

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	UVMHN Elizabethtown Community Hospital Rehabilitation Center
2. Name of Applicant	Elizabethtown Community Hospital (ECH)
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group</p> <ul style="list-style-type: none">• Jaclyn Pierce (lead contact)• Ha Nguyen• Ken Stevens• Aisha King
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers,</p>

	<p>child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	February 14, 2024
6. Date the HEIA concluded	April 10, 2024

7. Executive summary of project (250 words max)	
<p>Elizabethtown Community Hospital (ECH) received grant funding from the Statewide Health Care Facility Transformation Program (SCHFTP) Round 3 to support the development of a new facility for rehabilitation services on land already owned by the hospital. The new building will be a dedicated space for the rehabilitation services team currently operating at the Elizabethtown Community Health Center (EHC), which is a shared space with primary care services. Rehabilitation services currently offered at the facility include physical therapy, occupational therapy, speech/language therapy, and cardiac/pulmonary rehabilitation. EHC was designed to accommodate three therapists and one administrative support staff; the location now hosts seven therapists and three administrative support staff. Simultaneously, the primary care practice within the building has experienced sustained growth.</p> <p>The new location will relieve congestion by providing more gym space and additional examination rooms for rehabilitation services. The expanded facility will also allow the team to hire a new therapist to address extended patient wait times. Primary care services will remain at the current EHC location, and the rehabilitation services will move to the new site, a 5-minute walk away. ECH intends for the new facility to address the inadequacies of the current shared space, facilitate the specific needs of the aging population, and strategically support the hospital's goals for service expansion and improved patient care.</p>	
8. Executive summary of HEIA findings (500 words max)	
<p>Based on our data analysis and stakeholder engagement for this project, it is evident that there is a community need for the relocation of rehabilitation services to a larger, dedicated site on the same street as the current location. The larger space will not only be more comfortable for patients and staff, but will address access issues by providing additional staff, examination rooms, and equipment. Although these changes will benefit all patients, our assessment has determined that they will particularly reduce health disparities among four</p>	

medically underserved groups: older individuals, people living with disabilities, women, and individuals living in rural areas.

Older adults and individuals with disabilities, who are frequently in need of rehabilitation services, will benefit from the enhanced access and physical plant improvements. Rural populations will also benefit from the increased availability of appointments and larger parking capacity. Women will benefit from this new facility because there will be a dedicated space that will specifically address female rehabilitation needs.

Community members and local leaders who provided feedback were overwhelmingly supportive of the project and its potential to improve access to services and keep services local for the community. We believe this project addresses health disparities and can improve access to and quality of care for the community. We encourage the Applicant to ensure that the relocation of services is clearly communicated to patients and community members, particularly underserved community members, to avoid any confusion regarding a change in service provision or access to providers. We also encourage the applicant to continue to gain community feedback on the facility design and new space through surveys, town halls, focus groups, and community forums, and by leveraging partnerships with the local health department and community-based organizations that represent underserved populations.

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.**

Please see attached spreadsheet titled “heia_data_tables_Elizabethtown_FINAL”

- 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:**

- Women
- People with disabilities
- Older adults
- Persons living in rural areas

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?

We analyzed utilization data from the applicant, census data for the community/service area, information and data from the Essex County Community Health Assessment, academic literature, and information obtained from a community survey and interviews with leadership, staff, and local leaders/stakeholders.

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

Women

There are over 18,000 individuals who identify as female in Essex County.¹ Women have unique and specific needs for rehabilitation, such as pelvic health therapy following pregnancy and rehabilitation services during or after breast cancer treatment to address functional impairments. The new rehabilitation services site will include a space dedicated to women's health that is built into the architectural plan for the facility.

People with Disabilities

Approximately 33% of adults in Essex County are living with a disability, compared to 26% upstate generally and 25% statewide.² Individuals with disabilities frequently use rehabilitation services to enhance functionality, improve mobility, maximize independence, and prevent complications. Individuals with disabilities, a large proportion of which reside in Essex County, access the rehabilitation services at ECH and will benefit from the expansion of this service, including the reduced wait times and upgraded space.

Older Adults

The population of Essex County is aging. Approximately 25% of residents in Essex County are over age 65, and this age group has experienced the largest overall increase since 2010 and is projected to continue to grow.³ The age of residents in the community was one of the top five health concerns of residents surveyed for the Essex County Community Health Assessment. Older adults rely on rehabilitation services to manage age-related conditions, recover from injuries, support balance and falls prevention, prevent functional decline, and address chronic pain. A significant number of older

¹ Source: 2022 Census Data

² <https://essexcountyny.gov/Health/community-health-assessment/>

³ <https://essexcountyny.gov/Health/community-health-assessment/>

adults access the rehabilitation services at ECH and will benefit from the expansion of this service, including the reduced wait times and upgraded space.

Persons living in rural areas

All of Essex County, NY is designated as rural by census tract.⁴ There are limited public transportation services in the county, which results in most individuals relying on vehicle transportation to access health care appointments. Persons living in rural areas will benefit from this project because it will expand the existing parking lot from 56 to 83 total spaces, which will increase parking options for both primary care services at the current site and rehabilitation services at the proposed new site.

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

ECH does not have utilization data at the rehabilitation level for these underserved groups. However, hospital-level data and interviews with leadership and staff indicate that these populations (in particular, older adults) are frequently accessing services at the rehabilitation facility. At the hospital-level, over 50% of patients are over the age of 60 and approximately 46% of patients identify as female. ECH did not have hospital-level data on the number of patients with disabilities. For persons living in rural areas, as indicated above the entire county in which the rehabilitation program is located is designated as rural.

Given that the population of the county is aging, and the prevalence of frailty increases as the percent of older adults rises,⁵ it is projected that more older adults will have a need for rehabilitation services in the future. In addition, since the project is proposing to expand both space for services and the number of therapists to provide services, it is expected that wait times will be reduced and more individuals (including the underserved groups identified above) will be able to access services on a timely basis.

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

The nearest rehabilitation therapy practices are found in:

- Lake Placid, NY, 25 miles away
- Ticonderoga, NY, 35 miles away

⁴ <https://data.hrsa.gov/Content/Documents/tools/rural-health/forhpeligibleareas.pdf>

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5446186/>

- Saranac Lake and Plattsburgh, NY, each 36 miles away in opposite directions.

There is a single physical therapist, self-employed and the sole employee in his small practice in Crown Point, 20 miles away.

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

ECH estimates that it has approximately 49% of the market share for outpatient rehabilitation services in Essex County.

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.

ECH's commitment to provide comprehensive care and support to individuals who are uninsured or underinsured, in accordance with current financial assistance policies and with federal/state regulations, does not appear to be impacted by the proposed project.

ECH is a tax-exempt hospital under Section 501(c)(3) and is therefore subject to federal IRS Charitable Hospital requirements. As such, ECH:

- Operates an emergency room open to all, regardless of ability to pay;
- Maintains a board of directors drawn from the community;
- Maintains an open medical staff policy;
- Provides hospital care for all patients able to pay, including those who pay their bills through public programs such as Medicaid and Medicare;
- Uses surplus funds to improve facilities, equipment, and patient care; and
- Uses surplus funds to advance medical training, education, and research.

None of these activities are expected to be impacted by the project. ECH also completes a Community Health Assessments (CHA) in partnership with the local health department in accordance with federally required timeframes.

ECH appears to be compliant with New York State's Public Health Law 2807-k, which requires hospitals to establish financial aid policies and procedures for reducing charges to low-income individuals without health insurance, or who have exhausted their health insurance benefits, and who can demonstrate an inability to pay full charges. ECH "strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care" and is committed to providing

financial assistance to any individuals in need.⁶ ECH also has a Health Assistance Program (HAP) that offers patient assistance, financial assistance, and advocacy support, including helping eligible low- and middle-income families get prescription medications at no cost.⁷

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.

The expanded location will allow the rehabilitation services team to hire one additional therapist and one additional environmental services staff person.

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

There are no civil rights access complaints against the Applicant in the last ten years.

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

No, the Applicant has not completed similar projects/work in the last five years.

STEP 2 – POTENTIAL IMPACTS

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

The proposed project will improve access to rehabilitation services and enhance the quality of those services for the community, in particular for medically underserved populations who have more difficulty accessing care, as follows:

- 1. Transportation:** The project will increase the total amount of parking spaces for both the primary care services at the current site and the rehabilitation services at the new site. It will also provide dedicated parking for rehabilitation services, which will be important for older adults and individuals with disabilities who will

⁶ <https://www.ech.org/data/files/2020%20ECH%20FAP%20Policy.pdf>

⁷ <https://www.ech.org/Patients-and-Visitors/Health-Assistance-Program>

no longer have to share parking with the primary care clinic and will have more options to park closer to the facility and minimize walking distance. The expanded parking will benefit all members of the community, most of whom rely on personal vehicles to access care, and will specifically benefit persons residing in rural areas who are unable to walk, use Uber/Taxi, or take the local bus service to access the center.

2. **Access:** The new site will provide additional examination rooms, gym space, and therapists, all of which are intended to shorten current wait times (4-6 weeks for routine visits and 6-8 weeks for initial evaluations) and help individuals in need of rehabilitation to schedule services more quickly. There will also be expanded appointment options to better fit patient work and personal schedules. The expansion will allow individuals who are in need of rehabilitation therapy, most commonly older adults and individuals with disabilities, to access care quickly and reduce the risk of injury and deterioration of health status.
3. **Physical Plant Upgrades:** The new facility will have almost 14,000 square feet, compared to the 10,000 square feet at the current site which is shared with the primary care clinic. There will be six additional examination rooms (for a total of 11 examination rooms) and expanded gym space for therapy. There will also be space at the new site dedicated to various specialty needs, including women's health. The expanded space will allow for more visits/appointments and will reduce congestion to provide a more comfortable care experience for patients. The expanded space will also provide more room for handicapped individuals using equipment such as wheelchairs to navigate the facility and will provide more space for caregivers in the examination rooms. These additions will benefit all patients and are particularly important for older adults and individuals with disabilities.

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.

An unintended positive impact of the project could be that the expanded and upgraded rehabilitation space supports the recruitment and retention of therapists and other staff members for ECH, given that workforce shortages are a challenge for hospital systems and outpatient providers statewide. This would positively impact health equity by ensuring that the facility is staffed with qualified, culturally competent staff hired from a competitive pool of applicants. The project will also free up space at the current site, which may be used for future service expansion or a space for community wellness programs.

An unintended negative impact of the project could be any confusion among patients, in particular older adults, about the location change of their therapy services – which can be appropriately mitigated with effective communication from ECH regarding the new facility as further detailed below.

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

The amount of indigent care, both free and below cost, provided by ECH for year-to-date (for Fiscal Year 2024 so far) has been \$113,357. In Fiscal Year 2023, ECH provided \$185,784 in indigent care.

The amount of indigent care is not expected to increase as a result of this project.

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 Essex County Transportation Department operates fixed-schedule public transit bus routes within the county and coordinates with inter-county routes to other areas in neighboring counties. A limited service passenger railway runs North-South along the Lake Champlain corridor. Uber and Taxi services are available in the area. ECH also works with Medicaid-sponsored transportation providers and community programs to support transportation for patients, including the Community Friendship Volunteer Program that pairs older adults with individuals who can drive them to appointments and religious organizations that provide non-emergent medical transportation.

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

The project will be compliant with all building codes and disability rights laws and accessibility standards, such as those required by the Americans with Disabilities Act (ADA). ECH is also considering implementing a dedicated drop-off area as part of the architectural plan to minimize walking distance for older adults and individuals with disabilities or injuries that are accessing services at the facility.

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?

N/A – this project does not impact the reproductive and maternal health services delivered at ECH.

Meaningful Engagement

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

Essex County Health Department

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

Yes, we interviewed the Essex County Health Department, Office of the Aging, Mental Health Department, and Department of Social Services.

- 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 attached spreadsheet titled “heia_data_tables_Elizabethtown_FINAL”

- 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?**

We believe that community members as a whole will benefit from the expanded service location, and in particular individual with disabilities, older adults, women, and persons living in rural areas as noted above. None of the local health departments or community-based organizations that we interviewed expressed concern for the project or believed that it would negatively impact the community or individuals that they serve.

- 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?**

Our stakeholder engagement process included interviews with several community-based organizations and local health departments, as well as a community survey. All stakeholders interviewed were supportive of the project and all community members surveyed were either supportive of the project (88% surveyed) or had a neutral opinion

(8%)⁸. The majority of individuals (65%) surveyed felt that the relocation of the rehabilitation services had the potential to improve their options for health care. The stakeholder engagement process confirmed that there is a high need for the rehabilitation service facility in the community – with stakeholders expressing that a dedicated and larger space for rehabilitation services will improve access and reduce wait times for those most in need of services, including older adults.

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.

SPG’s stakeholder engagement process included working closely with ECH to develop a comprehensive list of stakeholders and community-based organizations from which we sought feedback for the assessment. We conducted 10 interviews with leadership, employees, community-based organizations, local health departments, and other stakeholders as part of this process. The stakeholder engagement also included a distribution of a community survey. Fifty-one individuals responded to the survey, mostly comprised of community residents that have received outpatient rehabilitation services at ECH.

We attempted to reach as many organizations/individuals/groups as possible that represent the medically underserved groups impacted by the project. While we believe that we received adequate feedback from a diverse group of stakeholders, we recognize that certain individuals/populations may have faced barriers to participation. For example, most opportunities for participation were delivered via electronic means (Zoom calls, online survey), potentially limiting participation for those with limited access to the Internet/electronic equipment. We also did not receive any survey responses from individuals with disabilities and we were not able to connect with an advocacy group or provider organization representing individuals with disabilities. Consequently, we encourage ECH to continue to collect data and conduct outreach to ensure that the new rehabilitation services site is meeting the needs of individuals with disabilities and the other underserved populations identified in this assessment. This may include leveraging current partnerships, such as the organization’s partnerships with the Mountain Lakes Services for individuals with disabilities and the Essex County Office of the Aging, to support these efforts.

STEP 3 – MITIGATION

⁸ 4% responded “not applicable”

- 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?**

ECH has developed a preliminary communications strategy within the development plan for this project and intends to utilize its marketing team to communicate the service location changes to the community. The communications strategy will include notification in the local papers and on social media, notices around the current building, an informational mailing to current patients prior to implementation, and a note for current patients in their EPIC MyChart account. The therapists at the facility have long-standing relationships with many of the rehabilitation patients and will also serve as resources for communication.

Based on census data and information collected from our survey and during interviews, most community members and patients receiving services at ECH are proficient in English. However, ECH has on-call translation services available to translate any necessary communication for individuals with limited English proficiency. We also encourage ECH to ensure that all communication is accessible to individuals with speech, hearing, or visual impairments or those who do not use or have regular access to the Internet/electronic equipment via appropriate accommodations.

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

ECH should ensure that its communication and marketing plan is clear and concise for employees, patients, and the community. The plan should provide transparent details on the relocation of the rehabilitation services and assure current patients that there will be no changes to their providers or service provision. The plan should highlight anticipated benefits to the community (e.g. increased parking, shorter wait times) and the hospital's plan to proactively gather community feedback on the project.

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

ECH has included a community representative in the floor plan design for the project and will continue to utilize this individual during the planning process. ECH can also leverage its partnerships with community-based organizations and local health departments to gain feedback on the facility design and new space. Opportunities for developing this ongoing dialogue and continuing to gain community feedback include

implementing additional surveys and/or building upon the community survey developed as part of this assessment, and hosting town halls, community forums, and focus groups. These opportunities to provide feedback should be promoted in partnership with the local health department and community-based organizations to ensure that medically underserved individuals, or organizations that represent these individuals, are involved in conversations.

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 addresses geographic barriers to care for persons living in rural areas and for the ECH community generally because of the limited availability of other rehabilitation services in the area. The expanded rehabilitation facility will reduce wait times and reduce the likelihood that individuals would need to travel greater distances to access care on a timely basis. This project will therefore specifically address systematic barriers faced by underserved groups (such as older individuals and people living with disabilities) who may not have the means or physical capability to travel, and who would likely prefer to continue to receive services closer to home.

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?

ECH periodically collects patient feedback through satisfaction surveys administered by Press Ganey. ECH can use this survey mechanism to continue to gain feedback on rehabilitation service provision following the development of the new site, with a focus on the impact of the new site on quality of care for underserved populations and other health equity-related measures. The rehabilitation facility also measures access to care based on current wait times and aims to reduce the current 6-8 week waitlist for initial evaluations to 1-3 weeks at the new site with enhanced staffing.

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?

ECH can leverage its partnerships with local health departments and community-based organizations to monitor the impact of the new facility on the health equity of the community. ECH can also use the ongoing dialogue process mentioned above to gain feedback on the implementation of the project and its impact on medically underserved populations, including through additional surveys, town halls, or patient focus groups.

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).

Robert ortmyer _____

Name

President _____

Title

 _____

Signature

5/2/2024 _____

Date

II. Mitigation Plan

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

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.

UVMHN Elizabethtown Community Hospital (ECH) is dedicated to serving the community while acknowledging that there are medically underserved groups within the rural landscape of Essex County, NY. Medically underserved individuals face daunting challenges related to accessibility, transportation, cost of care, and various other social determinants. Our organization is devoted to addressing the identified disadvantages within our healthcare system and committed to developing remedies that will bolster healthcare access for these vulnerable individuals.

Elizabethtown Community Hospital received grant funding from the Statewide Health Care Facility Transformation Program (SCHFTP) Round 3 to support the development of a new facility for rehabilitation services that would provide dedicated space for rehabilitation services that are currently being provided in a space shared with primary care. Rehabilitation services currently offered at the facility include physical therapy, occupational therapy, speech/language therapy, and cardiac/pulmonary rehabilitation. ECHC was designed to accommodate three therapists and one administrative support staff; the location now hosts seven therapists and three administrative support staff. Simultaneously, the primary care practice within the building has experienced sustained growth, limiting the opportunity to expand services, reduce wait times, and address the inadequacies of the current facility.

Community-based relationships play a vital role in promoting the health and well-being of the community, especially in the healthcare sector. The new facility is supported by Elizabethtown Community Hospital's partners. A new rehabilitation facility is essential for the organization to fulfill the social responsibility and address the unique health needs of the communities served. Expansion projects require a strategic approach that aligns with the organization's mission and values while addressing community needs comprehensively understanding the diverse population served.

A thorough needs assessment is the foundation of a successful project. This involves identifying and understanding the health challenges and social determinants of health within the community. Methods such as surveys, focus groups, and collaboration with local public health agencies can provide valuable insights into the specific needs and priorities of the community. Engaging the community throughout the planning process was essential for building trust and ensuring the project meets the community's actual needs.

Initial marketing and communications outreach of the new Primary Care and Physical Therapy & Sports Medicine building will begin with the groundbreaking this summer and continue with updates on progress and programs until its opening in 2025. This will be achieved through press events and releases as well as social media posts and potential story pitches and placements. ECH will utilize the marketing team to foster a community-based approach to information sharing. All communication will have a comprehensive review for health literacy. Most community members and patients receiving services at ECH are proficient in English. However, ECH has on-call translation services available to translate any necessary communication for individuals with limited English proficiency.

As a referral-only practice, outreach to community providers months prior and post-opening will allow more patients to be cared for in the new space. Ongoing clinical updates to providers will keep the practice top of mind and allow for more patients to be treated closer to home. Social media posts and patient stories, shared both digitally and in the media, will keep the practice and its programs and services top of mind in the community. Information provided to partners will remain transparent and will include details such as parking accommodations, wait time, and impact on overall patient satisfaction.

The project addresses geographic barriers to care for persons living in rural areas and for the ECH community generally because of the limited availability of other rehabilitation services in the area. The expanded rehabilitation facility will reduce wait times and reduce the likelihood that individuals would need to travel greater distances to access care on a timely basis by adding additional therapists to the care team and increasing services and programs provided.

ECH collects patient feedback through satisfaction surveys administered by Press Ganey on a monthly basis. ECH will leverage our Patient Experience Committee to analyze and act upon feedback received from patients utilizing rehabilitation services with a focus on the quality of care for underserved populations and other health equity-related measures. The rehabilitation facility also measures access to care based on current wait times and aims to reduce the current 6-8 week waitlist for initial evaluations to 1-3 weeks at the new site with enhanced staffing.

ECH can leverage its partnerships with local health departments and community-based organizations to monitor the impact of the new facility on the health equity of the community through our newly formed Community Needs Committee that will meet on a quarterly basis.