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	Increasing Access to Bone Marrow Transplant Services in Kings County
2. Name of Applicant	NYU Langone Hospital - Brooklyn
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 • Jenné Massie, DrPH, MS • Melissa Corrado, MBA • Sydne Ashford • Stefanie Lindeman, JD
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 strategy. **Jenné Massie** is the Deputy Director of the Intersectionality Research Institute and a Faculty Senior Research Associate and Project Director for the MOCHA Lab at John Hopkins Bloomberg School of Public Health. She also serves as a Commissioner of the DC Department of Health Regional Planning Commission on Health and HIV and the Chair of the Community Engagement and Education Committee. **Sydne Ashford** is a Consulting Associate in CohnReznick's Healthcare Industry Practice. She serves ambulatory care facilities, such as Federally Qualified Health Centers, hospitals, and mental health focused organizations, and specializes in Medicaid rate setting and cost reporting, financial and regulatory reporting, financial feasibility studies, and financial and operational performance. She also supports program development and strategic business planning efforts. **Stefanie Lindeman** has 15 years of experience in the population health arena, with a focus on healthcare for the underserved. She supports primary care associations, federally qualified health centers, and safety net hospitals, and specializes in program and project development and oversight, strategic and operational planning, and revenue development.
5. Date the Health Equity Impact Assessment (HEIA) started	7/24/2025
6. Date the HEIA concluded	3/30/2025

7. Executive summary of project (250 words max)
NYU Langone Hospital—Brooklyn (NYULHB) proposes to convert four unused AIDS beds into Bone Marrow Transplant (BMT) beds. Currently, there are no BMT beds available within Kings County, leading most residents to seek such services in Manhattan. In 2023, approximately 94% of Kings County residents requiring BMT treatments traveled to facilities in Manhattan. This initiative aims to improve access to BMT care by offering services closer to patients' homes. The facility, located within Kings County, will serve as the primary site for this program.
8. Executive summary of HEIA findings (500 words max)

Stakeholders were all in support of the project. Engagement revealed multiple overall benefits to adding four BMT beds in Kings County, including access close to where they live, reduced travel time and costs, early diagnosis and treatment, and continuity of care. This applies to all patient populations but was especially critical for low-income people, including persons eligible for or receiving public health benefits, notably Medicaid, who will not have to take as much time off work to travel and will have reduced travel costs; racial and ethnic minority groups who constitute over half of the service area population, and over a third of current BMT patients who live in Kings County but get care in the Applicant's Manhattan program; older adults and people with disabilities who will be able to avoid difficulties travelling to and within Manhattan; and immigrants, including those with Limited English Proficiency, who will avoid having to navigate Manhattan, an unfamiliar and complex borough. Some stakeholders wanted to ensure adequate capacity, equitable access, broad communication, coordination with CBOs, culturally competent staff, and transportation support. Some stakeholders wanted to ensure that the beds being converted did not diminish medical-surgery bed capacity.

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.

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 (due to being immunocompromised as part of BMT treatment)
   - ❑ 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): People with Limited English Proficiency

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

Medically underserved groups that may be impacted by the project were identified through multiple information sources, including stakeholder engagement, the Applicant's internal data, and Manhattan bone marrow transplant (BMT) staff who have direct knowledge of the patient population. While the Applicant's data collection includes internal electronic medical records, it does not contain information regarding immigration or disability status. The following publicly available data relevant to the broader service area were used to gain insights into these populations.

- Low-income populations – internal electronic medical records and the American Community Survey, 2023
- Racial and ethnic minority groups – internal electronic medical records and the American Community Survey, 2023
- Older adults – internal electronic medical records and the American Community Survey, 2023
- Individuals living with prevalent infectious diseases or conditions – internal electronic medical records and the American Community Survey, 2023
- Persons eligible for or receiving public health benefits – American Community Survey, 2023

Other medically underserved groups were identified by stakeholders.

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

The proposed initiative involves expanding BMT services to Kings County, which is the borough of Brooklyn. Currently, there are no BMT beds in Kings County. Patients who live there and need these services now have to travel to Manhattan to access the majority of BMT services. As the meaningful engagement illustrates, there is a demand for these services in Kings County given the health equity consequences of not having those services near where patients live. Accordingly, the project will convert four unused AIDS beds into BMT beds within the LB 3500 Unit at NYU Langone Health—Brooklyn (NYULHB), located at 150 55th Street, Brooklyn, NY 11220.

Note that the Applicant originally planned to convert existing medical-surgical beds to BMT beds. After obtaining stakeholder feedback, the Applicant decided to convert AIDS

beds that had not been in use for more than 10 years. Given the advances in how care is provided to AIDS patients, there is no longer a need for discreet AIDS units within hospitals.

The four BMT beds in Kings County will enable BMT patients who live there to receive their BMT care in their home borough instead of having to travel to Manhattan for treatment. In 2023, approximately 94% of Kings County residents requiring BMT services traveled to facilities in Manhattan (SPARCS, 2023). Offering services closer to patients' residences is expected to improve healthcare access and reduce barriers to care.

This project is expected to particularly benefit **low-income individuals and those enrolled in or eligible for public health programs.** In Fiscal Year 2023, among patients residing in Kings County who received services from the Applicant's Manhattan BMT facility, 37% relied on Medicaid as their primary source of payment. (SPARCS, 2023). Medicaid often serves as a proxy for low-income populations and individuals eligible for public health benefits. This project will address the financial obstacles patients with Medicaid often experience, such as transportation costs and lost income due to missing work, which can impede their ability to receive necessary and timely treatment.

As of 2023, approximately 64% of Kings County residents identified as **racial or ethnic minorities** (SPARCS, 2023). Additionally, in Fiscal Year 2023, 37% of patients residing in Kings County received services from the Applicant's Manhattan BMT facility (SPARCS, 2023). This project will enable these medically underserved groups to access BMT services near where they live from staff and providers who understand the unique needs of people who live in Brooklyn.

Furthermore, many BMT patients from Kings County receiving treatment in Manhattan are **older adults**. SPARCS data from 2023 shows that 43% of these patients are between the ages of 75 and 84. Additionally, the project will impact **persons living with a prevalent infectious disease or condition** because BMT patients require immunosuppression following transplantation. This increases susceptibility to bacterial, viral, and fungal infections, potentially leading to pulmonary, hepatic, cardiovascular, or renal complications. Reducing travel time for these vulnerable patients is expected to decrease their exposure to infectious agents and improve overall health outcomes.

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

While the Applicant anticipates that the service expansion will attract new patients, it is expected that the distribution of service utilization among all medically underserved groups will remain consistent following the introduction of BMT services in Brooklyn. In Fiscal Year 2023, among patients residing in Kings County who received services from

the Applicant's Manhattan BMT facility, 37% relied primarily on Medicaid for payments (SPARCS, 2023). Medicaid payment often serves as a proxy for low-income populations and individuals eligible for public health benefits. Additionally, 37% of these patients identified as racial or ethnic minorities (SPARCS, 2023).

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

BMT services are currently unavailable within Kings County, requiring residents to travel to other boroughs to receive care at other facilities. In 2021, more than 70% of patients who received care at three primary institutions—NYU Langone Tisch Hospital (27%), Mount Sinai Hospital (25%), and NYP Weill Cornell Medical Center (20%)—were residents of Kings County (SPARCS, 2023). In 2022, 27% of patients received care at Memorial Sloan Kettering Cancer Center, 24% at Mount Sinai Hospital, and 19% at NYP Weill Cornell Medical Center (SPARCS, 2023). In 2023, the patient distribution shifted, with 37% receiving care at Memorial Sloan Kettering, 23% at Mount Sinai, and 19% at NYU Langone Tisch Hospital (SPARCS, 2023). As these key facilities are all situated in Manhattan, Kings County residents typically incur significant travel time, averaging over an hour, to access treatment (SPARCS, 2023). This project seeks to address this disparity by establishing local access to these critical services within Kings County.

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

Because there are no BMT beds in Kings County, the historical market share in the County is 0%. Based on volume data provided by SPARCs, the Applicant's Manhattan facility accounted for a 19% market share within the designated service area in 2023, an increase from 15% in 2022. For the purposes of this analysis, market share is defined as the proportion of inpatient discharges at facilities offering BMT services to patients residing in Kings County.

Table 1: Volume and Market Share of BMT Services Provided to Patients from the Service Area, 2021–2023

Hospital Name	2021 Volume	2021 Market Share	2022 Volume	2022 Market Share	2023 Volume	2023 Market Share
Memorial Sloan Kettering Cancer Center	30	19%	48	27%	55	37%
Mount Sinai Hospital	38	25%	42	24%	34	23%
NYU Langone Tisch Hospital	42	27%	27	15%	29	19%
NYP Weill Cornell Medical Center	31	30%	33	19%	23	15%
NYP Columbia University Irving Medical Center	8	5%	7	4%	3	2%

Northwell Health, North Shore University Hospital	4	3%	4	2%	3	2%
Montefiore Medical Center	2	1%	5	3%	2	1%
Northwell Health, Cohen Children's Medical Center	0	0%	4	2%	1	0.7%
Memorial Sloan Kettering, David H. Koch Center for Cancer Care	0	0%	4	2%	0	0%
Westchester Medical Center	0	0%	2	1%	0	0%
Grand Total	**155**		**176**		**150**	

Source: SPARCs 2021 – 2023 Inpatient Dataset; Filtered on MS-DRG Product Line for BMT Services, 014, 016, and 017.

The Applicant anticipates the annual patient volume for the four BMT beds will be at least 24 patients, assuming a management rate of six patients per bed annually (N.Y. Comp. Codes R. & Regs. Tit. 10 § 709.8 - Bone Marrow Transplantation (BMT) Services).

Market share assumptions are difficult to ascertain because a hospital's market position in any given service line, including BMT, depends largely on the activities of other hospitals (e.g., strategic service line expansions, closures), which generally cannot be predicted.

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 the Applicant, and the organization is currently meeting its obligations to the best of the Independent Entity's knowledge. As a non-profit healthcare system, the Applicant provides care regardless of a patient's ability to pay, and the Applicant has a financial assistance policy available to patients who are in need. The NYULH Charity Care and Financial Assistance policy can be found online (https://nyulangone.org/files/charity-care-financial-assistance.pdf).

The Applicant also offers charity care, which amounted to approximately $108 million in FY24.

How the project will affect obligations
The Applicant'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.

Impact on community services
The project will not be changing the Applicant's obligations.

The BMT program at Sunset Park will work closely with two community-based organizations dedicated to supporting patients and their families: The Rofeh Cholim Cancer Society (RCCS) and Blood Cancer United (formerly Leukemia and Lymphoma Society). Both offer ongoing assistance to patients and caregivers throughout their blood cancer treatment journey.

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.
There are no BMT beds currently in Kings County and, therefore, no BMT discharges. The BMT beds proposed for this project will be located at NYULHB. Currently, approximately 42% of inpatient discharges at NYULHB are attributed to Medicaid or uninsured patients, with 40% covered by Medicare, 17% covered by commercial insurance or other plans, and 1% identified as self-pay (SPARCS, 2023). In comparison, Kings County has a Medicaid coverage rate of 34%, and Medicare coverage of 8%, 41% of residents are covered by employer-sponsored insurance, and 6% are uninsured (SPARCS, 2023).

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.
The total number of licensed medical-surgical beds in NYULHB is 271. Across the major hospitals in Kings County, the combined total is approximately 2,670 beds. Currently, there are no licensed beds for BMT. Therefore, the addition of four beds would represent a significant enhancement relative to the existing capacity

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.

There will be an increase in staffing. All required personnel will be recruited and provided with appropriate training to meet the demands of the unit. The nursing team is expected to remain similar, as BMT beds are at the same level of care. Existing nurses will be trained to effectively care for BMT patients.

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

For the Applicant:

NYC Commission on Human Rights – 6 total

- 1 race discrimination – dismissed
- 1 race discrimination – closed (administrative)
- 1 gender discrimination – in settlement talks
- 1 gender discrimination – closed (administrative)
- 2 pending investigations (1 disability access, 1 gender discrimination)

NY State Division of Human Rights – 14 total

- 9 dismissed (5 disability, 1 national origin, 2 national origin/race /color, 1 national origin/race/color/marital status)
- 5 pending (1 national origin; 1 multi-basis, including disability and military status; 2 disability; 1 disability and retaliation)

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

The Applicant has not undertaken a comparable project within 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

The expansion of the NYULH BMT program to Kings County is expected to improve access to and continuity of care—both of which are critical for reducing health disparities and improving health equity, for all patients and, in particular, for several medically underserved groups.

Travel for BMT care in Manhattan can take 1.5 to 2 hours for patients living in Kings County. These are not occasional trips. BMT patients often need treatment lasting months or years; during certain phases of their care, they sometimes require daily treatment.

BMT patients also need to avoid using public transportation for the six months following treatment because they are immunocompromised and are more susceptible to getting an infectious disease. This increases travel costs and/or burdens on caregivers.

For **low-income individuals,** including those who are **eligible for or receive public health benefits**, such as Medicaid, the financial burdens are high, due to taking time off work and incurringtravel costs . This project will alleviate those burdens by providing their BMT care in Kings County.

Over half of people living in Kings County and over a third of BMT patients getting care at the Applicant's Manhattan facility identify as **racial and ethnic minorities.** This project will enable them to receive care near where they live and from staff and providers who understand the unique needs of people in Kings County.

It will also improve access and reduce poor health outcomes for **persons living with a prevalent infectious disease or condition,** which some BMT patients will become due to being immunocompromised as a result of BMT treatment. If complications arise, BMT patients should not use local urgent or emergency care facilities due to the risk of infection and because these types of facilities cannot provide the level of care they need. Having their care in Kings County will make it easier for them to get appropriate and timely care.

Older adults and **people with disabilities** often face the additional travel challenge of having to navigate their way to care in Manhattan. Having BMT beds in Kings County will alleviate that challenge as well as the burdens of travel time and costs. **Immigrants,** including those who have L**imited English pProficiency,** can find it challenging to navigate to unfamiliar locations outside of Kings County, especially complex boroughs like Manhattan. Once there are BMT beds in Kings County, these patients will have improved access to care. The project also helps ensure that patients continue to receive care from providers and staff with whom they have established rapport and who understand the area's unique population. In the current environment, many immigrant patients may have mistrust, fear, and anxiety around accessing healthcare. The Independent Entity expects that having locally-based clinical teams with whom they can develop trust and who understand the nuances of delivering care for Kings County's immigrant populations will also improve access and health equity and reduce health disparities.

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.

In addition to benefiting BMT patients, the project is also expected to reduce burdens on caregivers. The proximity of BMT care may create more opportunities for patients to have caregivers present and provide them support during and after treatment, which can improve outcomes and reduce the emotional toll that a serious health condition and months and years of treatment can create.

Having BMT care near where they live will likely increase early diagnosis. People living in Kings County will not have to travel to Manhattan—or wait until they can take the time off and/or pay the travel expenses—to get diagnosed. Earlier diagnosis and treatment are critical to increasing the potential for positive health outcomes.

No unintended negative impacts to health equity are anticipated.

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 level of indigent care provided—both free and below-cost services—is not expected to be affected by this project.

In addition, the Applicant offers charity care, which amounted to approximately $108 million in care in FY24.

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

The project will introduce new services to the campus; however, patients and caregivers are anticipated to use the same transportation options they use for other appointments at the NYULHB campus. The hospital provides complimentary valet parking for patients and caregivers who drive. For patients and caregivers who are able to use public transportation, they can use the subway, bus, and ferry services, or Access-A-Ride Paratransit Services provided by the MTA. The nearest MTA subway stations are the N, R, or W lines at 53rd or 59th Streets. The B11 Select Bus Service stops at 56th Street and 1st Avenue, which is a short distance from the hospital entrance.

The Applicant has an established process to assist patients who are unable to cover transportation costs to and from their appointments. In such cases, the hospital coordinates and covers transportation expenses to ensure patients can access their care safely and on schedule.

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

The project involves converting four unused AIDS beds into BMT beds. These beds adhere to Americans with Disabilities Act (ADA) standards and will include ADA-compliant showers and increased square footage to enhance accessibility for patients with mobility needs.

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?

This does not apply to this project, as the primary focus is on implementing BMT services in Kings County. There will be no changes to maternal health or comprehensive reproductive healthcare services.

Meaningful Engagement

Note: For Meaningful Engagement, stakeholders all used the name Brooklyn instead of Kings County.

Note: The Applicant originally planned to convert existing medical-surgical beds to BMT beds. When conducting Meaningful engagement, we queried stakeholders about that conversion. However, after obtaining stakeholder feedback, the Applicant decided to convert AIDS beds that had not been in use for more than 10 years.

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?

The Independent Entity conducted a group interview about this project with four representatives from the NYC DOHMH:

- The Policy Manager and a Health Policy and Engagement Analyst from the Center of Health Equity and Community Wellness
- The Director of and a Program Specialist from the Cancer Prevention and Control program.

The group indicated that the most important benefit of the proposed new BMT beds at NYULHB is the opportunity to increase access to BMT services for the medically underserved groups residing in Brooklyn. This new access would reduce transportation time and cost burden for patients and their caregivers and decrease opportunities for delays in accessing care. Members of the Cancer Prevention and Control team noted that the main challenge cancer care patients often face is delayed cancer diagnosis due to access issues. When patients experience delays in diagnosis, it leads to delays in treatment, the need for more invasive treatment, and worse outcomes. The group said that the proposed project would have a positive impact on health equity because patients would get better access to full BMT services—starting at the beginning of their cancer journey—close to where they live.

The DOHMH representatives raised questions around (1) capacity and how patients would be prioritized to have access to the new BMT beds; (2) community outreach to ensure individuals from underserved groups are aware of access to local BMT services in Brooklyn; and (3) appropriateness of staff with regard to cultural competence and training for providing BMT services at the Brooklyn location.

Capacity and Equitable Prioritization

While acknowledging the benefit of adding four BMT beds to the Brooklyn site, the group questioned if four beds would be sufficient to meet the need in Brooklyn. If demand for beds ever exceeds supply, they want the beds to be prioritized for patients in an equitable way. Additionally, if Manhattan BMT beds are at capacity, the group asked if Manhattan patients would be diverted to the Brooklyn beds. They also wanted to ensure that the applicant would take external referrals (e.g., from Brooklyn residents who are not existing NYU Langone Health patients) as well as transfers from other cancer centers in Manhattan currently treating Brooklyn residents. They stated that these measures would better support care for Brooklyn residents. Finally, the DOHMH representatives asked whether there was any concern about the impact of the reduced capacity for medical-surgery beds because of the proposed project.

Note: The Applicant responded that each bed will enable them to serve, on average, six patients per year. While they anticipate that this will be adequate, they will monitor and evaluate the demand for beds over time. The Applicant also indicated that all patients are eligible to receive BMT services at NYULHB, including transfers from other medical facilities, direct admissions, and referrals from external providers. These cases are prioritized according to clinical urgency and patient safety considerations. BMT patients from Brooklyn will continue to be served at the Manhattan facility until the Brooklyn location becomes fully operational, at which time they can opt to receive care in Brooklyn. Additionally, since this interview, the Applicant decided to convert unused AIDS beds instead of medical-surgery beds. They expected no adverse impact of converting the AIDS beds to BMT beds given that the AIDS beds have not been in service for more than 10 years.

Community Outreach

DOHMH representatives stressed how critical it will be to ensure the information about the availability of the BMT beds in Brooklyn is communicated to lower income and older patients. With a significant portion of the population on Medicaid and at the intersection with Black and Brown populations and non-native English-speaking populations, they spoke of the importance of ensuring individuals with Medicaid understand their access options. They suggested strong coordinated communication efforts with CBOs that work with cancer patients across Brooklyn.

Note: The Applicant responded that that they will use multiple methods of communication and engagement through existing partnerships and mechanisms, including the Brooklyn Performing Provider System, the Perlmutter Cancer Center Community Outreach and Engagement Core, the Family Health Centers at NYU

Langone, the Health and Housing Consortium, as well as public forums such as webinars and outreach events. They also will work with two community-based organizations dedicated to supporting patients and their families: The Rofeh Cholim Cancer Society (RCCS) and Blood Cancer United (formerly Leukemia and Lymphoma Society).

Staffing
The final area of concern was around staffing, specifically how many staff will be needed for the beds and if they will receive cultural competency training. To support equitable access to the services, the group said they want the Applicant to prioritize staff who live in the community and/or understand the populations and communities served at the Brooklyn site.

The verbatim statement provided by DOHMH can be found in the Meaningful Engagement tab of the HEIA Data Table.

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 tab 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?

The stakeholder interviews revealed multiple overall benefits to adding four BMT beds in Brooklyn, especially due to reduced travel and cost burden for patients. Stakeholders noted that reducing these burdens is particularly important during the lengthy period that BMT patients are immunocompromised due to their treatment and public transportation is not recommended. Stakeholders also indicated that receiving BMT services near where patients live is critical for continuity of care. This applies to all patient populations, including the following medically underserved groups:

- Low-income people, including persons eligible for or receiving public health benefits, notably Medicaid, who will not have to take as much time off work to travel and who will have reduced travel costs.
- Racial and ethnic minority groups, who constitute over half of the service area population and over a third of current BMT patients who live in Brooklyn but get care in the Applicant's Manhattan program
- Older adults and people with disabilities, who will be able to avoid difficulties travelling to and within Manhattan

- Immigrants, including those with Limited English Proficiency, who will be able to avoid having to navigate Manhattan, an unfamiliar and complex borough

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?

As part of our meaningful engagement of stakeholders, the Independent Entity interviewed 14 stakeholders about the project:

- 3 employees representing the facility's 2 program staff and 1 administrator
- 2 representatives from local community-based organizations
- 4 current patients receiving BMT services outside of Brooklyn.

The stakeholders included 2 low-income individuals, 5 members of a racial or ethnic minority group, 1 immigrant or refugee, 8 women, 1 person with disabilities, 4 older adults, and 1 person eligible for or receiving public health benefits.

All the stakeholders interviewed were in support of the proposal to bring four BMT beds to NYU Langone's main hospital site in Brooklyn.

All Patients

All stakeholders expressed how critical it is for BMT patients to have streamlined care. This included seeing the same providers in the outpatient and inpatient facility and flexible clinic hours that handle emergencies for patients post-transplant. Stakeholders also expressed how vital it is for BMT patients to have both care and pharmacies in their own neighborhood where their culture and language is understood, making the entire experience more approachable and culturally appropriate for them.

Stakeholders expressed that having outpatient, inpatient, and emergency services available at the same location, closer to where patients live, would be a major benefit of the proposed project. This is especially important for BMT patients who often need treatment lasting months or years and who, during certain phases of their care, sometimes require daily treatment.

BMT patients also require specific specialty services, including specialty blood tests, room accommodations, and emergency services after transplant due to their immuno-compromised state. For example, they cannot seek emergency care in traditional urgent care centers or emergency rooms after their transplants. Staff noted that, although Brooklyn BMT patients can receive some necessary services within Brooklyn early in their process (e.g., initial assessments), they currently must go to Manhattan for several services because Brooklyn facilities do not have the required testing capabilities.

All stakeholder groups spoke about the importance of caregiver involvement during BMT patient care. One representative from a local CBO elaborated that the new BMT beds in Brooklyn would also accommodate “involved family members being able to join them [patients] during these consultations and treatments.” Further, she said, “travel is sometimes a huge hurdle, so this puts patients in a position where they can’t get to the best medical care because they don’t have their options close to home.”

Stakeholders agreed that having BMT beds in Brooklyn will improve access to care for all patients who currently have limited options. Another CBO representative stated, “I’m applauding NYU for looking at this and trying to address this disparity so that people do have access to this care, and they're not faced with all these barriers that could potentially impede their ability to even get the care. If they can't make it into Manhattan or into some of those Long Island spots, which is even harder to get to, then what are they supposed to do?”

A key point made by staff and patients was the value of having BMT outpatient and inpatient services in one location. Patients living in Brooklyn who begin services locally and then transfer to care in Manhattan face logistical challenges that can threaten continuity of care. One staff member explained that because patients are in a very vulnerable position, keeping them in Brooklyn keeps their lifeline and support systems closer. It also allows patients to get all the care they need in Brooklyn with the same clinical team.

One staff member noted that patients who establish care in Manhattan experience a more seamless process because their care is already established in Manhattan, in contrast with Brooklyn patients who experience a “handoff” from the Brooklyn care team to the Manhattan based team.

> “Brooklyn patients are a very unique population here, and there's not a 100% understanding of all of the barriers that our Brooklyn patients have that maybe some of the patients in Manhattan don't have, so I think it's just a little bit more seamless when they're already there.” – Employee of Facility

One patient interviewed lives in Manhattan and received their BMT services in Manhattan. In this instance, the clinic where they received outpatient services was adjacent to where they were admitted for the transplant procedure. The patient described the benefits of bringing BMT beds to Brooklyn as follows:

> “The interesting thing is that my oncologist actually does spend time in the Brooklyn Clinic, so it obviously would make his life easier, it would make his patients’ life easier to have everything that we have in Manhattan in Brooklyn…it is extra time and extra expense, but the idea of what we have in Manhattan would be a step up in their care.” – Current BMT patient

One CBO representative succinctly made this point saying, “We think that having a properly set up bone marrow transplant unit close to home is not just a luxury, it’s something that’s absolutely needed in order to give patients their best medical outcome.”

Low-Income People

Stakeholders focused on the transportation challenges faced by BMT patients, given that they are instructed not to use public transportation while immunocompromised, which is typically for six months post-transplant until they receive their vaccines. Additionally, program staff stated that the care team ideally wants patients no more than 30 minutes away should any complications or emergency needs arise post-transplant. For such needs, they specifically instruct patients *not* to use local urgent care. The introduction of four BMT beds in Brooklyn would decrease the distance Brooklyn patients will have to travel for care and reduce travel costs, such as car services, tolls, and parking fees.

While transportation was acknowledged as a challenge for all patients, reducing the barriers resulting from the distance to care was raised as a critical health equity concern for low-income people. Patients detailed relying on car services, family, friends, community members and neighbors to secure transport to Manhattan. All stakeholder groups described the burdens on low-income patients both financially and timewise, with both patients and their support systems having to take significant amounts of time off work to accommodate not just care but also lengthy commute times. Some noted having to relocate to be closer to treatment.

One CBO representative shared, “The burden of those challenges that we’ve discussed usually falls on folks that have two to three jobs. They don’t have the benefits that some of the people that have higher incomes [have]. They don’t have the benefit to say, ‘I just won’t work anymore.’ So having them [BMT services] closer addresses some of those health equity concerns that we’re discussing because a lot of that burden typically falls on those that have less resources.”

While staff currently use Medicaid-covered options, Uber Health, and other strategies to address challenges with transportation, these strategies cannot always address the additional burden that transportation and distance to care can impose on low-income working patients and caregivers. All three CBO stakeholders emphasized that the burden is not just in the cost of travel but also the compounded burden and stress of time off work, time away from family, and time spent making travel arrangements—all of which take away from them being able to focus on care.

One patient we spoke with noted, “even a 15 minute longer commute can make a huge difference.” Many BMT patients living in Brooklyn spend three hours or more round-trip traveling to and from Manhattan for appointments.

A CBO representative explained, “The cost, the time away from work, the time away from caring for children or parents, if you’re the one responsible for all of that. Those are significant burdens that not everyone is able to uphold…the cost piece is significant from a treatment perspective, and then when you add in travel, the loss of income from being off work, it all compounds.”

The complexity of transportation for BMT patients who live in Brooklyn, particularly for low-income patients, can cause undue burden on patients, caregivers, and their families. Stakeholders noted these burdens may cause them to miss appointments or choose between their family and other responsibilities or accessing care. Having BMT beds and services closer to their homes in Brooklyn will help address the burden caused by having to travel to Manhattan for care.

Immigrants, Non-English Speakers, and Ethnic and Racial Minorities
Stakeholders described the complex treatment BMT patients require and the importance of culturally and linguistically responsive care. Staff and patients discussed the importance of health literacy and having interpreters, staff, and documents for non-native English speakers and immigrants to ensure patients understand their diagnosis and all the logistics of their treatment.

Staff noted that ensuring patients understand the complexity and logistics of their care can be challenging with native English speakers, and the burden is compounded by language barriers and having to receive services in Manhattan, which many immigrant and non-English patients and caregivers who live in Brooklyn are not familiar with navigating. One BMT program staff member we spoke with described the challenges when Brooklyn BMT patients are transferred to Manhattan to continue their treatment and the local staff is no longer the main provider:

> “We have a lot of patients in Sunset Park specifically, I think it's, like, over 65% of patients are non-English speaking…so you have a language barrier, and then you also have health literacy. So, trying to help patients understand… all of the logistics that are involved in their treatment plan is extremely challenging. It's layer on top of layer on top of layer. We've established that we can communicate with this patient. What is their level of understanding?” – BMT program staff

Staying in Brooklyn for inpatient BMT services also helps ensure that patients continue to receive care with providers and staff with whom they have established rapport and who understand the unique Brooklyn population. Many cultures have a level of mistrust, fear, and anxiety around healthcare. It is important to have a clinical team that understands the importance of culture and language when delivering care and services.

A Brooklyn BMT program staff member noted that the Manhattan care team may not have as nuanced an understanding of the Brooklyn patient population:

> "Immersing patients in a clinical culture of doctors, nurses, and other healthcare professionals who have been in the environment, that they know the culture, they know the patient population, and they know how to take care of those patients. I think it speaks volumes. We hear a lot of times from patients that when they go to Manhattan, they feel like they don't belong there, that they don't feel the same sense of, we want to help you." – BMT program staff

This staff member, along with others, spoke about a deep understanding of the Brooklyn patient population that the Applicant's Brooklyn-based BMT program staff bring with them in working with their BMT patients.

> "The hospital in Brooklyn was the Lutheran Hospital, and I think a lot of patients still kind of see it as a community hospital…really learning beyond just a language barrier and a cultural [barrier], you start to really understand how to take care of that population. And a lot of the people who would be taking care of those BMT patients are people who have been in Brooklyn, they've been working in that hospital for a long time, so they can really relate to patients on that level, and I think having access to people that you're most comfortable taking care of you, I think it's really important." – BMT program staff

A CBO representative described not having care close to home as a barrier due to language and cultural differences.

> "We're speaking, talking about Brooklyn, for many years at a major disadvantage, not being able to have care close to home. We're talking about big communities, there's language barriers sometimes, and patients needing to travel to get their life-saving treatment not close to home is putting them at a tremendous disadvantage." – CBO representative

The importance of understanding and being responsive to cultural differences was also described in relation to the Orthodox Jewish community. One stakeholder described approaches to patients who need care during the Sabbath, when Orthodox Jewish community members are not supposed to travel by car:

> "On the Sabbath, we are trained that if someone's health is at risk, you have to do whatever you have to do in order to get a patient to medical care. And of course, we have our religious laws that give very clear direction in terms of saving a patient's life. But at the end of the day, the family can't come and go during these periods." – CBO representative

Having four BMT beds in the Applicant's Brooklyn location was seen as an opportunity to remove or lessen some of this current cultural barrier.

Recipients of public health benefits
A CBO representative also mentioned that there have been issues with patients getting services, due to insurance limitations, if they are not located specifically in Brooklyn. Staff mentioned some patients do not qualify for medical transport services through their insurance because Manhattan is considered close geographically (e.g., less than the miles limit required by insurance), yet the commute from Brooklyn to Manhattan often takes 1.5 - 2 hours in one direction for patients due to traffic.

> "And we see many times where there are good options available here or there, but for this patient, this is not going to work either for insurance purposes. People sometimes are limited to their local insurance, and these are very sick patients, and they need to have their options close to home because it is very hard to travel."
> – CBO representative

Locating the BMT beds in Brooklyn would help mitigate this issue.

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 following medically underserved groups did not participate in the meaningful engagement portion of the HEIA

- Lesbian, gay, bisexual, transgender, or other-than-cisgender
- Person living with a prevalent infectious disease or condition
- Person who does not have third-party health coverage or has inadequate third-party health coverage
- Person living in a rural area

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?

Given that BMT services are hospital-based, meaning patients are admitted rather than self-referring, the focus of the communication plan should be on ensuring that caregivers are informed of their loved ones' room locations. The Applicant will use an existing process whereby patients and their families are greeted at the front entrance, checked into the hospital, and provided with instructions regarding the appropriate floor and room assignment.

To address concerns about caregivers' ability to communicate with the medical team, the Applicant will provide caregivers with information about scheduled rounds. If caregivers are able to attend, they will have the opportunity to speak directly with the medical team. Otherwise, a member of the medical team will follow up with them via phone at a convenient time.

For people of limited English-speaking ability and people with hearing impairments, the Applicant will continue to offer both in-person interpreter assistance and access to VOYCE™, a language interpretation application integrated within the electronic health record. VOYCE™ supports real-time interpretation in over 240 languages and dialects, including American Sign Language.

For individuals with speech, hearing, or visual impairments, the Applicant adheres to digital accessibility best practices aligned with Web Content Accessibility Guidelines (WCAG) version 2.2. These measures ensure equitable access for users with disabilities, including the provision of alternative text for images, captions for videos, and keyboard navigation capabilities for content that cannot be accessed via mouse.

The Applicant's plans will foster effective communication.

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 the project can better meet their needs as they considered the impact of the move:

Engage local CBOs
In addition to informing patients of the proposed project, stakeholders stressed the importance of coordinated communication and engagement with local CBOs serving cancer patients across Kings County. This will help inform the local community and potential future patients throughout the borough of these new BMT services. The Applicant has existing relationships with many Kings County CBOs to coordinate communication and engagement.

Note: The Applicant indicated that they will deploy multiple methods of communicating and engaging through existing partnerships and mechanisms, including the Brooklyn Performing Provider System, the Perlmutter Cancer Center Community Outreach and Engagement Core, the Family Health Centers at NYU Langone, the Health and Housing Consortium, as well as public forums such as webinars and outreach events. They also

will work with two community-based organizations dedicated to supporting patients and their families: The Rofeh Cholim Cancer Society (RCCS) and Blood Cancer United (formerly Leukemia and Lymphoma Society)

Ensure cultural competence of staff

Given the unique makeup of the Kings County population, stakeholders stressed the importance of cultural competence and sensitivity training when staffing the proposed BMT beds. This is important to properly address health equity concerns for racial and ethnic minority, immigrant, and non-English speaking populations that will access the new Kings County BMT beds.

Note: The Applicant indicated that they prioritize local hiring and promote cultural competence among all providers and staff. Additionally, the Applicant operates a community health worker program that trains trusted community members to deliver culturally and linguistically appropriate support.

Continue transportation support

Given the complexity of navigating transportation for immunocompromised patients, stakeholders noted that the Applicant should continue supporting BMT patients in this common and critical barrier. This will be necessary for those patients not in the immediate vicinity of the Applicant's Kings County facility, for whom the proposed beds will be closer than Manhattan, but the distance from their home still presents a transportation challenge. While the closer proximity of BMT beds is expected to address some of the current challenges presented by the distance to accessing care, there still may be transportation challenges that would impact lower-income individuals in particular, specifically navigating the frequency of treatment appointments, length of treatment (e.g., months to years), and inability to use public transportation during portions of the treatment. One stakeholder noted Manhattan is the only office currently offering Uber Health for BMT patients, and this type of transportation support should be taken into consideration for the proposed BMT beds in Kings County.

Note: The Applicant will continue to offer transportation support through an established process that assists patients who are unable to cover transportation costs to and from their appointments. In such cases, the hospital coordinates and covers transportation expenses to ensure patients can access their care safely and on schedule.

Manage capacity

Monitor and manage capacity if demand for the BMT beds exceeds demand. Continue to base decisions on where patients go for care based on urgency, acuity, capacity, etc. Also ensure appropriate monitoring medical-surgery bed capacity.

Note: The Applicant indicated that they do not base decisions about capacity and location of care on patients' ability to pay or insurance status and confirmed that

decisions are done in consultation with patients and caregivers.

Since obtaining stakeholder feedback, the Applicant decided to convert unused AIDS beds instead of medical-surgery beds. Given the advances in how care is provided to AIDS patients, there is no longer a need for discreet AIDS units within hospitals. The Applicant indicated that they monitor beds of all types and respond based on patient demand and other factors.

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

The Independent Entity proposes that, leading up to implementation, the Applicant survey and/or interview existing BMT patients and caregivers who live in Kings County and who may transfer all their care once the new beds are in place. This will enable the Applicant to gain further insights on what will best serve this population and other barriers that will need to be addressed. The Independent Entity also recommends that the Applicant interview BMT patients and caregivers who receive BMT services at NYULHB twice after the program is implemented. Their insights will be critical to making improvements in care and service delivery and coordination.

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 systemic barriers to equitable access to care by providing vital cancer treatment services for Kings County residents closer to home. This reduces the burdens imposed on BMT patients and their caregivers by excess travel, including financial costs and lost time. Further, given this is an immunocompromised patient population unable to travel via public transportation, this project offers the possibility of less exposure to pathogens by locating services locally.

STEP 4 – MONITORING

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?

The Applicant monitors BMT outcomes using a comprehensive approach that includes clinical assessments, laboratory measurements, and patient-reported outcomes—all of which will be critical to monitoring the health impacts of the project and will reveal if there are disparities among patient populations. The measures encompass neutrophil and platelet recovery, successful engraftment, incidence of graft-versus-host disease, relapse rates, infection monitoring, organ function, and overall survival. Additionally, new metrics introduced to evaluate the impact of this project will include operational, technological, and process-related indicators, and expanded patient-centered

measures. These will assess time to transplant, reduction in hospital stay duration, patient engagement levels, and improved symptom tracking. The Applicant's outcome metrics are publicly reported to the Center for International Blood and Marrow Transplant Research (CIBMTR).

The Applicant also distributes post-discharge patient satisfaction surveys to gather insights from patients and caregivers. This feedback will be used to support improvement efforts both prior to and following implementation of the project.

Additionally, the Applicant uses the Brooklyn Health Equity Index, which is a survey tool created by SUNY Downstate and supported by the United Hospital Fund. Their providers use it to capture patients' perceptions of health equity, such as trust in their providers; social determinants of health factors; and experiences of discrimination based on race, ethnicity, gender, identity, sexual orientation, and age. It is designed to be administered in real time via automated calls or text messages, which allows for continuous or periodic data collection. This could also be used to monitor the impact of the project on medically underserved groups.

The Applicant also has a Comprehensive Transfer Center, which monitors beds use and transfers systemwide. This will enable them to will track beds types in service, including monitoring patient need and utilization, and respond as needed.

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

The Applicant could rework their internal BMT dashboards to enable them to report on impacts on the HEIA-defined medically underserved groups. This will enable them to better align with the way that the State is measuring and monitoring outcomes.

The Applicant should also consider continuously engaging with patients receiving services as well as community partners 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, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

Name

MD EVP

Title

Signature

6-26-26

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.

Some stakeholders wanted to ensure that there would be adequate medical-surgery bed capacity after the conversion to BMT beds. Although converting medical-surgery beds is common practice among New York City-based health systems, the Applicant decided to convert unused AIDS beds instead. This will have no impact on capacity since the AIDS beds have not been in use for more than 10 years due to advancements in care for patients living with HIV/AIDS.