

# Crain's

## NYC Health + Hospitals Leader on Creating Health Equity for Vulnerable New Yorkers

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Health equity is top of mind for many local health systems as patients continue to experience [disparities](#), disease prevalence [grows](#) and medical schools face [future threats](#) to diversity.

For hospitals that serve more isolated communities of New Yorkers—such as New York City Health + Hospitals' Ruth Bader Ginsburg Hospital, which opened in May—achieving equity can be a greater challenge, one that hospital leaders must think creatively to solve.

Svetlana Lipyanskaya, the first woman to lead New York City Health + Hospitals/South Brooklyn Health as chief executive officer, spoke to *Crain's* about how her experience as a Ukrainian immigrant pushes her to create more equal care for patients, H+H's biggest future challenges, and what Ruth Bader Ginsburg Hospital, which she oversees, will focus on providing in South Brooklyn.

### **Are there any challenges that come with being the first woman to run H+H/South Brooklyn Health?**

I think it's an incredible opportunity both for me, and frankly, for the people who come behind me, you cannot be what you cannot see. And that's something that one of my one of our employees recently said to me. And from her point of view, seeing me sitting in this chair means that someday she could sit in this chair. I think we have both a responsibility and an honor to not only do our job today, but really to build that pathway for the younger women who come after us.

Is it challenging? Sure. It's challenging. I think it's challenging to any person to lead a large, multidisciplinary, complex organization. I don't think I'm any worse equipped than any man is to run this place. And so I come to it from that point of view. I think [at the] leadership table we're all equal.

### **What are some of the biggest challenges that the H+H system is facing right now in terms of public health?**

Health care as a whole is in a somewhat challenging position at the moment. Everybody's margins are very tight. Our people are challenged in the sense of recruitment. And the need is just so great that keeping up with [it] is challenging, not just for the public health sector, but for all of healthcare. On the public health side the need is so big from, from the point of view of access, that the more we open, the more there is a need in our community. I think that is really the biggest challenge: How do we optimally provide the services that our communities need at a time when everybody's resources are so constrained? I don't think we're unique. And I honestly don't think we're really all that different than the private sector. It's just that we get the privilege of having our doors open to anybody that is seeking care.

### **What are some solutions you've tried?**

Physically, we keep on trying and innovating as much as we can, whether that's around virtual care, whether that's around figuring out how we can optimally increase access with the resources that we currently have. We're obviously working on all the recruitment—that is a very challenging piece for every single healthcare organization. It's hard to hire nurses. It's hard to hire radiology techs. It's hard to find providers that look like our patients.

I think health equity is a huge challenge. Not just for us, but for everybody. But with our patient population being as diverse as it is, ensuring that we're creating the ability for our patients to see doctors that look like them, that provide caring in a way that they want to be cared for, that is an extra challenge. To make sure we have access to the languages that our patients speak. There are nuances that make care in our communities a little bit more difficult than it would be in some other facilities. So those are sort of the areas we're working on locally. At the system level, they're working on advocacy for public health and for funding. And that's how we keep our doors open. There are about 40 languages overall that are spoken here. 40% of our staff lives in our immediate surrounding communities. Excellent care should be the baseline—the compassion, the empathy, being able to see yourself in the patient population.

**What are your future plans for the Ruth Bader Ginsburg hospital?**

The thing that we are really focused on is providing services that are very, very time sensitive, right. We are somewhat isolated, and South Brooklyn. If you look at where the major hospitals are, they are, you know, from us they're 20-30+ minutes on the Belt Parkway. That's why we have a cardiac cath lab. That's why we do [percutaneous coronary intervention] here, which means that [if] somebody's having a heart attack, they can come here, we can open up that vessel, they can have quality of life where every single minute counts. So our next venture will be in interventional neurology with our stroke service to do the same thing for the brain. We're going to continue growing our robotic surgery program, and we will also be focusing on growing our ambulatory care footprints and growing access to primary care and specialty care.

[We are also] building a contiguous comprehensive women's health service starting from ambulatory care, moving into labor and delivery for that phase of life, postpartum, and then back to gynecology and ambulatory care. That is very much coming down the line with the view of making it easy, making it simple, making it equitable.