

## 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	CNY Eye Center Relocation
2. Name of Applicant	Central New York Eye Center Ltd.
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions <b>Kim Hess</b> , COO <a href="mailto:khess@monroeplan.com">khess@monroeplan.com</a> <b>Howard Brill</b> , SVP Population Health Management and Quality <a href="mailto:hbrill@monroeplan.com">hbrill@monroeplan.com</a> <b>Andrea Indiano</b> , Project Manager <a href="mailto:aindiano@monroeplan.com">aindiano@monroeplan.com</a> <b>Jeanette Fafone</b> , Administrative Coordinator, <a href="mailto:jfafone@monroeplan.com">jfafone@monroeplan.com</a> <b>Todd Glanton</b> , SVP Technology and Analytics, IT <a href="mailto:tglanton@monroeplan.com">tglanton@monroeplan.com</a> <b>Sylvia Yang</b> , Health Systems Analyst <a href="mailto:syang@monroeplan.com">syang@monroeplan.com</a>
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	5/12/2025
6. Date the HEIA concluded	6/11/2025

7. Executive summary of project (250 words max)
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CNYEC proposes to move its current single-specialty ASC-ophthalmology, from 22 Green Street, Poughkeepsie, NY 12601, to 27 Davis Avenue, Poughkeepsie, NY 12603, a distance of 3.2 miles. The current center has two operating rooms, and the new center will have four operating rooms, allowing for more patients to be cared for. In addition, as a newly renovated building, the center will be in a state-of-the-art facility.

The new owner of the Center was recently approved by NYSDOH and took sole ownership in April 2025.

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

The project is a relocation of an ambulatory surgery center, primarily performing cataract surgery, three miles in the city of Poughkeepsie. The relocation is to a newly renovated facility, doubling operating room capacity from two to four rooms, improving availability in the service area, and potentially reducing long wait times for scheduling surgery.

The largest portion of the service area is Dutchess County, which is a relatively affluent county. It does include medically underserved areas, including the current location of the facility. The city of Poughkeepsie has been affected by historical racial segregation, with the current facility location in a historically redlined area and the proposed location in a relatively affluent area. There are national disparities in cataract surgery and visual impairment related to gender, race, and income. In addition, cataracts and visual impairment are age-related. Transportation barriers were highlighted as a key social determinant in the community needs assessment and emphasized by community stakeholders.

The community stakeholders had distinctive perspectives on the project across dimensions of transportation, affordability, and availability. In addition, comments by direct consumers were particularly attentive to the quality of the facility's conditions and the relationship with the physician. The current and proposed locations are both 0.3 miles from bus stops, but stakeholders viewed public transportation as inadequate, particularly for those living outside of Poughkeepsie. The relocation is from a medically underserved area to a well-served area. About 20% of current patients are equally divided between these two areas, with 80% of the patients coming from outside of either area. The relocation has minimal impact on that 80% of patients. In addition, surgery at the facility requires referral from a specialist, reducing the advantages of immediate proximity; you cannot walk into the facility as entry to care.

The recommendations from community stakeholders reflected those dimensions of transportation, affordability, and availability. Assistance for transportation, which can include help navigating public transportation resources, was recommended. Also, financial assistance, for which the Applicant has developed a Foundation and process, is an important adaptation for affordability access. Because services are

downstream from primary care, communication and relationships with primary care and safety net providers in underserved areas are necessary for realizing the benefits of increased availability that the project creates. The Applicant has designed the project to enhance the relationship with a safety net provider and develop a system for financial assistance. Direct consumers were focused on improved quality of experience in a new facility.

## **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.

The project involves moving an ambulatory surgery center that predominantly provides cataract surgery, a distance of 3.2 miles, to a newly renovated facility, increasing operating rooms from two to four. The Applicant is located in Dutchess County in Poughkeepsie. The service area was defined using the CMS primary service area rule of the top zip codes exceeding 75% of the Applicant’s utilization during 2023.

The primary service area includes portions of Dutchess, Columbia, Ulster, Orange, and Putnam counties. (Columbia and Putnam counties contribute very small portions to the service area due to slightly overlapping zip codes.) The current and proposed sites are located in Dutchess County. The current location is in zip code 12601 and the proposed location is in zip code 12603. Scoping sheets 1 and 2 were completed using the U.S Census Bureau 5-year estimates for ZCTAs. Race and ethnicity distributions for the ZCTAs are displayed in Figure 1. The service area includes HRSA-designated medically underserved and health professional shortage areas. The 12601 zip code, the current location of the facility is a medically underserved area.

Dutchess County is one of the more affluent counties in New York State, ranking 57<sup>th</sup> in poverty rate out of 62 counties. Putnam, Columbia, and Orange are also relatively affluent, ranking 61<sup>st</sup>, 48<sup>th</sup>, and 42<sup>nd</sup>, respectively. Ulster County has the highest poverty rate in the service area, ranking 22<sup>nd</sup> (NYS Office of the State Comptroller 2025). Columbia County is a rural county.

The population of the service area is 410,106 persons, with 67.8% being White, 10.9% Black or African American, 0.6% American Indian and Alaska Native, 3.2% Asian, and 7.0% Other. 10.4% of the population identified as multi-race. 17.4% of the population identified as Hispanic or Latino. Poverty rates in the service area range from 1.1% to 14.3%. The highest percentage of people below the poverty line is in ZCTA 12550. The current location has a poverty rate of 11.3%; the zip code of the proposed location has a poverty rate of 4.9%. The highest percentage of Food Stamp /SNAP benefits usage is 20.4% in ZCTA 12522. The second highest Food Stamp/ SNAP benefits usage is 18.1% in 12601, the current facility location, which compares to 8.1% in the proposed location.

The highest percentage of those with no vehicles available is 17.4% in 12601, with the second highest 13.8% in 12550. The overall percentage of the service area for those with no vehicle available is 8.7%. The proposed location has a percentage of 6.7%.

The city of Poughkeepsie is affected by historical racial segregation, impacted by redlining and highway construction (Butler n.d., Community Stakeholders, Curri 2017). The 12601 zip code is an area that was historically redlined.

The disparities and quality metrics tracked in the New York State Prevention Agenda are not relevant to the services provided by the Applicant, which involve eye surgery. The Community Needs Assessment identified chronic disease, mental health, and substance use as major areas of concern, with underlying barriers involving housing, transportation, and access to mental health providers.

Sources :

Butler, Shannon. n.d. "Historical Views on Racism in Poughkeepsie."  
<https://poklib.org/historical-views-on-racism-in-poughkeepsie/>.

Community Stakeholders.

Curri, Neil. 2017. "Poughkeepsie: A City Divided | Geospatial Mapping at Vassar."  
<https://pages.vassar.edu/gis/2017/06/01/poughkeepsie-a-city-divided/>.

Hudson Valley Public Health Collaborative. 2022. *Mid-Hudson Region Community Health Assessment 2022-2024*. Hudson Valley Public Health Collaborative.

New York State Department of Health. 2025. "Prevention Agenda Tracking Dashboard."  
[https://apps.health.ny.gov/public/tabvis/PHIG\\_Public/pa/reports/#county](https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county).

NYS Office of the Comptroller. 2025. "New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller." <https://www.osc.ny.gov/reports/new-yorkers-need-look-poverty-trends-new-york-state-last-decade>.

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:

- ☒ X Low-income people
- ☐ Racial and ethnic minorities
- ☐ Immigrants
- ☒ X Women
- ☐ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ☒ X People with disabilities
- ☒ X Older adults
- ☐ Persons living with a prevalent infectious disease or condition
- ☐ Persons living in rural areas
- ☒ X People who are eligible for or receive public health benefits
- ☒ X 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 services provided by the Applicant are predominantly for cataract surgery, with a small number related to glaucoma. The groups selected in Item 2 reflect impacts primarily related to cataract surgery and the demographic characteristics of the service area.

#### Low-income people

While the service area includes more affluent New York State counties, there are zip codes in the service area with significant levels of poverty. Low income is associated with disparities in receiving cataract surgery and secondary vision loss related to cataracts.

Sources:

Awidi, Abdelhalim A., Jiangxia Wang, Varshini Varadaraj, Muhammad Ali, Cindy X. Cai, Alfred Sommer, Pradeep Y. Ramulu, and Fasika A. Woreta. 2023. "The Impact of Social Determinants of Health on Vision Loss from Cataracts and Cataract Surgery Utilization in the United States Analysis of Three National Health Interview Survey Years, 2008, 2016, 2017." *American Journal of Ophthalmology* 254:44–53. doi:10.1016/j.ajo.2023.03.017.

Staff. 2023. "Social Factors Linked to Access Barriers in Cataract Care." <https://www.reviewofoptometry.com/article/social-factors-linked-to-access-barriers-in-cataract-care>.

### Women

The incidence of cataracts and vision impairments is higher for women than men, although it is unclear whether the disparity is related to longer life or other causes.

#### Sources:

Elam, Angela R., Victoria L. Tseng, Tannia M. Rodriguez, Elise V. Mike, Alexis K. Warren, and Anne L. Coleman. 2022. "DISPARITIES IN VISION HEALTH AND EYE CARE." *Ophthalmology* 129(10):e89–113. doi: 10.1016/j.ophtha.2022.07.010.

Fang, Zhi, Xin-Yi Chen, Li-Xia Lou, and Ke Yao. 2021. "Socio-Economic Disparity in Visual Impairment from Cataract." *International Journal of Ophthalmology* 14(9):1310–14. doi: 10.18240/ijo.2021.09.03.

Geiger, Matthew D., Anne M. Lynch, Alan G. Palestine, Nathan C. Grove, Karen L. Christopher, Richard S. Davidson, Michael J. Taravella, Naresh Mandava, and Jennifer L. Patnaik. 2024. "Are There Sex-Based Disparities in Cataract Surgery?" *International Journal of Ophthalmology* 17(1):137–43. doi: 10.18240/ijo.2024.01.19.

Lee, Cecilia S., Grace L. Su, Douglas M. Baughman, Yue Wu, and Aaron Y. Lee. 2017. "Disparities in Delivery of Ophthalmic Care; An Exploration of Public Medicare Data." *PLoS ONE* 12(8):e0182598. doi: 10.1371/journal.pone.0182598.

### Racial and Ethnic Minorities

Visual impairment is higher for Blacks, Hispanics, Asian-Americans, and Native Americans than non-Hispanic Whites. Cataracts are more prevalent in Blacks and Hispanics than non-Hispanic Whites.

Source:

Elam, Angela R., Victoria L. Tseng, Tannia M. Rodriguez, Elise V. Mike, Alexis K. Warren, and Anne L. Coleman. 2022. "DISPARITIES IN VISION HEALTH AND EYE CARE." *Ophthalmology* 129(10):e89–113. Doi: 10.1016/j.opthta.2022.07.010.

### People with Disabilities, Older Adults

Cataracts are the leading cause of blindness in the world and the second leading cause of visual impairment. Visual impairment in general, and the incidence of cataracts, increases with age.

18.3% of the service area population is age 65 years or older. 13.7% of the service area has a disability.

### Persons who receive public program health benefits

Cataract surgery is the most common surgery for Medicare. In 2023, 73.3% of discharges for cataracts and other ophthalmological surgical procedures in the service area had Medicare as the primary payer. An additional 2.3% of the service area discharges had Medicaid as the primary payer.

For the service area, 37.9% have public insurance coverage.

Sources:

ACS 2023.

Lee, Cecilia S., Grace L. Su, Douglas M. Baughman, Yue Wu, and Aaron Y. Lee. 2017. "Disparities in Delivery of Ophthalmic Care; An Exploration of Public Medicare Data." *PloS ONE* 12(8):e0182598. Doi: 10.1371/journal.pone.0182598.

SPARCS 2023.

### People who do not have 3<sup>rd</sup> party coverage or have inadequate 3<sup>rd</sup> party coverage

4.8% of the service area population had no health insurance coverage.

Source:

ACS 2023.

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

For All Groups:

- ☐ The Applicant is the largest provider of its services in the service area, and the project doubles operating room capacity, increasing availability.
- ☐ By increasing availability, the project is expected to reduce the current wait time of three or four months for cataract surgery. The increased capacity is expected to double the caseload over time.
- ☐ The new location is next to an ophthalmological clinic, which is the main source of referrals for the center.
- ☐ The newly renovated facility and new equipment are expected to enhance the quality and experience of care, as well as attract additional providers.
- ☐ The location has better vehicle accessibility and parking, and has more services for waiting family members.
- ☐ The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.
- ☐ The current location is in a medically underserved area, but the proposed location is in a better-served area.

Because the relocation is from a historically underserved area to a well-served, more affluent area, there are specific effects on accessibility related to poverty, race, ethnicity, and health insurance coverage.

Low-income people, Racial and ethnic minorities, Persons who receive public program health benefits, People who do not have 3<sup>rd</sup> party coverage or have inadequate 3<sup>rd</sup> party coverage

The project relocates the facility three miles from the 12601 zip code, which is a historically underserved, low-income, and comparatively diverse area, to zip code 12603, which is better medically served, has lower poverty rates, and is less diverse. The 12601 and 12603 zip codes are similarly sized, 44,696 and 41,513 persons, respectively.

In Table 1, the differences between zip codes 12601 and 12603 are compared for income, race and ethnicity, and insurance coverage. For context, 9.5% of the discharges for the facility were drawn from residents of the 12601 zip code, and 9.9% of the 12603 zip code.



*Table 1 Income, Race & Ethnicity, and Insurance Coverage for Current and Proposed ZCTA Locations and Applicant's Utilization*

Underserved Group	Zip Codes		Applicant Utilization
	12601 Current	12603 Proposed	
% Total Discharges – Applicant Utilization	9.5%	9.9%	2023 Discharges = 2,227
Low-income Poverty Rate	11.3%	4.9%	Not Available
Racial and Ethnic Minorities	47.4%	68.7%	39.3%
% White	24.8%	11.5%	1.4%
% Black	27.8%	19.8%	58.6%
% All Other	21.9%	13.2%	>1%
% Latino or Hispanic			
Public Programs	41.7%	35.0%	84.4%
Uninsured	7.8%	2.9%	Not available

Sources: ACS 2023, SPARCS 2023

The high proportion of “Other” race and ethnicity in the Applicant's SPARCS race and ethnicity data likely reflects non-response rather than accurate reflection of the distribution.

The high proportion of patients with in public programs is consistent with the older age of cataract surgery patients, who will be predominantly on Medicare.

The project's impact on persons in these groups who live in the 12601 zip code is reduced geographic accessibility to the facility. 80.6% of the discharges for the facility during 2023 were from outside these two zip codes, and the relocation will not significantly impact the accessibility for those patients.

For other groups, the change in location does not significantly impact geographic accessibility.

### Women

As noted in Step 1, Question 3, there are significant disparities between women and men for cataracts and related visual impairment in the medical literature. It is still disputed in the literature whether this is because women live longer than men, and consequently have greater exposure to age-related disease, or whether there are systemic social inequities involved.

The differences between zip codes 12601 and 12603 are not significant for gender. Women are 50.5% of the population in 12601 and 51.6% in 12603. For the Applicant, 55.2% of the patients in 2023 were female.

#### People with Disabilities, Older Adults

Cataracts are caused by age-related disease and are visually impairing, which is why people with disabilities and older adults are included.

For 12601, 16.2% of the population is age 65 years or older compared to 18.2% in the 12603 zip code. The 12601 has a 15.4% disability rate compared to 13.7% for 12603.

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?

The Applicant's utilization was analyzed using 2023 SPARCS data and then examining all other outpatient facilities in the service area performing a similar set of services for primary service area residents. For 2023, the SPARCS data showed the Applicant had 2,227 encounters involving 1,508 patients. For a similar set of services, removing generic or non-specific procedure codes, there were 4,446 encounters in the service area for all providers and 2,978 unique patients. Within this common set of procedure codes and primary service area, the Applicant had 1,610 encounters and 1,082 patients, which was 36% of the service area total.

#### Low-income people

The SPARCS data does not provide direct information about income. Using Medicaid as a proxy, 2.3% of the encounters by all providers had Medicaid as a primary payer. Since most older persons, who will be the large majority of cataract surgery patients, will have Medicare as their primary payer, this likely underestimates the number of low-income persons receiving services. The Applicant had 3.1% of its encounters with Medicaid as the primary payer.

#### Women

For all providers in the service area, 58.3% of the patients were female. For the Applicant, 55.2% of the patients were female.

#### Racial and Ethnic Minorities

For all providers, 53.0% of the patients were White, 43.2% Other, 2.4% Black, 1.0% Asian, with the remainder below SPARCS' reporting thresholds. 1.7% were identified as Hispanic or Latino. For the Applicant in 2023, 58.6% were Other, 39.3% White, 1.4% Black, and less than 1% in multiple other categories. Less than 1% of the Applicant's patients were identified as Hispanic or Latino. The high proportion of persons identified as Other, and the low number of Hispanic or Latino patients, which is not consistent with ACS data, likely reflects problems in race and ethnicity data collection.

#### People with Disabilities

For this purpose, the SPARCS data does not provide a source of estimates of persons with disabilities.

#### Older Adults

For all providers in the service area, the average of patients was 71.6 years, with 80.7% of the patients 65 years or older. For the Applicant, the average age was 72.3 years, and 84.6% were 65 years or older.

#### People who receive public program health benefits

As expected, public programs were the primary payer for a large proportion of the encounters. For all providers, Medicare was the primary payer for 73.3% of the encounters, and Medicaid was the primary payer for 2.3%. For the Applicant, Medicare was the primary payer for 83.4% of the encounters and Medicaid for 3.1%.

#### People who do not have 3<sup>rd</sup> party coverage or have inadequate 3<sup>rd</sup> party coverage

For all providers in the service area, there were 25 encounters or 0.6% that were listed as Self-Pay, Charity, or Bad Debt in 2023. The Applicant had no encounters identified as Self-Pay, Charity or Bad Debt for 2023. (The Applicant is working with Empire Health Advisors to improve reporting of charity care.)

Source: SPARCS 2023

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

Figure 2 illustrates the alternative locations in or near the Applicant's service area. The distance and alternative sites within 25 miles of the Applicant's site are shown in Table 2.

*Table 2 Distance of Alternative Eye Surgery Locations within 25 miles of the Applicant's Site*

Facility Name	Distance (Miles)
Dutchess Ambulatory Surgical Center	2.1
Mid-Hudson Valley Division of Westchester Medical Center	2.3
Fishkill Ambulatory Surgical Center	11.5
Northern Dutchess Hospital	16.7
Eastern Orange Ambulatory Surgery Center	19.3

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

For the service area, the Applicant is the largest provider, with 36.2% of the encounters in 2023. The other major providers are the Dutchess Ambulatory Surgical Center and the Fishkill Ambulatory Surgery Center, accounting for 22.2% and 14.1% of the discharges, respectively. The providers accounting for 90% of the encounters are shown in Table 3.

*Table 3 Market Share for Eye Surgery Facilities for the Service Area, 2023*

Facility Name	Discharges	Percent	Cumulative Percent
Central New York Eye Center	1610	36.2%	36.2%
Dutchess Ambulatory Surgical Center	988	22.2%	58.4%
Fishkill Ambulatory Surgery Center	626	14.1%	72.5%
Eastern Orange Ambulatory Surgery Center	355	8.0%	80.5%
Albany Regional Eye Surgery Center	174	3.9%	84.4%
Northern Dutchess Hospital	111	2.5%	86.9%
Mid-Hudson Valley Division of Westchester Medical Center	83	1.9%	88.8%
Westchester Medical Center	48	1.1%	89.9%
All Others	451	10.1%	100.0%
Total	4446	100.0%	

Source: SPARCS 2023

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.

Not applicable. To our knowledge, the General Hospital Indigent Care Pool does not apply to Ambulatory Surgical Centers.

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.

One registered nurse and one technician will be added within the first two years of operation.

The Applicant states that their current staff is underutilized, "is more than sufficient," and they are confident that with the current staff and the two additional hires, they will be able to effectively use the two new operating rooms. They indicated that their current caseload is more restricted by surgical and storage supply space and that productivity will be increased with modern equipment.

They also have a recruitment flow that would allow them to further expand staffing if they needed to. They have two current part-time staff who would be able to expand to full-time if needed, and have several per diem nurses who could expand their hours.

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

The Applicant stated that they have received no civil rights complaints in the past ten years.

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.

There has not been a relocation in the past five years.

## **STEP 2 – POTENTIAL IMPACTS**

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

Group	Improve access to health services and care	Improve health equity	Reduce health disparities
Low-income people	<ul style="list-style-type: none"> <li><input type="checkbox"/> The new location is next to an ophthalmological clinic, which is the main source of referrals to the center.</li> <li><input type="checkbox"/> The location has better vehicle accessibility and parking, and has more services for waiting family members.</li> <li><input type="checkbox"/> The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> By increasing availability, the project is expected to reduce the current wait time of three or four months for cataract surgery. The increased capacity is expected to double the caseload over time.</li> <li><input type="checkbox"/> The newly renovated facility and new equipment are expected to enhance the quality and experience of care.</li> <li><input type="checkbox"/> The Applicant is introducing financial aid assistance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased availability and financial access may reduce disparities in visual impairment and surgical treatment.</li> </ul>
Women	<ul style="list-style-type: none"> <li><input type="checkbox"/> The new location is next to an ophthalmological clinic, which is the main source of referrals to the center.</li> <li><input type="checkbox"/> The location has better vehicle accessibility and parking, and has more services for waiting family members.</li> <li><input type="checkbox"/> The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> By increasing availability, the project is expected to reduce the current wait time of three or four months for cataract surgery. The increased capacity is expected to double the caseload over time.</li> <li><input type="checkbox"/> The newly renovated facility and new equipment are expected to enhance the quality and experience of care.</li> <li><input type="checkbox"/> The Applicant is introducing financial aid assistance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased availability and financial access may reduce disparities in visual impairment and surgical treatment.</li> </ul>

<p><b>Racial and Ethnic Minorities</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The new location is next to an ophthalmological clinic, which is the main source of referrals to the center.</li> <li><input type="checkbox"/> The location has better vehicle accessibility and parking, and has more services for waiting family members.</li> <li><input type="checkbox"/> The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> By increasing availability, the project is expected to reduce the current wait time of three or four months for cataract surgery. The increased capacity is expected to double the caseload over time.</li> <li><input type="checkbox"/> The newly renovated facility and new equipment are expected to enhance the quality and experience of care.</li> <li><input type="checkbox"/> The Applicant is introducing financial aid assistance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased availability and financial access may reduce disparities in visual impairment and surgical treatment.</li> </ul>
<p><b>People with Disabilities</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The new location is next to an ophthalmological clinic, which is the main source of referrals to the center.</li> <li><input type="checkbox"/> The location has better vehicle accessibility and parking, and has more services for waiting family members.</li> <li><input type="checkbox"/> The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> By increasing availability, the project is expected to reduce the current wait time of three or four months for cataract surgery. The increased capacity is expected to double the caseload over time.</li> <li><input type="checkbox"/> The newly renovated facility and new equipment are expected to enhance the quality and experience of care.</li> <li><input type="checkbox"/> The Applicant is introducing financial aid assistance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased availability and financial access may reduce disparities in visual impairment and surgical treatment.</li> </ul>
<p><b>Older Adults</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The new location is next to an ophthalmological clinic, which is the main source</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> By increasing availability, the project is expected to reduce the current wait time</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased availability and financial access may reduce disparities in visual impairment</li> </ul>

	<p>of referrals to the center.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The location has better vehicle accessibility and parking, and has more services for waiting family members.</li> <li><input type="checkbox"/> The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.</li> </ul>	<p>of three or four months for cataract surgery. The increased capacity is expected to double the caseload over time.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The newly renovated facility and new equipment are expected to enhance the quality and experience of care.</li> <li><input type="checkbox"/> The Applicant is introducing financial aid assistance.</li> </ul>	<p>and surgical treatment.</p>
Persons who receive public program health benefits	<ul style="list-style-type: none"> <li><input type="checkbox"/> The new location is next to an ophthalmological clinic, which is the main source of referrals to the center.</li> <li><input type="checkbox"/> The location has better vehicle accessibility and parking, and has more services for waiting family members.</li> <li><input type="checkbox"/> The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> By increasing availability, the project is expected to reduce the current wait time of three or four months for cataract surgery. The increased capacity is expected to double the caseload over time.</li> <li><input type="checkbox"/> The newly renovated facility and new equipment are expected to enhance the quality and experience of care.</li> <li><input type="checkbox"/> The Applicant is introducing financial aid assistance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased availability and financial access may reduce disparities in visual impairment and surgical treatment.</li> </ul>
People who do not have 3 <sup>rd</sup> party coverage or have inadequate 3 <sup>rd</sup> party coverage	<ul style="list-style-type: none"> <li><input type="checkbox"/> The new location is next to an ophthalmological clinic, which is the main source of referrals to the center.</li> <li><input type="checkbox"/> The location has better vehicle accessibility and parking, and has more services for</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> By increasing availability, the project is expected to reduce the current wait time of three or four months for cataract surgery. The increased capacity is expected to</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Increased availability and financial access may reduce disparities in visual impairment and surgical treatment.</li> </ul>



	<p>waiting family members.</p> <p><input type="checkbox"/> The current and proposed locations are approximately the same distance from the closest public transportation stop, about 0.3 miles.</p>	<p>double the caseload over time.</p> <p><input type="checkbox"/> The newly renovated facility and new equipment are expected to enhance the quality and experience of care.</p> <p><input type="checkbox"/> The Applicant is introducing financial aid assistance.</p>	
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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.

The current location in the 12601 zip code is a medically underserved area, with a high poverty rate and a highly diverse population. The 12603 zip code is better medically served, relatively affluent, and less diverse. The 12601 zip code has a poverty rate of 11.3% compared to the 12603 rate of 4.9%. For the 12601 zip code, 17.4% have no vehicles compared to 6.7% for 12603. With regard to diversity, the 12601 zip code is 47.4% White, 24.8% Black, and 21.9% Latino or Hispanic, compared to the distribution in the 12603 zip code, which is 68.7% White, 11.5% Black, and 13.2% Latino or Hispanic.

The relocation will have a more significant negative impact on consumers in the 12601 zip code who do not own vehicles. However, unlike primary care, eye surgery cannot accommodate walk-ins and requires referral from an ophthalmological specialist. The locations are about 3 miles apart and are a similar distance to the nearest public bus stop.

Based on the SPARCS data, 9.9% of the discharges in 2023 from CNYEC were drawn from persons living in the 12603 zip code, and 9.5% were from residents in the 12601 zip code. 80.6% of the discharges were from patients outside of either zip code. These patients will not be significantly impacted by a change in location.

Another potential unintended impact, related to the change in location, is that the new location is further from safety net emergency rooms, urgent care centers, and other primary care in the 12601 zip code. Since access to cataract surgery requires referrals, relocation potentially impacts the knowledge of entry-level care sites about the availability of services. (For this reason, one of the recommendations made by community stakeholders is for the Applicant to

communicate the relocation plans, services, and financial support to emergency rooms, urgent care, and primary care sites in the 12601 zip code.)

The medical literature and community stakeholders also identify unintended language and cultural accessibility barriers to cataract surgery. At the most direct level, language can be a barrier to scheduling appointments, arranging transportation, and completing necessary paperwork. Additionally, the ability to provide a comfortable environment at a surgery center may also be affected by the cultural competence of staff, which can have unintended impacts.

Cultural barriers can also be more complex and affect the pathway to care earlier. For example, there may be different cultural perceptions about blindness, the nature of cataracts, and the experience and risks of surgery. Cataract surgery itself is a relatively brief episode that requires a chain of referrals from primary care to an ophthalmological specialist who then refers for the surgical episode. Here, too, the relationship between the surgical center and providers who have long-term relationships with underserved communities is important.

Sources:

ACS 2023.

Lewallen, Susan, and Paul Courtright. 2000. "Recognising and Reducing Barriers to Cataract Surgery." *Community Eye Health* 13(34):20–21.

SPARCS 2023.

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.

Historical charity or indigent care amounts are not available. The Center has undergone an ownership change, with the new owner taking control in April 2025. The Center will be providing annual reports to NYSDOH regarding charity care for the next three years.

The project is not expected to significantly impact indigent care. The Applicant is working with Seeta Foundation to provide financial aid to persons needing cataract surgery. The Seeta Foundation is expecting to assist five to seven patients per month at any facility providing eye surgery.

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.

Dutchess County Public Transit is the main provider of public transportation. The current and proposed locations are 0.3 miles from a bus stop.

Since eye surgery involves anesthesia and affects vision after the procedure, patients need to be accompanied after surgery and should not use public transportation unassisted.

Dutchess County Public Transit offers a Dial-A-Ride and ADA Complimentary Paratransit, which is a curb-to-curb service for persons over age 60 and persons with disabilities.

Medicaid transportation is provided by MAS <https://www.medanswering.com>

While Uber and Lyft are available in the vicinity of the current and proposed locations, they have limited coverage. (Community Stakeholder).

Gogo Grandparent, provides private low-cost private transportation for older persons, and is recommended by a Community Stakeholder.

Catholic Charities Community Services of Dutchess County has the Friends of Senior transportation service for older adults.

Private non-emergency medical transportation in the area includes Castro & Sons, LLC., Area Transportation Ambulette Services, Dutchess Ambulette, Inc., DK Care, LLC., and Medi Livery Services.

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

The Applicant provided the certification by the architect, Raymond VanVoorhis, that the proposed site will be constructed in accordance with local codes and the State Hospital Code.

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?

Not applicable. The facility is not involved in maternal health care services or comprehensive reproductive health care services.

### Meaningful Engagement

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

Dutchess County 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?

Yes.

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

The meaningful engagement meetings include an FQHC, Sun River Health, the Seeta Eye Foundation, which provides financial aid to persons requiring cataract surgery, and the Dutchess County Department of Health. In a previous project, the Assessor met with the New York State Commission of the Blind, which provided recommendations for adaptations that were general to any eye surgery center for persons with significant disabilities. An onsite survey of direct consumers was also conducted. Outreach was attempted with United Way, the Lions Club, Children’s Home of Poughkeepsie, the Dutchess County Office of the Aging, Hudson Valley Regional Community Health Centers – Putnam, and Catholic Charities Community Services of Dutchess County.

The community stakeholders had distinctive perspectives on the project. Common to both Sun River Health and the Dutchess County Department of Health is a concern about transportation. Public transportation in Poughkeepsie is limited. Outside of Poughkeepsie, public transportation is even more limited – for the service area as a whole, transportation is an access barrier. Sun River Health is supportive of the project and has a referral agreement with the Applicant. Sun River has an office near the new location, but they have not been able to open due to insufficient staffing. They are interested in further engagement with the Applicant on charity care. They express interest in anything that would reduce transportation and affordability barriers. Additional recommendations from Sun River Health included language accessibility and preregistration processes for individuals with visual or hearing impairments.

The Dutchess County Department of Health expressed concern about the relocation from the 12601 zip code, which is an area of high poverty, is medically underserved, and is very diverse, to the 12603 zip code, which is less diverse, affluent, and is well-served medically. They also noted, however, that for persons living outside of Poughkeepsie, the relocation was not significant. The potential increase in availability and reduction of wait times is beneficial. It was difficult for them to assess the impact of the project on improved availability because increased operating room capacity will not necessarily translate into greater availability if there is not sufficient staffing. In balance, they could not provide a definitive answer to project support. With respect to mitigation and adaptation, they recommended finding ways of reducing transportation barriers and for the

Applicant to communicate with the EDs and urgent care centers about services, particularly in underserved areas.

The Seeta Eye Foundation was created by the owner of Central New York Eye Center to provide financial assistance for patients needing eye surgery. The Seeta Eye Foundation described its close relationship with the Seeta Eye Center and its work in providing financial aid to patients at the Seeta Eye Center who require cataract surgery.

The Seeta Eye Foundation also described the benefits of the relocation for patients of the Seeta Eye Center. Since the Central New York Eye Center exclusively performs surgical procedures, patients must first receive a consultation with an ophthalmological specialist. Since the new location is next to the Seeta Eye Center, it is more convenient for patients to have both locations near each other. In addition, it reduces the travel time for physicians making it easier for them to perform more procedures. A major challenge, in their view, has been availability in the service area, with patients experiencing long wait times of three to four months. The expanded operating capacity and reduced travel for staff may translate into shorter wait times. In addition, the new location has greater accessibility and parking, as well as more services locally for family members who are waiting for surgery to be completed. This stakeholder was strongly supportive of the project.

#### Direct Consumer Engagement: Onsite Survey

An Onsite Direct Consumer survey was conducted at the facility's waiting area from May 14, 2025, to May 20, 2025. The survey is shown in Appendix 3. The survey provided a description of the project, a project support question, open-ended questions about the project's impact and what is important to the consumer about treatment, a space for the consumer to write a statement about the project, demographic items, HRSN items regarding housing, food, and transportation. Project support was assessed by a five-point Likert scale, ranging from Strongly Disagree to Strongly Agree for a support statement. A score of five indicated strong agreement with the project support statement, and a score of one indicated strong disagreement.

In general, cataract surgery involves a couple of brief surgical encounters, with more enduring relationships occurring outside of surgery. For virtually all of the respondents, the relocation will occur after their surgical encounters have ended.

The survey received 25 responses. The average project support response was 4.8, indicating strong agreement. There 19 strongly agree responses, and six agree responses.

There were 24 responses to the demographic question on race and 23 responses to the question about ethnicity. 96% or 23 of the respondents

indicated that they were White, and one indicated Asian race. None of the respondents identified as Hispanic or Latino. The average age of respondents was 72.5 years. 75% were female.

There were no responses indicating health-related social needs.

The open-ended comments and statements generally indicated support for the relocation. Most of the supportive comments focused on a clean and modern facility, with some mentioning reduced travel time. Regarding what was important to them about treatment, the comments pointed to the doctor and staff quality. The Applicant noted that the current facility is old, which may relate to the frequent comments about facility cleanliness and modernity as benefits.

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?

Due to the limited public transportation in the service area and the requirement to be accompanied post-surgically because of anesthesia and impaired vision, transportation barriers are likely to be the most impactful. Residents of the 12601 zip code who lack a vehicle in their household will be most impacted by the relocation and transportation barriers. Residents of this zip code accounted for about 9.5% of the utilization and according to ACS estimates, about 17.5% of 12601 residents live in a household without a vehicle. For persons living in other parts of the service area, the effect of the relocation on transportation is minimal. Sun River Health and the Dutchess County Department of Health both expressed concern about transportation.

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?

The most significant benefit comes from increased availability of additional operating rooms, which may potentially reduce very long wait times of three to four months. The reduction in wait times benefits all groups.

Moving to a newly renovated building benefits consumers by improving the quality and experience of care. The frequent mentions of cleanliness and a modern building in the comments of direct consumers likely reflect an experience of care that will benefit all groups.

The relocation from the 12601 zip code to the 12603 zip code may burden residents of the 12601 zip code who lack access to a vehicle and will need to use public or private transportation, or who will need a ride from a friend or neighbor. Because the 12601 zip code has a higher poverty rate and is more diverse, this burden is greater on low-income and racial and ethnic minority groups residing in the 12601 zip code.

Affordability can affect access to care, although the relocation does not change this barrier. The Applicant has developed an approach for providing financial assistance, will monitor charity care performance, and historically has had a higher rate of patients with Medicaid as the primary payer than the average for providers in the service area.

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 meaningful engagement included Sun River Health, which has clinics located in the 12601 zip code and, as an FQHC, is focused on care to underserved groups. United Way, the Lion Club, the Children's Home of Poughkeepsie, Dutchess County Office of Aging, the Hudson Valley Regional Community Health Centers, and Catholic Charities Community Services of Dutchess County were outreached for meaningful engagement but declined to participate.

### **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 Assessor generally recommends the following guidelines for improved communication with persons of limited English-speaking ability:

- Periodically assess language use by the patient population.
- In written communications, include contact information for bilingual staff or contracted language lines.
- Staff training on language access resources.

The Applicant has language line support implemented.

We also recommend the following approaches for persons with speech, hearing, or visual impairments when appropriate.

- The following specialized services may be appropriate if there is sufficient demand:
  - TRS (711) service, which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.

- VRS, a video relay service, which provides relaying between people who use sign language and a person using standard video communication (smartphone) or phone communication.
- VRI, video remote interpreting for video conferencing meetings.
- Accessible Web Sites
- General considerations
  - Providing documentation that needs to be filled at intake before the appointment can help persons who need additional time. Use of supportive technologies such as Siri-enabled iPads and related applications for completing documentation.
  - Staff training for sensitivity to persons who may experience multiple impairments, including hearing impairment, speech disabilities, mental health, or cognitive problems.
  - Staff training on available resources.

In addition to these general recommendations regarding language support, the Applicant should consider reviewing materials for cultural accessibility with Sun River Health and other primary care providers that have established relationships in underserved communities.

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

### **All Groups:**

As noted in previous sections of the assessment, stakeholders were most concerned about transportation barriers and the impact of the relocation on residents in the 12601 zip code. Since over 80% of the utilization is from residents living outside of the current or proposed locations, transportation barriers have a more general impact, too. Transportation barriers are exacerbated for older adults and people with disabilities.

While these barriers reflect broader problems in public infrastructure, there are strategies that may be appropriate for healthcare providers:

- Transportation coordination: Staff can, on intake, identify patients with transportation difficulties and refer patients to public resources, such as the Dutchess County Public Transit medicab, and paratransit services, or other services such as GoGo Grandparent.
- Escort services or shuttle services: Some eye surgical centers provide escort or shuttle services.
- Vouchers: Using vouchers to provide support for private taxicab or Uber or Lyft services.



The Applicant has investigated shuttle services and vouchers but is concerned with potential liability issues and Medicaid reimbursement rules that may be applicable to providing vouchers.

### **Older Adults, People with Disabilities:**

Particularly for persons with visual impairments, but also applicable to others, are the following recommendations:

- In addition to standard ADA compliance, using colors, improved floor designs and lighting designed for visually impaired persons.
- Providing documentation that needs to be filled at intake before the appointment can help persons who need additional time. Also, providing direct assistance for those who cannot complete documentation due to impairment.
- Use of supportive technologies such as Siri-enabled iPads, and the SeeAI application for completing documentation.
- Staff training for sensitivity to persons who may experience multiple impairments, including mental health issues.
- Policies, procedures, and scripts for staff to interact with persons who are using service animals or other assistive technologies.

Source:

New York State Commission of the Blind

### **Low Income People, Racial and Ethnic Minorities:**

Community stakeholders recommend that the Applicant communicate its services and financial assistance support to EDs, urgent care centers, and primary care providers, particularly in the 12601 zip code.

Ambulatory Surgical Centers are downstream from primary care and specialty providers who have more direct opportunities for outreach and health promotion activities. Primary care providers can benefit from improved information about available services, advice, and relevant education.

Source:

Community Stakeholders

### **Low Income People, Persons who receive public program health benefits, People who do not have 3<sup>rd</sup> party coverage or have inadequate 3<sup>rd</sup> party coverage:**

The Applicant has developed a financial assistance process with Seeta Eye Foundation. In addition, the Applicant has a referral relationship with the Sun River Health FQHC. Sun River Health is interested in having the Applicant

provide additional information about the financial assistance process to enhance access.

Source:

Community Stakeholders.

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

As described above, communicating and periodically meeting with primary care providers, EDs, urgent care centers, and FQHCs in underserved areas would extend reach for underserved persons and would potentially be a source of referrals.

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

The Applicant is the largest provider in the service area, supplying about 36% of cataract surgeries. By doubling operating room capacity, the project significantly increases the availability of cataract and retinal surgery.

Transportation barriers reflect deeper problems in public infrastructure. The Applicant can provide support with transportation navigation to help patients access a confusing array of supplemental services.

To improve access to parts of the service area that are historically underserved, the Applicant can build on its relationship with Sun River Health and the financial assistance process through Seeta Eye Foundation.

## **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?

CNYEC underwent a change in ownership in April 2025 and is significantly updating and modifying quality and outcomes monitoring processes.

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 brought in JL Morgan to provide quality and outcomes monitoring for the OAS CAHPS requirements. The data collection and reporting by JL Morgan is disaggregated by age, gender, race, and ethnicity. As this is a newly initiated process, it is difficult at this time to make recommendations for modifications.

Recognizing prior limitations to charitable care reporting, the Applicant has engaged Empire Health Advisors to provide reporting.

The demographic data reported in SPARCS for 2023, prior to the present ownership, has an excess number of patients with the “Other” race category, which suggests the need to improve demographic data collection during intake. This is a common problem for outpatient facilities and is often related to the wording and ordering of demographic questions.

## **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)

**Disclaimer:**

This document was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty, or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

## Appendix 1: Figures

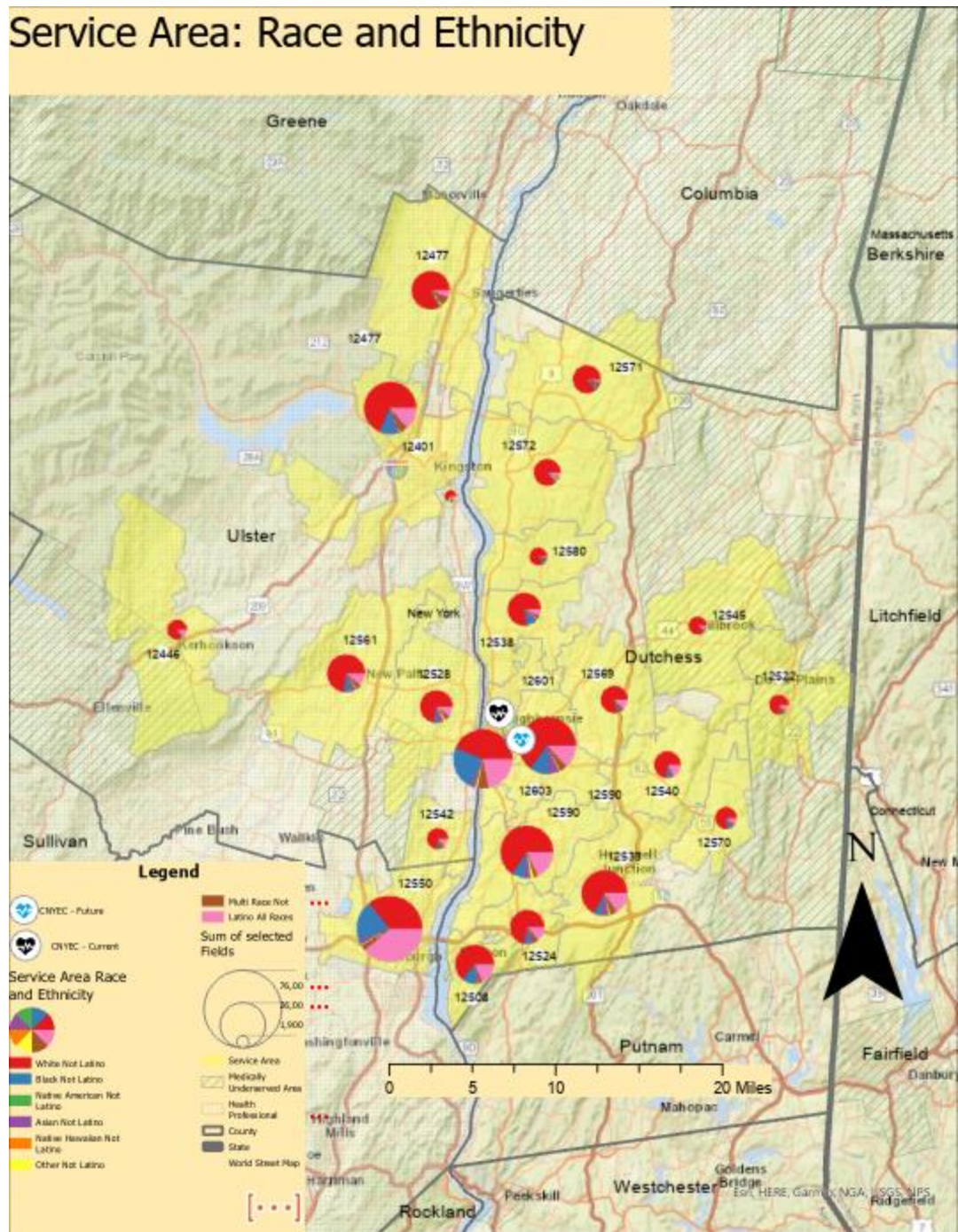


Figure 1 Service Area: Race & Ethnicity



# Service Area: Alternative Locations

**Legend**

- CNYEC - Future
- CNYEC - Current
- Alternative Locations
- Service Area
- Medically Underserved Area
- Health Professional Shortage Area
- County
- State
- World Street Map

0 5 10 20 Miles

Scale: 0 to 20 Miles

North Arrow

Map showing Service Area: Alternative Locations. The map displays various counties including Greene, Ulster, Sullivan, New York, New Paltz, Dutchess, Putnam, Westchester, Rockland, and Fairfield. It also shows major roads and geographical features like the Hudson River and the Catskill Mountains. The map includes a legend, a scale bar (0 to 20 miles), and a north arrow.

### Figure 2 Alternative Locations

## Appendix 2: Meaningful Engagement Discussion Guide

### Discussion Guide for Community Meaningful Engagement for HEIA CNYEC – Relocation

#### Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes. New York State wants to engage communities in health equity and involve them in the planning processes for healthcare services. The focus is on underserved groups and vulnerable people in the community.
- The Monroe Plan is an independent assessor.

#### Background:

- Brief Overview of the planned changes:
  - MP CareSolutions is assessing the relocation of the Central New York Eye Center at 22 Green St, Poughkeepsie, to 27 Davis Ave, Poughkeepsie, about three miles away. When relocated to a newly renovated state-of-the-art facility, the number of operating rooms will increase from two to four, allowing more patients to be cared for.
  - We like to understand the change in the context of community needs, particularly for underserved and vulnerable persons.
  - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

#### Understanding Healthcare Needs:

Question 1: To set the context of the planned change, we want to hear your perspective on what are the greatest healthcare needs in this community for underserved people?

- Encourage participants to share personal experiences and observations.
- Discuss common healthcare challenges in the community.

#### Impact Assessment

Question 2: What impacts should be considered with the relocation?

- Explore direct and indirect consequences on individuals within the community.
- Discuss impacts on access, quality, and affordability of healthcare services.

---

Question 3: Do you see any negative impacts to the community with these changes?

- Solicit ideas for mitigating negative effects.
- Discussion of potential strategies for improving the situation.

Question 4: Support Question: Do you support the move?

#### **Improving Services:**

Question 5: How might these services be enhanced to benefit underserved communities or vulnerable persons?

- To identify programs, interventions, or other services that may enhance the services.

#### **Wrap-Up**

- Summarize key insights and recommendations from the discussion.
- Thank participants.
- Explain next steps with the HEIA process including submission of a written statement.

#### **Closing Remarks**

- Provide contact information for follow-up questions and/or additional input.
- Note that they can submit a statement for inclusion in the Assessment.



## Appendix 3: Direct Consumer Survey Instrument

### Consumer Questions for Health Equity Impact Assessment Central New York Eye Center

As part of a New York State health planning requirement, MP CareSolutions is assessing the relocation of the Central New York Eye Center at 22 Green St, Poughkeepsie, to 27 Davis Ave, Poughkeepsie, about three miles away. When relocated to a newly renovated state-of-the-art facility, the number of operating rooms will increase from two to four, allowing more patients to be cared for. We want to understand how the relocation may affect people who use the Eye Center. We are also interested in your thoughts on how the Eye Center could be further enhanced.

1. Please indicate your agreement: I support the relocation of the Eye Center. *(Check one)*

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How might these changes affect you?

3. What is most important to you when receiving treatment for eye conditions?

4. If you would you like to make a statement about the relocation, please write below:

5. Can we include your statement in a publicly available assessment of the relocation of the Eye Center?

☐ No  
☐ Yes

(Please turn over for questions on the back .)

---

6. Are you Hispanic, Latino/a/x, or Spanish Origin? (Check one)

- ☐ No  
☐ Yes

7. What is your race? (One or more categories may be selected)

- ☐ White  
☐ Black or African American  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian or Other Pacific Islander  
☐ Other

8. Age in years? (Enter number)

\_\_\_\_\_

9. Gender? (check one)

- ☐ Female  
☐ Male  
☐ Transgender female  
☐ Transgender male  
☐ A gender identity not listed:

- \_\_\_\_\_  
☐ Not sure  
☐ Prefer not to answer

We would like to ask about some specific needs you may have.

10. What is your living situation today? (Check one)

- ☐ I have a steady place to live  
☐ I have a place to live today, but I am worried about losing it in the future  
☐ I do not have a steady place to live.

11. Within the past 12 months, you worried that your food would run out before you got money to buy more. (Check one)

- ☐ Often true  
☐ Sometimes true  
☐ Never true

12. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Check one)

- ☐ Yes  
☐ No

Thank you for your time today answering these questions. If you would like to submit additional comments or statements, you may do so by sending an email to [mpheia@monroeplan.com](mailto:mpheia@monroeplan.com)

MP CareSolutions is a part of the Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in Upstate New York.

----- 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**

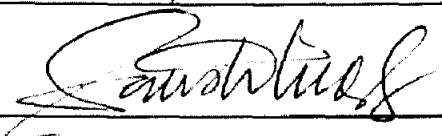
I, SATISH MODI, attest that I have reviewed the Health Equity Impact Assessment for the Relocation that has been prepared by the Independent Entity, MP CareSolutions.

SATISH MODI

Name

MD, OWNER

Title



Signature

07/07/2025

Date

**II. Mitigation Plan**

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

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

**HEIA Mitigation Plan-Central New York Eye Center, Ltd.**

Central New York Eye Center, Ltd. (CNYEC) has been serving the greater Poughkeepsie area for over 20 years at its current location, 22 Green Street, Poughkeepsie, NY 12601. It is licensed by New York State as an Article 28 Diagnostic and Treatment Center providing ophthalmology services in an ambulatory surgery

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center. Patients cared for at the Center are referred by their primary care physicians to eye specialists who then schedule their patients for outpatient ambulatory surgery at CNYEC with ophthalmologists on the medical staff. The two-room Center has experienced significant growth over the years and has now outgrown this facility. The Center has proposed to expand its operations by moving just three miles away to 27 Davis Avenue, Poughkeepsie, NY 12603. In the new expanded facility, the Center will be able to continue to serve its current population and meet the demands of more patients each year.

The Center changed ownership in April 2025, and the new owner is dedicated to continuing to serve the patients that present at the Center for care. Patients will receive care in a much-needed updated facility with state-of-the-art technology and a very welcoming environment where patients and visitors can feel comfortable and confident in the care they are receiving.

CNYEC has been highly successful over the years in the recruitment and retention of highly qualified staff, including their Administrator, who has served in this capacity for over 20 years. They have a dedication to their patients and staff which has afforded them the opportunity to continue to recruit even in this difficult employment environment. In anticipation of the newly expanded facility, CNYEC has continued to recruit staff and anticipates the need to initially recruit only two more staff to be at the staffing levels to care for patients in the new four-OR Center. Therefore, CNYEC is confident it will be able to get the four rooms up and running to full capacity quickly, which will allow them to care for more patients than in the past. This will decrease the waiting time that current patients are experiencing at the facility.

CNYEC has been accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since its opening and has always received the highest level of accreditation- a three-year certificate. They are also a facility that is regulated by the NYS Department of Health and participates with Medicare, Medicare Advantage Plans, Medicaid and Medicaid Managed Care Plans, along with a number of other insurances. As such, CNYEC is confident it will continue to meet the regulatory requirements of operating a modern ambulatory surgery center providing ophthalmology services.

The Center focuses on reducing and eliminating barriers to care for patients. Some potential barriers to care for patients in our service area include language, transportation and financial. CNYEC has taken steps to ensure that patients needing services provided at the Center are accessible to all.

### **1. Language Barriers**

CNYEC has contracts with Language Line, Taconic Resources for Independence, Inc., and the Mid-Hudson Interpreter Service (MHIS) program, who provide effective communication and advocacy for the Deaf and Hard of Hearing, utilizing American Sign Language and visual language to provide services allowing patients to participate in their care at the Center. In addition,

CNYEC has patient instructions in the languages most spoken by their patient population.

## **2. Transportation Barriers**

CNYEC requires that all patients have someone accompany them to their surgery as they are under the effects of anesthesia for up to 24 hours post-surgery. It has a list of vendors in the area that provide transportation for patients to utilize in these specific circumstances. Additionally, CNYEC will make this vendor list available to the physician offices who are on our medical staff to ensure that they are communicating this information to patients prior to scheduling surgery. Lastly, the Administrator of CNYEC is acutely aware of any patient who states that they have no person to accompany them to their visit or no transportation. If at all possible, she will assist these patients in safely getting to and from their surgery while operating within the regulations under which the Center operates.

## **3. Financial Barriers**

CNYEC offers a sliding fee schedule for all patients whose income qualifies for surgery services. This fee schedule is offered to all patients, i.e., those without insurance, those who are under-insured and those who are insured. Additionally, CNYEC is a partner with a private foundation, the Seeta Eye Foundation, which assists patients whose income qualifies them for assistance in meeting the costs of surgery. The Center informs their patients of these charity care services as part of their intake packet. It also has provided this information to the physician practices of their medical staff so that it can be shared with patients when they decide whether to have their surgery. Lastly, in an effort to expand the Center's charity care footprint, it has a referral agreement with Sun River Health, a Federally Qualified Health Center with over 40 health centers including a location in Poughkeepsie, to attempt to reach more patients who may need financial assistance for ophthalmology care. The Center's sliding fee program is similar to Sun River's as it is based on Federal Guidelines that change annually. CNYEC will share their sliding fee application, Seeta Eye Foundation information and a list of the physicians on their medical staff with Sun River to assist its centers in making appropriate referrals to the CNYEC.

We believe this move to 27 Davis Avenue will enhance eye care services to all in the Center's service area, allowing it to care for more patients each year. The Center is dedicated to reaching patients who have a financial need to ensure that nobody goes without services that are provided at the Center. In addition, the Center will make efforts to ensure access by assisting patients to find appropriate transportation to ensure their safety post-procedure.