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New York State Department of Health

Health Equity Impact Assessment:

D&TC Extension Clinic to Serve Nassau County

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	A Diagnostic & Treatment Center Extension Clinic to Serve Nassau County
2. Name of Applicant	Sunrise Med Plus, LLC
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Phia Consulting, LLC</p> <p><u>Lead Contact:</u> Andrea Mantsios, PhD, MHS Founder & Principal Consultant, Phia Consulting, LLC amantsios@phiaconsulting.org 917-376-7776</p> <p><u>Team Members Conducting the HEIA:</u></p> <ul style="list-style-type: none"> • Andrea Mantsios • Stefanie Lindeman • Lynnette Mawhinney • Jenne Massie Brown • Judith Eskicioglu
4. Description of the Independent Entity’s qualifications	<p>The Independent Entity and team members conducting the HEIA have decades of experience in health equity, stakeholder and community engagement, anti-racism work, public health, and healthcare access.</p> <p>Andrea Mantsios, PhD, MHS, the lead contact, is a public health expert with over 20 years of experience in public health and healthcare with a focus on improving access and health outcomes for medically underserved populations. She specializes in qualitative methods to promote health equity in research, policy, and programming with a focus on medically underserved populations. She completed a health equity needs assessment for a large-scale health insurance provider to inform development of an organizational health equity</p>



	<p>curriculum and has been working on HEIAs in New York State since 2023.</p> <p>Stefanie Lindeman, JD has 15 years of experience in the population health arena, with a focus on underserved populations, healthcare access, and the social determinants of health. She has worked closely with primary care associations, federally qualified health centers, and safety net hospitals, and specializes in program and project development and oversight, strategic and operational planning, and revenue development.</p> <p>Lynnette Mawhinney, PhD, MEd is a health equity and qualitative research expert with 20 years of experience in education. She completed a multi-year participatory evaluation of an equity audit tool that spanned three states. She is the Senior Associate Dean for Strategic Academic Initiatives and Professor of Urban Education at Rutgers University-Newark.</p> <p>Jenné Massie Brown, DrPH, MS is the Deputy Director of the Intersectionality Training Institute, a cross-disciplinary institute designed to advance health equity by providing high quality training in the application of intersectionality, and a Senior Research Scientist. She also serves as a Commissioner of the DC Department of Health Regional Planning Commission on Health and HIV and the Chair of the Community Engagement and Education Committee.</p> <p>Judith Eskicioglu has over 17 years of experience in the healthcare sector, providing consulting services to ambulatory care facilities, including Federally Qualified Health Centers and hospitals. Her experience spans public health research focused on analyzing socioeconomic, demographic, and health status trends. She specializes in financial feasibility studies, operating budget development, market assessments, preparation of Federal and State regulatory reports, licensure applications, and developing grant applications.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	October 13, 2025
6. Date the HEIA concluded	December 15, 2025



Public Health Innovation & Action

7. Executive summary of project (250 words max)

The Applicant proposes to construct a D&T extension clinic in the Town of Hempstead in Nassau County, NY, expanding from their current site where they provide physical therapy to have a comprehensive multi-service center providing primary care, other medical specialties, and MRI services, alongside physical and occupational therapy. The D&T extension clinic will serve a community of mostly immigrants from Latin America, many of whom are limited English speakers. The expanded practice will offer access to culturally and linguistically competent care to residents of Hempstead and surrounding towns, an area with a large Latino population.

8. Executive summary of HEIA findings (500 words max)

Meaningful engagement conducted for this HEIA revealed several positive impacts of bringing a comprehensive multi-service center to Hempstead including: greater access to primary care, specialty medical services, and MRI services in a HRSA-designated medically underserved area; provision of culturally and linguistically appropriate care; mitigation of transportation barriers to care through the establishment of a centrally located site that is easily accessible by public transportation; and greater continuity of care and reduced hospital admissions for a population that relies heavily on local Emergency Departments and other providers of emergency care.

The benefits of increased access to services in an area with a demonstrated need for both locally available primary care and medical specialties apply to all patient populations. Greater continuity of care will be a major benefit for all patients as the extension clinic can serve as a medical hub for patients who will now be able to access multiple services under one roof. This benefit is particularly salient given that the survey conducted by the IE for meaningful engagement revealed 63% of respondents do not have a primary care provider (PCP). Without a PCP, 46% of these individuals utilize emergency services or urgent care when they are sick.

Specific medically underserved groups will have unique benefits. Low-income individuals will have reduced travel time and costs by accessing services locally, those with less flexible work schedules who are unable to take off from work without losing pay will have access to appointments after traditional working hours due to the extended weekday hours of the proposed extension clinic. People with disabilities and older adults with limited mobility will have easy access to local services reducing the burden of navigating travel outside of the area. Immigrants, some of whom are undocumented, the Latino population more broadly, and particularly those with limited English proficiency will have access to culturally and linguistically competent care in a setting where they will feel safe and comfortable receiving services due to the Applicant's established presence in Hempstead, strong ties to the community, and overwhelmingly representative clinic staff serving the patient population.

Some stakeholders wanted to ensure the site would not become overcrowded due to the provision of various services at one site, as they reported is a frequent occurrence



Public Health Innovation & Action

at other facilities. This finding in fact further supports the need for the extension clinic to bring these needed services to the area where the current limited providers are not able to meet local need.

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.

Please see Scoping Sheets 1 and 2 in the “Sunrise Med Plus HEIA Data Tables” document.

The service area for the project is Nassau County, more specifically the Town of Hempstead. Since patients served by the proposed site will be coming from the area immediately surrounding Hempstead, we have included the following neighborhoods in the service area as presented in the Scoping Data Table and described throughout the HEIA: Hempstead, Uniondale, Roosevelt, West Hempstead, Baldwin, Freeport, and Westbury (ZCTAs: 11550, 11552, 11553, 11575, 11510, 11520, and 11590).

2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
 - ✓ **Low-income people**
 - ✓ **Racial and ethnic minorities**
 - ✓ **Immigrants**
 - Women
 - Lesbian, gay, bisexual, transgender, or other-than-cisgender people
 - People with disabilities
 - ✓ **Older adults**
 - Persons living with a prevalent infectious disease or condition
 - Persons living in rural areas
 - ✓ **People who are eligible for or receive public health benefits**
 - ✓ **People who do not have third-party health coverage or have inadequate third-party health coverage**
 - Other people who are unable to obtain health care
 - Not listed (specify):
3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What



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information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

Medically underserved groups that may be impacted by the project were identified through multiple information sources. We utilized the following publicly available data for the service area to gain insights into these populations.

- **Low-income people:** U.S. Census Bureau, “Selected Economic Characteristics,” American Community Survey 5-Year Estimates Data Profile Tables, Table DP03, 2023.
- **Racial and ethnic minorities:** U.S. Census Bureau, “Demographic and Housing Estimates,” American Community Survey 5-Year Estimates Data Profile Tables, Table DP05, 2023; Community Health Needs and Assets Assessment (CHNAA) 2021-2022, Hempstead Village, Nassau County, Long Island, NYU Langone Hospital – Long Island.
- **Immigrants:** U.S. Census Bureau, “Selected Social Characteristics in the United States,” American Community Survey 5-Year Estimates Data Profile Tables, Table DP02, 2023; CHNAA 2021-2022, Hempstead Village, Nassau County, Long Island, NYU Langone Hospital – Long Island.
- **Older adults:** U.S. Census Bureau, “Demographic and Housing Estimates,” American Community Survey 5-Year Estimates Data Profile Tables, Table DP05, 2023.
- **People who are eligible for or receive public health benefits:** U.S. Census Bureau, “Selected Economic Characteristics,” American Community Survey 5-Year Estimates Data Profile Tables, Table DP03, 2023.
- **People who do not have third-party health coverage or have inadequate third-party health coverage:** U.S. Census Bureau, “Selected Economic Characteristics,” American Community Survey 5-Year Estimates Data Profile Tables, Table DP03, 2023.

The Independent Entity (IE) was unable to access data from the Statewide Planning and Research Cooperative System (SPARCS), which usually would be used to assess market share. The Applicant does not submit SPARCS data to New York State, which would give them free access to information in the SPARCS database specific to primary care services in their area. After consultation with the New York State Department of Health Center for Health Equity Impact Assessments, we understand that the market share question is primarily focused on access and specifically on whether these same services are offered in the service area generally. The team opted to utilize the Health Resources and Services Administration (HRSA) GeoCare Navigator tool to assess service provision in the Applicant’s service area.

November 2025



Public Health Innovation & Action

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

The proposed multi-service D&TC in Nassau County will enhance access to primary care and other clinical services within the service area for a multiply-medically underserved population. As discussed below, the extension clinic will serve a primarily Hispanic/Latino patient population that comprises both documented and undocumented immigrants, who may also have limited English proficiency or simply feel more comfortable speaking Spanish, and who also are likely to face financial and other barriers to accessing care. The extension clinic will provide traditionally underserved groups with multiple healthcare services under one roof, in a location that is easily accessible by public transportation. The IE has identified a number of specific positive impacts of the proposed project on the health needs and quality of life of the medically underserved groups identified above.

The extension clinic is expected to particularly benefit **racial and ethnic minorities** and **immigrants**, by providing culturally competent medical care for a large Hispanic/Latino, Spanish-speaking population residing in the service area.

The Hempstead CHNAA completed by NYU Langone in 2022 found that Hispanic/Latino residents are 50% of the local population. Four out of ten Hempstead residents are immigrants, and 41% of residents ages 5 and up speak Spanish. Of these Spanish speakers, 62% speak English “less than very well.”

There is strong evidence that access to language services significantly influences health and health outcomes. Research indicates that individuals with limited English proficiency (LEP) often face worse health results because of communication barriers and reduced health literacy ([Diamond, L., Izquierdo, K., Canfield, D. et al. A Systematic Review of the Impact of Patient–Physician Non-English Language Concordance on Quality of Care and Outcomes. J GEN INTERN MED 34, 1591–1606 \(2019\). <https://doi.org/10.1007/s11606-019-04847-5>](#)). Patients and families with LEP encounter obstacles when trying to access healthcare services, often receive lower-quality care, and experience poorer health outcomes. LEP itself contributes to health inequities and can intensify the effects of other social determinants of health ([AMA J Ethics. 2021;23\(2\):E109-116. doi: 10.1001/amajethics.2021.109.](#)) As discussed below in the meaningful engagement section, multiple stakeholders expressed relief at the prospect of a multiservice center in Hempstead that would employ Spanish-speaking staff and providers.

Beyond language barriers for this population, many Hispanic/Latino residents – regardless of their immigration status – fear that seeking healthcare will result in their information being shared with U.S. Immigration and Customs Enforcement (ICE) and/or other federal or local agencies and that, as a result, they or members of their family could be detained and/or deported. In Hempstead alone, over 50% of the foreign-born population are non-citizens (ACS Table DP02, ZCTA 11550).



Public Health Innovation & Action

Even prior to the current immigration climate, the Nassau County Department of Health's 2021 Community Survey (conducted as part of their CHA/CHIP), ranked fear related to immigration as a barrier to accessing healthcare and a 2022 study of the social determinants of immigrants' health in nearby Brooklyn and Queens, NY found that discrimination based on race, nationality, or citizenship inhibited some members of immigrant communities from seeking care. ([Pavilon, Jacquelyn and Vicky Virgin. 2022. Social Determinants of Immigrants' Health in New York City: A Study of Six Neighborhoods in Brooklyn and Queens. Center for Migration Studies of New York \(CMS\) Report. New York, NY: CMS.](#))

Nationally, providers report a drop-off in visits by their immigrant patients since the start of this year. ([NY Health Foundation, "Fear Factor: Immigrant Health in Jeopardy," Aug. 21, 2025.](#)) For example, in a recent survey of 691 healthcare workers across 30 states, 84% reported significant or moderate decreases in patient visits since the January 2025 executive orders on immigration were issued. ([Physicians for Human Rights, ICE Tactics and Deportation Fears Limit Access to Health Care for Children of Immigrants: Survey; Press Release, Nov. 19, 2025.](#))

It's impossible to put a precise figure on how many people have stopped seeking care due to anti-immigrant sentiment and action. However, the Applicant shared that an estimated 35% of existing patients at their current physical therapy practice in Hempstead are undocumented, as determined when the clinic conducted a phone survey to learn why individuals had stopped attending appointments and learned that fear related to their undocumented status was the reason among this significant portion of patients.

The Applicant envisions the proposed D&TC as one where members of the local Hispanic/Latino community will feel comfortable and safe seeking care. The Applicant has established strong and long-lasting ties to the community and has built trust through its existing physical therapy practice in Hempstead, which provides compassionate and culturally sensitive care to this population. Five out of six staff members at the existing practice are themselves Latino and all are Spanish speakers (all six are planned to staff the proposed extension clinic). This contributes to an environment where LEP patients and immigrants can feel comfortable seeking healthcare, knowing that they will understand and be understood by those working there.

Providing care close to where people live creates more opportunities for patients to remain within their community while accessing needed services. Through meaningful engagement activities, the IE queried the community on several of the specialties the Applicant plans to offer at the extension clinic. Stakeholders indicated that when they or their family members have needed specialty services such as cardiology, dermatology, or mental healthcare, they have not found these readily available in the area. Patients the IE interviewed during meaningful engagement activities reported traveling long distances for these services (into Manhattan or Brooklyn). They also described the challenges they face in trying to find providers of these specialties who speak Spanish, further complicating their access to care. From working in the area, the Applicant has

November 2025



Public Health Innovation & Action

observed that there is both high need among their patient population and a lack of providers and therefore plans to offer these medical specialties at the extension clinic.

Through meaningful engagement activities, the IE heard from stakeholders that nearby facilities where patients are seeking care are “always full” with long wait times and patients end up in overcrowded waiting rooms for long periods while they wait to see a provider. The Applicant’s proposed new site has the potential to reduce wait times for services that are in high demand, and which currently overburden the limited existing practices in the area.

As part of a Community Health Needs Assessment completed in 2024, Northwell Health surveyed individuals throughout Nassau County. Approximately 15% of the survey respondents “reported challenges to accessing medical care when needed, largely due to the lack of timely appointments available” ([Northwell Health Community Health Needs Assessment](#) (2022-2024) Nassau County). During the IE’s meaningful engagement activities, stakeholders also mentioned the convenience of having a “one stop shop” where they can access multiple services, something that is not available at other providers.

Low-income people, people who are eligible for or receive public health benefits, and people who do not have third-party health coverage or have inadequate third-party health coverage will benefit in multiple ways from the opening of the extension clinic.

More than 12% of Hempstead families and over 14% of all Hempstead residents live below the Federal Poverty Line, while over 20% of households receive food stamps/SNAP benefits ([American Community Survey 5-Year Estimates Data Profile Tables](#), Table DP03, 2023). The uninsured rate across all age groups in Hempstead is 12%; among adults age 19 to 64 that figure increases to 18% (NYU Langone – Long Island, CHNAA/CHIP).

Further complicating access to care, undocumented individuals are barred from obtaining insurance through the Affordable Care Act. It is impossible to know what proportion of the immigrant population living in the service area are undocumented. However, as highlighted above, clinic staff report an estimated 35% of patients at the Applicant’s current physical therapy practice are undocumented. The Nassau County CHA/CHIP found that “lack of insurance or being unable to afford co-pays and deductibles prevents residents from accessing medical treatment.” Further, “financial insecurity can be a permanent stressor and stress itself can yield physical health consequences in line with chronic disease.” Meaningful engagement activities revealed barriers to care related to cost and a perception among clinic staff that the insurance coverage their patients have is not accepted by other providers within the service area. Among survey respondents, cost of care was ranked among the top barriers to accessing primary care.

The Applicant follows a financial assistance policy, which they will continue at the new extension clinic, and has indicated that charity care will account for approximately 3% of



Public Health Innovation & Action

patient volume. This will help to open up access to care for low-income, uninsured patients.

As discussed above, 18% of adults ages 19 to 64 living in Hempstead are uninsured, and undocumented individuals have extremely limited access to coverage (undocumented immigrants can receive Emergency Medicaid, if they meet eligibility requirements). As a result, these patients turn to emergency providers, thus contributing to the overcrowding of local hospital Emergency Departments (EDs) and other providers of emergency healthcare. (Nassau County DOH CHA/CHIP)

All of the barriers to access discussed previously frequently lead people to put off seeking care unless and until they become seriously ill, at which point they go to the ED and may end up being admitted. The Hempstead zip code 11550 has the second highest rate of avoidable hospitalizations among all zip codes in Nassau County. (NYU Langone – Long Island CHNAA)

The same barriers lead patients to visit the ED for non-emergencies, because they do not have a primary care provider. The survey conducted as part of meaningful engagement activities found that 46% of respondents who do not have a primary care provider reported going to an emergency department or urgent care when they are sick. Not only does this lead to overcrowding, patients who go to the ED and are *not* admitted to the hospital receive treatment for their symptoms but not necessarily the underlying condition. Because these patients very often do not have a primary care provider with whom they can follow up, there is no continuity of care, and poor health outcomes persist. The disparity in health outcomes for the local population bears this out. For example, adults in Hempstead experience higher rates of obesity, high blood pressure, diabetes, and asthma than adult residents of Nassau County as a whole. (NYU Langone – Long Island CHNAA)

The existence of the proposed practice will help to ease the burden on local EDs while supporting continuity of care and improved health outcomes for patients who would otherwise resort to the ED.

During meaningful engagement activities, survey respondents reported transportation as one of the top barriers to accessing both primary care and MRI services. In Hempstead, 22% of residents do not have access to a vehicle. (ACS Table DP04, ZCTA 11550) The proposed D&TC extension clinic will be centrally located in Hempstead making it easily accessible by public transportation, including multiple bus and train lines. (Public transportation in the vicinity of the extension clinic is discussed further in Step 2, Question 4.) In addition to the other medically underserved groups previously mentioned, the clinic's convenient location will also benefit **older adults**.

Additionally, the D&TC extension clinic will offer extended hours, staying open until 7 pm Monday through Thursday. According to the Applicant, many local residents work in food service or construction. Extended hours will allow individuals who are unable to take time off from work for medical appointments to see a provider after traditional working hours. The clinic will also have an After-Hours On-Call Service available to



patients 24 hours a day, 365 days a year. This service will screen patients to determine whether they are experiencing a medical emergency. If so, the patient will be directed to call 911. In non-emergency situations, the service will contact the doctor, who will in turn follow up with the patient. This on-call service can serve as another touch point with a healthcare provider, further enhancing their access and strengthening ties to a medical home where this population feels they can turn for their medical needs.

- 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 services being proposed in this project are not yet being delivered; however, the medically underserved groups identified above are heavily represented among the Applicant’s current patients at the existing Hempstead physical therapy practice. The Applicant anticipates that a significant proportion of these patients will take advantage of the more comprehensive range of services that will be offered at the extension clinic. The Applicant also expects that the extension clinic will attract new patients from the area. Table 1 below shows projected visits for the extension clinic’s first five years of operation.

Table 1: Projected Visits, Years 1 - 5

	Year 1	Year 2	Year 3	Year 4	Year 5
Ramp-up factor	60%	75%	90%	100%	100%
Medical Services – Primary Care	7506	9383	11260	12511	12511
Medical Services – Specialties	4289	5362	6434	7149	7149
Magnetic Resonance Imaging (MRI)	2145	2681	3575	3575	3575

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

The IE identified other facilities in the service area providing primary care, MRI, orthopedic care and several of the medical specialties the Applicant plans to offer at the extension clinic including cardiology, gastroenterology, dermatology, and mental health.

Family Practice/Primary Care

There are multiple primary care providers within the service area of the Applicant’s proposed site. Harmony Healthcare of Long Island, a Federally Qualified Health Center, operates eight sites within the project service area. These sites are located in



Public Health Innovation & Action

Hempstead, Westbury, Roosevelt, Freeport, and Baldwin and comprise four community health centers and three school-based health centers (high school only).

AdvantageCare Health Centers, another FQHC, operates a site in Freeport. Oak Street Health, which serves older adults, has two locations, in Hempstead and Freeport.

The IE also identified 27 practices offering primary care located throughout the service area (see below), many of them sole practitioners, echoing what the IE learned from the Nassau County Department of Health during meaningful engagement, when primary care in the area was described as “mom and pop” physician’s offices.

Table 2. Primary Care Providers Within the Service Area

Advanced Primary Care Associates	Mount Sinai Doctors
AdvantageCare Physicians	Nassau ID Physicians (AKA Dr Nisha K Sethi Md Pc)
Anil S Patel	Nassau Medical PC
Arthur L Autz Md PC	New York University Physicians Network
Delmont Medical Care	Ocean Physicians PC
Doctors Immedicare	Rasheed U Jafar PC
Glendale Family Medicine PC	Sergio Suarez MD
Halper Family Medicine	South Shore Family Medical Associates PC
Hempstead Medical Group	Syed T Ahmad MD PC Internal Medicine
Howard Grill MD & David Grill MD	UrgentWay*
Leslie Sean Ramsammy MD PC	Vantage Medical Associates PC
Lesly Honore MD PC	Vital Medical Care & Aesthetics PC
Lev Aminov Internal Medicine PC	Zev Brandel PC
Magnum Physicians	

* UrgentWay presents itself as a “Primary and Urgent Care Medical Clinic.”

Despite the presence of these practices within the service area, poor health outcomes persist among the Applicant’s target population, suggesting that people are not seeking care there and/or the care being offered does not meet their needs. As discussed in question 4 above, there are a variety of reasons that the Latino population in Hempstead and the surrounding area might choose not to visit these practices, including a lack of insurance, concerns related to their immigration status, and overburdened providers with long wait times, as well as factors that limit improvements in health outcomes, such as patients with LEP.



Public Health Innovation & Action

Specialty Care

The IE identified the following facilities providing specialty care in the service area, show in Table 3.

Table 3. Specialty Care Providers in the Service Area

Cardiology	
Hempstead Cardiology Doctors	Hempstead
Del Priore Cardiology	Hempstead
Functional Cardiologist Integrative Cardiology	West Hempstead
Mt Sinai Primary Care - Freeport, Michael Smar, MD	Freeport
Long Island Heart and Vascular Specialist	Westbury
Gastroenterology	
Gamaliel Immanuel, MD (associated with NYU Langone)	Hempstead
Gastroenterology Associates - Northwell Health	Uniondale
Long Island Center for DigestiveHealth	Uniondale
Sonya Ventour, MD - Meadowbrook Endoscopy Center	Baldwin
All Island Gastroenterology and Liver Associates, PC	Freeport
Meadowbrook Endoscopy Center	Westbury
Dermatology	
My Doc Urgent Care Dermatology	Hempstead
Advanced Dermatology, PC	Uniondale
Mental Health	
Harmony Healthcare Long Island — Hempstead Behavioral Health Department	Hempstead
Harmony Healthcare Long Island - Roosevelt Behavioral Health	Roosevelt
Mindful Care Psychiatry and Therapy	West Hempstead
Northwell Health Project Outreach	West Hempstead
Pearce Counseling	Baldwin
Clyburn's Mental Health Services For Women	Baldwin
Mount Sinai South Nassau - Outpatient	Baldwin



Public Health Innovation & Action

Harmony Healthcare Long Island - Freeport Behavioral Health	Freeport
South Shore Guidance Center	Freeport
Harmony Healthcare Long Island - Westbury Behavioral Health	Westbury
Long Island Psychotherapy & Counseling	Westbury
North Shore Child and Family Guidance Center - Westbury	Westbury

Magnetic Resonance Imaging (MRI)

There are four MRI facilities within the service area:

- Nassau Open MRI
- New York Spine Institute
- TBI Center of New York (Neurolink Neurosciences LLC)
- Lenox Hills Radiology

Through meaningful engagement activities, the IE heard from stakeholders that the local imaging facilities are typically overcrowded with long wait times, and that patients felt positive about another MRI facility in their area.

Orthopedic Care

There are four sites providing orthopedic care within the service area:

- NY Orthopedics – Westbury
- HSS Long Island (Hospital for Special Surgery)
- Dr. Nabil Farakh, DO
- Alexander Salcedo, PA – Hempstead Primary Health

In addition, Clinton Medical Office (also known as Medical Plaza) was identified near the Applicant’s proposed site and appears at first glance to offer some of the Applicant’s proposed services. However, the Applicant has indicated that Clinton Medical specializes in workers’ compensation and personal injury claims. The IE confirmed that the only insurance plans accepted at the practice are “Non-Fault & Workers’ Compensation insurances.”

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

Due to the nature of outpatient care and the limitations of publicly available data sources such as the Statewide Planning and Research Cooperative System (SPARCS), precise market share information for primary care, MRI services, and orthopedic care is



Public Health Innovation & Action

not available. Therefore, the HRSA GeoCare Navigator website and publicly available internet search engines data were utilized to identify providers and service accessibility within the service area. Additionally, data was also gathered – where available – from Definitive Health, a paid subscription service which aggregates provider data by geographic area (e.g. hospitals, health centers and physician practices).

The HRSA GeoCare Navigator serves as a valuable tool for understanding the overall reach and utilization of Federally Qualified Health Centers (FQHCs) within a defined service area. While it does not provide granular data on market penetration by specific services, it offers a high-level view of FQHC presence and engagement across communities.

FQHCs within the service area that provide comprehensive primary care include:

- Harmony Healthcare: 4 community health centers & 3 school-based health centers
- AdvantageCare Health Centers: 1 community health center

According to the 2024 HRSA GeoCare Navigator data, health centers served a total of 41,617 (15.9%) individuals in the service area. In 2024, an estimated 33,812 individuals with Medicaid or other public insurance, 177,982 individuals with Medicare or private insurance, and 7,116 uninsured individuals in the service area were *not* served by FQHCs, indicating substantial gaps in access to care, particularly among those with Medicare/private coverage and vulnerable uninsured populations.

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 is not subject to PHL §2807-k.

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 Applicant does not anticipate any staffing issues related to the proposed extension clinic in Hempstead. Approximately 40% of the staff for this location will come from the existing Hempstead physical therapy practice, which will be absorbed by the new practice.

The Applicant's existing Medical Director for the Brentwood location will also serve as the Medical Director for the proposed extension clinic in Hempstead. The Medical Director will focus on supervising the ramp-up of the new extension clinic for the first six months after it opens, after which she will split her time more evenly between

November 2025



Public Health Innovation & Action

Hempstead and Brentwood. The current clinic Administrator at the Brentwood practice will transfer to the Hempstead location, and a new clinic Administrator for the Brentwood location has already been trained and is ready to assume the role. Regarding the remaining 60% of the staff, the Applicant has presented the IE with plans to target recruitment efforts to a diverse pool of applicants and will seek to hire from within the community whenever possible, noting that they will recruit from colleges, universities, and training programs in the area that have nursing and medical technician programs through which recent graduates and alumni can access the job postings for the extension clinic. The Applicant will actively seek bilingual staff who can deliver culturally competent care to the primarily Latino population.

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

No, the Applicant has no civil rights access complaints filed against them.

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.

In 2022, the Applicant expanded the Brentwood physical therapy practice to include primary care, MRI services, and select medical specialties. The Applicant seeks to replicate in Hempstead what they have done in Brentwood. As reported by the Applicant, that community has experienced greater access to services and improved health outcomes, and patients have shown an increase in compliance with appointments and treatment (the IE did not receive data from the Applicant to support these observations). The Applicant has observed that the patient population served by the existing physical therapy practice in Hempstead does not currently have the same comprehensive access to services, and the distance to the Applicant's Brentwood location is prohibitive for the great majority of patients.

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 proposed project to open a D&TC extension clinic in Hempstead will:

Improve access to care for **low-income individuals** by reducing the cost and time burden of traveling to healthcare facilities in other parts of Long Island or New York City,



Public Health Innovation & Action

mitigating other barriers related to cost of care, and offering extended office hours so that patients do not need to take time off from work to see a doctor.

Provide **racial and ethnic minorities** with increased access to care. The many Hispanic/Latino residents of the service area will have the opportunity to receive culturally competent healthcare services delivered within their local community in the language in which they are most comfortable.

Provide Hispanic/Latinx **immigrants**, whether they are documented or undocumented, with a place where they can receive care without fearing that their information or they themselves will be turned over to ICE, or any other federal or local law enforcement agency.

Support **older adults** by alleviating challenges related to transportation. Having the site located in a place that is easily accessible by public transportation removes any geographic barriers created by not wanting or being able to drive or not having a vehicle.

Assist individuals **eligible for or currently receiving public health benefits**, such as Medicaid, who may face coverage limitations, financial barriers, or systemic and logistical challenges like prior authorization and lack of awareness. Expanding services in the Hempstead area aims to mitigate these obstacles and improve healthcare access for this population.

Increase healthcare access for **people who do not have third-party health coverage or have inadequate third-party health coverage**. As indicated in the CON, the D&TC extension clinic will develop a sliding fee scale based on the Federal Poverty Income Guidelines and family size to assist patients without health insurance coverage.

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.

Bringing a culturally and linguistically appropriate multi-service D&TC to an area of Nassau County that is predominantly Hispanic/Latino will enhance health equity by increasing local access to primary care, medical specialties, and MRI services for all medically underserved populations identified above.

Potential unintended positive impacts to health equity that may occur as a result of this project include increased community awareness of healthcare services, greater likelihood of treatment adherence due to easier access, potential for earlier diagnosis and intervention in nearby populations, and enhanced trust in local healthcare institutions.

A potential negative impact is the risk of overburdening staff or infrastructure given the indicated high level of need for expanded services in the area. During meaningful engagement, patients expressed concern that, with patients visiting one site for multiple



Public Health Innovation & Action

services, there is a risk of overcrowding.

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 Applicant does not expect the proportion of indigent care to change. The Applicant follows a financial assistance policy at their existing sites which they plan to adopt at the proposed D&TC extension clinic. Currently, the Applicant provides approximately 3% of visits at no cost. The Applicant was unable to provide data on the proportion of care being delivered for below cost.

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

The location of the proposed D&TC extension clinic at 274-278 Fulton Avenue, Hempstead, Nassau County, is easily accessible by public transportation, including via multiple bus and train lines.

Bus lines:

This location is about a 1-minute walk from the Main St/Fulton Ave bus stop served by the Nassau Inter-County Express and connects Freeport (a service area neighborhood) to the proposed site via the N40 and N4. It also connects Baldwin and Westbury (other service area neighborhoods) to the proposed site via the N35. The proposed site is about a 7-minute walk from the Hempstead Transit Center serviced by buses from Long Brach, Rockville Centre, Far Rockaway, Baldwin, Mineola, Freeport, Hicksville/Broadway Mall, and Amityville. Finally, the Front St/ Fulton Ave Bus Stop is about a 14-minute walk to the proposed site which connects West Hempstead (a service area neighborhood) via the N31/32 and Uniondale and Roosevelt (service area neighborhoods) via the N15 and is also served by the NICE system including N15, N31, N32 buses.

Train lines:

The proposed site is about a 9-minute walk from Hempstead Station, which is served by the Long Island Rail Road (LIRR). The Hempstead Branch goes from Jamaica, Queens to Hempstead Station and includes stops in Bellerose, Floral Park, Stewart Manor, Nassau Boulevard, Garden City, Country Life Press, Hempstead. Baldwin and Freeport are served by different branches which require a transfer but both legs are included in the purchase of one fare.

Applicant-sponsored transportation services:

At the existing Hempstead physical therapy site, the Applicant provides Uber Health transportation for patients who need this support. This practice is not sustainable for the



Public Health Innovation & Action

Applicant to broadly implement for all patients so it is reserved for extreme cases to ensure patients in need can access their care safely and on schedule.

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

The Applicant's proposed site in Hempstead involves renovating space in an existing building that the Applicant will be leasing. The clinic entrance is located on the ground level, facilitating easy entry for individuals with mobility issues and/or mobility-assistance devices. Waiting areas, exam rooms, and other patient areas will be fully ADA compliant, ensuring that there will be no architectural barriers for people with mobility impairments. The Applicant has communicated to the IE plans to promote accessibility through additional design elements including handicap accessible bathrooms, large clear signage in English and Spanish, and easy pull doors.

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?

This does not apply to this project, as the clinic will not offer OB/GYN services. There will be no changes to maternal health or comprehensive reproductive healthcare services in the service area.

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

Nassau County Department of Health (NCDOH)

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

The independent entity conducted an interview with two representatives from the NCDOH for this HEIA: Nina Sculco, Director of Community Health, and Kimberly Robinson, Director of Health Access. NCDOH stakeholders indicated that the most important benefit of the proposed new healthcare facility is the opportunity to expand access to medical services and improve care coordination for a community that is largely composed of medically underserved groups. With the inclusion of primary care, physical therapy, medical imaging, and specialty care services within a single facility, the project has the potential to provide services that currently are not available or have limited availability in Hempstead (i.e. medical imaging, some specialty care) and expand

November 2025



Public Health Innovation & Action

primary care access to a community that typically accesses smaller primary care facilities in the area with limited services and capabilities. With this potential expansion of access to care, the DOH stakeholders stressed the importance of cultural competency and coordinating with local community-based organizations and existing primary care offices in Hempstead to better serve community members.

The DOH stakeholders noted that the potential patient populations will be composed of medically underserved intersectional groups including immigrants, non-English speakers, low-income, uninsured and under-insured, and racial ethnic minorities. Consequently, they stressed the importance of having some form of community health workers at the new facility to help patients efficiently navigate services, insurance needs, provide culturally competent care, and build trust within the community.

The main topics they focused on in considering the proposed D&T extension clinic were staffing, language services and health literacy, and community outreach.

Staffing

The majority of the primary care providers in the Hempstead area are small, independent practices that are trusted within the community. Because many of the medically underserved groups in the area are accustomed to accessing smaller practices, the DOH stakeholders noted the importance of hiring patient navigators to assist patients in navigating all the services provided in the new facility. Given the large population of immigrants and ethnic and racial minorities, the DOH stakeholders noted that hiring community health worker(s) that are familiar with the community and culturally informed would be critical to provide the best care for patients. Stakeholders viewed the new facility as a potential positive impact on health equity, but hiring staff to help patients navigate services and insurance would enhance the positive health equity impact.

Language Services and Health Literacy

Considering the Hempstead community has a large population of non-English speakers, having language translations services will be critical within the proposed healthcare facility. DOH stakeholders expanded that the challenges of health literacy are complicated by language barriers and having educational materials for non-English speakers is also important to promote health literacy for potential patients.

Community Outreach

Given the large immigrant and racial and ethnic minority population in Hempstead, the stakeholders also noted the importance of community engagement and outreach efforts to build rapport and connect potential patients with appropriate care. This engagement should be continued and on-going, not just for announcing the new facility, but to build partnership with community members, small independent primary care providers in the area and other community-based organizations providing social services to the community. Highlighting a gap in screening services, the stakeholders noted an opportunity for the Applicant to provide screening services for HIV, mental health, and



Public Health Innovation & Action

other prevalent conditions at monthly health fairs in the Hempstead community.

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 the Meaningful Engagement table in the HEIA Data Table attached.

The IE faced challenges connecting with community-based organizations during meaningful engagement activities. As depicted in the HEIA data table, 20 community-based organizations were contacted, using a combination of emailing and phone calls to the organization and direct contacts. This included direct contacts referred by the Nassau County Department of Health. After consulting with the New York State Department Office of Health Equity and Human Rights, it was deemed that these efforts were sufficient.

In addition to challenges faced in outreach to community-based organizations, the IE also faced challenges engaging with patients/community members, given the large immigrant population and current political climate. The IE used a variety of methods for outreach and data collection to be responsive to patient/community member concerns and apprehension to participate in the meaningful engagement process. These efforts included using WhatsApp for outreach and communication, conducting phone interviews initiated by the patient from a trusted provider’s office, and offering digital and paper surveys. These efforts significantly improved patient/community member participation in the meaningful engagement process.

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?

Meaning engagement activities revealed several benefits associated with the project. The benefit to all patients was identified as increased healthcare access in the Hempstead area, which currently has smaller primary care facilities and limited medical imaging services in the area. Considering the racially and ethnically diverse make-up of patients, including those of low socioeconomic status and those who are uninsured or underinsured, having a single location that offers multiple medical services with culturally competent staff, language services, and insurance navigation would provide this patient population with health care services currently not available in their area and a potentially better patient experience. This applies specifically to the following medically underserved groups:

- Low-income individuals
- Racial and ethnic minorities
- Immigrants
- Uninsured and underinsured individuals
- Persons with disabilities

November 2025



Public Health Innovation & Action

- Older adults

Details on relevant input from these groups are provided in Question 11 with supporting quotes.

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 IE's meaningful engagement activities for this HEIA included 32 stakeholders; 24 survey respondents, 6 patients interviewed and 2 interviews with individuals representing staff and leadership at healthcare facility locations in Hempstead and Brentwood. The stakeholders we spoke with included 14 low-income individuals, 13 members of a racial or ethnic minority group, 8 immigrants, 13 women, 1 individual identifying as lesbian, gay, bisexual, transgender, or other-than-cisgender, 2 people with a disability, 1 older adult, 3 people living in a rural area, 3 people eligible for or receiving public health benefits, 5 people that are uninsured or underinsured, and 5 people who are otherwise unable to obtain healthcare. All stakeholders provided support for this project.

All Patients

All stakeholders interviewed and surveyed acknowledged the benefits for all patients having a "one-stop shop" for primary care, medical imaging, and specialty services in the Hempstead area. Many of the primary care providers in the area are smaller, independent, general practitioners with limited specialty care services. For surveyed stakeholders reporting having a primary care doctor, the top barriers to accessing primary care were transportation (25%), cost of care (17%), insurance coverage (17%), and appointment availability such as limited open hours, limited appointments, etc. (17%). Individuals with a primary care doctor reported wait times for getting an appointment to be seen could be lengthy with 22% saying they are typically seen within the month, 44% reporting they are usually able to be seen within the week, and 44% reporting they can be seen the same day.

The multiservice center will allow patients to coordinate multiple appointments in one day and reduce the burden of having to attend multiple appointments at different locations on different days. A staff member summarized the positive impact on all patients' healthcare access stressing the importance of continuity of care:

"Overall, that everything is under one facility--that's the thing about patients, they don't like going to different places. If everything is in one house, in one building, they will attend more. They know where it is, so they're more likely to go and feel more comfortable." (Staff 001)



Public Health Innovation & Action

One patient detailed the challenges of having to access medical imaging services outside of their physical therapy office located in Hempstead.

“Having the MRI there is gonna make it way easier because you can just go to get your therapy. Because that day [when attending an MRI appointment at another location], I had to go get therapy, and then in the afternoon, I had to go all the way there to get my MRIs. By getting an MRI machine there [at the proposed new facility], I would just go get my therapy and then do the MRIs...Then also having primary care, they’re the same thing. I can arrange appointments for the same day and just be done with it within one day.” (Patient 003)

During the meaningful engagement process, stakeholders interviewed by the IE noted the limited access to medical imaging facilities or specialty care services within the Hempstead area, with only one patient aware of an MRI facility in the area and others traveling over 45 minutes for medical imaging services or specialty care. Survey respondents mentioned that the top barriers to accessing MRI services were transportation (17%), insurance coverage (33%), and appointment availability such as limited open hours, limited appointments, etc. (25%), and distance from home or work (17%). Staff and patients described patients having to access an MRI and other medical imaging services at other locations with the Applicant’s staff often helping patients coordinate scheduling and travel for those appointments. Ultimately having the single facility would ease the burden of care coordination for staff and patients and potentially provide an improved patient experience.

Both patients and staff described the transportation barriers that patients faced when seeking physical therapy and specialty care. Patients often had to travel to other areas for specialty care and use Uber health, a service provided by the Applicant when needed, to attend physical therapy appointments. The burden of travel was compounded for multiply medically underserved groups such as people who are low income or had mobility issues/disabilities.

A staff member described the transportation burden and the potential for the proposed extension clinic to address limited access to care:

“Around this area, a lot of people don’t have access to healthcare. Even if they do, there’s always a conflict. There’s always a language barrier or transportation [issue]. I’ve noticed some patients have to go all the way to Manhattan to see a specialist or something like that. Having a specialist in Hempstead that’s local, and then people could feel like it’s helping them. Like, it’s family, community based.” (Staff 001)

When surveyed stakeholders were asked for which medically underserved groups a new multiservice clinic would have a positive impact, top groups indicated by respondents were low income individuals (67%), racial and ethnic minorities (50%), immigrants (46%), older adults (50%), people who do not have health insurance (50%), and women (54%), people with disabilities (54%), people eligible for or receiving public



Public Health Innovation & Action

health benefits (42%), and people who are otherwise unable to obtain healthcare (58%). The following articulates the benefits to specific medically underserved groups.

Immigrants | Non-English Speakers | Racial and Ethnic Minorities

Considering Hempstead has a large racial and ethnic minority, immigrant, and non-English speaking population, all stakeholders stressed the importance of culturally competent care and language services being provided at healthcare facilities. Staff and patients recognized that the Applicant's bilingual staff served a crucial role in patient navigation—not just for services within the Applicant's facility but in helping non-English speaking patients coordinate care with their primary care and other specialty care services at other facilities within and outside of Hempstead.

A staff member noted that addressing language barriers within the current physical therapy practice and proposed extension clinic not only addressed access concerns, but also quality of care for patients:

“It [proposed site] would just help overall, and it would change a lot health-wise. And people will be more open to healthcare. People will be more open to speak about what's actually going on because there's somebody that speaks their language because there's somebody that just takes an extra step just to care for that patient.” (Staff 001)

A patient described her father's experience seeking specialty care, both having to travel to find specialty care services that spoke his language and having to use her as a translator at appointments:

“My dad...he's in all of the different places [for specialty care]. It was tough, first, because he does not know English. Second of all, because he had to go to so many different places. So, each specialist works in a different location. He had to go to Queens. I would say [some barriers to seeking specialty care are] transportation and also the availability of the specialists based on the insurance and all of that, and also the language barrier, too, because there is a lot of, Spanish speakers not all English and for my dad, he tends to go to places where, they translate for him and all of that. [If there's no translation] in this case, I would go with him.” (Patient 003)

A staff member echoed similar perspectives on the importance of addressing language barriers but also noted the importance of medical translation and the impact on quality of care:

“They [patients] are able to express themselves in the language they feel comfortable in. You know, I speak Spanish and English, and even I, who's fluent in both, sometimes have a hard time translating because there's certain words that's hard. So, it's always best when your providers and also you have other staff members, who their first language was Spanish. They'll be able to do that



Public Health Innovation & Action

because that way the patient feels more comfortable and are able to express themselves better and correctly.” (Staff 002)

Having a single facility that offers primary care and specialty services with medical translation and staff that are linguistically and culturally competent will better serve the Hempstead community by increasing access and engagement in care for non-English, immigrant, and racial and ethnic minority populations within Hempstead.

Low Income | Uninsured and Underinsured

Having a large population of low income, working-class individuals that may be uninsured or underinsured, stakeholders discussed the intersectional complexity of healthcare access for the Hempstead community. For example, 63% of the survey respondents reported not having a primary care doctor with 46% reported going to an emergency department or urgent care when sick due to not having a primary care doctor. Emergency and urgent care services can potentially have large price tags after receiving these healthcare services.

Moreover, for this population, accessing care means taking time off from work that could potentially lead to lost wages. In having to attend multiple appointments at different locations, with longer commute times for medical imaging and specialty care, accessing healthcare services becomes a significant financial burden for this group.

A staff member described the burden of seeking specialty care on lower income, working-class patients and the potential for the proposed clinic to address that burden:

“We see that sometimes [patients] have to go see the cardiologist, plus go get lab work, plus go get imaging. That’s 3 places you have to go, right? You might have to miss a whole day of work or you might have to miss 2 or 3 different days of work. So being able to have these things all at once, we can facilitate to get things done all at once. I’d rather spend 4 hours in a place than spend 3 days at a place for an hour each.” (Staff 002)

Having a single facility to house multiple healthcare services will ease the interrelated time, financial, and transportation barriers faced by low-income Hempstead residents seeking primary care and specialty services.

For those that are uninsured or underinsured, stakeholders praised the Applicant’s staff for assistance with insurance navigation. With the new facility having primary care, medical imaging, and specialty care in addition to physical therapy, insurance navigation will be a critical aspect of serving low-income patients that may be uninsured or underinsured.

Disabled Individuals | People with Mobility Issues

Bearing in mind many of the stakeholders were physical therapy patients; they described the burden of travel for medical imaging and specialty care for individuals



Public Health Innovation & Action

currently facing mobility issues. Having a single facility would ease the physical burden of having to attend multiple appointments with different care teams and eliminate the extensive travel required for some specialty care services. As one patient simply stated, “It’s easier to walk up the stairs than get into your car and drive 15, 20 minutes.” (Patient 001)

Older Adults

During meaningful engagement activities, stakeholders consistently noted the lack of availability of specialty care within Hempstead and community members consequently having to travel to other areas in order to access specialty care services. Given that older adults often require more specialty care services, as the aging population faces more complex and chronic health conditions, the proposed facility’s inclusion of specialty services will increase healthcare access for older adults within the Hempstead community.

Potential Negative Impacts

While meaningful engagement activities did not identify potential negative impacts related to health equity or a particular medically underserved group, stakeholders called attention to the need to acclimate community members to the proposed new facility. Similar to concerns mentioned by the NCDOH stakeholders, some patients and staff noted that the community would need to get acclimated to navigating primary care and other healthcare services at a larger facility. One patient articulated this point saying, “People don’t like change, being honest. Some people might oppose to this.” (Patient 001)

A clinic staff member echoed similar sentiments saying:

“There’s gonna be a lot of positive feedback, and then negative feedback because I feel there’s always somebody in town or there’s...people that don’t fully understand the purpose of why we’re doing this.” (Staff 001)

This speaks to the need for community engagement not only to make the community aware of the new facility but to help with service navigation and education. Further, there needs to be community engagement around primary care services, as 63% of stakeholders surveyed do not have a primary care doctor. The reason for this could be further explored with community engagement in order for the Applicant to best serve the needs of the Hempstead community.

Other potential negative impacts mentioned by patient stakeholders were not health equity related but related to concerns with switching from their current primary care provider to the proposed facility and waiting room wait times in larger healthcare facilities.



Public Health Innovation & Action

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.

Of the 33 individuals who participated in meaningful engagement activities, none identified as a person living with a prevalent infectious disease or condition. This is the only medically underserved group not represented in the stakeholders who participated in the meaningful engagement portion of the HEIA.

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 plans to use the following multi-pronged approach for ensuring that members of the local community are aware of the services offered at the proposed extension clinic in Hempstead using print media, community outreach, and social media:

- **La Tribuna Hispana:** The Applicant will leverage their existing relationship with Hempstead’s local Spanish language newspaper to reach community members with articles and advertising.
- **Community Outreach:** The Applicant will canvas the area surrounding the proposed new clinic location, placing flyers in local businesses, such as barbershops, beauty salons, pizzerias, delis, and laundromats.
- **Facebook groups:** The Applicant will share information in multiple private and public Facebook groups catering to the local Latino population, including:
 - [Comunidad Hispana de Hempstead](#)
(private group with 10,200 members)
 - [Latinos NY en Hempstead, Westbury, Freeport, Uniondale, New York](#)
(private group with 19,500 members)
 - [Latinos Unidos en Freeport](#)
(public group with 28,900 members)
 - [Latinoamericanos Clasificados Hempstead y Long Island NY](#)
(public group with 4,600 members)
 - [Amigos de Hempstead, Venta de Todo](#)
(public group with 4,200 members)

The IE advises that any written and video content posted on any websites or social media pages about health services at the new clinic accommodate speech, hearing, and visual impairments using features and technologies such as adding closed captions



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to videos, providing alt text for images to describe them, writing descriptive captions that provide context and explain any sounds or actions, and using high contrast text and readable fonts.

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

The IE offers the following recommendations to ensure the project better meets the needs of medically underserved groups:

- **Offer additional extended clinic hours** – In addition to offering appointments until 7pm on four days of the work week, the clinic could further enhance access to services for low-income individuals with inflexible work schedules by further extending their weekday hours (e.g., until 9pm) and offering weekend appointments (e.g. Saturday mornings).
- **Coordinate with community-based organizations** – The project can further improve health equity by building and expanding community partnerships with a focus on engaging organizations that specifically represent medically underserved populations. The IE has compiled a list of key CBOs – informed both by our own research and our conversation with the Nassau County Department of Health – that we recommend the Applicant engage with. These organizations specifically represent medically underserved populations, including Latinos, newly arrived immigrants, and undocumented individuals, to ensure they are aware of the culturally and linguistically appropriate care they would be able to access at the proposed extension clinic.
- **Engage with existing “mom and pop” primary care providers** for coordination with additional services offered at new facility not currently available at other Hempstead primary care facilities (i.e., PT and medical imaging)
- **Utilize a community health worker model** – Based on DOH and stakeholder feedback, the applicant should staff a community health worker position to lead culturally competent community engagement within Hempstead to engage medically underserved populations in care.
- **Insurance navigation extended to all services** – The Hempstead community has a large uninsured/underinsured population that has benefitted from the insurance navigation services currently offered by the Applicant at their existing practice. These same services should be expanded to help uninsured/underinsured patients navigate cost and coverage challenges related to specialty services.



Public Health Innovation & Action

- **Consider integrating women’s health services (e.g., OB/GYN) into the practice:** Survey respondents identified women as among the groups that would be positively impacted by the opening of the extension clinic. While respondents were not asked to provide the reasons for their answers to this question, the identification of women – who often manage care for their families as well as themselves – as being among the groups likely to benefit may point to the convenience of being able to access multiple services at one location. The IE recommends that the Applicant explore the opportunity that this presents to further benefit women in the service area by adding women’s health services in the future.

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

The IE recommends the Applicant collect input on community concerns and proposed solutions via a survey 3 - 6 months after opening the extension clinic. Additionally, it will be important to speak with patients attending the new clinic within the first 6 months of opening through interviews and/or focus groups as their insights will be critical to understanding how best to support their needs and the overall patient experience for members of different medically underserved 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?

This project would increase healthcare access for all patients, particularly immigrant and racial and ethnic minority patients that will benefit greatly from culturally competent care and language services. It can potentially increase health care access and improve care coordination for low income, working patients that experience the dual burdens of lost time and wages to attend multiple appointments at different sites for primary care, medical specialties, and medical imaging. It can also decrease the burden of travel for disabled patients, older adults with mobility challenges, or other individuals with limited mobility from having to travel to multiple locations for care.

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 is currently transitioning their electronic medical records (EMR) system from MDLand to eClinicalWorks (eCW), as MDLand could not meet their needs. Both the Brentwood location and the Hempstead location will use eCW going forward. With the adoption of a new EMR, the IE identifies an opportunity for the Applicant to implement enhanced data collection on patient demographic data, health outcomes, clinical quality measures, and patient compliance data. The IE also recommends that



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the Applicant track the number of patients who benefit from their financial assistance policy.

Existing mechanisms that can be leveraged to monitor potential impacts of the project include collection of patient demographic data including race, ethnicity, and language; bilingual Spanish language staff and providers who can ensure data are captured in a linguistically and culturally appropriate manner; and a diverse workforce that is racially and ethnically representative of the patient population across levels of staff, providers, and clinic leadership.

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 IE recommends that the Applicant put the following mechanisms and measures in place to address the findings of the HEIA:

- Review and update demographic data collection categories to ensure they accurately reflect the patient population and community served
- Implement collection of data related to appointment compliance, immunizations, and treatment adherence to track changes resulting from expanded services
- Provide continuous training and resources to staff on compassionate, culturally sensitive data-collection practices
- Monitor care experiences and outcomes for patients from medically underserved groups and encourage ongoing dialogue with community members (partner with local CBOs on list recommended by IE to stay engaged with community members representing medically underserved groups)
- Work with the Nassau County health department on improvement initiatives, become member of coalition of local community providers that meets regularly with DOH, establish relationship with Nassau County's "Community Health Connections", an initiative where county teams and local partners connect residents with services to improve access and support overall community health.
- Expand tracking efforts to include additional partners, such as new social services organizations or referral sites for complimentary care to ensure continued program effectiveness and opportunities for patient population to benefit from such collaborations

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.



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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, Hector Melgar, President of Sunrise Med Plus, LLC, attest that I have reviewed the Health Equity Impact Assessment for a Diagnostic & Treatment Center Extension Clinic to Serve Nassau County that has been prepared by the Independent Entity, Phia Consulting, LLC.

Hector Melgar

Name

President

Title

Signature

12 / 16 / 2025

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.

Based on meaningful engagement activities, the proposed D&TC Extension Clinic received overwhelming support, with all stakeholders expressing the site would benefit the Hempstead community and surrounding towns. Stakeholders raised specific



Public Health Innovation & Action

concerns, which we will take into consideration as continued operational planning for the implementation of this new multiservice center is underway:

Community Outreach

The applicant will work with community-based organizations to promote awareness of the project in an effort to connect potential patients with care. This engagement will be ongoing, not just for announcing the new facility, but to build partnership with community members, other healthcare providers in the area, and community-based organizations providing social services to the community. Engaging with these partners on an ongoing basis will help ensure continued improvement of the provision of services to the local community.

Language Access

Having services provided by bilingual clinicians and staff is critical for the extension clinic. Staff from our existing site who will move to the extension clinic are all bilingual and bring extensive experience working with our bilingual patient population in the area. Our recruitment plan includes efforts to hire bilingual and bicultural staff reflective of the patient population to ensure a culturally competent workforce is caring for our patients. We will also continue providing health education materials for non-English speakers to promote health literacy for potential patients.

Informational materials about the extension clinic such as signage at our existing site, mailed letters, printed flyers, and patient handouts will be available in English and Spanish to communicate about the services provided at the new site. Bilingual staff will notify patients of the extension clinic during visits and through phone calls. Informational materials will include the new location's address and access details.

Overcrowding

The new site is designed to current construction standards, which ensures adequate space for all patients. The waiting area will include design features intended to prevent crowding, separate sick and well-patient areas, and support overall patient comfort.

Service navigation support

Patient navigators and community health workers who are familiar with the community and culturally informed will be critical in helping assist patients in navigating all the services provided in the new facility to provide the best possible care for patients. We will ensure the site has these key staffing resources to help patients navigate services and insurance in order to provide the best possible care for patients.

The plan outlined above allows us to address stakeholder concerns thoughtfully and incorporate community input as we implement and operationalize service provision at the new site.

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