

## New York State Department of Health

### Health Equity Impact Assessment Template

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

#### **SECTION A. SUMMARY**

1. Title of project	Relocation of Family Medicine and Chemical Dependency Services at Ida G. Israel Community Health Center
2. Name of Applicant	New York City Health + Hospitals Corporation/South Brooklyn Health
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	SmartRise Health Vanessa Guzman, CEO, SmartRise Health, <a href="mailto:vanessa@smartrisehealth.com">vanessa@smartrisehealth.com</a> , (646) 680-9046 Ruth Harmon, Vice President, Strategy & Operations, SmartRise Health, <a href="mailto:ruth.harmon@smartrisehealth.com">ruth.harmon@smartrisehealth.com</a> , (914) 708-6878 Joe Hinderstein, Principal Consultant, SmartRise Health, Project Leader, <a href="mailto:jhinderstein@smartrisehealth.com">jhinderstein@smartrisehealth.com</a> , (914) 815-0902
4. Description of the Independent Entity's qualifications	<p>SmartRise Health engages with health systems, Accountable Care Organizations (ACOs), payers, manufacturers, and technology companies on health equity, value-based care, population health, and quality improvement programs. The consultancy partners with payers, providers, manufacturers, and technology companies to address Health Equity goals, such as:</p> <ul style="list-style-type: none"><li>• Readiness for NCQA Health Equity Accreditation requirements (Steward Health Care Network, Fallon Health Plan)</li><li>• Learning Collaboratives and Fellowship Programs (Providence Health and Services)</li><li>• Strategic Plan Design (Hospital for Special Surgery)</li><li>• Value-Based Care Enablement (Crystal Run Healthcare)</li><li>• Thought Leadership (Bill &amp; Melinda Gates Foundation and the United Nations).</li></ul> <p>SmartRise has designed a Health Equity Impact Assessment approach that integrates community and patient engagement concepts to drive health equity and ensure equitable representation on capital projects.</p> <ul style="list-style-type: none"><li>• The framework uses stakeholder engagement as a fundamental component to understanding how capital projects impact marginalized populations, while developing equitable and achievable mitigation steps to ensure projects are approved.</li></ul> <p>In similar projects, SmartRise Health has leveraged this methodology using the Institute for Healthcare Improvement's (IHI) quality improvement model, across various stakeholders, including payers, policymakers (CMS, NCQA, ONC), provider networks, community-based organizations, pharmaceutical and technology organizations looking to promote equitable access to care.</p>

5. Date the Health Equity Impact Assessment (HEIA) started	08/02/2024
6. Date the HEIA concluded	9/18/2024

<b>7. Executive summary of project (250 words max)</b>	
<p>New York City Health + Hospitals/ South Brooklyn Health currently operates the Ida G. Israel Community Health Center at 2925 West 19th Street, New York, NY, 11224, which offers Family Medicine and Chemical Dependency services. The Applicant seeks to relocate the Community Health Center to a new location one block away. The Chemical Dependency service entrance would be located at 2932 West 16<sup>th</sup> Street, Brooklyn, NY 11224 and the Family Medicine entrance would be located at 1904 Surf Avenue, Brooklyn, NY, 11224.</p> <p>The current location for the Ida G. Israel Community Health Center is a temporary facility, which the organization moved into after the original site was damaged during Superstorm Sandy. The Ida G. Israel Community Health Center is part of New York City Health + Hospitals, which serves more than a million New Yorkers annually in more than 70 patient care locations across the city’s five boroughs.</p>	
<b>8. Executive summary of HEIA findings (500 words max)</b>	
<p>New York City Health + Hospitals/South Brooklyn Health seeks to relocate the Family Medicine and Chemical Dependency service lines of its Ida G. Israel Community Health Center to a nearby location 1 block away. The new Chemical Dependency service entrance would be located at 2932 West 16<sup>th</sup> Street, Brooklyn, NY 11224 and the new Family Medicine entrance would be located at 1904 Surf Avenue, Brooklyn, NY, 11224.</p> <p>South Brooklyn Health contracted SmartRise Health to serve as the Independent Entity for its Health Equity Impact Assessment (HEIA). During the assessment, SmartRise conducted research on the health needs and opportunities of the community and gathered feedback and ideas from the community. Based on data and feedback from community members, the project will have negligible impacts on inequities, disparities, and access. However, the Ida G. Israel Community Health Center does provide vital services to many underserved patient groups.</p> <p><b>Community background:</b></p> <p><b>Key benefits:</b> The main project benefit is the Ida G. Israel Community Health Center will have a permanent location with upgraded facilities and amenities, which has the potential to improve the patient experience (and possibly encourage more patients to seek services). Primary Care and Chemical Dependency are important services that contribute to public health, and thus the greatest benefit is that the facility is not closing.</p> <p><b>Current state:</b> Today, the Community Health Center and Chemical Dependency service serves 15,195 total patient visits per year. Most patients who receive services represent underserved patient groups, including racial &amp; ethnic minorities, low-income people, older adults, people who are eligible for or receive public health benefits, and people who do not have third-party health coverage or have inadequate third-party health coverage.</p> <p><b>Summary of activities:</b> SmartRise Health conducted community engagement activities with 66 individuals, including individual and group interviews (virtual and in-person), surveys in English/Spanish, and letters of recommendation. 98.4% of respondents approved of the project.</p>	

**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.

Completed. The primary service area is defined by 11214, 11224, 11223, 11229, 11235.

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?

The Independent Entity leveraged various sources of data for the HEIA, including the US Census, Information Provided by the Applicant, [New York City Neighborhood Profiles](#), the Center for Migration Studies’ [Social Determinants of Immigrants’ Health in New York City: A Study of Six Neighborhoods in Brooklyn and Queens Report](#), the [Health of Older Adults in New York City Report](#), and the [New York State Prevention Agenda Dashboard](#). The Independent Entity did not have difficulty accessing data.

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

The project seeks to relocate services that are currently offered by the NYC H+H/South Brooklyn Health Ida G. Israel Community Health Center to a new location, one block from its existing location. Today, the Ida G. Israel Community Health Center provides Family Medicine and Chemical Dependency services.

Services within the Family Medicine department include adult primary care, pediatrics, dentistry, social services, and family planning. Services within the Chemical Dependency department include the following:

- Individual and Group Counseling
- Comprehensive Harm Reduction
- Recovery maintenance
- On Site Medical and Psychiatric Services
- Outpatient Detox
- Medication Assisted Treatment (Suboxone/Vivitrol/Naltrexone)
- Overdoes prevention education & Narcan kit distribution
- Cultural and sober socialization events
- Anger management classes

There is also specialized programming and recurring events for specific populations, including LGBTQ+ individuals, parents, domestic violence survivors, working people (evening programs), monthly alumni meetings, and Spanish/Russian groups.

Key benefits to the project that are realized by all underserved patient groups.

- **Upgraded facilities.** The main project benefit is the Ida G. Israel Community Health Center will have a permanent location with upgraded facilities and amenities. Making the site of care more comforting, welcoming, and new will encourage patients to seek care, rather delaying care (which can often lead to worse outcomes).
- **Close proximity to public transit.** The new location is one block away from the Subway Station at Stillwell Avenue, which is serviced by the F, N, Q and D lines. The B36 bus stop is 1 block away and the B74 Bus Line is also nearby. The new location will also offer parking for patients and staff.
- **Flexible Hours of Operation.** The Ida G. Israel Community Health Center stays open until 8PM on weekdays and is open on Saturdays from 8-4.
- **Critical to public health.** Primary Care and Chemical Dependency services have cascading impacts on individuals, families and communities.

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?

Both Family Medicine and Chemical Dependency service lines provide care to patients that predominantly represent 1 or more underserved population categories. As an example, Medicaid and Medicaid Managed Care comprised 74% of the Ida G. Israel’s 2024 Chemical Dependency patients as of August 22nd.

Figure 1: Demographic Breakdown of Chemical Dependency Patients at Ida G. Israel (7/01/2023 – 6/30/2024)

July 2023 – June 2024 Demographic Breakdown of Chemical Dependency Patients at Ida G. Israel Community Health Center		
Age	Primary Income at Admission	Race/Ethnicity

19-21	1%	Alimony/Child Support	0.50%	Alaska Native	0.50%	Native American, Indigenous, American Indian	1.00%
22-25	5.20%	Family and/or Spouse Contribution	7.30%	Asian	0.50%	Some other race, ethnicity, or origin	21.90%
26-35	17.70%	None	22.90%	Black or African American	19.80%	White	55.20%
36-45	27.60%	Other	10.40%	Middle Eastern or North African	1.00%	Alaska Native	0.50%
46-55	26.60%	SSI/SSDI or SSA	14.10%	<b>Top Zip Codes Represented</b> (This represents 89.5% of zip codes where patients come)			
56+	21.90%	Safety Net Assistance (SNA)	1.60%	11204	3.60%	11224	31.80%
<b>Co-existing psychiatric disorder</b>		Tempa Assistance for Needy Family (TANF)	3.60%	11209	1%	11229	7.30%
Y	25%	<b>Primary Language</b>		11214	5.20%	11230	3.10%
N	75%	Arabic	0.50%	11218	2.10%	11234	1.60%
<b>Gender Identity</b>		English	57.30%	11219	1%	11235	20.30%
Man	68.40%	Other	1.00%	11223	12.50%		
Woman	29.10%	Portuguese	0.50%	Coney Island, 11224, is the primary service area. With a life expectancy of 80.7 years, 53% of residents are born outside the US, compared to 37% for all of New York City. 47% of residents have Limited English Proficiency, compared to 22% for all NYC.			
Non-binary	1.70%	Russian	27.60%				
Prefer not to answer	0.90%	Sign Language	0.50%				
		Spanish	12.50%				

Figure 2: Payor Mix of Patients at Ida G. Israel in Fiscal Year 2024

<b>Payor Mix Fiscal Year 2024</b>				
Financial Class	Family Medicine		Chemical Dependency	
	Count	Total	Count	Total
Commercial	520	14.4%	1,988	17.2%
Medicaid	112	3.1%	582	5.0%
Medicaid Managed Care	954	26.5%	5,018	43.3%
Medicare	234	6.5%	637	5.5%
Medicare Managed Care	953	26.4%	1,281	11.1%
Self-Pay	830	23.0%	2,083	18.0%
<b>Total Count</b>	<b>3,605</b>	<b>100%</b>	<b>11,590</b>	<b>100%</b>
<b>Total Patient Visits</b>				
15,195 visits				

Figure 3: Inpatients with Substance Related Diagnoses in Kings County, Zip Code 112 in 2022 (SPARCS)

<b>Inpatients with Substance Related Diagnoses in Kings County, Zip Code 112 in 2022 (SPARCS)</b>					
	Black/African American	Multi-racial	Other Race	White	Total Inpatients with Substance Related Diagnosis, Kings County, Zip Code 112
Cannabis-related disorders	19	1	7	3	30

Hallucinogen-related disorders	1				1
Opioid-related disorders	80	4	51	47	182
Other specified substance-related disorders	26	2	28	32	88
Sedative-related disorders	6	1	4	20	31
Stimulant-related disorders	24	2	12	7	45
2022 Inpatients with Substance Related Diagnosis, Kings County, Zip Code 112	156	10	102	109	377

The impacted medically underserved groups are expected to continue utilizing services at the same rate. Given the proximity between the current and future locations, the Independent Entity and Applicant does not expect any change in the supply or demand of services by any patient groups, including any of the underserved patient populations.

Source: [New York City Neighborhood Profiles](#), Information Provided by the Applicant, SPARCS.

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

While the primary service area is 11224, which represents the Coney Island Peninsula, the broader service area includes the following zip codes; 11214, 11223, 11224, 11229, 11235.

While the Figure below shows Article 28 facilities in the service area, the facilities offering services most similar to the Ida G. Israel Community Health Center are the Merryland Health Center (1.4 mile walk from the current location), CHI Health Center (.2 mile walk from the current location), and the NYU Langone Medical Associates - West Brighton (.7 mile walk from the current location).

Figure 4: List of Article 28 Facilities Providing Similar Services in the Service Area

Article 28 Facilities in the Service Area			
Facility Name	Facility Open Date	Facility Address 1	Facility Zip Code
Merryland Health Center	11/4/2005	2873 West 17th Street	11224
Brooklyn Comprehensive Care Center, Inc.	5/6/2004	7608 Bay Parkway	11214
IDCC Health Services	9/12/2002	445 Kings Highway	11223
Community Health Initiatives Inc.	3/24/2016	1419-25 Mermaid Avenue	11224
Century Medical & Dental Center, Inc.	11/28/2003	260 Avenue X	11223
Mobile Medical 4	5/23/2014	2905 West 19th Street	11224
Metro Healthcare Partners	6/29/2021	3500 Nostrand Avenue	11235
Bensonhurst Clinic Treatment Program	8/15/2007	8620 18th Avenue	11214
CenterLight Healthcare D&TC	11/24/2004	2301-2331 Stillwell Avenue	11223
City Wide Health Facility Inc.	5/6/2013	105 Kings Highway	11223
IDCC Health Services	3/6/2019	2846 Stillwell Avenue	11224
NYU Langone Perlmutter Cancer Center - Midwood	12/16/2015	902 Quentin Road	11223
Ida G Israel Community Health Center	8/29/1985	2925 West 19th Street	11224
IDCC Health Services	4/4/2016	201 Kings Highway	11223

Source: [New York State Health Facility Map](#), Information Provided by the Applicant.

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

The project is not expected to create any change in market share, given that the Family Medicine and Chemical Dependency services are already in operation, and will maintain consistent staffing levels and appointment availability. The Applicant shared with the Independent Entity that each year, they try to increase appointment volume by 5 to 10% through adding new providers. As an example, the Applicant is planning to add services for Pediatrics at the Community Health Center.

Figure 5: Visit Volume by Fiscal Year for Family Medicine services

Visit Volume by Fiscal Year, Ida G. Israel Community Health Center	
Year	Visit Count
FY22	4,600
FY23	4,672
FY24	4,736
FY25	5100

Source: Information provided by the Applicant.

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

The Applicant provided information to the Independent Entity that the project will not affect provisioning of uncompensated care, community services and/or access by minorities and people with disabilities to programs receiving federal assistance. The Applicant is the largest provider of charity, uncompensated care in New York City and Brooklyn.

The Applicant shared with the Independent Entity that the Ida G. Israel Community Health Center’s Self-Pay population is largely uninsured and patients on fee schedules (patients that don’t qualify for insurance). 23% of Family Medicine patients and 18% of Chemical Dependency patients are Self-Pay.

As of June 1998, New York City Health + Hospitals is exempt from filing annual information on form 990, given that the organization is an “affiliate of a governmental unit.”

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.

There are no physician or professional staffing issues related to the project, as the Applicant is moving existing service lines and care teams to a nearby location. There are no plans to expand the allocation of staff for the first three years of the project.

Figure 6: Full Time Employees and Role Allocations at Ida G. Israel Community Health Center

Full-Time Employee Breakdown			
FTE Category	FTE Allocation	FTE Category	FTE Allocation

Management & Supervision	3	Social Workers & Psychologist	6.20
Registered Nurses	2	Clerical & Other Administrative	4
Physicians	1	Addiction Counselors	8.20
PGY Physicians	1	Peer Counselor	1.20
Nurse Practitioners	1	<b>Total Number of Employees</b>	27.6

While there are no expected physician or professional staffing issues related to the project, the United States, New York State, and Brooklyn are all facing significant headwinds that should be addressed at a policy-level. Physician shortages are attributed to a multitude of factors, including the increased burden of student debt and pressure associated with the role, such as administrative tasks, a high volume of short appointments, and cumbersome electronic medical record documentation. While demand for behavioral health providers and social workers continues to grow, these professionals are underpaid and under-reimbursed, leading to unmet need. According to HRSA, the United States needs an additional 7,400 mental health providers to meet the current demand.

Source: Information provided by the Applicant, [Commonwealth Fund](#).

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

The Applicant informed the Independent Entity that there are no open civil right access complaints against New York City Health + Hospital/South Brooklyn Health.

**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 similar projects or expansion efforts have taken place at the Ida G. Israel Community Health Center, or for New York City Health + Hospitals/South Brooklyn Health in the past 5 years. Hurricane Sandy destroyed the original Ida G. Israel Community Health Center on Neptune Ave in 2012. Since July 2015, the Ida G. Israel Community Health Center has leased space at 2925 West 19<sup>th</sup> Street.

**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 Applicant’s relocation of the Ida G. Israel Community Health Center will not have a measurable impact on access to services and health care, improvement on health equity, or reduction of health disparities. All patients, including those from medically underserved communities, will benefit from the improved facilities (the current location was a temporary home for the Ida G. Israel Community Health Center, due to Superstorm Sandy).

Ensuring that these services continue to operate in Coney Island has the following benefits.

- **Important care close to home.** By offering outpatient medical detox on Coney Island, patients are able to live at home and visit the clinic for medication (such as methadone and suboxone)



and assessment each day. For patients who are more medically stable and don't face health risks from detox, this is a great way to help keep families together during a difficult experience. Providing local access to residents helps overcome socioeconomic barriers.

- **Integrated care.** Co-locating the Family Medicine and Chemical Dependency services enables care professionals to collaborate and ensure that care is coordinated, and treatment decisions are made with the whole person in mind.

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.

An unintended positive impact to health equity is that the new location enables greater integration between the Family Medicine and Chemical Dependency departments. People with mental health and substance use disorders have a higher prevalence of other chronic conditions, such as cardiovascular disease, stroke, high blood pressure, diabetes, cancer, HIV and hepatitis. Thus, the project has the opportunity to ensure the health of the whole patient is being cared for. By changing locations, the project also has the opportunity to attract new patients who may not have walked by the previous location.

The only unintended negative impact to health equity that might occur as a result of the project is patient confusion regarding the re-location between physical locations. Once shifting locations, it's possible that existing patients might travel to the old location. This could lead to both missed appointments and patients thinking that the facility has permanently closed, forcing them to search for new providers.

Source: [Agency for Healthcare Research and Quality \(Health Equity and Behavioral Health Integration\)](#)

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.

There will be no changes to the amount of indigent care that the Applicant provides.

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

The new location for the Ida G. Israel Community Health Center is one block from the Subway Station at Stillwell Avenue, which is serviced by the F, N, Q and D lines. The B36 bus stop is 1 block away and the B74 Bus Line is also nearby. The new location will also offer parking for patients and staff. The Applicant does not currently provide transportation services to patients.

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

The Applicant shared documentation with the Independent entity referencing compliance with State codes as well as the American with Disabilities Act. The new location features multiple entrances at street-level, whereas the current location features a ramp and stairs.

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?

These services are not offered at the Ida G. Israel Community Health Center, but they are offered at South Brooklyn Health (parent facility).

### Meaningful Engagement

7. 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, Bureau of Equitable Health Systems.

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

Yes, the local health department provided information for and partnered with the Independent Entity for the HEIA of this project. The Independent Entity received feedback from Rebecca Friedman (Healthcare Justice Legal Fellow) at the New York City Department of Health and Mental Hygiene.

*"Provided the services continue to be available and accessible to the medically underserved populations, we do not see concerns with this project, and the anticipated benefits and improvements to integrated care would be a welcome change. As is indicated in the monitoring plan, the facility should monitor communication about the location change to ensure patients are aware and do not experience difficulty attending appointments. Notice should be provided in multiple formats, such as through written and electronic communication, postings in the current location prior to the move, and verbally to patients. If patients are late or miss an initial appointment in the initial aftermath of the transition, the facility should be accommodating in helping them reschedule ASAP."*

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

Complete

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?

Based on the Independent Entity's findings and expertise, the stakeholders most affected by the project are unserved patient groups, including Racial & Ethnic Minorities, Low-Income People, Older Adults, People who are eligible for or receive public health benefits, and People who do not have third-party health coverage or have inadequate third-party health coverage. Themes from the community engagement included:

- Community voices emphasized the importance of having Family Medicine and Chemical Dependency services available in their local community.
- Praise and gratitude for the current service offerings, including staff who are trustworthy and reliable.
- Stakeholders did not foresee that shifting locations would be a burden or disruption.
- Respondents appreciated the opportunity to be included in the planning process.
- The current and future sites are “easily accessible by bus.”

**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?**

Community engagement activities confirmed that all medically underserved groups will benefit from the continued presence of the Ida G. Israel Community Health Center in the community. Specific groups that stand to benefit most include individuals struggling with substance use, Racial & Ethnic Minorities, Low-Income People, Older Adults, People who are eligible for or receive public health benefits, and People who do not have third-party health coverage or have inadequate third-party health coverage will continue to benefit from the project. However, the benefit of having the Ida G. Israel Community Health Center in the community will benefit all patients. There are no medically underserved groups who will be burdened from the project.

The Independent Entity engaged voices from the community, including the Applicant’s Community Advisory Board, Community-Based Organizations representing medically underserved groups, Patients, Family Members, Residents, and Elected Officials. Methods of engagement included teleconference individual interviews, in-person focus groups, letters of support, and electronic survey responses in English/Spanish.

Figure 7: Community Engagement Survey

<b>Ida G. Israel Community Health Center Re-location Survey</b>				
Total Respondents	49	Average Age	52	
Age Range of Respondents		Respondent Zip Codes		
30-35	4	11224	34	
36-40	0	11229	2	
41-45	2	11234	2	
46-50	5	11235	3	
51-55	1	11223	4	
56-60	7	11214	2	
61-65	0	11230	1	
66-70	0	11210	1	
70-75	1			
<b>Survey Responses</b>				
Have you (or a family member) used Ida G. Israel Community Health Center services?		Yes – 37 No - 12		
How valuable do you believe it is to retain Ida G. Israel Community Health Center in the Coney Island neighborhood?		Very valuable - 44 Valuable - 4 Somewhat valuable - 1		
It is important that health center will remain centrally located in the Coney Island neighborhood.		Strongly Agree – 41 Agree – 8		

The move to the new location (1904 Surf Avenue/2932 West 16th Street) from the current location (2925 W. 19th Street) will not impact access and delivery of services.	Strongly agree – 37 Agree – 9 Neutral - 3
Do you support this project?	Yes – 48 No - 1

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 Independent Entity believes that no medically underserved stakeholders have been excluded from the meaningful engagement activities. All key stakeholders provided support of the project.

### 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?

In March (2024), the Applicant notified the District Manager of Community Board 13 of the upcoming location change. The Community Board publicized the location change in their Weekly Flyer and Newsletter. The Applicant also plans to leverage physical signage, banners on its website, advertisements in the local newspaper (such as the Brooklyn Spectator), printed flyers at health fairs and schools, and social media posts.

The Applicant does not currently have a strategy specifically targeting individuals with limited English-speaking ability or people with speech, hearing, or visual impairments, though they indicated that these details will be solidified at a later date.

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

While the project is not expected to have any considerable change on healthcare access, inequities, or disparities, the Applicant should consider the following steps to improve access and reduce disparities & inequities.

- **Notify other health care organizations.** The Applicant should provide written and verbal notification to relevant Brooklyn healthcare facilities and Managed Care Organizations. The Applicant should also ensure that it’s address and contact information is updated by service providers, such as telephone companies, Google listings, and other providers.
- **Embed location change messages in all communications.** The Applicant should leverage all possible patient touch-points as an opportunity to create awareness about the location change. Examples include call center interactions, appointment reminders, portal & text notifications, patient care summary documentation, and other modalities.

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

Through Community Engagement activities, the Independent Entity noticed that the Applicant has an open line of communication with patients, community-based organizations, residents, businesses, and government officials, which can be used to update the community on changes to the project (and overall operations). The Independent Entity encourages the Applicant to continue working with these channels to communicate the project timeline.

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?

At a time when Family Medicine and Primary Care practices are closing, under-funded, and under-reimbursed, the Ida G. Israel Community Health Center continues to offer important healthcare services (close to home) for an economically disadvantaged patient population. While the project itself does not address systemic barriers, and doesn't have a tangible opportunity to do so, the continued presence of these services in the community is crucial for enabling access to family medicine and chemical dependency services for medically underserved groups.

When combining the negligible impacts of the project with the fact that the Applicant has presented a comprehensive plan to notify patients and community members about the location change, there are not tangible opportunities where the project can be modified to address systemic barriers. However, the Applicant should consider the following initiatives to ensure that systemic barriers to equitable access are reduced or eliminated.

- **Continue tailoring care for specific populations.** Where possible, create additional programs that are specifically tailored to promote language accessibility and stigma mitigation. The Community Health Center already offers many of these programs, but there's an opportunity to expand amongst Black, Hispanic, Women and Older Adult populations.
- **Leverage motivational interviewing.** Motivational interviewing with BIPOC patients has the opportunity to improve days abstinent, SUD severity, and negative consequences by empowering patients in their own care journeys.
- **Increase opportunities to provide culturally responsive care.** Identify opportunities to understand how culture plays a role in each patient's care preferences.
- **Increase collaboration.** Continue expanding and deepening relationships with community-based organizations and leaders to increase trust and decrease the stigma associated with seeking mental health and substance use services. Additionally, the Applicant should increase collaborations with organizations across sectors, including housing and employment, and health care, which are important in helping patients on their recovery journey.

Source: [Motivational Interviewing for Substance Abuse Meta-Analysis](#)

## 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 maintains a Population Health and Health Equity Dashboard, which can be filtered down to the facility level. This Dashboard displays Chronic Disease indicators (Diabetes, Hypertension, HIV, Asthma, Depression), Immunizations, Cancer Screening, Smoking Cessation, Social Determinants of Health Screenings, and Access to Care (utilization rate, panel size, and appointment waiting times).

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 Independent Entity advises the Applicant to create data measurement mechanisms around the communication of the location change, and periodic re-assessments to ensure that 100% of current patients continue to seek care at the new location. This should include measuring the communications to external organizations to ensure external providers and payers are made fully aware. The Applicant should also implement changes to monitor adequate staffing levels.

## **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)

N/A

----- 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, Michelle Bekman, attest that I have reviewed the Health Equity Impact Assessment for the Ida G Relocation that has been prepared by the Independent Entity, SmartRise Health.

\_\_\_\_\_Michelle Bekman\_\_\_\_\_

Name

\_\_\_\_\_Chief Growth Officer\_\_\_\_\_

Title

\_\_\_\_\_*Michelle Bekman*\_\_\_\_\_

Signature

\_\_\_\_\_9/18/24\_\_\_\_\_

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? South Brooklyn Heath will mitigate negative impacts to medically underserved groups by improving access to care, ensuring highest quality whilst keeping one’s social determinants of health in mind and actively providing support, as needed. Some examples include extended hours of operation, collaboration with community groups, outreach to schools, participation in managed care, support overcoming transportation and financial barriers, expanding educational programming and support programs to high risk groups.