

New York State Department of Health
Health Equity Impact Assessment
 Closure of maternity services at Samaritan Hospital

SECTION A. SUMMARY

1. Title of project	Closure of the maternity unit, Burdett Birth Center, at Samaritan Hospital
2. Name of Applicant	Samaritan Hospital of Troy, New York
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>The Chartis Group, LLC (Chartis Center for Health Equity and Belonging)</p> <ul style="list-style-type: none"> • Kathy Poston (kposton@chartis.com) • Derrick Mitchell
4. Description of the Independent Entity's qualifications	<p>We are experts in health and racial equity consulting. Chartis is one of the first national consulting firms with a mission that includes the advancement of social and racial justice, health equity, and belonging. Through Chartis' March 2022 acquisition of Just Health Collective (founded in 2020), The Chartis Center for Health Equity and Belonging (CCHEB), is focused on creating a liberated healthcare system free of bias, discrimination, and disparities – resulting in equitable health for all.</p> <p>Our market research and insights indicate that healthcare is evolving to address a more comprehensive picture of health and wellness, which includes a focus on racial and health equity, population health, social drivers of health, diverse consumer market segmentation, cultural care program development, and community alignment. Our health equity practice has dedicated resources to help clients create equitable and inclusive organizations for their workforce, equitable access, experience and quality for their patients, and equitable health status for their communities. Our engagements integrate both quantitative and qualitative insights from data and internal and community stakeholder engagement. Our engagement approaches include interviews, focus groups, traditional written surveys, and audio interview surveys.</p> <p>This coupled with our team's depth and breadth of experience in healthcare operations and patient and community engagement gives us a deep understanding of the implications of health equity. When considering engagements with health equity</p>

	<p>and/or community health focus, Chartis has led more than 45 engagements in the past five years. These engagements have resulted in transformative impact for underserved communities and patient segments across the country.</p> <p>The CCHEB leader on this engagement has 30 years healthcare experience with areas of strength in equitable access to care, medical group operations and financial operations, performance improvement, improved outcomes, performance data, health equity and belonging education, mergers and acquisitions. Furthermore, CCHEB’s president and Chartis Chief Health Equity Officer, an advisor on this project, has been recognized twice by Modern Healthcare as an ‘up and comer’ to one of the nation’s top diversity leaders in healthcare.</p> <p>Disclaimer. In no event does Chartis take any position or offer any guarantee on whether: (i) an entity is required to perform a Health Equity Impact Assessment; or (ii) the Services will lead to any particular result.</p>
<p>5. Date the Health Equity Impact Assessment (HEIA) started</p>	<p>August 11, 2023</p>
<p>6. Date the HEIA concluded</p>	<p>September 30, 2023</p>

<p>7. Executive summary of project (250 words max)</p> <p>{In 250 words or less, provide an executive level summary of the project being proposed by the Applicant. What is the purpose and “end goal” of the project?}</p> <p>In fiscal year 2022, the losses incurred through operation of the maternity services unit at Samaritan Hospital, inclusive of providers, anesthesia and fixed costs, totaled \$2.3 million. This service has been operating with substantive growing losses annually as birth rates continue to decline. Samaritan Hospital acknowledges their not-for-profit status requires service to the community but highlights the imperative of maintaining financial viability to ensure the entire community can be served in the long term. The Applicant is planning for birthing services that have been conducted at Burdett Birth Center be redirected to St. Peter’s Hospital or other area hospitals effective December 31, 2023. The Applicant has indicated the ability of St. Peter’s Hospital to accommodate all labor and delivery patients currently served by the Applicant.</p> <p>The Applicant recognizes travel to other hospitals for delivery will be a barrier for some patients and intends to expand transportation screenings and provide transportation assistance for patients in need.</p>

The Applicant indicates there will be no impact to prenatal or postnatal OB/GYN or midwifery access in Rensselaer County. The care currently provided will continue without interruption. Patients will not be required to find new providers or new practices. The Applicant has indicated the ability of St. Peter's Hospital to absorb all labor and delivery patient volume currently served by Samaritan Hospital.

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

{In 500 words or less, provide an executive level summary of the findings from the Health Equity Impact Assessment. Based on the Independent Entity's conclusion of the data and information from meaningful engagement of the community, what is the health equity impact of the project being proposed? Would the project make health outcomes, quality of life, and/or quality of care better, the same, or worse for medically underserved groups?

The above-stated definitions of health equity is offered as a starting point for how the Independent Entity should prepare to answer this question.}

The Independent Entity reviewed data and information utilizing publicly available and proprietary resources, data and information provided by the Applicant, as well as information from meaningful engagement of the community to complete an independent, evidence-based market and community assessment to understand the health equity impact of the planned closure of the Burdett Birth Center.

Market Assessment

In the US, 1,205 women died of maternal causes resulting in a mortality rate of 32.9 deaths per 100,000 live births in 2021. Maternal mortality rates were significantly higher for Black women compared to White or Hispanic women¹. While the causes of these deaths vary, utilization of community-based midwives has been linked to lower rates of preterm births, decreased reliance on delivery by cesarean sections and improved birthing outcomes of BIPOC and LGBTQ+ communities².

The Applicant's service area was defined by identifying the number of newborns at the Burdett Birth Center for the nineteen-month period January 2022-July 2023 by zip code, which resulted in a narrowed scope of four counties: Albany, Rensselaer, Saratoga and Schenectady.

During 2020 of the almost 9,000 births from the four-county service area, 11%, or nearly 950 births occurred at Samaritan Hospital.

In 2022, 42% of the newborns at Samaritan Hospital were from identified medically underserved group. The greatest number of newborns were from Rensselaer County with the majority of those from zip code 12180 near the Burdett Birth Center. 42% were delivered by a midwife and slightly over half of patients of Samaritan Hospital, SNTR 2 Tower OB were insured through Medicaid.

Community Assessment

Over 750 participants engaged in individual and group interviews and responded to survey questions to share their insight and perspectives on the impact of the planned

closure of Burdett Birth Center. 98% of participants indicated their opposition to the planned closure.

Themes from the Independent Entity’s meaningful engagement activities reveal prevalent concerns by the community related to transportation and the perceived loss of midwife support at the time of delivery for those that prefer that model of care, both of which could result in health inequities. Other themes include the impact of the potential loss of the only local birthing location, which are results in a general concern about the health and safety of patients, the strain on local EMS, the ability for other area hospitals to absorb the additional maternity beds, and the loss of local jobs.

Individuals with no vehicle or with a reliance on public transportation will experience transportation barriers, which could include public transportation logistics, travel time and expense of travel, due to a lack of delivery options near their residences.

There is a community preference toward the use of the services of a midwife during birth.

Based on market and birthing data and information from meaningful engagement of the community, the impact of transportation barriers, described in more detail in this Health Equity Impact Assessment, increases the risk of inequitable health outcomes for individuals in the service area and those in identified medically underserved groups.

*Source(s): [Maternal Mortality Rates in the United States, 2021 \(cdc.gov\)](https://www.cdc.gov/maternal-mortality/rates-in-the-us-2021);

SECTION B: ASSESSMENT

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.

This file has been completed.

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:

Independent Entity note: the bulleted list below does not allow selection. Medically underserved groups that are NOT impacted have been stricken.

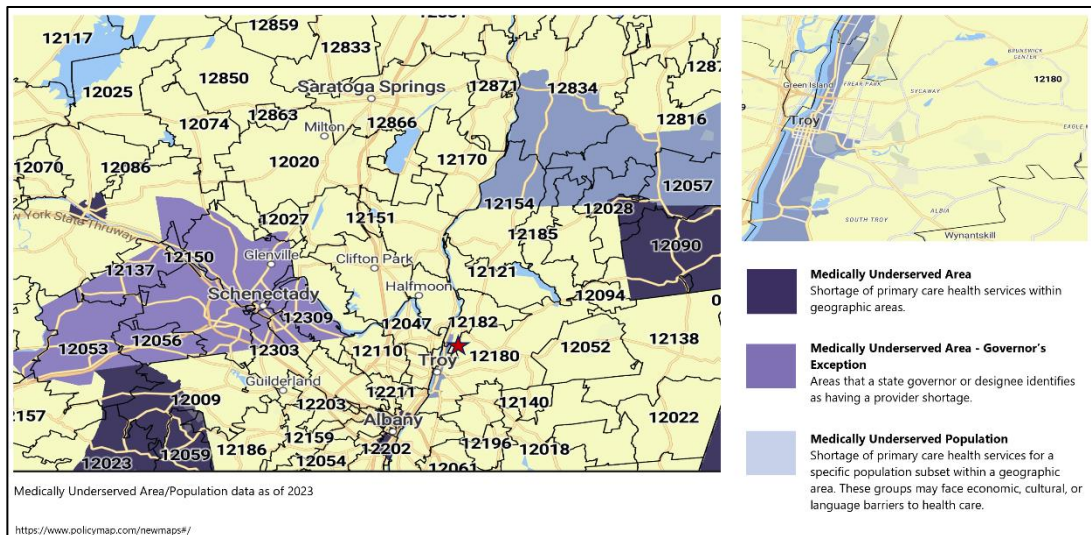
- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People with disabilities
- ~~Older adults~~

- ~~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):
 - Individuals with no vehicle or limited/no access to other transportation

In consideration of this project’s focus on individuals giving birth, the reference to medically underserved groups will include all the identified groups above collectively.

Figure 1 below indicates medically underserved areas and populations, as defined in the legend, by zip code. The HRSA data sets were also reviewed at a county level.

Figure 1. Medically Underserved Areas and Populations



The service area is comprised of four counties: Albany, Rensselaer, Saratoga and Schenectady. These counties were identified by a review of newborn zip codes for the nineteen-month period January 2022 - July 2023. The following zip codes, represented by ten or more births in the data period, were included in the analysis (12180,12065,12182,12047,12189,12118,12144,12188,12020,12303,12110,12203, 12019,12309,12302,12304,12198,12205,12033,12308,12306,12061,12866,12154, 12209,12206).

Source(s): <https://policymap.com>; data/information provided by the Applicant

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 determined by U.S. census data, Health Resources & Services Administration, Community Health Needs Assessment
- Racial and ethnic minorities determined by U.S. census data, New York State Birth Equity Improvement Project Samaritan Hospital June 2023 submission responses by demographic breakdown, Community Health Needs Assessment
- Immigrants inferred as being impacted through an assumption of population demographics that would also apply to this population
- Women determined by U.S. census data, New York State Birth Equity, Improvement Project Samaritan Hospital June 2023 submission responses by demographic breakdown, Community Health Needs Assessment
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people determined by New York State Birth Equity Improvement Project Samaritan Hospital June 2023 submission responses by demographic breakdown, BRFSS Brief accessed through health.ny.gov
- People with disabilities determined by U.S. census data
- Persons living in rural areas determined by zip code analysis
- People who are eligible for or receive public health benefits determined by U.S. census data
- People who do not have third-party health coverage or have inadequate third-party health coverage determined by U.S. census data, payor mix analysis from the Applicant's insurance claim data
- Other people who are unable to obtain health care determined by payor mix analysis from the Applicant's insurance claim data, the Applicant's Community Benefit Ministry 990 Reporting
- Not listed (specify):
 - Individuals with no vehicle or limited/no access to other transportation determined by U.S. census data

The following medically underserved groups were difficult to assess or compile due to limited collection of this data by the Applicant, lack of reporting of this data by the U.S. Census and lack of reporting by county governmental or public health offices:

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

Source(s): [United States Census Bureau](#) ; data/information provided by the Applicant

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

Individuals in each of the identified medically underserved groups may be impacted based on their proximity to alternative birthing locations and access to

transportation. Figure 2 below reflects the travel distance from identified medically underserved groups to area hospitals. The greatest number of newborns at the Burdett Birth Center for the nineteen-month period January 2022 - July 2023 are from zip code 12180 in Rensselaer County. Individuals from this zip code (12180) would be required to double or triple their travel distance to alternative birthing locations for non-emergency delivery.

Additional consideration should be given for individuals in identified medically underserved groups that prefer to utilize the services of midwives or doulas. 565 births (41%), for the nineteen-month period ending July 2023 were performed by midwives. References to the availability of and access to midwife care during birth were noted on the websites of Burdett Birth Center, St. Peter’s Hospital and Albany Medical Center. The Applicant has indicated that St. Peter’s Hospital will continue to provide the option of a midwife model of care during labor and delivery.

Figure 2. Travel distance from identified medically underserved groups, ordered by zip code and county

Zip	County	2022 & YTD July 2023 newborns at BBC	%	Miles to			
				BBC/ Samaritan Hospital	St. Peter’s Hospital	Albany Med Center	Bellevue Women’s Center
12154	Rensselaer	14	1%	15.9	28.5	24.9	26.4
12180	Rensselaer	313	23%	5.6	16.6	13.0	18.1
12206	Albany	10	1%	10.8	2.1	2.4	10.5
12209	Albany	11	1%	11.9	2.6	2.1	18.0
12302	Schenectady	22	2%	22.8	21.7	22.8	7.9
12303	Schenectady	25	2%	17.5	14.2	15.3	5.0
12304	Schenectady	18	1%	15.2	15.0	16.1	2.9
12306	Schenectady	14	1%	25.4	17.3	19.0	7.7
12308	Schenectady	15	1%	15.2	16.4	16.9	2.9
12309	Schenectady	22	2%	13.3	16.8	18.8	1.2

Source(s): Google maps; data/information provided by the Applicant; review of area hospital websites

- 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 use of the services

During 2020, 89%, or nearly 8,000 individuals from the four-county service area, gave birth at St. Peter's Hospital, Albany Medical Center, Saratoga Hospital or Ellis Hospital, combined. 11%, or nearly 950 individuals, gave birth at Samaritan Hospital.

In 2022, Samaritan Hospital reported 886 newborns. 372 births (42%) were performed by midwives.

For zip codes with five or greater births during 2022 (745 total), 310, or 42%, of the newborns were from identified medically underserved groups. The greatest number of newborns, 44%, or 331, were from Rensselaer County. Within Rensselaer County, 197, were from zip code 12180 near the Burdett Birth Center.

Figure 3 below reflects the number of newborns by county from identified medically underserved groups as compared to those not in medically underserved groups.

In 2022, 51% of patients of Samaritan Hospital, SNTR 2 Tower OB were insured through Medicaid while 61% of patients were insured through Medicaid January-June 2023.

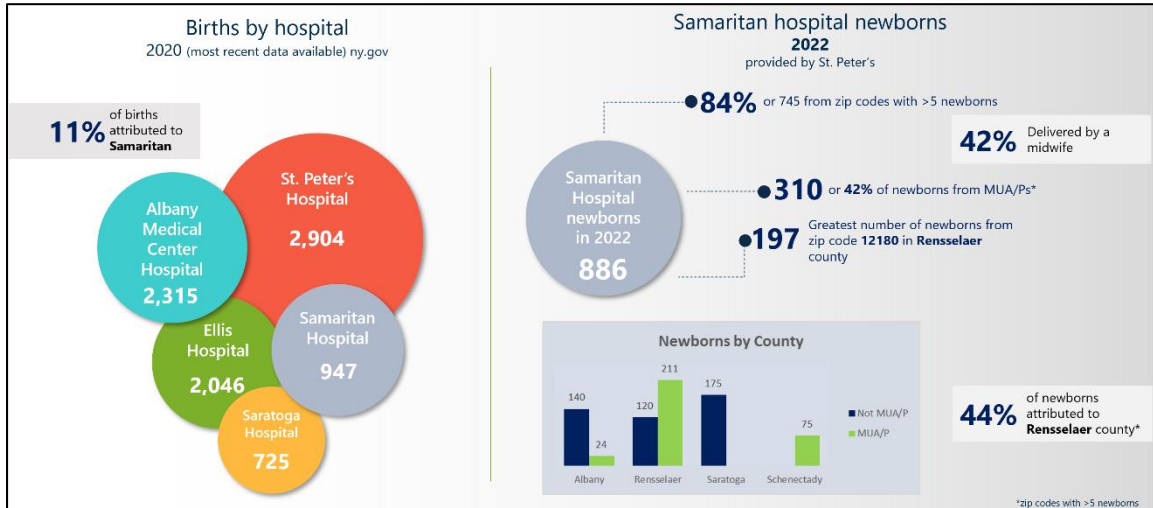
Expected use of the services

Prenatal and postnatal care and services are expected to continue without interruption in Troy and Rensselaer County. Albany Medical Center, St. Peter's Hospital, Saratoga Hospital and Bellevue Woman's Center at Ellis Hospital provide birthing services in the four-county service area, as well as Berkshire Medical Center.

Figure 2 above reflects the travel distance to area hospitals for labor and delivery services for individuals from identified medically underserved groups. For individuals that plan to give birth at St. Peter's Hospital, the Applicant has indicated the continuation of screening for transportation barriers and is conducting ongoing planning with transportation partners to aid with patients with transportation needs. The Applicant has indicated that the Emergency Department at Samaritan Hospital is equipped to manage laboring patients.

The Applicant has indicated that St. Peter's Hospital will continue to provide the option of a midwife model of care during labor and delivery.

Figure 3. Births by hospital; Samaritan newborn attributes



Source(s): [Hospital Maternity Information: Beginning 2008 | State of New York \(ny.gov\)](https://www.ny.gov/hospital-maternity-information-beginning-2008); data/information provided by the Applicant

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

The Applicant has indicated that prenatal and postnatal care and services are expected to continue without interruption in Troy and Rensselaer County.

Albany Medical Center, St. Peter's Hospital, Saratoga Hospital and Bellevue Woman's Center at Ellis Hospital provide birthing services in the four-county service area, as well as Berkshire Medical Center.

For individuals that plan to give birth at St. Peter's Hospital, the Applicant has indicated the continuation of screening for transportation barriers and is conducting ongoing planning with transportation partners to aid with patients with transportation needs. The Applicant has indicated that the Emergency Department at Samaritan Hospital is equipped to manage laboring patients.

The Applicant has indicated that St. Peter's Hospital will continue to provide the option of a midwife model of care during labor and delivery.

Source(s): research conducted by the Independent Entity

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

Refer to Figure 3 above for the distribution of births by service area hospitals.

During 2020, 89%, or nearly 8,000 individuals from the four-county service area, gave birth at St. Peter's Hospital, Albany Medical Center, Saratoga Hospital or Ellis Hospital, combined. 11% gave birth at Samaritan Hospital, which represents nearly 950 births.

Market share changes would result in other area hospitals experiencing an increase in deliveries, but the specific increase by birthing hospital is not able to be estimated based on many factors, including patient choice and transportation options. Figure 2 above references the travel distance from identified medically underserved groups to area hospitals.

For patients that prefer to utilize the services of midwives or doulas during childbirth, the Applicant has indicated that St. Peter's Hospital will continue to provide the option of a midwife model of care.

Source(s): [Hospital Maternity Information: Beginning 2008 | State of New York \(ny.gov\)](#); data/information provided by the Applicant; research conducted by the Independent Entity

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.

Applicant's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool)

Independent Entity conducted a review of KPMG LLP's most recent Exit Dashboard Report as of 9/29/2022 stating there is no DSH payment excess. Applicant has performed consistently in meeting its obligations stated under Public Health Law § 2807-k.

The Applicant has indicated they do not expect an impact in meeting future obligations related to the planned closure of the Burdett Birth Center.

Community services

St. Peter's Heath Partner's fiscal year June 2021-2022 Community Benefit Report can be found here:



6 2022-sphp-CB
Annual Report.pdf

The Applicant provided current screening, outreach, transportation, nutrition and other programmatic partnerships with the following organizations:

Healthy Lifestyle Programs

- Albany County Department of Health
- Rensselaer County Department of Health
- Jewish Family Services
- The Boys and Girls Club of the Capital Area
- The Collaboratory
- Capital District Latinos
- Capital District Tobacco-Free Communities
- Price Chopper
- Healthy Capital District

Addressing Food Insecurity

- The Boys and Girls Club of the Capital Area
- Jewish Family Services
- AVillage
- Regional Food Bank of Northeastern NY
- Troy Waterfront Farmers Market
- Maria College
- South End Night Market
- South End Grocery
- The Collaboratory
- Cohoes Senior Center
- Tech Valley Transportation
- Unite Us
- Capital Roots
- Patroon Creek Farms
- Food Pantries of the Capital District
- Lifepath Senior Services
- South End Community Collaborative

Creating Healthy Schools Grant

- Albany County Department of Health
- Rensselaer County Department of Health
- Albany City School District

Development of Community Coalitions to Address the Opioid Crisis

- Albany County Department of Health
- Rensselaer County Department of Health
- Catholic Charities
- Lincoln Pharmacy

Promote and Provide Mental Health First Aid with BIPOC residents

- Rensselaer County Department of Health
- Albany County Department of Health
- The Collaboratory

Address Mental Health Access Needs and Substance Misuse Services

- Healthy Capital District
- Capital Region Connections
- Albany County Department of Health
- Capital Region Health Connections (Health Home)
- Schenectady County Public Health Services
- Ellis Medicine
- Schenectady County Substance Use and Overdose Coalition
- Schenectady County Action Program

Transportation

- CDTA
- Ride Health
- Access Transit

OB/GYN Services

- Commission on Economic Opportunity – WIC, Babies in Waiting Program, Early Head Start
- MOM Starts Here
- Healthy Families
- WILLOW (Albany County)
- Alight Care Center
- Catholic Charities – Mary’s Corner
- BirthNet
- Whitney Young Health Services – WIC Program
- Albany Medical Center – WIC Program
- Unity House
- Equinox
- Young Parents United Schenectady
- Community Care Physicians – Troy OB/GYN
- Dr. Sean Lee and Dr. Cheryl Burack
- Dr. Bruce Clarke
- Women’s View Midwifery

Figure 4 reflects an estimate of the Medicaid population as a percentage of the population in each of the four counties in the service areas.

In 2022, 51% of patients of Samaritan Hospital, SNTR 2 Tower OB were insured through Medicaid while 61% of patients were insured through Medicaid January-June 2023.

Figure 4. Medicaid Enrollees as a % of County Population

County	Medicaid Enrollment, July 2023	Population, 2021	Medicaid Enrollees as a % of Population
Albany	84,129	314,679	27%
Rensselaer	42,651	161,125	26%
Saratoga	44,962	235,010	19%
Schenectady	57,847	157,515	37%

Source(s): Data/information provided by the Applicant; [New York State Department of Health](#); [United States Census Bureau](#)

- 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.

The Applicant has publicly communicated that prenatal and postnatal care and services are expected to continue without interruption in Troy and Rensselaer County.

According to excerpts from a communication, *A Message from Dr. Steven Hanks on the Proposed Closure of Burdett Birth Center*,

“There will be no impact to prenatal or postnatal OB/GYN or midwifery access in Rensselaer County.”

“Patients do not need to find new providers or new practices.”

“The Samaritan Hospital maternity unit is generally staffed with approximately 30 full-time colleagues and 15 part-time per diem roles. Should the NYS DOH approve the closure, our Human Resources staff is prepared to work with those interested colleagues to identify opportunities for them within our system of care.”

Source(s): information provided by the Applicant; [*A Message from Dr. Steven Hanks on the Proposed Closure of Burdett Birth Center*](#)

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

There are no present civil rights access complaints filed against Samaritan Hospital.

During the last 10 years, only one civil rights access complaint was filed against Samaritan Hospital, which has been resolved. Briefly described, the complaint was filed in 2017, and stemmed from services provided at St. Mary's Hospital (which merged into Samaritan Hospital on 1/1/19). A deaf surgical patient and deaf family member alleged they were not provided with reasonable accommodations such as sign language interpreters, video-phone services and/or a teletypewriter for the deaf (TTY). The case was settled with the plaintiffs.

Source(s): information provided by the Applicant

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.

Not applicable.

STEP 2 – POTENTIAL IMPACTS

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

The project is planning the closure of birthing services at Burdett Birth Center which would result in the removal of fifteen maternity beds at Samaritan Hospital. Removal of these services will not improve access to services and health care, will not improve health equity and will not reduce health disparities for medically underserved groups in the service area.

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.

Themes from the Independent Entity’s meaningful engagement activities reveal prevalent concerns by the community related to both transportation and the support of midwives during birth, both of which could result in health inequities for medically underserved groups.

Individuals giving birth in each of the identified medically underserved groups may be negatively impacted based on their home location and access to transportation in relation to birthing locations other than Burdett Birth Center. Figure 2 above reflects the travel distance from identified medically underserved groups to service area hospitals. Section 4 below outlines public access to transportation and travel time, as well as ongoing Applicant-sponsored transportation discussions for individuals that plan to give birth at St. Peter’s Hospital. Both travel distance and travel time have been identified as a top concern in the community.

There is a strong community preference toward the use of the services of a midwife during birth. Community perception is that other area hospitals lack the cultural connection and ability to provide the patient with their desired experience and outcomes.

Although complications during birth may require medical intervention resulting in a cesarean birth, studies show that midwives and doulas are associated with improved maternal health outcomes and lower rates of medical intervention in birth for lower risk patients.

Cesarean rates for local hospitals are reflected in Figure 5 below.

Figure 5. Trended Cesarean Birth Data by Service Area Hospital

	Cesarean Births as a % of Total Births				
	2016	2017	2018	2019	2020
Albany Medical Center Hospital	43%	43%	43%	42%	43%
St Peters Hospital	34%	32%	33%	34%	36%
Samaritan Hospital	29%	25%	24%	23%	24%
Saratoga Hospital	29%	32%	34%	28%	29%
Ellis Hospital - Bellevue Woman's Care Center Division	33%	32%	32%	32%	33%
	Annual Distribution of Cesarean Births				
	2016	2017	2018	2019	2020
Albany Medical Center Hospital	26.9%	28.9%	28.6%	29.7%	31.5%
St Peters Hospital	30.0%	30.4%	31.0%	34.5%	33.0%
Samaritan Hospital	8.9%	7.7%	7.8%	7.0%	7.2%
Saratoga Hospital	7.0%	7.6%	8.2%	6.5%	6.7%
Ellis Hospital - Bellevue Woman's Care Center Division	27.2%	25.4%	24.4%	22.3%	21.6%

For patients that prefer to utilize the services of midwives or doulas during childbirth, the Applicant has indicated that St. Peter’s Hospital will continue to provide the option of a midwife model of care.

Source(s): information provided by the Applicant; high level themes from meaningful engagement activities; [Hospital Maternity Information: Beginning 2008 | State of New York \(ny.gov\); Community-Based Doulas and Midwives](#)

- 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 Applicant has indicated they do not expect any change in the amount of community benefit or indigent care support. Community Benefit support as of June fiscal year 2023 is noted in Figure 6 below.

Figure 6. Community Benefit

Jun YTD FY2023 Actual					
Community Benefit Ministry detail for monthly and 990 reporting Samaritan Consolidated (ALB_ACUTE CARE.ALB_ACUTE CARE_SAM) (whole dollars)					
	CBM Gross expense	CBM Net patient revenue	CBM Other operating revenue	CBM Offsetting revenue	CBM Net expense
For monthly reporting					
Charity Care at Cost	\$2,753,946	-	\$1,078,812	\$1,078,812	\$1,675,134
Unpaid Cost of Medicaid and Other Prgms	90,955,504	61,141,734	-	61,141,734	29,813,770
Programs for the Poor	10,012,533	-	5,962,224	5,962,224	4,050,309
Ministry for the Poor and Underserved	103,721,983	61,141,734	7,041,036	68,182,770	35,539,213
Ministry for the Broader Community	4,869,428	-	2,330,362	2,330,362	2,539,066
Community Benefit Ministry	\$108,591,411	\$61,141,734	\$9,371,398	\$70,513,132	\$38,078,279

- 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.

Through the Independent Entity’s meaningful engagement activities, transportation has been identified as one of the greatest concerns related to the planned closure.

For those individuals in the four-county, twenty-six zip code service area with a personal vehicle, many indicated a significant increase in travel time in the event they are not able to give birth at Burdett Birth Center.

For those individuals in the four-county, twenty-six zip code service area, nearly 40% reported no household vehicle for >10% of the population in the zip code.

That percentage increased to 50% when focusing on zip codes in identified medically underserved groups.

The Burdett Birthing Center at Samaritan Hospital is located on the Capital District Transportation Authority #87 bus line. From downtown Troy starting at Riverfront Station - River St & Front St pick up, a 17-minute travel to Burdett Center at Samaritan Hospital on bus #87 would terminate at the Burdett Ave & Samaritan Hospital station. Individuals would arrive at Burdett Birthing Center after a 2-minute walk from the station.

St. Peter's Hospital is located on the Capital District Transportation Authority #13 and #106 bus lines. From downtown Troy starting at Riverfront Station - River St & Front St pick up, a 28-minute travel to S. Pearl Station - State St & S. Pearl on bus #22 would require a transfer and a 22-minute transit on bus #13 or #106. Individuals would arrive at St. Peter's Hospital after a 3 to 8-minute walk from the station.

Albany Medical Center is located on the Capital District Transportation Authority #13 bus line. From downtown Troy starting at Riverfront Station - River St & Front St pick up, a 28-minute travel to S. Pearl Station - State St & S. Pearl on bus #22 would require a transfer and a 12-minute transit on bus #13. Individuals would arrive at Albany Medical Center after a 1-minute walk from the station.

During business hours (5:30 a.m.-12:00 a.m. Monday-Friday, 6:00 a.m.-12:00 a.m. Saturdays, and 7:00 a.m.-10:00 p.m. Sundays) bus #87 completes this route every 20 minutes and buses #13, #22, and #106 complete their routes every 40 minutes. Buses are not available between the hours of 12:00 a.m. and 5:30 a.m. seven days out of the week.

For individuals that plan to give birth at St. Peter's Hospital, the Applicant has indicated the continuation of screening for transportation barriers and is conducting ongoing planning with transportation partners to aid with patients with transportation needs. The Applicant has indicated that the Emergency Department at Samaritan Hospital is equipped to manage laboring patients.

Source(s): themes from meaningful engagement activities; information provided by the Applicant; [Capital District Transportation Authority](#)

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

The project is planning for a closure of birthing services at Burdett Birth Center. Removal of these services will not reduce architectural barriers for people with mobility impairments.

Meaningful Engagement

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

Rensselaer County Health Department
Albany County Department of Health
Saratoga County Department of Health
Schenectady County Public Health

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

The Applicant emailed Mayor Madden and Deputy Mayor Nolin on August 15, 2023, introducing the initiation of the Health Equity Impact Assessment process and requesting confirmation of interview availability. The email included a list of possible additional attendees, which included Steven F. McLaughlin, Rensselaer County Executive, Mary Fran Wachunas, Rensselaer County Health Commissioner and welcomed any other suggested attendees. No additional attendees participated in the group interview.

The Independent Entity left a message with the office of the Rensselaer County Health Commission on September 18 following up directly to request an interview with no response.

Elizabeth Whalen, MD, MPH, Commissioner of the Albany County Department of Health responded to the survey.

Contact information: elizabeth.whalen@albanycountyny.gov

Dr. Whalen indicated the receipt of many letters from members of the community in support of advocates in the form of community health workers, doulas and midwives. Referencing lower rates of Cesarean sections and a higher rate of maternal and infant morbidity and mortality, specifically for women of color, she is opposed to the planned closure of the Burdett Birth Center. A personal statement was submitted and has been included in the meaningful engagement Excel tab sharing her reasons for opposition.

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

This file was completed.

9. 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 planned closure of the Burdett Birth Center include individuals within the historic service area zip codes (noted in Step 1, Number 2 above) of the Burdett Birth Center and more specifically in the zip codes identified as medically underserved groups (12180, 12302, 12303, 12304, 12306, 12308, 12309, 12154, 12206, 12209), that would require a maternity bed at Samaritan Hospital.

Individuals with no vehicle or with a reliance on public transportation within any of the service area zip codes will experience transportation barriers, which could include public transportation logistics, travel time and expense of travel, due to a lack of delivery options near their residences.

Several community leaders, public officials and a representative of the Save BBC Coalition offered relevant input and have been considered representatives of the impacted individuals and communities for this assessment. Each formally expressed concern with the planned closure. Although stakeholder representatives shared their input and positions from their individual perspectives, similar predominant themes include the impact of the potential loss of the only local birthing location, which raised concerns about the health and safety of patients generally, and more specifically transportation barriers, the strain on local EMS, the ability for other area hospitals to absorb the additional maternity beds, the loss of local jobs and the perceived loss of midwife support at the time of delivery for those that prefer that model of care.

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

The Independent Entity believes input from community engagement to be one of the most important considerations of the Health Equity Impact Assessment.

Over 750 participants engaged in individual and group interviews and responded to survey questions to share their insight and perspectives on the impact of the planned closure of Burdett Birth Center. 98% of participants indicated their opposition to the planned closure. Participants include members of each required stakeholder group. The group category "*Other*" includes members of the Troy community and surrounding service areas (self-identified as female, woman

or birthing person), former and current clinical employees and providers, former patients/parents, business owners).

The terms benefit and burden are subjective and individuals will be impacted differently based on their access to transportation, distance to a birthing center, and personal preferences for preferred labor and delivery models of care. Impacts to health equity that might occur as a result of the project are noted in responses throughout Section 2, Potential Impacts, above.

11. 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.

Stakeholder input was received from individual and small group interviews and two survey options, an audio survey accessed through a QR code by mobile phone or a written survey accessed through a URL address. Individuals self-identified in the following medically underserved groups:

- Women
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- People living in a rural area
- Low-income people
- Medicaid-insured people
- People aged 65+
- People living with a disability
- Racial and/or ethnic minority groups
- Immigrants or refugees

Other relevant stakeholders include those individuals with no or limited access to a personal vehicle and/or rely on public or private transportation. In consideration of the self-identified responses collected through the survey, the Independent Entity does not believe any medically underserved stakeholders have been excluded from the meaningful engagement activities.

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
 - a. People of limited English-speaking ability
 - b. People with speech, hearing or visual impairments
 - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

The Applicant has created a communications plan with messaging tailored to both internal and external key audiences and impacted stakeholders. Communication channels will be reflective of the audience and may include direct phone calls, text messages, in-person and virtual meetings, FAQ resource references, emails and letters. Activities will also include monitoring and responding to incoming call center inquiries and social media posts and regular updates in local, regional and state news publications.

The Applicant should continue to provide current information and a resource library of additional content and references on its website as a single source of truth for patients and the community.

The Independent Entity recommends information, updates, and all community impact mitigation and resolution strategies be communicated multiple times via multiple channels in a clear, transparent manner.

When reviewing the Applicant's website and previous communications, the information appears to have only been presented in English. It is advised the Applicant to update its website to ensure language translation options are available and easily identified and any written content is made available for the predominant non-English speaking languages in the four-county service area.

It is also advised that any written or video content published to the Applicant's website accommodate vision or hearing impairments.

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

This project is a plan to close the maternity unit, Burdett Birth Center, at Samaritan Hospital. Strategies to mitigate and address impact to patients in medically underserved groups or areas are provided in this section, numbers 1, 3-4.

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

The Independent Entity recommends the Applicant leverage current partnerships with community organizations to ensure information regarding birthing options is distributed to individuals in medically underserved groups, in appropriate language(s).

The Applicant should continue to provide current information and a resource library of additional content and references on its website as a single source of truth for patients and the community. Information, updates, and all community

impact mitigation and resolution strategies should be communicated multiple times via multiple channels in a clear, transparent manner.

Communication priorities should include:

- addressing the Applicant's proposed solutions to the barriers of access to and cost of transportation and the distance to St. Peter's Hospital
- reiterating the patient's ability to retain a preferred midwife supported model of care during labor and delivery at St. Peter's Hospital

It is recommended the Applicant host a series of listening sessions to better understand community concerns. Prioritize the areas of greatest concerns, develop plans to address the concerns, communicate the proposed solutions, and solicit feedback.

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?

Systemic barriers are obstacles that place unequal value on individuals and communities.

The Applicant acknowledges the project will result in transportation barriers for individuals in its service area. Travel distance, cost and access to transportation for individuals in identified medically underserved groups are potential barriers for many patients.

The Independent Entity recommends the Applicant provide vouchers for local bus and/or taxi services, establish partnerships or program benefits for private transportation services and/or access to rideshare services for free or discounted 24/7 transportation for non-emergency delivery at St. Peter's Hospital. Emergency delivery services should continue to be provided by local EMS. It is recommended that the Applicant absorb the full cost of travel expenses for patients with no access to transportation that choose to give birth at St. Peter's Hospital. Alternatively, the patient's cost of transportation services may be discounted on a sliding scale based on travel distance and medically underserved designation, by group(s) or home zip code, identified within this assessment.

There is a widespread community preference toward the use of the services of a midwife during birth. Interventions and support from culturally competent, community-based doulas and midwives have been reported to play a significant role in addressing systemic barriers impacting birthing outcomes for those medically underserved populations who feel a loss of autonomy and dismissal of traditional communal birthing practices when obtaining low-risk pregnancy-related care. The Independent Entity recommends the Applicant clearly

communicate St. Peter's Hospital's continued support of the midwife model of care to support equitable experience and quality.

Source: [Community-Based Doulas and Midwives](#)

The Independent Entity recommends the Applicant provide training and scripting for call center and front-end staff for the continued collection of self-reported race, ethnicity, language, sexual orientation and gender identity information to ensure patients from any medically underserved group have equitable access, experience and quality.

STEP 4 – MONITORING

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

The Applicant has the following existing mechanisms and measures in place to monitor health equity related impacts:

- Participation in Health Capital District's Community Health Survey
- Participation in the New York State Birth Equity Improvement Project
- Patient experience surveys
- Partnerships and programs with community organizations to address patient needs
- Collection of social needs and drivers of health information
- Collection and monitoring of quality initiatives comprised of obstetrics, neonatal and perinatal indicators
- Collection of self-reported patient demographic data including race, ethnicity, language, sexual orientation, gender identity
- Accountability to system scorecard measures and targets, which includes a health equity focused component

1. 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 Independent Entity recommends the following new measures:

- Provide training and scripting for call center and front-line staff to increase the collection of patient demographic data; measure increased level of awareness and understanding

- Establish collection rate targets for patient demographic data, with attention to those fields that are lagging; uphold accountability
- Stratify all survey results, reports and dashboards by race, ethnicity, language, sexual orientation, sexual identify and zip code to better understand and respond to the needs of individuals in medically underserved groups
- Monitor delivery experiences and outcomes of patients using the support and services of a midwife compared to patients that did not, to promote conversations with community members
- Track performance indicators for community partners, including new transportation partnerships/programs; conduct a bi-annual review with each partner's leadership for continued program efficiency and alignment
- Ensure there is an individual accountable to monitoring and reporting the health equity impact of projects and programs through the use of reliable and accurate data and dashboards
- Implement a policy requiring all employed, contracted or otherwise affiliated providers of prenatal care to collaborate with the patient, in the patient's preferred language, to create a labor and delivery plan and what actions to take during an unplanned event or emergency

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, Samaritan Hospital, attest that I have reviewed the Health Equity Impact Assessment for the Closure of the Burdett Birth Center, that has been prepared by the Independent Entity, The Chartis Group, LLC.

Kim K. Baker _____

Name

SVP for Hospital Operations _____

Title


Kim K. Baker, 2023 11:43 EDT

Signature

10/3/2023 _____

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.