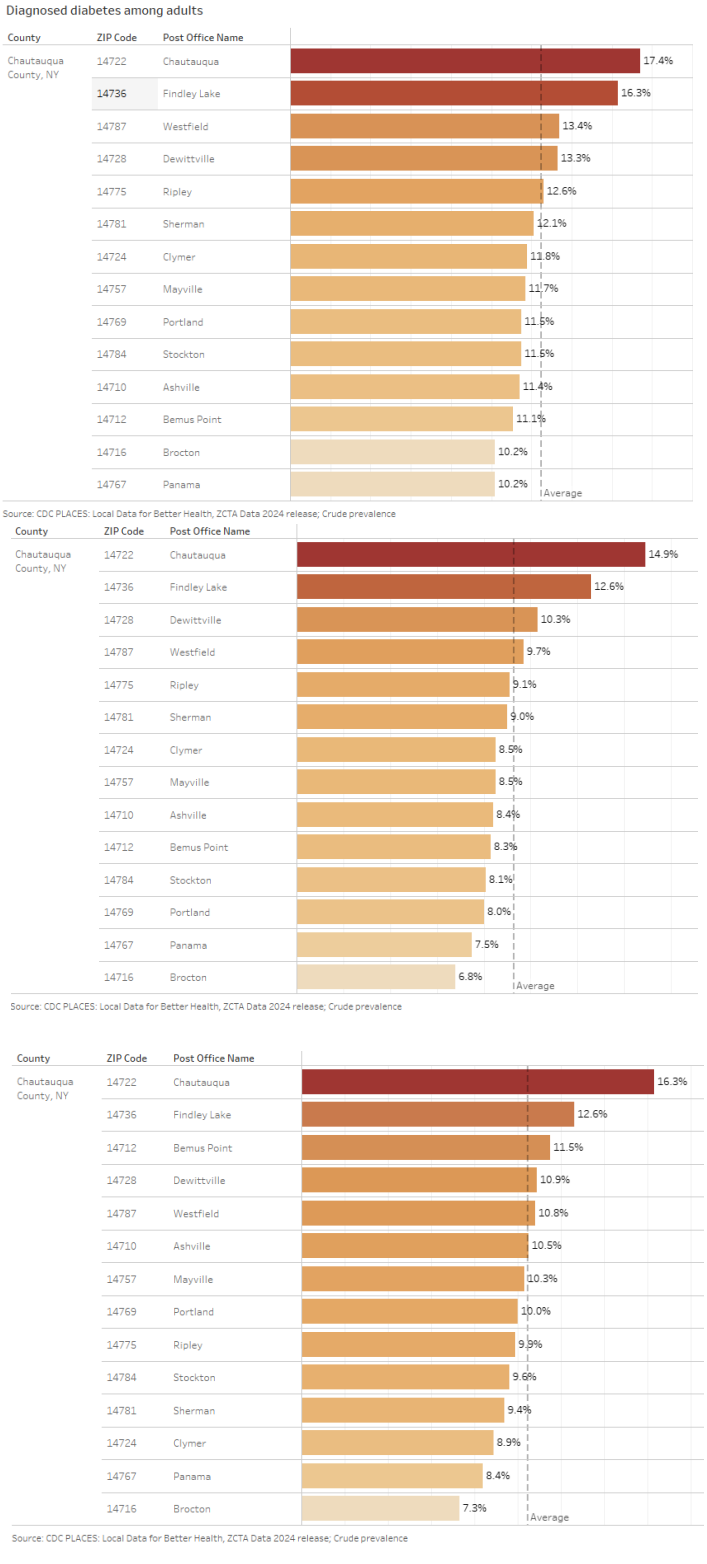
Count of IP Acute Individuals 65+		
Years	IP Acute Individuals 65+	Total IP Acute Individuals
2022	124	170
2023	105	144
Average	115	157

Individuals over the age of 65 tend to use healthcare services more frequently and need increased access to acute services. Additionally, elderly individuals can find travel to other area hospitals more difficult and demanding. It is anticipated that the change of WMH to an REH would have an impact on individuals over the age of 65, as they utilize inpatient acute services at WMH. As of 2022, the estimated population over the age of 65 is 6,300, or 21.6% of the total service area population according to the US Census American Community Survey 5-Year Estimates. Within the primary service area, the estimated population above the age of 65 is 2,682, or 9.2%, and 3,618 (or 12.4% of the total population) in the secondary service area. Based on patient data provided by the WMH administration from 2022 to November 2024 (year to date), the average number of IP acute admissions from individuals over 65+ was 115 or on average 73% of total IP acute admissions. If WMH becomes classified as a rural emergency hospital, these admissions would get transferred to the closest acute inpatient beds available, which could cause more stress on elderly individuals.

8. Persons living with a prevalent infectious disease or condition

As identified by the Allegheny Health Network – Westfield Memorial Hospital 2024 Community Health Needs Assessment, diabetes, heart disease, and cancer were diseases where WMH seeks to improve quality outcomes. Additionally, the number of individuals living with HIV across Chautauqua County, as identified by the Robert Wood Johnson Foundation County Health Rankings, was 228 per 100,000, compared to 737 per 100,000 in New York state and 382 per 100,000 nationally. Individuals living with infectious disease and conditions need consistent access to healthcare to help manage their conditions. Much of this care can be delivered in the outpatient setting. It is anticipated that the change of WMH to an REH would have a low impact on individuals living with a prevalent infectious disease or condition, as outpatient services would continue to be offered, as well as emergency care and observation care. If WMH becomes classified as a rural emergency hospital, individuals with a prevalent infectious disease

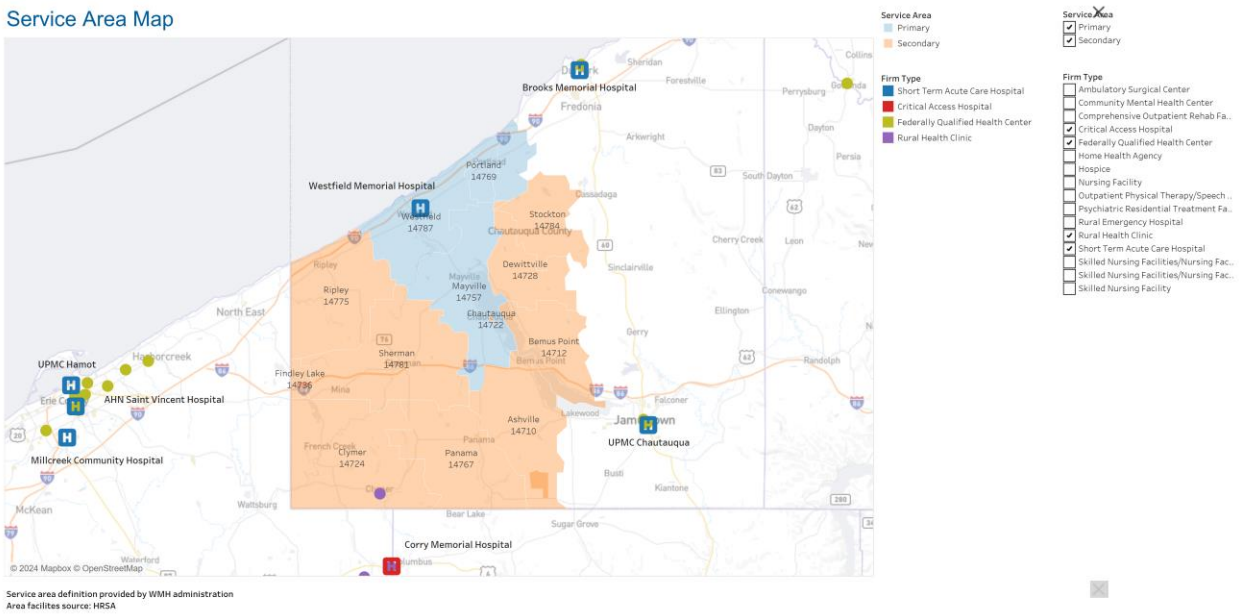
or condition in need of inpatient acute services would get transferred to the closest acute inpatient bed available.



9. Persons living in rural areas

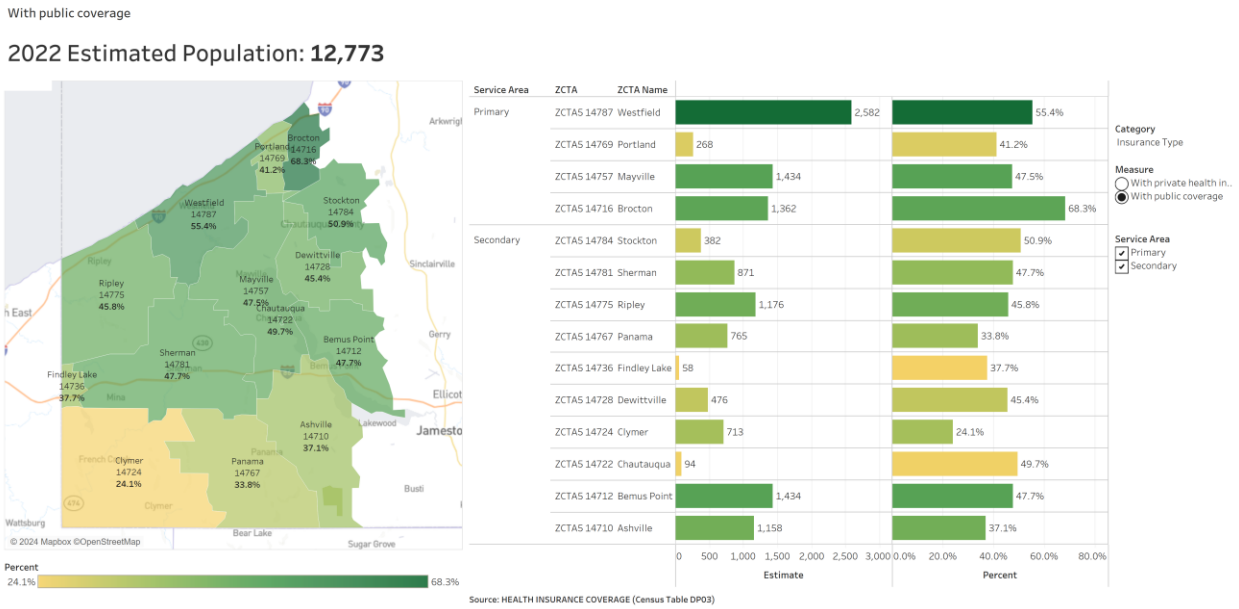
Individuals living in rural areas typically must travel farther for access to basic healthcare needs. Additionally, individuals living in rural areas can have higher rates of certain chronic conditions, as well as poverty. They can be less likely to have health insurance and have less access to reliable transportation. It is anticipated that the change of WMH to an REH would have some impact on individuals living in rural areas, as that is most of the population that uses the services provided by WMH. The service area, as provided by WMH and shown in the map below, encompasses where about 75% of IP acute admissions to WMH originate from and is all within Chautauqua County, as outlined below in the table with data provided by the WMH Administration. Chautauqua County is classified as a "non-urban area" according to the US Census Bureau. Therefore, any patients seeking care at WMH that originate from the service area are defined as individuals living in rural areas. Based on patient data provided by the WMH administration from 2022 to November 2024 (year to date), the average number of IP acute admissions from individuals living in the PSA or SSA was 105 or on average 75.5% of total IP acute admissions If WMH becomes classified as a rural emergency hospital, individuals living in rural areas in need of inpatient acute services would get transferred to the closest acute inpatient bed available. Loved ones or caregivers of patients could have difficulty traveling to other area hospitals due to lack of access to appropriate transportation.

Count of IP Acute Individuals Living in the PSA and SSA		
Years	Count of IP Acute from PSA and SSA	Count of OP Emergency and OP Observation from PSA and SSA
2022	133	6,208
2023	106	6,661
2024	75	6,144
Average	105	6,338



10. People who are eligible for or receive public health benefits

As of 2022, the estimated population with public insurance coverage was 12,773, or 43.8% of the total service area population of 29,160 according to the US Census American Community Survey 5-Year Estimates. Within the primary service area, the estimated population with public health coverage is 5,646, or 20%, and 7,127 (or 25.3% of the total population) in the secondary service area.



Based on patient data provided by the WMH administration reflected in the table below, from 2022 to November 2024 (year to date), the average number of IP acute admissions from individuals who receive public health benefits was 117, or 84% of total IP acute admissions.

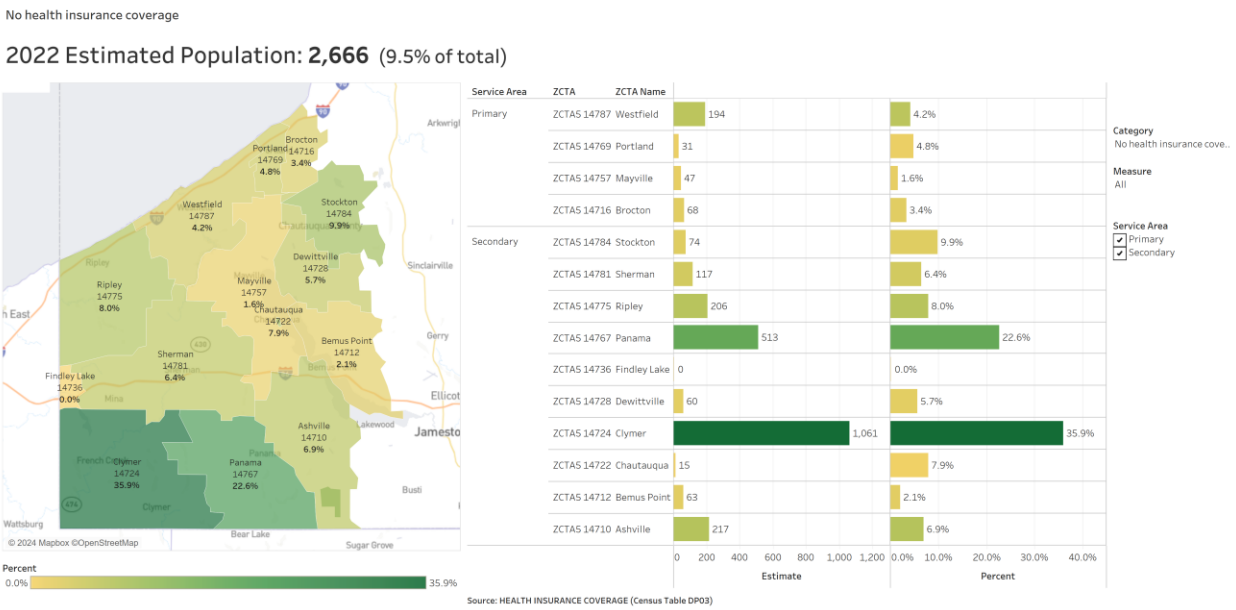
IP Acute Public Insurance Visits		
Years	count of IP Acute Individuals	Count of OP Emergency and OP Observation Individuals
2022	147	6,075
2023	117	6,506
2024	86	5,844
Average	117	6,142

It is anticipated that the change of WMH to an REH would have a low impact on individuals who utilize public health benefits even though they heavily utilize inpatient acute services at WMH. If WMH becomes classified as a rural emergency hospital, these admissions would get transferred to the closest acute inpatient bed available. These patients would still be treated for care regardless of their ability to pay, and would still have access to the emergency care, observation, and outpatient services at WMH.

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

As of 2022, the estimated population with no health coverage is 2,666, or 9.5% of the total service area population according to the US Census American Community Survey 5-Year Estimates. Within the primary service area, the estimated population with no health coverage is 340, or 1.2%, and 2,326 (or 8.2% of the total population) in the secondary service area. According to the United States Census Bureau, individuals without third-party health coverage or who have inadequate third-party health coverage have more preventable visits to the ED than those that do have third-party health coverage.[3] It is anticipated that the change of WMH to an REH would have a low impact on individuals lacking or with inadequate third-party health coverage, as emergency care would continue to be offered, as well as observation and outpatient care. If WMH becomes classified as a rural emergency hospital, individuals without or with inadequate third-party health coverage in need of inpatient acute services would get transferred regardless of their ability to pay to the closest acute inpatient bed available.

[3] https://www.census.gov/library/stories/2022/01/who-makes-more-preventable-visits-to-emergency-rooms.html



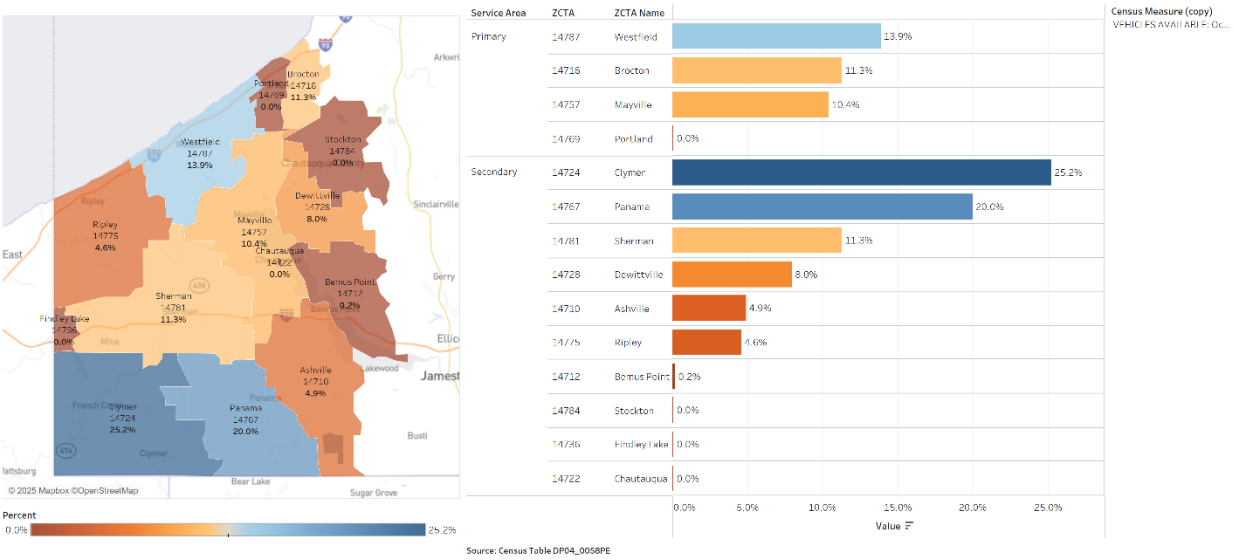
12. Other people who are unable to obtain healthcare

According to the US Census American Community Survey 5-Year Estimates, lack of transportation is known to be a barrier to healthcare access. In 2022, within the primary service area, over 10% of occupied housing units have no vehicles available in every zip code except Portland. Within the secondary service area, two zip codes have over 20% of occupied housing units with no vehicles available.

Additionally, using data obtained from Claritas, across Chautauqua County zip codes, an average of 1.2% of the population is non-English-speaking. English as a second language can make it difficult to access or understand the care being provided.

It is anticipated that the change of WMH to an REH would have an impact on individuals who do not have access to adequate transportation and on individuals who are non-English-speaking. If WMH becomes classified as a rural emergency hospital, individuals who lack adequate transportation or who are non-English-speaking in need of inpatient acute services would get transferred to the closest acute inpatient bed available. This could be very confusing for individuals who are non-English-speaking to understand. Additionally, finding transportation out of the local area could be difficult for caregivers of patients.

VEHICLES AVAILABLE: Occupied housing units with no vehicles available (%)



13. Not listed (specify):

Additionally, WMH has several Amish communities in its service area. As stated by a study done by Elizabethtown College and The Ohio State University as of 2020 there were an estimated 2,165 Amish individuals in Chautauqua County. Currently, WMH partners with the Chautauqua County Health Department to provide preventative health screenings to the Amish community. Many Amish reject health insurance, as it is against their beliefs, but will ride in ambulance services. It is anticipated that the change of WMH to an REH would have a low impact on the Amish population, as emergency services would continue regardless of a patient's ability to pay, as would observation care and outpatient care. If WMH becomes classified as a rural emergency hospital, Amish people would get transferred to the closest acute inpatient bed available; however, transfers out of the local area will cause longer travel times for caregivers via horse and buggy.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

1. Low-income people

Based on patient data provided by the WMH administration from 2022 through November 2024, only one IP acute admission was a patient who had Medicaid and four were self-pay. Even if all self-pay admissions were assumed to be individuals who qualify as low income, that indicates only 5 out of 779 IP acute admissions over that time period were from individuals who are assumed to be low income, or 0.05% of all IP acute admissions at WMH over the past three years.

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, 60 individuals identified themselves as having an income less than $50,000 per year. Of the 60 respondents, 90% indicated they

had used the services at WMH hospital in the three years. Of those that had received care at WMH, 72.9% visited the emergency room, 74.6% received outpatient care, and only 13.6% were admitted as inpatients to the hospital.

2. Racial and ethnic minorities

According to the US Census American Community Survey 5-Year Estimates, in 2022 it was estimated that there were 1,229 individuals who identified themselves as Black, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or Other within WMH's service area. Additionally, based on patient data provided by the WMH administration, WMH only had an average of one inpatient acute admission a year from individuals who specified themselves as Black, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or Other that reside within the PSA or SSA. Therefore, on average only 0.1% of the racially diverse population in the service area uses WMH's inpatient acute services.

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, two individuals identified themselves as being a racial, religious, or ethnic minority. Of the two responses, 100% indicated they had used the services at WMH hospital in the past three years, but neither were admitted as inpatients to the hospital.

3. Immigrants

Data on the estimated number of immigrants in the area who utilize WMH was not available. Of the 353 individuals who completed the Westfield Memorial Hospital Redesign Survey, none chose to indicate if they were recent immigrants (within the last 10 years). We can assume that some immigrants utilize WMH services and will continue to utilize WMH's services should WMH become a REH, especially when it comes to emergency department services, as EMTALA obligates a Medicare participating hospital that offers emergency services to provide stabilizing treatment for patients regardless of whether you are a US citizen. Individuals who are classified as immigrants who present in the ED and need to be admitted as inpatients would be transferred to an area hospital for services.

4. Women

According to the US Census American Community Survey 5-Year Estimates in 2022, it was estimated that there were 14,103 individuals who identified themselves as female within WMH's service area. Based on patient data provided by the WMH administration from 2022 to November 2024 (year to date), the average number of IP acute admissions to WMH from individuals who identify as female who reside in the PSA or SSA was 57. Therefore, on average only 0.4% of the service area population who identify as female and reside in the PSA and SSA use WMH's inpatient acute services.

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, 180 individuals identified themselves as female. Of the 180 responses, 90% indicated they had used the services at WMH hospital in the past three years. Of those who had received care at WMH, 80.6% visited the emergency room, 74.1% received outpatient care, and only 10.6% were admitted as inpatients to the hospital.

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

Of 353 respondents to the Westfield Memorial Hospital Redesign Survey, four individuals identified themselves as part of the LGBTQ+ community. Only two respondents, or 50%, had received care at WMH in the past three years, and both used emergency room services and were not admitted as

inpatients. Of the four respondents, 50% did not believe the conversion of WMH to a rural emergency hospital would change how they use the hospital.

6. People with disabilities

Of 353 respondents to the Westfield Memorial Hospital Redesign Survey, 17 individuals identified themselves as having a disability that affects their speech, hearing, cognition or mobility. Of the 17 respondents, 15 (or 88%) have received care at WMH over the past three years. Of those, 76% utilized emergency room services and/or outpatient services, and only 35% were admitted to the hospital.

7. Older adults

According to the US Census American Community Survey 5-Year Estimates, in 2022 it was estimated that there were 6,300 individuals above the age of 65 within WMH's service area. From 2022 to November 2024 (year to date), the average number of IP acute admissions to WMH from individuals on Medicare was 87. Therefore, on average only 1.4% of the population above the age of 65 utilize WMH's inpatient acute services.

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, 109 individuals identified themselves as being older than 65 years of age. Of the 109 respondents, 89.9% have received care at WMH over the past three years. Of those that received care, 76.2% visited the emergency room, 72.3% received outpatient services, and 13.9% were admitted to the hospital.

8. Persons living with a prevalent infectious disease or condition

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, four individuals identified themselves as living with prevalent infectious diseases or conditions. Of the four respondents, 100% had received care at WMH over the past three years, with 100% using outpatient laboratory or imaging services, 75% using emergency room services or specialist care, 50% using primary care, and 25% being admitted as an inpatient.

9. Persons living in rural areas

Individuals from the PSA and SSA, which are areas classified as rural by the US Census Bureau, make up over 70% of total inpatient acute stays at WMH. However, it is important to note that WMH's entire service area is classified as rural.

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, 137 individuals identified themselves as living in a rural area. Of the 137 respondents, 120 individuals, or 88%, received care at WMH over the past three years. Of those that received care, 79% visited the emergency room, 74% received outpatient laboratory or imaging services, 25% received specialist care, 10% received primary care, and 12% were admitted to WMH.

10. People who are eligible for or receive public health benefits

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, 11 individuals identified themselves as receiving or eligible to receive public health benefits. Of the 11 respondents, 10 individuals, or 91%, received care at WMH over the past three years. Of those that received care, 73% visited the emergency room, 55% received outpatient laboratory or imaging services, 27% received specialist care, and 27% were admitted to the hospital.

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

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, four individuals identified themselves as not having insurance. Of the four individuals, three, or 75%, have received services at WMH in the past three years. Of those that received care, 100% visited the emergency room, 67% received outpatient laboratory or imaging services, 33% received specialist care, 33% received primary care, and 67% were admitted to the hospital.

12. Other people who are unable to obtain healthcare

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, five were individuals who do not have access to appropriate transportation. Of those respondents, 60% indicated that the conversion to a rural emergency hospital would not change how they use services at WMH. However, 40% indicated that they were concerned about transportation to and from alternative sites for inpatient care.

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, one listed that English was not their primary language. This individual had used emergency room services at WMH previously and was transferred to another hospital for inpatient services. The individual indicated that conversion to a rural emergency hospital would not change how they use WMH.

13. Not listed (specify):

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, five were members of the Amish population. Members indicated that they had previously used the emergency room at WMH and appreciated the convenience of outpatient care. The conversion of WMH to a rural emergency hospital would not affect emergency room care or the outpatient primary care offered in the area.

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

There are no other inpatient services with the WMH service area. However, a large majority of patients in the WMH service area are being seen by other hospitals besides WMH. Market share analysis shows that five hospitals captured nearly 78% of Medicare inpatient cases in 2023, the most recent year available. Those facilities include:

- St. Vincent Hospital, Erie, PA
    - St. Vincent Hospital has a Medicare market share of 29.3% in the WMH service area. St. Vincent Hospital is a part of the Allegheny Health Network and is a 371 licensed bed, nonprofit, short term acute care hospital. St. Vincent Hospital provides a variety of services including inpatient acute care, surgical care, emergency care, primary care and specialty care including cancer, cardiovascular, OBGYN, orthopedics, pain management, psychiatry and mental health, pulmonology, urology, women's health and wound care.

- UPMC Hamot, Erie, PA
    - UPMC Hamot has a Medicare market share of 20.0% in the WMH service area. UPMC Hamot is part of the University of Pittsburgh Medical Center and is 423 licensed bed, nonprofit, short term acute care hospital. UMPC Hamot provides a variety of services including inpatient acute care, surgical care, emergency care, primary care and specialty

care including allergy and immunology, behavioral health and mental health, cardiology, cancer, endocrinology, neurosurgery, and pediatrics.

- UPMC Chautauqua, Jamestown, NY
    - UPMC Chautauqua has a Medicare market share of 17.8% in the WMH service area. UPMC Chautauqua is part of the University of Pittsburgh Medical Center and is 287 licensed bed, nonprofit, short term acute care hospital. UPMC Chautauqua provides similar services to UPMC Hamot including inpatient acute care, surgical care, emergency care, primary care and specialty care including allergy and immunology, behavioral health and mental health, cardiology, cancer, endocrinology, neurosurgery, and pediatrics.

- Kaleida Health, Buffalo, NY
    - Kaleida Health has a Medicare market share of 5.4% in the WMH service area and is a large Health System located in Buffalo NY. The system has over 9 affiliated hospitals, 9 imaging centers, 7 ambulatory surgery centers, 3 rural health clinics and 9 skilled nursing facilities.

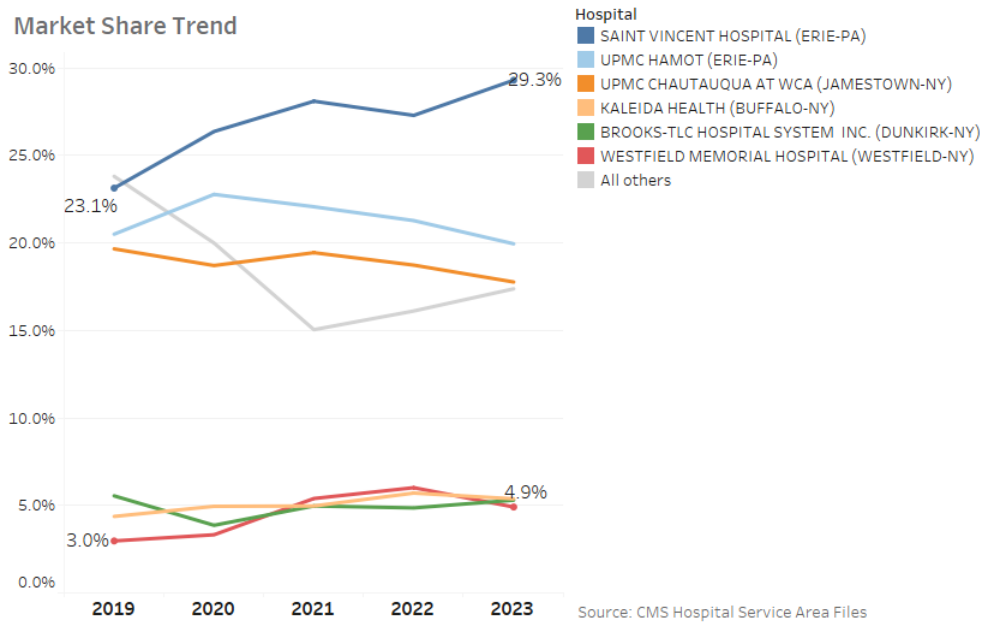
- Brooks Memorial Hospital, Dunkirk, NY
    - Brooks Memorial Hospital has a Medicare market share of 5.3% in the WMH service area. Brooks Memorial Hospital is a 65 licensed bed, nonprofit, short term acute care hospital. Brooks Memorial Hospital provides a variety of services including inpatient acute care, surgical care, emergency care, primary care and specialty care including cardiac rehabilitation, gastroenterology, orthopedic services, physical therapy, and urology services.

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

The market leader for inpatient services in the WMH service area as of 2023, the most recent year available, is Saint Vincent Hospital in Erie, Pennsylvania, which has increased its inpatient Medicare market share since 2019. Available data suggests that trend is likely to continue. In 2021 and 2022, WMH briefly experienced a post-pandemic increase in market share.

	Medicare Cases					Medicare Market Share				
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023
Grand Total	1,785	1,475	1,409	1,297	1,283	100.0%	100.0%	100.0%	100.0%	100.0%
SAINT VINCENT HOSPITAL (ERIE-PA)	413	389	396	354	376	23.1%	26.4%	28.1%	27.3%	29.3%
UPMC HAMOT (ERIE-PA)	366	336	311	276	256	20.5%	22.8%	22.1%	21.3%	20.0%
UPMC CHAUTAUQUA AT WCA (JAMESTOWN-NY)	351	276	274	243	228	19.7%	18.7%	19.4%	18.7%	17.8%
KALEIDA HEALTH (BUFFALO-NY)	78	73	70	74	69	4.4%	4.9%	5.0%	5.7%	5.4%
BROOKS-TLC HOSPITAL SYSTEM INC. (DUNKIRK-NY)	99	57	70	63	68	5.5%	3.9%	5.0%	4.9%	5.3%
WESTFIELD MEMORIAL HOSPITAL (WESTFIELD-NY)	53	49	76	78	63	3.0%	3.3%	5.4%	6.0%	4.9%
All others	425	295	212	209	223	23.8%	20.0%	15.0%	16.1%	17.4%

Source: CMS Hospital Service Area Files



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.

Section 2807-k of the New York Public Health Law establishes the General Hospital Indigent Care Pool, a funding mechanism designed to support general hospitals that provide care to uninsured and underinsured patients. The pool allocates funds to hospitals based on their "uncompensated care need," which includes losses from bad debts and the costs of charity care for inpatient and ambulatory services. (New York State Department of Health)

To participate in the pool, hospitals must establish financial aid policies to reduce charges for low-income individuals without health insurance or those who have exhausted their health insurance benefits and can demonstrate an inability to pay full charges. These policies should also address the reduction or discounting of co-pays and deductible payments for individuals who can demonstrate an inability to pay such amounts.
(NYS Health Profiles)

The law seeks to ensure that hospitals can continue to deliver essential services to uninsured and underinsured individuals, promoting equitable access to healthcare.

These obligations will not be affected by implementation of the project.

8. 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.

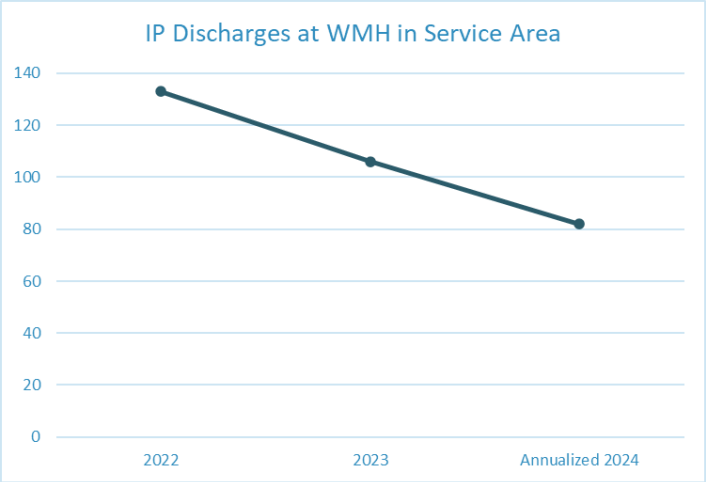
Should WMH convert to a rural emergency hospital, the four inpatient beds would become observation-only beds. WMH anticipates an increase in staffing needs from the current 97 FTEs with the conversion to a rural emergency hospital, as there will be a need for more nurses, case managers, and providers. Every reasonable effort will be made to retain current staff. As of 2024, WMH had an active medical staff of 24 emergency medicine physicians, 1 anesthesiologist, 8 primary care/hospitalist physicians, 1 general surgeon, 1 pathology physician, 3 radiologists and 2 wound care physicians. If WMH should convert to a rural emergency hospital, current hospitalists would continue to manage observation patients.

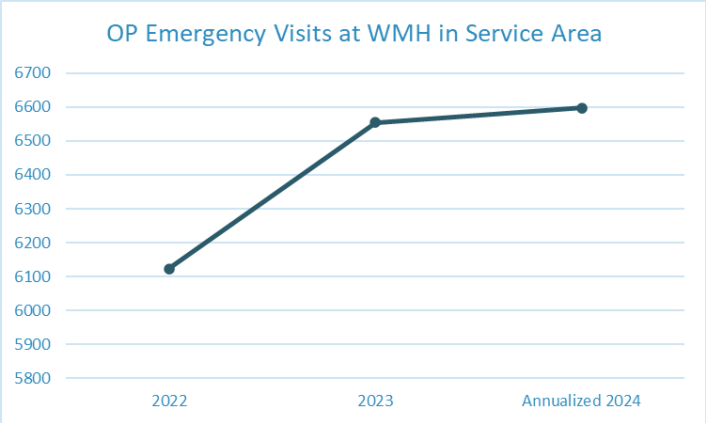
9. Are there any civil rights access complaints against the Applicant? If yes, please describe.

None.

10. 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.

WMH has never applied to convert to a rural emergency hospital. In 2022, WMH submitted a CON application to increase the number of inpatient beds, driven by efforts to admit more patients at WMH rather than transfer possible inpatient admissions. Based on data from the WMH administration, WMH's inpatient discharges have declined over the past three years while outpatient emergency visits have grown during the same period. IP discharges have a negative compound annual growth rate (CAGR) of -21%, while outpatient emergency visits have a positive CAGR of 3.8%. Thus, WMH seeks REH designation, forgoing minimal inpatient acute census and continuing to remain a viable and accessible healthcare system for the residents of Chautauqua County and beyond.





STEP 2 – POTENTIAL IMPACTS

11. 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

A. Improve access to services and healthcare - Overall

Conversion to a rural emergency hospital would remove inpatient acute services at WMH and would limit local access to inpatient services. However, based on patient data provided by the WMH administration, WMH has averaged 139 IP acute admissions from 2022 through November 2024. WMH inpatient discharges make up only 3.5% of total inpatient discharges in the service area in 2023, while outpatient emergency visits at WMH make up 46% of total outpatient visits in the WMH service area in 2023. These statistics indicate that inpatient care is not the focus of WMH and the conversion of inpatient beds to observation beds will not have a large impact on access to healthcare to the community.

Should WMH convert to a REH, the four inpatient beds would become observation beds and allow patients to stay up to one midnight (as per the observation bed definition) to determine if further treatment or inpatient care is needed. The lack of inpatient beds can create faster decision-making when patients need to be transferred to an area hospital for higher acuity care. Faster decision-making could lead to improved collaboration with area hospitals. Additionally, the shift in focus to observation and emergency care that would occur with a conversion to an REH could create opportunities to expand outpatient services in areas such as preventative care or care management with resources and associated costs that were formerly allocated to inpatient care.

Converting to a rural emergency hospital will help WMH remain sustainable in the future and continue to provide healthcare in the community. Should WMH not be able to convert to an REH and not be able to remain sustainable in the future, access to care in the community would be severely impaired for all members of the service area and community.

B. Improve health equity - Overall

Should WMH convert to an REH and shift away from inpatient services, renewed emphasis can be placed on outpatient care, inclusive of preventative care. Focus on preventative care for supporting vulnerable populations, including rural, low income, racial and ethnic minorities, elderly, and LGBTQ+, can create a healthier community and population, resulting in fewer IP service needs and hospitalizations.

As stated in the 2022–2024 Chautauqua County Community Health Assessment, there is a shortage of primary care, medical special care, or dental providers in the county who are willing to see low-income, Medicaid-insured, or uninsured adult patients. WMH actively serves these patients and can continue to grow the outpatient services available through conversion to an REH. Healthcare services provided by Westfield Memorial Hospital are available to all patients regardless of their ability to pay, race, sex, gender, or age. The conversion of WMH to a rural emergency hospital, resulting in four inpatient beds becoming observation beds, will not change this policy and will allow key services to remain local and in the rural community.

C. Reduce health disparities - Overall

In 2022, WMH submitted a CON to increase the number of inpatient beds available in an effort to continue to grow inpatient census and remain financially sustainable, but based on data provided by the WMH administration, inpatient discharges have declined from 147 in 2022 to 84 through November of 2024. The CON was withdrawn. Should WMH be unable to convert to a rural emergency hospital, it is unlikely that WMH will remain sustainable in the future. The loss of 100% of care provided by WMH would be a tremendous loss and a greater impact to access of healthcare services to all medically underserved groups in the area, such as low income, racial and ethnic minorities, immigrants, the uninsured, women, older adults, and rural residents. The community would no longer be able to receive the outpatient services WMH provides locally, nor would they have access to emergency services. This would drastically increase health disparities, as individuals who lack access to transportation may no longer have local access to outpatient services. Additionally, there is potential for greater economic loss due to staffing shifts and loss of jobs should WMH cease to operate without the REH designation.

1. Low-income People

- **Improved Access to Services and Healthcare**: The shift of WMH to an REH can reduce healthcare costs by focusing on outpatient and emergency services that are more affordable. Low-income people who might otherwise struggle with hospital bills may find these services more accessible.
- **Health Equity**: WMH as an REH can provide lower-cost care, making healthcare more accessible to low-income individuals who often experience financial barriers in traditional hospital settings. The ability to access essential emergency and outpatient services could help prevent health conditions from escalating.
- **Reduced Health Disparities**: The reduction in inpatient care may cause the reallocation of resources to the outpatient setting at WMH with a focus on preventative care. More preventative care reduces usage of inpatient services which can be extremely expensive for low-income individuals.

2. Racial and Ethnic Minorities

- **Improved Access to Services and Healthcare**: Conversion to an REH allows WMH to remain an integrated local resource in the community, which can help increase access to culturally competent care for racial and ethnic minorities, reducing travel barriers for emergency care.
- **Health Equity**: WMH as an REH can continue to provide community-based health services that are more sensitive to the cultural and linguistic needs of minority populations, improving trust in the healthcare system and enhancing service utilization.
- **Reduced Health Disparities**: Minority communities may face systemic barriers in hospitals, such as discrimination or culturally insensitive care. By focusing on emergency and outpatient care in a more accessible setting, WMH as an REH may help address these barriers and ensure more equitable access to services.

3. Immigrants

- **Improved Access to Services and Healthcare**: Immigrants, particularly those without documentation or those in rural areas, may be more likely to seek care at WMH as an REH due to the more approachable, lower-stress environment. The shift toward outpatient services might also address the fear of deportation or discrimination commonly experienced in large hospitals.
- **Health Equity**: WMH as an REH can continue to focus on providing culturally competent care and language support via Cyracom, helping to ensure immigrants can navigate the healthcare system effectively. This approach can enhance their access to both emergency and preventative care.
- **Reduced Health Disparities**: Immigrants may face barriers such as language, fear of legal repercussions, or lack of insurance in traditional hospitals. The REH model may address some of these issues by offering services that are more accessible and less intimidating.

4. Women

- **Improved Access to Services and Healthcare**: Women in rural areas often face difficulties accessing comprehensive health services. With WMH as an REH focusing on outpatient and emergency care, women can more easily access essential services such as mammography, which could be offered in a community-centered, accessible setting.
- **Health Equity**: WMH as an REH may offer tailored services for women, such as gender-specific health screenings, ensuring that women in underserved areas receive the care they need without having to travel long distances to a larger facility.
- **Reduced Health Disparities**: Women may benefit from services that are more affordable and accessible, particularly when inpatient care is not necessary for their condition. This could reduce the barriers women face when seeking care in remote or underserved regions.

5. Lesbian, Gay, Bisexual, Transgender, or Other-than-Cisgender People

- **Improved Access to Services and Healthcare**: WMH as an REH may provide a more welcoming community for LGBTQ+ people compared to traditional hospitals as it is a known local resource. This could help reduce fears of discrimination and improve healthcare access for LGBTQ+ individuals, particularly in rural areas where specialized care might be hard to find.
- **Health Equity**: As an REH WMH could offer more individualized and respectful care for LGBTQ+ individuals, providing a safe space for them to seek emergency or outpatient care, especially in rural settings where discrimination in larger hospitals might be more pronounced.
- **Reduced Health Disparities**: LGBTQ+ individuals often face barriers to healthcare access, including discrimination and lack of culturally competent care. WMH as an REH may address these issues by being more community-based and providing a space where patients feel comfortable seeking care.

6. People with Disabilities

- **Improved Access to Services and Healthcare**: Individuals with disabilities can have a greater need for outpatient care and monitoring. With the re-allocation of resources from inpatient services WMH as an REH is more likely to have a larger array of outpatient services available.
- **Health Equity**: By focusing on outpatient and emergency services, WMH as an REH can better address the specific needs of people with disabilities, offering more personalized care and reducing some of the logistical and financial barriers to accessing care in a traditional hospital.
- **Reduced Health Disparities**: People with disabilities often face challenges related to mobility, transportation, and specialized care in inpatient settings. REHs, by offering more community-based services, could help reduce these barriers and provide more equitable access to emergency and preventative services.

7. Older Adults

- **Improved Access to Services and Healthcare**: Older adults often require emergency care or outpatient services for chronic conditions. As an REH, WMH will continue to provide access to these services locally, potentially reducing the need for long trips to larger hospitals.
- **Health Equity**: The focus on emergency and outpatient care may benefit older adults by providing timely access to healthcare without the burden of hospital stays. WMH as an REH may also be better equipped to manage geriatric health needs and provide more personalized care.
- **Reduced Health Disparities**: For older adults who may have mobility issues or live in remote areas, WMH as an REH could reduce the disparity in healthcare access by offering emergency care close to home, as well as follow-up outpatient care.

8. Persons Living with a Prevalent Infectious Disease or Condition

- **Improved Access to Services and Healthcare**: WMH as an REH could provide easier access to emergency care for individuals with infectious diseases or conditions that require immediate attention but do not necessarily require inpatient stays. Services like HIV/AIDS care, diabetes and other infectious disease or chronic illness management could be provided through outpatient services.
- **Health Equity**: By offering emergency and outpatient services locally, WMH as an REH can ensure that individuals with infectious diseases are treated promptly without having to travel long distances to larger hospitals, reducing delays in care.
- **Reduced Health Disparities**: WMH as an REH could ensure equitable access to care for those living with infectious diseases by providing ongoing outpatient care, reducing the need for hospitalization, and ensuring they don't have to face barriers due to geographic location or socioeconomic status.

9. Persons Living in Rural Areas

- **Improved Access to Services and Healthcare**: WMH as an REH would significantly benefit people in Chautauqua County by offering emergency and outpatient care within their communities, eliminating the need to travel long distances to larger hospitals for urgent or routine care. Should WMH not be able to convert to an REH it could severely impact WMH's ability to be viable long term in the community.
- **Health Equity**: People in rural areas often experience healthcare disparities due to the lack of nearby hospitals. The shift to an REH would continue to provide essential services closer to home, making sure healthcare continues to be accessible to rural residents.
- **Reduced Health Disparities**: Rural communities face unique healthcare challenges, including transportation difficulties and fewer healthcare facilities. The REH model could reduce these disparities for emergency care and outpatient services, without requiring long travel times.

10. People Who Are Eligible for or Receive Public Health Benefits

- **Improved Access to Services and Healthcare**: WMH as an REH might provide a more affordable and accessible option for people eligible for public health benefits, as outpatient care is generally less expensive than inpatient care. This could reduce financial barriers to care.
- **Health Equity**: WMH as an REH would be better positioned to provide lower-cost care for those on public health benefits, making it easier for individuals to access necessary emergency and outpatient services.
- **Reduced Health Disparities**: People on public health benefits often face challenges accessing hospital-based care due to high out-of-pocket costs. WMH as an REH could reduce this burden by providing more affordable care in a community-based setting.

11. People Who Do Not Have Third-party Health Coverage or Have Inadequate Third-party Health Coverage

- **Improved Access to Services and Healthcare**: For individuals without insurance or with inadequate coverage, the shift of WMH to an REH could lower the cost of care, as outpatient services tend to be less expensive than inpatient stays.
- **Health Equity**: The REH model could offer a more affordable and accessible alternative for uninsured individuals, ensuring they have access to emergency and preventive services without the financial burden of inpatient care.
- **Reduced Health Disparities**: People without third-party insurance often experience delays or avoidance of care due to cost. By providing lower-cost care through WMH as an REH, these individuals can receive the care they need without accumulating large debts.

12. Amish

- **Improved Access to Services and Healthcare**: It can be difficult to build strong relationships with the Amish Community. WMH as an REH can sustain those relationships and continue to provide emergency and outpatient care through providers they trust to the community.
- **Health Equity**: By offering more local, outpatient care, WMH as an REH may reduce the need for Amish individuals to travel to larger hospitals, thus improving their access to care in line with their preferences and beliefs.
- **Reduced Health Disparities**: The Amish often face challenges in accessing conventional healthcare, both due to logistical barriers and cultural beliefs. WMH as an REH could reduce these disparities by providing community-based care that is more aligned with their needs.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

Positive Overall

If WMH transitions to an REH and reduces its inpatient services, valuable resources can be freed up and reallocated to outpatient care. This includes primary and preventative services, which are essential for improving the long-term health and well-being of the community. By reinforcing preventative care measures, WMH can contribute to reducing health disparities and managing chronic conditions before they require costly inpatient care. An REH has no limitations on expanding outpatient services, allowing for growth in access and quality of care. Additionally, surplus resources can be redirected towards addressing social determinants of health such as health education, care coordination, mental health support, and home visits, which further enhance overall community health. This shift not only supports immediate health needs but also fosters sustainability, reducing future healthcare costs and creating a more resilient healthcare system.

The conversion of WMH to a rural emergency hospital allows health services to continue to be provided in the WMH service area. The laws of EMTALA guarantee access to emergency medical services for individuals who present to the emergency department, regardless of ability to pay. Additionally, all individuals must be screened, stabilizing treatment must be provided, and hospitals are not permitted to delay in examination and treatment. Emergency services are vital to maintaining health equity in the WMH service area.

Negative Overall

The ability to keep inpatient care local will no longer be available should WMH become an REH. However, this outcome is much preferred over the closure of WMH and the loss of all services provided, including outpatient care, emergency services, and telehealth services. Should WMH no longer be able to provide emergency services, this would drastically impact both access and the health equity of the WMH community, especially medically underserved groups in the area, such as low income, racial and ethnic minorities, immigrants, uninsured, women, older adults, and rural residents.

1. Low-income People

- **Positive Impact**:
    - **Improved access to emergency care and outpatient services**: With more focused emergency care available, low-income people may be able to access timely services without the barriers associated with inpatient stays, like high costs.
    - **Lower Costs**: Outpatient care is generally less expensive than inpatient care, which could help reduce financial burdens for low-income individuals.
- **Negative Impact**:
    - **Limited availability of comprehensive care**: If low-income people require more extensive care that would have been available with inpatient beds (e.g., surgeries or

complex treatments), they may need to travel farther or delay care, increasing disparities.

2. Racial and Ethnic Minorities

- **Positive Impact**:
    - **Improved access to culturally competent care**: Rural Emergency Hospitals may integrate community-based health workers or individuals who are trusted in the community, leading to more accessible, trusted care for racial and ethnic minorities.
- **Negative Impact**:
    - **Increased transportation needs**: If patients need to travel to larger centers for inpatient care, this could disproportionately affect racial and ethnic minorities who might not have the means to do so.

3. Immigrants

- **Positive Impact**:
    - **Improved access to outpatient and emergency care**: Immigrants, particularly those without documentation, may feel more comfortable accessing care at an WMH as an REH, which might be less intimidating than a full hospital, especially if there's less of a focus on inpatient records.
    - **Increased acceptance of care**: WMH as an REH could provide more accessible, low-barrier care, which may encourage immigrants to seek treatment for urgent conditions before they escalate.
- **Negative Impact**:
    - **Lack of long-term care**: Immigrants with chronic conditions that require extended treatment or hospitalization may find themselves traveling long distances or facing delays in receiving care.
    - **Language and cultural barriers**: There could be gaps in adequately addressing the unique needs of immigrant populations, especially if culturally competent care isn't well-integrated into the new care model.

4. Women

- **Positive Impact**:
    - **Access to more focused care**: WMH as an REH may offer specialized services such as gender specific screenings through outpatient clinics, which could be more accessible for rural women.
- **Negative Impact**:

- **Access issues for complex health issues**: Women with more complicated health conditions or emergencies may need to travel to larger cities for proper treatment, which could increase health disparities.

5. Lesbian, Gay, Bisexual, Transgender, or Other-than-Cisgender People

- **Positive Impact**:
  - **Improved access to emergency care and privacy**: WMH as an REH and community resource may offer a safer environment for LGBTQ+ individuals who may have had negative experiences in traditional hospital settings, thus encouraging them to seek care when needed.
- **Negative Impact**:
  - **Limited long-term care**: LGBTQ+ individuals who need long-term care (e.g., for hormone therapy or mental health treatment) may face difficulties accessing services.

6. People with Disabilities

- **Positive Impact**:
  - **Enhanced access to outpatient and emergency services**: WMH as an REH can allocated greater resources to preventive care and outpatient care which tend to be utilized at a larger rate by individuals with disabilities.
- **Negative Impact**:
  - **Lack of inpatient care**: For people with disabilities who require prolonged medical care or rehabilitation, the loss of inpatient services could force them to seek treatment in distant facilities, exacerbating health disparities.

7. Older Adults

- **Positive Impact**:
  - **Focus on emergency and outpatient care**: Older adults, especially those with chronic conditions, could benefit from easier access to emergency care without the need for an inpatient stay while still having access to observation stays.
- **Negative Impact**:
  - **Loss of inpatient beds for acute conditions**: Older adults often experience acute health crises that require inpatient care. Without inpatient services, they may need to travel further to access specialized care, leading to delays or complications.

- **Longer travel times for specialized care**: The need for additional travel could burden older adults, who may already face transportation or mobility challenges.

8. Persons Living with a Prevalent Infectious Disease or Condition

- **Positive Impact**:
  - **Access to emergency care**: For individuals living with infectious diseases, WMH as an REH could provide quicker access to emergency interventions and support in outpatient settings.
- **Negative Impact**:
  - **Need for inpatient care**: Some infectious diseases (e.g., HIV/AIDS complications) may require long-term, inpatient treatment, which is not provided by WMH currently or an REH. This could result in delays in care or a lack of treatment continuity.

9. Persons Living in Rural Areas

- **Positive Impact**:
  - **Increased access to emergency services**: Rural Emergency Hospitals are specifically designed to improve access to emergency and outpatient care in rural areas, potentially reducing the need for long-distance travel.
- **Negative Impact**:
  - **Increased travel for inpatient services**: While emergency services are provided locally, the lack of inpatient care might force people in rural areas to travel far for treatment, leading to disparities in access to more comprehensive care.
  - **Financial burden**: For rural residents, especially those without reliable transportation, accessing specialized care at distant hospitals could create additional financial and logistical barriers.

10. People Who Are Eligible for or Receive Public Health Benefits

- **Positive Impact**:
  - **Lower cost of outpatient care**: Public health benefit recipients may find outpatient care at WMH as an REH more affordable and more accessible than inpatient care.
- **Negative Impact**:
  - **Limited services covered**: If more expensive treatments or extended stays are needed, public health benefits may not cover the cost of travel to distant facilities, leading to care delays or a lack of access for low-income individuals.

11. People Who Do Not Have Third-party Health Coverage or Have Inadequate Third-party Health Coverage

- **Positive Impact**:
    - **More affordable outpatient care**: WMH as an REH may provide a lower-cost alternative for uninsured or underinsured individuals, as outpatient services are typically less expensive than inpatient care.
- **Negative Impact**:
    - **Need for specialized care**: For individuals with complex health conditions who need inpatient care, the removal of inpatient beds could make accessing the necessary services difficult, particularly if they can't afford to travel to larger hospitals.

12. Amish

- **Positive Impact**:
    - **Culturally sensitive care**: The Amish may find WMH as a locally community resource with current relationship with the population more accepting and less formal than large hospital settings.
- **Negative Impact**:
    - **Loss of inpatient care**: For the Amish, who often face challenges traveling to distant hospitals, the loss of inpatient services in their local areas could lead to difficulties accessing necessary care during medical emergencies or severe illnesses.

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

It is anticipated that there will be insignificant change to the amount of indigent care, both free and below cost, if WMH transitions to an REH. WMH provided $1,675,685 of indigent care (free and below cost) in 2024. Of the $1,675,685, only $40,893 was attributed to acute inpaitnets. Policies and processes regarding indigent care at WMH will remain unchanged as a REH.

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.

There is limited public transportation service available in Chautauqua County. Lack of transportation is known to be a barrier to healthcare access. According to the US Census American Community Survey 5-

Year Estimates, as of 2022, within WMH's primary service area in every zip code except Portland, over 10% of occupied housing units have no vehicles available. In 2022, within the secondary service area, two zip codes have over 20% of occupied housing units with no vehicles available. Additionally, of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, five were individuals who do not have access to appropriate transportation. Of those respondents, 60% indicated that the conversion to a rural emergency hospital would not change how they use services at WMH. However, 40% indicated that they were concerned about transportation to and from alternative sites for inpatient care. At present, and continuing into REH designation, transportation services between WMH and transferring location will be supported by volunteer ambulance companies, Chautauqua County ambulance service, Millcreek Paramedics, and Alstar Ambulance Service. WMH also has access to AHN's LifeFlight for patients who are critical and need a quicker transport.

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

At present, there are no architectural barriers impeding access to WMH and services for people with mobility impairments. WMH's facilities are fully compliant with ADA, building, and life safety codes, indicated on WMH's most recent New York State Department of Health survey, dated September 19, 2019.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive healthcare 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 conversion of WMH to a rural emergency hospital should not impact the provision of reproductive and maternal health care services in the community, as WMH does not currently provide inpatient obstetric services. Currently, women and families within the WMH service area seeking maternal health and comprehensive reproductive healthcare services can access these services in Jamestown and Dunkirk. WMH's ED is fully compliant with CMS's revised Emergency Services Condition of Participation, phase 1 Emergency Services Readiness for Hospitals (§ 482.55) and Transfer Protocols for Hospitals (§ 482.43), effective July 1, 2025, and is working to ensure compliance with phase 2 and phase 3 of the revised hospital Condition of Participation as necessary.

Meaningful Engagement

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

The local health department is Chautauqua County Health Department and is located at 7 North Erie Street, Mayville, New York. It is located within the WMH service area and is an important collaborator

with WMH and other healthcare providers on countywide health issues, including cancer services, immunizations and communicable disease prevention, children's health needs, and reproductive health.

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

WMH reached out multiple times to the public health director at the Chautauqua County Health Department for comment and meaningful engagement but did not receive a response. However, the hospital administrator and the medical director of the health department have had meaningful conversation regarding the pursuit of an REH designation. Additionally, the County Executive who oversees the health department has also signed a letter of support for WMH to pursue the REH designation as shown below.

CHAUTAUQUA COUNTY
OFFICE OF THE COUNTY EXECUTIVE

Gerace Office Building – 3 N. Erie St. – Mayville, NY 14757-1007
(716) 753-4211 – FAX (716) 753-4756 – wendelp@chqgov.com
https://chqgov.com/

PAUL M. WENDEL, JR.
County Executive

January 24, 2025

Kristin E. Hoogland
Western Region Program Director
Division of Hospitals and Diagnostic & Treatment Centers
New York State Department of Health
1565 Jefferson Road, Suite 120
Rochester, NY 14623

Dear Ms. Hoogland,

As the County Executive of Chautauqua County New York, I am writing to express my support for Westfield Memorial Hospital's proposed transition to a Rural Emergency Hospital (REH). I believe this transition is crucial to ensuring the continued availability of vital healthcare services in our community.

The Centers for Medicare and Medicaid Services (CMS) has developed this new provider type to support small rural hospitals to align outpatient services to community needs.

Access to health care services is vital to rural communities. The REH designation will allow Westfield Memorial Hospital to continue to offer 24/7 emergency services, diagnostic testing and treatments, surgical services, clinics and access to programs that address the health care needs of the community.

I am confident that Westfield Memorial Hospital is well-equipped to operate as a successful REH. The hospital has a long-standing commitment to providing high-quality care, a dedicated and experienced staff, and a strong track record of serving the needs of our community.

I urge you to support Westfield Memorial Hospital's application to become a Rural Emergency Hospital. This transition is vital for the health, safety, and economic well-being of the community, and I am confident that Westfield Memorial Hospital will continue to provide exceptional care for generations to come. Thank you for your time and consideration.

Sincerely,

Paul M. Wendel, Jr.
Chautauqua County Executive

Cc: Rodney Buchanan, Westfield Memorial Hospital Administrator

WMH, along with other local hospitals and healthcare provider organizations, recently collaborated with the Chautauqua County Health Department to develop the Chautauqua County Community Health Assessment, Community Service Plans, and the Community Health Improvement Plan for 2022–2024, and follows the guidelines of Prevention Agenda, New York State's 2019–2024 health improvement plan.

The state plan is a "blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities." (https://chqgov.com/sites/default/files/document-files/2023-01/CHQ.CHA_.2022.Final_.pdf).

WMH has committed to collaboratively help address the following identified priority areas in Chautauqua County:

- Prevent Chronic Diseases (CCDHHS and all hospitals)
- Promote Well-Being and Prevent Mental and Substance Use Disorders (CCDHHS, all hospitals, CCDMH)
- Promote a Healthy and Safe Environment (CCDHHS and COI)
    - Disparity: socioeconomic
- Promote Healthy Women, Infants, and Children (CCDHHS, UPMC)
    - Disparity: racial/ethnic; socioeconomic

The project does not affect or change the WMH commitment to addressing these priority areas.

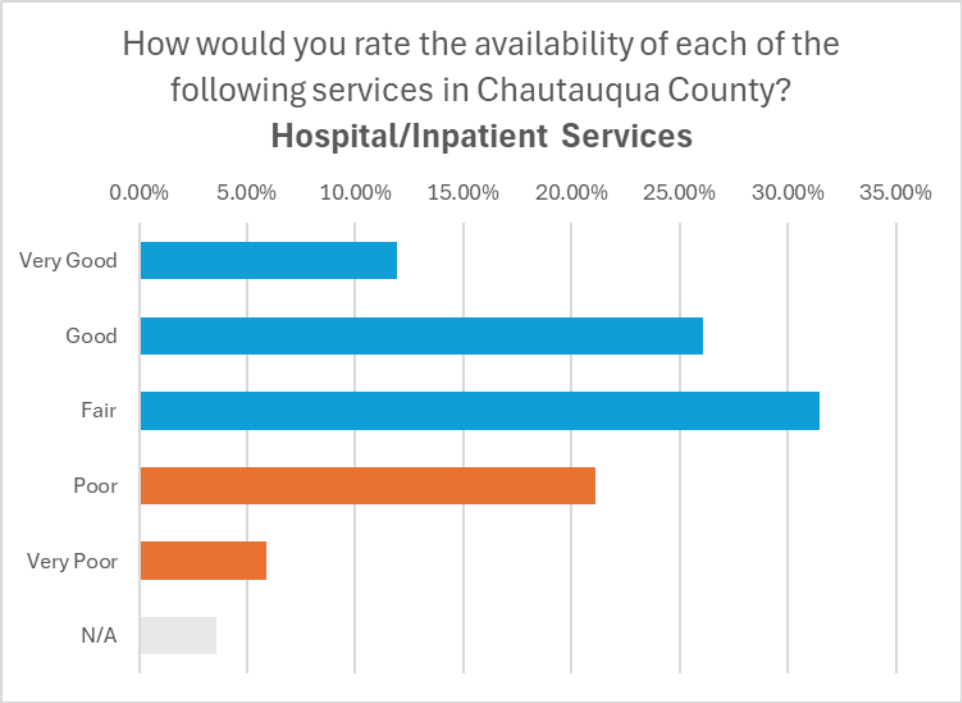
7. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table." Refer to the Instructions for more guidance.

An electronic survey was developed and provided to the public to establish meaningful engagement and understand community attitudes towards WMH's conversion to REH status. The survey received 353 responses. Additionally, a small number (four) of residents of the Amish community of Dewittville were provided with a hard copy version of the survey, which was returned to WMH staff as indicative of that community's opinion.

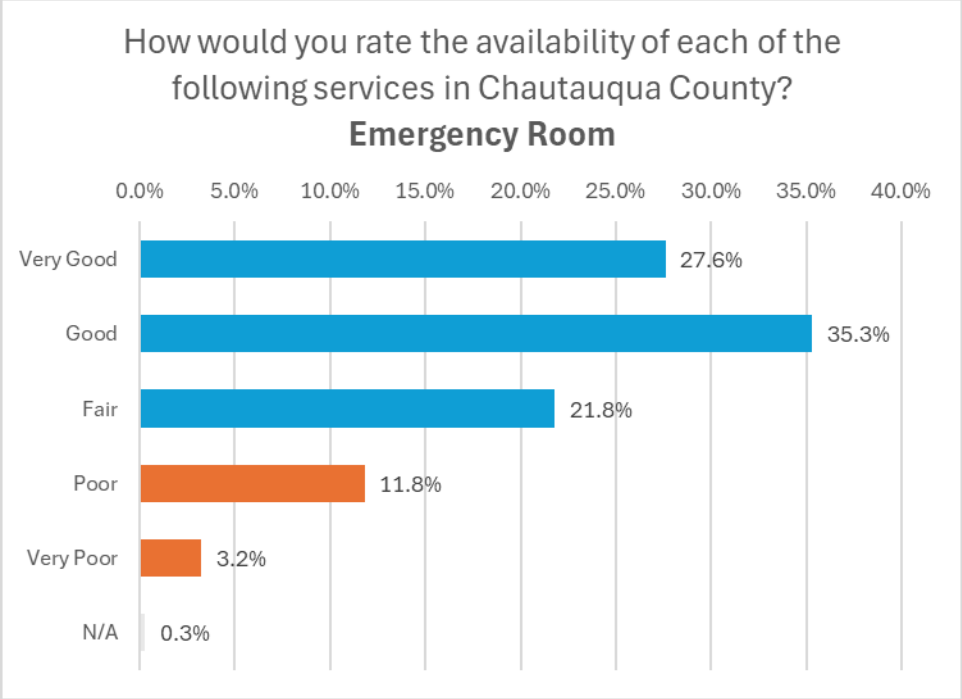
Individual responses are detailed in the Meaningful Engagement tab in the HEIA Data Table.

Additionally, 26 stakeholders were identified and selected for in person interviews. Those efforts resulted in seven responses. Multiple attempts were made to reach each individual. Additionally, 27 individuals granted permission for their statements to be provided in the meaningful engagement via the Westfield Memorial Hospital Redesign Survey.

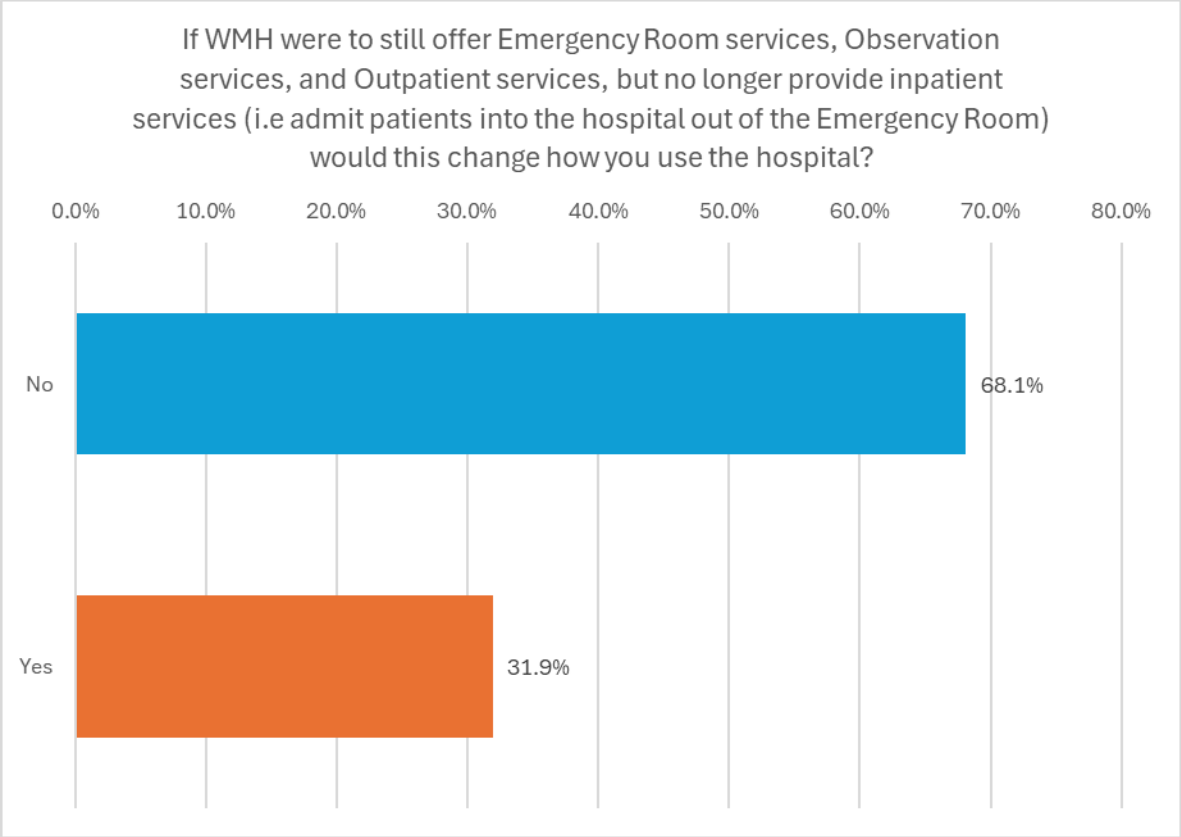
Overall, 69.5% of respondents of the survey rated the availability of Hospital/Inpatient Services in Chautauqua as either Very Good, Good, or Fair.



84.7% of respondents rated the availability of Emergency Services in Chautauqua as either Very Good, Good, or Fair.



68.1% indicated that converting to REH status would not change how they used WMH.



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

Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, 109 individuals identified themselves as being older than 65 years of age. Additionally, based on patient data provided by the WMH administration from 2022 to November 2024 (year to date), the average number of IP acute admissions from individuals over 65+ was 115 or on average 73% of total IP acute admissions. Older individuals want to have care maintained locally. Any change in WMH services will be met with trepidation. For this group of individuals, it is vital that care continue to be provided at WMH and the viability and functionality of the hospital preserved, as identified by the quotes below:

“I believe that the services provided by AHN in Westfield, New York, are critical to maintain and enhance in Chautauqua County given the lack of access to quality care elsewhere in the county.”

“The Westfield Memorial Hospital has been a valuable medical resource to me. Thank you!”

“We have been grateful for the availability of the Westfield Memorial Hospital for 33 years. It’s an important part of our community.”

Individuals with a lack of adequate transportation also expressed concern over healthcare services leaving the local area. Of the 353 respondents to the Westfield Memorial Hospital Redesign Survey, five were individuals who do not have access to appropriate transportation. Of those respondents, 40%

indicated that they were concerned about transportation to and from alternative sites for inpatient care. For this group of individuals, the desire to maintain as many services as possible locally is of the utmost importance, as identified by the quotes below:

“Further gutting services at Westfield Hospital does a great disservice to our rural community, already a healthcare desert. AHN has been a poor steward of this much-needed facility. It needs to be returned to a full-service hospital serving our rural communities.”

“I believe Chautauqua County needs better accessible healthcare, especially in the Specialty services.”

9. 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?

Three hundred fifty-three individuals were able to participate in the Westfield Hospital Redesign Survey and become informed of the changes that would occur should WMH be allowed to convert to a rural emergency hospital. The survey included the ability to provide statements and feedback about the potential change, which 27 individuals elected to use. Additionally, Stroudwater Associates reached out to 26 individuals by telephone and personal email to solicit feedback on the project, with seven responses for phone interviews. The 26 individuals included AHN leaders, the local health department, low-income individuals, racial and ethnic minorities, immigrants, members of the LGBTQ+ community, people with disabilities, persons living with prevalent infectious diseases or conditions, people who are eligible for 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 healthcare, and the Amish population. From the responses generated, Stroudwater was able to analyze the data and determine that all respondents want care to continue to be provided in the WMH community.

Individuals who experience a greater burden as a result of the project will primarily be those requiring inpatient acute care, as they will need to be transferred to the nearest available inpatient bed at another hospital. This shift can create significant challenges for caregivers, who will have to travel longer distances to visit their loved ones. These added travel requirements may incur additional costs, such as gas, lodging, and potential time off work, placing both emotional and financial strain on families. Moreover, the added travel distance can lead to a reduction in the frequency of visits, impacting the emotional well-being of patients and caregivers alike. It’s crucial to consider these hardships when evaluating the broader effects of the project on the community.

10. 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.

Stroudwater was not able to reach anyone who listed themselves as being a recent immigrant by phone or email. More than five phone calls were placed to the individuals hoping to get a response. Additionally, of the 353 individuals who completed the Westfield Hospital Redesign Survey, none identified themselves as a recent immigrant. According to the 2024 US Census, 2.4% of Chautauqua County’s population is foreign born. If this percentage is applied to the WMH service area, that would result in an estimated 700 foreign-born individuals in the service area. However, it should be noted that

given the recent political climate, these individuals may not want to be identified and therefore have chosen not to identify themselves as such when filling out the survey and to remain anonymous.

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
    a. People of limited English-speaking ability
    b. People with speech, hearing or visual impairments

    If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

To foster effective communication about the resulting impacts of the project on service or care availability, WMH has specific strategies in place for people of limited English-speaking ability and people with speech, hearing, or visual impairments. These strategies will ensure that individuals from various backgrounds and with diverse needs are informed and can engage with the changes being implemented. Below is a suggested plan for each group:

a. People of limited English-speaking ability make up between 0% to 2.8% of the total population across the 14 zip codes in Chautauqua County (Source: Claritas). WMH's strategies to inform this population include providing printed and digital materials (brochures, website content, posters, etc.) in multiple languages that are commonly spoken in the local community, such as Spanish, and to ensure that interpreter services are made available in person or via video when discussing important updates related to WMH's transition to REH. WMH may also leverage local community organizations or culturally specific outreach programs to communicate with stakeholders who have limited English proficiency about impacts of the project.
b. People with speech (no data available), hearing (6.9% to 14.4%) or visual (4.2% to 8.3%) impairments make up the listed percentages of the total population across the 14 zip codes in Chautauqua County (Source: CDC Places). WMH's strategies to inform this population include the use of communication aids for stakeholders with speech impairments. For individuals with hearing impairments, WMH will recommend that sign language interpreter services are available, as well as the use of closed captioning on videos if necessary to inform. Lastly, for individuals with visual impairments, WMH will recommend that digital information is accessible and meets visual requirements, and materials in Braille or large-print formats will be offered to provide information and updates related to the REH transition.

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

To ensure WMH's transition to a REH meets the needs of medically underserved groups, such as those with limited English-speaking ability; speech, hearing, or visual impairments; and other marginalized communities, the project must incorporate specific, targeted changes. These changes

will ensure that the project is inclusive, accessible, and equitable for all community members. Suggested changes include multilingual services by ensuring written materials (such as brochures, posters, signage, and websites) are available in multiple languages spoken by the local population. Interpreter services (in-person or virtual) work to eliminate communication barriers, helping non-English-speakers navigate the healthcare system and understand their care options. Sign language and visual impairment support are recommended to ensure that people with hearing or visual impairments can access equitable healthcare provided by WMH. For people with speech impairments, WMH will meet the needs of this population by providing assistive devices and communication tools (communication boards, speech-to-text devices, or applications). Lastly, it will be important for WMH to ensure that staff have received training and education on culture competencies and disabilities to ensure that medically underserved groups feel comfortable seeking care at WMH.

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

Engaging and consulting with impacted stakeholders is crucial to ensuring the rural emergency hospital (REH) project meets the needs of the community and fosters an inclusive, transparent process. Stakeholder engagement ensures that the community, including underserved and marginalized groups, has a voice in shaping the project, providing feedback and addressing concerns early on. WMH's senior leaders have and will continue to engage and consult impacted stakeholders such as local ambulance services and community healthcare organizations on forthcoming changes to the REH project by meeting and communicating with WMH Board Members, Foundation Board Members, and Auxiliary Board Members. In addition, WMH has and will continue to hold public meetings and community forums as necessary where stakeholders can learn about the project and ask questions. A public meeting was held on January 28, 2025, which generated positive community engagement. Various media/communication channels have been leveraged to reach a broad audience, including print, online/social media and radio/podcasts. A local radio story regarding the project was aired on January 24th, 2025. Lastly, a survey was distributed (online and in paper) to gather input from a large pool of stakeholders (353 respondents) across multiple medically underserved groups. The survey was made available the week of January 6, 2025, and offered in both English and Spanish.

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?

WMH's conversion to an REH does remove access to inpatient acute care services, which does impact rural, elderly, and vulnerable populations who need inpatient acute care services locally. People needing a higher level of care will be transferred to the most appropriate care setting. WMH will still provide much-needed emergency, and outpatient services to the community. The alternative to REH conversion and the discontinuation of inpatient acute beds would likely be the complete loss of healthcare services due to the closure of WMH. In order for WMH to remain financially viable and able to meet the

healthcare needs of the community and all individuals, REH conversion is the best option for WMH to continue to provide access to needed emergency and outpatient services.

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?

WMH regularly monitors the outcomes of patient satisfaction surveys within the ED and outpatient services through a third-party vendor, Press Ganey.

Inpatient and outpatient data is captured and reported in Utilization Management meetings quarterly, as well as in Quality Improvement Committee meetings, and then reviewed at the parent level through the UCRC Committee. Utilization data includes elements such as visits for outpatient services, timeliness and throughput measures in the ED, and ED transfers by diagnosis, location, and provider.

WMH currently collects socioeconomic indicators for each patient that visits the facility, including race, gender, and insurance type, which allows staff to track and monitor access and delivery of care to underserved populations. WMH claims data submitted to the New York Statewide Planning and Research Cooperative System (SPARCS) includes socioeconomic indicators as well. This data will be monitored for trends or impacts of the project.

In addition to the commitment to the Chautauqua County Health Department's priority areas, WMH has an internal Diversity, Equity, and Inclusion Committee, and all staff are required to an annual diversity training to recognize and mitigate disparities within care access and delivery.

Data collection efforts will not change due to this project, and WMH will be able to continue to stratify patient populations that are receiving emergency or other outpatient and ambulatory care, as well as those patients that are transferred to other hospitals for inpatient services.

Additionally, WMH scored a rating of 5 (out of a possible 5) on its most recent CMS Hospital Commitment to Health Equity Survey. This measure "shows a hospital's commitment to health equity for racial and ethnic minority groups, people with disabilities, members of the LGBTQ+ communities, people with limited English proficiency, rural populations, religious minorities, and people facing socioeconomic challenges. The measure has five areas that a hospital must fulfill to get credit. A hospital's score can be a total of 0 to 5 points (one per area). The measure score is based on the total number of areas the hospital has successfully fulfilled." (https://data.cms.gov/provider-data/topics/hospitals/health-equity)

For comparison, 72% of New York hospitals and 74% of all US hospitals scored 5 out of 5 points.

HCHE Description	WESTFIELD MEMORIAL HOSPITAL, INC
Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities.	1
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond.	1
Engagement in quality improvement activities can improve quality of care for all patients.	1
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity.	1
Reducing healthcare disparities is strengthened when equity is a key organizational priority.	1
Assessment of a hospital's commitment to health equity, based upon 5 different domains of commitment; an overall score can be a total of zero to five points (one per domain)	5

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

To ensure that WMH addresses the findings of the HEIA in relation to the REH project, new mechanisms or measures can be put in place. These mechanisms aim to mitigate any negative impacts identified in the HEIA, enhance healthcare access for underserved populations such as the elderly population and those with limited transportation, and foster health equity throughout the REH project's lifecycle. Possible new measures and mechanisms may include Rural Emergency Hospital Quality Report Program (median time from ED arrival to ED departure, stratified), Social Determinants of Health screening in the ED and observation, transportation resources for families, and utilization of observation status. All data will be reviewed and reported on a quarterly basis and trended to identify any areas for performance improvement.

STEP 5 – DISSEMINATION

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

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

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

_____

Name

_____

Title

_____

Signature

_____

Date

II. Mitigation Plan

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

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

Westfield Memorial Hospital (WMH) is seeking approval for a rural emergency hospital (REH) designation from the Centers for Medicare and Medicaid Services (CMS). REHs are a new Medicare provider designation established by Congress through the Consolidated Appropriations Act of 2021. REHs are meant to reinforce access to outpatient medical services and reduce health disparities in areas that may not be able to sustain a full-service hospital. Starting in January 2023, small rural hospitals with no more than 50 beds may apply for REH designation and receive Medicare payment for providing emergency

services. While the new REH designation does not maintain access to inpatient services, it will maintain access to emergency services, observation care, and additional medical and outpatient services in rural areas.

A Certificate of Need (CON) will be submitted to the New York State Department of Health for the closure of inpatient beds, as required to meet the REH status criteria. To mitigate the closure of inpatient beds and an estimated additional 100 inpatient acute care transfers to area hospitals on an annual basis, it is important to note that WMH has established transfer agreements with the following organizations to receive acute care transfers:

Trauma Centers:

- Erie County Medical Center
- UPMC Hamot

Area Hospitals:

- AHN Saint Vincent
- Brooks Hospital
- LECOM Health Corry Memorial Hospital
- LECOM Health Millcreek Hospital
- Mercy Hospital
- UPMC Chautauqua WCA

At present and continuing into REH designation, transportation services between WMH and transferring location will be supported by volunteer ambulance companies, Chautauqua County ambulance service, Millcreek Paramedics, and Alstar Ambulance Service. WMH also has access to AHN's LifeFlight for patients who are critical and need a faster transport. Additionally, WMH plans to speak at the local Rotary Club and is scheduled to be on a local TV show Chautauqua Sunrise on April 26th, 2025.

Attaining REH designation will allow WMH to remain sustainable in the future and continue to provide critical services such as emergency medicine, observation care, and outpatient services to Chautauqua County and the community. WMH, regardless of its designation, will remain loyal to its mission "to create a remarkable health experience, freeing people to be their best."