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	Re-allocation of Inpatient Beds at New York City Health + Hospitals Corporation/Elmhurst
2. Name of Applicant	New York City Health + Hospitals Corporation/Elmhurst **Applicant Location:** 79-01 Broadway, Elmhurst, NY 11373
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	SmartRise Health 448 Broadway 2nd Fl. Suite 303 New York, New York 10013 Vanessa Guzman, CEO SmartRise Health, vanessa@smartrisehealth.com, 646-680-9046 Ruth Harmon, Vice President, Strategy & Operations, SmartRise Health, ruth.harmon@smartrisehealth.com, 914-708-6878 Karen Thomas, Principal Consultant, SmartRise Health, Project Leader, Kthomas@smartrisehealth.com, 914-374-5392
4. Description of the Independent Entity's qualifications	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: • Readiness for NCQA Health Equity Accreditation requirements (Steward Health Care Network, Fallon Health Plan) • Learning Collaboratives and Fellowship Programs (Providence Health and Services) • Strategic Plan Design (Hospital for Special Surgery) • Value-Based Care Enablement (Crystal Run Healthcare) • Thought Leadership (Bill & Melinda Gates Foundation and the United Nations). 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. The framework uses stakeholder engagement as a fundamental component to understand how capital projects impact marginalized populations, while developing equitable and achievable mitigation steps to ensure projects are approved. 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.

5. Date the Health Equity Impact Assessment (HEIA) started	April 3, 2025
6. Date the HEIA concluded	

7. Executive summary of project (250 words max)
Elmhurst Hospital Center (EHC), a 545-bed facility in Elmhurst, Queens, is part of NYC Health + Hospitals—the nation's largest public hospital system, with 11 hospitals across New York City. Located in Queens County, home to 2.4 million residents, EHC serves a diverse community known as the "crossroads of the world," representing over 112 countries and more than 160 languages. With a poverty rate of 15%, western Queens faces significant health equity challenges, and EHC treats the highest percentage of uninsured individuals within the NYC Health + Hospitals system. To better meet the evolving needs of its patient population, EHC is requesting an adjustment to its certified bed distribution. The proposal includes an increase of 12 Medical/Surgical (Med/Surg) beds—from 233 to 245—to address rising demand and optimize inpatient capacity. To balance this expansion, EHC proposes targeted reductions in underutilized services: • **Maternity**: reduced by 7 beds (from 44 to 37) • **Rehabilitation Medicine**: reduced by 2 beds (from 10 to 8) • **Pediatrics**: reduced by 2 beds (from 22 to 20) • **Psychiatry**: reduced by 1 bed (from 177 to 176) Additionally, EHC plans to redistribute two Neonatal Continuing Care beds (from 12 to 10), reallocating one bed each to Neonatal Intensive Care and Neonatal Intermediate Care, increasing both to 10 beds. These adjustments aim to better align resources with patient demand and ensure equitable access across all service categories.
8. Executive summary of HEIA findings (500 words max)
Data analysis conducted by the Independent Entity confirms that Elmhurst Hospital Center's proposed bed reallocation will enhance access to care while reducing health disparities and inequities. EHC serves one of New York City's most diverse and medically underserved communities, with high rates of uninsured patients and growing demand for acute care services. Between Fiscal Year 2022 and 2023: • Medicine department admissions increased by **9%** (from 7,991 to 8,709) • Average daily census rose from **154.4 to 173.3** • Occupancy rate exceeded capacity, rising from **99% to 111.1%** • Emergency room visits increased from **9,841 to 10,138**, with **84%** of inpatient admissions originating in the ER To address this sustained overcapacity and better meet community needs, EHC is requesting a strategic adjustment to its certified bed allocation. The proposed changes will expand Medical/Surgical bed capacity while realigning services with less demand.

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.

   - The service area is Elmhurst/Corona located in Queens County which encapsulates the following zip codes: 11373, 11369, 11369, 11370, and 11368.
   - The greater service area includes Queens and Long Island City and represents the following zip codes: 11101, 11102, 11103, 11104, 11106, 11355, 11377, 11378, 11385, and 11421.

   See Excel attachments for **Zip code Demographic and Zip code Income Assessment** data of the service area.

   Source:https://data.census.gov/table?q=DP05:+ACS+DEMOGRAPHIC+AND+HOUSING+ESTIMATES&y=2023

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**
   - ✓ **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**
   - ✓ **Not listed (specify): Children & Adolescents**

In response to the July 15, 2025 DOH request for additional information for Step 1, Questions 2, SmartRise Health would like to clarify that we have identified that all medically underserved groups within this service area to be potentially impacted by this project. In the earlier draft, we used a "bold"

font to indicate that all medically underserved groups were selected. We apologize for any confusion this may have caused. We changed to a "check mark," to aid in clarification.

We believe that the proposed project expanding Medical/Surgical (MedSurg) bed capacity by 12 beds benefits all medically underserved groups. This increase is achieved through the strategic reallocation of beds from services areas with less demand—specifically, seven from Maternity, two from Pediatrics, two from Rehabilitation Medicine, and one from Psychiatry. See Figure 1 in Step 1, Question 4, for detailed bed adjustments. See Figure 2 in Step 1, Question 4 for impact explanation by medically underserved cohort group.

3. **For each medically underserved group (identified above), what source of information was used to determine whether 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 used census data from https://data.census.gov/ to create an overview of socioeconomic and racial demographic indicators for each zip code compromising the service area Elmhurst provided.

   The indicators were collected from the U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates files. No information was difficult to assess or compile. Stakeholder engagement was also very helpful in this regard.

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

   Today, Elmhurst Hospital Center (EHC), part of NYC Health + Hospitals, has 545-bed facility in Elmhurst, Queens. This includes 9 Coronary beds, 20 Intensive Care beds, 44 Maternity beds, 10 Rehabilitation Medicine beds, 22 Pediatric beds, 177 Psychiatry beds, and 233 Med/Surg beds.

   Between Fiscal Year 2022 and 2023 the number of Medicine department admission has increased by 9% from 7,991 to 8,709. During the same period the average daily census grew from 154.4 to 173.3, as well as an increased occupancy rate (from 99% to 111.1%). The total number of visits to Elmhurst Hospital Center's emergency room has increased during this same time period from 9,841 to 10,138 visits. As patients are generally (84%) admitted to the hospital via Elmhurst's emergency room, the increase in ER visits is also a clear indication of the need for an increase in Medical/ Surgical bed capacity for our patient population. Figure 1 below demonstrates the current and proposed bed counts by unit.

Figure 1: Current & Proposed Allocation of Inpatient Beds at NYC HHC/Elmhurst			
Unit	**Current**	**Proposed**	**Reallocation Total**
Coronary	9	9	-
Intensive Care	20	20	-
Maternity	44	37	(7)
Physical Medicine & Rehabilitation	10	8	(2)
Pediatrics	22	20	(2)
Psychiatric	177	176	(1)
Med/Surg	233	245	12
Neonatal Continuing Care beds	12	10	(2)
Neonatal Intensive Care	9	10	1
Neonatal Immediate Care	9	10	1
	545	**545**	**0**

To evaluate the potential impact of this program transition, the Independent Entity reviewed the demographic and socio-economic indicators of the patient discharged from inpatient units to identify the medically underserved groups who have the highest prevalence in the service area. This helped the Independent Entity to determine which groups were most likely to be affected by the re-allocation. The Independent Entity determined low-income people, racial/ethnic minorities, older adults, women, people with disabilities, individuals with prevalent chronic conditions, individuals without third-party coverage, children, adolescents, and individuals who are eligible for or receive public health benefits are most likely to be impacted.

In response to the July 15, 2025 DOH request for additional information for Step 1 Question 4, SmartRise Health is providing more detail on how the project will impact the unique health needs or quality of life for all medically underserved groups identified in Step 1, Question 2. With the reallocation of beds, these groups will have improved access to medical-surgical (MedSurg) beds. Previously, the demand for these beds was not being met; now, with this increase, there will be greater capacity to meet this need.

84% of NYC Health + Hospitals/Elmhurst patients belong to medically underserved groups in the service area. Increasing access to MedSurg beds has an impact across all the medically underserved groups, encompassing the unique health needs of each group. Please see Figure 2 below for details.

Figure 2: Impact of MedSurg Beds on Medically Underserved Groups	
Underserved Group	**Impact of Greater Access to MedSurg Beds**
Low-income people	Reduces delays in treatment; improves access to inpatient care for acute conditions; lowers reliance on emergency departments
Racial and ethnic minorities	Helps address disparities in hospitalization rates and outcomes; supports culturally competent care in acute settings.
Immigrants	Provides timely care regardless of documentation status; reduces language and access barriers in acute medical settings.
Women	Enhances access to gender-specific surgical care (e.g., gynecological procedures); supports recovery from complex medical conditions.
LGBTQ+ individuals	Ensures inclusive care environments; reduces discrimination in inpatient settings; supports opportunity for gender-affirming procedures.
People with disabilities	Facilitates specialized post-operative and acute care; improves accessibility and continuity for complex medical needs.
Older adults	Increases capacity for age-related conditions (e.g., cardiac, orthopedic); reduces hospital readmissions through better acute care.
Persons with infectious diseases	Enables isolation and treatment for conditions like TB or HIV-related complications; reduces transmission risk.
Public health benefit recipients	Improves access for Medicaid/Medicare patients; reduces financial barriers to inpatient care
Children & Adolescent	Supports pediatric surgical and acute care needs; reduces wait times for urgent interventions.

Elmhurst resides in the county of Queens which has a population of 2.4 million. Part of NYC Health + Hospitals, it is part of an integrated public health care system of 11 New York City hospitals, the largest hospital consortium in the country. Elmhurst treats the highest percentage of uninsured individuals in the NYC Health + Hospitals/ System. The community has been considered the "crossroads of the world," with more than 112 countries represented, more than 160 languages spoken.

As described below in Figure 3, 83.94% of patient discharges from Inpatient Units represented Medicare and Medicaid (Fee for Service and Managed Care), reflecting that the majority of patients come from underserved groups.

Figure 3: Inpatient Sources of Revenue (Total Current Year + Proposed First Year)							
Payer	**Payer Type**	**Total Current Year**			**First Year Incremental**		
		Patient Days or Discharges	**Net Revenue %**	**Net Revenue $**	**Patient Days or Discharges**	**% based on days or discharges**	**Dollars**
Commercial	Fee for Service	1,543	11.6%	$1,878,918	1,574	11.60%	$1,916,982
	Managed Care						
Medicare	Fee for Service	1,885	14.17%	$2,295,374	1,923	14.17%	$2,341,873
	Managed Care	2,930	22.03%	$3,567,875	2,989	22.03%	$3,640,153
Medicaid	Fee for Service	3,783	28.45%	$4,606,578	3,860	28.45%	$4,699,897
	Managed Care	2,474	18.60%	$3,012,602	2,524	18.60%	$3,073,631

Private Pay			3.05%	$493,171	413	3.05%	$503,161
All Other			2.10%	$339,740	285	2.10%	$346,622
Total			100%				

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?**

   Elmhurst Hospital patients are a diverse community which includes low-income people, racial/ethnic minorities, older adults, women, people with disabilities, individuals with prevalent chronic conditions, individuals without third-party coverage, children, adolescents, and individuals who are eligible for or receive public health benefits. According to data provided by the Applicant, most of the patients are racial/ethnic minorities, low-income, and are insured through Medicare/Medicaid (Fee for Service and Managed Care).

   According to the data provided by the Applicant, the patients breakdown are as follows:

   - 54.92% of patients who access these services are Hispanic or Latinx
     - 17.95% Asian
     - 8.34% Black or African American
     - 52.13% are something else
     - 14.20% were white
   - Most common languages were English 43.43%, 43.45% Spanish
   - Most patients were seen within the following units or account class
     - Inpatient – 49,643
     - Inpatient Psych – 4,395
     - Inpatient Rehab – 478
     - Legacy Psych Observation – 211
     - Newborn 7,476

The grid below reflects the insurance types of the Elmhurst Hospital patient population.

Figure 4: Elmhurst Hospital Patient Population Insurance types		
Insurance	**Amount**	**Percent**
Commercial	6,970	11.20%
Covid Provider Relief Fund	2	0.00%
Medicaid	13,882	22.31%
Medicaid Managed Care	24,247	38.97%
Medicare	5,416	8.71%
Medicare Managed Care	8,679	13.95%
No Fault	589	0.95%
Other Government	180	0.29%

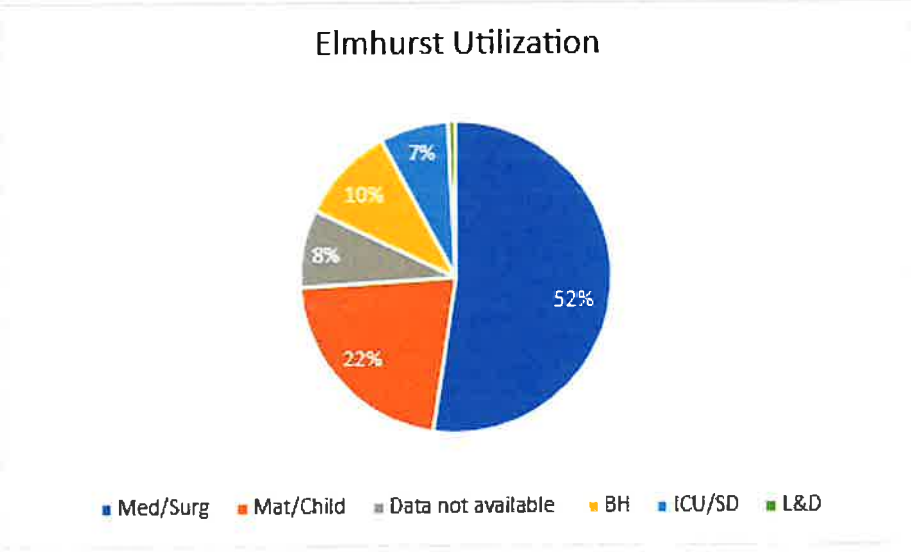
Self-Pay	2,046	3.29%
Worker's Comp	202	0.32%
Grand Total	**62,213**	**100.00%**

As a safety net hospital, Elmhurst Hospital Center focuses on providing care to medically underserved groups. Demographic information for the Elmhurst/Corona neighborhood reflects a high saturation of various medically underserved groups and other socially & economically vulnerable indicators.[1]

2022 data from NYU's Furman Center demonstrated that of the 160,534 residents, there's a high percentage of Racial and Ethnic Minorities; 33.8% Asian, 8.1% Black, 49.6% Hispanic, 6.7% White. Median Household Income is $66,480 (14% below citywide median), while the Poverty Rate is 17.9% (slightly below citywide rate of 18.3%).

In response to the July 15, 2025 DOH request for additional information regarding Step 1, Question 5, SmartRise Health is submitting a report from the Applicant that provides detailed data on current and projected service utilization across all identified medically underserved groups and bed types. The first chart below, Figure 5, shows the overall Elmhurst bed type utilization of services. The greatest medical need is within Med/Surg which has 52% utilization.

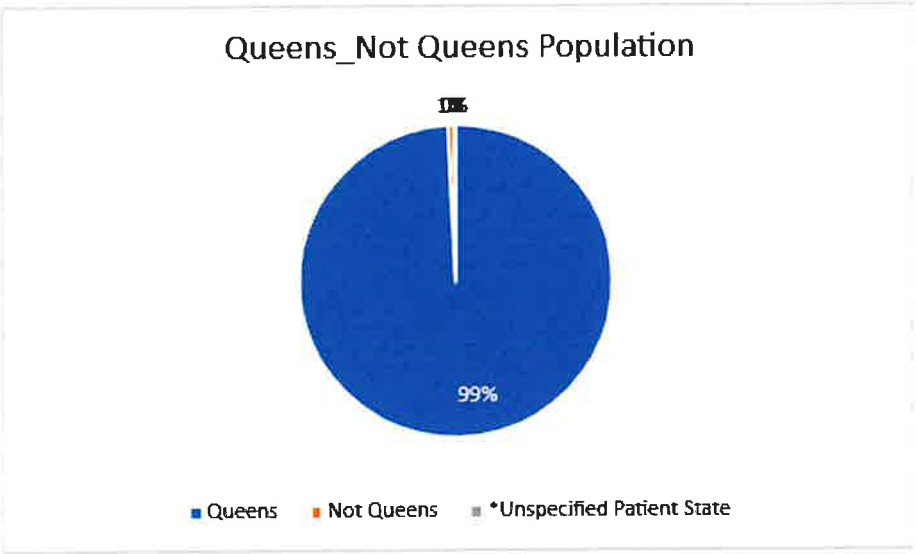
Figure 5 shows the Elmhurst overall bed type utilization.



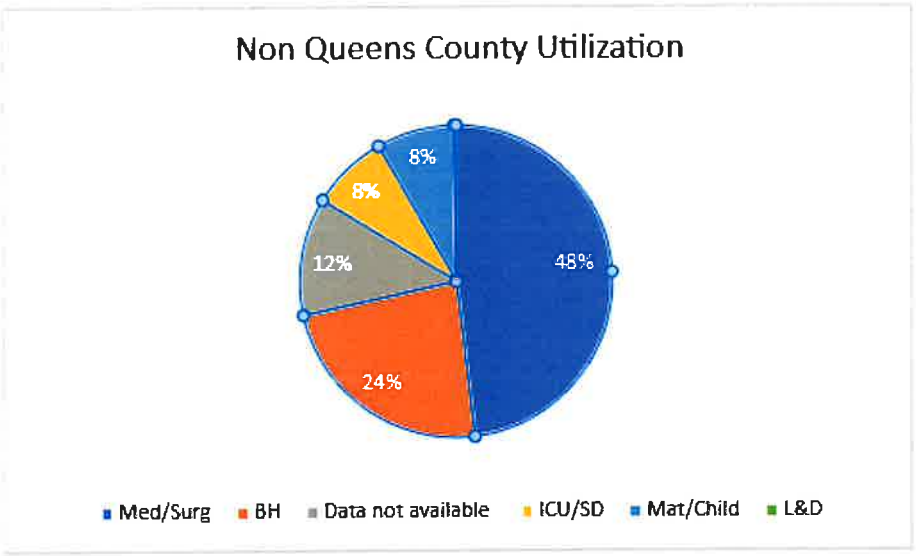
The second chart, Figure 6, shows 99% of medically underserved groups identified in Step 1, Question 2, reside in Queens County. Approximately 61,000 patients reside within Queens County, and approximately 400 patients reside outside of Queens County.

[1] "Elmhurst/Corona Neighborhood Profile." *NYU Furman Center*, furmancenter.org/neighborhoods/view/elmhurst-corona#demographics. Accessed 27 Jan. 2025.

Figure 6 shows the proportion of patients outside Queens County.



The third chart, Figure 7, shows the breakdown of the non-Queens bed type utilization, which mirrors the utilization of the Queens population.



According to the independent entity's assessment, patient county of residence does not influence Elmhurst's utilization or the operational impact of its medical/surgical bed distribution.

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

The borough of Queens has a total of 3,017 hospital beds across 9 hospitals. This is a similar number to the Bronx (3,154) and Kings (3,557), while Manhattan has 6,353 hospital beds. According to the 2023 Census, Queens has a population of 2,252,196 residents, while Kings' (Manhattan) population is 1,597,451.[2] The Applicant has the 3rd most Total Hospital Beds in Queens following New York-Presbyterian/Queens and Long Island Jewish Medical Center.

Table 1: Queens Hospital Bed Capacity[3]

	Total Hospital Beds (Prior Day)	Hospital Beds Available (Prior Day)	Offers L&D?	Offers Psychiatry?
	3,017	422		
Elmhurst Hospital Center	498	121	Yes	Yes
Flushing hospital Medical Center	206	52	Yes	Yes
Jamaica Hospital Medical Center	330	35	Yes	Yes
Long Island Jewish Medical Center	662	0	Yes	Yes
Queens Hospital Center	253	28	Yes	Yes
St Johns Episcopal Hospital South Shore	178	41	Yes	Yes
NewYork-Presybterian/Queens	501	84	Yes	
Long Island Jewish Forest Hills	214	30	Yes	
Mount Sinai Hospital – Mount Sinai hospital of Queens	175	31		

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

As reflected below in Table 2: Market Share, the percentage of the available beds prior day is close to the 7-day average of available beds. The similar percentage to St. John's Episcopal Hospital South Shore, New York Presbyterian/Queens, Flushing Hospital Medical Center, Queens Hospital Center, and Jamaica Hospital Medical Center.

[2] *U.S. Census Bureau Quickfacts: Queens County, New York*, www.census.gov/quickfacts/fact/table/queenscountynewyork/PST045224. Accessed 27 Jan. 2025.
[3] "Hospital Bed Capacity Dashboard." *New York State Department of Health*, coronavirus.health.ny.gov/hospital-bed-capacity. Accessed 27 Jan. 2025.

Table 2: Market Share[4]

Queens County Hospital	% of Available Beds (Prior Day)	% of Available Beds (7-day Avg)
Elmhurst Hospital Center	24%	25%
Flushing hospital Medical Center	25%	26%
Jamaica Hospital Medical Center	11%	10%
Long Island Jewish Medical Center	0%	1%
Queens Hospital Center	11%	12%
St Johns Episcopal Hospital South Shore	23%	22%
NewYork-Presybterian/Queens	17%	16%
Long Island Jewish Forest Hills	14%	12%
Mount Sinai Hospital – Mount Sinai hospital of Queens	18%	14%

Source: https://www.health.ny.gov/statistics/sparcs/

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 Queens.

The Applicant serves a high proportion of Medicare, Medicaid, and uninsured patients. The Applicant remains committed to advancing the principles underlying both the state and federal requirements related to uncompensated care, community benefit, and equitable access. Elmhurst Hospital maintains operational practices that support access, including on-site interpreter services, disability accommodations, and culturally competent care designed to meet the needs of a racially and linguistically diverse population.

Elmhurst Hospital provides healthcare for the Elmhurst/Corona neighborhood reflecting a high saturation of various medically underserved groups and other socially & economically vulnerable indicators.[5] According to Elmhurst Inpatient Data, 83.94% of the patients are low-income. The Applicant shared with the Independent Entity that the Elmhurst Hospital's Self-Pay population is largely uninsured and patients on fee schedules (patients that don't qualify for insurance). 3.29% of Elmhurst's patients are Self-Pay.

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[4] "Hospital Bed Capacity Dashboard." *New York State Department of Health*, coronavirus.health.ny.gov/hospital-bed-capacity. Accessed 27 Jan. 2025.

[5] "Elmhurst/Corona Neighborhood Profile." *NYU Furman Center*, furmancenter.org/neighborhoods/view/elmhurst-corona#demographics. Accessed 27 Jan. 2025.

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.**

   The Independent Entity does not foresee any staffing issues related to the project. There are no physician or professional staffing issues related to the project, as the Applicant is re-allocating existing beds from underutilizes service lines to an overutilizes areas.

   Table 3: Current and Future Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers:**			
Attending Physician	3.3	3.3	3.3
Physician Assistant	9.6	9.6	9.6
Support Staff*:**			
Patient Care Associate	6.2	6.2	6.6
Staff Nurse	18	20	22.5
Associate Nurse Practitioner	3	3	3
Total Employees	40.1	42.1	45.0

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/Elmhurst Hospital.

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.**

    Within the past five years, the Applicant has made minor changes to the quantity of inpatient rehabilitation beds. The Applicant submitted a Certificate of Need application

to shift from 10 beds to 8 beds. Years later, the Applicant submitted another application to shift from 8 beds to 10 beds. The Independent Entity does not interpret these changes to be duplicative of the project in question.

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 bed allocation project will improve access to services and health care, improve health equity, and reduce health disparities for all mentioned underserved populations. The conversion of Maternity, Rehabilitation, Pediatric and Psychiatric beds will enable the Applicant to better match capacity and staffing with patient need/demand, as impacted units are currently operating below occupancy/utilization guidelines. All patient populations will benefit from quicker access to care.

    Stakeholder engagement revealed that the community members unanimously agreed that the proposed bed re-allocation would benefit their communities. With representation from organizations such as Voces Latinas, Asian Americans for Equality, and 34 Avenue Open Street Coalition, the respective representatives communicated that their communities would be positively impacted by the increase of beds in the departments that need them.

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.**

    The most potent unintended impact of the project, which will promote improved optimization of staffing and bed designation, will include shorter wait times for admission from the Emergency Room to Inpatient Medical/Surgical beds. Improved allocation of bed counts could also lead to improved allocation of staff and a reduced Length of Stay.

    Based on the demographics data for patients that sought care in these departments, 87.7% were adults, 61.28% were publicly insured, 87.57% were racial and ethnic minorities.

Though unlikely, changing the bed allocations could create small but manageable bottlenecks for services such as Labor & Delivery, Psychiatry, Pediatrics, Neonatal ICU/Continuing Care/Immediate Care (which are experiencing a reduction in bed count due to this change) for **all medically underserved groups**. The Independent Entity does not expect these changes to be large – and will be offset by the gains of having more availability for Med/Surg.

Though this unintended impact would not be large, it would impact specific medically underserved groups differently. The small reduction in bed count for services like Maternity care would impact **Women** (specifically those who belong to **Racial & Ethnic Minority** groups) and Children. Women are the people that seek Maternal care, and women who belong to Racial and Ethnic Minority groups experience adverse outcomes. African American women had a higher rate of pregnancy-related deaths and are three times higher to have a cesarean delivery. The project reduces access to pediatric beds, so those patients might experience slightly increased wait times.

The small reduction in bed count could also **impact people with a prevalent infectious disease or condition** – specifically mental health, for which the project reduces capacity by 2%.

The small reduction in capacity for certain services could also great additional burdens for medically underserved groups who traditionally experience stigma and barriers, such as **Low-Income, Immigrants, LGBTQ+, People with Disabilities.**

Source: Maternal Mortality and Morbidity Advisory Council Report, 2023 (ny.gov)

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.**

There are several ways to access the facility by private and public transportation, none of which will be impacted by the project. Via private transportation, NYC H+H/Elmhurst is accessible off the Long Island Expressway (via the Queens Boulevard Exit), Brooklyn-Queens Expressway (exit at Roosevelt Avenue/Broadway), and Northern Boulevard (turn onto Broadway).

NYC H+H/Elmhurst is also accessible via the No. 7 train (82nd Street Station), as well as the E, F, R, or M trains which stop at the Roosevelt Avenue/Jackson Heights (74th Street) station. Additionally, the Q32 bus stops at Roosevelt Avenue and 74th Street, while the Q53 bus stops at Broadway and 78th Street (one block from the hospital).

As mentioned previously, many patients that access these services arrive at the hospital via ambulance.

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

Information provided by the Applicant asserts that proposed changes will follow Accessibility Chapter (Chapter 11) of the New York City Building Code. Per Chapter 11; sites, buildings, structures, facilities, elements, and spaces shall be designed and constructed to be accessible to individuals with disabilities in accordance with ICC A117.1 and the New York City Building Code. In compliance with Chapter 11 the re-purposed rooms will continue to include the following accessible elements:

- An accessible arrival point in compliance with NYC BC 1104.1
- An accessible public entrance in compliance with NYC 1105.1
- An accessible route connecting spaces within the building including HCC 03Transplant Outpatient Clinic per NYC BC 1104.3
- Accessible toilet rooms including family and/or assisted-use toilets along the accessible route in compliance with NYC BC 1109.2
- Accessible drinking fountains (quench filtered water coolers) in compliance with NYC BC 1109.5
- Accessible seating at tables, counters, and work surfaces in compliance with NYC BC 1109.11
- Accessible controls, operating mechanisms, and hardware in compliance with NYC BC 1109.13
- Accessible signage in compliance with NYC BC 1111.1

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 t9he project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?**

The project will contribute to a small reduction in services that are included under Public Health Law § 2599-aa. The Applicant will be reducing capacity in the Maternity Department by 7 beds but will still have 37 beds available for providing services under

the law. Because Labor & Delivery beds are currently being under-utilized, the Independent Entity does not foresee statistically significant changes to the provision of reproductive and maternal healthcare.

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 (DOHMH).

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

   Yes, DOHMH partnered with the Independent Entity and provided input on this HEIA project. The Independent Entity met with the following individuals from DOHMH: Dr. Duncan Maru, Dr. Bindu Babu, Ms. Anika Kalra, and Ms. Rebecca Friedman.

   The staff from DOHMH provided the following statement:

"The health equity impact assessment for this bed recertification request should be evaluated within the broader context of resource constraints facing safety net hospital systems. Safety net institutions like H+H carry a disproportionate burden of uncompensated care compared to non-safety net academic health centers, which creates unique operational pressures that must be considered when assessing proposed capacity changes. This context is relevant to understanding the practical constraints that inform bed allocation decisions at facilities serving vulnerable populations.

Given every bed at Elmhurst is in use, the hospital experienced a 9% increase in Med/Surg use, and they serve the most births of any H+H facility, it's clear the ideal solution would be an expansion, rather than re-certifying beds. NY State should support H+H to the extent possible to make long-term investments to enhance capacity to meet population need, rather than reduce Maternity, Rehabilitation, Pediatric, and Psychiatric bed capacity at the hospital providing care for the most births in the H+H system. While H+H anticipates birthing plateauing, we recommend contingency plans in case rates exceed expectations. And at a time of such high need for mental health services in NYC, decreasing psychiatric beds should not be the cost of increased Med/Surg capacity, particularly given the already existing inequities in access to mental health services. Given the resource and process constraints, however, DOHMH understands this is the most practical approach to meeting demand. Again, the core health equity issue at play is the ongoing under-investment in our safety net institutions, particularly the nation's largest public municipal system, H+H.

We support community education about the construction, engagement with community boards, patient advisory groups, etc., the fact that swing space will be utilized so services won't

be reduced, and the assertion that required staffing ratios will be maintained. DOHMH recommends the facility establish monitoring steps to ensure uncompensated care, community services, or access to care for people with disabilities receiving federal assistance won't change, and incorporate strategies to mitigate unanticipated inequitable impacts, such as if the restructuring creates new bottlenecks.

The purpose of this monitoring is so that state and city authorities related to investment in H+H are accountable to supporting sufficient staffing and space for the extraordinary volume of care that Elmhurst Hospital provides."

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

   The Independent Entity completed the meaningful engagement table. Please see "Exhibit A HEIA Data Table."

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?**

    As part of the meaningful engagement of stakeholders, the Independent Entity reached out to a total of 24 individuals; 17 agreed to participate and seven did not agree to participate. Participants included representatives from Voces Latinas, Asian Americans for Equality, and 34 Avenue Open Street Coalition; their input reflects feedback from many medically underserved groups.

    The Independent Entity determined low-income people, racial/ethnic minorities, older adults, women, people with disabilities, individuals with prevalent chronic conditions, and individuals who are eligible for or receive public health benefits are most likely to be impacted by the project.

    100% of stakeholders who engaged with the Independent Entity voiced support for the re-allocation of inpatient beds at Elmhurst project.

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?**

    The stakeholder engagement process found widespread support for the project. Some community members expressed concern about the possible consequences of taking away beds from their respective departments. Ultimately, every community member who participated supported the project.

    In a survey response, a representative from the Queensborough Dance Festival who supported the initiative overall, nonetheless expressed concern over the perceived loss

of beds in potentially critical areas. The Independent Entity recommends targeted communications with this group and others like them to share the data around under-utilization.

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 engaged a total of 17 individuals through a combination of surveys and individual interviews. Ethnic minorities and community-based organizations comprised the bulk of stakeholder engagement.

    The Independent Entity does not believe any medically underserved populations were under-represented.

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?

    The Applicant presented a plan for engaging patients and their families with limited English proficiency, speech, hearing, and visual impairments. This includes distributing closure materials in Spanish and making interpreters available to explain the rationale for the bed re-allocation. Website Notifications, MyChart Messages, Publicly Displayed signs in primary care and ERs.

    The Applicant has developed and begun implementation of a plan to notify local community representatives and elected officials.

    The Applicant plans to leverage its Social Work and Community Health Worker workforce to notify patients and community groups about the upcoming changes and re-allocation.

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

    To ensure that community awareness efforts are measurable, the Applicant should implement a centralized tracking database to measure messages, meetings, and conversations with community members and groups to ensure that project details are communicated.

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

   The Applicant demonstrated a strong ongoing relationship with individuals in the community and community organizations/groups.

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 address systemic barriers to equitable access to care by ensuring that bed designations match demand – thus reducing unnecessary waiting for admission to the Med/Surg unit while other units have empty beds. The Applicant's population encompasses a high percentage of medically underserved groups such as low-income people, racial/ethnic minorities, older adults, women, people with disabilities, individuals with prevalent chronic conditions, individuals without third-party coverage, children, adolescents, and individuals who are eligible for or receive public health benefits, so these changes will impact patients who are vulnerable.

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 currently monitors utilization data by health equity indicators, such as Gender, Race, Ethnicity, Language, Disability Status, Insurance, Income, and other factors. The Applicant currently measures capacity and utilization by unit/department to understand areas of need.

   The Applicant tracks bed utilization, staff productivity, and patient satisfaction.

   The Applicant has a strong ongoing relationship with individuals and organizations in the community where it consistently solicits feedback.

   The Applicant has a strong program for screening for Social Determinants of Health and connectivity to community-based organizations and resources. SDOH has impact on health outcomes to prevent re-admission.

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 should track the following metrics.

   - Waiting time for transfer to the floor.

The Applicant should consider the following interventions/programs.

- Performance Improvement principles
- Ensure greater access to health equity data

STEP 5 – DISSEMINATION

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

The documents will be posted to the following website:
https://www.nychealthandhospitals.org/elmhurst/new-york-state-department-of-health-health-equity-impact-assessment-requirement-criteria/

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, Elizabeth Williamson-Fernandez, attest that I have reviewed the Health Equity Impact Assessment for the Re-allocation of Inpatient Beds at New York City Health + Hospitals Corporation/Elmhurst that has been prepared by the Independent Entity, SmartRise Health.

Helen Arteaga

Name

CEO

Title

Signature

7/21/25

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)

To ensure all relevant stakeholders are aware of and involved in the process, addressing concerns early and maintaining transparency throughout the process Elmhurst Hospital will communicate with the community through scheduled Community Advisory Board (CAB) meetings, the next of which is set for September 2025. These meetings will provide an open platform for discussion, allowing the public to ask questions and express concerns. Key topics to

be addressed in these sessions include:

- The rationale for the bed shifts, emphasizing medical necessity and alignment with hospital capacity.
- Assurance that services in Behavioral Health, Rehab, Maternity, and Pediatrics will remain unaffected, despite underutilization in these areas.
- The need to expand Medical/Surgical capacity to meet the growing demand for these services.
- How the conversion will maintain continued access to care for all services impacted by the bed shift.

In addition to CAB meetings, Elmhurst will notify current patients and their families who may be affected by the bed conversion. Clear messaging will be provided via patient letters, public service announcements, and Elmhurst's website to ensure the community remains informed about the changes and the continuity of care in affected departments.

To ensure equitable communication for all patients, Elmhurst has developed a plan for engaging

individuals with limited English proficiency as well as those with speech, hearing, and visual impairments. This includes distributing closure materials in various languages and providing interpreters to help explain the rationale for the bed re-allocation. In addition, website notifications, MyChart messages, and publicly displayed signs in primary care offices and Emergency Rooms will ensure the information is widely accessible.

Elmhurst will also implement a dedicated internal communication strategy to ensure that all hospital staff, particularly those in affected departments, are fully informed and prepared. This will include regular briefings, email updates, and a centralized information hub on the hospital's webpage.

Elmhurst has also begun to notify local community representatives and elected officials. This proactive outreach will ensure that key community stakeholders are informed and have the opportunity to address any concerns or provide input.

Furthermore, Elmhurst plans to leverage its Social Work and Community Health Worker workforce to notify patients and community groups directly about the upcoming changes and bed

re-allocation. These staff members will serve as essential liaisons, providing personalized information to affected populations and ensuring that vulnerable groups have access to the resources and information they need.

To ensure the bed transition does not compromise patient care or the hospital's ability to deliver essential services, Elmhurst will:

Maintain staffing levels to ensure all departments are fully supported during the conversion process.

Monitor occupancy rates closely to track patient volumes and adjust capacity as needed.

Develop a contingency plan to address any unexpected surges in patient demand, particularly in departments with reduced bed capacity.

A risk assessment will be conducted to identify potential challenges related to capacity, staffing, or patient care. These risks will be continuously monitored, and mitigation strategies will be adjusted accordingly. Additionally, a feedback system will be established to gather input from patients, families, and staff during the transition period.

Once the bed conversion is approved, Elmhurst will establish performance indicators to assess the project. Key metrics will include:

- Occupancy rates
- Patient satisfaction
- Wait times for Medical/Surgical services

Elmhurst will compare these post-conversion metrics against pre-conversion benchmarks to evaluate the effectiveness of the changes and identify areas for further improvement.

Furthermore, Elmhurst will continue to engage the community through ongoing CAB meetings, ensuring that any feedback or concerns are addressed, and that any necessary adjustments are made based on community needs and evolving circumstances.

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.