

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	Fishkill Ambulatory Surgery Center (21 Reade Place ASC L.L.C.)
2. Name of Applicant	21 Reade Place ASC, LLC
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>The Vinca Group L.L.C.</p> <p>Lead Contact: Alice Katz President akatz@thevincagroup.com 410-998-9310</p> <p>Other Contacts: Stephanie Heffernan Senior Vice President sheffernan@thevincagroup.com 410-998-9310</p> <p>Claire Nooney Director of Operations cmilando@thevincagroup.com 410-998-9310</p>
4. Description of the Independent Entity's qualifications	See Attachment A
5. Date the Health Equity Impact Assessment (HEIA) started	7/1/25
6. Date the HEIA concluded	6/17/2026

7. Executive summary of project (250 words max)

21 Reade Place ASC, L.L.C. will be located at 25057 Snook Road in Fishkill, NY 12524. The ASC will be an endoscopic facility specializing in the screening and treatment of gastrointestinal diseases. Procedures offered will include Endoscopy (upper GI endoscopy) and Colonoscopy (lower GI endoscopy). The Applicant operates Bridgeview Endoscopy in Poughkeepsie, where there are 12 providers and only two procedure rooms resulting in wait lists and limited availability for urgent and routine procedures. The new center in Fishkill will have four procedure rooms. Developing 21 Reade Place ASC, L.L.C. in Fishkill will provide increased availability of screening services to patients across all socioeconomic backgrounds in an effort to reduce disparities.

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

Ambulatory surgery centers are considered more efficient for same day procedures than hospital-based locations because they have shorter wait times, are less costly and have better patient outcomes.

21 Reade Place ASC L.L.C.'s procedures are used to diagnose and treat gastroenterological diseases including colorectal cancer. Colorectal cancer is the third most common cancer and the second leading cause of cancer death in New York. Data shows that Black individuals are more likely to die from the disease. There are also disparities in colorectal cancer screening. Estimates of colorectal cancer screening are significantly lower among adults 45-54 years, adults without health insurance, adults without a regular health care provider, and adults reporting a primary language other than English. Black and Hispanic individuals report less screening for colorectal cancer than those who are White. Patients with a lower economic status of any race are at a substantially higher risk for undertreatment and treatment delay.

The applicant projects that the new center will primarily draw from southern Dutchess County as well as towns in Orange County and Putnum County. Many stakeholders identified southern Dutchess County as an area that is underserved in terms of healthcare. Stakeholders identified the lack of screening services in southern Dutchess County and that residents must travel to Poughkeepsie for services. Transportation barriers are a concern for underserved groups, particularly in the more rural parts of the service area. Communication and outreach by the project to underserved communities is needed to support hard to reach groups knowing how to access the project's services.

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 Data Table provides Scoping Sheets 1 and 2 for the service area zip codes in Dutchess County and the zip codes that comprise the broader service area in Orange and Putnam Counties. In addition to Scoping Sheets 1 and 2, we have included Exhibit 1 which shows the total service area population. We also include a map illustrating the service area.

The service area is southern Dutchess County, the majority of Orange County and Putnam County. Fishkill is in southern Dutchess County. The southern Dutchess portion of the market area includes zip codes 12508, 12512, 12524, 12527, 12531, 12533, 12540, 12564, 12570, 12582 and 12590.

The applicant projects that the top four zip codes from which the project is expected to draw will be 12533 (Fishkill), 12524 (Fishkill), 12590 (Wappingers Falls/Fishkill) and 12540 (Lagrangeville). The table below shows general demographic indicators relative to underserved populations in the project’s top four service area zip codes:

U.S. Census ACS Data 2023								
Top Service Area Zip Codes	City	Population	% Racial Minority (Non-White, One Race)	% Hispanic / Latino	% Public Insurance	% No Health Insurance	% Families whose Income Below Poverty Level (Past 12 Months)	% Households with SNAP Benefits (Past 12 Months)
12524	Fishkill	15,079	21.4%	13.6%	32.4%	3.0%	1.6%	4.5%
12533	Fishkill	26,770	29.8%	15.8%	27.0%	3.0%	1.5%	4.1%
12540	Lagrangeville	9,314	23.2%	17.1%	24.3%	4.0%	3.3%	2.7%
12590	Wappingers Falls/Fishkill	35,823	28.9%	18.3%	36.4%	3.8%	1.0%	5.9%

The Health Resource and Service Administration (HRSA) Data Warehouse provides Medically Underserved Area (MUA) and Medically Underserved Population (MUP) designations in order to identify geographic areas and populations with a lack of access to primary care services. MUAs have a shortage of primary care health services for

residents within a geographic area. MUPs have a shortage of primary care health services for a specific population subset within an established geographic area. These groups may face economic, cultural, or linguistic barriers to health care. Areas with limited health care professionals experience hindered health care access, creating longer wait times and delayed care and diagnosis.

The following MUA and MUPs fall into the service area for this project:

Medically Underserved Areas and Medically Underserved Population (MUP)			
County	Area Name	Designation Type	Service Area Zip Code
Dutchess	Beacon Service Area	Medically Underserved Area	12508
Dutchess	Migrant and Seasonal Farm Workers - East Dutchess	MUP Low Income	12564
Orange	Orange Service Area - Newburgh	Medically Underserved Area	12550
Orange	Village of Kiryas Joel Service Area	Medically Underserved Area	10950
Orange	Village of Walden Service Area	Medically Underserved Area	12586
Orange	Low Income - Middletown Service Area	MUP Low Income	10940

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?

- NY State Department of Health: Ambulatory Surgery Centers (ASC): Impact

- on Community Hospitals in CON Review, May 2019
- Healthcare Cost and Utilization Project Statistical Briefs. Agency for Healthcare Research and Quality: Statistical Brief #287: Overview of Major Ambulatory Surgeries Performed in Hospital Owned Facilities, 2019
- US Census Data
- SPARCS Website Information
- MedPAC Report to Congress, March 2025 “Chapter 10: Ambulatory Surgical Center Services: Status Report”
- Health Resource and Service Administration (HRSA) Data Warehouse
- National Cancer Institute: State Cancer Profiles 2017-2021 and 2018-2022
- Orange County Community Health Assessment 2022-2024
- Dutchess County Community Health Assessment 2022-2024
- Mid-Hudson County Community Health Assessment 2022-2024
- New York State Cancer Registry
- NIH - “Racial and Ethnic Disparities in Colorectal Cancer Incidence and Mortality 2021”
- New York State Behavioral Risk Factor Surveillance System
- Rosowicz and Hewitt: “Disparities in Cancer Screening Among the Foreign-Born Population in the United States: A Narrative Review” *Cancers* 2025,17,576
- Kava, Christine, et al: “Interventions to Increase Colorectal Cancer Screening uptake in rural Settings: A Scoping Review” *CDC Preventing Chronic Disease*, Volume 22, June 19, 2025
- Carmichael H, et al: Disparities in colorectal Cancer Mortality for Rural Populations in the United States; Does Screening Matter?” *American Journal Surgery*. 2020:219(6)988-992

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

Endoscopy centers improve health by providing minimally invasive ways to diagnose and treat gastrointestinal diseases such as cancer and esophageal disease before they advance. Proper screening reduces the need for major surgery, preventing serious complications, and offering faster recovery with less discomfort. They allow doctors to directly view, biopsy, and treat problems like ulcers, polyps, blockages, and bleeding on the spot, leading to better outcomes and saving lives.

According to a 2025 brief issued by the New York State Behavioral Risk Factor Surveillance System (BRFSS), colorectal cancer risk increases with age and varies across racial groups, with non-Hispanic Black individuals more likely to be diagnosed and die from the disease. There are also disparities in colorectal cancer screening. Estimates of colorectal cancer screening were significantly lower among adults 45-54

years, adults without health insurance, adults without a regular health care provider, and adults reporting a primary language other than English.

Low Income People

According to The Colorectal Cancer Alliance, patients with a lower economic status of any race are at a substantially higher risk for undertreatment and treatment delay.

According to MedPAC Report to Congress, March 2025 “Chapter 10: Ambulatory Surgical Center Services: Status Report”, Medicare-Medicaid dual eligibles historically have used ASCs less than hospital outpatient settings due to access and demographics.

Results from the 2026 release of BRFSS data showed that adults ages 45 to 75 with annual incomes under \$34,999 were less likely to be screened for colorectal cancer than people with incomes above \$35,000. County level data is not publicly available. The table below shows most recent state data.

% Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Annual Income		
Less than \$25,000	62.8	57.9
\$25,000-\$34,999	65.4	59.6
\$35,000-\$49,999	74.0	69.8
\$50,000-\$74,999	76.9	72.5
\$75,000 or Greater	78.6	74.9
Missing	71.7	67.0

Racial and Ethnic Minorities

According to the Behavioral Risk Factor Surveillance System (BRFSS) conducted by the New York Department of Health, Black (non-Hispanic), Hispanic, and Other Races (non-Hispanic) individuals report less screening for colorectal cancer than those who are White. The table below presents the screening statistics.

Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Race/Ethnicity		
Asian (non-Hispanic)	63.1	59.5
Black (non-Hispanic)	72.3	68.3
Hispanic	69.2	64.2
Multiracial (non-Hispanic)	71.0	67.2
White, (non-Hispanic)	77.2	72.9
All other race groups combined	64.6	61.2

According to the New York State Cancer Registry’s most recent data, Black (non-Hispanic) and American Indian-Alaskan Native (non-Hispanic) have higher incidence rates than White (non-Hispanic) and Asian, Native Hawaiian- Pacific Islander (non-Hispanic) individuals.

Colorectal Cancer Incidence and Mortality per 100,000 by Race/Ethnicity 2018-2022, New York State Cancer Registry Released April 2025		
	Incidence	Mortality
Race/Ethnicity		
Black (non-Hispanic)	37.3	13.2
Hispanic	30.1	8.6
American Indian-Alaskan Native (non-Hispanic)	38.7	n/a
Asian, Native Hawaiian- Pacific Islander (non-Hispanic)	30.1	7.8
White, (non-Hispanic)	36.8	11.1
Note: Data not reported if below 16 cases.		

The 21 Reade Place ASC L.L.C. will help to lower rates by providing screenings and treatments for racial and ethnic minorities.

Immigrants

The Centers for Disease Control and Prevention reports the colorectal screening rate is 72.9% among U.S. adults aged 50 to 75. For immigrants the rate is reported to range from 49.6% to 52.8%. U.S. Census estimates for 2023 show that 12.8% of the service area population is foreign born.

Specific data was not reported for immigrants in NY State. We used primary language other than English as a proxy indicator. Estimates of colorectal cancer screening are significantly lower among adults reporting a primary language other than English. U.S. Census estimates for 2023 show that 12.8% of the service area population is foreign born.

% Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2023		
	Recommended Screening (all methods)	10 Year Colonoscopy
Language		
English as Primary Language	75.7	71.1
English Not as Primary Language	61.8	55.3

The project will expand the availability for screening services and other procedures to immigrants living in the service area.

Women

Women report more screening for colorectal cancer than men according to a 2026 brief issued by the New York State Behavioral Risk Factor Surveillance System (BRFSS). Screening rates by sex are presented below.

% Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years by Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Male	72.5	68.3
Female	74.5	69.9

Incidence and Mortality Rates (per 100,000) – New York State Cancer Registry 2018-2022					
		Female		Male	
New York State	Cancer Type	Incidence Rate	Mortality Rate	Incidence Rate	Mortality Rate
	Colon and Rectum	31.6	9.3	40.7	12.9
note: n/a is not available.					

The 21 Reade Place ASC L.L.C. will expand the availability of and treatments for women.

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

The project will add a community resource for GI ambulatory surgery procedures for lesbian, gay, bisexual, transgender, or other-than-cisgender people.

The most recent data on the LGBTQ population in New York is from a 2019-2020 study administered by the New York Department of Health. The study shows an estimated 4.5% of New York’s population ages 65 and older identify as LGBTQ+. Studies report that 23% of LGBTQ+ New Yorkers of all ages cite inadequate insurance coverage as the most significant barrier to health care. One-third of LGBTQ+ adults ages 50 and over in New York live at or below 200 percent of the federal poverty level, compared to a quarter of non-LGBTQ+ people. Poverty rates are even higher for LGBTQ+ older people of color, those ages 80 and older, bisexual older people, and transgender older people. Approximately 21% of LGBTQ+ adults aged 50 and over have provided care to friends, compared to the 6 percent of their non-LGBTQ+ peers.

Results from the Behavioral Risk Factor Surveillance System (BRFSS) showed that adults ages 45 to 75 who do not identify as cisgender were less likely to undergo screening for colorectal cancer. Among those surveyed, 70.3% of LBGTQ adults have recommended screenings compared to 74.8% of cisgender adults.

The 21 Reade Place ASC L.L.C. will expand the availability of screenings and treatments for lesbian, gay, bisexual, transgender or other than cisgender people.

Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years by Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Sexual Orientation		
Lesbian, gay, bisexual, transgender, queer/questioning and/or intersex	70.3	66.8
Non LGBTQI	74.8	70.3

People with Disabilities

Colorectal Cancer Screening Among NYS Adults Aged 45 to 75 Years by Selected Demographic Characteristics, Behavioral Risk Factor Surveillance System, 2024 reported 73.1% of people with disabilities compared to 73.7% of people who did not have a disability had screening histories aligned with recommended screening protocols.

The project will expand the availability of screening and treatment services to people with disabilities.

Older Adults

According to a 2025 brief issued by the New York State Behavioral Risk Factor Surveillance System (BRFSS), colorectal cancer risk increases with age.

The table below shows screening rates for people ages 45 to 75 in the state of New York. The incidence rate per 100,000 and mortality rate per 100,000 increase significantly for the population ages 65 and older and as the age cohorts increase.

% Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years by Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
Age	Recommended Screening (all methods)	10 Year Colonoscopy
45-54	56.9	51.5
55-64	78.8	74.9
65-75	83.2	79.3

Colorectal Cancer Incidence and Mortality per 100,000 by Age 2018-2022, New York State Cancer Registry Released April 2025		
Age	Incidence	Mortality

45-49	37.9	7.0
50-54	62.2	12.2
55-59	61.9	15.7
60-64	79.0	21.0
65-69	100.4	29.8
70-74	128.7	38.0
75-79	161.4	53.5
80-84	207.4	85.2
85+	236.4	143.7

The 21 Reade Place ASC L.L.C. will expand the availability of screenings and treatments for older individuals.

Persons living with a prevalent infectious disease or condition

We were not able to identify significant information concerning colorectal cancer and persons living with a prevalent infectious disease or condition. One study concluded that Medicaid beneficiaries that were HIV negative had a higher incidence of colorectal diseases than Medicaid beneficiaries that were HIV positive but the higher incidence rate was not due to HIV positive beneficiaries receiving more or earlier colorectal screening. One study reported that 19.7% of patients with colorectal cancer have evidence of intestinal parasitic infections.

21 Reade Place ASC L.L.C. the availability of screening and treatments with people living with a prevalent infectious disease or condition.

Persons living in rural areas

The Centers for Disease Control in “Interventions to Increase Colorectal Cancer Screening Uptake in Rural Settings: A Scoping Review” reports people living in rural areas are less likely to receive colorectal cancer screening. People living in rural areas have higher rates of colorectal cancer incidence and deaths compared with urban populations.

The project will expand the availability of screening and treatments for persons living in the more rural areas of the service area and for people who travel from other rural areas to 21 Reade Place ASC L.L.C.

People who are eligible for or receive public health benefits

Results from the Behavioral Risk Factor Surveillance System (BRFSS) conducted by the New York Department of Health showed that adults ages 45 to 75 with Medicaid or Other Insurance Including Other Government Plans were less likely to undergo

screening for colorectal cancer than those with Private Insurance or Medicare. The statistics are presented in the following table:

Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Healthcare Coverage		
Private	76.2	71.8
Medicare	81.5	77.8
Medicaid	65.1	60.1
Other Insurance Including Other Government Plans	68.8	63.1
No Insurance	36.8	31.7

The 21 Reade Place ASC L.L.C. will expand the availability of screenings and treatments for people who are eligible or receive public health benefits.

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

Results from the Behavioral Risk Factor Surveillance System (BRFSS) conducted by the New York Department of Health showed that adults ages 45 to 75 with no insurance were less likely to undergo screening for colorectal cancer.

Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Healthcare Coverage		
Private	76.2	71.8
Medicare	81.5	77.8
Medicaid	65.1	60.1
Other Insurance Including Other Government Plans	68.8	63.1
No Insurance	36.8	31.7

The 21 Reade Place ASC L.L.C. will expand the availability of and treatments for people who are do not have third party health coverage or have inadequate third party health coverage.

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?

Low Income People

U.S. Census 2023 ACS Data shows that 8.2% of people in Dutchess County reported income in the past 12 months that was below the poverty level. In Orange County, 12.0% of people reported income in the past 12 months that was below the poverty level. Putnum County reported 7.0% of people with incomes below poverty level.

Data presented previously in this document show that 71.8% of people with private insurance had colonoscopies compared to 60.1% of people with Medicaid and 36.8% of people with no insurance.

New York's Medicaid Advantage is a Medicaid managed care program designed for individuals eligible for Medicare and Medicaid. Procedures covered by Medicaid and Medicaid Advantage Plans at Fishkill Ambulatory Surgery Center are expected to account for approximately 14.3% of the projected revenue

In addition, 21 Reade Place ASC L.L.C. will be affiliated with Premier Medical Group. Premier Medical Group offers a "Care" Fund Grant Program through its Premier Cares Foundation. Hudson Valley residents undergoing treatment for colon cancer or a urologic or digestive disease may qualify for assistance with issues such as transportation, medication, and other financial challenges.

The project will expand the availability for screening services and other procedures to low income people. It is anticipated that 14.3% of procedures will be for Medicaid beneficiaries.

Racial and Ethnic Minorities

The Behavioral Risk Factor Surveillance System (BRFSS) reported the following state statistics on colorectal screening by race and ethnicity.

Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Race/Ethnicity		
Asian (non-Hispanic)	63.1	59.5
Black (non-Hispanic)	72.3	68.3
Hispanic	69.2	64.2
Multiracial (non-Hispanic)	71.0	67.2
White, (non-Hispanic)	77.2	72.9
All other race groups combined	64.6	61.2

U.S. Census 2023 ACS Data estimates report the following population by Race/Ethnicity.

Total Population by Race/Ethnicity 2023 – U.S. Census ACS											
	White	White %	Black	Black %	Asian	Asian %	American Indian/ Alaska Native	American Indian/ Alaska Native %	Other	Other %	Total
Dutchess County Service Area Zips	93,641	72.3%	10,174	7.9%	4,587	3.5%	566	0.4%	20,476	15.8%	129,440
Orange County Service Area Zips	244,532	64.1%	44,353	11.6%	10,596	2.8%	4,289	1.1%	77,970	20.4%	381,740
Putnum County Service Area Zips	103,692	75.5%	5,829	4.2%	4,259	3.1%	325	0.2%	23,253	17.0%	137,358
Total Service Area	441,865	68.1%	60,356	9.3%	19,442	3.0%	5,180	0.8%	121,699	18.8%	648,538

Total Population Hispanic/Latino 2023 – U.S. Census ACS			
	Total	Hispanic/Latino	Hispanic/Latino %
Dutchess County Service Area Zips	129,444	21,182	16.4%
Orange County Service Area Zips	381,740	90,344	23.7%
Putnum County Service Area Zips	137,358	24,964	18.2%
Total Service Area	648,542	136,490	21.0%

The project will expand the availability for screening services and other procedures to racial and ethnic minorities. It is expected to serve racial and ethnic minorities consistent with their demographic concentration.

Immigrants

The Centers for Disease Control and Prevention reports the colorectal screening rate is 72.9% among U.S. adults aged 50 to 75. For immigrants the rate is reported to range from 49.6% to 52.8%. U.S. Census estimates for 2023 show that 12.8% of the population is foreign born.

The project will expand the availability for screening services and other procedures to immigrants living in the service area. It is expected to serve immigrants consistent with their demographic concentration.

Women

According to the report “Overview of Major Ambulatory Surgeries Performed in Hospital Owned Facilities 2019” by the Agency for Healthcare Research and Quality, the rate of major ambulatory surgery encounters was higher for females than for males (39.7 vs. 32.3 per 1,000 population).

Although men have higher incidence and mortality rates than women for colorectal, esophagus and stomach cancers, the 21 Reade Place ASC L.L.C. will help to lower rates by providing screenings and treatments.

Incidence and Mortality Rates (per 100,000) – New York State Cancer Registry 2018-2022					
		Female		Male	
New York State	Cancer Type	Incidence Rate	Mortality Rate	Incidence Rate	Mortality Rate
	Colon and Rectum	31.6	9.3	40.7	12.9
	Esophagus	1.8	1.3	7.0	5.3
	Stomach	6.4	2.2	10.8	4.1
Dutchess County					
	Colon and Rectum	30.3	7.5	39.6	10.3
	Esophagus	2.5	1.5	8.4	5.8
	Stomach	5.2	n/a	10.1	3.5
Orange County					
	Colon and Rectum	31.8	12.7	40.7	17.4
	Esophagus	2.0	2.3	9.1	7.3
	Stomach	6.5	3.1	9.8	4.2
Putnam County					
	Colon and Rectum	29.9	7.6	27.3	10.3
	Esophagus	n/a	n/a	5.0	n/a
	Stomach	7.5		10.4	

Note: n/a is not available.

The project will expand the availability for screening services and other procedures to women. It is expected to serve women consistent with their demographic concentration.

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

Results from the Behavioral Risk Factor Surveillance System (BRFSS) showed that adults ages 45 to 75 who do not identify as cisgender were less likely undergo screening for colorectal cancer. State data showed that, among those surveyed, 65.8% of LGBTQ adults have recommended screenings compared to 75.0% of cisgender adults

The project will add a community resource for GI ambulatory surgery procedures for lesbian, gay, bisexual, transgender, or other-than-cisgender people. Data is not available on the number of non-cisgender people residing in the market area. It is expected to serve lesbian, gay, bisexual, transgender, or other-than-cisgender people consistent with their demographic concentration.

People with Disabilities

U.S. Census estimates for 2023 show that 10.9% of the service area's non-institutionalized population has a disability. Statistics on how much the disabled population use or would use colorectal screening is not available.

The project will expand the availability for screening services and other procedures to people with disabilities living in the service area. It is expected to serve people with disabilities consistent with their demographic concentration.

Older Adults

The table below compares incidence and mortality rates for colorectal cancer as well as for other gastroenterological cancers by age that would be screened for at the 21 Reade Place ASC L.L.C.

Incidence and Mortality Rates (per 100,000) - National Institutes of Health, State Cancer Profiles 2017-2022					
		Ages 65+		Ages 65 and Under	
New York State	Cancer Type	Incidence Rate	Mortality Rate	Incidence Rate	Mortality Rate
	Colon and Rectum	87.1	58.7	18.4	4.1
	Esophagus	14.2	17.0	1.6	1.1
	Stomach	20.2	15.7	3.9	1.2
Dutchess County					
	Colon and Rectum	86.0	47.2	18.2	3.6
	Esophagus	17.5	19.5	1.9	1.3
	Stomach	15.2	10.9	3.5	1.2

Orange County	Colon and Rectum	87.9	64.9	18.5	4.5
	Esophagus	13.7	23.8	1.9	1.3
	Stomach	16.5	16.1	3.7	1
Putnam County	Colon and Rectum	80.9	51.1	14.5	4.3
	Esophagus	n/a	n/a	n/a	n/a
	Stomach	n/a	n/a	4.6	n/a

Note: n/a is not available. Less than 16 record reported. Data was suppressed.

According to the report Overview of Major Ambulatory Surgeries Performed in Hospital Owned Facilities 2019 by the Agency for Healthcare Research and Quality, the rate of major ambulatory surgery encounters increased with age: 16.2–23.5 per 1,000 population for those younger than 45 years, 46.6 per 1,000 for those aged 45–64 years, and 72.3–75.6 per 1,000 for those aged 65 years and older.

Medicare is projected to account for 32.65% of the project’s revenue.

The project will expand the availability for screening services and other procedures to older adults living in the service area. It is expected to serve older adults consistent with their demographic concentration.

Persons living with a prevalent infectious disease or condition

We were not able to identify significant information concerning colorectal cancer and persons living with a prevalent infectious disease or condition. The project is expected to serve people living with a prevalent infectious disease or condition consistent with their demographic concentration.

People living in rural areas

The project is expected to serve people living in the more rural areas of the service area consistent with their demographic concentration. The project will expand the availability of screening and treatment services to people living in rural areas in the service area and those living in rural areas that travel to the project for care.

People who are eligible for or receive public health benefits

The tables below present the percentage of residents in the market area with public health insurance and no health coverage and the screening by health insurance coverage. 21 Reade Place ASC L.L.C. will add a community resource that will expand

the availability for screening services and other procedures for those with public insurance.

Health Insurance Coverage 2023 – US. persons living in rural areas US. Census ACS		
	% Public Health Insurance	% No Health Coverage
Dutchess County Service Area Zips	31.7%	3.1%
Orange County Service Area Zips	42.9%	4.5%
Putnum County Service Area Zips	30.2%	3.3%
Total Service Area	38.0%	4.0%

Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Healthcare Coverage		
Private	76.2	71.8
Medicare	81.5	77.8
Medicaid	65.1	60.1
Other Insurance Including Other Government Plans	68.8	63.1
No Insurance	36.8	31.7

The project is expected to serve people who are eligible for or receive public health benefits consistent with their demographic concentration.

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

We were not able to identify significant information concerning colorectal cancer for people who have inadequate third-party health coverage. The following table presents information on people who do not have third-party health insurance.

Colorectal Cancer Screening Among New York State Adults Aged 45-75 Years By Selected Characteristics, Behavioral Risk Factor Surveillance System, 2024		
	Recommended Screening (all methods)	10 Year Colonoscopy
Healthcare Coverage		
Private	76.2	71.8
Medicare	81.5	77.8
Medicaid	65.1	60.1
Other Insurance Including Other Government Plans	68.8	63.1
No Insurance	36.8	31.7

The project anticipates 0.54% of procedures will be done for self pay patients. The project will expand the availability of screening and treatments for people who have inadequate third-party health coverage or do not have third-party health insurance.

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

Below are licensed ASCs in the market area and surrounding area. Central New York Eye Center and The Surgery Center at Orthopedic Associates do not offer gastroenterology procedures.

Name	City	Zip Code	County	Service Type	Driving Distance from Fishkill (Miles)	Driving Time from Fishkill (Minutes)
Service Area						
Crystal Run Ambulatory Surgery Center of Middletown	Middletown	10940	Orange	Multi Specialty	28.3	31
Eastern Orange Ambulatory Surgery Center, LLC	Cornwall	12518	Orange	Multi Specialty	14.2	22
Hudson Valley Ambulatory Surgery, LLC	Middletown	10941	Orange	Multi Specialty	28	30
Hudson Valley Endoscopic Center	Fishkill	12524	Dutchess	Single Specialty - Gastroenterology	0.9	4
Putnam Gastroenterology	Carmel	10512	Putnam	Single Specialty - Gastroenterology	24	30
Surrounding Area						
Bridgeview Endoscopy	Poughkeepsie	12601	Dutchess	Single Specialty - Gastroenterology	13.3	29

Central New York Eye Center	Poughkeepsie	12601	Dutchess	Single Specialty - Ophthalmology	15.4	44
Dutchess Ambulatory Surgical Center	Poughkeepsie	12603	Dutchess	Multi Specialty	23.4	32
The Surgery Center at Orthopedic Associates, LLC	Poughkeepsie	12601	Dutchess	Multi Specialty	7.3	19

The following list includes hospitals licensed to offer ambulatory surgery.

Name	City	Zip Code	County	Service Type	Driving Distance from Fishkill (Miles)	Driving Time from Fishkill (Minutes)
Service Area						
Bon Secours Community Hospital	Port Jervis	12771	Orange	Multi Specialty	47.5	48
Garnet Health Medical Center	Middletown	10940	Orange	Multi Specialty	29.1	34
Putnam Hospital	Carmel	10512	Putnum	Multi Specialty	24.6	31
St. Anthony Community Hospital	Warwick	10990	Orange	Multi Specialty	42.8	49
St. Luke's Cornwall Hospital/Newburgh	Newburgh	12550	Orange	Multi Specialty	9.0	14
Fishkill Ambulatory Surgery Center (Extension Clinic to Vassar Brothers Medical Center)	Fishkill	12524	Dutchess	Multi Specialty	0.8	4
Garnet Health Outpatient (Formerly Orange Regional Medical Pavilion)	Middletown	10940	Orange	Multi Specialty	28.3	29
Surrounding Area						
Mid-Hudson Valley Division of Westchester Medical Center	Poughkeepsie	12601	Dutchess	Multi Specialty	15.7	32
Northern Dutchess Hospital	Rhinebeck	12572	Dutchess	Multi Specialty	30.6	52
Vassar Brothers Medical Center	Poughkeepsie	12601	Dutchess	Multi Specialty	13.3	27

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

The following table presents the historic number of visits for 2020 through 2023. It also presents the 2023 market share and projected market share including the proposed based on reported 2023 visits. The proposed project will add 4,800 procedures to the market area when stabilized.

Name	Market Share Percent With Proposed Project	Market Share Percent 2023	Total Visits 2023	Total Visits 2022	Total Visits 2021	Total Visits 2020
Service Area – Single Specialty Gastroenterology						
Hudson Valley Endoscopic Center	11.8	12.9	6,576	6,484	6,410	4,788
Putnam Gastroenterology	0.5	0.6	285	0	2,543	276
Service Area - Multi Specialty						
Crystal Run Ambulatory Surgery Center of Middletown	14.7	16.1	8,219	8,486	8,925	7,192
Eastern Orange Ambulatory Surgery Center, LLC	8.7	9.5	4,858	4,701	4,837	3,884
Hudson Valley Ambulatory Surgery, LLC	3.3	3.6	1,826	2,201	2,449	1,931
Service Area – Hospital Based ASC						
Bon Secours Community Hospital	3.5	3.8	1,949	1,819	1,969	1,571
Garnet Health Medical Center	24.2	26.5	13,479	12,190	13,064	12,050
Putnam Hospital	6.6	7.3	3,692	3,583	4,054	3,748
St. Anthony Community Hospital	5.4	5.9	3,017	3,141	3,421	2,831
St. Luke's Cornwall Hospital/Newburgh	8.5	9.3	4,757	4,970	4,952	4,416
Fishkill Ambulatory Surgery Center (Extension Clinic to Vassar Brothers Medical Center)	3.6	4.0	2,017	1,729	1,478	1,179
Garnet Health Outpatient (Formerly Orange Regional Medical Pavilion)	N/R	N/R	N/R	N/R	0	N/R

N/R = Did not report.

- 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.

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

No physician or staffing issues are anticipated.

The plan for the new center will be to bring the employees from the office based surgery center and then share resources between the Poughkeepsie and the Fishkill site. The Applicant will recruit new hires as needed. The Applicant does not foresee any issue with recruiting. The employees that are currently working at the center have a high rate of satisfaction and the center continuously receives internal referrals for new hires.

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

No.

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

No.

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

By expanding outreach informing low income people of availability and importance of colorectal screening, increasing the number of procedures performed and providing referrals and follow up care for low income people, the project will improve access to services and health care, improve health equity and reduce health disparities for low income people.

Procedures covered by Medicaid at 21 Reade Place ASC L.L.C. are expected to account for approximately 14.2% of the center's procedures. The project's payer mix will be 0.5% Charity Care.

21 Reade Place ASC L.L.C. will be affiliated with Premier Medical Group. Premier Medical Group offers a "Care" Fund Grant Program through its Premier Cares Foundation. Hudson Valley residents undergoing treatment for colon cancer or a urologic or digestive disease may qualify for assistance with issues such as transportation, medication, and other financial challenges.

Racial and Ethnic Minorities

By expanding outreach informing racial and ethnic minorities of the availability and importance of colorectal screening, increasing the number of procedures performed and providing referrals and follow up care for racial and ethnic minorities, the project will improve access to services and health care, improve health equity and reduce health disparities for racial and ethnic minorities.

The colorectal cancer mortality rate across all ethnic groups in the service area is highest for Black individuals. State data suggests that Hispanics are screened for colorectal cancer at a lower rate than other ethnic groups. U.S. Census estimates that 9.3% (60,356 people) of the service area population is Black and 21.0% (136,490) are Hispanic.

Immigrants

By expanding outreach informing immigrants of the availability and importance of colorectal screening, increasing the number of procedures performed for immigrants and providing referrals and follow up care for immigrants, the project will improve access to services and health care, improve health equity and reduce health disparities for immigrants.

Estimates of colorectal cancer screening are significantly lower among adults reporting a primary language other than English. U.S. Census estimates for 2023 show that 12.8% of the population is foreign born and 24.9% speak a language at home other than English. The project will expand the availability for screening services and other procedures to foreign born residents of the service area. 21 Reade Place ASC L.L.C. will be using a Mid-Hudson Interpreter Service for non-English speaking patients.

Women

By expanding outreach informing women of the availability and importance of colorectal screening, increasing the number of procedures performed and providing referrals and follow up care for women, the project will improve access to services and health care, improve health equity and reduce health disparities for women.

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

Adults ages 45 to 75 who do not identify as cisgender were less likely undergo screening for colorectal cancer. State data showed that, among those surveyed, 65.8% of LGBTQ adults have recommended screenings compared to 75.0% of cisgender adults. The project will add a community resource for GI ambulatory screenings and surgery procedures for lesbian, gay, bisexual, transgender, or other-than-cisgender people.

21 Reade Place ASC L.L.C. will provide patient affirming care to LGBTQ patients.

By expanding outreach informing lesbian, gay, bisexual, transgender or other than cisgender people of the availability and importance of colorectal screening, increasing the number of procedures performed for, lesbian, gay, bisexual ,transgender or other than cisgender people and providing referrals and follow up care for lesbian, gay, bisexual, transgender or other than cisgender people the project will improve access to services and health care, improve health equity and reduce health disparities for lesbian, gay, bisexual, transgender or other than cisgender people

People with Disabilities

By expanding outreach informing people with disabilities of the availability and importance of colorectal screening, increasing the number of procedures performed for people with disabilities and providing referrals and follow up care for people with disabilities, the project will improve access to services and health care, improve health equity and reduce health disparities for people with disabilities.

U.S. Census estimates for 2023 show that 10.9% of the service area's non-institutionalized population has a disability. Statistics on how much the disabled population use or would use the Project's services is not available.

To accommodate those with disabilities, the project will meet New York's Architecture & Engineering Reference Standards for Article 28 facilities. Article 28 certified must provide provisions for accessibility for all patients, residents, visitors and staff.

Older Adults

By expanding outreach informing older adults of the availability and importance of colorectal screening, increasing the number of procedures performed for older adults and providing referrals and follow up care for older adults the project will improve access to services and health care, improve health equity and reduce health disparities for older adults

Persons living with a prevalent infectious disease or condition

By expanding outreach of the availability and importance of colorectal screening to persons with a prevalent infectious disease or condition, increasing the number of procedures performed for persons with a prevalent infectious disease or condition and providing referrals and follow up care for persons with a prevalent infectious disease or condition, the project will improve access to services and health care, improve health equity and reduce health disparities for people with a prevalent infectious disease or condition.

Persons living in rural areas

By expanding outreach informing persons living in rural areas of the availability and importance of colorectal screening, increasing the number of procedures performed for persons living in rural areas and providing referrals and follow up care for the persons living in rural areas the project will improve access to services and health care, improve health equity and reduce health disparities for older adults

People who are eligible for or receive public health benefits

By expanding outreach informing people who are eligible for or receive public health benefits of the availability and importance of colorectal screening, increasing the number of procedures performed for people who are eligible for or receive public health benefits and providing referrals and follow up care for people who are eligible for or receive public health benefits the project will improve access to services and health care, improve health equity and reduce health disparities for 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

By expanding outreach informing people who do not have third-party health coverage or have inadequate third-party health coverage of the availability and importance of colorectal screening, increasing the number of procedures performed for people who do not have third-party health coverage or have inadequate third-party health coverage and providing referrals and follow up care for people who do not have third-party health coverage or have inadequate third-party health coverage the project will improve access to services and health care, improve health equity and reduce health disparities for people who are eligible for or receive public health benefits.

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 project is expected to positively affect medically each underserved group by expanding outreach to the group of the availability and importance of high quality diagnostic and treatment services, increasing the number of procedures performed for members of the medically underserved groups and providing referrals and follow up care for members of the medically underserved groups. The Applicant's facility in Poughkeepsie reports wait lists and limited availability for urgent and routine procedures. The proposed project to be located in the Fishkill market will allow for increased availability of screening services to low income people, racial and ethnic minorities, immigrants, women, LGBTQI 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, and people who do not have third-party health coverage in the service area.

Unintended positive impacts may include members of the medically underserved groups learning about and gaining access to other sources of care and social services.

Unintended negative impacts may include difficulty coordinating follow up care, patients having long wait times or inability to access follow up care or other sources of care and social services due to the increased number of the project's patients referred for services.

If applicable, how would the currently proposed project either compound or mitigate any negative impacts from other projects carried over the last five years?

Colorectal screening guidelines have been expanded which increases the number of people seeking services. The project will mitigate the negative impact of patients having to wait extended times for services.

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 project's payer mix will be 0.5% Charity Care. The project will increase the number of procedures available to patients needing below cost or free care in the market area. The below cost payors may include Medicare, Medicaid, managed care and some private pay sources.

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.

The project will be open during public transportation peak hours. The nearest bus stop is at Dutchess Mall, which is 0.4 miles from Snook Road and US-9. Dial-A-Ride is a curb-to-curb transportation service open to the general public with service throughout Fishkill and surrounding towns.

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

The project will meet New York's Architecture & Engineering Reference Standards for Article 28 facilities. Article 28 certified must provide provisions for accessibility for all patients, residents, visitors and staff.

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.

Meaningful Engagement

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

The project will be located in Dutchess County.

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.

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?

The Vinca Group, L.L.C. made efforts to contact 102 stakeholders through a combination of phone calls, emailed surveys, in-person surveys and direct certified mailings. We successfully made contact and received feedback from 52 entities. The stakeholders that were successfully engaged include the county Health Commissioner, five physicians, eight community based organizations and 38 respondents who identified as residents of the service area.

Of the 52 stakeholders who responded, 50 support the project, one had no comment, and one was unsure whether they supported the project or not. Fifty-one respondents provided additional comments beyond a yes or no answer.

Many stakeholders identified southern Dutchess County as an area that is underserved in terms of healthcare. The Dutchess County Health Commissioner stated that an expansion of services is welcome in south, central and eastern portions of the county. Nearly all of the respondents recognized the need for health care services in Fishkill. Several respondents indicated that Fishkill residents have to travel 20 minutes to Poughkeepsie for procedures. A center in Fishkill would be more convenient not only for Fishkill residents but those in Beacon and Newburgh. Stakeholders mentioned the need for “faster appointments.” The lack of cancer screening services was also mentioned. The Health Commissioner emphasized that the project will provide underserved groups access to diagnostic care screenings that are vital to early disease detection which would lead to significantly better health outcomes considering the mortality rate among underserved groups is higher.

Many stakeholders mentioned transportation barriers and expressed a need for better transportation options and the communication of those options to residents. The project’s location directly off of a major highway was considered an advantage. They indicated that communication is critical for the project to reach underserved individuals. Suggestions included circulation of print materials, social media and flyers. Other suggestions included building strong community partnerships with local organizations to share information about services. Communication should include when the center is opening and exactly what is being offered. Additional suggestions included plenty of handicap accessible parking, the integration of language support services and flexible operating hours. There is also a desire for the project to meet the needs of underserved people by being available to both insured and non-insured individuals.

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 project has very good accessibility by car given that the site is directly off of the highway. However, individuals without a car will face an additional burden in terms of access to and from the project. The use of public transportation is not reasonable for individuals undergoing procedures requiring anesthesia.

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.

We were unable to engage with representatives from the LGBTQ communities or organizations representing certain racial minority groups, immigrants and people with disabilities.

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?

Referrals will be screened to assure the patient's communication needs including the methods of communication or resources they use and reasonable accommodations will be used to ensure the patient can understand verbal/and or written information given to them. Qualified interpreter services will be used for assessments, or other health related issues that must be discussed with the patient. All reasonable efforts will be made to use interpreter and translation services, sound devices, picture boards, and other communication methods preferred by the patient. Tablets will be available for hearing impaired residents to use for visual communication. All staff will be trained and monitored to assure resources are available and appropriately used with residents who have limited English speaking ability and/or speech, hearing or visual impairments. 21 Reade Place ASC L.L.C. will be using a Mid-Hudson Interpreter Service for non-English speaking patients.

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

The Applicant operates another ASC in Dutchess County. We suggest the Applicant conduct multiple community outreach sessions and contacts with referral sources, community leaders, churches and civic organizations to inform the community of the

proposed project and solicit suggestions on how the project can better meet the needs of each medically underserved group.

The project could offer Braille and large print materials for visually impaired patients.

The project could consider using video system designed for immediate sign language access as well as remote interpretation services for the deaf or hard of hearing. The project should be able to be reached by TTY (Teletypewriter), which facilitates communication via text over telephone lines. The project should work with Dutchess Disability Advocacy Partnership (DDAP) to learn how to improve and enhance the facility's services for individuals with disabilities. Remote interpretation services can also be used for non-English speaking patients.

The project should monitor technology changes that support communication with people of limited English speaking ability and people speech, hearing or visual impairments. Appropriate technology should be implemented as it becomes available.

The project should coordinate post procedure transportation for patients who do not have a designated driver and who undergo procedures requiring anesthesia.

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

The Applicant can develop an advisory group to work with representatives of the impacted stakeholders as the project progresses. We suggest this include soliciting suggestions on ways to increase the number of medically underserved people who seek colorectal screening, implement and improve culturally sensitive and appropriate communication and treatment protocols, and identify community resources that help to support medically underserved groups.

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 project will increase the availability of colorectal screening and treatment to medically underserved groups. Information to patients, referral sources and community leaders will include how the ASC addresses the special needs of medically underserved groups. The ASC will also provide information to patients about other social service and health care resources.

Stakeholders indicated that social media and print materials as the best way to communicate. Include transportation options for those without a car. The project needs to make sure social media and print materials reach not only southern Dutchess County but the broader market.

The project should seek a working relationship with FQHCs and other community-based providers of primary care serving Medicaid clients and the uninsured.

We suggest the Applicant establish an advisory group with representatives from community organizations, community leaders, civic organizations and organizations representing medically underserved groups.

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?

The Applicant has existing relationships with multiple referral sources. The Applicant will be able to increase the number of people who will benefit from colorectal screening and treatment procedures.

The Applicant has established Quality Assurance and training programs that can include monitoring the potential impacts of the project, analyzing data and feedback, and amending protocols and outreach efforts to better serve patients who are members of medically underserved groups.

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 can establish an HEIA team to assure treatment protocols review the needs of medically underserved groups, monitor the number of patients in each medically underserved group, monitor accommodations for any specific needs of members of each medically underserved group and implement and adjust administrative and care protocols as appropriate.

STEP 5 – DISSEMINATION

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

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

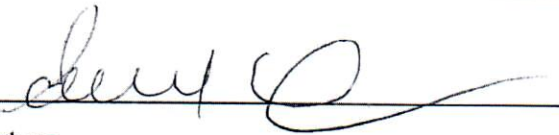
I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

Sunil Khurana

Name

Managing Partner

Title



Signature

6-17-2026

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.

MITIGATION PLAN

21 Reade Place ASC, L.L.C. is committed to ensuring an inclusive and accessible environment for all individuals including those belonging to medically underserved groups. To mitigate potential negative effect and maximize positive effects, 21 Reade Place ASC, L.L.C. will incorporate protocols to address the needs of low income people; racial and ethnic minorities; immigrants, women; lesbian, gay, bisexual, transgender, or

December 2023

other-than-cisgender people; people with disabilities; older adults; persons living with a prevalent infectious disease or condition; persons living in a rural area; people who are eligible for or receive public health benefits; and people who do not have third-party health coverage or have inadequate third-party health coverage.

21 Reade Place ASC, L.L.C. will make continuous efforts to identify and address the specific needs of diverse populations including those in the identified underserved groups. Staff will undergo training to assure cultural awareness and sensitivity and how to provide respectful and considerate care. Care will be monitored through direct supervision, concern and complaint reporting, and surveys to patients, referral sources and staff. Processes will be in place to identify issues, develop and implement corrective action plans, monitor results and adjust corrective action plans as appropriate.

Staff will be trained on culturally sensitive and clinically appropriate ways to provide care and communicate with people with cognitive impairment, neuro diversity, communication challenges and mental health diagnoses.

21 Reade Place ASC, L.L.C. will schedule training to include intentional questions and focus on ways to provide and improve culturally sensitive care and services for medically underserved groups in its Quality Assurance plan and in its surveys of patients, referral sources and staff.

21 Reade Place ASC, L.L.C. will continue to assess each potential patient referral for the appropriate care to serve the patient's clinical and psycho social needs.

Patients will be referred for appropriate post procedure clinical services. Discharge planning will include referrals to appropriate clinical and social service resources.

The ASC will be built to ADA compliance standards, assuring accessibility for individuals with disabilities. Braille will be integrated into navigation signage and information signage throughout the facility.

21 Reade Place ASC, L.L.C. will make reasonable accommodations to provide qualified interpreter services to all patients needing assistance with communication due to either limited English proficiency, hearing or sight impairments. If requested or necessary to ensure meeting patient needs, written materials will be provided in a patient's preferred language. Patient communication needs will be assessed, including what methods of communications or resources the patient uses and are comfortable with, and reasonable accommodations made to ensure that patients can understand verbal and/or written information given to them by staff. Effort will be made to hire bi-lingual staff.

21 Reade Place ASC, L.L.C. will maintain outreach to stakeholder groups to solicit feedback on current services and identify additional services and approaches that are recommended to serve the stakeholder groups.

APPENDIX A
QUALIFICATIONS STATEMENT

APPENDIX A

The Vinca Group L.L.C. was founded in 1994 to support the acquisition, development, strategic and operating functions of a broad array of health care and senior living providers. The Vinca Group's experience includes market analysis, feasibility, project development, operations and reimbursement. We perform market analysis and operational due diligence. We support licensure, CON and regulatory requirements for new and existing services. We have extensive databases that support our market and strategic planning analysis. We link health utilization and patient acuity to our planning and development functions. We continuously work with state-of-the-art techniques including benchmarks and outcome measurements. When it is appropriate, we tailor our analysis to serve the cultural, ethnic, racial and religious needs of the target population.

The Vinca Group L.L.C. evaluates market need by assessing demographic data, clinical demand, competition, clinical practice, and the regulatory environment. We analyze the demographic and competitive environment of a service area to develop need projections and determine feasibility.

Our project work includes work to serve members of specific ethnic, racial and affinity groups. Illustrative examples include:

- Market analysis for post-acute and long term care skilled nursing facilities to serve the Hopi, Navajo, Fort Apache and San Carlos Apache populations
- Operations review of skilled nursing facilities that served the San Carlos Apache and Yavapai Apache populations
- Market feasibility for independent living and assisted living facilities for various Christian Church populations
- Market feasibility for multiple not-for-profit Jewish skilled nursing facilities, assisted living communities and Life Plan Communities
- Developed subacute care program and managed care pricing strategy for The New Jewish Home
- Market analysis, operations review and restructuring of Rainbow Village, a continuum of care active adult, independent living and assisted living community developed to serve the LGBTQ community
- Market feasibility for pediatric skilled nursing facilities
- Acquisition due diligence and feasibility analysis on skilled nursing facilities that serve residents with Huntington's Chorea Disease
- Market analysis, operations review and management oversight of 220 bed skilled nursing facility located in a predominantly African American community that had 22 young gunshot survivors who were long term care residents
- Market feasibility for assisted living and skilled nursing facility to serve Pakistani population
- Program development to assist The New Jewish Home's Bronx campus improve services for its Hispanic residents including hiring a Priest, developing a dementia unit where all staff spoke Spanish and implementing menus with Hispanic foods
- Analysis of hospital discharge data to identify clinical service needs
- Development of post acute services for young traumatic brain injury patients
- Market study to evaluate the need for low income housing for people ages 55 and older and persons with disabilities in a primarily African American neighborhood.

The Vinca Group L.L.C.'s clients benefit from decades of work experience in nationally known companies that provide consulting services and operate acute care, post-acute and senior housing services. We bring a team of seasoned professionals who have worked together for many years and are experienced as planners and operators for a variety of private and publicly traded companies.

A partial list of The Vinca Group L.L.C.'s clients includes:

- Alvarez and Marsal
- Brightview Senior Living
- Capital Funding Group
- Capital Health Group
- Care One
- Crista Communities
- Epoch Senior Living
- Erickson Living
- FTI Healthcare
- Greystone Mortgage and Investing
- Hebrew Senior Life
- Kensington Senior Living
- Koelsch Senior Communities
- LTC Properties
- Maxwell Group-Senior Living Communities
- Morgan Stanley
- Omega Health Care Investors
- Post Acute Partners
- Sulpicians
- Sunrise Senior Living
- Ventas
- Village Care
- Zurich Securities

RESUMES

Alice Katz **President**

Ms. Katz is the President of The Vinca Group L.L.C. She specializes in market feasibility, acquisition due diligence, operations reviews, restructuring and turnaround management. nursing facilities. Ms. Katz is certified to conduct HUD LEAN studies.

Previously, Ms. Katz was the co-founder of Oakwood Living Centers, Inc. where she was the Senior Vice President and Chief Operating Officer. With Genesis Health Ventures, Inc., Ms. Katz was Vice President, Managed Operations.

Ms. Katz was a Senior Manager with Ernst and Young where she served as the Project Manager for the study that evaluated the DRG prospective payment system for Medicare reimbursement for the Department of Health and Human Services. She participated in writing the Federal standards and conducted the review process to certify HMOs including analyzing compliance programs, capitation and risk assumptions.

Ms. Katz developed the staffing management system used by the US Indian Health Service. She developed the tribal health plan for an Alaskan Native Corporation that serves five communities located over an area the size of Ohio north of the Arctic Circle. She conducted the feasibility study for the Mount Edgecumbe Medical Center located in Sitka, AK. She participated in hospital feasibility studies in Argentina, Chile, Ecuador and Singapore. Ms. Katz developed an investment plan to improve health services in Cape Verde which was based on demographic and clinical data analysis; onsite review of hospital and health post operations, physical plants, equipment and management processes; and staff supervision and training.

Ms. Katz is a registered Medical Technologist. Her clinical experience includes working as an immunologist at Temple University Health Sciences Center.

Ms. Katz has an MBA (with distinction) from Cornell University and a Bachelor of Science from The Pennsylvania State University.

Stephanie A. Heffernan

Senior Vice President

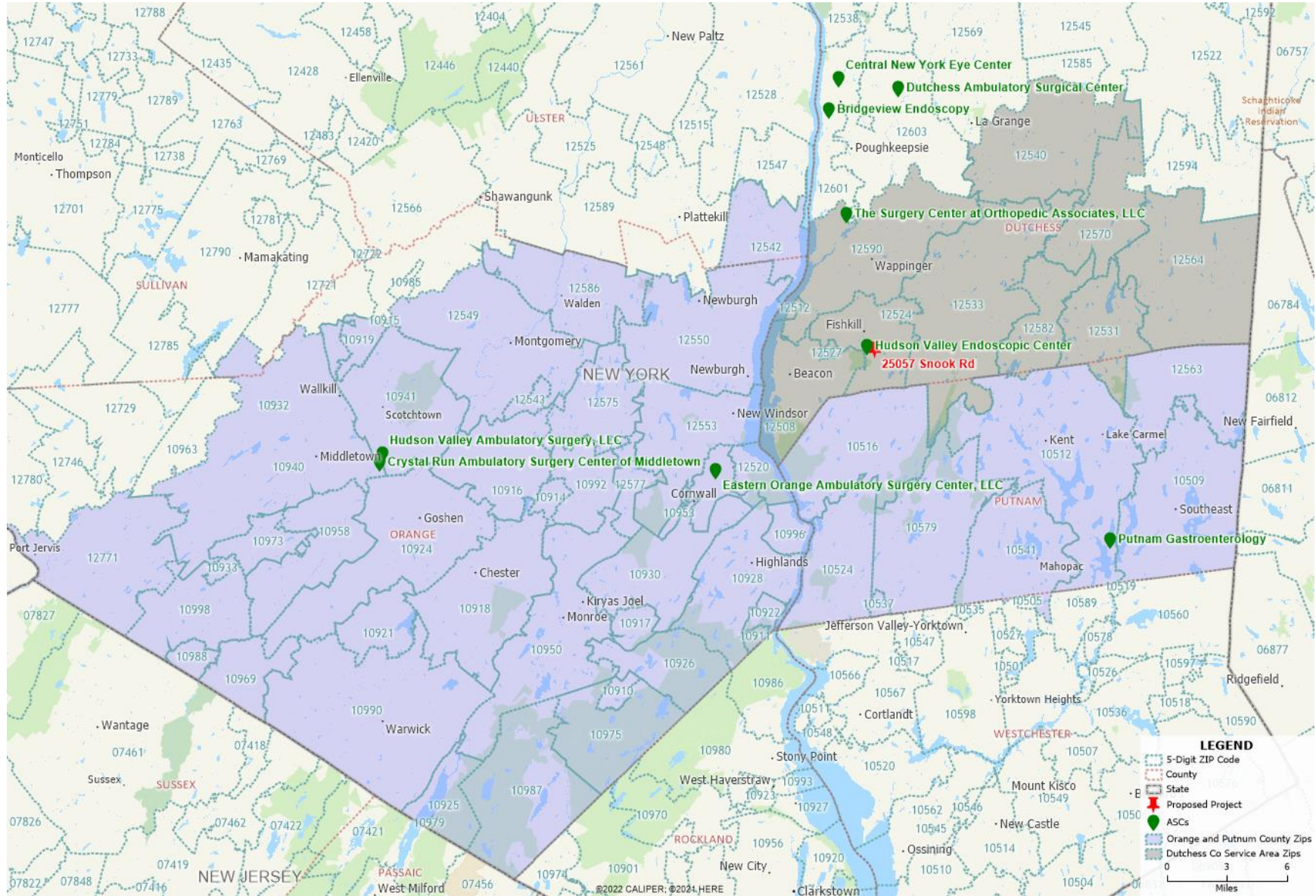
Ms. Heffernan has been conducting market research with The Vinca Group L.L.C. since 1995. Ms. Heffernan is certified to conduct HUD LEAN studies. Ms. Heffernan is responsible for conducting market and feasibility studies for skilled nursing, assisted living and independent living facilities and other health care services including managed care, adult daycare and supportive housing. Ms. Heffernan has extensive experience in defining market areas, analyzing demographic and payor mix data, conducting site visits and performing qualitative and quantitative assessments of health service providers, long-term care facilities and retirement communities. She has participated in The Vinca Group's asset management and portfolio review engagements including reviewing facility operations, sales and marketing functions, staffing levels, regulatory compliance and the subject property's product/value position compared to primary competitors.

In terms of specific projects, Ms. Heffernan has assisted in developing business opportunities for a major health insurance company to invest in the case management business. She developed strategic initiatives to enhance the performance of a large assisted living portfolio. She has developed and maintained physician databases intended to facilitate managed care contracting, and has evaluated the hospital conversion of acute care beds to a skilled nursing unit.

Ms. Heffernan has a BA with honors from Loyola College, Baltimore MD.

APPENDIX B
SERVICE AREA MAPS AND FACILITY LISTS

**LICENSED AMBULATORY SURGERY CENTERS
 25057 SNOOK RD
 FISHKILL, NY
 SERVICE AREA ZIP CODES
 DUTCHESS, ORANGE AND PUTNUM COUNTIES**



**LICENSED AMBULATORY SURGERY CENTERS
FISHKILL AMBULATORY SURGERY CENTER
SERVICE AREA ZIP CODES AND SURROUNDING AREAS**

Service Area

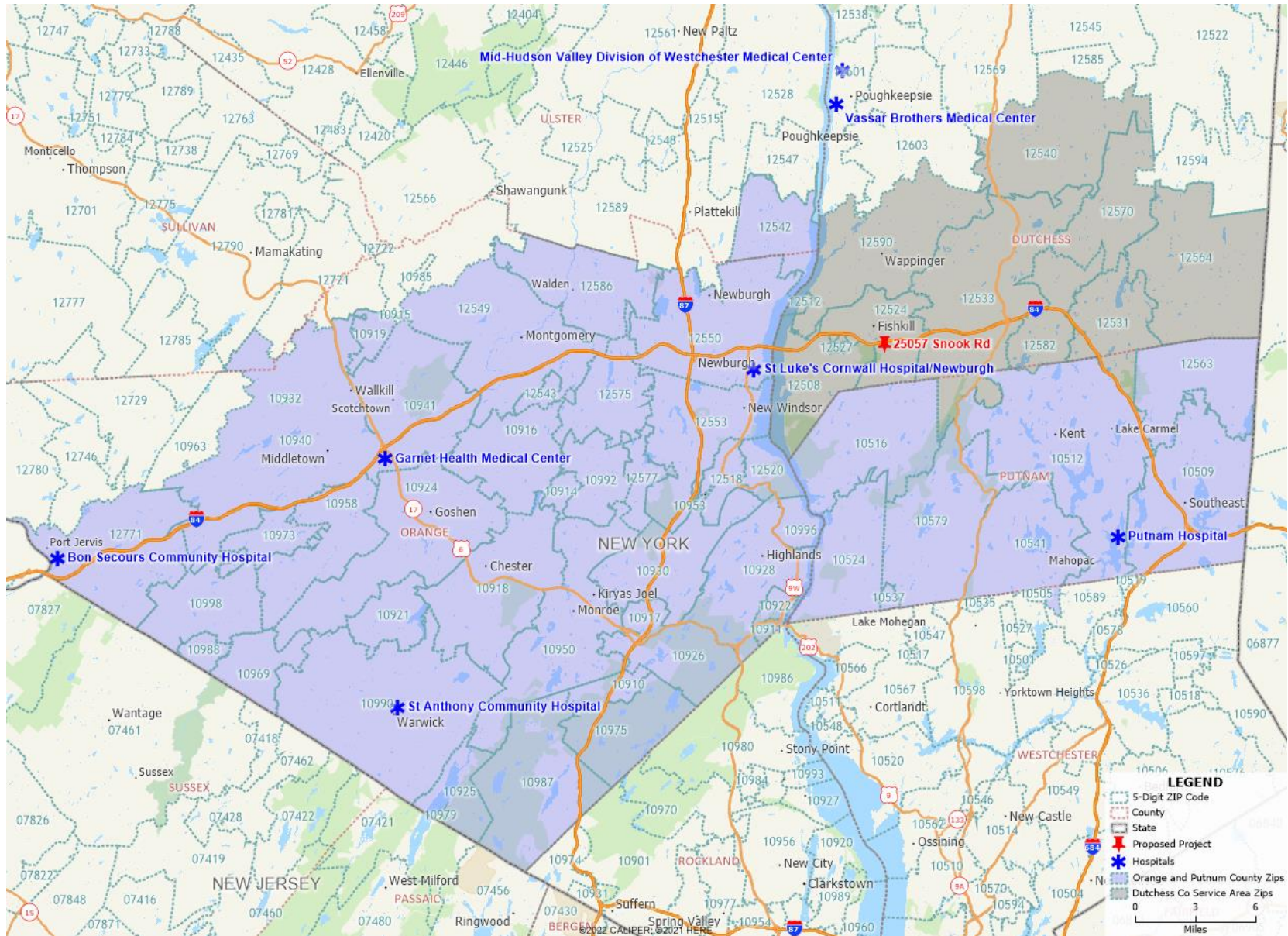
Name	Description	Address	City	ST	Zip Code	Phone Number	County	Facility Open Date	Service Type
Crystal Run Ambulatory Surgery Center of Middletown	Diagnostic and Treatment Center	95 Crystal Run Rd	Middletown	NY	10940	845-703-6101	Orange	4/19/2010	Ambulatory Surgery - Multi Specialty
Eastern Orange Ambulatory Surgery Center, LLC	Diagnostic and Treatment Center	21 Laurel Ave	Cornwall	NY	12518	845-458-7800	Orange	8/27/2007	Ambulatory Surgery - Multi Specialty
Hudson Valley Ambulatory Surgery, LLC	Diagnostic and Treatment Center	75 Crystal Run Rd	Middletown	NY	10941	845-692-9900	Orange	4/20/2007	Ambulatory Surgery - Multi Specialty
Hudson Valley Endoscopic Center	Diagnostic and Treatment Center	400 Westage Business Center	Fishkill	NY	12524	845-896-3636	Dutchess	3/12/1999	Ambulatory Surgery - Single Specialty - Gastroenterology
Putnam Gastroenterology	Diagnostic and Treatment Center	667 Stoneleigh Ave	Carmel	NY	10512	845-582-0371	Putnam	4/2/2012	Ambulatory Surgery - Single Specialty - Gastroenterology

Outside of Service Area

Name	Description	Address	City	ST	Zip Code	Phone Number	County	Facility Open Date	Service Type
Bridgeview Endoscopy	Diagnostic and Treatment Center	21 Reade Pl	Poughkeepsie	NY	12601	845-454-0222	Dutchess	7/15/2014	Ambulatory Surgery - Single Specialty - Gastroenterology
Central New York Eye Center ¹	Diagnostic and Treatment Center	22 Green St	Poughkeepsie	NY	12601	845-471-3720	Dutchess	2/11/2002	Ambulatory Surgery - Single Specialty - Ophthalmology
Dutchess Ambulatory Surgical Center	Diagnostic and Treatment Center	325 Founders Way	Poughkeepsie	NY	12603	845-473-6144	Dutchess	10/29/1998	Ambulatory Surgery - Multi Specialty
The Surgery Center at Orthopedic Associates, LLC	Diagnostic and Treatment Center	1910 South Rd	Poughkeepsie	NY	12601	845-218-4211	Dutchess	8/16/2013	Ambulatory Surgery - Multi Specialty

¹ Central New York Eye Center is applying for a CON to move the center to 27 Davis Avenue, Poughkeepsie NY 12603.

HOSPITALS 25057 SNOOK RD FISHKILL, NY SERVICE AREA ZIP CODES DUTCHESS, ORANGE AND PUTNUM COUNTIES



HOSPITALS
FISHKILL AMBULATORY SURGERY CENTER
SPERVICE AREA ZIP CODES AND SURROUNDING AREAS

Service Area

Name	Address	City	ST	Zip Code	Phone Number	County	Beds
Bon Secours Community Hospital	160 E Main St	Port Jervis	NY	12771	(845) 856-5351	Orange	86
Garnet Health Medical Center	707 E Main St	Middletown	NY	10940	(845) 333-1000	Orange	383
Putnam Hospital	670 Stoneleigh Ave	Carmel	NY	10512	(845) 279-5711	Putnam	164
St Anthony Community Hospital	15 Maple Ave	Warwick	NY	10990	(845) 986-2276	Orange	60
St Luke's Cornwall Hospital/Newburgh	70 Dubois St	Newburgh	NY	12550	(845) 561-4400	Orange	242
Total							935

Outside of Service Area

Name	Address	City	ST	Zip Code	Phone Number	County	Beds
Mid-Hudson Valley Division of Westchester Medical Center	241 North Rd	Poughkeepsie	NY	12601	(845) 483-5000	Dutchess	243
Northern Dutchess Hospital	6511 Springbrook Ave	Rhinebeck	NY	12572	(845) 871-3001	Dutchess	84
Vassar Brothers Medical Center	45 Reade Pl	Poughkeepsie	NY	12601	(845) 454-8500	Dutchess	349
Total							676

**HOSPITALS LICENSED TO OFFER AMBULATORY SURGERY
FISHKILL AMBULATORY SURGERY CENTER
SPERVICE AREA ZIP CODES AND SURROUNDING AREAS**

Service Area

Name	Description	Address	City	ST	Zip Code	Phone Number	County	Service Type
Bon Secours Community Hospital	Hospital	160 E Main St	Port Jervis	NY	12771	845-856-5351	Orange	Ambulatory Surgery - Multi Specialty
Garnet Health Medical Center	Hospital	707 E Main St	Middletown	NY	10940	845-333-1000	Orange	Ambulatory Surgery - Multi Specialty
Putnam Hospital	Hospital	670 Stoneleigh Ave	Carmel	NY	10512	845-279-5711	Putnam	Ambulatory Surgery - Multi Specialty
St Anthony Community Hospital	Hospital	15 Maple Ave	Warwick	NY	10990	845-986-2276	Orange	Ambulatory Surgery - Multi Specialty
St Luke's Cornwall Hospital/Newburgh	Hospital	70 Dubois St	Newburgh	NY	12550	845-561-4400	Orange	Ambulatory Surgery - Multi Specialty
Fishkill Ambulatory Surgery Center ¹	Hospital Extension Clinic	200 Westage Business Center	Fishkill	NY	12524	845-838-8111	Dutchess	Ambulatory Surgery - Multi Specialty
Garnet Health Outpatient (Formerly Orange Regional Medical Pavilion)	Hospital Extension Clinic	75 Crystal Run Rd	Middletown	NY	10940	845-333-7300	Orange	Ambulatory Surgery - Multi Specialty

Outside of Service Area

Name	Description	Address	City	ST	Zip Code	Phone Number	County	Service Type
Mid-Hudson Valley Division of Westchester Medical Center	Hospital	241 North Rd	Poughkeepsie	NY	12601	845-483-5000	Dutchess	Ambulatory Surgery - Multi Specialty
Northern Dutchess Hospital	Hospital	6511 Springbrook Ave	Rhinebeck	NY	12572	845-871-3001	Dutchess	Ambulatory Surgery - Multi Specialty
Vassar Brothers Medical Center	Hospital	45 Reade Pl	Poughkeepsie	NY	12601	845-454-8500	Dutchess	Ambulatory Surgery - Multi Specialty

¹ Extension Clinic to Vassar Brothers Medical Center