

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	Hempstead Women's Wellness Relocation to 175 Fulton
2. Name of Applicant	NYU Langone Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Deb Zahn Consulting, LLC Lead Contact: Deborah Zahn, deb@debzahn.com, 347-834-5083</p> <p>Team Members Conducting the HEIA:</p> <ul style="list-style-type: none"> • 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	<p>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 nearly 30 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</p>

	<p>equity needs assessment for a large-scale health insurance provider to inform development of an 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.</p>
<p>5. Date the Health Equity Impact Assessment (HEIA) started</p>	<p>05/10/2024</p>
<p>6. Date the HEIA concluded</p>	<p>07/23/2024</p>

<p>7. Executive summary of project (250 words max)</p>
<p>The project proposes relocating the Women’s Wellness Clinic half a mile down the street, from 1 Fulton Avenue to the 7th floor of 175 Fulton Avenue. This move will co-locate the Women’s Wellness Clinic with the Hempstead Pediatrics Clinic and enable patients to have more convenient, easier access to services for themselves and their children. The services will remain the same. The new location has an existing parking deck, which provides more parking than the current location’s surface lot.</p>
<p>8. Executive summary of HEIA findings (500 words max)</p>

Based on our engagement of community members, the stakeholders most affected by the project will be Latina women in Hempstead and the surrounding area of Long Island who are low-income, newly arrived immigrants, and/or non-Native English speakers. The engagement highlighted the significant benefit for these stakeholders as the move of women’s health services to the new location adjacent the Hempstead Pediatrics Clinic makes accessing services for mothers and their children more convenient and easier by reducing the burden of scheduling and attending both their own appointments and their children’s appointments. Stakeholders also highlighted the new location is closer to known landmarks, which makes it easier to find for new immigrants, and near community-based services, such as the local health department’s food pantry. Some stakeholders wanted to ensure that there would be adequate, easy-to-find free parking.

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 Scoping Sheets 1 and 2 in the “LI Women's Wellness HEIA Scoping Tables” document.

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
 - ✓ **Low-income people**
 - ✓ **Racial and ethnic minorities**
 - ✓ **Immigrants**
 - ✓ **Women**
 - Lesbian, gay, bisexual, transgender, or other-than-cisgender people
 - ✓ **People with disabilities**
 - Older adults
 - Persons living with a prevalent infectious disease or condition
 - Persons living in rural areas
 - ✓ **People who are eligible for or receive public health benefits**
 - People who do not have third-party health coverage or have inadequate third-party health coverage
 - Other people who are unable to obtain health care

Not listed (specify):

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

We leveraged NYULH internal data along with integral qualitative demographic assessments about patient populations from clinical and administrative leads of the Women's Wellness Clinic. While the Applicant collects internal data, it does not identify immigration status. For this information, we consulted publicly available data related to these groups in the broader service area.

Further information about specific medically underserved groups of the patient population served by the Women's Wellness Clinic was collected with the following publicly available data:

- Low-income people – internal electronic medical record data, American Community Survey, 2022
- Racial and ethnic minorities – internal electronic medical record data, American Community Survey, 2022
- Immigrants – American Community Survey, 2022
- Women – internal electronic medical record data, American Community Survey, 2022
- People with disabilities – American Community Survey, 2022
- People who are eligible for or receive public health benefits – American Community Survey, 2022

Identification of medically underserved groups impacted by the proposed project required a combination of internal and external data sources.

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

The proposed project involves relocating the Women's Wellness Clinic half a mile down the street, from 1 Fulton Avenue to the 7th floor of 175 Fulton Avenue. This relocation will co-locate the Women's Wellness Clinic with the Hempstead Pediatrics Clinic. This relocation will enhance the patient experience for several medically underserved groups by providing immediate and easy access to multiple healthcare services for families in one convenient location. The Women's Wellness Clinic will be located next to the Hempstead Pediatrics Clinic, allowing women and their children to both be seen by clinicians in one building.

By moving the clinic down the street, the Applicant reduces physical barriers to receiving care, which is often a stressful experience for patients and their families. It also moves the clinic closer to other services for low-income women (e.g., the local health department's food pantry).

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

Low-income people and people who are eligible for or receive public health benefits will have to spend less time navigating the shared corporate plaza offices at 1 Fulton Avenue and decrease the number of visits for their families, which are critical when balancing work and care responsibilities. They also will have access to more free parking through a parking deck rather than the current surface lot. The Applicant's data showed that 97% of Women's Wellness Clinic patients relied on Medicaid as their primary source of payment—with Medicaid as a proxy for low-income patient populations.

Racial and ethnic minorities will be impacted as 86% of patients identified as Hispanic/Latina, and 12% identified as Black. They will all benefit from greater convenience and easier access to healthcare and community-based services for them and their families.

Immigrants, specifically those who are not native English speakers, as 75% of patients indicated Spanish as their preferred language, will benefit by having streamlined co-located care processes in place for themselves and their dependents, especially since they might find large shared corporate plaza offices challenging to navigate due to language barriers.

People with disabilities will benefit from the reduced need to travel to different locations for their and their children's care. This change minimizes their physical exertion and simplifies their access to care.

Women will primarily be impacted because 100% of Women's Wellness Clinic patients identified as women and will be able to schedule their and their children's appointments through a joint scheduling system.

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

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

Of the patients seen by NYULH’s Women’s Wellness Clinic within the service area from September 1, 2022 and August 31, 2023, 97% relied on Medicaid as their primary source of payment. Medicaid, which can be a proxy for low-income patient populations. Additionally, 86% identified as Hispanic/Latina, 12% identified as Black, 75% indicated Spanish as their preferred language, and 100% of Women’s Wellness Clinic patients identified as women. (Source: NYULH Internal Data September 2022 through August 2023).

The patient population at the Women’s Wellness Clinic is ethnically and racially diverse. The applicant expects to serve this same diverse patient population following the Clinic’s relocation. Access to services will not change; all services offered at 1 Fulton Avenue will continue to be offered at 175 Fulton Avenue. Operating hours will not change. The same services will be provided at the new location with the same staff from the current location at 1 Fulton Avenue.

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

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

Facility	Location
Harmony Healthcare Long Island	Hempstead, NY
Planned Parenthood – Hempstead Center	Hempstead, NY
Planned Parenthood Massapequa Health Center	Massapequa, NY
Nassau University Medical Center Clinic	East Meadow, NY
NYU Langone Health - Long Island Women’s Health Associates	Hempstead, NY
Mount Sinai South Nassau Family Planning Outpatient	Oceanside, NY
Elmont Health Center Family Planning Outpatient	Elmont, NY
North Shore University Hospital	Manhasset, NY
Westbury/New Cassel Family Health Center	Westbury, NY
Roosevelt/Freeport Family Health Center	Roosevelt, NY

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

There is no historical market share accessible by the Applicant, as the only providers/entities offering similar services in the Applicant’s service are private organizations. Clinics that are managed by hospital entities, such as Nassau University Medical Center Clinic and NYULH - Long Island Women’s Health Associates do not

submit service/care data to New York State. (Source: SPARCS New York State data). Furthermore, it is difficult to project future market share because there are no publicly available data for clinic visits for which the Applicant can use as a baseline for market share assumptions. Additionally, market share assumptions are difficult to ascertain because a hospital's market position in any given service line also will depend largely on the activities of other hospitals (e.g., strategic service line expansions/closures), which generally cannot be predicted.

3. 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, NYULH's stated mission above all is to provide the highest quality healthcare that patients deserve. The Applicant provides care regardless of a patient's ability to pay and has a financial assistance policy available to patients who are in need. In addition, the Applicant offers charity care, which covered approximately \$93 million in care in FY23. (In the same time period, there was another \$1.3 billion gap between the cost of care for patients who are covered by government insurance programs and the reimbursement NYULH received for that care in FY23.) The Applicant's Charity Care and Financial Assistance policy can be found online (<https://nyulangone.org/files/charity-care-financial-assistance.pdf>).

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.

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

NYULH is projecting 98-100% of visits at the Women's Wellness Center will continue to be from Medicaid patients. A subset of the "Other" payer mix includes uninsured patients. According to US Census data, at the New York state level, the payer mix in 2022 was 42.9% public health insurance coverage (19.1% Medicare alone or in combination and 28.5% Medicaid alone or in combination), 65.4% private health insurance coverage, and 4.9% uninsured.

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

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

4. 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.

Since there will be no changes to the services offered as a result of the project, the Applicant expects no negative staffing impacts. The Applicant will need to increase staff as patient volume increases. (They currently expect a 3% increase in patient volume during Fiscal Year 2024- Fiscal Year 2025. Following the move, a 14% increase in both Fiscal Year 2026 and Fiscal Year 2027 is expected.) The Applicant indicated that they develop and implement a recruitment planning process. They regularly assess staffing needs based on patient volume and service demands to ensure they have the right number and type of staff. Additionally, they indicated that they engage in recruitment and retention initiatives, such as offering competitive salaries, professional development opportunities, and a supportive work environment, to attract and retain talent. This approach is in keeping with best practices in the healthcare field.

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

Following is a summary of civil rights access complaints against the Applicant, including a summary of the complaint and the current status of the complaint. Note these are not specific to Women's Wellness Clinic.

- 6 total complaints filed with the NYC Commission on Human Rights
 - 1 race discrimination complaint was investigated and dismissed
 - 1 race discrimination complaint was closed for administrative cause
 - 1 gender discrimination complaint is in settlement discussions
 - 3 are pending open investigation:
 - 1 related to disability access
 - 2 related to gender discrimination
- 11 total complaints filed with the New York State Division of Human Rights
 - 9 have been dismissed
 - 5 related to disability discrimination
 - 1 related to national origin discrimination
 - 2 related to discrimination of national origin, race, color
 - 1 related to discrimination of national origin, race, color, and marital status

- 1 national origin discrimination complaint is pending an open investigation
- 1 related to discrimination on the basis of disability, military status, national origin, domestic violence victim status, relationship or association, and opposed discrimination/retaliation is pending an open investigation

6. 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 similar projects/work to this Women’s Wellness Clinic move in the last five years.

STEP 2 – POTENTIAL IMPACTS

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

The Women’s Wellness Clinic relocation next to the Hempstead Pediatrics Clinic on the same floor will improve access to care for patients and their children through enabling them to go to a single location for healthcare. It also enables them to book their and their children’s appointments on the same day through a joint appointment scheduling system, thereby reducing the number of trips required and time off of work and other commitments to attend appointments.

Patients also will have to spend less time navigating the shared corporate plaza offices at the current location, which can be difficult for immigrants and those with limited English proficiency.

The services offered by the Women’s Wellness Clinic will remain the same and therefore will not directly impact health equity or health disparities. That said, relocating the Women’s Wellness Clinic to the same building as the Hempstead Pediatrics Clinic may increase health equity and reduce disparities, provided the co-location allows both mothers and their children to receive the care they need and access the social services that are near the facility.

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.

No unintended positive or negative impacts to health equity are expected as a result of the project.

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

The amount of indigent care provided by the Applicant will not change as a result of the implementation of this project. In Fiscal Year 2023, the Applicant contributed \$93 million in charity care.

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

Accessibility by public and private transportation will remain unchanged once the project is implemented. Since the Women's Wellness Clinic will move down the street from the previous location, patients will continue to use the same public transportation (Bus n6, n15, or n31) or private/personal transportation options to get to their appointments.

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

Relocation of the Women's Wellness Clinic from 1 Fulton Ave to 175 Fulton Ave will reduce architectural barriers by eliminating patients' need to navigate throughout an additional building for their own care in addition to care for their children, if applicable. As expected with new construction projects, the Applicant will build to all local, state, and federal code requirements and ensure ADA accessibility for patients with mobility impairments.

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?

The project will have no impact on the facility's delivery or availability of maternal health care services and comprehensive reproductive health care services. The Women's Wellness Clinic offers and will continue to offer pre-natal and post-natal care. The Clinic

offers IUD insertion and removal procedures among other forms of contraception. The Clinic does not offer sterility procedures or abortion.

Meaningful Engagement

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

Nassau County Department of Health

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 hosted a group call with three public health experts from the Nassau County Department of Health to elicit their inputs on this project. We spoke with Dr. Carolyn McCummings, Director for the Office of Health Equity; Nina Sculco, Directory of Community Outreach; and Hamdullah Hassan, Public Health Specialist in the Office of Health Equity.

The perspectives shared with us were overwhelmingly positive about the move of the Hempstead Women's Wellness Clinic to the new location. The DOH Office Health Equity team expressed the importance of the new location being in a central hub of Hempstead where several community-based organizations that provide related supportive services are located. Their own office is located within blocks of the new site. They highlighted that the proximity facilitates coordination with and easy access to their programs, such as the food pantry where mothers can access baby formula and baby food for their infants. The Director of Health Equity saw many benefits to the new location of the Women's Wellness Clinic being co-located with a pediatric practice:

"It actually impacts in a positive way. I mean, that's fantastic that now, not only will they be able to get their OB/GYN services, but you can make a double appointment and have your kids being seen the same day. So this way, you know, transportation issues. You can get like a one-stop-shop for the family. I think it's absolutely worth the move, even though it's not even moving that far. Even if it was moving a little further, it would be worth it because of the co-location." (Dr. McCummings)

All DOH staff members on the call agreed that transportation is an overall barrier that residents in their area face in accessing OB/GYN care in that part of Long Island and praised the location for being central and easily accessible by bus.

They also highlighted the importance of bilingual staff at the facility and recommended making Saturday and evening appointment times available at the clinic for shift workers and individuals who cannot attend appointments during a 9am-5pm work schedule.

The only potential drawback the DOH team raised was the possibility of congestion at the site given there will now be two practices in the same building. They also highlighted that often there is a lack of awareness of services in their area so focus should be placed on ensuring that women know they can access the clinic at the new location. Dr. McCummings provided a verbatim statement that can be found in the HEIA Data table Meaningful Engagement tab attached.

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

See Meaningful Engagement table in HEIA Data Table attached.

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

Described in more detail in Question 11 below and based on our engagement of community members, the stakeholders most affected by the project will be Latina women in Hempstead and the surrounding area of Long Island who are low-income, newly arrived immigrants, and/or non-Native English speakers. The engagement highlighted the significant benefit for these stakeholders as the move of women’s health services to the new location adjacent the pediatric practice will make access services easier and more convenient for all patients and particularly these medically underserved groups:

- Women in Hempstead and surrounding areas, who comprise 100% of patients
- Racial and ethnic minorities, particularly Latina women, who comprise 86% of patients
- Newly arrived immigrants and people with limited English-proficiency, given that 75% indicated Spanish as their preferred language.
- Low-income people
- People with disabilities
- People who are eligible for or receive public health benefits

Stakeholders expressed one concern related to cost of parking at the new location. Although there is more parking at the new location since there is a free parking deck, one stakeholder mentioned that it is difficult to find since it is at the rear of the building and that sometimes patients risk parking tickets if they use metered parking at the front of the building.

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 for this Health Equity Impact Assessment, 13 current patients were engaged to be interviewed in person at the current Women's Wellness Clinic location. Nine showed up for the interviews. We also interviewed one Women's Wellness Clinic social worker. The stakeholders we spoke with included 10 members of a racial or ethnic minority group, 10 immigrants or refugees, 1 disabled individual, 2 individuals living in a rural area, 5 low-income individuals, and 3 uninsured and 5 Medicaid-insured individuals. We reached out to two community-based organizations, but we did not hear back from either organization.

For patients who speak Spanish as their primary language, interviews were conducted in Spanish. The interviews were then transcribed into both Spanish and English. (Note that the quotes in the Meaningful Engagement table include the original Spanish verbiage from the patient and the English translation.) One patient shared their verbatim statement in Haitian Creole, and it was translated by a Haitian Creole interpreter we contacted through the NYU Langone Health interpretation line.

Described in more detail below, the project has an overall positive impact on all patients. The stakeholders most affected by the project will be Latina women in Hempstead and the surrounding area of Long Island who are low-income, newly arrived immigrants, and/or non-Native English speakers.

Coupled with our expertise, the engagement highlighted significant benefits, notably making access to services easier and more convenient for all patients and the following medically underserved groups.

Impact on women

Of Women's Wellness Clinic patients, 100% identified as women. Therefore, they will be most impacted. The women we engaged said that the re-location and particularly the co-location with pediatric services, is positive.

Impact on racial or ethnic minorities

The proposed move benefits Latina women receiving obstetric and gynecological services in this region of Long Island. Of Women's Wellness Clinic patients, 86% of patients identified as Hispanic/Latina and 12% identified as Black.

Impact on immigrants and people of limited English-speaking ability

Of patients coming to Women's Wellness Clinic, 75% indicated Spanish as their preferred language. Since most of the clinical workers speak Spanish, immigrants and

Spanish speakers seek out services at the Women's Wellness Clinic. A staff worker explained:

"We do have patients that come here from very far away, just because we do speak the language. So, we have patients from like Emeryville, we have patients from Bayshore from the Bronx coming to Women's Wellness." (Staff Member).

Community members highlighted that the new location would be easy to navigate for newly arrived immigrants since there are familiar landmarks close to the new location. Women described support networks among the local community of Latina women (e.g., within the church) that help pregnant women and young mothers who have just arrived from another country navigate health services for themselves and their children. There are two landmarks located near the proposed location of the Women's Wellness Clinic that the community is already familiar with: the post office and Chuck E. Cheese. These sites are already used as a reference point for directing women to the pediatric practice location and thus would be an easy reference point to direct newly arrived pregnant mothers to services.

"Everyone is gonna know that there's two points the people always go to. There is the post office, and it's next to the Chuck E. Cheese. There are two points people know, so they get the address." (Patient).

Overall, this was seen as a positive to have less places to have to navigate as a non-English speaker and/or someone who newly arrived to the area.

All stakeholders we spoke with talked about the added benefit of the Women's Wellness Clinic moving to a building where it will be co-located with the pediatric clinic.

"Here's [new location] gonna be so easy, especially for many people there just came from different countries, and then I see well, in my case, go to church. Most of the women they know me. They always ask me for help to them to many [sic] things like, especially when they come for medical or something...it's gonna be so easy to just walk in the town. You can then tell them it's just one location for pregnancy and baby." (Patient).

Furthermore, a staff member also explained that given the new location is just three blocks up the street from the current location, it will be easy for current patients to find the new location:

"So, it's [new location] within the same community. So, it would just be like three blocks on the same street. It's not a huge inconvenience or travel (Staff Member)."

All patients similarly responded that they did not feel any sense of inconvenience or travel burden shifting to attend their appointments at the new location.

Impact on low-income people

Community members described that the proposed new location of the clinic is centrally located in a part of town that is easily walkable for many local residents. It is close to the major bus terminal and two bus lines stop directly across the street. In both cases, cost for transport to the new clinic location would be zero or minimal, and patients thought this was a positive to have the clinic so accessible to the community. One patient explained remarked:

“It’s gonna be easy for many people. They’re coming from different places, so they can get off there [bus stop]. It’s easy.” (Patient).

Stakeholders identified two additional benefits: having a pharmacy in the same complex that patients already use and the proximity to stores, which would allow them to get their shopping done while attending to their medical care. This was recognized as alleviating some of the burden on their full schedules juggling childcare and duties within their households. Additionally, the clinic social worker highlighted that a local community-based organization that provides families with car seats is located in the same building, further facilitating service and resource provision to low-income community members in one central location.

“Another benefit of the proposed move identified by stakeholders was the ability to schedule their own OB/GYN and wellness visits alongside appointments for their children’s pediatric visits to save time. Like sometimes the people has an appointment on 9 o’clock in the morning with the OB. And they have another for kids at 11, so they can go like easy-they don’t have to walk or come back and then get to the other office...there is no losing time to go from one place to the other place.” (Patient).

One first-time birthing patient also discussed the benefits of co-location describing that, as a first-time mother, she found it very appealing that her baby could potentially get care at the pediatric practice adjacent to the clinic where she received her own OB/GYN care. She said it would be less stressful for her to navigate getting to two different locations.

A staff member provided similar feedback. They discussed the benefits of the co-location of the new Women’s Wellness Clinic and pediatric clinic:

“I think for some patients, it will be better if they do have an appointment within the same day, especially for postpartum mothers. Sometimes they’ll have an appointment, and they have to go to take the baby to pediatric. So pediatricians,

if you know, we're in the same building, it's very convenient for them...in that sense, it might be easier for them." (Staff Member).

In the case of Women's Wellness Clinic, patients are relieved that the services would be co-located with pediatrics. This would further enhance the ease, convenience, and time because it reduces the burden of scheduling and going to their appointments and those of their children. Conversely, some stakeholders we spoke with who already know the new location because their children are patients at the pediatric practice, noted that for those who drive, it is currently not clear that there is free parking in the rear of the building and often people end up paying for street parking in front of the facility.

"What's my concern is the parking signs that people can't really find it because parking is at the back of the building. Most people don't go directly there, so they find others [parking spots]." (Patient).

One patient raised the concern that someone could pay the parking meter at that location with what they think are sufficient coins to cover their time but could have their visit time run longer and then risk a costly parking ticket.

"Everyone knows there is street parking. But the back of the building few people know. Sometime people on [sic] the front desk, they tell you, you can go in back, but the people are like, next time...they end up parking on the street and that costs. You have to put in coins, and sometimes they [the appointments] take longer...and they get a ticket." (Patient).

The patient's concern was that now with the addition of the Women's Wellness Clinic being in the same building, the demand for parking will go beyond capacity for the free lot. She wondered how they will ensure patients do not have to pay for parking or get an added fee of a parking ticket when they come for OB/GYN appointments.

Note: the new location has more parking in a free parking deck than the original location, which is a surface lot.

Impact on people who are eligible for or receive public health benefits

Based on our expertise and insights garnered from stakeholder engagement, we expect a positive impact for people who have Medicaid coverage. Patient data revealed that 97% of Women's Wellness Clinic patients relied on Medicaid as their primary source of payment. Given that Medicaid coverage can be used as a proxy for having a low income, the same benefits that apply to people in that medically underserved groups would apply here. They will also likely benefit from the clinic being closer to community-based social services where they could obtain other support.

Impact on people with disabilities

Although stakeholders did not express specific benefits for people with disabilities, we expect they will benefit because they will not have travel to different locations for their and their children's care. This change minimizes their physical exertion and simplifies their access to care.

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
- Age 65 or over

STEP 3 – MITIGATION

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
 - a. People of limited English-speaking ability
 - b. People with speech, hearing or visual impairments
 - c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

Information provided by the Applicant indicates that they will communicate its services and care options to the community by using a standard, multi-pronged advertising/communication plan. For individuals of limited English-speaking ability, the Applicant will translate relevant materials such as marketing flyers, press releases, and in-facility signage. There will be signage at the current locations in English and Spanish announcing the move and a letter in English and Spanish sent to patients. Clinic staff will also be communicating the details of this move at patient appointments well before it takes effect. Clinic staff will also alert patients as they call for appointments and when they are at their appointments in the current clinic prior to the move.

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

Regarding individuals who have speech, hearing, or visual impairments, the Applicant uses digital best practices for accessibility that are informed by the Web Content Accessibility Guidelines (WCAG) version 2.2, the industry standard to ensure users with

disabilities (such as vision, cognitive/learning, and/or motor disabilities) can access content equitably.

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

Among the low-income community members who identified parking as a cost concern, there were 3 recommendations to mitigate this issue:

- Post signage in both English and Spanish to communicate to patients that there is free parking available at the back of the building.
- Inform patients through all of the communication vehicles indicated in the communication plan (e.g., marketing flyers, press releases, patient letters).
- Have designated slots for Women's Wellness Clinic parking spots, especially since a significant portion of the patient population is pregnant women coming for their appointments.

There also should be a focus on how best to coordinate with local resources that will now be within blocks of the new location, especially services that support low-income women (e.g. local health department's food pantry program providing free formula and baby food to new mothers and their babies).

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

Given that the patients we engaged were a well-rounded representative group of women seen at the clinic, the Applicant can engage and consult with those patients during implementation of to the project. We propose they be contacted 3-6 months after the relocation to speak to the impact of the project and be consulted on any potential improvements. We propose interviews, so the Applicant can get nuanced information and a patient survey across the clinic's patients at the same time interval to capture broader perspectives about the relocation.

A critical finding from the Independent Entity's community engagement work was the power of community relationships as a channel of communication within the population the clinic serves. Several stakeholders shared how information about the clinic is shared within their community to other women, including newly arrived immigrants. This should be harnessed as a naturally occurring channel for communications about the clinic relocation and to get feedback on its impact. This could include interviews with people in the community who are identified by patients as trusted information sources. We recommend engaging them to inform the communication plan and its implementation as well as 3-6 months after the relocation to speak to the impact of the project and to be consulted for any potential improvements.

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 relocation of the Women’s Wellness Clinic addresses systemic barriers to equitable access to services by providing an option for women to attend to their own health and the health of their children under one roof—making it more convenient and easier to navigate to healthcare services, especially for newly-arrived immigrants and non-English speakers.

STEP 4 – MONITORING

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

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

Additionally, Women’s Wellness outcomes are monitored through an existing dashboard fed by data derived from the Applicant’s Electronic Health Record, Epic. The dashboard provides a holistic view of health and healthcare services for patients across various service lines. Both clinic-specific leadership and service-line leadership at the organizational level review these dashboards to identify trends, including related to health disparities; summarize outcomes for hospital quality improvement committees; and create standardized processes for responding to necessary improvements.

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

New mechanisms the Applicant might consider implementing include requiring health equity training for staff and adding questions related to health equity to consumer satisfaction surveys. Using the definitions provided by the State, the Applicant can re-work their internal dashboards to report changes in metrics for the specific medically underserved groups identified to better align with the way other organizations and the

State are measuring and monitoring outcomes. As stated, the Applicant may also consider continuously engaging with patients engaged in this process and community members 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.

Some examples of measures that can be monitored to ensure continued equity amongst patients are vaginal delivery/C-section rates. The Applicant can follow patients who are seen in the Women’s Wellness Clinic and subsequently give birth at the hospital and then stratify results by race, ethnicity, socioeconomic status (i.e., payor group), and other demographics to evaluate if there are adverse impacts on patients from medically underserved groups. The Applicant conducts quality reviews of these data across the enterprise on a quarterly basis, particularly for maternity care, as this data is used for transparent hospital quality reports by US News and World Report. US News and World Report quality measures include C-section rates in lower-risk pregnancies, newborn complication rates, exclusive breast milk feeding rates, early elective delivery rates, birthing-friendly practices, and transparency on racial/ethnic disparities, among other measures. (Source: <https://www.usnews.com/info/blogs/press-room/articles/2023-12-05/u-s-news-world-report-announces-the-2024-best-hospitals-for-maternity-care#:~:text=The%20U.S.%20News%20Best%20Hospitals,and%20transparency%20on%20racial%2Fethnic>)

Additionally, the applicant is undergoing a new process of prescribing iron regimens with hematology referrals to patients within the clinic, as rates of anemia among pregnant women of color occur at a higher rate than white pregnant women. Through this intervention, the Women’s Wellness Clinic aims to optimize hemoglobin levels of at-risk patients prior to newborn delivery for increased health outcomes for both the newborn and the mother. We encourage the Applicant to continue monitoring this as part of their efforts to ensure health equity among all clinic patients.

STEP 5 – DISSEMINATION

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

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

I, Joseph J. Lhota, attest that I have reviewed the Health Equity Impact Assessment for the Hempstead Women's Wellness that has been prepared by the Independent Entity, Deb Zahn Consulting, LLC.

Joseph J. Lhota

Name

Title

Joseph Lhota

Signature

Sep 25, 2024

Date

II. Mitigation Plan

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

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

Through the implementation of this project, NYULH aims to enhance the patient experience and ensure patients are receiving the superior care that they deserve. While the HEIA highlighted some potential concerns from stakeholders, NYULH would like to reiterate it is very early in the planning process and is able to give all concerns strong consideration.

Operations in the new Women's Wellness location will mimic and build upon the current operations of the Women's Wellness location to promote a straightforward onboarding process. The parking area in the new location is a free parking deck and accommodates more vehicles than the current location's surface lot. NYULH will ensure adequate signage promotion in English and Spanish to notify patients to park in the new location's parking deck instead of paid street parking to avoid additional costs during their visit.