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	Decertifying inpatient unit; certifying diagnostic and treatment center
2. Name of Applicant	Rockefeller University Hospital
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Sachs Policy Group (SPG) – 212-827-0660 • Jaclyn Pierce, MPH jpierce@sachspolicy.com • Anita Appel, LCSW - AnitaAppel@sachspolicy.com • Maxine Legall, MSW, MBA - mlegall@sachspolicy.com Qualifications: • Health equity – 6 years • Anti-racism – 6 years • Community engagement – 25+ years • Health care access and delivery – 10+ years
4. Description of the Independent Entity's qualifications	The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities. The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies. In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are

	dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities. The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.
5. Date the Health Equity Impact Assessment (HEIA) started	February 11, 2025
6. Date the HEIA concluded	April 10, 2025

7. Executive summary of project (250 words max)
The Rockefeller University Hospital, located at 1230 York Avenue on the Upper East Side of New York City, is the first U.S. hospital devoted solely to clinical research. The hospital is licensed for 40 inpatient beds for clinical research, 20 of which are currently available for use, and also includes an outpatient center. Its mission is to serve as a dedicated clinical site for medical research while also educating early-career physicians in the laboratory sciences that underpin clinical investigation. All patients are voluntary research participants and participate in studies free of charge. The hospital does not provide routine care or general hospital services and is not open to the community. If a research participant experiences an adverse event or clinical emergency, they are promptly seen by an on-call physician and then transferred to New York-Presbyterian Hospital across the street for treatment if needed. The Applicant is seeking to convert the hospital to a freestanding Article 28 diagnostic and treatment center (D&TC), noting that it has not admitted any research participants to the inpatient unit in over two years. As a result, the hospital remains staffed and supplied without being utilized, as all current research studies rely solely on outpatient services such as phlebotomy. Therefore, the Applicant has determined that a freestanding D&TC is more in line with its current research needs.
8. Executive summary of HEIA findings (500 words max)

To support the findings of this assessment, SPG analyzed utilization data from the Applicant, census data for the service area, information and data from the Rockefeller University Community Health Needs Assessment and Improvement Plan, academic literature, and information obtained from interviews with leadership, employees, clinical research experts, community advisory board members, and former research participants. These interviews helped us understand the typical demographics and characteristics of research participants, the types of studies conducted on the inpatient and outpatient units, recruitment and accessibility efforts, research and clinical protocols, the experience of research investigators and participants at the organization, and activities conducted by the Community Advisory Board.

The primary benefit of this project is that it enables the organization to discontinue allocating financial, staffing, and administrative resources to an inpatient unit that has not been used for over two years. By repurposing these resources into the outpatient environment for research protocols, the organization can strengthen its capacity to conduct studies in a more cost-effective, participant-centric setting. This targeted allocation of funding and personnel could increase the impact and efficiency of the research programs, ultimately benefiting both the organization and the broader population that depends on research findings. The proposed change is also more closely aligned with how the facility and its clinical services are currently being utilized.

An unintended negative health equity impact of the project is that it will prevent researchers from conducting, and research participants from enrolling in, future clinical studies at the D&TC that require inpatient/overnight stays. Such trials often demand continuous monitoring and specialized care that can sometimes but not always be replicated in an outpatient setting. By closing the inpatient unit, and to the extent a researcher seeks to conduct research requiring an inpatient stay, individuals—including those from medically underserved communities—will lose access to the opportunity to contribute to critical scientific progress at this facility. Racial/ethnic minorities and women, which research shows generally face systemic barriers to clinical trial participation (see footnotes 2-5 below), may be disproportionately affected by this reduced access to inpatient trials. Likewise, individuals with certain health conditions that can only be studied through an inpatient stay may have reduced access to research opportunities. However, the magnitude of this impact is expected to be minimal, as the inpatient unit has remained unused for over two years and there has been a general trend in research towards outpatient protocols.

During the meaningful engagement process, most stakeholders expressed support for the project, though several concerns were raised. To mitigate these concerns, we recommend the applicant 1) consider adjusting the D&TC's operating hours; 2) gather input from research investigators and support staff on the D&TC's layout and amenities; 3) explore options for partnering with other local academic medical centers/research institutions on inpatient studies; and 4) implement structured feedback mechanisms—such as surveys, focus groups, or other engagement methods—to assess whether researchers' and study participants' needs continue to be met in the outpatient setting.

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 attached spreadsheet titled "heia_data_tables_Rockefeller.xlsx"

   Research participants have included individuals whose primary residence is in other states or even international locations. However, the majority of research participants reside in New York and Rockefeller University staff confirmed that most recruitment efforts focus on New York City residents. As such, we have included only New York-based research participants when determining the Applicant's service area.

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:**
   - Racial and ethnic minorities
   - Women
   - Persons living with a prevalent condition

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?**

   We analyzed utilization data from the Applicant, census data for the service area, information and data from the Rockefeller University Community Health Needs Assessment and Improvement Plan, academic literature, and information obtained from interviews with leadership, employees, clinical research experts, community advisory board members, and former research participants.

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

   We expect the Applicant's proposal to convert its hospital to a freestanding D&TC to impact racial/ethnic minorities and women because of their historical barriers to clinical

trial participation and individuals living with certain conditions because of their need for and participation in inpatient research trials.

Racial and Ethnic Minorities

The racial and ethnic breakdown in the Applicant's service area compared to New York City is provided in Tables 1 and 2 below.[1]

Table 1. Race

Race	**Applicant Service Area**	**New York City**
White	39.5%	33.7%
Black	24.2%	22%
American Indian/Alaska Native	0.6%	0.9%
Asian	6.7%	15%
Native Hawaiian/Other Pacific Islander	0%	0.1%
Some Other Race	20%	15.9%
Two or More Races	8.9%	12.5%

Table 2. Ethnicity

Ethnicity	**Applicant Service Area**	**New York City**
Hispanic or Latino	35.2%	28.4%
Not Hispanic or Latino	64.8%	71.6%

The racial and ethnic breakdown in the Applicant's service area, which is defined as where research participants have resided in the past year, is very similar to that of New York City. During stakeholder engagement, research investigators and employees described the Applicant's significant efforts to ensure that recruitment of participants for each study is representative of the broader demographics of New York City. This is important to note as racial/ethnic minorities are frequently underrepresented in research studies, despite well-established disparities in disease prevalence and risk.[2] Studies show that barriers to trial participation for minority groups include fear, mistrust of the medical community, and the burden associated with trial participation.[3] Ensuring diverse participation in clinical trials is critical for advancing health equity, improving the validity of research findings, and reducing health care disparities. Racial/ethnic

[1] U.S. Census Bureau. (2023). *American Community Survey 1-year estimates, 2023*. https://data.census.gov/

[2] Chen MS Jr, Lara PN, Dang JH, Paterniti DA, Kelly K. Twenty years post-NIH Revitalization Act: enhancing minority participation in clinical trials (EMPaCT): laying the groundwork for improving minority clinical trial accrual: renewing the case for enhancing minority participation in cancer clinical trials. *Cancer*. 2014;120 Suppl 7(0 7):1091-1096. doi:10.1002/cncr.28575

[3] Schmotzer GL. Barriers and facilitators to participation of minorities in clinical trials. *Ethn Dis*. 2012;22(2):226-230.

minorities will continue to have access to research studies conducted at Rockefeller University, including continued access to ongoing studies that are currently active and that are utilizing the outpatient facility of the hospital. Additionally, we are confident that the organization will continue its efforts to ensure diversity in recruitment of research participants. However, racial/ethnic minorities may have reduced access to any studies that would require an inpatient or overnight stay, which the facility would no longer be able to conduct onsite as a result of this project. There are no active overnight or inpatient studies at the facility currently.

Women

The distribution by sex in the Applicant's service area is outlined in Table 3 below.[1]

Table 3. Sex

Sex	**Applicant Service Area**	**New York City**
Male	47.9%	48.9%
Female	52.1%	51.1%

As with race and ethnicity, the sex composition of the Applicant's service area closely aligns with that of New York City. The Applicant also noted its ongoing efforts to recruit a population that is representative across demographic factors, including sex. However, consistent with trends observed among racial and ethnic minority populations, women—especially women of color—have historically been underrepresented in research.[4] While enrollment of women in randomized clinical trials has increased over time, it remains low relative to their overall representation in disease populations.[5] Including women in clinical trials is essential to ensure scientific accuracy, address sex-based differences in health, and correct longstanding inequities and injustices in medical research and care. The Rockefeller University will remain open and accessible to women participating in research through its outpatient department, including through any ongoing or active studies. We anticipate that the institution will continue to prioritize gender diversity in its recruitment strategies, reinforcing its commitment to inclusive research practices. That said, certain types of studies that involve inpatient or overnight stays—which the facility will no longer support onsite due to this project—may become less accessible to women as a result.

[4] Bierer, B. E., Meloney, L. G., Ahmed, H. R., & White, S. A. (2022). Advancing the inclusion of underrepresented women in clinical research. *Cell Reports Medicine*, *3*(4), 100553. https://doi.org/10.1016/j.xcrm.2022.100553

[5] Melloni C, Berger JS, Wang TY, et al. Representation of women in randomized clinical trials of cardiovascular disease prevention. *Circ Cardiovasc Qual Outcomes*. 2010;3(2):135-142. doi:10.1161/CIRCOUTCOMES.110.868307

Persons living with certain conditions

Research participants at Rockefeller include both healthy volunteers and individuals with long- or short-term infectious diseases or chronic conditions, including Covid-19, HIV, cancer, and obesity. Research participation contributes to the advancement of medical knowledge and treatment for certain diseases.[6] Participation may also help research participants to gain access to new experimental treatments before they are widely available.[7] According to stakeholder interviews and data provided by the Applicant, recent studies conducted at Rockefeller that required inpatient/overnight stays primarily focused on individuals with chronic conditions such as cancer and obesity. As a result of this project, researchers at Rockefeller University would no longer be able to conduct studies for conditions that require overnight stays, and patients would have to access such studies elsewhere. However, Rockefeller currently has active studies that address some of these conditions but that only require outpatient visits.

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?

Tables 4 and 5 below outlines race/ethnicity of research participants at the inpatient and outpatient facility within the hospital, and Table 6 outlines the sex of research participants. Data on diagnosis of prevalent diseases or conditions among research participants was not readily available. These populations will no longer be able to access any studies that require inpatient/overnight stays at Rockefeller University, but will continue to be able to access research trials (including any trials that they are currently participating in) on an outpatient basis. The demographics of current research participants are not expected to change as a result of this project.

Table 4. Race

Race	% of Research Participants (inpatient 2022)	% of Research Participants (outpatient 2024)
White	50%	38.8%
Black	33%	31%
Asian	17%	9.9%
Two or more races	0%	5.4%

[6] National Institute on Aging. (n.d.). *What are clinical trials and studies?* https://www.nia.nih.gov/health/clinical-trials-and-studies/what-are-clinical-trials-and-studies

[7] The Rockefeller University Hospital. (n.d.). *Clinical Research Studies*. https://www.rucares.org/patientsvolunteers/studies

American Indian/Alaska Native	0%	0.7%
Native Hawaiian/Pacific Islander	0%	0%
Some Other Race	0%	9.2%
Unknown	0%	5.1%

Table 5. Ethnicity

Ethnicity	**% of Research Participants (inpatient 2022)**	**% of Research Participants (outpatient 2024)**
Hispanic or Latino (any race)	0%	20.7%
Not Hispanic or Latino	100%	70.4%
Unknown	0%	6.5%
Multiple	0%	2.4%

Table 6. Sex

Sex	**% of Research Participants (inpatient 2022)**	**% of Research Participants (outpatient 2024)**
Male	50%	68%
Female	50%	30.6%
Unknown	0%	1.4%

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

Rockefeller University Hospital is widely recognized as the only “research-only” hospital in New York City. New York City’s primary academic medical and research centers are listed in Table 7 below.

Table 7. NYC-Based Academic Medical Centers

Provider	Location	Distance from RUH	Travel Time (driving)
Rockefeller University	1230 York Ave, Manhattan	-	-
Columbia University Irving Medical Center (NYP)	622 W 168th St., Manhattan	8 miles	28 minutes
Icahn School of Medicine at Mount Sinai	1 Gustave L. Levy Pl., Manhattan	2.6 miles	21 minutes
Memorial Sloan Kettering Cancer Center	1275 York Ave, Manhattan	0.4 miles	6 minutes
Montefiore Einstein	111 East 210th Street, Bronx	13.1 miles	41 minutes

Montefiore Medical Center	951 Prospect Ave, Bronx	7.4 miles	29 minutes
New York State Psychiatric Institute	1051 Riverside Drive, Manhattan	7.6 miles	25 minutes
NYU Langone Health	550 1st Avenue	3.1 miles	17 minutes
SUNY Downstate	445 Lenox Rd. Brooklyn	11.8 miles	48 minutes
Weill Cornell Medical Center (NYP)	525 E 68th St., Manhattan	0.5 miles	7 minutes

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

Exact numbers for "dedicated" inpatient research beds at NYC academic medical centers are generally not published in a centralized or regularly updated manner. Most hospital institutions integrate their research beds into existing inpatient units rather than maintaining large, stand-alone research wards. As such, these bed counts can be small and subject to change depending on active studies.

However, we were able to confirm that Columbia University has 16 single-occupancy patient rooms within its clinical research unit, and Weill Cornell has 9 adult inpatient beds and 8 pediatric inpatient beds within its clinical research unit.[8,9] The New York State Psychiatric Institute has a 22-bed unit that admits individuals who are participating in research studies involving substance use disorders, psychotic disorders such as schizophrenia, and affective disorders (primarily depression) and a 12-bed unit that admits individuals with eating disorders who are enrolled in research.[10]

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.

[8] Columbia University Irving Institute for Clinical and Translational Research. (n.d.). *Inpatient clinical research unit.* https://www.irvinginstitute.columbia.edu/services/inpatient-clinical-research-unit

[9] Weill Cornell Medicine. (n.d.). *Inpatient/outpatient units: Clinical translational resource unit.* https://ctscweb.weill.cornell.edu/research-resources/clinical-translational-resource-unit/inpatient-outpatient-units

[10] New York State Psychiatric Institute. (n.d.). *Inpatient services*. https://nyspi.org/nyspi/patients-and-families/inpatient-services

N/A – the Applicant does not bill for patient-oriented care as part of research conducted at the facility.[11]

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 project will require reduced clinical and associated support staff that currently support the inpatient unit.

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

    No

11. **Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.**

    No

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 primary benefit of this project is that it enables the organization to discontinue allocating financial, staffing, and administrative resources to an inpatient unit that has not been used for over two years. By repurposing these resources into the outpatient environment for research protocols, the organization can strengthen its capacity to conduct studies in a more cost-effective, participant-centric setting.

[11] The Rockefeller University Hospital. (2022). *The Rockefeller University Hospital community service plan 2022–2024*. [PDF]. Retrieved from https://www.rucares.org/assets/file/The%20Rockefeller%20University%20Hospital%20Community%20Service%20Plan%202022-2024_Final_.pdf

From a health equity perspective, consolidating research activities into an outpatient unit can increase opportunities for inclusive enrollment, especially among racial/ethnic communities and females who have historically faced barriers to engaging in clinical studies. Inpatient research may require days or weeks of continuous hospitalization, which can be disruptive to participants' work, family, or other responsibilities. Shorter, more flexible visits and easier scheduling can help expand access for individuals who might not have been able—or willing—to undergo extended inpatient stays. Reducing barriers to participation is also particularly important for individuals with certain diseases or chronic conditions, who often juggle extensive treatment regimens and require specialized support. The outpatient model can help reduce logistical challenges such as time commitment or stigma associated with prolonged inpatient stays, making participation more feasible for vulnerable populations.

By focusing on outpatient-based research protocols, the institution can optimize the use of its resources, improve access to participation in clinical trials, and contribute to scientific knowledge that is responsive to the needs of all communities. This targeted allocation of funding and personnel could increase the impact and efficiency of the research programs, ultimately benefiting both the organization and the broader population that depends on evidence-based innovations.

2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.

An unintended negative health equity impact of the project is that it will prevent researchers from conducting, and research participants from enrolling in, future clinical studies that require inpatient/overnight stays in the D&TC. Such trials often demand continuous monitoring and specialized care that can sometimes but not always be replicated in an outpatient setting. By closing the inpatient unit, individuals—including those from medically underserved communities—will lose the opportunity to contribute to critical scientific progress at this facility. Racial/ethnic minorities and women, already facing systemic barriers to clinical trial participation, may be disproportionately affected by this reduced access to inpatient trials. Likewise, individuals with certain health conditions that can only be studied through an inpatient stay may have reduced access to important research opportunities.

However, the magnitude of this impact is expected to be minimal, as the inpatient unit has remained unused for research for over two years. Even when it was last operational in 2022, it admitted only 12 participants across two studies. By contrast, the outpatient unit conducted 936 participant visits in 2022. Researchers and staff interviewed for this assessment attributed the decline in use to broader shifts in research methods. In

parallel with trends in traditional health care, there has been a move toward outpatient protocols.[12] Additionally, advances in technology now allow for more robust remote monitoring of participants, further diminishing the need for extended inpatient stays.[13]

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.

N/A

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 facility is accessible via several public transportation options:

Subway:

- 68th St-Hunter College Station (6 line) is an approximately 10-12 minute walk
- 72nd St Station (Q line) is an approximately 10-15 minute walk

Bus:

- M31 provides a convenient stop along York Avenue.
- M66 provides service between York Avenue and West Side locations.
- M72 connects York Avenue with the Upper West Side.
- M15 runs on 1st avenue (downtown) and 2nd avenue (uptown), and can be accessed a few blocks west of the facility.

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

The D&TC will be accessible by elevator and all bathrooms are ADA compliant. The entry and emergency exits are also ADA compliant.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive

[12] Deloitte. (2018). *Patterns of outpatient growth* PDFPDFPDF. https://www2.deloitte.com/content/dam/insights/us/articles/4170_Outpatient-growth-patterns/DI_Patterns-of-outpatient-growth.pdf

[13] U.S. Food and Drug Administration. (2024, September). *Conducting clinical trials with decentralized elements: Guidance for industry, investigators, and other interested parties*. https://www.fda.gov/media/167696/download

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?

N/A

Meaningful Engagement

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

   New York City Department of Health and Mental Hygiene (DOHMH)

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

   Yes, SPG spoke with DOHMH regarding this project and they provided a statement included in our meaningful engagement tab in the spreadsheet titled "heia_data_tables_Rockefeller.xlsx"

   The DOHMH team did not identify any major concerns with the project. The team recommended that the Applicant ensure that recruitment practices to enhance diversity are integral to the mitigation plan and are monitored to ensure participants truly represent the broader demographics of NYC. This may include assessing language access practices, utilizing diverse modes of communication (e.g., verbal, paper, and electronic methods), and seeking partnerships with trusted community providers. Additionally, the Applicant should take feasible steps to ease the transition for staff who will no longer be employed as a result of this project.

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

   Please refer to attached spreadsheet titled "heia_data_tables_Rockefeller.xlsx"

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?

The stakeholders most affected by this proposed project are research investigators and research participants who will no longer have access to an inpatient facility for research studies. In addition, clinical staff operating the hospital inpatient unit that are facing layoffs due to the closure will be impacted.

Concerns represented by stakeholders included:

1) **Participant Comfort:** One stakeholder noted that while longer visits that require monitoring or repeated blood draws mostly occur on an outpatient basis now, some of these activities are still conducted in the inpatient unit out of convenience and because it is more comfortable for the patients (e.g., private room, TV). However, the stakeholder characterized it as "nice to have" rather than a necessity, while encouraging the Applicant to make the outpatient facility as comfortable as possible for extended visits—citing outpatient colonoscopy centers as an example of how to provide a more accommodating and comfortable setting.
2) **Facility Hours:** Since the hospital is currently open 24/7, one stakeholder expressed concern that clinical staff of the D&TC would not be available for extended or evening hours. This could impact studies that require longer assessments or the recruitment of participants who are not able to come to the D&TC during work hours. The D&TC will be open Monday-Friday 8am-4:30pm.
3) **Loss of Research Flexibility:** While stakeholders overwhelmingly noted that most studies only require the outpatient unit, several lamented that the closure of the inpatient hospital will prevent the organization from conducting certain types of studies in the future that require inpatient/overnight stays. This change may limit the range and depth of future research opportunities. However, some stakeholders noted that there is an opportunity to partner with other organizations, such as Weill Cornell across the street, to utilize their inpatient facility/sleep study unit for research conducted by Rockefeller investigators.

In general, stakeholders did not feel there would be any impact on current studies/research participants, the quality and safety of research conducted at the facility, or recruitment activities, including the organization's significant efforts to ensure diverse and equitable participation in research studies.

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?

As part of our stakeholder engagement, we conducted 14 interviews with research investigators, research experts, former research participants, community members who participate on the Community Advisory Board (CAB), the organization's health equity officer, and staff who review studies and human research protection protocols. These interviews helped us identify the typical demographics and characteristics of research participants and understand 1) the types of studies conducted on the inpatient and outpatient units; 2) recruitment and accessibility efforts; 3) research and clinical protocols; 4) the experience of research investigators and participants at the organization; and 5) activities conducted by the CAB.

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.

SPG's stakeholder engagement process involved developing a comprehensive outreach strategy to relevant stakeholders, including research investigators, research participants, staff, and community members. Because the hospital is not open to the general public, we deliberately focused on those most closely connected to and experienced with the organization and its research activities, ensuring a sufficiently diverse range of perspectives on the proposed project.

STEP 3 – MITIGATION

1. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
    a. **People of limited English-speaking ability**
    b. **People with speech, hearing or visual impairments**
    c. **If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?**

The Applicant has an interpreter service that is used to support individuals who speak other languages or who require American Sign Language (ASL) services.

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

Based on the concerns expressed by stakeholders during the meaningful engagement, we recommend that the Applicant:

- Consider adjusting the D&TC's operating hours to better accommodate research participants and ensure accessibility for all individuals regardless of work schedules or caregiving responsibilities.
- Gather input from research investigators and support staff (e.g., research coordinators) on the D&TC's layout and amenities, ensuring it meets their operational needs and provides a comfortable environment for research participants.
- Explore options for partnering with other local academic medical centers/research institutions to support investigators that may seek to conduct clinical research that requires the use of inpatient facilities.

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

In addition to seeking feedback from research investigators and support staff, the Applicant should also engage its Community Advisory Board (CAB) to review proposed plans and provide guidance on clear, transparent communication. By involving the CAB early in the planning process, the Applicant can gather insights on how best to address the needs and concerns of staff, investigators, clinical personnel, and research participants. This collaborative approach helps ensure that stakeholder perspectives are integrated into the project's design and that information is shared openly and effectively.

Additionally, the Applicant should maintain open, continuous communication with research, clinical, and administrative staff throughout the transition, ensuring that the evolving needs of both researchers and participants are consistently addressed. Proactive issue resolution and transparent updates will support a smooth transition, strengthen trust, and ultimately enhance the research experience.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

The project may address socioeconomic barriers to participation in clinical research by reducing the reliance on inpatient hospital stays—an option that many individuals with limited income or caregiving obligations simply cannot accommodate. This shift could reduce indirect costs such as transportation, childcare, and lost wages. As a result, clinical research becomes more accessible and inclusive, ultimately promoting more equitable study enrollment and 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 Applicant currently reviews and closely monitors all study protocols through its Institutional Review Board (IRB). The Applicant can continue to track the number of studies proposed that would require extended stays and determine the outcome of such proposals (e.g., facilitated in the outpatient unit, partnered with another hospital, not completed, etc.).

   The Applicant maintains a robust central recruitment function that assists all study investigators with developing equitable recruitment strategies across race, ethnicity, sex, and socioeconomic status. The data gathered through this effort can be leveraged to sustain diverse enrollment in outpatient research, ensuring that traditionally underrepresented populations continue to have access to and benefit from these studies.

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?**

   Following the inpatient unit's closure, the Applicant might implement structured feedback mechanisms—such as surveys, focus groups, or other engagement methods—to assess whether researchers' and study participants' needs continue to be met in the outpatient setting. Regularly collecting these insights can help the Applicant identify potential challenges, fine-tune protocols, and ensure that the transition to outpatient-based research maintains a positive experience for all stakeholders involved.

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)

---------- 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, (Rockefeller University Hospital), attest that I have reviewed the Health Equity Impact Assessment for the (Decertifying inpatient unit; certifying diagnostic and treatment center) that has been prepared by the Independent Entity, (Sachs Policy Group).

Timothy O'Connor

Name

Executive Vice President

Title

Signature

May 27, 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.

The Rockefeller University Hospital (the "Hospital"), operated by The Rockefeller University (the "University") and widely recognized as the only "research-only" hospital in New York City, seeks to convert its hospital to a freestanding diagnostic and center (D&TC) to enable the Hospital to discontinue allocating resources to an inpatient unit that has not been used for over two years and strengthen its capacity to conduct studies in a more cost-effective, participant-centric setting. Upon completion of the project, the Hospital's name will change from "Rockefeller University Hospital" to "Rockefeller University Clinical Research Center" (the "Center").

Potential Negative Impact: As noted by the Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG), an unintended negative health equity impact of the project is that it will prevent researchers from conducting, and research participants (including those from medically underserved communities) from enrolling in future clinical studies at the D&TC that require inpatient/overnight stays. Racial/ethnic minorities and women, which research shows generally face systemic barriers to clinical trial participation, may be disproportionately affected by this reduced access to inpatient trials. Likewise, individuals with certain health conditions that can only be studied through an inpatient stay may have reduced access to research opportunities.

Response: As noted in the HEIA, the magnitude of this impact is expected to be minimal, as the inpatient unit has remained unused for over two years and there has been a general trend in research towards outpatient protocols. Advances in technology used by the University allow for more robust remote monitoring of participants, further diminishing the need for extended inpatient stays. The University will continue to review and closely monitor all study protocols through its Institutional Review Board and adjust such protocols to address any potential negative health equity impacts. Further, the University maintains a robust central recruitment function that assists all study investigators with developing equitable recruitment strategies across race, ethnicity, sex, and socioeconomic status. The University will leverage these data to sustain diverse enrollment in outpatient research, ensuring that traditionally underrepresented populations continue to have access to and benefit from these studies.

Stakeholder Concerns: The stakeholders most affected by this proposed project are research investigators and research participants who will no longer have access to an inpatient facility for research studies. Concerns expressed by these stakeholders included: (1) research participant comfort for extended visits, (2) facility hours to accommodate longer assessments or recruitment of participants unable to come during work hours, and (3) loss of research flexibility for certain types of studies in the future that may require inpatient/overnight stays. To mitigate concerns about the project expressed by stakeholders, SPG recommended that Rockefeller University: (1) consider adjusting the D&TC's operating hours; (2) gather input from research investigators and support staff on the D&TC's layout and amenities; (3) explore options for partnering with other local academic medical centers/research institutions on inpatient studies; and (4) implement structured feedback mechanisms—such as surveys, focus groups, or other engagement methods—to assess whether researchers' and study participants' needs continue to be met in the outpatient setting.

Response: The University accepts all of these recommendations and provides additional details below regarding the Center.

- Operating Hours. To better accommodate research participants' schedules and ensure accessibility for all individuals and their work schedules or caregiving responsibilities, the University will adjust the Center's operating hours outside of normal business hours at least one day per week. Based on experience, most research participants prefer weekday mornings or evenings instead of weekends. Accordingly, the University will adjust the Center's hours to open by 7am or remain open until 8pm at least one day per week.
- Soliciting Input. The University will periodically solicit input from research investigators and support staff on the facility's layout and amenities to confirm that it meets

operational needs while providing a suitable and comfortable environment for research participants. In addition to seeking feedback from research investigators and support staff, the University will also engage its Community Advisory Board (CAB) to review proposed plans and provide guidance on clear, transparent communication to stakeholders.

- Partnerships. For research proposals that require in-patient operations, the Center will leverage the University's longstanding relationships with its neighboring academic medical centers, including Memorial Sloan Kettering Cancer Center and New York-Presbyterian/Weill Cornell Medical Center, for potential partnerships on inpatient studies. The University may also explore options at commercial Clinical Research Organizations (CROs) for such studies.
- Feedback Mechanisms. The University will continue to routinely survey its research participants, to assess whether their needs are being met in the D&TC setting. The University will continue surveys or group discussions with research staff to assess whether the researchers' and study participants' needs are met.
- Language Access Barriers: The University will maintain its interpreter service at the Center to support individuals who speak other languages or who require American Sign Language (ASL) services.