

**New York State Department of Health  
Health Equity Impact Assessment Template**

**SECTION A. SUMMARY**

1. Title of project	Relocation of Women’s Services Clinic
2. Name of Applicant	Maimonides Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Independent Entity: Brooklyn Communities Collaborative</p> <p>Contact: Gretchen Susi, Ph.D. Deputy Director <a href="mailto:gsusi@maimo.org">gsusi@maimo.org</a> 917-586-2404</p>
4. Description of the Independent Entity’s qualifications	<p>Brooklyn Communities Collaborative, Inc. (BCC) is a nonprofit organization working for a Brooklyn where all communities are healthy, economically sound, culturally vibrant, and civically engaged. BCC’s mission is to promote health equity in Brooklyn neighborhoods. Working across silos, BCC empowers communities and engages partners to develop and implement innovative strategies that address complex systemic challenges. BCC advances its mission through:</p> <ul style="list-style-type: none"> <li>• <u>Research</u> - BCC is driven by participatory action research (PAR), engaging community members in identifying needs and solutions, to directly inform priorities and programs.</li> <li>• <u>Convening</u> - A trusted intermediary, BCC mobilizes a strategic network of partners, all working towards a common goal of health and wealth equity.</li> <li>• <u>Incubation</u> - BCC incubates and advances multi-sector initiatives to eliminate inequities in life expectancy and improve quality of life.</li> </ul> <p>BCC’s staff and board have extensive experience in delivery of healthcare services and in promoting health equity. Shari Suchoff, BCC’s Executive Director, has nearly 15 years of experience working in population health, including managing community engagement and transitional care programs in inpatient and outpatient settings for a large network of health and social service providers in Brooklyn. Dr. Gretchen Susi, BCC’s deputy director, was part of the team of practitioners and scholars that developed ‘structural racism analysis’—a framework for understanding how structural racism operates in the United States ‘Structural Racism and Community Building’ (2004) as well as the ‘<u>Racial Equity Theory of Change: A Practical Guide for Designing Strategies to Close Chronic Racial Outcome Gaps</u>’ (2009),. Her work has focused on the psychophysiological effects of stress on children and mothers in public housing, understanding and dismantling structural racism, frameworks for promoting racial equity across the social</p>

	determinants of health, cross-sector leadership development, participatory action research, and comprehensive community development.
<b>5. Date the Health Equity Impact Assessment (HEIA) started</b>	February 6, 2024
<b>6. Date the HEIA concluded</b>	April 10, 2024
<b>7. Executive summary of project (177/250 words max)</b>	
<p>Maimonides Health would like to relocate its Women’s Services Clinic on 9<sup>th</sup> Avenue from 4422 9<sup>th</sup> Avenue to 6323 7<sup>th</sup> Avenue—a distance of 1.2 miles. The current Women’s Services clinic provides comprehensive women’s health and obstetric and gynecological services for women of all ages. There will not be any changes in services offered. The proposed relocation of the clinic is due to the poor physical condition of the current facility and the building owner’s failure to provide required maintenance over a long period. The resulting conditions range from inconvenient (limited elevator service) to hazardous (black mold). The Clinic served 5,899 unique patients in 2022-2023, more than 90% of whom are Medicaid patients who are pregnant. Many are high-risk patients with additional health conditions. Many patients are new immigrants. The proposed new Women’s Services Clinic will be co-located with the Maimonides Adult and Pediatric Care 7<sup>th</sup> Avenue Clinic, complemented by the existing adult and pediatric primary and multi-specialty care services already onsite. The project’s aim is to improve overall patient experience, thereby facilitating improved patient and community health outcomes.</p>	
<b>8. Executive summary of HEIA findings (471/500 words max)</b>	
<p>The proposed relocation of the Women’s Services Clinic from one part of Maimonides Health’s (MH) service area to a location approximately one mile away will be a significant benefit to the health equity status of MH’s patient population and to those staffing the clinic. The current Women’s Services Clinic is located in a building built in 1927 with significant violations. The clinic is on multiple floors without consistent elevator access. The proposed new site would be located in a modern commercial facility (built in 1991 and renovated in 2014) with all services on one floor.</p> <p>There will not be any changes in the services offered in the new clinic, though services would be offered at a safer, more attractive and modern facility that is closer to public transportation. The proposed relocation site is in the same building and on the same floor as MH’s 7<sup>th</sup> Avenue Primary Care and Pediatric Clinics, creating a one-stop-shop for the primary care needs of women, children and families.</p> <p>In addition to the proposed site being co-located with an existing primary and pediatric clinic, the new site will be just 564 feet from the Maimonides Breast Center, another key provider of women’s health services in the service area. The proposed new location is on the same block of 7<sup>th</sup> Avenue exit of the N train (8<sup>th</sup> Avenue stop), about a two-minute walk, much closer than the current subway station, which is a ten-minute walk. Four bus lines are also proximate to the proposed new site, one more than the three lines that are closest to the existing site.</p>	

BCC conducted this assessment via review of existing patient data, census data, site visits, interviews with staff, and interviews with community members and leaders. All were supportive of the relocation.

In summary, all stakeholders agreed strongly that the proposed location will have a positive impact on health equity. The key recommendation from the HEIA is that MH begin communications regarding the new location for the clinic as soon as move dates are firm so that existing patients can plan accordingly. These communications might include an ad or informational campaign in the existing service area, co-sponsored with the community organizations and groups that refer and serve the patient population, to let more women in the service area know about the clinic, its services and its proximity.

The engagement of community members and leaders through the HEIA process provided an excellent opportunity to elicit feedback and recommendations on additional ways for MH and the Women's Services Clinic to promote health equity. These include: a) establishing a community advisory committee for health equity for the Women's Services Clinic; b) hosting informative workshops and designating a space in the clinic where they can be held; c) ensuring that translation services account for different dialects; d) supplying exam gowns in which observant religious women will feel covered and comfortable.

## **SECTION B: ASSESSMENT**

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

### **STEP 1 – SCOPING**

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

[Please see attached HEIA Data 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:**

- yes - Low-income people.
- yes - Racial and ethnic minorities.
- yes - Immigrants.
- yes - Women.
- yes - Lesbian, gay, bisexual, transgender, or other-than-cisgender people.
- yes - People with disabilities.
- yes - Older adults.
- yes - Persons living with a prevalent infectious disease or condition.
- no - Persons living in rural areas.

- yes - People who are eligible for or receive public health benefits.
- n/a* - People who do not have third-party health coverage or have inadequate third-party health coverage.
- n/a* - 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 Health Equity Impact Assessment?

<b>Medically Underserved Group</b>	<b>Source of Information</b>
<b>Low-income people</b>	Census data, American Community Survey, Selected Economic Characteristics
<b>Racial and ethnic minorities</b>	Census data, American Community Survey, Demographic and Housing Estimates (Table DP05), Maimonides Women’s Services Clinic utilization report
<b>Immigrants</b>	Census data, American Community Survey, Selected Social Characteristics (Table DP02)
<b>Women</b>	Maimonides Women’s Services Clinic utilization report
<b>Lesbian, gay, bisexual, transgender, or other-than-cisgender people</b>	Census data: 1) American Community Survey 2018, Coupled households by country/unmarried-partner household by sex of partner; 2) Household Pulse Survey Sexual Orientation and Gender Identify
<b>People with disabilities</b>	Census data on disability of non-institutionalized population
<b>Older adults</b>	Maimonides Women’s Services Clinic utilization report; Census data, American Community Survey
<b>Persons living with a prevalent infectious disease or condition</b>	New York City Department of Health and Mental Hygiene, <a href="#">Infectious Diseases - NYC Health</a> Accessed March 4, 2024.
<b>People who are eligible for or receive public health benefits.</b>	Maimonides Women’s Services Clinic utilization report

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

**Low-income people**

Unique health needs or QOL: Economic status is the strongest predictor of health outcomes. Low-income people are less likely to have access to health care or to the supportive social determinants of health (nutritious food, healthy housing, education, safe neighborhoods and good job opportunities). Low-income people are often subject to substandard environments that affect both physical and mental health.

How impacted: Low-income people, who are the majority of the clinic's patients, will be positively impacted by relocation. While patients in the existing facility have access to quality care professionals, the facility itself is outdated and, while clean, is poorly maintained by the building's owner. In the new location, patients will be cared for in a clean, attractive and well-maintained environment.

### **Racial and ethnic minorities**

Unique health needs of QOL: Racial and ethnic minorities are more likely to have low incomes (the most impactful social determinant of health), to have a chronic disease and/or a family-history of chronic disease, to experience [insensitive] treatment or mistreatment in medical settings; to have lack trust in health care and related systems; and to be exposed, generally, to adverse social determinants of health, including housing, education and work environments. In the case of ethnic minorities, who are, in Brooklyn, language, as well as cultural and religious barriers may stand in the way of willingness to access care, comfort-level with receiving care and screening, and overall health outcomes.

How impacted: Racial and ethnic minorities are the majority of the clinic's patients would be positively affected by the relocation of the Women's Services Clinic. The proposed new site does not present the type of inconveniences or hazards in evidence at the current site on 9th Avenue. Further, the proximity to primary and pediatric care in the same building will provide increased ease of access, time savings and seamlessness to the patient experience. Further, the location of the Maimonides Breast Center around the corner will increase the likelihood that patients will be screened, as well as the likelihood that they will access the kind of preventative care and assistance needed by new mothers—especially important at this clinic given that the majority of patients are pregnant. Skepticism and mistrust would be countered by the new facility's cleaner, brighter environment.

### **Immigrants**

Unique health needs or QOL: Immigration status is a key social determinant of health. Depending on country of origin and legal status, residents born outside of the US may face language barriers that can affect access to and quality of care. Immigrants can also experience social exclusion and high levels of stress as they navigate new systems, institutions and cultures.

How impacted: While immigration status was not included in the patient data available to the assessment team, the number of languages spoken by clinic patients, as well as staff descriptions, indicate that the majority of clinic patients are new immigrants. The relocation of the clinic, along with the fact that both medical and translation services will remain the same, will have a positive impact on patients who are also immigrants. The new location will not present the type of inconveniences or hazards as the current one does, and the facility will have a positive psychological impact as patients are treated in an upgraded and attractive setting.

### **Women**

Unique health needs or QOL: Women face a unique set of health needs, from baseline gynecological care to pre-natal, pregnancy and childbirth, menopause, breast health and related conditions. Even with appropriate care, women's unique health needs can present serious long-

term health problems. Women also require screening for specific types of cancer (breast, cervical, ovarian) and support with reproductive health.

How impacted: All of the clinic's patients are women who would benefit significantly from relocation of the clinic. Not only will the proposed facility be new and free from the inconveniences and hazards of the current location, but primary care and pediatric services are already co-located with/adjacent to the proposed new site. Further, the Maimonides Breast Center is located around corner, only 564 feet from the proposed relocation site.

### **Lesbian, gay, bisexual, transgender, or other-than-cis-gender people**

Unique health needs or QOL: The unique health needs of lesbian, gay, bisexual, transgender, or other-than-cis-gender people include increased risk to mental health, resulting in higher risk for suicide and illegal drug use as a result of social stigma, bullying and related exclusion.

How impacted: While there is not data on the number of lesbian, gay, bisexual, transgender, or other-than-cis-gender people who may use the Women's Services Clinic, the proposed relocation is likely to have a positive impact on the population. The proposed location's new and upgraded facilities will also have a positive impact on comfort level and is likely to increase feelings of being valued patients. It will also provide greater proximity to primary and pediatric care, as well as to the Maimonides Breast Center.

### **People with disabilities**

Unique health needs or QOL: Differently-abled people face a range of unique health needs depending on the variance in their abilities. Those with limited mobility, for example, may experience pain or exhaustion as they move through their day. Accessing transportation can be difficult, limiting access to care and often presenting a burden in terms of time and cost.

How impacted: Differently-abled people, especially those with limited mobility, will be positively impacted by relocation of the clinic. The elevator at the site of the current clinic is unreliable and designated only for those with wheelchairs or on stretchers. The proposed relocation site is in a modern building. All care facilities are on the first floor and, should it expansion to another floor be needed, the site is an elevator building in excellent condition. It is also co-located with MH Primary Care and Pediatric, resulting in easier access for patients who may need additional primary care services. The new/proposed clinic is also located much closer to public transportation than the existing clinic, with the main subway line on the same block.

### **Older Adults**

Unique health needs or QOL: The unique health needs of older adults include chronic health problems like diabetes, osteoporosis, Alzheimer's disease. Older adults are also more likely to suffer from falls and to have a greater need for preventative care for infectious diseases, like pneumonia, flu.

How impacted: Older adults will be positively impacted by the proposed relocation of the clinic, especially in terms of access. The current facility's lack of elevator service is dangerous for older adults who are more likely to experience impaired or labored mobility, as well as falls. The new

facility is all on one floor, making mobility to and within the clinic far easier and safer. Its new and upgraded facilities will also have a positive impact on comfort level and is likely to increase feelings of being valued patients. It will also provide greater proximity to the Maimonides Breast Center.

### **Persons living with a prevalent infectious disease or condition**

Unique health needs or QOL: Those living with prevalent infectious diseases have the unique health needs of requiring proper diagnosis and treatment.

How impacted: People living with a prevalent infections disease or condition will be positively impacted by the clinic's relocation, especially in its co-location with Maimonides Primary Care Clinic where adults and children can receive the treatment and/or vaccines they need for good health.

### **People who are eligible for or receive public health benefits**

Unique health needs or QOL: Eligibility to receive public health benefits is strong predictor of health outcomes. Individuals receiving public benefits are less likely to have access to health care or to the supportive social determinants of health (nutritious food, healthy housing, education, safe neighborhoods and good job opportunities). This population often receives require public programs and support due to poor mental and physical health.

How impacted: Given that more than 90% of the Clinic's population are Medicaid patients who are pregnant, individuals receiving public benefits will be positively impacted by relocation. In the new location, patients will be cared for in a clean, attractive and well-maintained environment, that better caters to their various needs.

*Source for all responses to Question 4 regarding 'unique health needs or QOL': US Department of Health and Human Services. Healthy People 2030: Objectives and Data. <https://health.gov/healthypeople/objectives-and-data/browse-objectives>. Accessed February - March 2024.*

### **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?**

The Women's Services Clinic serves almost entirely medically underserved groups in its current location—specifically women, low-income people, immigrants and people eligible for/receiving public health benefits. BCC's findings to date support Maimonides Health's forecast that use of the clinic by medically underserved groups will increase as a result of the relocation because patients will be more likely to choose the clinic as they will be cared for in a more-easily accessible, modern and integrated setting.

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

The NYS Health Facilities Information System showed that there are three additional, facilities in the service area that are not Maimonides Health affiliated. These include:

- Premium Health Women's Health Center 4514 16<sup>th</sup> Avenue, Brooklyn, NY
- Wyckoff Heights Medical Center, Women's health Center Extension Clinic 110-112 Wyckoff Avenue, Brooklyn, NY
- NY Presbyterian, Brooklyn Methodist Hospital, Rehab Center and Women & Children's Clinic 263 7<sup>th</sup> Avenue, 2<sup>nd</sup> and 3<sup>rd</sup> Floor, Brooklyn, NY

Maimonides Health Obstetrics and Gynecology Practices includes the following facilities located in or near the Applicant's service area that provide similar services or care:

- 4813 9th Avenue, Brooklyn, NY 11220
- 979 51st Street, Brooklyn, NY 11219
- 6208 4th Ave, Brooklyn, NY 11220
- 2316 Nostrand Ave, Brooklyn, NY 11210
- 26 Court St, Brooklyn, NY 11242
- 550 5th Ave, Brooklyn, NY 11215
- 9101 4th Ave, Brooklyn, NY 11209
- 745 64th St, Brooklyn, NY 11220

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

We do not anticipate any shift in market share as a result of this relocation of services.

**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.**

**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 staffing issues will result from the implementation of the project. Working conditions for staff and patients alike will be modernized and upgraded.



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

The Applicant provided the following summary of complaints filed over the last 4 years.

- ✓ 4 total complaints filed with the Office of Civil Rights (OCR) all 4 were investigated and dismissed.
- ✓ 6 total complaints filed with the New York State Division of Human Rights (DHR)
  - 6 were dismissed
  - 2 are open and related to alleged discrimination claims
    - one of the two, the DHR Administrative Law Judge scheduled the administrative hearing for December 2-3, 2024
    - the Medical Center filed its position statement for the second of the two pending charges and is currently waiting for the DHR's response.
- ✓ 17 total complaints filed with the Equal Employment Opportunity Commission (EEOC)
  - 16 were for alleged discrimination. 1 was for retaliation. Out of the 16 that were filed for alleged discrimination, 6 of them were related to the New York State COVID-19 vaccine mandate.
  - The EEOC closed 14 of the 17 complaints. The Medical Center filed its position statements for the other 3 complaints and is currently waiting for the EEOC's response.
- ✓ 1 total complaint filed with New York City Commission of Human Rights (NYCCHR)
  - The complaint was for alleged discrimination and was dismissed by the NYCCHR.
- ✓ 2 total complaints filed with National Labor Relations Board (NLRB)
  - The two complaints were for alleged retaliation. The Medical Center filed its position statement for one of the two complaints and is waiting the NLRB's response. The Medical Center is preparing its position statement for the second complaint to submit to the NLRB.

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

No.

**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

<b>Medically Underserved Group</b>	<b>Access to Services and Health Care</b>	<b>Improve Health Equity</b>	<b>Reduce Health Disparities</b>
<b>Low income people</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care to be provided.	Increased access to primary and pediatric care; improved outcomes overall due increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.
<b>Racial and ethnic minorities</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care to be provided.	Increased access to primary and pediatric care; improved outcomes overall due increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.
<b>Immigrants</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care to be provided.	Increased access to primary and pediatric care; improved outcomes overall due increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.

<b>Medically Underserved Group</b>	<b>Access to Services and Health Care</b>	<b>Improve Health Equity</b>	<b>Reduce Health Disparities</b>
<b>Women</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care to be provided.	Increased access to primary and pediatric care; improved outcomes overall due increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.
<b>Lesbian, gay, bisexual, transgender, or other than cisgender people</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care to be provided.	Increased access to primary and pediatric care; improved outcomes overall due increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.
<b>People with disabilities</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care to be provided.	Increased access to primary and pediatric care; improved outcomes overall due increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.
<b>Persons living with a prevalent infectious disease or conditions</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care to be provided.	Increased access to primary and pediatric care; improved outcomes overall due increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.

<b>Medically Underserved Group</b>	<b>Access to Services and Health Care</b>	<b>Improve Health Equity</b>	<b>Reduce Health Disparities</b>
<b>People who are eligible for or receive public health benefits</b>	Improved quality, safety, access and mobility within clinic; reduces distance between clinic and public transportation.	Significant improvement in quality and safety of environment in which care will be provided.	Increased access to primary and pediatric care; improved outcomes overall due to increased satisfaction and comfort in clinic and subsequent effect on psychological outlook; increased likelihood of returning for care.

**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.**

BCC’s assessment of the overall impact of the proposed relocation of the Women’s Services Clinic is that it will be beneficial to patients and staff alike. The new facility and its vastly improved conditions will improve the patient experience, and will increase the likelihood of attracting new patients. Further, the process of conducting the Health Equity Impact Assessment provided the opportunity to communicate with community members and to learn about their recommendations for health equity beyond the relocation. Examples include increased awareness of the range of dialects of languages spoken by patients so that communication can be as clear as possible; increased availability of medical garments (e.g., exam gowns) designed for observant religious women; increased sensitivity to gender concerns of observant religious women; additional educational opportunities at and through the clinic for those who may have limited education about or exposure to the importance of preventive care.

**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 will not change. The current amount of indigent care provided by Maimonides Health totals \$56,170,758. (Source: Maimonides Health Preliminary Financial Statement, Cost of Charity Care for 2023.)

**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 proposed new location for the Women's Services Clinic is easily accessible by public and private transportation:

- Subway: N train located on same block;
- Bus lines: B9 (.2mi), B70 (.3mi), B16 (.4mi), B63 (.4mi);
- Parking: limited, but most patients use public transportation or car services (Uber, etc.) that do not require parking

The clinic provides transportation if patient health is at risk and they need to be moved to the main hospital or other health services location.

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

While the current facility meets the most basic ADA requirements, the new site will be a significant improvement. The current facility is on two floors with a lift that was often out of service, while the relocated facility will be all on the ground floor, with no need for stairs or elevators (though there are elevators available in the building for the higher floors.) The new facility will have ADA restrooms and doorways that are wheelchair accessible.

**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?**

While the NYC DHMH did not partner with Brooklyn Communities Collaborative, DOHMH data was accessed and included.

**8. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.**

Please see attached table.

**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?**

Low-income women of color, many of whom are new immigrants, will be most affected by the proposed relocation. All of the groups that BCC consulted were very supportive and offered a range of ideas to even further increase health equity (space in the new clinic for workshops; culturally appropriate exam garments; suggestions for partners and locations in which to host information sessions; workshops for staff on the importance of data collection, etc.). No stakeholders or groups representing them expressed concern.

**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?**

All community members and stakeholders were very supportive of the proposed relocation to the more easily accessible, cleaner, attractive and health-promoting facility.

**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.**

Relevant stakeholders were well-represented in the assessment process and expressed thanks for having been consulted.

### **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?

As always, all information will be translated into the languages that Maimonides Health consistently provides materials in the following languages, Arabic, Chinese, English, French, Russian, Spanish all of which will be available to patients and, if appropriate, their families. MH plans to carry out a thorough information campaign about the relocation of the 4422 9<sup>th</sup> Avenue Women's Services Clinic to the 6323 7<sup>th</sup> Avenue site. MH will send a letter to patients and referring MDs informing them of the move and will be interpreted in multiple languages). MH will also post informational posters/flyers in the current clinic as soon as the move date is determined. Staff will also post posters/flyers at the new location. Each patient will receive information about the new location when they check in and out of their appointments at the clinic. MH's campaign will be extended to the main hospital and to the community-based organizations and groups in the

service area so that they can inform the patients they refer. Given that the proposed new clinic's overall benefit, and the ways in which it is designed to improve patient care and contribute to health equity, MH will conduct a more general campaign so that the information about the new clinic is distributed to the range of local news outlets so that more patients in the catchment area are aware of the new facility. The MH Call Center will be notified once the schedule location is updated, and will provide patients with new address. The new address will be updated on Maimonides's website. The MH team will also work with our marketing team to create fliers that will be placed at all AHSN locations. Further, a majority of MH staff can speak a language other than English as MH recruits staff members who can speak one of the predominant languages spoken at the site level. They also have telephonic interpretation services available at all times as well as in-person American sign language interpreters for scheduled appointments or virtual sign language interpreters for walk-in patients who have hearing or other communication impairments. Tablets are also available on site for interpretation. The Women's Services Clinic does not currently have a process for patients who are visually impaired. Currently, visually impaired patients are accompanied by an aide. MH aims to present information in braille and large print, and to provide audio transcripts of care plans.

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

The proposed relocation of the Women's Services Clinic is a significant and much-needed improvement for patients and staff of the Clinic alike. Given that all services will remain and that the new location is adjacent to both primary and pediatric care, BCC does not have further recommendations on how the proposed relocation itself can better meet needs. The main suggestion that BCC would like to make is that increased attention be given to the accuracy of data on the background of patients. In a setting like Brooklyn with so many different cultures, nationalities, languages, dialects, religions and other important characteristics for patients, it is especially important to understand where patient is coming from culturally so that treatments and interactions can be as culturally sensitive and appropriate. Building this kind of understanding with data will also be helpful in enlisting the key organizations and groups that provide support in the community—especially important in the case of the patients of this clinic that cares directly for women and children. Staff can be supported through relevant and compelling workshops and can contribute directly to collecting data that is reliable and working to build understanding among patients, staff and the community at large. This applies to all of the medically underserved groups served by Maimonides Health.

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

BCC encourages MH and the leadership of the Women's Services Clinic to work with local organizations to develop a Community Advisory Board for the Clinic in its new location. Such an Advisory Board can help to ensure that: a) community members and leaders are abreast of the key health-equity services and innovations available through the Clinic; and b) that the Clinic has partners within the communities it serves so that there is keen awareness of the most pressing issues, concerns and difficulties faced by patients.

**4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?**

The proposed relocation of the Women's Services Clinic addresses accessibility, both architectural and to a variety of modes of transportation. The new site will be a significant upgrade in the indoor conditions in which care is provided—transitioning from a poorly maintained building to one that is modern, clean, up-to-code. It will also address fragmentation of care and its contribution to health inequity, by promoting seamlessness with the new location being adjacent to both primary and pediatric care.

**STEP 4 – MONITORING**

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

The applicant can leverage its patient tracking system to understand whether existing patients are returning to the clinic and whether the patient population grows or contracts. With greater accuracy in the collection of information on patient background, Maimonides Health's Women's Services Clinic will also be able to monitor whether it is serving the medically underserved populations in the service area.

Further, for pts who are attributed to MH's population health activities (through Health First and our 5 payor VBP contracts), MH also monitors who is due or overdue for services, and will be doing outreach this year. This in addition to the data that is tracked by MH which will help ensure we are paying attention to those who may be disconnected from care.

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

The applicant may consider creating short patient questionnaires to assess satisfaction with care and to help to ensure future engagement with preventative services. Outreach events in partnership with community based organizations and other groups (mosques, churches, synagogues) in the service area to promote greater awareness of the Clinic itself and of health-promotion in general.



**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, Karen Kobus, VP Professional Affairs, Maimonides Medical Center, attest that I have reviewed the Health Equity Impact Assessment for the Relocation of Women’s Services Clinic that has been prepared by the Independent Entity, Brooklyn Communities Collaborative.

Karen Kobus, MJ, MPA, MSW, CPMSM, CHSP

Name

Vice President, Professional Affairs, Maimonides Medical Center

Title



Signature

January 29, 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.*

No potential negative impacts identified. There will not be any changes in the services offered in the new clinic, though services would be offered at a safer, more attractive and modern facility that is closer to public transportation. The proposed relocation site is in the same building and on the same floor as MH's 7<sup>th</sup> Avenue Primary Care and Pediatric Clinics, creating a one-stop-shop for the primary care needs of women, children and families.

In addition to the proposed site being co-located with an existing primary and pediatric clinic, the new site will be just 564 feet from the Maimonides Breast Center, another key provider of women's health services in the service area. The proposed new location is on the same block of 7<sup>th</sup> Avenue exit of the N train (8<sup>th</sup> Avenue stop), about a two-minute walk, much closer than the current subway station, which is a ten-minute walk. Four bus lines are also proximate to the proposed new site, one more than the three lines that are closest to the existing site.