Health Equity Impact Assessment

SECTION A. SUMMARY

1. Title of project	NYU LH Schwartz HCC Renovations 3rd Floor - Transplant
2. Name of Applicant	NYU Langone Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Deb Zahn Consulting, LLC Lead Contact: Deborah Zahn, deb@debzahn.com, 347-834-5083 Team Members Conducting the HEIA: • Deborah Zahn, MPH • Lynnette Mawhinney, PhD, MEd • Andrea Mantsios, PhD, MHS • Lisa Bowleg, PhD, MA • Melissa Corrado, MBA
4. Description of the Independent Entity's qualifications	The Independent Entity and team members conducting the HEIA have decades of experience in health equity, stakeholder and community engagement, public health, and healthcare. **Deborah Zahn,** the lead contact, has more than 25 years of healthcare program and policy experience and stakeholder and community engagement. She has led and facilitated local, regional, and statewide stakeholder and community engagement strategies for healthcare providers and new health initiatives; developed and facilitated community and clinical advisory panels; conducted healthcare assessments; and developed and directed initiatives focused on improving access and health outcomes for medically underserved populations. **Lynnette Mawhinney** is a health equity and qualitative research expert with 20 years of experience in education. She completed a multi-year participatory evaluation of an equity audit tool that spanned three states. She is a professor and Chair of the Department of Urban Education at Rutgers University-Newark. **Andrea Mantsios** is a public health expert with 20 years of experience in public health and healthcare. She specializes in qualitative methods to promote health equity in research, policy, and programming. She completed a health equity needs assessment for a large-scale health insurance provider to inform development of an organizational health equity. **Lisa Bowleg** is a national leader in health equity and intersectionality. She has more than 20 years of experience applying intersectionality to health equity research and practice. She is the founder and president of the Intersectionality Training Institute and a professor in applied social psychology and social

	and behavioral sciences at the George Washington University. **Melissa Corrado** has more than 20 years of experience helping healthcare and community-based entities develop and conduct assessments and implement plans. She has designed and conducted stakeholder interviews to guide planning of community initiatives and for community-based healthcare and social service providers.
5. Date the Health Equity Impact Assessment (HEIA) started	1/8/2024
6. Date the HEIA concluded	3/21/2024

7. Executive summary of project
The Applicant's proposed project is to relocate and consolidate transplant services for heart, lung, and liver to a single space at their main campus (550 First Ave, New York NY). The clinics where patients are currently seen are Rivergate (401 E. 34th Street, New York NY) and White Building (317 E. 34th Street, New York NY), which are 384 feet and 528 feet, respectively, from main campus. As a result of this relocation, patients in need of a transplant will receive evaluation, waitlist, and post-transplant visits all in one designated space, rather than they and their care partners having to go to multiple sites. During their appointments, patients and their care partners will sit in one room while the care team, consisting of transplant psychiatrists, nurse educators, financial counselors, nutritionists, physicians, and surgeons, rotate through as needed.
8. Executive summary of HEIA findings (500 words max)
Based on our assessment, we are confident that this project will greatly benefit the medically underserved groups—and all patients—who receive heart, lung, and liver transplant services at the NYU Langone Health Transplant Institute. The consolidation of services and the rotating services in a single place is a gold standard of care for people with serious health conditions and who need care and services over time. It eliminates significant barriers and burdens related to access to care and services and improves health equity, particularly for low-income people who do not have the luxury of taking multiple days off of work and losing income; older people and people with disabilities and health limitations for whom any travel is difficult; and immigrants, especially those with Limited English Proficiency who need to arrange interpretation services and/or are not familiar with New York City. The project also increases the likelihood of patients receiving all the care and services they need, which we expect improve health outcomes. Those who we engaged for input overwhelmingly agreed that it would ease physical challenges, lift some of the emotional weight of being a transplant patient or donor, increase follow up adherence, and reduce exposure to

pathogens, among other benefits. Our assessment also showed that the Applicant has a robust infrastructure and processes for monitoring health equity and disparities and communicating the change.

SECTION B: ASSESSMENT

STEP 1 – SCOPING

1. Demographics of service area: Complete the "Scoping Table Sheets 1 and 2" in the document "HEIA Data Tables". Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.

See Scoping Table Sheets 1 and 2 in the "Transplant HEIA - Scoping Sheets" document.

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?

We leveraged the Applicant's internal data and the NYULH Transplant Institute's direct knowledge of the patient population to identify the medically underserved groups that would be impacted by the project. While robust internal data is collected, it did not reflect immigrant or disability status. For this information, we consulted publicly available data related to these groups in the broader service area.

- **Low-income people** – internal electronic medical record data, American Community Survey, 2021
- **Racial and ethnic minorities** – internal electronic medical record data, American Community Survey, 2021
- **Immigrants** – American Community Survey, 2021
- **Women** – internal electronic medical record data, American Community Survey, 2021
- **Lesbian, gay, bisexual, transgender, or other-than-cisgender people** – NYSDOH Behavioral Risk Factor Surveillance Survey, 2021
- **People with disabilities** – American Community Survey, 2021
- **Older adults** – internal electronic medical record data, American Community Survey, 2021

Overall, a combination of internal and external data sources was used to identify the medically underserved groups impacted by the proposed project. Although the BRFS Survey provided some information related to LGBTQ+ people, we were unable to filter data by county or zip code due to limitations of the data set.

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

Those navigating the NYULH Transplant Institute's clinics on a typical day include patients undergoing initial evaluation, those on waitlists, those who are post-transplant, and care partners. Depending on the organ system impacted, patients are seen at a variety of clinical locations for evaluation, waitlist, and post-transplant visits. Currently, patients and care partners must further go to different hospital locations to access ancillary services, including lab services, radiology, etc.

The proposed project will relocate and consolidate transplant services for heart, lung, and liver by relocating them to a single space at the main campus (550 First Ave, New York NY). The clinics where patients are currently seen are Rivergate (401 E. 34th Street, New York NY) and White Building (317 E. 34th Street, New York NY), which are 384 feet and 528 feet, respectively, from main campus. As a result of this relocation, patients in need of a transplant will receive evaluation, waitlist, and post-transplant visits all in one designated space, rather than having to go to multiple sites. During their appointments, patients and their care partners will sit in one room while the care team,

consisting of transplant psychiatrists, nurse educators, financial counselors, nutritionists, physicians, and surgeons, rotate through as needed.

The proposed changes will improve the patient experience for all medically underserved groups by facilitating patients' access to necessary services and reducing the need to navigate among clinical areas. Even though the existing clinics are close to each other, this project will eliminate challenges that can serve as barriers to care, including navigating between buildings, scheduling multiple appointments, and coordinating multiple aspects of care.

We expect that the greatest positive impact of the relocation of services will be experienced by:

- Low-income people who will not have to schedule multiple appointments on multiple days, which could reduce loss of income due to missing work.
- Older adults and people with disabilities—for whom traveling even short distances can be difficult—who will not have to navigate between sites.
- Immigrants, particularly those with Limited English Proficiency, who will not have to arrange interpretation services at multiple sites or, for those not from the US, are not familiar with how to navigate New York City.

The stakeholders we engaged spoke positively about how this project would alleviate the physical and emotional burden of attending appointments in multiple locations. As one stakeholder said, "I support moving forward with the project. I think it might minimize the number of separate visits that patients have to coordinate and schedule and come and spend money to travel there and spend energy if they're not feeling good."

We do not expect that any single group will be adversely affected by this project.

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?

Of the patients seen by NYULH's Transplant Institute within the service area in 2022, 35% relied on Medicaid as their primary source of payment (with Medicaid as primary source of payment serving as a proxy for low-income population), 67% identified as racial or ethnic minorities, and 32% identified as women. Although the Applicant expects that improvements to patient satisfaction will attract new patients to NYULH, it is anticipated that service utilization by all medically underserved groups will remain constant following the relocation of transplant services.

As noted above, internal data limitations include a lack of robust data related to immigrants and LGBTQ+ populations. Therefore, the Independent Entity is unable to quantify current or expected utilization specific to these groups.

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

The following hospitals are licensed to provide transplant services in the NY Metro Area (Source: https://profiles.health.ny.gov/hospital/#5.79/42.868/-76.809)

Hospital	Location	Transplant Designation
Long Island Jewish Medical Center	Queens	Kidney
Montefiore Medical Center	Bronx	Adult Heart, Pediatric Heart, Kidney, Liver
Mount Sinai Hospital	Manhattan	Adult Heart, Pediatric Heart, Kidney, Liver
NYP Columbia	Manhattan	Adult Heart, Pediatric Heart, Kidney, Liver
NYP NY Weill Cornell	Manhattan	Adult Heart, Kidney, Liver
NYU Langone Hospitals Center	Manhattan	Adult Heart, Pediatric Heart, Kidney, Liver
University Hospital Brooklyn	Brooklyn	Kidney, Liver
North Shore University Hospital	Long Island-Nassau	Adult Heart, Kidney, Liver
Stony Brook University Hospital	Long Island-Suffolk	Kidney
Westchester Medical Center	Westchester	Kidney

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

For the purposes of this project, market share is defined as the pool of transplant recipients residing within New York State (NYS) or within the project service area defined as Kings, New York, Nassau, and Queens counties. According to transplant volume data from the Organ Procurement and Transplantation Network (OPTN) and United Network for Organ Sharing (UNOS), the Applicant held on average 13% of the NYS transplant market from 2016 through 2023. Of the transplant centers within the service area, the Applicant held on average 20% market share between 2016 and 2023 in terms of total volume of transplant procedures performed.

The following tables demonstrate NYS adult and pediatric transplant volumes by calendar year, NYS adult and pediatric transplant volumes by market share, adult

and pediatric transplant volume by market share for the service area, and transplant growth year-over-year.

NYS Adult & Pediatric Transplant Volumes by CY

Source: OPTN/UNOS Advance Report run 1.8.2024

Transplant Center	Facility Location (County)	2016	2017	2018	2019	2020	2021	2022	2023
NYCP-TX1 NY Presbyterian Hospital/Columbia Univ. Medical Center	New York	414	441	458	487	429	538	538	581
NYUC-TX1 NYU Langone Health	**New York**	**146**	**202**	**289**	**356**	**320**	**478**	**600**	**576**
NYMS-TX1 Mount Sinai Medical Center	New York	399	389	391	370	423	515	543	552
NYNY-TX1 New York-Presbyterian Hospital/Weill Cornell Medical Center	New York	260	240	307	343	262	334	297	372
NYNS-TX1 North Shore University Hospital/Northwell Health	Nassau	34	65	116	133	96	152	234	355
NYMA-TX1 Montefiore Medical Center	Bronx	262	245	289	334	244	318	348	346
NYFL-TX1 Strong Memorial Hospital, University of Rochester Medical Center	Monroe	126	127	159	170	192	214	202	212
NYWC-TX1 Westchester Medical Center	Westchester	95	104	162	125	150	189	193	161
NYEC-TX1 Erie County Medical Center	Erie	128	138	144	127	134	147	148	151
NYUM-TX1 State University of New York Upstate Medical University	Onondaga	109	78	113	60	61	92	105	94
NYSB-TX1 University Hospital of State University of New York at Stony Brook	Suffolk	81	80	81	67	88	89	73	64
NYDS-TX1 State University of New York, Downstate Medical Center	Kings	39	58	53	16	3	43	61	60
NYAM-TX1 Albany Medical Center Hospital	Albany	54	60	51	75	73	30	36	34
NYVA-TX1 James J. Peters VA Medical Center	Bronx	1	5	4	8	8	20	11	15
NYCC-TX1 Long Island Jewish Medical Center-Cohen Children's Medical Center	Nassau	-	6	7	10	6	8	7	7
	Total Volume	**2148**	**2238**	**2624**	**2681**	**2489**	**3167**	**3396**	**3580**
	Service Area[1] Volume	**1292**	**1401**	**1621**	**1715**	**1539**	**2068**	**2280**	**2503**

NYS Adult & Pediatric Transplant Market Shares by CY

Source: OPTN/UNOS Advance Report run 1.8.2024

Transplant Center	Facility Location (County)	2016	2017	2018	2019	2020	2021	2022	2023
NYCP-TX1 NY Presbyterian Hospital/Columbia Univ. Medical Center	New York	19%	20%	17%	18%	17%	17%	16%	16%
NYUC-TX1 NYU Langone Health	**New York**	**7%**	**9%**	**11%**	**13%**	**13%**	**15%**	**18%**	**16%**
NYMS-TX1 Mount Sinai Medical Center	New York	19%	17%	15%	14%	17%	16%	16%	15%
NYNY-TX1 New York-Presbyterian Hospital/Weill Cornell Medical Center	New York	12%	11%	12%	13%	11%	11%	9%	10%
NYNS-TX1 North Shore University Hospital/Northwell Health	Nassau	2%	3%	4%	5%	4%	5%	7%	10%
NYMA-TX1 Montefiore Medical Center	Bronx	12%	11%	11%	12%	10%	10%	10%	10%
NYFL-TX1 Strong Memorial Hospital, University of Rochester Medical Center	Monroe	6%	6%	6%	6%	8%	7%	6%	6%
NYWC-TX1 Westchester Medical Center	Westchester	4%	5%	6%	5%	6%	6%	6%	4%
NYEC-TX1 Erie County Medical Center	Erie	6%	6%	5%	5%	5%	5%	4%	4%
NYUM-TX1 State University of New York Upstate Medical University	Onondaga	5%	3%	4%	2%	2%	3%	3%	3%
NYSB-TX1 University Hospital of State University of New York at Stony Brook	Suffolk	4%	4%	3%	2%	4%	3%	2%	2%
NYDS-TX1 State University of New York, Downstate Medical Center	Kings	2%	3%	2%	1%	0%	1%	2%	2%
NYAM-TX1 Albany Medical Center Hospital	Albany	3%	3%	2%	3%	3%	1%	1%	1%
NYVA-TX1 James J. Peters VA Medical Center	Bronx	0%	0%	0%	0%	0%	1%	0%	0%
NYCC-TX1 Long Island Jewish Medical Center-Cohen Children's Medical Center	Nassau	-	0%	0%	0%	0%	0%	0%	0%
	Total Market Share	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
	Service Area[1] Market Share	**60%**	**63%**	**62%**	**64%**	**62%**	**65%**	**67%**	**70%**

NYS Adult & Pediatric Transplant Market Shares by CY - Service Area[1]

Source: OPTN/UNOS Advance Report run 1.8.2024

Transplant Center	Facility Location (County)	2016	2017	2018	2019	2020	2021	2022	2023
NYCP-TX1 NY Presbyterian Hospital/Columbia Univ. Medical Center	New York	32%	31%	28%	28%	28%	26%	24%	23%
NYUC-TX1 NYU Langone Health	**New York**	**11%**	**14%**	**18%**	**21%**	**21%**	**23%**	**26%**	**23%**
NYMS-TX1 Mount Sinai Medical Center	New York	31%	28%	24%	22%	27%	25%	24%	22%
NYNY-TX1 New York-Presbyterian Hospital/Weill Cornell Medical Center	New York	20%	17%	19%	20%	17%	16%	13%	15%
NYNS-TX1 North Shore University Hospital/Northwell Health	Nassau	3%	5%	7%	8%	6%	7%	10%	14%
NYDS-TX1 State University of New York, Downstate Medical Center	Kings	3%	4%	3%	1%	0%	2%	3%	2%
NYCC-TX1 Long Island Jewish Medical Center-Cohen Children's Medical Center	Nassau	-	0%	0%	1%	0%	0%	0%	0%
	Total Service Area[1] Market Share	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

NYS Adult & Pediatric Transplant Growth YOY

Source: OPTN/UNOS Advance Report run 1.8.2024

Transplant Center	Facility Location (County)	2016-2017	2017-2018	2018-2019	2019-2020[3]	2020-2021	2021-2022	2022-2023	*2016-2023*
NYCP-TX1 NY Presbyterian Hospital/Columbia Univ. Medical Center	New York	7%	4%	6%	-12%	25%	0%	8%	*40%*
NYUC-TX1 NYU Langone Health	**New York**	**38%**	**43%**	**23%**	**-10%**	**49%**	**26%**	**-4%**	***295%***
NYMS-TX1 Mount Sinai Medical Center	New York	-3%	1%	-5%	14%	22%	5%	2%	*38%*
NYNY-TX1 New York-Presbyterian Hospital/Weill Cornell Medical Center	New York	-8%	28%	12%	-24%	27%	-11%	25%	*43%*
NYNS-TX1 North Shore University Hospital/Northwell Health	Nassau	91%	78%	15%	-28%	58%	54%	52%	*944%*
NYMA-TX1 Montefiore Medical Center	Bronx	-6%	18%	16%	-27%	30%	9%	-1%	*32%*
NYFL-TX1 Strong Memorial Hospital, University of Rochester Medical Center	Monroe	1%	25%	7%	13%	11%	-6%	5%	*68%*
NYWC-TX1 Westchester Medical Center	Westchester	9%	56%	-23%	20%	26%	2%	-17%	*69%*
NYEC-TX1 Erie County Medical Center	Erie	8%	4%	-12%	6%	10%	1%	2%	*18%*
NYUM-TX1 State University of New York Upstate Medical University	Onondaga	-28%	45%	-47%	2%	51%	14%	-10%	*-14%*
NYSB-TX1 University Hospital of State University of New York at Stony Brook	Suffolk	-1%	1%	-17%	31%	1%	-18%	-12%	*-21%*
NYDS-TX1 State University of New York, Downstate Medical Center	Kings	49%	-9%	-70%	-81%	1333%	42%	-2%	*54%*
NYAM-TX1 Albany Medical Center Hospital	Albany	11%	-15%	47%	-3%	-59%	20%	-6%	*-37%*
NYVA-TX1 James J. Peters VA Medical Center	Bronx	400%	-20%	100%	0%	150%	-45%	36%	*1400%*
NYCC-TX1 Long Island Jewish Medical Center-Cohen Children's Medical Center	Nassau	-	17%	43%	-40%	33%	-13%	0%	*17%[2]*
	Growth of Transplant Volume (All Facilities in NYS)	**4%**	**17%**	**2%**	**-7%**	**27%**	**7%**	**5%**	***67%***
	Growth of Transplant Volume (All Facilities in Service Area[1])	**8%**	**16%**	**6%**	**-10%**	**34%**	**10%**	**10%**	***94%***

[1] Service Area defined as transplant centers located in Kings, New York Nassau, and Queens counties, highlighted in light purple.

[2] Value reflects comparison of Long Island Jewish Medical Center-Cohen Children's Medical Center transplant volume from program inception in 2017 to 2023.

[3] Decrease in volume from 2019 to 2020 attributed to policies implemented to address the COVID-19 pandemic.

Overall, transplant volume increased by 67% in New York State between 2016 (2,148 procedures) and 2023 (3,580 procedures). Transplant volume increased in the service area by 94% with 1,292 procedures performed in 2016 compared to 2,503 in 2023. Although all facilities in the service area experienced increased volume during this time period, the two facilities with the greatest increases include North Shore University Hospital/Northwell Health (944%) and NYU Langone Health (295%).

Although it is difficult to project future market share due to a variety of factors, the Applicant has a stated goal of making transplant services accessible to all, including by integrating into communities to meet patients where they are and by exploring innovative ways to expand the donor pool. The Applicant stated that they are working to increase their future market share by partnering with health networks in underserved communities to offer transplant evaluations and additional services to patients who were previously unable to access culturally competent care through the NYU Langone Health Latino Liver Transplant Program described in Step 4, Question 1. They are also spearheading xenotransplantation research to identify novel sources for donor organs in the future, and the Transplant Institute continues to develop new protocols to ensure that as many available organs are transplanted as possible.

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.

The obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations apply to NYULH, and the organization is currently meeting its obligations to the best of the Independent Entity's knowledge. As a non-profit healthcare system, NYULH's stated mission above all is to provide the highest quality healthcare that patients deserve. NYULH provides care regardless of a patient's ability to pay, and NYULH has a financial assistance policy available to patients who are in need. In addition, NYULH offers charity care, which covered approximately $93 million in care in FY23 (In the same time period, there was another $1.3 billion gap between the cost of care for patients who are covered by government insurance programs and the reimbursement NYULH received for that care in FY23). The NYULH Charity Care and Financial Assistance policy can be found online (https://nyulangone.org/files/charity-care-financial-assistance.pdf).

NYULH's obligations under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations will not be affected by the implementation of this project.

Description of the number of Medicaid or uninsured discharges/people served/residents in this facility compared to the total number of Medicaid or uninsured discharges/people served/residents in the region.

NYULH is projecting that 24% of visits at the transplant clinic will be for Medicaid patients in year one (total payor mix includes 46% Medicare, 29% Commercial, 24% Medicaid, and 0% other). According to US Census data, at the New York state level, the payer mix in 2022 was 42.9% public health insurance coverage (19.1% Medicare alone or in combination and 28.5% Medicaid alone or in combination), 65.4% private health insurance coverage, and 4.9% uninsured.

Description of how this compares to the total number of licensed medical-surgical beds/people served/residents for this facility compared to the total number of licensed medical-surgical beds/people served/residents in the region.

N/A. The project does not involve inpatient beds.

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 negative impacts are expected. Due to the nature of the project being service relocation, no physician or professional staffing issues are expected. Since there will be no changes to the services offered as a result of the project, no staffing changes are needed.

However, patients and care partners interviewed expressed an expected positive result, namely the potential for experiencing greater continuity of care by making it more likely that patients would see the same care team and staff if all in one location.

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

Following is a summary of civil rights access complaints against the Applicant, including date of complaint filing, a summary of the complaint, and the current status of the complaint.

Civil Rights Access Complaints against NYULH (not specific to Transplant Institute):

- 6 total complaints filed with the NYC Commission on Human Rights
    - 1 race discrimination complaint was investigated and dismissed
    - 1 race discrimination complaint was closed for administrative cause
    - 1 gender discrimination complaint is in settlement discussions
    - 3 are pending open investigation:
        - 1 related to disability access

        - 2 related to gender discrimination
- 10 total complaints filed with the New York State Division of Human Rights
    - 9 have been dismissed
        - 5 related to disability discrimination
        - 1 related to national origin discrimination
        - 2 related to discrimination of national origin, race, color
        - 1 related to discrimination of national origin, race, color, and marital status
    - 1 national origin discrimination complaint is pending an open investigation

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. There are no similar projects have been undertaken by the Transplant Institute in the past five years.

STEP 2 – POTENTIAL IMPACTS

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

Since transplant services cut across all patient groups, there will be a positive impact on each medically underserved group identified in Step 1, Question 2 with some additional benefits for some groups.

a. Co-locating the liver, heart, and lung transplant teams with transplant psychiatry, nutrition, and other services as described in Question 1.4 is expected to improve access to services and healthcare. Housing the range of services needed by patients who need organ transplants in a single space while also ensuring that patients can be seen by multiple providers during each visit increases the likelihood that patients will receive all the services suggested by the care team and have better health outcomes.
b. As per the Office of Health Equity and Human Rights, “health equity means achieving the highest level of health for all people and shall entail focused efforts to address avoidable inequalities by equalizing conditions for health for those who have experienced injustices, socioeconomic disadvantages, and systemic disadvantages. Health equity is about addressing the needs experienced by individuals and communities.” (Source: https://www.health.ny.gov/community/health_equity/) While co-locating services will likely benefit and equalize conditions for among patients and

care partners because it removes the burden of having to navigate among locations and schedule and go to multiple appointments. Removing this burden will likely improve health equity for medically underserved groups who experience the greatest burden, namely, low-income people who will not have to risk losing income due to missed work; older adults and people with disabilities for whom any travel can be difficult; and immigrants, especially those with Limited English Proficiency who need to arrange interpretation services for each appointment or, for those not from the US, are not familiar with how to navigate New York City.

c. According to the Office of Health Equity and Human Rights, "health disparities means measurable differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, gender identity, a preferred language other than English, gender expression, disability status, aging population, immigration status, and socioeconomic status." (Source: https://www.health.ny.gov/community/health_equity/) As above, the project may reduce health disparities if all patients, including those most burdened by the current state, are able to receive more of the recommended care and services due to the relocation and consolidation of services.

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.

There are no unintended negative impacts to health equity expected as a result of the project. There are the positive impacts described in response to Question 2.1.b and 2.1.c, including improving health equity and reducing health disparities by equalizing conditions for health for all patients, improving access to care, and reducing barriers and burdens to care and services for some medically underserved groups, specifically low-income people; older people; people with disabilities and health limitations; and immigrants, especially those with Limited English Proficiency and lack of familiarity with New York City.

In addition to the impacts already stated, we expect the renovation, accessible space will also solve some of the access issues we heard from patients who use wheelchairs. It is possible that consolidating service sin a single location could improve language access for people with Limited English Proficiency since there are fewer arrangements that need to be made to have interpretation services available. We also expect the cost of transportation for patients will decrease since they will need to come to fewer visits. As we heard from patients, that will be reduce a significant barrier for low-income people.

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.

Following a review of the Applicant's projected budget, the amount of indigent care the Applicant provides is not projected to change. The project will simply relocate the current services that are offered for liver, lung, and heart transplants and as such, it is not anticipated that the implementation of this project will impact the amount of indigent care provided. In FY23, NYULH contributed $93 million in charity care.

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 access by public and private transportation is expected to remain unchanged if the project is implemented. As the project will move clinic locations to the main hospital campus (less than ~600 feet away), it is anticipated that patients will use the same public transportation options to get to their appointments.

According to the Applicant, patients currently use a wide variety of transportation options. Some patients use private transportation and are accompanied by family members and other caretakers. For these patients, the hospital's campus offers valet parking at the main entrance, which is not available at the current off-site transplant clinics.

Some patients may take public transportation such as subway, bus, and ferry, and some use Access-A-Ride Paratransit Services, provided by the MTA. For those taking the subway, the closest MTA Subway station will remain the 6 train at 33rd Street. The M34 and M34A Select Bus Service stops at 34th Street and 1st Avenue, in close proximity to both the current clinic sites and the hospital campus. The buses also make a stop at the East 34th Street Pier, which can accommodate travelers from the New York City ferry.

The Applicant also has a process for patients who need to get to and from their appointments but are unable to cover the cost. In these cases, the hospital organizes and supports the cost of transportation to ensure they can access their care in a safe and timely manner. This is available to patients who express a need, regardless of their income status.

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

As previously described, patients seen by the Transplant Institute for lung, heart, and liver transplants must currently navigate between multiple buildings and clinical areas to

receive necessary care. The proposed relocation of services into one space will reduce architectural barriers by eliminating patients' need to navigate between multiple spaces during evaluation, waitlist, and post-transplant visits.

According to the Applicant, alterations of buildings within the New York City including the proposed third-floor Transplant Outpatient Clinic at NYU Langone Health's Schwartz Health Care Center (HCC) are governed by the Accessibility Chapter (Chapter 11) of the New York City Building Code. Per Chapter 11; sites, buildings, structures, facilities, elements, and spaces shall be designed and constructed to be accessible to individuals with disabilities in accordance with ICC A117.1 and the New York City Building Code. In compliance with Chapter 11 the Transplant Outpatient Clinic includes the following accessible elements:

- An accessible arrival point in compliance with NYC BC 1104.1
- An accessible public entrance in compliance with NYC 1105.1
- An accessible route connecting spaces within the building including HCC 03-Transplant Outpatient Clinic per NYC BC 1104.3
- Accessible toilet rooms including family and/or assisted-use toilets along the accessible route in compliance with NYC BC 1109.2
- Accessible drinking fountains (quench filtered water coolers) in compliance with NYC BC 1109.5
- Accessible seating at tables, counters, and work surfaces in compliance with NYC BC 1109.11
- Accessible controls, operating mechanisms, and hardware in compliance with NYC BC 1109.13
- Accessible signage in compliance with NYC BC 1111.1

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. The project does will have no impact on the facility's delivery of maternal health care services and comprehensive reproductive health care services.

Meaningful Engagement

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

New York City Department of Health and Mental Hygiene (NYC DOHMH)

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

We spoke with two individuals within the Bureau of Equitable Health Systems in the Center for Health Equity and Community Wellness at NYC DOHMH about the project. Max Hadler is the Director of Policy and Immigrant Initiatives, Health Care Access and Policy Unit. Emma Clippinger is the Director of Healthcare System Policy and Legal Strategy.

Mr. Hadler expressed that the clearest benefit of the move is that it would place less of the burden of navigating and receiving services on the patient, the community member, or their support network. He noted that reducing the number of variables that people, especially people in a situation of being evaluated for a transplant, must take upon themselves the better.

> “The more places you have to go, it's like a multiplier effect for people who are already at a disadvantage in terms of navigating physical space, like language, for example, or physical disability…The idea of having everything on one medical campus sounds relatively better than having to travel all across town.”

The move was identified as an opportunity to address language access barriers by making it more efficient for in-person interpreters to support non-English speaking patients.

Mr. Hadler and Ms. Clippinger both raised broader transportation and access issues that this move may not address, such as the challenge of getting to the NYULH medical campus for transplant patients. Mr. Hadler noted that while conceptually, having things under one roof makes sense, he cautioned that it is important to ensure it is not pulling services from community settings that may be more conveniently located to a specific community that disproportionately tends to access those services and to ensure that patients understand services they are receiving and any related billing.

We made three attempts, one during the interview and two via follow-up emails, to obtain a verbatim statement from the DOHMH representatives but did not receive one.

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

See Meaningful Engagement table in HEIA Data Table attached.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern about the project or offered relevant input?

As part of our meaningful engagement of stakeholders, we spoke with 13 stakeholders about the project. We conducted seven patient interviews; held two community conversations with CBO leaders, staff, and community members; and interviewed a social worker who works with the transplant community. Patients included lung, heart, and liver transplant recipients, including a double transplant recipient, and a living donor. One of our community conversations included the parent of a pediatric heart transplant patient. We spoke with five members of a racial and/or ethnic minority groups, two immigrants/refugees, two individuals identifying as LGBTQ+, two individuals over 65 years old, three people living with a disability, two people living in a rural area, four low-income individuals, and four Medicaid recipients.

The stakeholders most impacted by the project are transplant patients experiencing various health conditions pre- and post- transplant that make traveling to multiple locations for appointments challenging, low-income people, people with physical disabilities and health limitations, and people with Limited English Proficiency

No groups expressed concern about the project. Some stakeholders asked questions about if the consolidating of services would result in longer wait times to be seen, if it would involve being in a more crowded waiting room, and if quality of any of the services would be affected.

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?

Based on our engagement, we conclude that the proposed consolidation of services to have overwhelmingly beneficial impacts on transplant patients and their care partners.

Impact on transplant patients with physical disabilities and complex health conditions

Nearly all transplant patients described how the proposed consolidation of services would ease the physical challenges they faced in going to multiple locations to receive transplant-related services. Specifically, patients highlighted how health conditions like brain fog, fatigue, pain, wheelchair use, oxygen tanks, and weakness make it difficult for them to go to multiple floors and/or buildings. A double transplant recipient who received a heart and kidney transplant at the Transplant Institute described that she had to go to one building for the heart team and then another building a couple of blocks away to see the kidney team, which was particularly strenuous for her while she was on dialysis. A heart transplant patient who faced complications that led to amputations on

her foot described how consolidating services would address the physical challenge of visiting multiple locations:

> "Everybody would be there right. I wouldn't have to go all over, especially for me…I am amputated, I have no toes on either foot, so walking is, I'm getting better at it, but it's still challenging. So it's a lot of walking, you know, from building to building." – Heart transplant patient, living with disability

As one community leader noted, "it takes a lot of out of patients to hop around to different places" and the idea of consolidating to one location was seen as a way to lessen the sheer exhaustion many patients experience as they navigate their appointments leading up to and following their transplant.

Another patient shared how the multiple locations were difficult to navigate while being in a wheelchair and having an oxygen tank. After doing one day of appointments, the patient described the experience of going to multiple locations as a nightmare:

> "When I was in the wheelchair the doctor said to me if it's hard for you to come and go we can admit to you. And I preferred to be admitted because I know that this is going to be a nightmare for me. I did it [appointments in various places] one day. One day I did it, and it was a nightmare, and that's where I spoke to the doctor, and I said to her, 'I can't. I cannot do that for the whole week. And it's gonna take more than a week because it's not done in the hospital, so it's going to be in different places.' And I said to her, 'I don't think I can make it with my oxygen and wheelchair. I don't think I can make it.'" – Double lung transplant patient, immigrant, low income, living with disability

To mitigate the issues with moving to multiple locations for appointments, the doctor decided to admit the patient to the hospital to get all tests done in one location. The patient explained that the Transplant Institutes' intended consolidation would give everyone the opportunity to have a healthcare experience like being admitted to a hospital and getting all services in one place.

Furthermore, several individuals spoke about the potential that having all services in one location offers for lifting the emotional weight of the experience for transplant patients and their care partners. It was described as an opportunity to give individuals "peace of mind" knowing that managing multiple locations was one less thing they had to worry about.

The mother of a pediatric heart transplant patient described it as follows:

> "[My daughter] who was young, she was just 10 years, and sometimes it was rainy, it was snowing. When she was waiting for the transplant, she was with a life vest, with a pic line, with the medicine that made her heart work until they donated, and it was so hard for me to walk these streets with a kid in this weather…you know with the stress to go to New York [from NJ] plus all this stuff is a combination of like a parents

> and family…things that we deal with." – Caregiver, racial and ethnic minority, immigrant, Medicaid insured

A community leader echoed this sentiment saying:

> "I'm thinking of some of the pediatric patients, parents can just go to one location or caregivers can go to one location, and the providers come to them. I think that you know just the emotional weight will be lifted from having to circle around to many different places. So you know, there's that emotional piece." – Community leader

Importantly, several transplant patients and community leaders also noted that consolidating services to one location would reduce potential exposure to pathogens for this vulnerable group.

> "Reducing having to hop around from building to building. I also think it's, healthwise, it's safer because you don't have exposure to as many potentially airborne pathogens, which is very important for patients who have compromised immune systems." – Community leader

Community members highlighted two other important benefits of consolidating services related to clinical care. A community leader recognized that having all services in one location could improve follow-up appointment adherence by eliminating the barrier of having to visit multiple locations on multiple days to receive all aspects of a patients care. This was seen as having the potential to improve health outcomes by way of facilitating the patient getting to all follow up appointments the care team identified they needed for optimal care and follow-up.

A patient highlighted the benefit that consolidated services could offer for continuity of care by making it easier to see the same clinical team in one place:

> "I feel comfortable with the providers who have taken care of me, and there's like a lot of them. But sometimes, like, when you go to the clinic, it's like, OK, there's only these 2 people here. The other people are on the other side, 3 buildings away, so we can't see them today. And it's like, but I would like to see them because they know me, and following up with that level of comfort with someone who's new, knew my story from the minute I arrived to this point. Those are the people that I wanna follow up with, you know." – Heart transplant patient, living with disability

Impact on low-income people and Medicaid-insured patients

Another key theme among community members was the financial burden of transportation, specifically related to parking and loss of income when multiple appointments led to missing full days of work. Participants described the exorbitant parking fees they incurred when attending their appointments at the Transplant Institute. One patient described the expense she faced when having to move her car between appointments and pay a second time for parking within the same day when visiting two

different locations. A community leader highlighted the impact traveling to multiple locations can have on low-income patients who may lose a day of work as a result of such lengthy days attending appointments, “In asking folks who may be on the lower end of the income spectrum to go to multiple locations, you know, if back to work, that means losing money, you know, losing out on a day’s worth of work.”

One of the hospital’s social worker explained how Medicaid transport will only pick up and drop off at one location, creating a difficult situation of appointments in multiple buildings:

> “So for social work, one of the big issues that we see is that when we're talking about either low-income patients who use Medicaid for their transportation to get to and from appointments or patients who have any kind of disability or functionally not independent, getting to multiple sites in the same day for appointments. [It] becomes really taxing with Medicaid, well, they need to pick you up and drop you off at the same place, so that logistically becomes an issue. People who are functionally unable to get to multiple buildings often come to us with hardship especially if they don't have somebody to like wheel them in a wheelchair to and from different buildings in the city.”

The consolidation of services would mitigate this issue since only one stop would be needed to attend appointments.

Impact on People with Limited English Proficiency

Several community members identified that consolidating services into one location would make it less cumbersome to ensure interpretation needs are met at each appointment. As one community leader pointed out, for non-English speakers, having to see four different specialists in four different locations and coordinating an interpreter for support at each is cumbersome, but if all services are in one place, only one interpreter would be needed on one day, which is less coordination for the facility. This also means the patient would not be waiting on care because an interpreter has not yet arrived to the appointment.

A Peruvian immigrant who identified that she understands English but shared that she met several people going through the transplant process who did not speak or understand English described how hard it is for families of patients with a language barrier to move from one room to another or one building to another for multiple appointments. She felt that consolidating services into one place would “help a lot of families to feel more comfortable and confident in the place.”

A social worker similarly discussed the difficulties trying to navigate multiple locations around the city for non-English speakers:

> “And then with the language piece like, if you're not either used to navigating the city, or you don't speak English as a first language, just logistically, I mean, it's

hard enough for a lot of us to figure out where we're going. So having to navigate that, I think, becomes pretty daunting." – Social worker

Other community members spoke to how consolidating services would help ease the challenge of navigating New York City for those not familiar with the city, those with language barriers, and those who have just arrived in the US.

> "It's a bit confusing because you have to go to a bunch of different places. If you had one location where everything was, it would help. Once I know the location, I won't forget but each time I have to make sure I have the right address and have it correctly plugged into Google maps, not knowing the streets of Manhattan. People not from the US would have an extra challenge going through this gauntlet of different offices." – Living donor

A community leader noted that following their transplant some patients come into Manhattan from out of state or Upstate New York and don't "have the local knowledge of what it means to travel in New York City. How much it costs to do so if you don't have your own transportation."

There was no indication that there would be any additional burden on a particular group impacted by this project.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

The only medically underserved group we were unable to reach is members of the uninsured population. There were no uninsured individuals available for engagement in this portion of the assessment. According to the Transplant Institute, this is due to their efforts around getting their patients insured. The Transplant Institute focuses on getting their patients insured both for the transplant procedure itself and for the lifelong care and immunosuppression medications they will require. They partner with New York Legal Assistance Group (NYLAG) to assist undocumented patients with identifying pathways to citizenship and insurance. They also have a team of transplant financial counselors that work one-on-one with patients on securing not only insurance but the right plan to meet their medical needs.

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?

Information provided by the Applicant indicates that they will communicate its services and care options to the community by utilizing a standard, multi-pronged advertising/communication plan.

For individuals of limited English-speaking ability, the Applicant will translate relevant materials such as marketing flyers, press releases, and in-facility signage. There will be signage at the current locations in English and Spanish announcing the move, a letter in English and Spanish will be sent to patients, and clinic staff will also be communicating the details of this move at patient appointments well before it takes effect. Current clinic staff will also alert patients as they call for appointment and when they are at their appointments in the current clinic prior to the move.

The Applicant advertising/communication plan will also include outreach to specific publications that target individuals who speak a language other than English. The website will be updated with messaging about the move, and there will be social media posts as well. (Note that these are mainly in English.)

Regarding individuals who have speech, hearing, or visual impairments, the Applicant uses digital best practices for accessibility that are informed by the Web Content Accessibility Guidelines (WCAG) version 2.2, the industry standard to ensure users with disabilities (such as vision, cognitive/learning, and/or motor disabilities) can access content equitably.

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

Stakeholders had the following specific suggestions for how to better meet their needs as they considered the impact of consolidating transplant services:

- *Have labs done at the same centralized location*. Some patients explained that if blood lab work is not get reported in time for their appointments, and the doctor is unable to make informed plans or decision making without the report. Either through centralizing the labs or some other mechanism, the reports could get to the doctors in time for the scheduled appointment.
- *Ensure rooms are large enough to accommodate wheelchairs.* One patient reported they had to leave their wheelchair outside the doctor's office as it could not fit through the door. The proposed new space should have doorways large enough for wheelchairs to pass through the space. As stated, the alterations of the new single location will adhere to the Accessibility Chapter (Chapter 11) of the New York City Building Code. Per Chapter 11; sites, buildings, structures, facilities, elements, and spaces shall be designed and constructed to be

accessible to individuals with disabilities in accordance with ICC A117.1 and the New York City Building Code.

- *Provide a bigger waiting room to ensure social distancing is feasible*. The waiting room should be large enough that immunocompromised people can safely social distance and not used as a multi-purpose space (e.g., education classes, etc.), which does not easily allow for social distancing.
- *Provide assistance with parking at the one location where all services will be received.*

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

The diverse group of individuals who participated in the interviews and community conversation as part of the meaningful engagement portion of this assessment would be an excellent group to return to for future inputs. Ideally patients should be contacted approximately 6-9 months after the consolidation of services takes place. This would allow them to have received services for their follow-up visits under the new model on several occasions. They could then speak to the impact of the project and be consulted on any potential improvements. We propose interviews, so you can get nuanced information about the impact and potential improvements. We also would propose a patient survey at the same time interval to capture perspectives about the relocation and consolidation across the Transplant Institute's patients.

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 several systemic barriers to equitable access to services and care that were identified by stakeholders during our meaningful engagement work for this assessment. Overall, consolidating services to one location eases mobility issues experienced by older people, people with disabilities, and/or people with limiting health conditions (e.g., wheelchair use, fatigue, pain, brain fog, oxygen tanks, etc.). Moreover, it limits issues of parking or transportation for low-income and Medicaid-insured patients. The proposed consolidation eases the burdens of people with Limited English Proficiency needing multiple translators across multiple appointments instead of one translator or having to navigate New York City. Lastly, by consolidating services, it provides a more calming experience for patients, living donors, and care partners by removing one worry among everything else that are facing.

That said, the patient interviews and survey should also ask questions that could reveal additional systemic barriers that the Applicant could address.

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?

At the enterprise level, NYU's Institute for Excellence in Health Equity develops, implements, and disseminates evidence-based solutions to advance health equity in clinical care, medical education, and research. The Applicant has developed a health equity impact dashboard and has increased efforts to collect self-reported data related to patient demographics in the electronic medical record to facilitate efforts to track the impact of different projects on medically underserved groups. The dashboard specifically includes the Transplant Institute and captures data on all patients, including indicators such as race, ethnic background, gender/gender identity, age group, preferred language, financial class grouping, insurance grouping, median household income, and others. NYULH plan to leverage this dashboard and data, as it does throughout its various projects, to reveal and address inequities and disparities.

There are existing metrics that are and should continue to being measured and assessed along each step of the donor and transplant process related to possible inequities and disparities, such as number of transplants, time on waitlists, waitlist mortality rate, and one-year survival rates.

To oversee departmental initiatives aimed at reducing health disparities and increasing health equity, the department appointed a Vice Chair of Diversity and Health Equity in Surgery and the Transplant Institute.

The department also recently expanded the NYU Langone Health Latino Liver Transplant Program. This program aims to:

- Provide the most medically advanced and culturally conscious care to people of Latino ancestry who are experiencing liver malignancies and end-stage liver disease (ESLD),
- Address current disparities in the health care system with regards to access and quality care for minoritized populations, and
- Become a premier liver transplant program that provides cutting-edge, optimum health care tailored to the needs of the Latino/a/x Hispanic people suffering from liver malignancies and ESLD.

Many of the patients evaluated through the NYU Langone Health Latino Liver Transplant Program access the transplant services that will be relocated in the proposed project. Accordingly, the NYU Langone Health Latino Liver Transplant Program provides another structured mechanism through which the department can continuously monitor the impact of its efforts on the health outcomes of patients from 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?

New mechanisms the Applicant might consider implementing include requiring health equity training for staff and adding questions related to health equity to consumer satisfaction surveys. Using the definitions provided by the state, the Applicant can re-work their internal dashboards to report changes in metrics for the specific medically underserved groups identified to better align with the way other organizations and NYS are measuring and monitoring outcomes. The Applicant may also consider continuously engaging with patients engaged in this process and community groups to obtain qualitative input about how changes have been received and what improvements could be made. This will help ensure the success of this project and inform future projects of a similar nature.

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, Joseph J. Lhota, attest that I have reviewed the Health Equity Impact Assessment for the NYULH Schwartz HCC Renovations 3rd Floor - Transplant that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

Joseph J. Lhota
____
Name

EVP, VICEDEAN, CFO
____
Title

[signature]
____
Signature

March 25, 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.

The Health Equity Impact Assessment highlighted the various positive impacts that are expected to occur as a result of the project. One of the largest impacts is mitigating the need for patients, many of whom are ailing, to walk between various buildings in the community for their Transplant Institute appointments. Through the implementation of this project, NYU Langone Health aims to improve the patient experience and ensure

patients are receiving the high-quality care that they deserve, in locations that are convenient to find and navigate.

There were no potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment. However, NYU Langone Health is committed to ensuring that patients have a positive experience, and will take note of feedback from patients through various channels such as Patient Experience surveys and in-office communication to ensure there were no unforeseen negative impacts as a result of the project.