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	Relocation and Consolidation of Family Health Centers at NYU Langone to New Facility at 602 60th Street
2. Name of Applicant	Family Health Centers at NYU Langone (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
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 the development of organizational health equity. **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. **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. **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.
5. Date the Health Equity Impact Assessment (HEIA) started	June 3, 2025
6. Date the HEIA concluded	July 14, 2025

7. Executive summary of project (250 words max)
The proposed project will relocate, consolidate, and expand the Family Health Centers at NYU Langone (FHC) services from two existing Brooklyn sites—currently at 6317 4th Avenue and 150 55th Street—into a newly constructed ADA-accessible, 5-story facility at 602 60th Street. FHC will provide family medicine, women's health, dental, and rehabilitation services. The project also includes expanding Women's Health and Adult and Pediatric Rehabilitation services. The consolidation and expansion of services is intended to create a medical home that will enable patients to access services more easily at a single location rather than having to go to multiple sites for care. The new, more spacious location also creates additional capacity, which will enable FHC to serve more patients over time. The new location is also next door to FHC's Family Support Center where community members routinely access social services (e.g., nutrition support, early childhood, education services), etc. The

payer mix is expected to remain largely the same, and they expect to reduce wait times for services, as well as serve more patients over time through the expanded services.
8. Executive summary of HEIA findings (500 words max)
Stakeholders were overall very positive about the project. Stakeholders saw a significant benefit of FHC providing a centralized medical home that will serve as a hub for multiple health services, all in one easy-to-access location. Stakeholders indicated that this population will also benefit from a centralized location that reduces the financial burdens associated with time away from work and travel and the physical burdens of seeking care at multiple locations or in a current location that does not have enough space. These reduced burdens will benefit multiple medically underserved groups, including low-income people, immigrants, women, and people with disabilities and mobility challenges. Stakeholders also expected the project to result in better coordination and referrals across programs, improved show rates with appointments, and better coordination of medical and social support services given that the location is next to the Family Support Center. Stakeholders wanted to ensure robust communication to ensure patients know about the new location, ensure adequate staffing is in place, and offered other suggestions for broadening access to care and limiting barriers to receiving services.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

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

Please see the completed “Scoping Table” Sheets 1 and 2 in the HEIA Data Tables provided with this assessment.

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?

To assess the medically underserved groups impacted by this project, we used a combination of internal patient demographic data from the Family Health Centers (FHC) at NYU Langone, payer mix reports, and publicly available datasets. FHC's internal records reflect a patient population that is predominantly low-income, Medicaid-enrolled, and comprises largely racial and ethnic minority groups. This was further validated using U.S. Census and American Community Survey data for Kings County.

Key data sources by group included:

- Low-income people: Identified through internal payor mix data, with 55–67% of patients enrolled in Medicaid and up to 23% self-pay, depending on service line. Supplemented with area-level income data from the American Community Survey (ACS, 2023).
- Racial and ethnic minorities: Internal data show 66.9% of patients identify as Hispanic/Latino, 9.1% as Black/African American, 8.6% as Asian, and 3.5% as American Indian/Alaska Native. These findings suggest services are reaching a high proportion of the Hispanic/Latino community relative to the broader service area demographics reported in the ACS.
- Immigrants: Although immigration status is not captured in the health record, proxy indicators such as language diversity (over 50 non-English languages spoken, with Spanish at 45.6%, Mandarin at 3.3%, and Arabic at 2.1%) and ACS data suggest a high proportion of foreign-born residents in the service area.
- Women: Women make up 57% of the FHC patient population, based on internal patient records.
- People with disabilities: Disability status is not routinely captured in the medical record. Data from the ACS estimates that 11.7% of the service area population has a disability.

- Older adults: Internal age data shows that approximately 10% of FHC's patients are over age 65, many of whom are dual-eligible or reliant on public insurance coverage.
- People eligible for or receiving public health benefits: Internal payer mix shows the majority of patients (55–67%) are enrolled in Medicaid, with an additional 23% uninsured or self-paying. ACS data report Medicaid enrollment at 28.6% and uninsured rates at 5.9%, suggesting services are reaching a substantial portion of the Medicaid-enrolled and uninsured populations within the service area.
- People who do not have third-party health coverage or have inadequate third-party health coverage: As noted, internal records reflect significant portions of the population relying on Medicaid or paying out-of-pocket, with up to 23.4% self-pay at some locations.

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

Note that the Applicant is NYU Langone Hospital - Brooklyn. FHC is a Federally Qualified Health Center (FQHC) that operates under NYU Langone Hospital—Brooklyn's license for regulatory purposes. However, it is independently governed by Sunset Park Health Council, Inc. (SPHC) and functions as a distinct outpatient network in accordance with federal FQHC guidelines.

The proposed project will relocate, consolidate, and expand FHC services from two existing Brooklyn sites—currently offered at 6317 4th Avenue and 150 55th Street—into a newly constructed ADA-accessible, five-story facility at 602 60th Street. The existing sites are 0.6 and 0.9 miles away, respectively, from the new location. At the new location, FHC will provide family medicine, women's health, dental, and pediatric and adult rehabilitation services. The intent of centralizing services is to improve convenience, continuity, experience, and quality of care for the medically underserved populations served by FHC.

In addition to consolidating existing services, the project also includes a modest but meaningful expansion of services. The new location will allow for increased OB/GYN capacity through a dedicated 6,000-square-foot Women's Health suite on the second floor, improving access to prenatal, reproductive, and preventive services. Additionally, the Adult and Pediatric Rehabilitation services will be significantly enhanced with the creation of a 9,000-square-foot space on the fifth floor—an increase from existing capacity. This will support expanded access to physical and occupational therapy for both age groups. FHC currently offers rehabilitative services at some of their other sites, but those locations have waiting lists. The new rehabilitation space at 602 60th Street will help reduce wait times and enable patients to have more timely access to services.

As part of the pediatric program, FHC conducts developmental evaluations that frequently result in referrals for early intervention and rehabilitative services. This expansion will allow FHC to provide children with those services more quickly, especially for those awaiting evaluation or therapy through the NYC Early Intervention program. FHC indicated that these enhancements are designed to meet growing demand and advance equitable access in a medically underserved community.

The new, more spacious location also creates additional capacity, which will enable FHC to serve more patients over time. This is something they are unable to do without relocating to the new building because their Park Ridge Family Health Center at NYU Langone location (6317 4th Avenue) does not allow for any growth.

The project is intended to have a positive and measurable impact on all patients and each of the identified medically underserved groups. Stakeholders saw a significant benefit of FHC providing a centralized medical home that will serve as a hub for multiple health services, all accessible in one place. Stakeholders expected the project to result in better coordination and referrals across programs, improved show rates with appointments, and less time and travel for patients and families accessing multiple services.

All patients will also benefit from services being moved from the current Park Ridge facility to a new facility. The facility is more than 25 years old, has aging equipment, floods frequently, and is a rented property. FHC leadership indicated that the expenses continue to escalate and the landlord has threatened to terminate the lease to redevelop the property into condominiums. The new building will offer a better patient care environment and will be owned by FHC, which will contribute to the long-term sustainability of services in the community.

Specific to medically underserved groups:

- Low-income people and people who are eligible for or receive public benefits: The consolidation into one building will reduce the need for multi-site travel for patients who often face financial barriers associated with transportation costs, time off work, and caregiving responsibilities. Stakeholders indicated that low-income people would benefit from not having to go to multiple sites to get case, which would reduce time taken off from work and travel costs.
- Racial and ethnic minorities: These populations comprise the majority of FHC's patient population, with 66.9% of patients being Hispanic/Latino, 9.1% being Black/African American, and 8.6% being Asian. The project supports culturally competent and linguistically accessible care in a neighborhood where the patient population mirrors these demographics.
- Immigrants: The patient population is linguistically diverse, with 54.1% speaking a language other than English. The new facility will have multilingual signage and

interpretation services available. The Sunset Park location is also located in a familiar location and next to FHC's Family Support Center where immigrants and others routinely access social services.

- Women: Women comprise 57% of the patient population. The new second-floor Women's Health suite will provide increased space and expanded specialized services, including prenatal care and gynecology. In addition to having access to expanded services, stakeholders also noted that the space would better accommodate mothers with strollers and car seats.
- People with disabilities: The new building has been designed to exceed ADA compliance, with accessible restrooms, entryways, elevators, signage, and patient corridors. It removes prior limitations from the existing older buildings, making it easier to access services. Stakeholders said the new space would especially be more accessible for older adults who use wheelchairs and walkers.
- Older adults: Defined as individuals aged 65 years and over, this population comprises approximately 10% of FHC's patients. Many rely on Medicaid or Medicare or are dually eligible. With multiple service lines, including dental and adult rehabilitation services co-located in the same facility, older patients will benefit from reduced physical strain related to travelling to multiple sites for services. Stakeholders confirmed these benefits.
- People who do not have third-party health coverage or have inadequate third-party health coverage: FHC's current "self-pay" population comprises 20% of the current patient population, including up to 23.37% now accessing care at Park Ridge Dental. Stakeholders indicated that this population will also benefit from a centralized location that reduces the financial burdens associated with time away from work and travel. Additionally, stakeholders expected they would experience better coordination of medical and social support services given that the location is next to FHC's Family Support Center.

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?

Internal data from FHC demonstrates that the services being relocated—family medicine, women's health, adult and pediatric dental care, and adult and pediatric rehabilitation—are already heavily used by medically underserved populations. These groups are expected to continue using these services at the same or higher rates once they are consolidated into the new facility at 602 60th Street.

Across the impacted sites:

- 67.45% of patients at FHC's dental sites and over 55% at the Park Ridge medical clinic are enrolled in Medicaid, serving as a reliable proxy for low-income populations.

- 66.9% of patients identify as Hispanic/Latino, and over 9% identify as Black/African American, reflecting high utilization by racial and ethnic minority populations.
- 57% of patients are women who will benefit from targeted and expanded services in the Women's Health suite on the second floor.
- Internal age demographics show that nearly 10% of patients are over age 65, and over 26% are under 20, indicating robust usage of both pediatric and geriatric services.
- Up to 23.4% of patients at some FHC sites are self-pay, highlighting substantial utilization by individuals who are uninsured or underinsured.
- Linguistic diversity is high, with over 45% of patients speaking Spanish, and more than 3% speaking Mandarin—a clear indicator of widespread use by immigrant and limited English proficiency populations.

Given that the new facility remains within the same ZIP code and neighborhood with the current and expanded services, the Independent Entity expects the same medically underserved populations to continue utilizing services at high levels. FHC expects to increase the number of patients served over time. Expanded Women's Health and Adult and Pediatric Rehabilitation services will enable FHC to generate an additional 4,083 visits in Year 1 and 17,995 in Year 3. Having more space to grow other services over time will also enable them to provide 42,220 visits at the new location in Year 3.

FHC also anticipates the payer mix to largely remain consistent, and the consolidation and expansion of services and associated reduction in waiting lists to improve patient retention due to increasing the ease of accessing services.

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

There are multiple FQHCs across Brooklyn providing primary care, dental, women's health, and behavioral health services. However, many of these facilities, particularly those located in Sunset Park and surrounding neighborhoods, are operated by and are part of the FHC network. These include school-based clinics, satellite practices, and specialty sites that currently operate across multiple locations.

The proposed relocation project consolidates several of these services—currently offered at 6317 4th Avenue and 150 55th Street—into one centralized location with services remaining within the same network.

A full list of other facilities within a five-mile radius is included below. Facilities highlighted in purple are those operated by NYU Langone's Family Health Centers (FHC). (Source: https://findahealthcenter.hrsa.gov/)

Health Center Name	County	ZIP Code
Family Physician Family Health Center at NYU Langone	Kings	11220-3419
FAMILY SUPPORT CENTER	Kings	11220-4004
PS 94 School-Based Health Center	Kings	11220-2008
PS 503/506 School-Based Health Center	Kings	11220-3718
Sunset Terrace Family Health Center at NYU Langone	Kings	11220-2010
Occupational Health Services	Kings	11220-3702
Seventh Avenue Family Health Center at NYU Langone	Kings	11220-2167
P.S 939/M.S. 936	Kings	11220
Park Ridge Family Health Center at NYU Langone	Kings	11220-4922
Women Infants Children Family Health Center at NYU Langone	Kings	11220
Rusk Rehabilitation at 60th Street	Kings	11220-3712
Sunset Park Family Health Center at NYU Langone	Kings	11220-2559
PS 1 School-Based Health Center	Kings	11220-1111
Pershing JHS 220 School-Based Health Center	Kings	11220-2418
PS 169 School-Based Health Center	Kings	11232-3954
PS 105- The Blythebourne School	Kings	11219-4894
Dewey MS 136 School-Based Health Center	Kings	11232-3402
PS 24 School-Based Health Center	Kings	11232-2514
Sunset Park High School	Kings	11232-2307
Ezra Medical Women's and Family Health Center	Kings	11219-1121
Premium Health, Inc.	Kings	11219-1094
PS 172 School-Based Health Center	Kings	11232-1701
CHI Health Center 11219	Kings	11219-3256
Premium Health, Inc.	Kings	11219-4311
Ezra dental van -- #2	Kings	11218-3612
Ezra Medical Center	Kings	11218-3612
Ezra Medical Center 13th Avenue	Kings	11218
Ezra Mobile Dental Van #1	Kings	11218-3612
HealthCare Choices NY, Inc. - Brooklyn	Kings	11204-2702
Premium Health, Inc.	Kings	11204-1101
Premium Rx	Kings	11204-1101
Premium Health, Inc.	Kings	11204-1101
MS 88 School-Based Health Center	Kings	11215-6140
Premium Health, Inc.	Kings	11204-1523
BP Dental Center for Kids	Kings	11204-1523
Shore Road Sports Therapy and Rehabilitation	Kings	11209-5449
PS 10 School-Based Health Center	Kings	11215-6126
Windsor Terrace Senior Center	Kings	11215-5807
Park Slope Family Health Center at NYU Langone	Kings	11215-4802
JHS 62 Ditmas	Kings	11218
Premium Health, Inc.	Kings	11230-1399
PS 15 School-Based Health Center	Kings	11231-1600
Joseph P. Addabbo Family Health Center at Richards Street	Kings	11231-1635
P.S. 217 / Magnet School of International Arts and Letters	Kings	11230-1416
Red Hook Family Health Center at NYU Langone	Kings	11231
MHHC Brooklyn	Kings	11226
Erasmus Academies School-Based Health Center	Kings	11226-4017

Sun River Health Brooklyn Bedford Ave	Kings	11226-5403
PS 282 School-Based Health Center	Kings	11217-3507
Sun River Health Church Avenue Clinic	Kings	11226-4005
Rambam Family Health Center	Kings	11230-5849
HASC Diagnostic and Treatment Center	Kings	11230-5844
HASC Diagnostic and Treatment Center	Kings	11230-4803
PS 092	Kings	11226
Sun River Health Bay Street Health Center	Kings	10301-2510
Sun River Health 56 Bay Street Outpatient Treatment	Kings	10301-2563
Project Hospitality Health Center	Kings	10301-1901
Sun River Health Bedford Avenue Clinic	Kings	11225-2009
Lasante Health Center	Kings	11226-1506
CARIBBEAN HOUSE HEALTH CENTER	Kings	11225-5417
CHCR - 135 Canal St, 3rd Floor	Kings	10304-2059
CHCR 135 Canal Street - 2nd Floor	Kings	10304-2273
Callen-Lorde at Brooklyn Community Pride Center	Kings	11225
SHERO Providence House 1	Kings	11225-4306
Flatbush Family Health Center at NYU Langone	Kings	11203-2714
Vanderbilt Community Health Center	Kings	10304-2521
Metro Community Health Centers – Downtown Brooklyn	Kings	11201-7000
BROOKLYN PLAZA MEDICAL CENTER, INC.	Kings	11217-1517
MS 61 - Dr. Gladstone H. Atwell	Kings	11225
P.S. 31	Kings	10301-1428
Downtown Brooklyn Health Center	Kings	11201-5257
Fort Greene Child Health Clinic	Kings	11201-3001
Sterling Health and Wellness Center	Kings	11216-3903
Ali Forney-Cadman Health Center	Kings	11201
Cadman Family Health Center	Kings	11201-3229
Wingate Educational Campus	Kings	11206-1122
Callen-Lorde at SAGE Center Brooklyn	Kings	11201-3281
Atlantic Armory Health Center	Kings	11216
WHITMAN, INGERSOLL, FARRAGUT H C	Kings	11205-2901
PS 091	Kings	11203-1226
AUBURN ASSESSMENT CENTER	Kings	11205-1946
Callen-Lorde Brooklyn	Kings	11201-2903
Kingsboro Men's MICA Shelter	Kings	11203-2125
Cumberland Diagnostic and Treatment Center	Kings	11205-2005
ODA Crown Heights Health Center	Kings	11203-1390
P.S. 135 - Sheldon A. Brookner	Kings	11203-3214
BENJAMIN BANNEKER ACADEMY SBH	Kings	11205-2302
PS 307 School-Based Health Center	Kings	11201-1509
Gouverneur Diagnostic & Treatment Center	Kings	10002-7537
PS 188 School Based Health Center	Kings	11224-1539
Bedford Stuyvesant Family Health Center, Inc.	Kings	11216
Crown Heights	Kings	11213-2211
PS/IS 157	Kings	11205
PS 329	Kings	11224-1701
PS 90 School-Based Health Center	Kings	11224-2905

CHI Health Center	Kings	11224-2615
PS 243	Kings	11213-1713
Abraham Lincoln High School	Kings	11235-7800
PS 288	Kings	11224-2382
Bedford Community Health Center	Kings	11221-1037
Park Avenue Primary Health Care Center	Kings	11205-1631
ODA Primary Health Care Network	Kings	11249-7830
Murry Bergtraum High School Campus School-based Health Center	Kings	10038-1432
ODA Primary Health Care Network	Kings	11249-7823
ODA Mobile	Kings	11249-7823
ODA Primary Health Care Center	Kings	11249-7814
ODA Therapy Center	Kings	11249-9210

In summary, while similar services are available in the borough, this project significantly enhances care within the NYU Langone FQHC network by bringing multiple service lines together under one roof, creating a more accessible and seamless experience for patients.

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

Due to the nature of outpatient care and the limitations of public data sources such as SPARCS (Statewide Planning and Research Cooperative System), precise market share information for primary care, dental, women's health, and rehabilitation services provided by FQHCs is not consistently tracked or published. As a result, specific quantitative comparisons of market share within the service area are not feasible. The HRSA GeoCare Navigator offers an overview of the overall reach and utilization of FQHCs within a given service area. Although it does not break down market penetration by specific services, it provides indication of FQHC presence and engagement across communities.

Within New York State, FHC is one of the largest FQHC networks, delivering more than 600,000 visits annually to over 100,000 unique patients, the vast majority of whom are Medicaid-enrolled, uninsured, or low-income. The FHC network includes a large share of the FQHC sites located throughout Brooklyn, including school-based health centers, community clinics, and specialty sites.

The proposed project is expected to increase the Applicant's share of outpatient visits, particularly in women's health and rehabilitation services. These two areas are projected to grow by 4,083 visits in Year 1 and 17,995 visits by Year 3. This increase reflects both an effort to reduce existing wait times and to serve a larger portion of the Medicaid and uninsured population in the region. The payer mix is expected to remain consistent with current levels.

While other FQHCs operate in the borough—such as ODA, Premium Health, Sun River Health, Community Healthcare Network, and Callen-Lorde—none match the scale of the FHC network in Brooklyn. According to 2023 HRSA GeoCare Navigator data, FHC held the largest market share among Health Center Programs in the service area, serving almost double the number of patients as next largest provider, ODA Primary Care Health Center. FHC serves 23.8% of all patients in the area and 47.5% when excluding providers with incomplete data. These figures indicate that FHC serves a significantly larger share of the local patient population compared to other providers. FHC's embedded services in public schools and partnerships with City agencies further expand its reach in ways that are unique in the region.

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).

In addition, the Applicant offers charity care, which covered approximately $108 million in care in FY24. (In the same time period, there was another $2.1 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 FY24.)

How the project will affect obligations
N/A. The project will not affect the obligations of the Applicant, NYU Langone Health. As an FQHC, the organization is not eligible to receive distributions from the General Hospital Indigent Care Pool under Public Health Law § 2807-k, but it remains fully compliant with all federal regulations governing the provision of uncompensated care, access for people with disabilities, and nondiscriminatory services for protected populations under Section 1557 of the Affordable Care Act and Title VI of the Civil Rights Act. As an FQHC, FHC provides care regardless of insurance status or ability to pay.

Community services

FHC already has social workers, care coordinators, and community health workers who will still be in place to continue supporting the patient population with medical and community-based needs at the new location.

The new location is also next to FHC's Family Support Center, which provides community-based nutrition support, early childhood and family support services, adult education and workforce development services, nutrition support services, and community engagement opportunities.

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.
Approximately 67.45% of dental patients and over 55% of patients at the Park Ridge medical clinic are enrolled in Medicaid, compared to a service area average of 28.6%. Additionally, up to 23.4% of patients at certain FHC sites are self-pay, well above the regional rate of 5.9%. These figures indicate that FHC serves a large share of the Medicaid and uninsured population within the broader service area.

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.

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

No physician or professional staffing issues are expected as a result of the project. The relocation of services to 602 60th Street is not a reduction in care or personnel, but rather a consolidation of existing services currently provided at two separate facilities—Park Ridge and NYU Langone Hospital—Brooklyn. Given service expansions and more space to accommodate increased visit volume, FHC will recruit additional staff. In total, FHC will add 5.0 FTEs in Year 1, 21.1 in Year 2, and 12.6 in Year 3.

- Women's Health staff will increase by 6.6 FTEs in Year 2 and another 0.2 in Year 3.
- Adult and Pediatric Rehabilitation staffing will increase by 4.0 FTEs in Years 1, 2, and 3.
- Medical staff will increase by 7.0 FTEs in Year 2 and 4.9 in Year 3.
- Dental FTEs will increase by 3.5 in Years 2 and 3.
- Supervisor staff will increase by 1.0 FTE in Year 1.

A stakeholder from the New York City Department of Health and Mental Hygiene highlighted the importance of ensuring FHC can properly staff the new facility well in advance of opening to expand services and decrease wait times for appointments,

which is part of FHC's project plan. Some stakeholders noted the importance of having staff and providers who speak the languages the patients speak, which is part of FHC's recruitment plan for new staff.

FHC indicated they have a recruitment plan for the additional staff, and it includes strategies to hire bilingual staff.

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)

Note that none of the listed cases involve FHC sites or its services.

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 similar project 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

The Independent Entity expects the project will expand access to care, increase care and service continuity, and help reduce health disparities across all patients, including medically underserved populations. All patients are likely to experience improved access by being able to receive multiple services at a single location. Based on the review of data and plans and engaging stakeholders, the Independent Entity anticipates that different medically underserved groups will experience the following improvements in access and health equity and reductions of disparities:

- Low-income people and people who are eligible for or receive public health benefits: These populations comprise the majority of FHC's patients. The consolidation into one building will reduce time, travel, and cost burdens, thereby improving access and supporting more equitable, efficient care.
- Racial and ethnic minorities: The majority of FHC's patient population identifies as Hispanic/Latino, Black, and/or Asian. The project supports culturally competent and linguistically accessible care in a neighborhood where the patient population mirrors these demographics.
- Immigrants: With more than half of patients speaking a language other than English and more than 50 languages spoken across the patient population, the consolidated location will streamline interpreter services, signage, and navigation. The Sunset Park location is also located in a familiar location and next to FHC's Family Support Center where immigrants and others routinely access social and support services. This will enable them to access a more holistic range of services that will improve their health and wellbeing in close proximity.
- Women: With women comprising over half of the patient population, this project enables FHC to have a dedicated Women's Health suite with expanded services. This will improve access and reduce waiting lists for services as well as give patients a space that is easier to navigate with strollers and car seats.
- People with disabilities: The new building exceeds ADA compliance and eliminates architectural barriers, significantly improving physical access and patient autonomy. This provides easier access to older patients who use wheelchairs and walkers and otherwise have mobility challenges.
- Older adults: Consolidated care reduces the logistical strain of managing multiple appointments, particularly for those with mobility limitations.
- People who do not have third-party health coverage or have inadequate third-party health coverage: For uninsured or underinsured will experience greater access to services due to diminished financial burdens because of the having to take time away from work and travel costs associated with seeking care at multiple sites. They also are expected to have access to better coordination of medical and social support services given that the location is next to FHC's Family Support Center. Additionally, as an FQHC, FHC offers sliding scale fees

and integrated benefit counseling at a single location, which will support more seamless access to care and insurance enrollment.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

The project is not expected to result in any negative impacts to health equity for the medically underserved groups identified.

One significant unintended positive impact may occur. Notably, Independent Entity recognizes that having a healthcare facility that is new, modern, spacious, and uncluttered in a community communicates to community members that they are valued and should get convenient access to high-quality care. The new facility has more space for each unit compared to current locations, including space for storage and waiting spaces. This is is sharp contrast to the current Park Ridge facility, which is more than 25 years old, has aging equipment and flooding issues, and is a rented property.
While FHC intends to have a state-of-the-art facility that looks and functions well, the Independent Entity expects the cognitive and emotional impacts throughout the community will be significant, as members of our team have seen in other communities.

Another unintended positive impact may be increased informal staff collaboration across departments due to now being in the same location. Informal collaboration often creates the “glue” that keeps new collaborative processes and systems working well.

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.

It is anticipated that the amount of indigent care currently provided by the Applicant will not change.

Additionally, FHC will continue to offer financial assistance and provide care to all patients regardless of ability to pay. No reduction in scope or volume of uncompensated care is anticipated.

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 new site at 602 60th Street is easily accessible by public transit, with nearby N and R subway stations and multiple bus lines serving the area. The facility includes on-site parking, accessible van parking, and a handicap drop-off zone.

Patients using Medicaid transportation or Access-a-Ride will have direct access to the entrance. Consolidating services at one location will reduce travel between sites, improving convenience, especially for those with mobility or time constraints.

Stakeholders also noted that the new location provides convenient access, including being able to walk to the new location for services.

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

The new facility at 602 60th Street is fully designed to meet or exceed all ADA requirements and the 2022 NYC Building Code (Chapter 11 – Accessibility).

The building includes:

- Two ADA-compliant elevators serving all floors
- Accessible entryways, hallways (≥5’ width), and waiting areas with designated wheelchair spaces
- Single-use, fully accessible restrooms
- On-site parking with accessible van spots and a handicap drop-off zone
- ADA-compliant signage, doors, and counter heights throughout

These features reduce architectural barriers and improve independent access for patients with disabilities and mobility impairments.

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

The project will enhance the delivery of maternal and comprehensive reproductive health services by relocating and expanding Women’s Health into a dedicated 6,000-square-foot second-floor suite at the new location. FHC’s Women’s Health services include:

- Prenatal and postnatal care
- Contraceptive counseling and access to all FDA-approved birth control methods

- Cervical cancer screening
- STI testing and treatment
- Family planning services, including referrals for abortion and sterilization procedures consistent with Public Health Law § 2599-aa

The relocation does not reduce or limit any existing reproductive health services. FHC indicates that services will be uninterrupted during the transition, and patients will be informed multiple times through several methods well in advance to ensure care continuity. Additional clinical space will allow for expanded appointment availability and improved patient experience.

Meaningful Engagement

6. 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.

7. 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 focus group about this project with the New York City Department of Health and Mental Hygiene. The group included:

- Becca Friedman, Policy Manager; Department Center for Health Equity and Community Wellness
- Dr. Bindu Babu, Senior Clinical Advisor; Bureau of Equitable Health System
- Sonia Mercado, Director of Home Visiting Program; Bureau of Maternal Infant Reproductive Health
- David Tepel, Director of Oral Health Program
- Talia Rubin, Dental Consultant for the Oral Health Program

They provided helpful input on the potential impact of this project. The group indicated that the most important benefit of the proposed relocation of services is the opportunity to expand medical services and coordinate medical and social services for a community that largely comprises medically underserved groups. With proper patient education, community engagement, and preparation, FHC has the potential to expand their capabilities to serve the local community that relies on their medical services. With the potential expansion of services, the group indicated that expanding service hours could also better serve working families in the community.

The group noted that FHC serves patient populations that are at the intersection of medically underserved groups, including immigrants, non-English speakers, low-income people, underinsured or uninsured, and racial and ethnic minorities. Many of the community members rely on the services offered through FHC's current locations, particularly dental services that coordinate with school-based health programs for pediatric dental and other services.

Their main concerns were:

Staffing
The group highlighted the importance of ensuring FHC can properly staff the new facility well in advance of opening to expand services and decrease wait times for appointments. This was of particular importance for dental services that currently have long wait times in New York City and the shortage of nurses and providers causing hiring challenges nationally. In addition to providers and nurses, the group stressed the importance of having social workers and care coordinators with knowledge of the current Medicaid landscape to best serve the medically un- and under-insured population.

Language services
The area has a high Chinese and Spanish speaking population that often choose their service location based on offices that not only have language services, but also culturally competent staff that speak their language. To ensure the new location can serve as a medical home for the local community, the group indicated that it is critical that they employ staff that speak the languages of the community members in addition to providing language services. Stakeholders strongly encouraged FHC to closely monitor demographics of early adopter patients who choose to access services at the new location and mitigate any barriers that may discourage other members of the community from accessing the site, particularly with respect to cultural and linguistic barriers. The group stated that this monitoring is crucial to ensure there is equitable access to the new location and particular groups are not experiencing barriers or undue wait times.

Considering the importance of monitoring and mitigation, the group also stressed the need for clarity on who provides oversight of the monitoring and mitigation process given the composite relationship between the FQHC and the Applicant.

Community outreach
Highlighting the importance of outreach to community members and current patients, the group stressed outreach activities must be culturally and linguistically specific. This outreach should include advanced and continued notification and engagement with current patients on the new site and care continuity; signage; guides to the new space; clearly posting financial literacy materials (e.g., clear information on expense, sliding fee scale, etc.) In addition to notifying patients well in advance how the FHC consolidation

will affect patients' individual continuity of care, the group also emphasized the need to logistically plan for patients to be late or miss appointments during the early transition phases to the new location. This could consequentially create accessibility challenges and delays to critical medical services to underserved communities that rely on the FQHC.

Becca Friedman's verbatim statement can be found in the Meaningful Engagement tab of the HEIA Data Table.

8. 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.

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

Stakeholder engagement revealed that FHC is already diligently addressing health equity issues and meeting the needs of the community they serve at their current site. Stakeholders viewed the proposed consolidation of services as a way to further enhance FHC's commitment to providing services to the Sunset Park community.

The stakeholder focus groups and interviews revealed multiple overall benefits of the relocation and expansion of services. Stakeholders especially expressed the benefit of FHC providing a centralized medical home that will serve as a hub for multiple health services that community members can access all in one place. Stakeholders stated several benefits of the consolidation of services into one location, particularly:

- Better coordination and referrals across programs
- Potential for improved show rates with appointments
- Less time and travel for patients who will be able to receive multiple services
- Multiple family members being able to receive services at one site

This applies to all patients and medically underserved populations, including specific benefits to the following medically underserved groups:

- Low-income people, including working families, and people who are eligible for or receive public health benefits, including Medicaid, would benefit from minimized time taken off from work and lower travel costs to various sites.

- Newly arrived immigrants and/or non-native English speakers would be able to access multiple medical services in a central location where they receive care in their language.
- Women and birthing people, lactating mothers, and those with young children would have increased access due to expanded services and have their needs accommodated in terms of space, procedures, and proximity of related services.
- People with disabilities and compromised mobility, such as those with a wheelchair or walker or caregivers of younger pediatric patients using strollers and newborn car seats, would benefit from a space that can better accommodate mobility challenges.
- Older adults and individuals with cognitive impairments would be able to access multiple medical services in one location, reducing logistics, time burden, or confusion about where they receive care.
- People who do not have third-party health coverage or have inadequate third-party health coverage—especially patients who are uninsured or underinsured—would have better coordination of medical and social support services.

Stakeholders expressed a few concerns about the move. Staff members raised concerns about 1) the new location being on a high traffic street where it is necessary to ensure pedestrian safety in accessing the facility entrance; 2) parking availability for patients, caregivers, and site staff; and 3) if the new facility will equate to more space for each unit compared to their current locations. Patients were concerned that having multiple services provided at one site may result in overcrowding in the building simply due to the sheer number of patients now visiting one location to receive care.

10. 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, we spoke with 24 stakeholders about the project. We conducted 1 patient focus group with 8 people, 1 staff focus group with 11 people, 3 interviews with local community-based organizations, and 1 community conversation with 2 members of the Board of Directors who are also FHC patients. The stakeholders we spoke with included 4 low-income people; 16 who are members of racial or ethnic minority groups; 8 immigrants or refugees; 17 women; 1 person who identifies as lesbian, gay, bisexual, transgender, or other-than-cisgender; 5 people with disabilities; 6 older adults; 1 person living with a prevalent infectious disease or condition; 2 people living in a rural area; 5 people eligible for or receiving public health benefits; 2 people who do not have third-party health coverage or have inadequate third-party health coverage; and 1 person who is otherwise unable to obtain healthcare.

All patients

The stakeholder focus groups and interviews revealed perceived benefits of the relocation of services to all patient populations, including among medically underserved groups.

A common theme expressed across stakeholder groups was an appreciation for what FHC does to adapt to the evolving needs of the populations they serve, particularly through ongoing outreach that ensures language and cultural responsiveness, as well as supporting low-income and under-insured individuals. The impact of the proposed consolidation of services on the community was seen by stakeholders as an extension of FHC's ongoing efforts to address health equity issues. Stakeholders described the population in the surrounding Sunset Park neighborhood as low-income working families and heavily Spanish- and Chinese-speaking populations, many who are within walking distance of these services.

The main benefit identified by stakeholders was that the new location would offer a medical home where patients can access multiple services at the same site. Throughout our engagement process, stakeholders highlighted the location of the new site being next to the Family Support Center, which allows for coordination of medical and social services needed by many of the patients and families served by FHC. A board member indicated:

> "It's important because we have to continue to have an outreach in the community. So if we move from one location to another, as long as we're doing the same that we've been doing." (Board member)

A community-based organization (CBO) representative explained the convenience of coordination with services in one space:

> "You do not have to coordinate…to have access to a food pantry, to then go take your child to a pediatric dental appointment, to then go get a mammogram. Everything is in one building, so that's pretty convenient in regards of transportation and the environment. In regards to the services, I think it's pretty comprehensive because it is almost encompassing everything that this working family neighborhood needs." (CBO representative)

Stakeholders raised the potential for the consolidation to improve show rates for appointments by having multiple services co-located in the same building and overall enhancing coordination of care. The CBO representative continued saying, "I can have a care coordinator schedule things in one shot" (CBO representative) and within one space to support several needs effectively and efficiently with the proposed consolidation of services. Patients, staff, and board members all identified an opportunity for improved communication and smoother referrals across programs with the consolidation.

Seeing the potential for more space for each of the programs as a main benefit, staff spoke about the importance of more space at the new location for communal areas like waiting rooms for distancing sick patients (e.g., COVID) from well-patients, sufficient space for medical supplies and materials to be better organized, the need for space to accommodate needed rehab equipment (e.g. treadmills, etc.), and having sufficient space for wheelchairs, strollers, and car seats for infants. Staff members highlighted that more exam rooms for their unit would improve patient experience and the flow of services.

Staff were particularly hopeful that the proposed move to a new space would result in more providers and thus decrease the delays patients currently face in receiving care. Stakeholders cited prolonged wait times for appointments across several of the programs and hoped that the move to the new space would lessen delays for patients in being seen and receiving treatment.

Staff from several units were very positive about moving to a newer space given these structural issues around facilities. For example, staff whose units currently face structural challenges with their facilities, such as leaks, flooding, and no cell phone service, noted the benefit of moving to a new space. One staff member explained:

> “We’re located in the basement. So, it’s very difficult, not only for patients to get access to use their phones, but if we need to send them [a message]. And if they need to send us an email, like any type of X-rays from their primary doctor dentist...then it actually hinders the flow of the work environment.” (Staff member).

Stakeholders appreciate that the physical location of the new site is conveniently located near an express subway stop, bus stop, and multi-lane street for those who drive. A board member stressed the importance of the new location being close to CBOs in the area and remaining within walking distance for the many families who rely on that close proximity to their home for receiving health services. A principal of a local school noted that, with so many students who rely entirely on these health services for all of their care, the new location has the benefit of being close enough for staff to escort families from the school to the new health center and adjacent Family Support Center for health care and social services support.

Ultimately, stakeholders discussed that having all services in one location would be beneficial to patient experience and delivery of care:

> “It sounds like a great idea having many different departments at the same time. Hopefully, the building is big enough to give us the space we are looking for in every area, so we don’t have just quantity, but we have quality.” (Staff member).

Low-income people
Staff, patients, CBO representatives, and board members all underscored that consolidating multiple services into one site would offset financial and time burdens that many low-income and working families currently face in getting services. Stakeholders highlighted both potential loss of income associated with taking time off from work and travel costs for getting to appointments across multiple sites.

> "When I think about the families we serve in Sunset [Park], I also feel that they don't have to take multiple days off from work because they can have back-to-back appointments because it's an elevator ride away. So, it's really also impacting their employment, their quality of life, and their ability to not lose days." (CBO representative).

Stakeholders discussed the concept of time and the true cost of time, especially for low-income people. Another CBO representative explained:

> "One of the barriers is really time. If you are going to see different doctors for different treatments and different checkups, that's very time consuming and people aren't always able to do that. And I think if we're able to really limit the scale of time where we can see maybe two doctors in a day…helping people to save time, that's always an important thing." (CBO representative).

The newly proposed facility can potentially mitigate the cost associated with time. A patient posited:

> "This new upcoming change that we are going to have, we can all benefit from it. Location, time, flexibility with the appointments, which is very fundamental and also, we need more specialists in our community…so we are able to get all those providers and clinics all in one." (Patient).

People who do not have third-party health coverage or have inadequate third-party health coverage
Stakeholders also spoke about the consolidation of services into one site being beneficial for uninsured and underinsured patients who would experience better coordination of medical and social support services. One patient, who also works in one of the units that would be affected by this change, explained:

> "We can all provide better service and medical care to our community instead of sending patients across the river to the city, and…we have to also keep in mind insurance. That's a big issue that we deal with here every day in the community." (Patient).

There is currently a sliding fee structure for services for those uninsured or underinsured. A staff member explained:

> “For patients underinsured or uninsured, we have a sliding fee scale which is utilized to be able to provide services to all patients that need it, regardless of their documentation status, regardless of their employment status...the sliding fee goes anywhere from $15 a visit to $170 a visit…patient’s ability to get care in the language that they speak and also be able to get access to care, regardless of immigration status or insurance.” (Staff Member).

The consolidation provides the importance of a single medical home. This allows for easier coordination of services regardless of insurance status. Moreover, having services in one place, especially medical services that allow opportunities for uninsured or underinsured people to get care, creates better continuity of care. This also provides more options for people who seek care that does not require insurance. One CBO representative explained that with uninsured or underinsured populations, they often will seek Eastern medicine options, as insurance is not needed. They discussed:

> “There are some [community] members that we work with, especially undocumented folks, maybe not eligible for certain types of insurance…Folks are seeking herbal medicine and Eastern medicine like the cost is different. You don’t need healthcare.” (CBO representative)

However, if there was one health center to serve multiple needs of uninsured or under insured, the CBO representative felt this would allow for more effective outreach and opportunities to improve health literacy in the community.

Women

Stakeholders identified several benefits of the proposed new space for women, birthing people, lactating mothers, and people with young children. They noted that the new site will better accommodate their needs in terms of space, procedures, and proximity of related services. Staff and Board members discussed space limitations at the current site, which makes currently makes it more difficult for mothers with strollers and car seats to attend post-partum appointments with infants and small children. Both patients and staff talked about the current site not having private space for breastfeeding mothers and not being able to perform some procedures needed for pregnant women thus requiring them to visit another site.

> “Not every OB/GYN site could do procedures…They have to travel all the way here to get those procedures because they don't have access to… I feel like that would help so much for the patient… They see their OB/GYN care. They could just stay there instead of traveling anywhere else, just to get a procedure done that could have been done over there if there was a room available.” (Patient and Staff member)

Stakeholders speaking about Women's Health services were very positive about the idea of more space and expanded services at the new building, where women could access multiple services, with the expectation that all procedures would be available there.

Immigrants or non-native English speakers

Several stakeholders spoke about the consolidation of services being an opportunity to alleviate language and cultural barriers. We heard from several stakeholders that language access is critical for the heavily immigrant community in the Sunset Park neighborhood surrounding the site. They emphasized the importance of having front desk staff as well as providers who speak the languages of the patients.

Community stakeholders also identified the new site as an opportunity to improve health literacy among immigrants and non-native English speakers. A leader of a local CBO stated that among some of the local immigrant populations, culturally, some services are not seen as important, and there is a great need for health education around this. For example, among elderly immigrant communities in the area, the stakeholder reported that dental care is not seen as an important medical service. He emphasized that the new site would offer the opportunity for trusted staff to engage patients in health education and provide convenient referrals to receive additional services within the same building. This stakeholder also highlighted that more space at the site could mean better health literacy as staff would have areas to provide education outside of exam rooms and not disrupt patient flow (e.g., providers can continue seeing other patients while staff provide health education).

Older adults

Stakeholders talked about the benefit of having multiple health services in one location for older adults, noting it "makes their lives easier" by ensuring there is less confusion around where they are seeing providers for the different care they receive.

> "When I have to see my cardiologist, I go to this one; when I have to see my general practitioner, I go to that one…It's not like they're miles apart, but it's just like I'd like to have my location which is good for me and then I always know to go there, and I don't make the mistake, ….we're looking for more convenience….Now, there might be other patients that have more limitations than I do in getting to a site…others may be older than me, maybe more handicapped in a way that would need to have a place where there are different specialties, different doctors in the same location that helps us to just arrive to one location and not have to remember which one we're going to that day. (Board member, patient, older adult)

The leader of a local CBO noted a rise in the population of older adults who need outreach about what services they can and should be accessing for optimal health. He also emphasized that there are various cultural norms among the older adults in the

surrounding community to which health providers need to be sensitive. A centralized medical home is potentially a way to engage the older population in health education around various health services that culturally may not be considered important to them. Trusted staff and healthcare providers from whom older adults receive care would have an opportunity to refer their older patients to auxiliary health services within the same building.

People with disabilities or limited mobility
Several stakeholders discussed the mobility challenges patients face in accessing services at their current locations due to limited space for wheelchairs and walkers. Staff from rehabilitation services discussed the importance of more space at the new site for appropriate equipment for patients and a sensory gym for pediatric patients that they currently cannot accommodate in their space. They also emphasized the way it dignifies their patients in being able to navigate space well.

> “You know it dignifies the care that they receive when they are in a space that really allows them to feel that they can navigate appropriately right without feeling their disability be augmented. As currently is the case in many of our sites that are old, that were not built ADA accessible, or that are sites that are currently rented from, you know, a building that is just not. It wasn't built for a medical clinic. But more it became based on just putting some structures in there.” (Staff member)

One rehab patient spoke about having to travel to an alternate site to access equipment needed for her treatment plan:

> “For me, I have to go a further distance because when I was in the wheelchair, I needed parallel bars to start walking, and I couldn't go to the closer distance to my house because they did not have the equipment that I needed.” (Patient)

It was clear how much easier it would have been for her if she could have received her rehab services with appropriate equipment all in one place.

11. 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.

Members of all groups of medically underserved individuals were included in our stakeholder engagement.

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?

a. People of Limited English-Speaking Ability:
As an FQHC providing care to people with Limited English Proficiency, FHC deploys multiple multilingual communication strategies and will do so to communicate the transition and at the new location. This will include informational materials, such as signage at existing sites, mailed letters, printed flyers, and patient handouts translated into the most commonly spoken languages across the patient population, having bilingual staff and interpreters available to explain the relocation during visits and through phone calls. Communication will include the new location's address and access details and assurances that all services remain available during and after the transition.

b. People with Speech, Hearing, or Visual Impairments:
FHC will ensure all communications comply with ADA communication standards and Web Content Accessibility Guidelines (WCAG) 2.2. Using this industry standard will ensure users with disabilities (such as vision, cognitive/learning, and/or motor disabilities) can access content equitably. This includes accessible print materials, large-print signage, and captioned videos. On digital platforms, there will be alternative text for images, captions for videos, and ensuring that all digital content is navigable via keyboard for those who cannot use a mouse. FHC will also continue to provide in-person communication accommodation, such as ASL interpreters or writing tools.

c. If the Applicant Does Not Have Plans to Foster Effective Communication:
The Applicant and FHC have an effective communication plan. In addition to those indicated above, all active patients will receive communications in advance of the move sent by mail, email, text, and EPIC MyChart (patient portal) notifications in advance of and after the move. All appointment reminders will note the move and new address location. In the months leading up to the move, FHC will post signage in the existing locations advising and reminding patients of the relocation. Signage will include the new address and contact information.

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 the needs of underserved groups as they considered the impact of the consolidation:

Ample time and concerted effort to ensure patients know about the new location
All stakeholders we spoke with—patients, staff, Board members, CBOs, and DOHMH representatives—strongly encouraged the Applicant allow for ample lead time prior to the new location opening to promote the service expansion and relocation. They discussed the idea of a large community event to serve as a grand opening for the space, creating an opportunity to let community members know what services will be there and become familiar with the location where their future appointments will be. It also could be used as an opportunity for general community engagement and education. This engagement should include current patients and the surrounding community as well.

Hours of operation, transport assistance, pedestrian safety, language services
Stakeholders identified several opportunities for broadening access to care and limiting barriers to receiving services at the new location.

- Hours of operation: Given FHC serves working families, stakeholders suggested expansion of hours for the new site to accommodate typical working hours. *FHC indicated that hours of operation will remain the same. They currently offer extended evening hours for medical and dental appointments.*
- Transport: Some stakeholders suggested aiding patients in getting to the new site via shuttle services from the main hospital or ensuring staff are available to escort patients. *FHC responded that they do not anticipate transportation issues given that the new location will be walkable for most and is closer to N/R subway and several bus lines than the existing addresses.*
- Pedestrian safety: With a history of accidents involving pedestrians on the new site's heavily trafficked street, stakeholders raised the need to ensure the entrance of the new space can be safely accessed by patients, such as having a safe space for drop off.
- Language services: Given the existing sites serve large Spanish and Chinese speaking populations, stakeholders recommended having front desk staff, not just providers, at the new location to support patient in navigating accessing services they will receive at the new location. *FHC indicated that as routine practice their recruitment plans include seeking bilingual/bicultural staff and providers. In the event one is not available for patients, they provide interpretation services through onsite interpreters and video or telephone remote interpreting services.*

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

The Independent Entity recommends engaging patients, caregivers, and staff as the project is implemented, ensuring they are always capturing input from members of different medically underserved groups. Ideally patients should be contacted approximately three months before and then after the new FHC location opens. This would allow patients, caregivers, and staff to guide communication and outreach about

the new location and expanded services, share their experiences of the impact of the project, and provide input on potential improvements. We propose interviews so the Applicant can get nuanced information about the impact and potential improvements. We would also propose a patient survey be conducted six months after the new FHC opens to more broadly capture perspectives about the new location and any challenges patients may face with the consolidation of services at the new location.

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 bringing multiple services that are heavily used by the community under one roof, thereby serving as a medical home for the patient population and community. This reduces the dual financial and time burdens from having to travel for appointments across multiple sites. Stakeholders also pointed to greater opportunities to facilitate smoother referrals and coordination of care for patients across the different services they access at FHC. The new location is also next to the local Family Support Center, which will enhance access to complementary social services that can improve the health and well-being of patients and their families, including community-based nutrition support, early childhood and family support services, adult education and workforce development services, nutrition support services, and community engagement opportunities.

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?

FHC currently uses the data infrastructure within their electronic health record (EHR) system to monitor care access and quality across patient populations. FHC collects self-reported demographic data—including race, ethnicity, age, language, gender, and insurance status—and analyzes utilization trends, care gaps, and access among medically underserved groups. This allows FHC to monitor and address health disparities.

The Applicant also maintains a centralized reporting team that regularly analyzes metrics related to appointment volume, wait times, no-show rates, payer mix, visit trends across sites, patient satisfaction, and sliding fee scale accessibility. These tools will be used to track the impact of the project on patient experience, patient retention, service utilization, and any potential barriers introduced or removed by the project.

Additionally, FHC participates in quality improvement initiatives aligned with its FQHC designation, which include reporting on the Uniform Data System (UDS) indicators that

track outcomes for vulnerable populations. These mechanisms will support ongoing equity monitoring as part of the post-implementation evaluation.

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

To ensure the findings of this HEIA are addressed, it is recommended that FHC adopt a flexible Health Equity Action Framework. Key elements include:

- Adding or refining equity metrics in internal dashboards to align with medically underserved group definitions, as needed
- Providing relevant staff with health equity training—informed by HEIA findings and community member input—when warranted
- Reviewing progress in regular interdisciplinary meetings and developing and monitoring corrective action plans
- Sharing results through a communication plan that includes a concise HEIA progress brief

FHC should also consider continuously engaging with patients (using the methods and timeframes suggested above), referral partners, and community-based partners to obtain qualitative input about how project have been received and ways to improve access, patient experience, and health equity. 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)

Moving into a new building that will be fully owned by FHC is critical to ensuring that services for medically underserved group are not “priced out” of the community due to increasing rental costs, as so often happens in communities experiencing gentrification. FQHCs are required to serve everyone in their service area regardless of ability to pay, which makes it especially important that these services remain in the community and are offered in a manner that communicates dignity to those seeking services.

---------- *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, Larry K. Mcreynolds, Executive Director, Family Health Centers at NYU Langone, attest that I have reviewed the Health Equity Impact Assessment for the Relocation and Consolidation of Family Health Centers at NYU Langone to New Facility at 602 60th Street that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

Larry K. Mcreynolds

Name

Executive Director, Family Health Centers at NYU Langone

Title

Signature

7/16/2025

Date

II. Mitigation Plan

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

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

Mitigation Plan

Throughout stakeholder interviews and focus groups with patients, staff, board members, community-based organizations, and the NYC Department of Health and Mental Hygiene, the Family Health Centers at NYU Langone Health (FHCs) received strong support for our relocation and expansion project. Stakeholders raised several specific concerns, which we will take into consideration as continued operational planning for the implementation of this new location is underway:

- **Staffing and Language Access**
  Sufficient staffing, particularly of bilingual clinicians, social workers, care coordinators, and community health workers, is of chief importance. The FHCs will retain all existing staff and plan to add approximately 39 new FTEs over the next three years. Our recruitment plan includes efforts to hire bilingual and bicultural staff reflective of the patient population to ensure a culturally competent workforce is caring for some of Brooklyn's most vulnerable patients.

- **Clear, Multilingual Communication**
  The FHCs have experience developing robust, multilingual communication strategies. Informational materials such as signage at existing sites, mailed letters, printed flyers, and patient handouts translated into the most commonly spoken languages across the patient population are creating to communicate about the upcoming changes. Bilingual staff (and interpreters) are readily available to explain the relocation during visits and through phone calls. Informational materials will include the new location's address and access details, and assurances that all services remain available during and after the transition. In addition, we will send out SMS and MyChart messages and provide in-person updates during appointments. Signage will be posted at current sites, and outreach will begin in advance of the move and continue afterward.

- **Convenient Hours of Operation**
  The FHCs recognize the needs of working families and will continue to offer evening appointments (8:30 AM to 7:00 PM Monday through Thursday and 8:30 AM to 5:00 PM on Friday). Dental appointments will continue to be available during the same time period as currently offered (9:00 AM to 7:00 PM Monday through Friday). The FHCs will continue to review patient demand to determine if additional extended hours are needed.

- **Parking and Pedestrian Safety**
  The facility includes on-site parking with 60 parking spaces, including multiple ADA-accessible spaces and designated accessible van parking. An ADA-compliant elevator provides direct access into the building, ensuring safe entry for both patients and staff. In addition, building security will monitor entry points during peak hours to support a safe and welcoming environment.

- **Overcrowding and Waiting Areas**
  The new facility is designed to current construction standards, which ensures adequate space for all patients. The waiting spaces will be significantly expanded compared to the current facilities, with design features intended to prevent crowding, separate sick and well-patient areas, and support overall patient comfort.

- **Adequate Space for Equipment and Mobility Needs**
  Staff feedback about adequate space for rehab and other equipment, such as strollers and wheelchairs, will be addressed throughout the building. Specific to rehab, there is a 9,000 sq. ft. suite for patient care, a sensory gym for pediatric patients, and dedicated alcoves for strollers and wheelchairs. In addition, each floor is designed with designated storage areas to keep equipment organized and accessible.

This flexible approach allows us to address stakeholder concerns thoughtfully and adapt as needed based on real-time data and community input. Our goal is not only to mitigate any unintended impacts of this transition, but to improve access, experience, and health outcomes for all patients we serve.