New York State Department of Health

Health Equity Impact Assessment Report for Episcopal Health Services, Inc.

SECTION A. SUMMARY

1. Title of project	Increasing Critical Care Access – 21 Bed Critical Care Unit Expansion and Modernization
2. Name of Applicant	Episcopal Health Services, Inc. St. John's Episcopal Hospital 327 Beach 19th St., Far Rockaway, NY 11691
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Lead Contact: Crescendo Consulting Group Katelyn Michaud, MPH Managing Principal katelynm@crescendocg.com HEIA Researcher: Jo Morrissey, MPH Director Jmorrissey@crescendocg.com
4. Description of the Independent Entity's qualifications	Crescendo Consulting Group is a boutique woman-owned consulting firm specializing in conducting community health needs assessments, community needs assessments, and strategic plans for hospitals and health systems, FQHCs, CCBHCs and other behavioral health organizations, community action agencies, and non-profits across the United States.
5. Date the Health Equity Impact Assessment (HEIA) started	March 24, 2026
6. Date the HEIA concluded	June 2, 2026

7. Executive summary of project (250 words max)

Episcopal Health Services (EHS) is planning to expand and upgrade its Critical Care Unit in the Rockaways by building a new, modern facility above the current Emergency Department. This project aims to improve access to critical care services and reduce health gaps in the Rockaways and Five Towns communities. It will help patients get care faster and improve health outcomes. It may also lower costs by reducing long hospital stays, transfers, and complications.

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

Episcopal Health Services, Inc. (EHS) is a health system located on the Rockaway Peninsula in Queens, New York. The system provides inpatient, outpatient and emergency care to the diverse populations of the Rockaways, Five Towns, South Nassau and beyond. The hospital received the accreditation from the Joint Commission's Gold Seal of Approval in 2025 for the hospital, laboratory, and primary stroke center,[1] and is approved by the New York State Department of Health. The hospital is a recipient of the Gold-Plus Get with the Guidelines®-Stroke Quality Achievement Award and the Gold-Plus Get with the Guidelines®-Heart Failure Quality Achievement Award from the American Heart Association. Additionally, the hospital is designated as a Baby-Friendly® Hospital by Baby-Friendly USA – the accrediting body and national authority for the Baby-Friendly Hospital Initiative (BFHI) in the United States. This is in recognition of the hospital's commitment to providing safe and high-quality care for its patients. St. John's Episcopal Hospital is also a teaching hospital, training over 180 residents annually in 10 Graduate Medical Education Programs accredited by the New York State Department of Education.[2]

Everyone reached through meaningful engagement, when asked about the planned upgrades to the Critical Care Unit, expressed support for this project. Many mention the current lack of critical care capacity on the Far Rockaway peninsula as a health risk, mentioning the dependence upon emergency medical transport to bring patients off the peninsula due to current lack of capacity. Supporters of the project mentioned benefits such as cutting down wait times and removing the need for transfers off the peninsula for critical care that would reduce the risk of complications as hoped-for improved outcomes and quality of care. Others mentioned the need to grow capacity at the hospital to meet the growing population size across the five-town region. Others also mentioned employment opportunities for the whole community as an expansion would mean the hiring of more staff from maintenance to professionals.

There were also some concerns mentioned by community members about congestion in and around the current location. Others mentioned the need for emergency care closer to home further down the peninsula. There were some who expressed a desire for more information

[1] The Joint Commission. Accessed on 5/2/2026: https://www.jointcommission.org/en-us/about-us/recognizing-excellence/find-accredited-organizations/5763

[2] Episcopal Health Services. Accessed on 5/2/2026: https://ehs.org/about/

about the project and EHS's plan to ensure the facility was staffed with highly qualified care providers. All of these concerns have been addressed in EHS' Monitoring, Dissemination, and Mitigation plans.

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.**

See Scoping Table Sheets 1 and 2

2. **Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**
   - ✓ Low-income people
   - ✓ Racial and ethnic minorities
   - ✓ Immigrants
   - ✓ Women
   - ✓ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
   - ✓ People with disabilities
   - ✓ Older adults
   - ✓ Persons living with a prevalent infectious disease or condition
   - Persons living in rural areas
   - ✓ People who are eligible for or receive public health benefits
   - ✓ People who do not have third-party health coverage or have inadequate third-party health coverage
   - ✓ Other people who are unable to obtain health care
   - Not listed (specify):

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

Medically Underserved Groups	Impact on Unique Health Needs or Quality of Life
Low-Income people	This project will increase the quality of life for this underserved population by decreasing length of stays in the emergency room while waiting for a critical care bed—one of the most costly settings for providing care. Out of pocket medical costs such as co-pays, cost sharing, or insurance premiums limit the ability of low-

	income individuals to seek routine care or meaningfully engage in after-care including prescription adherence. According to CY2025 EHS patient data, 9.5% of patients' insurance was public plans and another 5.6% were self-pay and 0.3% were charity care. In addition, 2.4% of patients in CY25 shared they either do not have a steady place to live or are worried about losing their housing.
Racial and ethnic minorities	Disparities in access to timely medical care (inability to get through by phone, no appointment available soon enough, long waiting times, inconvenient office or clinic hours, and lack of transportation) have been shown to be a greater burden among racial and ethnic minorities[3]. During the COVID-19 pandemic, researchers identified an increased risk of adverse health outcomes among Non-Hispanic Black and older adults noting challenges with appointment times and prescription affordability.[4] With the greater capacity to move patients from the emergency room to the critical care unit when necessary, the construction should help eliminate the need of care providers to triage which patients are admitted to the emergency room or are transferred to the critical care unit based on bed capacity, thus eliminating any real or perceived inequitable provision of care. The percent of EHS patient population identifying as a race other than White was 81.0%, with 25.5% of EHS patients identifying as Hispanic or Latino in CY25.
Immigrants	Barriers to care for those new to this country include language barriers, depending on their immigration status, inability to find employment, access to public

[3] Caraballo, Cesar; Ndumele, Chima; Roy, Brita, et. al. (2022). Trends in Racial and Ethnic Disparities in Barriers to Timely Medical Care AmongAdultsintheUS,1999to2018. JAMA Health Forum. 2022;3(10):e223856. doi:10.1001/jamahealthforum.2022.3856

[4] Clay, Shondra; Woodson, Markisha; Mazurek, Kathryn; Antonio, Beverly. (2021) Racial Disparities and COVID-19: Exploring the Relationship Between Race/Ethnicity, Personal Factors, Health Access/Affordability, and Conditions Associated with an Increased Severity of COVID-19.Race and Social Problems 13:279-291 https://doi.org/10.1007/s12552-021-09320-9

	health insurance, and fear of deportation for seeking care. This project will not have an impact on these conditions. In CY25, 31.2% of EHS patients were foreign-born. Over 4,000 patients or roughly 15% of EHS patient population speak a language other than English. Most often cited languages after English include Spanish, Russian, French, Arabic, Polish, and Creole.
Women	In a study using the results from the Behavioral Risk Factor Surveillance System data, women reported greater difficulty in accessing medical care than men due to inability to see a doctor, undergo diagnostic procedures, or adhere to prescription regimen due to cost despite being insured and having seen their primary care provider in the past year—more often than men do.[5] While the renovations will have little impact on these barriers to preventative care, it will increase quality of care during inpatient visits for all patients in EHS' care. In CY2025, 53.2% of EHS patients list female as their gender assigned at birth. .
Lesbian, gay, bisexual, transgender, or other-than-cisgender people	Common barriers to care for those who identify as lesbian, gay, bisexual, transgender, or other-than-cisgender people include limited availability of LGBTQ-affirming providers, discrimination, both which impact the patient-provider relationship.[6] According to the Kaiser Family Foundation 2023 Racism, Discrimination, and Health Survey, LGBT adults report being treated with disrespect, suggested

[5] Daher, Marilyne; Al Rifai, Mahmoud; Kherallah, Riyad; Rodriguez, Fatima; et.al. (2021). Gender disparities in difficulty accessing healthcare and cost-related medication non-adherence: The CDC behavioral risk factor surveillance system (BRFSS) survey. Preventive Medicine, Vol 153. https://doi.org/10.1016/j.ypmed.2021.106779

[6] Romanelli, Meghan; Fredriksen-Goldsen, Karen; Kim, Hyun-Jun. (2024). Development of a multidimensional measure of health care access among LGBTQ midlife and older adults in the United States. SSM – Health Systems 3 100011.

	they were personally to blame for their health problems, ignored, or refused pain medication.[7] The renovations will increase quality of care during inpatient visits for all patients in EHS' care. The sexual orientation data lists 1.9% of patients who choose not to disclose their gender identity, and 0.1% who list their gender identity as transgender female, while 2.0% of patients choose not to disclose their sexual orientation, 1.0% list their sexual orientation as lesbian, gay, or homosexual, and 0.1% list bisexual.
People with disabilities	Institutional barriers faced by patients with hearing, vision, and intellectual disabilities can be mitigated using universal design strategies such as accessible rooms and emergency alerts. Environments that can be modified to meet the unique needs of people with disabilities are essential in the ability to provide equitable care.[8] People with disabilities may be impacted during the construction phase by temporary detours and wayfinding supports creating mobility challenges. These barriers have been addressed in EHS' Monitoring, Dissemination, and Mitigation plans In CY2025, 4.2% of EHS patient population identified as having a disability including patients who report using ambulatory aids, hearing aids, prescription glasses, and contacts.
Older adults	For many older adults, consideration must also be given to accommodating their caregivers' needs, such as explicit permissions to share medical information between various medical providers and caregivers, and monitoring caregiver fatigue. For older adults without a reliable social network, consideration is also required to determine the level of social isolation and

[7] Montero, A.; Hamel, L.; Artiga, S.; and Dawson, L. (2024) LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health. https://www.kff.org/racial-equity-and-health-policy/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings-from-the-kff-survey-of-racism-discrimination-and-health/

[8] Rotoli, J., et. Al. (2022) From inequity to access: Evidence-based institutional practices to enhance care for individuals with disabilities. Academic Emergency Medicine. DOI: 10.1002/aet2.10871

	any associated poor nutrition and mental health factors.[9] With the expansion of critical care bed capacity, fewer critical care patients, including older adults, will need to be transferred off the peninsula. This will be a tremendous benefit for their caregivers who will have easier access to continue to provide care and support. In CY2025, 19.9% of EHS patient population was age 65 or older.
Persons living with a prevalent infectious disease or condition	Severe infection is a leading cause for admission to critical care units. Increasing critical care bed capacity can significantly influence the management of patients with infectious diseases.[10] Research has shown that increasing critical care bed capacity can significantly influence the management of patients with infectious diseases.[11] In CY2025, 1.0% of EHS patients were positive for HIV.
People who are eligible for or receive public health benefits	EHS provides comprehensive support to patients for enrollment in public insurance programs, including Medicaid. Additionally, EHS offers assistance with financial aid/charity care, budget/payment plans. This project will not have an impact on these conditions. According to EHS inpatient billing information, 9.5% of patients have public insurance.
People who do not have third-party health coverage or have inadequate third-party health coverage	EHS provides comprehensive support to patients for enrollment in public insurance programs, including Medicaid. Additionally, EHS offers assistance with financial aid/charity care, budget/payment plans. This project will not have an impact on these conditions.

[9] Cabanero-Carcia, Estela; Martinez-Lacoba, Roberto; Pardo-Carcia, Isabel; and Amo-Saus, Elisa. (2025). Barriers to health, social and long-term care access among older adults: a systematic review of reviews, International Journal for Equity in Health (2025)24:72. https://doi.org/10.1186/s12939-025-02429-y

[10] Sabo, Sarah; Venkatramanan, Aarthi; Shorr, Andrew. (2024). At the Intersection of Critical Care and Infectious Diseases: The Year in Review. Biomedicines. 2024 Mar 2;12(3):562. doi: 10.3390/biomedicines12030562

[11] Sabo, Sarah; Venkatramanan, Aarthi; Shorr, Andrew. (2024). At the Intersection of Critical Care and Infectious Diseases: The Year in Review. Biomedicines. 2024 Mar 2;12(3):562. doi: 10.3390/biomedicines12030562

	According to EHS inpatient billing information, in CY25, EHS provided $3,278,603 in indigent care for 1,923 patients.
Other people who are unable to obtain health care	Other people are unable to obtain health care for a variety of reasons including, but not limited to affordability, lack of permanent address or home to receive necessary paperwork, internet access, or safe, secure, and refrigerated medicine storage. This project will not have an impact on these conditions. According to EHS inpatient billing information, in CY25, EHS provided $3,278,603 for 1,923 people in indigent care for the EHS inpatient population.

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

All medically underserved groups will benefit from the completion of this project by improving access to critical care on the Far Rockaway peninsula. A common theme from the meaningful engagement efforts was that representatives of medically underserved community within the Far Rockaway service area was this type of investment in the community was necessary to avoid unnecessarily risky emergency medical transport off the peninsula and to reduce wait times in accessing the care available in the critical care unit, and help save costs through the ability to care for patients in the right setting at the right time close to home.

In addition, according to a key informant interview with a representative of the LGBT community, EHS has taken strides to provide cultural humility and responsiveness training to EHS staff. There is a strong belief that this type of commitment demonstrates an openness and willingness to serve marginalized groups, and in turn, will enhance the health of the whole community.

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

Below is breakout of emergency department and in-patient census data from CY2025, including a description of the medically underserved groups identified above. As emergency department visitors or inpatients, all of the following are likely to be impacted by the project, both positively by benefiting from the upgrades to the facility once the project is complete, and negatively by

minor inconveniences during the construction phase. There are no anticipated differences in the expected future use of services or care as a result of the project. The emergency department visits and in-patient census data from January 2025 to December 2025 are as follows. While there may be an overall increase in patient census after construction is complete, the percent of patient demographic groups represented herein are not expected to change or be impacted by as a result of the project:

	Count	Percent
Total Census		
Visits	52,087	n/a
Unique Patients	28,525	100.0%
Gender at Birth		
F	15,169	53.2%
M	13,356	46.8%
Gender Identity		
Identifies as Female	14,653	51.4%
Identifies as Male	12,991	45.5%
Choose not to disclose	546	1.9%
Not Listed	312	1.1%
Transgender Female/(MTF)	16	0.1%
Transgender Male/(FTM)	7	0.0%
Sexual Orientation		
Straight or Heterosexual	27,004	94.7%
Choose not to disclose	557	2.0%
Don't Know	332	1.2%
Not Listed	314	1.1%
Lesbian, gay or homosexual	296	1.0%
Bisexual	22	0.1%
Age Group		
0-17	5,110	17.9%
18-64	17,725	62.1%
65+	5,690	19.9%
Place of Birth		
US Born	12,860	45.1%
Foreign-Born	8,888	31.2%
Unknown	6,777	23.8%
Race		
Black or African American	15,199	53.3%
Other	7,632	26.8%
White	5,419	19.0%
Asian	179	0.6%
Asian (South Asian)	51	0.2%

American Indian/Alaska Native	30	0.1%
Native Hawaiian/Pacific Islander	15	0.1%
Ethnicity		
Non-Hispanic/Non-Latino	20,344	71.3%
Hispanic/Latino	7,269	25.5%
Blank From Athena	706	2.5%
Not Listed	206	0.7%
Insurance Status		
Charity Care	72	0.3%
Private	526	0.1%
Public	22,132	9.5%
No Fault (care covered by other party's insurance)	560	2.0%
Other CMS DRG	3,144	11.0%
Self-pay	1,611	5.6%
Tricare APC	29	0.1%
Worker's Compensation	451	1.6%
Languages Spoken		
English	24,226	
Spanish	3,588	
Russian	180	
Unknown, other, undefined	262	
French	51	
Arabic	38	
Polish	22	
Creole	21	
HIV Status		
Not Listed	24,656	87.0%
No	3,537	12.0%
Yes	332	1.0%
Housing Status		
Not Listed	25,243	88.5%
I have a steady place to live	2,604	9.1%
I do not have a steady place to live	644	2.3%
Worried about losing housing	34	0.1%
Disability Status		
Patients who report using ambulatory aids	539	1.9%
Patient who report using hearing aids	33	0.1%
Patients who report using glasses	603	2.1%
Patients who report wearing contacts	27	0.1%

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

Episcopal Health Services is the sole hospital serving the Rockaway Peninsula; the nearest competing facility is approximately 15 miles away and is not located on the Rockaway peninsula.

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

Episcopal Health Services is the sole hospital serving the Rockaway Peninsula; the nearest competing facility is approximately 15 miles away and is not located on the Rockaway peninsula.

This expansion increases EHS' inpatient capacity, enabling patients to receive care on the peninsula rather than requiring transfer to off-peninsula facilities due to bed availability constraints.

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.**

According to EHS inpatient records, the hospital provides financial assistance to all patients that qualify. According to EHS inpatient billing information, in CY25, EHS provided $3,278,603 for 1,923 people in indigent care for the EHS inpatient population. Access to financial assistance for patients at EHS will not be impacted by the hospital's renovations nor will these obligations be affected by the implementation of this project. This project will have no adverse impact on the provision of charity or indigent care services.

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.**

Yes. EHS will expand its workforce across both clinical and non-clinical departments to support the increased operational capacity.

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

No.

11. **Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were**

impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

The current project addresses the need to expand access to critical care to avoid unnecessary delays in care. EHS has undertaken the following projects in the last five years. These projects all address needs completely separate from the need to expand on-site critical care.

Clinical Learning Center – 19-09 Plainview Avenue

A 31,270-square-foot facility was constructed to support advanced medical education and clinical training. Of this total, 6,757 square feet is designated for Article 28 clinical use, while the remaining 24,513 square feet supports non-Article 28 functions.

The facility serves as a state-of-the-art teaching center, providing dedicated space for medical residents to train within a controlled and technologically advanced environment. The program includes classrooms, simulation labs, and a clinical component featuring a 12-room Article 28 outpatient clinic, enabling hands-on patient care under licensed supervision.

11TH Floor – 327 Beach 19th Street

This project involved the full reconstruction and renovation of approximately 12,000 square feet of inpatient medical space on the 11th floor, which was significantly damaged during a flood incident resulting from fire suppression efforts in September 2021.
The rebuilt unit includes:

- 38 inpatient beds
- 4 single-bed rooms
- 14 double-bed rooms
- 3 ADA-compliant rooms (1 single, 2 double)
- 1 isolation room

This restoration reestablishes critical inpatient capacity while aligning with current healthcare design and accessibility standards.

DCO Energy – Energy Infrastructure Upgrade - Main Hospital – 327 Beach 19th Street

A comprehensive infrastructure modernization initiative was undertaken to address aging mechanical systems, many of which exceeded 40 years in service life. In collaboration with DCO Energy, LLC and the Dormitory Authority of the State of New York (DASNY), an Investment Grade Audit (IGA) was completed to identify and implement energy conservation measures (ECMs). Implemented Energy Conservation Measures:

- LED lighting upgrades
- Steam-to-hot water conversion
- Chilled water system enhancements
- Domestic hot water system renovation
- Air handling unit replacements

- Fan coil unit replacements
- Building automation system expansion
- High-efficiency transformers with harmonic mitigation
- Water conservation measures

This initiative positions the hospital for long-term operational efficiency, energy savings, and regulatory alignment.

9th Floor Labor & Delivery Suite – 327 Beach 19th Street

Renovation of approximately 12,000 square feet within the Tower Building to accommodate a relocated and modernized Labor & Delivery unit.
The suite includes:

- 6 Labor-Delivery-Recovery-Postpartum (LDRP) rooms
- 2 operating rooms for cesarean sections

This project enhanced maternal care capacity and aligns with modern clinical standards for patient-centered delivery environments.

Walsh Ambulatory Pavilion – 1920 Brookhaven Avenue

Constructed a new, four-(4)-story (plus cellar), 65,145-square-foot extension clinic to be located at 1920 Brookhaven Avenue, Far Rockaway, New York 11691, directly across the street from the Hospital's campus. This clinic houses the following Article 28 or dually-certified Article 28 and Article 31 services and programs:

- Radiation Oncology (Linear Accelerator, PET/CT)
- Primary Care
- Wellness and Recovery Center
- Community Mental Health Center
- Behavioral Health Center
- Medical Oncology (Infusion, Exam)
- Gastroenterology

STEP 2 – POTENTIAL IMPACTS

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

- Low-income people
    - This project will positively improve access to services and health care by decreasing lengthy emergency room stays, while awaiting critical care beds, thus lowering the cost of care. This project will improve health equity and reduce health disparities for those with low income. All patients will benefit from the increased availability of critical care and the EHS staff will be better able to provide a safe, comfortable healing environment with state-of-the-art technology.
- Racial and ethnic minorities
    - This project will positively improve access to services and health care, improve health equity and reduce health disparities for racial and ethnic minorities. The ability to increase patient census, when necessary, will eliminate the perception that providers make admission decisions based on race and ethnicity due to their ability to better accommodate all patient's needs. The project will increase quality of care and the care environment for all EHS patients and visitors with no additional impact on this medically underserved population.
- Immigrants
    - This project will positively improve access to services and health care, improve health equity and reducing health disparities for immigrants. All patients will benefit from the increased availability of critical care and the EHS staff will be better able to provide a safe, comfortable healing environment with state-of-the-art technology.
- Women
    - This project will positively improve access to services and health care, improve health equity and reduce health disparities for women. All patients will benefit from the increased availability of critical care and the EHS staff will be better able to provide a safe, comfortable healing environment with state-of-the-art technology.
- Lesbian, gay, bisexual, transgender, or other-than-cisgender people
    - This project will positively improve access to services and health care, improve health equity and reduce health disparities for those who identify as lesbian, gay, bisexual, transgender, or other-than-cisgender. All patients will benefit from the increased availability of critical care and the EHS staff will be better able to provide a safe, comfortable healing environment with state-of-the-art technology.
- People with disabilities
    - This project will positively improve access to services and health care, improve health equity and reduce health disparities for this population.

- Per the Americans with Disabilities Act of 1990 (ADA), discrimination against individuals with disabilities, including accessing medical care in programs that receive federal assistance is prohibited. Both Title II and Title III of the ADA and Section 504 require that medical care providers provide individuals with disabilities:
    - full and equal access to their health care services and facilities; and
    - reasonable modifications to policies, practices, and procedures when necessary to make health care services fully available to individuals with disabilities, unless the modifications would fundamentally alter the nature of the services (i.e. alter the essential nature of the services).
- The ADA sets requirements for new construction and alterations to buildings and facilities, including health care facilities. These requirements are found in the regulations for the ADA, at 28 CFR 35.151, for Title II entities and at 28 CFR Part 36, Subpart D, for Title III entities. The regulations are available at Americans with Disabilities Act Title II Regulations and Americans with Disabilities Act Title III Regulations.[12]

- Older adults
    - This project will positively improve access to services and health care, improve health equity and reducing health disparities for those who are who are over 65. The project will provide support for older adults by increasing access to critical care beds on the peninsula, thus decreasing the burden on caregivers by enabling EHS to provide critical care on the peninsula instead of transferring patients off the peninsula and away from their support networks.
- Persons living with a prevalent infectious disease or condition
    - Severe infection is a leading cause for admission to critical care units.[13] Research has shown that increasing critical care bed capacity can significantly influence the management of patients with infectious diseases.[14] This project will improve access to services and health care, improve health equity and reducing health disparities for those living with a prevalent infectious disease or condition.
- 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
    - The Emergency Medical Treatment and Labor Act (EMTALA) require hospitals with emergency departments to provide medical screening and stabilizing treatment to anyone with an emergency medical condition, regardless of their ability to pay.[15] This project will have no impact on the access to services and health care, improve

[12] ADA.gov https://www.ada.gov/resources/medical-care-mobility/
[13] Sabo, Sarah; Venkatramanan, Aarthi; Shorr, Andrew. (2024). At the Intersection of Critical Care and Infectious Diseases: The Year in Review. Biomedicines. 2024 Mar 2;12(3):562. doi: 10.3390/biomedicines12030562
[14] Sabo, Sarah; Venkatramanan, Aarthi; Shorr, Andrew. (2024). At the Intersection of Critical Care and Infectious Diseases: The Year in Review. Biomedicines. 2024 Mar 2;12(3):562. doi: 10.3390/biomedicines12030562
[15] https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act

health equity and reducing health disparities for those who are 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.

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.**

Upgrades to the facility will have an equitable benefit to all patients and staff, including those who are medically underserved. For some groups, the benefits will be greater. For instance, older adults will be less likely transferred off the peninsula for critical care, allowing their caregiver support structure easier access to continue their support in a local hospital, reducing their burden on travel time and care logistics. As mentioned, severe infection is a leading cause for admission to critical care units. Increasing critical care bed capacity can significantly influence the management of patients with infectious diseases.

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

The Emergency Medical Treatment and Labor Act (EMTALA) require hospitals with emergency departments to provide medical screening and stabilizing treatment to anyone with an emergency medical condition, regardless of their ability to pay.[16] Therefore, this project will have no adverse impact on the provision of charity or indigent care services. According to EHS inpatient billing information, in CY25, EHS provided $3,278,603 for 1,923 in indigent care for the EHS inpatient population.

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.**

Public transportation options on the Far Rockaways include bus and train options. The nearest subway is via the "A" train (8th Avenue Line) to the Mott Avenue stop. From there it is a half-mile walk or if patients prefer, they can also take a taxi. The Long Island Rail Road with 14 stations between the Far Rockaways and Grand Central Station, about a 10–15-minute walk over 0.6-0.8 miles away. Buses N31, N32, Q22 and Q113 all stop near the hospital.

Episcopal Health Services offers Patient Navigation services to help address barriers to accessing timely, high-quality care, including physical barriers for those who live far from services or do not have a car or are not able to access public transportation. Patient navigators

[16] https://www.cms.gov/medicare/regulations-guidance/legislation/emergency-medical-treatment-labor-act

work with patients and help them address unmet needs by providing a compassionate support system.

For instance, EHS offers free cab service for qualifying patients. Findings from EHS's 2025 Community Health Needs Assessment highlighted that because the Rockaway is a peninsula, transportation and infrastructure are inherently limited and traffic can be an issue. Parking was also mentioned by participants in key informant interviews and focus groups.

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

The implementation of the project will provide the same level of accessibility as is currently dictated by the Americans with Disabilities Act, both Title II and Title III of the ADA and Section 504, which require that medical care providers provide individuals with disabilities full and equal access to their health care services and facilities; and reasonable modifications to policies, practices, and procedures when necessary to make health care services fully available to individuals with disabilities, unless the modifications would fundamentally alter the nature of the services (i.e. alter the essential nature of the services). Therefore, there will be no reduction in architectural barriers for people with mobility impairments.

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

The proposed project is not related to the provision of maternal health care services and comprehensive reproductive health care services. Therefore, EHS will continue to provide the same level of maternal health care services and comprehensive reproductive health care services as is described in Public Health Law § 2599-aa, during and after the proposed project.

Meaningful Engagement

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

New York City Health Department, 9037 Parsons Blvd, Jamaica, NY 11432

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

The independent entity, reached out to the New York City Health Department via their HEIA interview intake form to engage with the NYC Department of Health & Mental Hygiene. As instructed, copies of this Health Equity Impact Assessment, Section B: Assessment Step 1 – Scoping; Answers to questions 1-11, and Scoping Table Sheets 1 and 2; Step 2 - Potential Impacts: Answers to questions 1-6; and the Mitigation Plan and Monitoring Plan we also emailed to healthsystems@health.nyc.gov with copies to akalra@health.nyc.gov.

After reviewing these materials, as well as answers to questions posed by the NYC Health Department to Episcopal Health Services, the NYC Health Department responded they do need to schedule a call and instead supplied the following statement for inclusion in this report:

The NYC Health Department does not have major concerns about the expansion of the critical care unit by 21 beds. Given that Episcopal Health Services is the sole hospital serving the Rockaway Peninsula, this addition will improve access to care for the community and prevent transfers due to bed constraints.

We urge the facility to develop thorough and comprehensive staffing plans based on utilization predictions that include health care professionals and support staff in critical care and in subspecialty areas as identified by the IE (pulmonary, cardiology, nephrology, palliative care) and beyond. We also recommend recruiting additional emergency room staff to assist with an increased patient volume in the ED due to improved triage time. If demand does exceed capacity, especially with population growth in the area and a rise in emergency room utilization, we agree with the facility's plan to prioritize beds based on clinical stability and patient acuity and not ability to pay or low-income status, which disproportionally impact racial/ethnic minorities.

Staff should be recruited from the community and reflect the diversity of the patient population in race/ethnicity, culture, and language. Finally, we encourage the facility to communicate the expansion of critical care capacity to patients, families, and providers in advance, in multiple languages reflective of the patient population, and through various modalities (forums, flyers, emails, letters, phone calls, etc.).

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

Please see the "Meaningful Engagement" table in the "HEIA Data Table" document for the required information.

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?**

During construction phase, those with physical disabilities will be most likely impacted by the project. There will be a need for increased signage and on-site navigation supports to help

patients and visitors find their way around the construction site. Particularly, older adults who often have limited mobility and access to affordable non-emergency medical transport may need increased services provided through EHS's patient navigators.

Another concern that was raised during meaningful engagement was the current limitations on parking and current traffic could be further exacerbated during construction. Likewise, once the construction is complete, concern was raised that the increase in bed census for the hospital and additional staff will permanently increase in demand for parking and traffic on the surrounding streets.

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?**

A common theme among those contacted through meaningful engagement was the need to increase critical care capacity on the Far Rockaways to reduce the need to transport critical care patients off the peninsula. This will reduce risk, increase safety, and allow patients to remain near their support networks of family and friends by making it less burdensome for them to also have to travel to see those they care for by keeping them close by. There were no reports or feedback from community members on any burdens that would arise due to the project.

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.**

There was meaningful engagement representation among all relevant stakeholders, especially those considered medically underserved.

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?**

Episcopal Health Services, Inc. (EHS), St. John's Episcopal Hospital (SJEH), is committed to providing timely, accurate, and accessible information regarding the proposed expansion and modernization of critical care services. As the only hospital serving the Rockaway Peninsula, EHS recognizes the importance of clear communication with medically underserved and culturally diverse populations throughout the project's lifecycle.

Since this project expands rather than reduces services, communication efforts will focus on maintaining continuity of care during construction and ensuring residents are aware of how to access these enhanced critical care services.

Fostering effective communication with people of limited English proficiency (LEP)

EHS will provide project communications and patient-facing materials in English and Spanish at minimum, with additional language support available based on community needs.

Key measures include:

- 24/7 interpreter services through in-person, telephonic and video modalities.
- Multilingual project updates, signage, website content and public notices.
- Outreach coordinated with trusted community organizations serving diverse populations.
- Community-based and bilingual media outreach to increase awareness of the expanded ICU CCU services.

Fostering effective communication with people with speech, hearing or visual impairments

EHS will ensure project communications remain accessible to individuals with disabilities through:

- Sign language and video remote interpreting services.
- Large-print, Braille and accessible electronic materials upon request.
- Accessible website content and digital communications.
- Plain-language, high-contrast and visually accessible public materials.

Independent Entity Advisement

Given the thoughtful and thorough plans EHS for effective communication on the resulting impacts to care, Crescendo Consulting has no further advice.

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

Specific changes suggested to the project to better meet the needs of all medically underserved include prominent signage, volunteer patient navigators, and ensuring proper curb cuts for those with ambulatory difficulty. For signage and patient navigators during construction (only if construction impedes usual hospital navigation passageways), it is advised that materials are provided in the oft-most spoken languages. In addition, The American Council of the Blind recommends 18-point Arial as the baseline for large print documents, and most accessibility organizations agree that anything below 16 points creates unnecessary barriers for people with low vision.

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

Some options for consulting impacted stakeholders include offering community forums or other means of information dissemination in partnership with key community organizations that serve medically underserved patients. When communicating about the project, it is important to note how this project impacts staffing levels, how it will increased access to critical care, and the project's positive financial impacts on the community. It is also recommended EHS address concerns expressed by the community regarding congestion and parking both during construction and when the unit is open.

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?**

One of the most common systematic barriers to equitable access to services or care was the lack of emergency room and critical care unit beds. This project will positively impact these barriers for community members living in the Far Rockaways. This project will help to alleviate travel time for those who may have needed to travel from further down the peninsula to critical care units off the peninsula. This project does not impact distance traveled to emergency department. In addition, for those patients, such as older adults, who rely on caregivers, this project will allow those patients to remain within the community for the benefit of their caregivers.

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?**

EHS will utilize its existing quality, equity, and community engagement infrastructure to monitor the impact of the new Critical Care Unit on medically underserved populations, including:

- Quality and patient safety oversight.
- Infection control.
- Community advisory committee engagement.
- Patient grievance and complaint tracking.
- Patient Satisfaction Surveys.
- Patient Family Advisory Council.
- Health Equity Council.

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

To support ongoing HEIA monitoring, EHS will continue with their existing measures.

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.

EHS will publicly post the Certificate of Need application and HEIA materials on its website and provide notice to community stakeholders and partner organizations. Materials will remain publicly accessible throughout the review process and available in accessible formats upon request.

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

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

Karen PAIGE

Name

EVP Chief Operating Officer

Title

Karen Paige

Signature

6/18/2026

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.

EHS has developed a mitigation strategy focused on continuity of care, accessible communication, culturally responsive care delivery and accountable monitoring to ensure the project advances health equity within the Rockaway community.

Continuity of Care During Construction

- Maintain ICU/CCU services and staffing during construction.
- Coordinate construction activities to minimize disruption to patient care areas.
- Preserve emergency department access throughout the project.

Mitigating Communication and Care Barriers

- Provide ongoing staff training in cultural competency.
- Maintain 24/7 interpreter access.

Targeted Outreach and Engagement

- Conduct outreach through partnerships with community organizations, civic groups and local service providers.
- Distribute translated and accessible materials through community-based and digital channels.

Workforce Investment and Social Determinants of Health

- Maintain critical care staffing standards and intensivist coverage.
- Recruit a workforce reflective of the surrounding community.
- Care coordination services into discharge planning.

Governance, Accountability and Adjustment

- Provide oversight through EHS leadership