

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	Yonkers Gardens Adult Day Health Care Program Relocation
2. Name of Applicant	Yonkers Gardens LLC
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Health Management Associates Kristina Ramos-Callan, Senior Consultant (kramoscallan@healthmanagement.com) Nora Carreras, Associate Principal Cara Peterson, Senior Consultant Alex Waddell, Consultant Anissa Lambertino, PhD, Senior Consultant
4. Description of the Independent Entity's qualifications	<p>HMA is a national research and consulting firm in the healthcare industry, founded in 1985. We have more than 500 colleagues in 20 offices around the United States. Our extensive roster of colleagues has expertise in service delivery, facility operations, health equity, health disparities, social drivers of health and health related social needs, diversity, equity, and inclusion, and anti-racist practice expertise. Many of our colleagues with service delivery and operations expertise are specifically familiar with New York State health care facility leadership and CON development. HMA's health equity experts include population health researchers and epidemiologists, former State and municipal public health policy leaders, and former health and human services administrators, government officials, and community-based organization leaders.</p> <p>Our firm has extensive data gathering and analysis experience with both quantitative and qualitative methods, accessing public and proprietary data sources. We are frequent practitioners of stakeholder engagement and group facilitation, and routinely conduct stakeholder feedback analyses, often in the form of focus groups, surveys, and key informant interviews as part of Community Health Needs Assessments and health equity engagements.</p>
5. Date the Health Equity Impact Assessment (HEIAc) started	2/15/2024

6. Date the HEIA concluded	4/25/24
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7. Executive summary of project (250 words max)

Yonkers Gardens LLC operates a 48-person capacity Adult Day Health Care currently located at 81 South Broadway. The program needs to move due to a recent development with the property where it is located. The proposed new location approximately one mile away at 185 Palisade Avenue in Yonkers. The new location, at a slightly smaller site, will require the program to contract by three spots to become a 45 registrant ADHCP.

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

Yonkers Gardens Adult Day Health Care Program (YG) serves a small area of Westchester County that is low-income, and whose residents are predominantly racial and ethnic minorities. Yonkers Gardens' program registrants are primarily older adults or people with disabilities. Each of these factors is indicative of membership in a medically underserved group more likely to experience health inequities and disparities.

YG proposes to move from its current location 81 South Broadway, Yonkers, NY 10701, on the lower level of a building on the campus of St. Joseph Medical Center, to a new location at 185 Palisade Avenue, Yonkers, NY 10703, about 0.8 miles away.

The independent entity found that YG's proposed move will have no negative impact on the equitable distribution and availability of ADHC in the service area, or to current and future program registrants (most of whom are from medically underserved groups in the community), and the community overall. The proposed site is within the same catchment area, and the move is unlikely to have a significant impact on program service availability or equitable distribution of services. Many registrants who attend the program arrive via the program van, and the change in location has little to no impact on their experience of the program. Registrants who arrive independently may find the change taxing due to increased distance but have the option of using van transportation which is covered by their health insurance.

The proposed location would be a major improvement in the accessibility of the program site for registrants with mobility limitations, and, by moving away from a clinic and acute care campus, reduces potential exposures and risks of contracting various airborne illnesses, such as COVID-19 and RSV. Both conditions are more dangerous for older adults and people with disabilities.

While the proposed move may necessitate decreasing the number of program spots from 48 currently to 45 in future, utilization suggests this will have minimal impact.

Since most registrants can attend just a few days a week, daily census is typically 20 to 25 people.

During engagement with program registrants and program staff, the independent entity found that an unintended consequence of the program move is impact on some registrants ability to perform intermittent activities of daily living (IADL). Some program registrants leveraged the program's current location on a medical center and adjacent to a supermarket and post office helps support their IADLs; moving to the proposed location may make IADLs more difficult for those individuals.

While ADHCPs must assess registrants every 6 months and must offer medical and social care coordination by statute, YG could consider re-assessing registrants upon completion of the move to scan for emergent IADLs and home-and-community-based services needs, especially among registrants whose providers were located at the St. Joseph's campus, or who frequently leveraged program transportation to support other IADL needs. YG may also consider additional screening for health-related social needs, such as additional nutrition supports, and make referrals as needed.

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.**

- 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):

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?

The independent entity used census data from <https://data.census.gov/> to create an array of socioeconomic and racial demographic indicators for each zip code comprising the service area Yonkers Gardens provided. The array consisted of the following indicators from the respective U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates files. Indicators were then benchmarked per Zip Code Tabulation Area against the entirety of the service area to determine the frequency of individuals in each indicator category relative to the-each-other service area zip code. We also used qualitative data gathered during stakeholder interviews to inform the assessment. No information was difficult to assess or compile.

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

The applicant has expressed the intent to move to the from its current location at 81 S Broadway to a new location less than one mile away at 185 Palisade Avenue. The location change will necessitate a reduction in the number of program registrants due to the new site's smaller size. The independent entity conducted reviewed demographic and socio-economic indicators to identify the following medically underserved groups who have highest prevalence in the service area, to determine which were most likely to be affected by the change in service location. We determined low-income people; racial and ethnic minorities; immigrants; LGBTQ+ people; people with disabilities; and older adults are most likely to be affected. These medically underserved groups were found to be concentrated in zip codes:

- Mount Vernon (Zip Codes 10550)
- Yonkers (Zip Codes 10701 and 10705)

The following table describes the project’s impact on the unique health needs and quality of life of the groups listed.

Table 1 Medically Underserved Groups and Project Impact

Medically Underserved Group	Project Impact
Low-income people	Low-income people may benefit from the change in location because the move will make the program more visible to the community with a location that is directly at the frontage of the building adjacent to the sidewalk on the street.
Racial and ethnic minorities	People who are racial and ethnic minorities may potentially be affected by the change in location which may potentially affect access. Racial and ethnic minorities, who are more likely to have less access to long term services and supports, make up between 43% and 92% of the population throughout the catchment.
Immigrants	The program location change will make access to the program less convenient for potential program registrants who are also immigrants residing in zip code 10701, which has the highest percentage of foreign- born individuals in the catchment.
LGBTQ+ people	A program location change may affect accessibility of services that mitigate social isolation for LGBTQ+ older adults in the region. LGBTQ+ identifying older adults are more at risk for social isolation due to factors like living alone, being more likely to be single, and being less likely to have family members to help them. ¹
People with disabilities Older adults	People with disabilities and older adults will benefit from the change in location, due to improved accessibility of the entrances and exits of the program, and the reduction of risk for airborne illness due to the proximity of the adult primary care clinic at the current site.

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?

Current program registrants are either older adults or people with disabilities, consistent with program eligibility. Most registrants are people from racial and ethnic minority groups, and are low-income, Medicaid beneficiaries.

There are 48 slots for registrants in the current program, and most registrants utilize the services 2-3 days a week, as allowed by their health insurance provider. Program administrators report that on an individual day, the average daily census is between 22 and 25 people.

The applicant reported to the independent entity that most YG program

registrants use the program-provided van for transportation to and from the program site. The change in location of less than one mile is not anticipated to significantly affect registrant attendance; registrants who currently arrive to the program on foot are anticipated to switch their mode of transportation to either the program-provided van or other transportation contracted by the program and reimbursed through insurance claims as allowable by the registrant's insurance, typically between 3 and 4 days per week. Registrants whose primary insurance is Medicaid are eligible for transportation 5 days per week. There is no direct cost to the registrant for transportation; the applicant submits claims for transportation to insurance carriers as applicable.

This perception was corroborated in direct engagement with program registrants, who indicated they would start utilizing van transportation if needed.

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

Adult Day Health Care provides medically supervised services to chronically ill, frail elderly, and/or disabled adults. In New York State, these services may include "nursing, transportation, leisure activities, physical therapy, speech pathology, nutrition assessment, occupational therapy, medical social services, psychosocial assessment, rehabilitation and socialization, nursing evaluation and treatment, coordination of referrals for outpatient health, and dental services."ⁱⁱ

Nationally, nearly 60% of adult day program registrants are racial and ethnic minorities and people who are low-income, living below the federal poverty line.ⁱⁱⁱ

Prior to the start of the COVID-19 pandemic, these services reached roughly 8,000 New York State residents, mostly Medicaid eligible older adults.

In March 2020, at the onset of the COVID-19 pandemic, NYSDOH suspended all ADHCP programs in New York State. Of 116 actively licensed programs statewide, approximately 53 have reopened.^{iv} As recently as 2017, there were nine ADHCP in Westchester County; as of 2024, six remain, including YG, the only program in the City of Yonkers.

Current ADHCP programs in Westchester include YG, Archcare, Bethel Nursing Home, the Knolls, Morningside, and the Wartburg. Table lists each program's address in order of its distance from YG.

Table 2 Westchester ADHCP Programs 2024

Program Name	Address	Distance from YG, Fastest Route by Car
Yonkers Gardens	81 S Broadway Yonkers, NY 10701	-
Archcare Senior Life (Pace)	115 Broadway Dobbs Ferry, NY 10522	5.6 miles
The Wartburg	Wartburg Place Mt. Vernon, NY 10552	6.7 miles
The Knolls	51 Grasslands Road Valhalla, NY 10595	14.7 miles
Morningside Alzheimers	50 Broadway Hawthorne, NY 10532	15.4 miles
Bethel Nursing Home	17-19 Narragansett Avenue Ossining, NY 10562	20.5 miles

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

The applicant is the only Adult Day Health Care Program in the City of Yonkers (Zip Code 10701), and the only program of its type in the immediate service area. With no other providers offering similar programs in the service area, there are no relevant historical and projected market shares to provide.

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

N/A. Applicant is not a general hospital.

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

No staffing issues are anticipated. Program staff were issued a survey to raise any concerns or issues regarding the move. Responding staff (3) were supportive, raising only some mild concerns about the availability of parking. There is dedicated parking available at the proposed site.

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

No.

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

No, the applicant has not previously engaged in a similar project within the last five years.

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:

a. Improve access to services and health care

Older adults and people with disabilities are the target population for Adult Day Health Care Programs. ADHCPs frequently serve people who are low-income and racial/ethnic minorities. Given the prevalence of people within the service area who are low-income, racial and ethnic minorities, immigrants, older adults, people who are disabled, and/or who may identify as LGBTQ+, the likelihood of membership in any single medically underserved group is more likely than not going to be intersectional.

Improvements in access to services and healthcare unlikely to be mutually exclusive to any single group. Rather, the proposed move will increase the *approachability* of the service for the current and future registrants in the service area. In the health care services context, approachability is the idea that people with health care needs can clearly identify that “services exists, can be reached, and have an impact on the health of the individual.”^v Efforts to improve community awareness of the program can help improve community access to care and services.

Within the building, there is little signage to identify the program is there, and what little signage exists is primarily in English. These factors can make wayfinding at the facility more difficult for people who are unfamiliar with the program, especially people with no or limited English proficiency. Signage at entrances would improve approachability and wayfinding for all registrants and community members to improve service accessibility.

Lack of knowledge/awareness of a service and spatial challenges to service accessibility are known barriers to care access for older adults.^{vi} Without visibility from the street and clear signage about the program, it is unlikely non-registrant community members would easily identify it as a care option for themselves or others to be a future registrant. Moving the program to the proposed location with

clear signage and direct entry and egress at grade level would be an improvement in the approachability of the service and access to services for the community, as well as to the safety and accessibility of the space for people with mobility impairment, discussed in more detail in Step 2 question 5.

b. Improve health equity

Current registrants of YG's ADHC program are older adults and people with disabilities, the majority of whom are racial/ethnic minorities and/or immigrants, including but not limited to Black American, Afro-Caribbean, and Hispanic people from a variety of Latin American and Caribbean countries. The surrounding service area has a high prevalence of racial/ethnic minorities and immigrants.

Improvements to the program's location, accessibility, and approachability may contribute to improvements in the equitable distribution of culturally competent and linguistically accessible care to the people who may require Adult Day Health Care in the service area. A move to the proposed site would also remove architectural barriers to improve site accessibility for people with mobility limitations.

Furthermore, by moving the program to a location where the operator has more site control, there is opportunity to proactively improve language accessibility of the services at the site with signs and signage that are available in the prevalent languages of the service area. Bilingual and inclusive signage and wayfinding tools are important resources for creating culturally and linguistically accessible health care spaces and signaling the availability of culturally responsive and concordant care that appeals to diverse community residents.

ADHC programs, sometimes referred to as adult day service centers, have been shown in health care services research to be "a favorable and effective form of long term care for members of racial/ethnic minority groups," including immigrants, due to features like opportunities for socialization and social cohesion, activities and protocols that prioritize and preserve independence, and interactivity with other program registrants who share a common language, experience, and cultural norms.^{vii} In addition, ADHC programs also commonly have bilingual/bicultural staff members. Bilingual staff may help registrants navigate the healthcare system, where, despite expanded efforts throughout the health care industry to provide culturally and linguistically accessible services, language access barriers may persist. These supports to registrant language needs can contribute to improved equity of services, because limited English proficiency is a known barrier to accessing care and understanding health information.^{viii}

Lastly, changes in site location may offer the applicant an opportunity to create more outward signs of inclusivity for LGBTQ+ populations within the service area, through display of signs and symbols of allyship, as well as leveraging

announcements of the move of the program as an opportunity to market the program effectively to reach LGBTQ+ populations in the service area. Several zip codes within the service area show high prevalence of same-sex households, and LGBTQ+ older adults are at higher risk of social isolation^{ix}.

c. Reduce health disparities

Adult Day Health Care and adult day service centers are intended to provide medical supervision and health monitoring, socialization, and assistance with activities of daily living in culturally congruent ways for program registrants.^x With such high prevalence of racial and ethnic minorities among current registrants and community residents who could be future registrants, ADHC program goals are inherently supportive of health care activities that could contribute to the reduction of health disparities among this medically underserved group.

A 2023 New York State Department of Health report of Westchester County Health Indicators by Race/Ethnicity, 2018-2020, displayed worse outcomes for Black and Hispanic Westchester residents than White or Asian/Pacific Islander residents in nearly every indicator of chronic disease or preventable hospital utilization. These disparities include but is not limited to potentially avoidable hospitalizations, years of potential life lost, falls among people aged 65+, poisoning, opioid burden, flu vaccination, and indicators related to common chronic conditions like cardiovascular disease, cerebrovascular disease, and diabetes. A selection of health indicators where clear health disparities for racial/ethnic minorities in Westchester County is displayed in Table 3.

Table 3 Health Disparities by Race/Ethnicity, Westchester County^{xi} (worst – best)

Health indicator	White	Black	Asian/Pacific Islander	Hispanic	Total
Percentage of population with a disability (2017-2021)	10.10%	12.40%	5.30%	8.50%	9.70%
Years of potential life lost per 100,000 population, age-adjusted	4,080.70	7,038.50	2,293.30	4,418.10	4,625.90
Potentially preventable hospitalizations among adults, age-adjusted rate per 10,000	55.7	191.3	23.5	53.8	95.3
Fall hospitalizations per 10,000 population, aged 65+	171.6	95.3	60.7	67.4	204
Poisoning hospitalizations per 10,000 population, age-adjusted	5.2	9.5	1.7	3.2	7.4
Opioid burden per 100,000 population	181.1	286.7	14.6	138	198.1
Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination (2021)	59%	37%	53%	40%	55%
Diseases of the heart mortality per 100,000 population, age-adjusted	140.4	178.1	65.3	105.8	141.8
Diseases of the heart hospitalizations per 10,000 population, age-adjusted	43.8	79.7	20.9	32.5	66.1
Cerebrovascular disease (stroke) mortality per 100,000 population, age-adjusted	18.8	30.1	16.1	22.7	21.6
Cerebrovascular disease (stroke) hospitalizations per 10,000 population, age-adjusted	12.8	31.2	9.1	10.8	20.1

Health indicator	White	Black	Asian/Pacific Islander	Hispanic	Total
Coronary heart disease mortality per 100,000 population, age-adjusted	104.7	136.4	54.4	81.3	106.4
Coronary heart disease hospitalizations per 10,000 population, age-adjusted	12.9	18.1	8.8	9.7	19.8
Potentially preventable heart failure hospitalization rate per 10,000 population aged 18 years or older	26.9	47.7	6.6	9.9	33.1
Diabetes mortality per 100,000 population, age-adjusted	9.3	28.6	10.1	18.7	13.2
Diabetes (primary diagnosis) hospitalizations per 10,000 population, age-adjusted	6.4	32	3	9.1	14.2
Diabetes (any diagnosis) hospitalizations per 10,000 population, age-adjusted	88.2	296	63.6	115.9	169.6
Potentially preventable diabetes short-term complications hospitalization rate per 10,000 population aged 18 years or older	1.8	10.6	0.5	1.9	4.4
Percentage of population with a disability (2017-2021)	10.10%	12.40%	5.30%	8.50%	9.70%

In addition, moving the program to a standalone location may help reduce risks of adverse health outcomes due to respiratory illness for program registrants, who are primarily older adults. The current program site is in the same building as a primary care clinic, and program registrants need to pass through the clinic to access the site. Older adults, who tend to have reduced immunity, are more at risk for severe complications or death from respiratory illnesses, such as viruses, and are more likely to have underlying conditions that are exacerbated by illness. According to the CDC, “most deaths from respiratory viruses occur in people older than 65, with risk increasing sharply with advancing age.”^{xii}

We recognize that any congregate care setting carries risk of spread of respiratory viruses; in a standalone site, Yonkers Gardens will have more site control and ability to modify administrative and engineering controls that impact indoor air quality, and the site will have a consistent and limited daily population, as compared to a site shared with a facility that serves a large population that changes daily. We anticipate these changes may help mitigate risk of transmission of respiratory conditions that disparately affect older adults.

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.

Unintended positive impacts of the move include improved physical accessibility/disability inclusiveness at the proposed program site. Discussed in further detail in Step 2 question 5, regarding architectural barriers for people with mobility impairments.

A potential unintended negative impact of the move is a reduction in registrants' access to retail and commercial services that help them perform intermittent activities of daily living (IADLs), such as shopping for groceries and utilizing mail services at the post office.

The current site at 81 S Broadway is near Getty Square and within the Central Business District, an area zoned for business, office, and commercial properties. This program site is roughly diagonal from a shopping center with a major supermarket and pharmacy chain, and relatively close to the post office, among other small retailers and pharmacies.

The proposed site at 185 Palisade Avenue is in an area of Downtown Yonkers zoned for medium density apartment style housing and individual dwellings, with significantly fewer retail and grocery outlets nearby.

Comments made by program staff and registrants during stakeholder engagement revealed that some registrants routinely leverage their access to the program van for transportation to the Central Business District to supplement their food supplies and conduct their errands. Registrants tend to sign themselves in and out of the program, conduct their errands, and leverage the program transportation to get themselves and their groceries or packages back to their homes. The distance between the current program site and the shopping center is about .3 miles, or a 5- to 7- minute walk.

Moving to the proposed site at Palisade Avenue reduces the likeliness of registrants being able to perform these errands in the same way, since the nearest market will be much farther away. The nearest retailers are much smaller with far less comprehensive array of goods and services available, including a handful of convenience stores within .2 miles, or a small supermarket on Lake Avenue, .8 miles or about 19 minutes way. The market and pharmacy shopping center in the CBD closest to the current program site would be a 25-minute walk from the proposed site.

Furthermore, some registrants would be farther away from their personal medical care providers, who were located at the clinic building or at the nearby medical center main hospital building up the hill from the current site. While the ADHC program has primary care clinicians and nursing staff on hand to monitor health care needs and coordinate with registrants' providers, some stakeholders, including program staff observed that the current site would be less convenient for registrants to access their providers.

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

The amount of indigent care will not change. In 2023, 100% of Yonkers Gardens registrants were covered under Medicaid, and the program did not provide any financial assistance or charity care.

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.

Registrants typically take a Yonkers Garden program van, walk, or receive some form of pre-arranges transportation via their insurer to access the site. The current site is accessible via Bee-Line Bus Company routes 1, 1C, 1T, 1W, 1X, 2, 3, 4 and the New York City transit express bus, BxM3, near Getty Square.

The proposed site is also accessible by public transportation via Bee-Line Bus Company routes 1, 2, 3X, 6, 9, 25, 30 and 78. Tables 2 and 3 list public transit routes and the towns served for each site.

Table 4 Public Transit - Bus Routes - Current Site

Bus Route #	Towns Served
1	Bronx (NYC), Yonkers, Hastings-on-Hudson, Dobbs Ferry
1C	Bronx (NYC), Yonkers, Hastings-on-Hudson, Dobbs Ferry, Ardsley, Elmsford, Valhalla
1T	Bronx (NYC), Yonkers, Hastings-on-Hudson, Dobbs Ferry, Irvington, Tarrytown
1W	Bronx (NYC), Yonkers, Hastings-on-Hudson, Dobbs Ferry, Irvington, Tarrytown, Elmsford, White Plains
1X	Bronx (NYC), Yonkers, Hastings-on-Hudson, Valhalla
2	Bronx (NYC), Yonkers
3	Bronx (NYC), Yonkers, White Plains, Purchase
4	Bronx (NYC), Yonkers
8	Yonkers, Tuckahoe
BxM3	Manhattan (NYC), Bronx (NYC), Yonkers

Table 5 Public Transit - Bus Routes - Proposed Site

Bus Route #	Towns Served
1X	Bronx (NYC), Yonkers, Hastings-on-Hudson, Valhalla
2	Bronx (NYC), Yonkers
3X	Bronx (NYC), Yonkers, White Plains, Purchase
6	Yonkers, Hastings on Hudson, Dobbs Ferry, Ardsley, White Plains, Valhalla, Thornwood, Pleasantville
9	Yonkers
25	Bronx (NYC), Yonkers
30	Yonkers, Bronxville, Eastchester/Pelham, New Rochelle
78	Yonkers

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

The proposed move would present a vast improvement to accessibility of the site and services for people with mobility impairments and improve safety for people utilizing the program. The applicant's current program site is in a facility under renovation, and aspects of that renovation have created architectural barriers to access.

The building façade at 81 S Broadway is currently obscured by scaffolding, with some supports for the scaffolding placed immediately over the curb ramp in the sidewalk adjacent to the main entrance. According to ADA standards, a curb ramp must be at a minimum 36 inches wide^{xiii}. In Figure 1, "Views of the road and obstructed curb ramp from main entrance at 81 S Broadway," the curb ramp is partially obstructed by a scaffolding base plate and footing that effectively reduces the width of the curb ramp by roughly 25%.

Figure 1 Views of road and obstructed curb ramp from main entrance at 81 S Broadway (with program van visible in background)

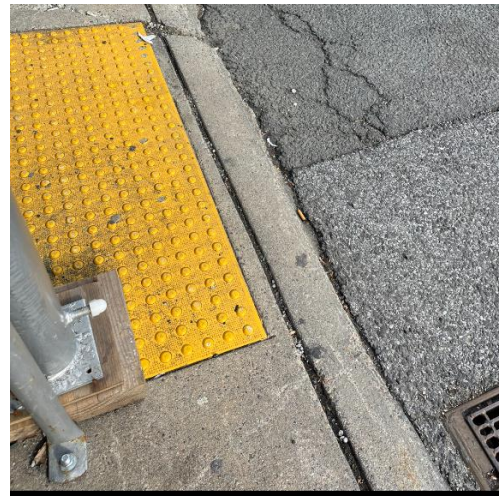
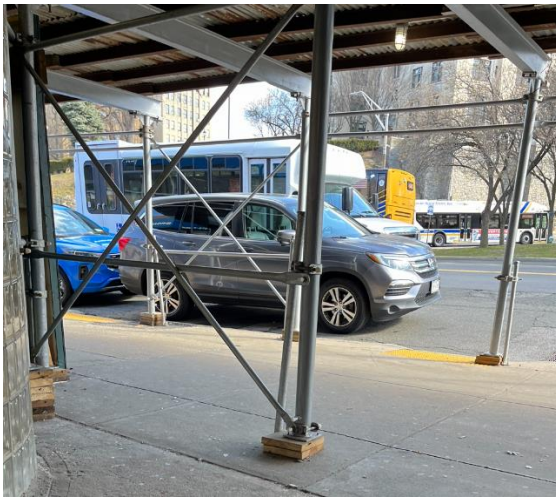
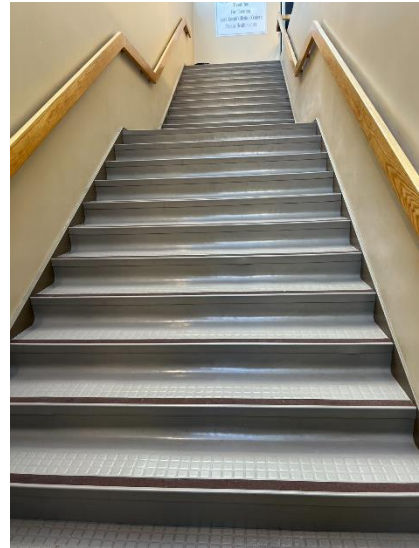


Figure 2, Stairs from Floor 1 to LL

Upon arrival at the main entrance, registrants must wait for a small elevator with low passenger capacity to access the lower level of the building where the program resides. This sometimes leads to long waits. As a result, according to registrants and program administrators, some registrants will elect to take a long and steep flight of stairs that is technically closed to the public, to avoid wait times. Figure 2 depicts the stairs leading from Floor 1 of the clinic building to the Lower Level.



Despite there being a parking lot and accessible entrance to the clinic building in an area adjacent to the program, the parking lot is inaccessible to the program van, and the main entrance is the primary means of access to the building for participants who arrive by van. The parking area is behind a locking parking stanchion that the program does not have access to open or close on its own.

Participants who arrive on their own on foot have some access to a building entrance adjacent to the closed parking lot, and with an accessibility ramp and a short flight of stairs to reach the program entrance from the parking area. Despite the ease of access to the entryway, this path also presents barriers and some safety risks that could be improved. The parking lot has no sidewalks, the asphalt shows signs of being cracked, and the pavement near the ramp and stairs is uneven, presenting falls risks.

Figure 3 Views of locked parking area with uneven pavement



The proposed move to the site at 185 Palisade Avenue would mitigate the aforementioned architectural barriers by including multiple dedicated entrances

for the ADHC program from grade/street level, for registrants who arrive on foot or in the program van or other automotive vehicle.

Implementing the project would remove architectural barriers to access that impede equitable delivery of care to the community, especially people with mobility impairments. Since older adults and people with disabilities frequently present with mobility impairments, the impact of this aspect of the project is particularly important and relevant to improved access to care and services.

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

No impact is observed, as maternal health care services are not within scope for this program.

Meaningful Engagement

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

Westchester Department of Health.

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

The independent entity outreached the County health department for comment but received no response. Similarly, the independent entity outreached the City of Yonkers Office for the Aging for comment and received no response.

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

Please see scoping workbook/data tables.

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

Stakeholders most affected by the project are program registrants, which includes older adults and people who are disabled, primarily from racial and ethnic minority groups.

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

Direct engagement with community members who are also registrants of the program informed the independent entity of the special circumstance of how the program’s current location was an important feature in their ability to carry out certain intermittent activities of daily living, such as shopping for groceries for meal preparation, access to mail services to maintain communication, and easy access to some registrants’ routine providers.

While the community overall will benefit from changes in program location that will increase its approachability and community awareness of the services, some current registrants will lose ancillary access to services that support their performance of their own IADLs.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

The independent entity conducted a community discussion about the program with registrants on-site at the facility on a day where about 30 registrants were in attendance. 18 program registrants actively participated in the discussion. The independent entity also provided information sheets in English and Spanish to be distributed among registrants and their families, inviting them to call or email the independent entity to provide comments, ask questions, or submit a formal statement. No further comments or inquiries were received by the independent entity from any other program registrants or families.

The independent entity also outreached both the County Department of Health and the City of Yonkers Office of the Aging for comment and have received none to date.

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**

The applicant is encouraged to continue to provide ample bilingual staffing for the program, and to explore opportunities to engage bilingual and/or culturally concordant clinical providers to further address potential health disparities in racial/ethnic minorities that are prevalent in the program.

The applicant is also encouraged to create signage and marketing material in the non-English languages pertinent to the service area for both interiors and exteriors of the facility to contribute to facility and service approachability by the surrounding community. Given that the proposed site is in a much more visible location for passersby, the applicant is presented with an opportunity to develop compelling informational material with photographs of the site, and clear directional information on how to reach the location.

Informational material about the program should be shared with local health care providers, local cultural organizations and faith communities serving current and potential future registrants, and other potential referrers to ADHC services, including local area agencies on aging.

b. People with speech, hearing or visual impairments

Currently, the ADHCP has policy in place to ensure comprehensive assessment, treatment, and care for registrants who are speech, hearing, or visually impaired, to facilitate person-centered care. The processes include obtaining the registrant's history regarding hearing and vision abilities from medical records, the registrant, and any family members or caregivers involved in care. The registrant is then evaluated or, if physician orders are required, the program will work with the registrant's physician to facilitate a referral for evaluation. The results of such evaluation, and any protocols for how best to communicate with the registrant are documented to the registrant's record; staff are instructed as needed. Staff assist registrants with the use of any adaptive equipment as needed, and to maintain their vision and/or hearing.

For example, for hearing impaired registrants, program staff may use amplification, they may ensure they always speak face-to-face with the registrant, or they may use Mayer-Johnson's picture communication symbols as appropriate. The program is also prepared to arrange for a video sign language interpreter as needed, using a language line.

If a registrant is speech impaired, program staff will work with the registrant's physician to arrange for referrals for speech-language evaluation, and modifications to the registrant's care treatment plan will be documented to the chart for their care going forward.

Similarly, for visually impaired registrants, program staff will work with the registrant and their physician to facilitate an evaluation and/or referral to vision rehabilitation services and/or occupational therapy, as appropriate, to adjust the

registrant's treatment plan and make annotations to the registrant's chart about communication needs going forward. Furthermore, as needs require, the program will provide material in large print, can arrange for translation of material into Braille, and if needed, may utilize staff to verbally communicate program information with registrants.

The applicant is encouraged to prominently publicize its program's ability to meet the needs of people with speech, hearing, or visual impairment and create informational material about the site's services that are accessible via communication aids. The applicant should also ensure that its website and web content is programmed in such a way that it is accessible to people with adaptive communication needs, per Section 508 of the Rehabilitation Act, as well as Web Content Accessibility Guidelines (WCAG) to make digital information more accessible. WCAG is the global standard for digital accessibility. More information about WCAG can be found at <https://wcag.com>.

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

Not applicable. It is the applicant's responsibility to foster effective communication as a support to registrants needs and consistent with ADHC program standards.

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

The applicant is encouraged to explore routine health related social need screening and referral, and as applicable, engage with anticipated Social Care Networks, expected to emerge across New York State in the near future as part of the State's implementation of the New York Health Equity Reform Section 1115 waiver. This program is anticipated to streamline delivery and coordination of health-related social need services to support Medicaid member health and wellness.

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

The applicant should continue to engage the registrants, their families member or authorized representatives, health care providers, and other community stakeholders in conversations about how to best support registrant health and IADLs in ways that continue to promote their independence and ability to age in place, rather than require placement in institutional long term care settings.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

This project addresses equitable access to services first by making them more approachable to the surrounding community, and second, in making ADHC more approachable, continuing to promote independence and delay entry to institutional long term care settings for the people it serves. Helping people maintain their independence in the community for as long as possible delays engagement with a long-term care system in the U.S. that continues to be deeply segregated, and that present consumers with risk for disparate experience of care and health outcomes due to long-term impacts of structural racism.

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?

As an ADHC, the applicant already assesses registrant ADLs and IADLs every 6 months as required by state regulations.

Given the potential impact on IADLs for some program registrants, the Applicant may elect to conduct an additional interim assessment for IADL needs as well as screen for any health related social needs that contribute to IADLs, such as food security, utility assistance and/or bill-paying services (to minimize need to visit the post office to mail checks or pay routine bills), and access to non-emergency transportation to visits with medical providers, so that registrants do not feel they have to double up on medical appointments and doctor visits just to leverage program transportation.

The independent entity suggests that the Applicant consider implementing a screening tool, such as the Accountable Health Communities tool, to identify health related social needs of registrants. Furthermore, the Applicant may elect to connect with the soon-to-be-announced Social Care Network lead for the region, to ensure that program participants who are Medicaid members have access to comprehensive screening and navigation to either additional public services or case management to access enhanced social care services reimbursable through Medicaid, including nutrition, housing, and transportation supports.

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?

The applicant is encouraged to make every effort to include multi-lingual signage for the program, both interior areas for wayfinding of registrants and on building exteriors to encourage approachability by the community. The applicant is also encouraged to engage in multi-lingual marketing materials to ensure the

community is aware of the change and confident that the applicant is ready and capable to provide culturally and linguistically accessible services.

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)

Nothing further to add.

----- 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

Solomon Klein

Title

Authorized Signer

Signature

July 12, 2024

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)

To preempt any unintended repercussions resulting from relocating the Adult Day Care facility, Yonkers Gardens ADC will monitor registrants to prevent any decrease in their Instrumental Activities of Daily Living (IADL) post-relocation. In the event of such a decline, the facility will provide education and coordinate assistance to affected individuals.

Moreover, Yonkers Gardens ADC will conduct supplementary interim assessments focusing on IADL and health-related social needs, utilizing tools like the Accountable Health Communities tool to identify and track registrants' requirements. This proactive approach aims to preemptively address any challenges stemming from the relocation while ensuring ongoing monitoring of registrants' overall needs.

To ensure equitable access to the program, Yonkers Gardens ADC will market the program to minorities, immigrants, and other underserved communities thereby raising awareness of the new location and mitigating any adverse impacts of the move.

Additionally, Yonkers Gardens LLC will continue to provide transportation services which serve to alleviate the logistical burdens on vulnerable groups.

The proposed new location boasts multiple advantages, including enhanced physical accessibility, elimination of architectural barriers, improved visibility, and enhanced health equity due to the diverse surrounding population. Furthermore, the new setting reduces exposure to airborne pathogens compared to the previous location with a neighboring clinic. Yonkers Gardens ADC intends to leverage these benefits to enhance care for registrants.

In its pursuit of inclusivity, Yonkers Gardens ADC will maintain the bilingual support it provides and provide bilingual documentation and signage to accommodate non-English speaking communities.

Overall, Yonkers Gardens ADC anticipates that this relocation will be mutually beneficial for both registrants and the broader community.

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.

Endnotes

- ⁱ American Psychological Association, (2013), "Lesbian, Gay, Bisexual and Transgender Aging," via <https://www.apa.org/pi/lgbt/resources/aging>.
- ⁱⁱ New York State Department of Health, (2009). "Adult Day Health Care," Via https://www.health.ny.gov/health_care/medicaid/program/longterm/addc
- ⁱⁱⁱ Sadarangani, Tina R., Joseph E. Gaugler, Holly Dabelko-Schoeny, and Katherine A. Marx. "Adult day services, health equity for older adults with complex needs, and the COVID-19 pandemic." *American journal of public health* 112, no. 10 (2022): 1421-1428.
- ^{iv} Adult Day Health Care Council, (2023), "2023-24 NYS Budget Health/Medicaid Testimony, February 28, 2023" via https://www.nysenate.gov/sites/default/files/adult_day_health_care_council_.pdf
- ^v Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International journal for equity in health*, 12, 1-9.
- ^{vi} Gong N, Meng Y, Hu Q, Du Q, Wu X, Zou W, Zhu M, Chen J, Luo L, Cheng Y, Zhang M. Obstacles to access to community care in urban senior-only households: a qualitative study. *BMC Geriatr*. 2022 Feb 14;22(1):122. doi: 10.1186/s12877-022-02816-y. PMID: 35164708; PMCID: PMC8842867., via https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8842867/pdf/12877_2022_Article_2816.pdf
- ^{vii} Ibid iii
- ^{viii} U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (nd). "Health People 2030: Language and Literacy." Accessed via <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy>.
- ^{ix} Ibid i
- ^x Ibid iii
- ^{xi} New York State Department of Health, (2023). "Westchester County Health Indicators by Race/Ethnicity, 2018-2020." via <https://www.health.ny.gov/statistics/community/minority/county/westchester.htm>
- ^{xii} U.S. Department of Health and Human Services. Centers for Disease Control (2024). Accessed via <https://www.cdc.gov/respiratory-viruses/risk-factors/older-adults.html>
- ^{xiii} U.S. Department of Justice, (2017). *ADA Best Practices Tool Kit*. "Chapter 6: Curb Ramps and Pedestrian Crossings Under Title II of the ADA" available at https://archive.ada.gov/pcatoolkit/ch6_toolkit.pdf