

## Health Equity Impact Assessment

### SECTION A. SUMMARY

1. Title of project	NYU LH Schwartz HCC Renovations 3 <sup>rd</sup> Floor - Transplant
2. Name of Applicant	NYU Langone Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Deb Zahn Consulting, LLC Lead Contact: Deborah Zahn</p> <ul style="list-style-type: none"> <li>• Andrea Mantsios, PhD, MHS</li> <li>• Lisa Bowleg, PhD, MA</li> <li>• Melissa Corrado, MBA</li> </ul>
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. <b>Deborah Zahn</b>, the lead contact, has more than 25 years of healthcare program and policy experience.</p>



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

## **SECTION B: ASSESSMENT**

### **STEP 1 – SCOPING**

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

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

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:

**Low-income people**

**Racial and ethnic minorities**

**Immigrants**

**Women**

**Lesbian, gay, bisexual, transgender, or other-than-cisgender people**

**People with disabilities**

**Older adults**

Persons living with a prevalent infectious disease or condition

Persons living in rural areas

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

People who do not have third-party health coverage or have inadequate third-party health coverage

Other people who are unable to obtain health care

Not listed (specify):

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













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

Although it is difficult to project future market share due to a variety of factors, the Applicant has a stated goal of making transplant services accessible to all, including





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

- c. According to the Office of Health Equity and Human Rights, “health disparities means measurable differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, gender identity, a preferred language other than English, gender expression, disability status, aging population, immigration status, and socioeconomic status.” (Source: [https://www.health.ny.gov/community/health\\_equity/](https://www.health.ny.gov/community/health_equity/)) As above, the project may







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

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





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

A community leader echoed this sentiment saying:

“I'm thinking of

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

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

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

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

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

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

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

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- c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

Information provided by the Applicant indicates that they will communicate its services and care options to the community by utilizing a standard, multi

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

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

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

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

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

The project addresses several systemic barriers to equitable access to services and care that were identified by stakeholders during our meaningful engagement work for this assessment. Overall, consolidating services to one location eases



## 2. What new





