

**New York State Department of Health
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.

Table A.

Diagnostic and Treatment Centers for HEIA Requirement	Yes	No
Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?		
Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility?		

- ***If you checked "no" for both questions in Table A, you do not have to complete Section B – this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.***
- ***If you checked "yes" for either question in Table A, proceed to Section B.***

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No
Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i>		✓

less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.		
Establishment of an operator (new or change in ownership)	Yes	No
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		✓
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	Yes	No
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		✓
Acquisitions	Yes	No
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		✓
All Other Changes to the Operating Certificate	Yes	No
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	✓	

*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
 - HEIA Requirement Criteria with Section B completed
 - HEIA Conflict-of-Interest

- HEIA Contract with Independent Entity
 - HEIA Template
 - HEIA Data Tables
 - Full version of the CON Application with redactions, to be shared publicly
- ***If you checked “no” for all questions in Table B***, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

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	NYC Health + Hospitals/Kings County's Labor and Delivery Expansion and Addition of 4 New Certified L&D Beds
2. Name of Applicant	Kings County Hospital Center
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Health Management Associates 1155 6th Avenue, Suite 3350 New York, NY 10036</p> <p>Lead contacts: Kristina Ramos-Callan, Associate Principal Diana Rodin, Associate Principal Samantha Lang, Senior Consultant</p>
4. Description of the Independent Entity's qualifications	<p>HMA is a national research and consulting firm in the healthcare industry, founded in 1985. Our extensive roster of colleagues has expertise in service delivery, facility operations, health equity, health disparities, social drivers of health and health related social needs, diversity, equity, and inclusion, and anti-racist practice expertise. Many of our colleagues with service delivery and operations expertise are specifically familiar with New York State health care facility leadership and CON development. HMA's health equity experts include population health researchers and epidemiologists, former State and municipal public health policy leaders, and former health and human services administrators, government officials, and community-based organization leaders.</p> <p>Our firm has extensive data gathering and analysis experience with both quantitative and qualitative methods, accessing public and proprietary data sources. We are frequent practitioners of stakeholder engagement and group facilitation, and routinely conduct stakeholder feedback analyses, often in the form of focus groups, surveys, and key informant interviews as part of Community Health Needs Assessments and health equity engagements.</p>

5. Date the Health Equity Impact Assessment (HEIA) started	Feb 2, 2026
6. Date the HEIA concluded	6/11/26

7. Executive summary of project (250 words max)
<p>Kings County Hospital Center is applying to add four (4) new labor and delivery beds for low-risk patients, and construct a new space that includes a family lounge, two additional triage rooms, and all support systems necessary for the expansion including, but not limited to: Curtain Wall, Structural Steel, Interior design, HVAC, electrical power distribution and connections, lighting, plumbing, fire suppression, fire alarm, gas and vacuum, security, data/IT, voice, and communications systems.</p> <p>The proposed new beds will be constructed over the existing roof to provide 7,585 SF of the additional space for the four (4) new Labor and Delivery Rooms and all related support services, as recommended by the Medical Practitioners for the midwife attended births within the hospital setting.</p>
8. Executive summary of HEIA findings (500 words max)
<p>Kings County Hospital Center's planned addition of four beds to the labor and delivery unit is intended to expand community access to midwife-attended birthing services in the hospital setting, in an effort to improve maternal health outcomes in the region. Overall, stakeholders are supportive of the planned project. Some stakeholders expressed concern about how the project would be marketed to the community, and suggested that the applicant take proactive steps to educate the community about the new service, its intended impact, and eligibility criteria. The independent entity concurs that the approach to communicating the purpose of the new beds and the eligibility criteria for services is important for building and maintaining trust with the community around maternity care.</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.

Kings County Hospital Center, a New York City Health + Hospitals facility located in the East Flatbush neighborhood of Brooklyn, serves a population of 895,586 throughout an eleven zip code catchment that reaches nearly the entire borough.

63% of the catchment’s population, or 567,234 people, reside in the *primary service area*, from which the facility draws most of its patient population. This area spans seven zip codes and includes the communities of East Flatbush and Flatbush, East New York, Crown Heights, Prospect Lefferts Gardens, Bedford Stuyvesant, Brownsville, and Canarsie. See Table 1 for Neighborhoods Names and Zip Code Tabulation Areas.

Table 1 Total Service Area Neighborhoods and Zip Code Tabulation Area Names

Neighborhood (<i>primary service area zip codes highlighted in yellow</i>)	ZCTA Name
East Flatbush	11203
East New York	11207
East New York	11208
Flatlands/Flatbush	11210
Brownsville/East Flatbush	11212
Crown Heights/Ocean Hill	11213
Crown Heights/Prospect Lefferts Gardens	11225
Flatbush/Prospect Lefferts Gardens/Prospect Park South	11226
Bedford-Stuyvesant/Ocean Hill/Brownsville	11233
Bergen Beach/Flatlands/Mill Basin/Marine Park	11234
Canarsie/East Flatbush/East New York	11236

Zip codes in the primary service area are those that have the highest share of patients served, and several zip codes across the primary service area are also some of the most densely populated in the catchment. **Figure 1** shows population across the entire catchment; areas shown in the darkest blues have the highest population densities.

Figure 1 Population Density by ZCTA

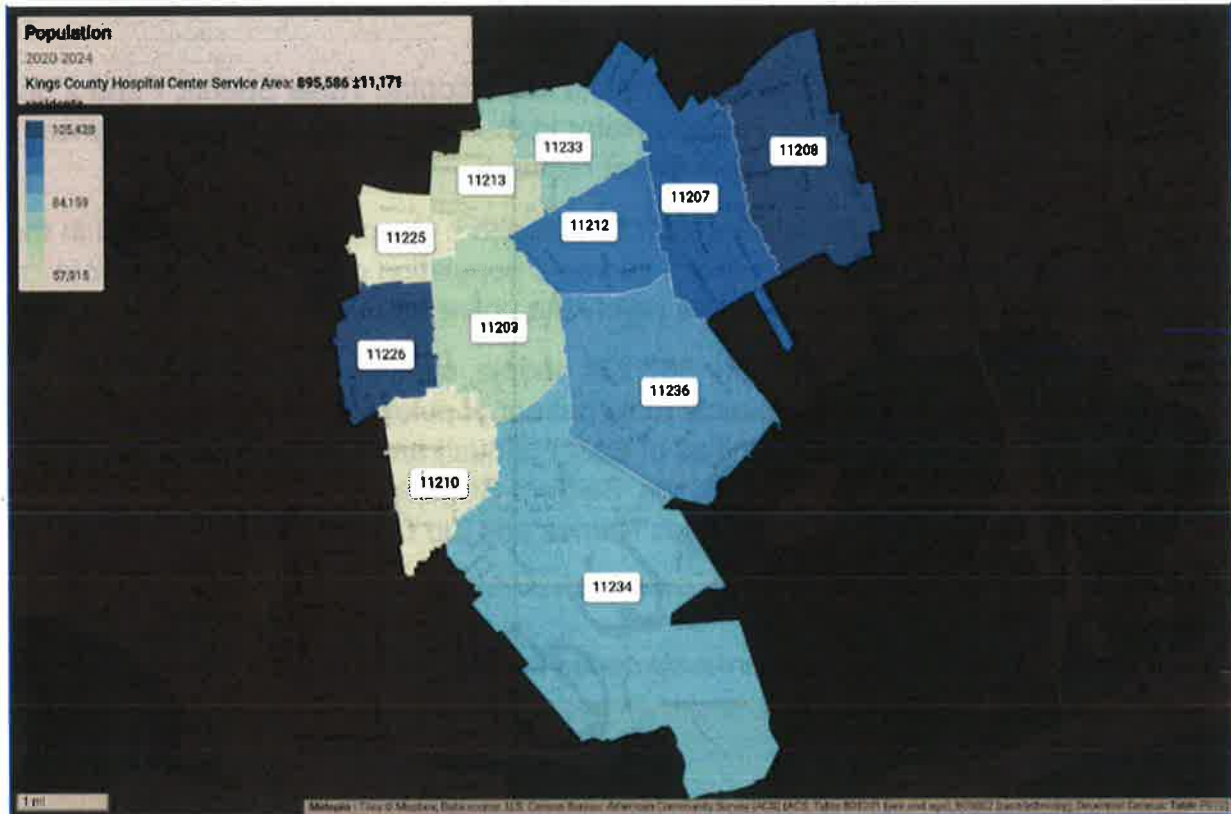
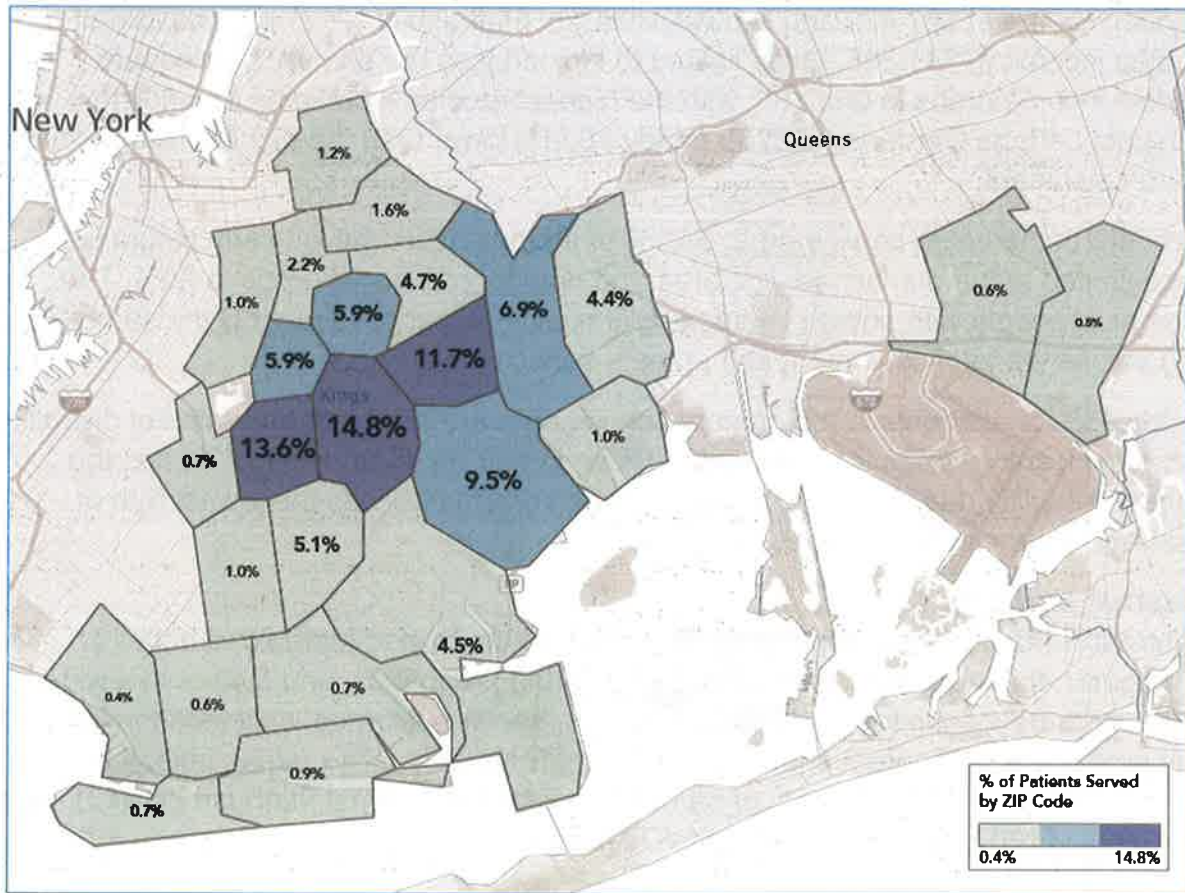


Figure 2 shows patients served by zip code tabulation area, with areas shown in darkest blue having highest percentage of patients.

Within the primary service area, nearly 89% of community residents identify as people of color. In the East Flatbush community, zip codes 11203 and 11236, nearly 80% of the population is Black or African American. This is a significant difference from the overall racial distribution of the total catchment, which is less than 60% Black or African American. Table 2 shows the differences in racial/ethnic distribution between the total catchment and the primary service area.

Figure 2 Patients by Zip Code



Source: NYC Health + Hospitals, DnA, Epic clinical and revenue data, CY24

Table 2 Racial/Ethnic Distribution, Full Catchment Vs Primary Service Area

Race/Ethnicity	Total Catchment	Primary Service Area
White	14.76%	3.4%
Black/African American	58.94%	75.3%
Asian/Native Hawaiian/Pacific Islander	4.41%	1.7%
American Indian/Alaska Native	0.035%	0.2%
Other race	10.86%	2.3%
Two or more races	10.69%	5.5%
Hispanic/Latino	17.5%	11.3%

Median age is the same across the total catchment and the primary service area, but there are significant differences in socioeconomic factors between the areas.

The average median household income across the total catchment is \$71,601 with significant variation between areas like Flatlands/Marine Park (11234) with the highest median income at \$97,479 and Brownsville/East Flatbush (11212) with the lowest median income of \$41,335. Once limited to zip codes in the primary service area, median income drops to \$68,159, with the highest median income as \$88,568 in Prospect-Lefferts Gardens (11225), nearly \$9,000 lower than the highest income in the entire catchment.

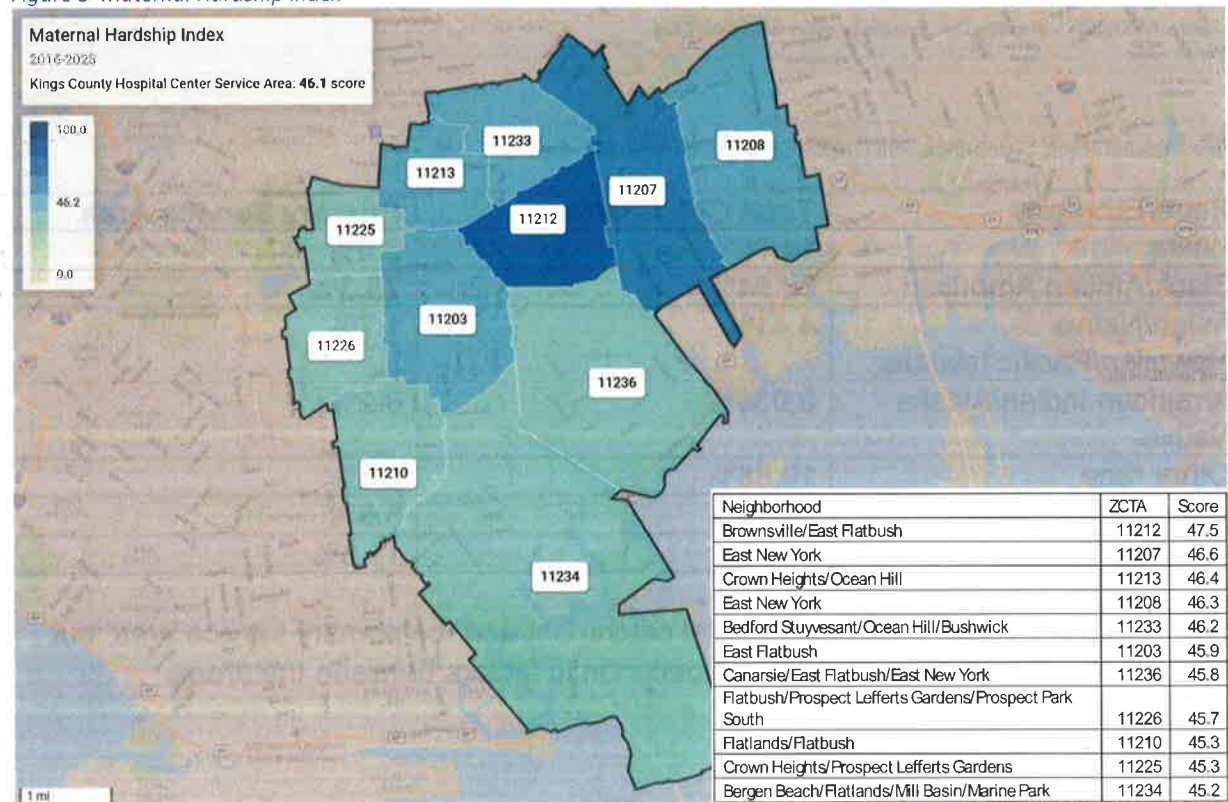
Throughout the entire service area, 94.1% of the population have health insurance. Once limited to the primary service area, the number of insured drops to 90%. The number of people with private versus public health insurance is roughly the same (+/- 2%) across the total catchment and primary service area.

Nearly 13% of residents in the primary service area are disabled, and rates of disability vary significantly across the catchment. Brownsville/East Flatbush(11212) has the highest disability rate at 17.7%, and East New York(11208) has the lowest rate of disability in the catchment, at 9.3%.

Maternal Hardship

Maternal Hardship is a proprietary index measure developed Metopio, a data aggregator, that quantifies level of hardship during pregnancy, and factors in a wide range maternal health topics, including access, health outcomes, socioeconomics, and built environment. Figure 3 shows how Maternal Hardship Index varies across the total service area, with highest levels of hardship in Brownsville/East Flatbush (11212), East New York (11207), and Crown Heights/Ocean Hill (11213).

Figure 3 Maternal Hardship Index



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
- ✓ 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
- ✓ Other people who are unable to obtain health care

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?

Medically Underserved Group	Source(s)
Low-income people	<ul style="list-style-type: none"> • U.S. Census American Community Survey • NYC Health+ Hospitals Community Needs Assessment Applicant-Provided Reports
Racial and ethnic minorities	<ul style="list-style-type: none"> • U.S. Census American Community Survey Table DP05, ACS Demographic and Housing Estimates • Applicant-Provided Reports • Combellick J, Telfer M, Ibrahim B ... Midwifery care during labor and birth in the United States, <i>American Journal of Obstetrics & Gynecology</i>, 2023; 228, S983-S993
Immigrants	<ul style="list-style-type: none"> • U.S. Census American Community Survey • Combellick J, Telfer M, Ibrahim B ... Midwifery care during labor and birth in the United States, <i>American Journal of Obstetrics & Gynecology</i>, 2023; 228, S983-S993

Medically Underserved Group	Source(s)
Lesbian, gay, bisexual, transgender, or other-than-cisgender people	<ul style="list-style-type: none"> • Applicant-Provided Reports • Conron, K.J., Luhur, W., & Goldberg, S.K. Estimated number of US LGBT adults in Large Metropolitan Statistical Areas (MSA). (December 2020). The Williams Institute, UCLA, Los Angeles, CA.
Women	<ul style="list-style-type: none"> • New York State Department of Health (January 2024). Report on the New York State Department of Health's Study of Health care System Inequities and Perinatal Access in Brooklyn, New York. Accessed February 6, 2026 at https://www.health.ny.gov/press/reports • Combellick J, Telfer M, Ibrahim B ... Midwifery care during labor and birth in the United States, <i>American Journal of Obstetrics & Gynecology</i>, 2023; 228, S983-S993
People with disabilities	<ul style="list-style-type: none"> • U.S. Census American Community Survey • Amanda Blair, Jenny Cao, Alyce Wilson, Caroline Homer. Access to, and experiences of, maternity care for women with physical disabilities: A scoping review, <i>Midwifery</i>, Volume 107, 2022, https://doi.org/10.1016/j.midw.2022.103273.
Persons living with a prevalent infectious disease or condition	<ul style="list-style-type: none"> • AHEAD Dashboard Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2018-2022. HIV Surveillance Supplemental Report, 2024; 29(1). https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html • New York State Office of Health, AIDS Institute Office of Sexual Health and Epidemiology (n.d.). STI Dashboard. https://www.stidashboardny.org/ retrieved February 2026.
People who are eligible for or receive public health benefits	<ul style="list-style-type: none"> • U.S. American Community Survey, Table DC03, Selected Economic Characteristics. • NYC Health + Hospitals Community Needs Assessment

Medically Underserved Group	Source(s)
People who do not have third-party health coverage or have inadequate third-party health coverage	<ul style="list-style-type: none"> • U.S. American Community Survey, Table DC03, Selected Economic Characteristics. • NYC Health + Hospitals Community Needs Assessment
Other people who are unable to obtain health care	<ul style="list-style-type: none"> • Migration Policy Institute, 2023. Profile of the Unauthorized Population: New York

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

Improved access to midwifery has numerous benefits that span population groups. Evidence demonstrates that birthing people with low-risk pregnancies who receive midwife continuity of care models are more likely to better birth outcomes, including spontaneous vaginal birth, and decreased likelihood of cesarean section, instrumental birth, or episiotomy¹. Birthing people also report more positive experiences during pregnancy, labor, and the postpartum period when they receive care from midwives; as well as feeling more respected and exhibiting a high degree of satisfaction with care.² the midwifery model of care may be more aligned with cultural norms, may assuage patient concerns stemming from previous experiences with the medical system, may support people who would prefer a lower-intervention labor and delivery experience, and may provide additional social emotional support for birthing people.

It is important to note that Kings County Hospital Center intends to build these new beds and services directly adjacent to labor and delivery beds that are equipped to provide a higher level of care. The ease of transfer between levels of care is part of the constellation of benefits included in this project.

Specific impacts on the medically underserved groups identified above are as follows:

Low-income people, and People who are eligible for or receive public health benefits. Additional capacity for labor and delivery services would increase access to midwife attended births for the population. People who are low income in the U.S. experience maternal health disparities as compared to higher-income communities, due

¹ Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gillespie P, Gates S, Jones LV, Shennan AH, Rayment-Jones H. Midwife continuity of care models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2024, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub6. Accessed 23 May 2026.

²

to barriers to access such as financial constraints and travel distance to receive care³, and differences between public and private health insurance benefits⁴. The applicant's service area is within Kings County, where the overall poverty rate is 19.2%, and the range of poverty level within service area zip codes ranges from 8.1% in Flatlands/Flatbush (11210) to 27.8% in Brownsville/East Flatbush (11212)⁵.

Racial and Ethnic Minorities and Immigrants. The addition of midwife-attended labor and delivery beds to KCHC's labor and delivery unit will increase access to midwifery-led models of care for racial and ethnic minorities and immigrants. Racial and ethnic minority groups and immigrants make up the vast majority of patients at Kings County Hospital Center. The 2025 NYC Health and Hospitals Community Needs Assessment found that more than 88% of patients identified as part of a racial or ethnic minority group. Furthermore, in many parts of the service area, the foreign-born population exceeds 30%, such as in Brownsville (32%), Canarsie (36%), Crown Heights South (34%), East Flatbush (46%), East New York (41%), and Flatbush/Midwood (45%).

Midwifery has been associated with reduced pregnancy related disparities⁶. KCHC's service area is home to the largest and most diverse Caribbean diaspora outside of the West Indies and is known as Little Caribbean. Black and Afro-Caribbean birthing people face persistent pregnancy related disparities. In New York City Black, non-Hispanic women had a pregnancy-related mortality ratio five times higher than White, non-Hispanic women (54.7 versus 11.2 deaths per 100,000 live births)⁷. Improved access to midwives, and other culturally concordant healthcare providers, is an essential intervention in the effort to improve birth equity in the service area. This project will create additional options for perinatal care models; and provide an opportunity for culturally concordant care, which has been shown to improve birth outcomes.

Women. The addition of these beds and the related staffing of midwives will create additional options for perinatal care models for women of reproductive age. Midwifery models of care are associated with reduced numbers of interventions, cesarian deliveries, preterm births, and inductions of labor; and increased numbers of vaginal births after cesarian delivery, and increased satisfaction with care⁸.

³Hill, Latoya, Samantha Artiga, and Usha Ranji. "Racial disparities in maternal and infant health: Current status and efforts to address them." *Kaiser Family Foundation* 1 (2022).

⁴ Courtot B, Hill I, Cross-Barnet C, Markell J. Midwifery and Birth Centers Under State Medicaid Programs: Current Limits to Beneficiary Access to a High-Value Model of Care. *Milbank Q.* 2020 Dec;98(4):1091-1113. doi: 10.1111/1468-0009.12473. Epub 2020 Sep 15. PMID: 32930433; PMCID: PMC7772638.

⁵ U.S. Census, American Community Survey, (2024). Table DP03, Select Economic Characteristics: Health Insurance Coverage.

⁶ Combellick J, Telfer M, Ibrahim B ... Midwifery care during labor and birth in the United States, *American Journal of Obstetrics & Gynecology*, 2023; 228, S983-S993

⁷ New York State Department of Health, 2024. Maternal Mortality Reports Detailing Stark Racial, Ethnic Disparities. https://www.health.ny.gov/press/releases/2024/2024-03-14_maternal_mortality.htm

⁸ Sandall J, Fernandez Turienzo C, Devane D, Soltani H, Gillespie P, Gates S, Jones LV, Shennan AH, Rayment-Jones H. Midwife continuity of care models versus other models of care for childbearing women.

Lesbian, gay, bisexual, transgender, or other-than-cisgender people. Midwifery models of care are associated with improved patient outcomes, and prioritize shared decision-making, patient autonomy and informed choice.

People with disabilities may be better served by the midwifery model of care in that it encourages access to more tailored and holistic services, where clinically appropriate.

Persons living with prevalent or infectious disease or conditions would benefit from having an option for the low-intervention birth, where clinically appropriate. KCH is a designated AIDS Center [and has extensive experience caring for patients living with HIV, tuberculosis, hepatitis, and other chronic illnesses. The addition of midwife-led beds in a hospital setting allows women with infectious diseases or other medical conditions to receive specialized obstetric care without stigma. The immediate proximity to the next level of care in the event of an escalation of their condition during labor broadens access for community members who historically have faced narrow, if any choice, in birthing methods.

People who do not have third-party health coverage or have inadequate third-party health coverage; and other people who are unable to obtain health care may benefit from the addition of these labor and delivery beds as an expansion of capacity at a safety-net facility. According to a 2025 Definitive Healthcare analysis, Kings County Hospital Center was among the top 10 hospitals with uncompensated care costs as measured by percentage of operating expenses, with a rate of 40%. In fact, eight of the top ten hospitals were NYC Health and Hospitals facilities⁹.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

The proposed project would expand capacity of an existing labor and delivery unit at Kings County Hospital Center from 30 to 34, improving access for medically underserved populations that the applicant already serves.

In 2025, Kings County had 1,323 labor and delivery discharges. The applicant's expectation is an increase in utilization of 15% to an estimated 1,521 total labor and delivery discharges by year three of operation. Anticipated growth is expected to be attributable to year-over-year increases in low-risk discharges, estimated at 600 in year one, 720 in year two, and 900 in year three.

Cochrane Database Syst Rev. 2024 Apr 10;4(4):CD004667. doi: 10.1002/14651858.CD004667.pub6. PMID: 38597126; PMCID: PMC11005019. and Combellick J, Telfer M, Ibrahim B ... Midwifery care during labor and birth in the United States, American Journal of Obstetrics & Gynecology, 2023; 228, S983-S993
⁹ Definitive Healthcare, 2025. List of Hospitals with Highest Uncompensated Care Costs.

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

Kings County Hospital Center intends to expand its labor and delivery unit to specifically increase access to midwife-attended births in its services area. Currently, one other hospital in the service area, Brookdale Hospital, similarly offers hospital-based midwife attended births at a significant level (46.27% of births in 2021). Both Kings County Hospital Center and Brookdale Hospital are Level 3 Perinatal Centers that can provide care to patients requiring increasingly complex care and operate neonatal intensive care units.

Outside of the service area, the nearest hospitals offering midwife-attended births are Maimonides Medical Center, which reported 22.2% in 2021, and New York-Presbyterian Brooklyn, which reported 17.36% in 2021. Of those, only NYP-Brooklyn is a Level 3 perinatal center.

There is one free-standing birthing center near the service area, but as a free-standing facility does not feature immediate access to higher-level of care, if needs arise.

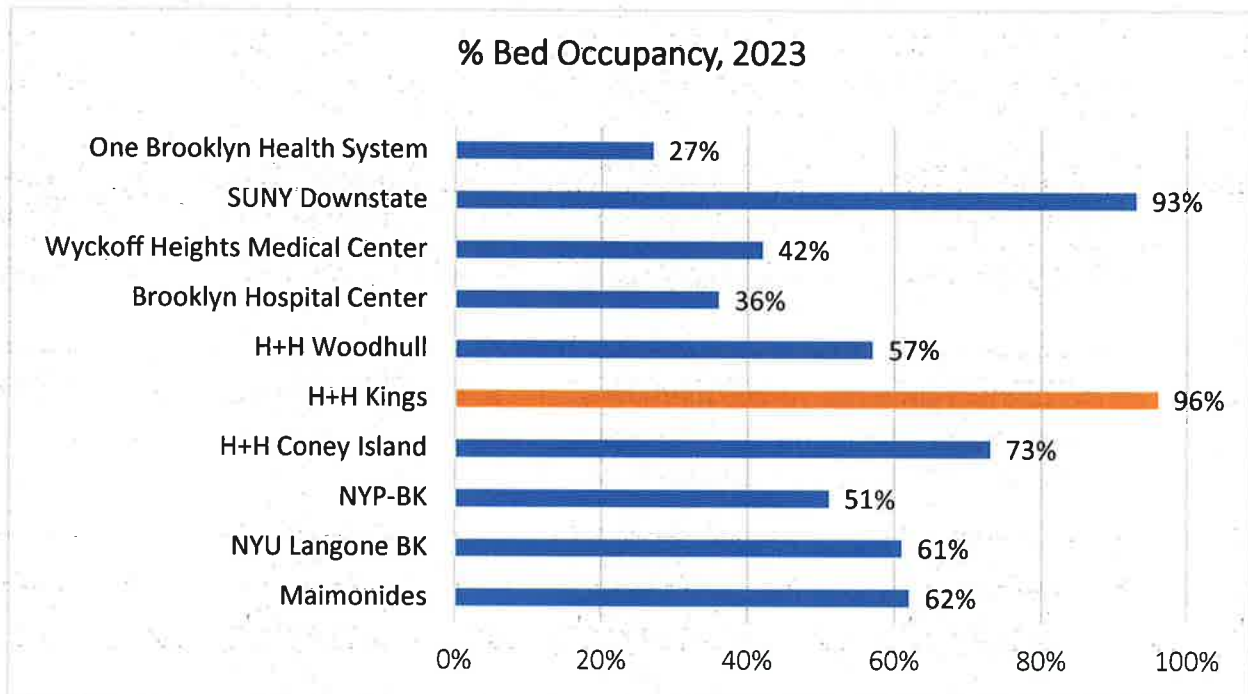
7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

In 2023, Kings County Hospital Center held about 7% of the market share of all hospital-based labor and delivery in Brooklyn overall. In that same year, about 18.5% of all births in the borough were midwife attended. During that time, Kings County Hospital Center held about 2% of the market of hospital-based, midwife attended births.

The Kings County Hospital Center's Labor and Delivery unit is consistently full. A 2024 NYSDOH report of perinatal services in Brooklyn showed that in 2023, the hospital's labor and delivery unit operated at 96% occupancy, as seen in figure 1.

Adding four beds will not materially increase Kings County Hospital Center's market share, however, because the facility operates at such a high occupancy rate compared to other facilities in the market, the change would improve access to care and services for the population in the service area.

Figure 4 % Occupancy of Labor and Delivery Beds, (NYSDOH 2024)



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.

Kings County Hospitals Center fulfills its obligations under Public Health Law 2807-k alongside its parent organization, New York City Health and Hospitals (H+H) and routinely collaborates on the triennial community needs assessment.

Uncompensated Care

According to the FY 2023 DSH Report Pro-Forma and Analysis, in Fiscal Year 2023, systemwide, H+H provided \$938.4M in total uncompensated care costs, which includes both Total Medicaid Uncompensated Care, and total uninsured uncompensated care. Kings County Hospital Center's portion was \$170,860,630, of which \$79,417,727 was Medicaid uncompensated care, and \$96,966,909 was uninsured inpatient/outpatient uncompensated care.

Community Services

Kings County Hospital Center is an anchor of primary care and community wellness in Central Brooklyn, offering many opportunities for community

engagement, and health and wellness supporting activities throughout the service area.

Community engagement opportunities include:

Community Advisory Board (CAB). The CAB meets monthly with hospital leadership and is comprised of local residents, representatives of community-based organizations and other community leaders. Through the CAB, hospital leadership obtains local stakeholder perspectives on facility programs, and ongoing and emergent community issues and needs.

Patient and Family Advisory Committee (PFAC). Kings County Hospital Center's PFAC gathers patients, family members, and staff to work together toward improved patient-centered care by sharing perspectives and experiences and offering input on hospital services, priorities, and policy.

Public Programs. Recent public programs include but are not limited to:

- Health Fairs with the community
- Patient education series, such as “Small Bites” (Lifestyle Medicine)
- Resilience in Motion: a special event in partnership with Gibney Dance focused on self-care and support resources for survivors of domestic violence
- Hosting campus-based advocacy events for various conditions and topics, e.g. Heart Health, Breast Cancer Awareness, Black Maternal Health Week, with features like information sessions and campus walks
- Community Health Education events in partnership with the Brooklyn Public Library on topics such as falls prevention
- Public digital content and social media posts focused on health promotion and prevention, featuring many topics, such as nutrition, behavioral health, and condition- or population- specific health awareness topics

Community Partnerships. Some examples of partnerships with community organizations include:

- CAMBA Housing Ventures to site affordable and supportive housing on underutilized property at the hospital campus.
- Kings Against Violence Initiative (KAVI), which conducts community-based antiviolence work.

Access to programs receiving federal financial assistance

Countywide, 48% of the population of Brooklyn (Kings County) has some form of public health insurance along or in combination. 28.8% had Medicaid alone. However, across the zip codes in Kings County Hospital Center's service area, between 40.1% and 62.3% of all residents are recipients of publicly funded insurance.

According to the DSH Pro-Forma, in fiscal year 2022, the Medicaid inpatient utilization rate for Kings County was 72%.

8. 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 major physician or professional staffing issues related to the project, apart from the need to hire for the additional capacity created. By the third year of operation, the applicant expects to have hired 27.5 new FTE, inclusive of

- 7 FTE nurse midwives
- 8 FTE registered nurses
- 12.6 FTE administrative, aides, orderlies, etc.

The applicant anticipates some questions from the community regarding the staffing model for the additional beds as they may related to Doula provision of care. While the applicant anticipates hiring certified nurse midwives for staffing the beds, the applicant does not directly employ or staff beds with doulas. The applicant anticipates referring those patients who seek doula services to the applicant's Maternal Medical Home program to connect those individuals to community doulas for support.

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

There are no civil rights access complaints Kings County Hospital Center.

10. 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.

In January 2026 Kings County Hospital Center opened a new med/surg unit in the R-Building, which increased the number of certified med/surg bed count by 25 beds. An HEIA was also conducted for this project as part of the CON process.

With hospital med/surge capacity consistently close to 100 percent, this project addresses access to care for medically underserved patients seen at the hospital. Specifically, it reduces wait time/ED dwell time for admitted ED patients waiting for an assigned bed.

Similar to this med/surg approved project, the L&D project is also increasing bed capacity for laboring people by adding 4 new certified beds. This service will specifically offer low-risk birthing patients the ability to choose an alternative method for birthing with midwives and doulas.

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

The proposed project expands access to a model of care that has traditionally had limited availability within hospital-centered labor and delivery services and would generally improve access to services and health care for all affected medically underserved populations. Furthermore, it adds critical capacity to communities in the service area that have large gaps in maternal care services.

For low-income people, people who are eligible for or receive public health benefits, people who do not have third-party health coverage or inadequate third-party health coverage, this project specifically expands access and availability of midwifery and midwife-led births by creating a pathway to affordable services. Kings County's service area covers many of the highest poverty areas of Brooklyn (Kings County), and about 72% of people who received care at Kings County are Medicaid beneficiaries. While midwifery care is covered by Medicaid, but not all Midwifery providers accept Medicaid as a payor. Expanding this service at a safety-net provider that accepts Medicaid, provides financial assistance, and in some cases charity care, is a critical access path for these medically underserved groups.

For Racial and Ethnic Minorities and Immigrants, expanding access to midwifery and midwife-led birthing services creates access to birthing services that are aligned with cultural norms and labor preferences, and mitigate barriers to access such as . This was especially pronounced among Afro-Caribbean respondents, who emphasized that midwives provide most of the perinatal care and maternal/child health care in the Caribbean.

Women. Midwifery models of care support better health outcomes for women, such as reduced maternal mortality, increased spontaneous vaginal birth, reduced need for surgical interventions (cesarean section, episiotomy) during births, and lowered rates of hemorrhage. Post-partum, midwifery models of care are associated with increased ongoing engagement with health care beyond pregnancy, including well-woman care across the lifespan.

LGBTQ+ populations. Income and coverage-related access impacts are also beneficial for this group, who are more likely to have financial constraints due to poverty. In 2024, the poverty rate for LGBTQ+ populations in the U.S. is 22% (up to 29% for trans individuals)¹⁰.

¹⁰ Siers-Poisson, J. (2021). The complexity of LGBT poverty in the United States. *Institute for Research on Poverty*.

People with Disabilities. Similarly, people with disabilities are likely to benefit from expanded access to midwifery. The poverty rate for people with disabilities in the U.S. is 23.5%. In New York State, the poverty rate for the same population is 29.9%.

People living with a prevalent infectious disease or condition. Expansion of these beds at Kings County Hospital Center would specifically improve access to care for individuals with prevalent infectious diseases such as HIV. Kings County Hospital Center's service area includes communities with some of the highest rates of new HIV diagnoses in the City of New York. These communities frequently overlap with high poverty communities.¹¹

b. Improve health equity

The service area that this expansion would impact include communities with some of the largest gaps in capacity for maternal health services, as well as high rates of poverty, high shares of foreign-born populations, and lowest rates of household income in the Borough. For example, while Kings County handles just 6% of births in the Borough, its labor and delivery unit is consistently full, operating at 96% capacity, on average.

This expansion addresses structural barriers to equitable care by increasing badly needed capacity and access to an evidence-based practice that has been shown to improve outcomes, is culturally aligned with care recipient preferences, and is economically accessible.

c. Reduce health disparities

Kings County Hospital Center has shared that this effort is a direct attempt to improve maternal health outcomes for Black and Afro-Caribbean women in the service area. The project, which arose from a Brooklyn Borough President allocation of capital funding toward maternal health care improvements in Brooklyn Public Hospitals (NYC Health +Hospitals Coney Island, Kings County, and Woodhull), is intended to directly address maternal health disparities in the service area.

Adding midwifery-focused care capacity specifically increases access to quality perinatal care that can improve outcomes at birth and long-term.

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.

Increased access to midwife-led birth experiences and midwifery models of care has been shown to have positive impacts on medically underserved groups, and feedback

¹¹ NYC Health (2024). HIV Surveillance Annual Report, 2024. Accessed at <https://www.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2024.pdf>

from stakeholders suggests that community members anticipate positive impact on maternal health outcomes.

However, stakeholder expressed concern that an unintended consequence could be disproportionate exclusion of the Black and Afro-Caribbean from access to the service due to the impact of advanced maternal age in that population. They expressed concern that these populations have higher incidence of “geriatric pregnancy” or advanced maternal age (35 years and older), which is frequently cited as a risk factor for birth complications. As such, they worried that these populations may be categorically excluded from access to the service prior to having a comprehensive assessment of risk by their provider.

This concern was amplified by stakeholder perspectives on the timing of the project and its accessibility for the local community. Stakeholders asked questions like “why is this only available now” and whether “ongoing gentrification” of the surrounding community had any influence on the decision to expand services in this way.

Community health leaders similarly expressed concern about the services being available to the intended population to address disparities. They said they would like the Applicant to be proactive in engaging the local community to ensure the improvements in access will benefit the intended population experiencing disparities so that they may address and improve Black maternal health outcomes in the community.

The independent entity notes that an unintended impact to monitor is the accessibility of culturally concordant care for birthing persons. Culturally and racially concordant care has been shown to improve patient experience of care, and research has shown concordant care increases care quality and lowers patient mortality¹². As of 2021, only 7.3% of midwives in the United States identified as Black or African-American¹³, suggesting the applicant may wish to proactively engage in recruitment activities and provider partnerships that support concordant care for patients accessing services in the proposed project.

3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.

The amount of indigent care, both free and below cost, is not expected to change as a result of project implementation. The most recent available applicant provided financial statements indicate in Fiscal Year 2023, Kings County Hospital Center contributed

¹² Michael D. Frakes and Jonathan Gruber, “Racial Concordance and the Quality of Medical Care: Evidence from the Military,” NBER Working Paper 30767 (2022), <https://doi.org/10.3386/w30767>.

¹³ Olden H, Yada F, “Where Are All the Black Midwives?” *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 2025; 54, 334-337

\$170,860,630, of which \$79,417,727 was Medicaid uncompensated care, and \$96,966,909 was uninsured inpatient/outpatient uncompensated care.

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.

Kings County Hospital Center is located at 451 Clarkson Avenue, Brooklyn (Kings County), New York 11203

The location is accessible via public transportation, including the 2, 5, and Q subway lines and the B34, B44/44S, B46, and B12 bus lines. The B12 bus stops directly at the hospital. Of the available public transportation options, the B12 and B44/44S are preferred for wheelchair access. The hospital is also accessible by private vehicle.

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

The project creates additional patient care space on a hospital unit that is currently compliant with accessible for people with mobility impairments. Interim accessibility concerns during the construction period will be mitigated with advanced and ongoing communication to patients, staff, and community stakeholders. A comprehensive communications strategy about the project and any interim changes will be developed, implemented, and monitored by the Communications Department to ensure continuous communication and maintain unimpeded access.

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?

The implementation of this project will impact Kings County Hospital Center's delivery of maternal health care services and comprehensive reproductive health care in that it will increase the number of labor and delivery beds in the area and will add midwives. The project is adding services, not removing services, and therefore is not anticipated to disrupt the availability of any maternal health care or comprehensive reproductive health service.

The applicant has shared that the proposed construction of the space for the project is expected to be minimal and should not interrupt patient care or staff workflow. The construction is to occur in unoccupied space where currently no patient care services

occur. There may be minor impact on resident call rooms and service elevators in the corridor, however any disruption of the call rooms or service elevators are expected to be limited and manageable. Furthermore, the applicant does not anticipate any major disruption for the overall community, patients, or staff access to the building, parking facility, or other common areas, due to construction. Any heavy equipment, such as large cranes, will be positioned on the Winthrop Street side of the hospital, away from the primary entrances which are located on Clarkson Avenue. In addition, consistent with regulatory requirements, an infection control assessment will be incorporated into the planned phased construction of the project and monitored continuously until construction is complete, to ensure environmental concerns related to construction (e.g., dust, fumes, construction debris) have no impact on patient care or staff work areas.

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

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

The local health department did not partner or provide information directly, but did provide a response to our request for comment.

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

See attached Data workbook.

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?

Stakeholders most affected by the project are community members who are current or potential patients of Kings County Hospital Center’s perinatal care services, including women, people who are racial and/or ethnic minorities, and including but not limited to people who are low-income or who are eligible for or receive public health benefits.

Stakeholders representing these groups were engaged via focus groups and key informant/expert interviews, and offered input, captured on the meaningful engagement tabs of the data table attachments.

Some stakeholders expressed concern for the following:

- Unintentional, disproportionate exclusion of Black and Afro-Caribbean birthing persons from access to service due to perceived potential mismatch between the nature of the service being low-risk pregnancies, and the prevalence of advanced maternal age (35 years and older, sometimes referred to as Geriatric Pregnancy) which is considered a risk factor for birth complications.
- Assurances that the services will address disparities in the intended population. Key informants and community health experts encouraged the applicant to be proactive in engaging the local community in education and awareness building about the improvements to the labor and delivery unit and introduction of the new service.

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 independent's entity's engagement of community members provided opportunity to hear and engage with community members' lived experiences of perinatal and maternal care, both locally and historically in their past-communities outside of the U.S. health care system. These conversations provided additional context on the community's perspective on introduction of these services, and prompted the independent entity to seek additional perspectives from public health key informants with highly localized expertise in community health in Kings County. Those discussions supported the independent entity's assessment of which communities' members would be most affected by the changes and contributed to the suggested mitigation strategies.

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.

No relevant stakeholders declined participation.

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, Kings County Hospital Center, has shared that it intends to use an integrated communications approach to effectively convey the project's impact while addressing accessibility for individuals facing language barriers, speech, hearing, or visual impairments. The Applicant's Office of Communications & Public Affairs will collaborate closely with its Language Access Services team to ensure comprehensive translation of information into multiple languages and provision of accessible formats. Strategic partnerships with local community boards, schools, and religious institutions will facilitate widespread dissemination. Additionally, they will leverage the hospital's monthly digital magazine, accessible globally, to regularly feature updates and success stories, ensuring broad understanding and engendering support for the project. The applicant further intends to leverage official social media platforms including X (formerly known as Twitter), Facebook, and YouTube to share information. In addition, the applicant will leverage engagement with its Community Advisory Board and Patient and Family Advisory Council to amplify outreach efforts throughout the community. These efforts would be complemented by the Applicant's media relations strategies, including press releases, potential interviews, and other types of media placement to highlight project milestones and benefits to the community. The Applicant will use a continuous evaluation and learning approach to update and refine communication efforts to maximize their effectiveness.

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

The independent entity encourages the Applicant to make concerted efforts to share details about the project and what it will provide at the facility, as well as generally expand health literacy about the midwifery services and maternal outcomes. Community members may require clear information about what will be available to whom and under what conditions so that the community is better informed on what to expect from the service. This may require engagement with community-based providers, community-based organizations, and other local stakeholders to help communicate about the expansion of services, inclusive of eligibility criteria, and how this service is intended to improve community health.

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

The applicant is encouraged to engage with community stakeholders and community-based organizations with an active footprint in community maternal health to ensure reach into the community to share news of forthcoming change. This is also an opportunity for the Applicant to learn from community members and potential community partners about best practices in reaching community residents and affected populations.

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 applicant shared that this project emerged from specific county-level investment to improve maternal health outcomes in Safety Net hospitals throughout the Borough. As such, the project is inherently aimed at addressing systemic access barriers and disparate outcomes by increasing access to midwifery services. Considering this intent, the applicant is encouraged to make proactive efforts to communicate with the community about the intent behind the project and its intended outcomes, and make efforts to provide community-wide education about the role of midwives in improving birth outcomes.

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 labor and delivery department has multiple metrics it monitors to assess for access to care and quality of care. The applicant has shared the following list of labor and delivery metrics they will monitor:

- Delivery Volume
- Hemorrhage Volume
- Apgar less than 7 at 5 minutes
- Delayed cord clamping rate
- Skin to skin
- Exclusive breastfeeding rate
- NICU admission rate
- 3rd and 4th degree lacerations
- Shoulder dystocia occurrences and outcomes
- Induction of labor success
- Labor dystocia rates
- Volume of patients that need to be referred to L&D for higher level of care
- Volume of patients that required operative delivery (vaginal or abdominal - cesarean section)
- Decision to incision for cesarean deliveries
- Number of patients with epidural placement
- Patient experience HCAHPS scores
- Number of OB Response Team Codes

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 is encouraged to formally monitor referral sources for patients receiving midwife-led birthing services in the new beds to better understand whether information about the new service is reaching populations most in need in the community.

This may include methods such as surveying patients to learn how they heard about or were connected to the unit; analyzing electronic health records for geographic distribution of patient residence, e.g., zip codes the patients come from, and whether patients are representative of the Applicant's typical service area; and the payor mix of patients utilizing the beds, and whether the payor mix is representative of usual utilization of the labor and delivery unit.

Further mitigation efforts may include community education via health fairs, workshops, and engagement with community-based providers, such a primary care, pediatrics, and behavioral health settings, in addition to obstetrics and gynecology providers, to ensure the local continuum of care is aware and educated on the available resource and the clinical eligibility criteria for access to these services.

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, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

SHELDON R. McLEOD

Name

CEO

Title

Sheldon R. McLeod

Signature

10/1/2024

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

- 1) The independent entity indicated that stakeholders expressed concern that an unintended consequence could be disproportionate exclusion of the Black and Afro-Caribbean from access to the service due to the impact of advanced maternal age in that population. They expressed concern that these populations have higher incidence of "geriatric pregnancy" or advanced maternal age (35 years and older), which is frequently cited as a risk factor for birth complications.

As such, they worried that these populations may be categorically excluded from access to the service prior to having a comprehensive assessment of risk by their provider.

Response:

This project is part of a larger NYC Health + Hospital (NYCH+H) initiative to enhance labor & delivery and ambulatory women's health services to provide more holistic, integrated and patient-centered services. As part of NYCH+H, Kings County Hospital plays an integral role in ensuring access to high quality maternal health services for all patients, including underserved populations in NYC. All patients in need of the Hospital's L&D services will continue to be accepted without regard to age, sex, sexual orientation, race, creed, religion, disability, or ability to pay.

Every patient that is seen for prenatal care at Kings County Hospital Center will be informed of this new service and will be offered the opportunity to deliver in the low-risk L&D unit based on established standardized clinical criteria, including the use of a risk assessment. All staff will be trained on the definition of low-risk pregnancy and risk factors that preclude a patient from delivering in a low-risk setting, including the impact of age.

Additionally, a communications plan has been established to inform community residents, community-based organizations, and other stakeholders with whom the hospital collaborates about the existence of this service.

- 2) The independent entity shared that community health leaders similarly expressed concern about the services being available to the intended population to address disparities. They said they would like the Applicant to be proactive in engaging the local community to ensure the improvements in access will benefit the intended population experiencing disparities so that they may address and improve Black maternal health outcomes in the community.

Response:

Kings County Hospital's integrated communications approach for the hospital's labor and delivery expansion to add four (4) new certified low-risk beds aims to effectively convey the project's impact while addressing accessibility for all individuals, including those facing language barriers, speech, hearing, or visual impairments.

The Office of Communications & Public Affairs will collaborate closely with our Language Access Services team to ensure comprehensive translation of information into multiple languages and provision of accessible formats.

Strategic partnerships with local community boards, schools, and religious institutions will facilitate widespread dissemination. Additionally, our hospital's monthly digital

magazine, accessible globally, will regularly feature updates and success stories, ensuring broad understanding and support for the project.

The hospital's Communication Office will utilize our official social media platforms including X, Facebook, and YouTube to share information. Engagement with our Community Advisory Board and Patient & Family Advisory Council will amplify outreach efforts, complimented by media relations strategies like press releases and potential interviews to highlight project milestones and benefits. Continuous evaluation and stakeholder feedback will drive refinements to maximize the effectiveness of our communication efforts.

- 3) The independent entity encourages the Applicant to make concerted efforts to share details about the project and what it will provide at the facility, as well as generally expand health literacy about the midwifery services and t maternal outcomes. Community members may require clear information about what will be available to whom and under what conditions so that the community is better informed on what to expect from the service. This may require engagement with community-based providers, community-based organizations, and other local stakeholders to help communicate about the expansion of services, inclusive of eligibility criteria, and how this service is intended to improve community health.

Response:

Kings County Hospital collaborates with numerous community stakeholders. The leadership meets monthly with the Hospital's Community Advisory Board (CAB), which is comprised of individuals who serve in various capacities in the community planning boards, as well as those who live or work in the community and use the hospital's services. This monthly forum provides an opportunity for bi-directional exchange of pertinent information and updates about hospital projects and community activities.

Kings County Hospital also has a Patient and Family Advocacy Committee (PFAC) that meets monthly with Care Experience and department leadership to discuss hospital updates, patient centered access to care, and operational concerns.

Both the PFAC and the CAB have been actively involved with providing input to this L&D expansion initiative.

Kings County Hospital's Labor and Delivery and Women's Health Services has also developed collaborations/partnerships with community-based organizations specifically related to perinatal care and maternal health. These collaborations include speaking engagements, screening activities, and educational outreach, among others.

- 4) The applicant is encouraged to formally monitor referral sources for patients receiving midwife-led birthing services in the new beds to better understand

whether information about the new service is reaching populations most in need in the community.

Response:

The Department of Obstetrics and Gynecology has established protocols and standards that can be leveraged to monitor the impact of all L&D services, inclusive of this project. These include process measures, referrals, and admissions, in addition to quality and access measures.

The staffing plan for this project includes a director for midwifery services who will oversee this midwifery-run program under the auspices of the Chief of Obstetrics and Gynecological Services. The midwife functions as an integral member of an interdisciplinary team, helping to shape and influence patient experiences and to collaborate on monitoring established quality of care and access metrics.

Additionally, the Hospital's Quality Assurance Program (QAP) is administered by the Chief Medical Officer. The QAP defines the objectives, organization, responsibilities, scope and procedures for overseeing the effectiveness of identifying and solving quality-related metrics.