Center for Health Equity Impact Assessments Progress Report

June 22, 2023 to September 30, 2025

NEW YORK STATE | Department of Health

Prepared by the New York State Department of Health
Office of Health Equity and Human Rights

Acknowledgments

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If you have any questions regarding Health Equity Impact Assessments, please send an email to HEIA@health.ny.gov.

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Introduction

Health Equity Impact Assessments are powerful tools that assist policymakers, health care providers, and community advocates to identify inequities and to elevate community concerns. In a 2008 report, the World Health Organization's Commission on Social Determinants of Health called for governments and planners to use Health Equity Impact Assessments in all economic agreements, market regulation, and public policies. Subject matter experts from around the world, including the United States, have utilized this mechanism in a variety of fields, such as housing, transportation, and infrastructure. These assessments provide a useful framework for public health and health care delivery systems to critically examine the implications of decisions on local communities and offer strategies to reduce negative impacts while strengthening positive outcomes. Health Equity Impact Assessments are often used alongside broader Health In/Across All Policies initiatives that emphasize a collaborative approach to improving health outcomes by addressing social determinants of health across all sectors.

The mission of the New York State Department of Health is to protect and promote health and well-being for all, building on a foundation of health equity. The Center for Health Equity Impact Assessments within the Office of Health Equity and Human Rights was established in 2023 to support the New York State Department of Health's mission and advance health and racial equity in health care systems. This report will provide an overview of the first two years of implementing the Health Equity Impact Assessment requirement, including data findings, trends, and recommendations to strengthen health care facility planning and design in New York State.

The Health Equity Impact Assessment is an exciting new data source that highlights the voices of the community. The qualitative data collected from the assessment provides an opportunity to understand health equity priorities described by local stakeholders around the state. Reflections from these individuals and organizations offer multifaceted perspectives on how changes to health care services and access impact their lives, sometimes in unintended ways. As we look ahead, we remain committed to prioritizing community voices through strategic engagements with advocacy groups, community leaders, health care associations, consulting groups, public health experts, and elected officials.

Background

New York State Public Health Law Section 2802-b requires a Health Equity Impact Assessment to be filed with a Certificate of Need application to the New York State Department of Health for the establishment, change in ownership, construction, renovation, and change in service of Article 28 health care facilities across the state. The Health Equity Impact Assessment demonstrates how a facility's proposed project affects the accessibility and delivery of services, and whether the project will enhance health equity and contribute to mitigating health disparities in the project's service area, specifically for medically underserved groups. The requirement went into effect on June 22, 2023.

The Center for Health Equity Impact Assessment's priority is the efficient and thorough review of Health Equity Impact Assessments. Each assessment offers a review of the positive, neutral, and negative health equity implications of health care projects on medically underserved groups, along with strategies to mitigate unintended negative impacts and enhance positive outcomes. Additionally, the Health Equity Impact Assessment includes a meaningful engagement section, where a diverse group of key stakeholders are contacted through various methods such as phone calls, surveys, and forums. This provides an opportunity to better understand how the proposed Certificate of Need project will impact the community in the project's service area.

In December 2023, an amendment to the regulation broadened the scope of the Health Equity Impact Assessment to include how proposed projects will influence the availability, provision, and delivery of reproductive health services and maternal health care within Article 28 facilities and their service areas. This bill was signed into law by New York Governor Kathy Hochul, amending Section 2802-b of the Public Health Law, taking effect retroactively on June 22, 2023, and reflects the Governor's commitment to safeguarding and preserving women's health care in New York State.

Summary of Activities

As part of a robust implementation strategy, over the last two years, the Center for Health Equity Impact Assessments participated in several activities to develop avenues for stakeholders to understand and comply with the Health Equity Impact Assessment law and regulations.

Development of Training and Guidance

1. In August and September 2023, the Center for Health Equity Impact Assessments created a webinar series to deliver essential information about the Health Equity Impact Assessment requirement to the public. This webinar provided foundational guidance as Article 28 facilities and Independent Entities began conducting Health Equity Impact Assessments. A total of two (2), one-hour webinars were conducted with time for questions. The webinar series was revised in the summer of 2024 based on insights learned during the first year of implementation. The updated webinar content was delivered to over 200 participants, on three (3) dates in September and October 2024. Each webinar lasted one hour and 30 minutes and was highly interactive with designated times to answer questions from participants.
2. A standard process for providing technical assistance evolved over several months of meetings with key stakeholders, as Center for Health Equity Impact Assessments staff identified recurring issues requiring attention. This included meetings with Applicants, or the organization, entity, facility, or facility system submitting a Certificate of Need application for a proposed facility project. Initially, the Center for Health Equity Impact Assessments organized video calls with both Applicants and Independent Entities to address issues that occurred with the application process. To enhance efficiency and streamline communications, a Request for Additional Information (RFAI) letter template was developed to communicate needed updates in a consistent format for stakeholders. If further assistance was necessary, stakeholders were encouraged to schedule phone or video calls.
3. In the summer of 2024, an email listserv was established to communicate important updates and messages regarding the Health Equity Impact Assessment requirement to interested parties.
4. Based on feedback collected from Applicants and Independent Entities, the Center for Health Equity Impact Assessments revised the program documents and Frequently Asked Questions site in June 2024 to clarify guidance on redactions and protected health information (PHI) in the Health Equity Impact Assessments. In December 2024, another update clarified questions related to Freedom of Information Law (FOIL) requests.

Stakeholder Engagement

The Center for Health Equity Impact Assessments convened Independent Entities on July 18th, and July 23rd, 2024, to better understand key learnings and experiences from those who used the program materials and conducted assessments. Both listening sessions allowed individuals and organizations to share input and ideas regarding the Health Equity Impact Assessment process and connect with other Independent Entities and New York State Department of Health staff. Attendees were asked a series of open-ended questions regarding operationalizing the requirement, specifically examining the challenges and benefits of using the program documents, completing the meaningful engagement process, and finding and using data on medically underserved groups.

In August 2024, a voluntary survey was disseminated to all Article 28 facilities that submitted a Health Equity Impact Assessment during the reporting period. Of the 33 Applicants contacted, 12 provided responses. The survey covered a myriad of questions, examining different aspects of working with an Independent Entity and evaluating whether community stakeholder concerns and recommended mitigation strategies impacted the proposed Certificate of Need project. This vital input, taken into consideration alongside the listening session feedback, provided crucial data to the Center for Health Equity Impact Assessments to understand various facets of program implementation.

Finally, the Center for Health Equity Impact Assessments reconvened Independent Entities in March 2025 to discuss strategies to improve meaningful engagement with community stakeholders as part of the assessment. These two virtual meetings covered best practices in communicating with stakeholders and gathering feedback as well as improving interactions with health care facilities.

The summary of insights learned from the listening sessions, Applicant survey, and meaningful engagement meetings are illustrated in Figure 1.

Figure 1. Challenges and Insights

Independent Entities

- The cost of contracting with Independent Entities is higher than expected.
- It can be difficult to find an Independent Entity.

Meaningful Engagement

- Gaining and building trust in the community is challenging. There typically has been minimal to no advanced notice or public communication about proposed facility projects.
- Through meaningful engagement, the community has appreciated the outreach to solicit their feedback on health care projects.
- It can be burdensome when Independent Entities conduct outreach for multiple Health Equity Impact Assessments on the same community-based organizations, local health departments, and other stakeholders.
- Engagement with the community demands considerable time and may result in low response rates, particularly for projects at smaller facilities or those with minimal impacts to stakeholders. More success is seen when the Applicant facilitates soft introductions with existing relationships (e.g., family advisory council, partnerships with community advocacy groups, etc.) to reduce the number of cold calls made by the Independent Entity.
- The community often does not understand an Applicant's mission and types of services offered. There is a general lack of knowledge on facility projects and health care terms, which can make it harder for stakeholders to fully understand and respond to questions regarding a Certificate of Need project. As a result, some stakeholders do not provide relevant responses about projects or they do not have an opinion.

- Older adults and other populations may have varying levels of ability to participate, and outreach to caregivers or proxies often go unanswered.
- Stakeholders can be reluctant to share their feedback or concerns due to the perceived lack of anonymity in the meaningful engagement process.

Mitigation Strategies and Accountability

- Implementing recommendations made in the Health Equity Impact Assessment have financial implications that may not be feasible for the Applicant.
- Some Applicants report they have meaningfully considered community health needs uncovered in the Health Equity Impact Assessments. It was unclear whether any changes were made to the Certificate of Need project as a result. This will be an important aspect to evaluate moving forward.

Overall Process and Guidance

- Applicants need additional training and resources to fully understand the Health Equity Impact Assessment requirement and process. Importantly, they want to better understand what to expect during the process and after the Health Equity Impact Assessment is submitted to the New York State Department of Health.
- Both Applicants and Independent Entities would like to receive regular updates from the New York State Department of Health regarding the requirement.
- Independent Entities would like to participate in listening sessions periodically to discuss issues and share ideas about the Health Equity Impact Assessment with each other and the New York State Department of Health.

Major Accomplishments

Submission Guidance

The Center for Health Equity Impact Assessments released a twelve-page Frequently Asked Questions (FAQ) document in Fall 2023 that provides extensive guidance on the Health Equity Impact Assessment requirement and program documents. The FAQ provides an effective avenue to offer technical support and program updates to health care facilities and independent contractors. In Fall 2024, the Center for Health Equity Impact Assessments released a complementary Submission Guidance document that offers insights and best practices on how to conduct a Health Equity Impact Assessment and accurately fill out the program documents. Both materials were developed based on commonly asked questions and input from major stakeholders, as well as insights from the Center for Health Equity Impact Assessments.

Local Health Department Engagement

As a result of feedback shared by Independent Entities, the New York State Department of Health became aware of challenges related to engaging with local health departments. Notably, Independent Entities were not sure who to contact at local health departments for the meaningful engagement portion of the Health Equity Impact Assessment. The Center for Health Equity Impact Assessments developed a contact list for all sixty-two (62) New York State counties. Each entry includes a confirmed point of contact, title, and preferred contact information enabling the Independent Entity to efficiently solicit input. The Center for Health Equity Impact Assessments also created a statement of expectation for the Independent Entity to send information about proposed projects prior to meeting with local health departments to facilitate successful engagements. The list is now a publicly available resource on the New York State Department of Health's website and is updated biannually.

Health Equity Integrated into State Grant Programs

The Center for Health Equity Impact Assessments contributed health equity-related questions to the applications for the Statewide Health Care Facility Transformation Program IV and Safety Net Transformation Program. The Statewide Health Care Facility Transformation Program IV offers grants to support capital projects as well as debt retirement and restructuring, working capital, or other non-capital initiatives directly linked to capital projects. These initiatives aim to advance transformational goals which include, but are not limited to, redesigning and enhancing quality health care services in accordance with statewide and regional health care needs. The Safety Net Transformation Program incentivizes collaborative partnerships between safety net hospitals and health care organizations to improve access, equity, quality, and outcomes while increasing the financial sustainability of safety net hospitals.

The health equity-related questions were designed for grant applicants to demonstrate how proposed projects would advance health equity for populations in the community served by the applicant. This included questions examining potential health equity impacts, architectural barriers, strategies to mitigate unintended negative impacts, and communication plans for the public, especially those with Limited English Proficiency and speech, hearing, or visual impairments.

Presentations at Conferences

The Director for the Center for Health Equity Impact Assessments met with other state and local jurisdictions and researchers to discuss the development and methodology of the New York State Health Equity Impact Assessment. This included several presentations at national conferences.

- The 17th Health Disparities Conference at **Xavier University of Louisiana** took place from April 7-9, 2024, in New Orleans, Louisiana. The Director's presentation included an overview of the legislative and regulatory processes and creation of program documents in collaboration with community stakeholders.
- On May 10th, 2024, the Director presented at a convening of Health in All Policies practitioners and researchers at the Institute for Health and Social Policy at **Johns Hopkins Bloomberg School of Public Health**. She covered the methodology of Health Equity Impact Assessments in New York State and participated in a robust discussion with attendees on health equity initiatives across the country.
- At the **University of Nebraska's** Health Equity Conference on February 28, 2025, the Director spoke primarily about the design of the Health Equity Impact Assessment and engagement with key partners during the legislative and regulatory periods.
- **Drexel University** held an exciting Urban Health Symposium from September 4-5, 2025, where the Director spoke about how the Health Equity Impact Assessment tool can be leveraged to increase community participation in health care facility planning.

Health Equity Impact Assessment Review

The reporting period for this report is from June 22nd, 2023, when the Health Equity Impact Assessment requirement went into effect, through September 30th, 2025. During this time, the Center for Health Equity Impact Assessments reviewed ninety-two (92) Health Equity Impact Assessments from nineteen (19) different Independent Entities.

Article 28 facilities are subject to the Health Equity Impact Assessment law. These facility types include:

- General Hospitals
- Residential Health Care Facilities
- Diagnostic and Treatment Centers that are not subject to the legislative carveout (requirement does not apply to centers whose patient population is more than 50% combined patients enrolled in Medicaid or uninsured unless the application includes a change in controlling person, principal stockholder, or principal member of the applicant)
- Midwifery Birth Centers
- Ambulatory Surgery Centers.

92
HEIAs Reviewed

5,728
Community Stakeholders Engaged

19
Idependent Entities Conducted HEIAs

96%
of Mitigation Strategies Addressed Community Concerns

The New York State Department of Health's website outlines the three (3) Certificate of Need **review types:**

- ***Full Review.*** Proposals requiring a full review, including a recommendation or decision of the Public Health and Health Planning Council, are significant projects costing greater than $60 million for general hospitals and greater than $20 million for all other facilities.
- ***Administrative Review.*** Proposals requiring an administrative review do not require a recommendation from the Public Health and Health Planning Council. In general, this encompasses projects costing greater than $30 million and less than or equal to $60 million for general hospitals, and greater than $8 million and less than or equal to $20 million for all other facilities.
- ***Limited Review.*** Proposals requiring a limited review do not require a recommendation from the Public Health and Health Planning Council. In general, this encompasses projects costing less than or equal to $30 million for general hospitals, and less than or equal to $8 million for all other facilities.

Project types are determined by Certificate of Need application details that would prompt the need for a Health Equity Impact Assessment. Refer to the following chart for descriptions of each project type. More information can be found in the Health Equity Impact Assessment Requirement Criteria form as well as the New York State Department's Certificate of Need site.

Table 1. Project Type and Description

Project Type	Description
Establishment	Establishment of a new operator of a licensed health care facility
Expansion	Expansion or addition of 10% or greater in the number of certified beds, certified services, or operating hours
Elimination	Elimination of services or care
Reduction	Reduction of 10% or greater in the number of certified beds, certified services, or operating hours
Change in Location	Change in location of services or care

The next chart shows the number and frequency of project and review types sorted by facility type.

Table 2. Project Frequency and Review Type

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.

	Diagnostic and Treatment Centers			Hospitals			Midwifery Birth Centers	Residential Health Care Facilities			Totals by Review Type
Review Type	*Administrative*	*Full*	*Limited*	*Administrative*	*Full*	*Limited*	*Full*	*Administrative*	*Full*	*Limited*	
Change in Location	2		2	10		8		1	1		**24**
Change in Location, Reduction						1					**1**
Elimination				2		7				5	**14**
Elimination, Expansion										1	**1**
Establishment		2					1		1		**4**
Expansion	3	1		4	11	5			1	8	**33**
Expansion, Change in Location	1				1						**2**
Expansion, Elimination				1							**1**
Expansion, Reduction				2	1	2					**3**
Reduction				2	1	2				2	**7**
	6	3	2	21	14	25	1	1	3	16	
Totals by Facility Type	**11**			**60**			**1**	**20**			

Assessments have been conducted for Certificate of Need projects across New York State. The following map shows the location of all projects filed with Health Equity Impact Assessments within the reporting period. Twenty-two percent (22%) of projects were in rural counties.

Figure 2. Distribution of Certificate of Need projects submitted with a Health Equity Impact Assessment

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.

Facility Types:

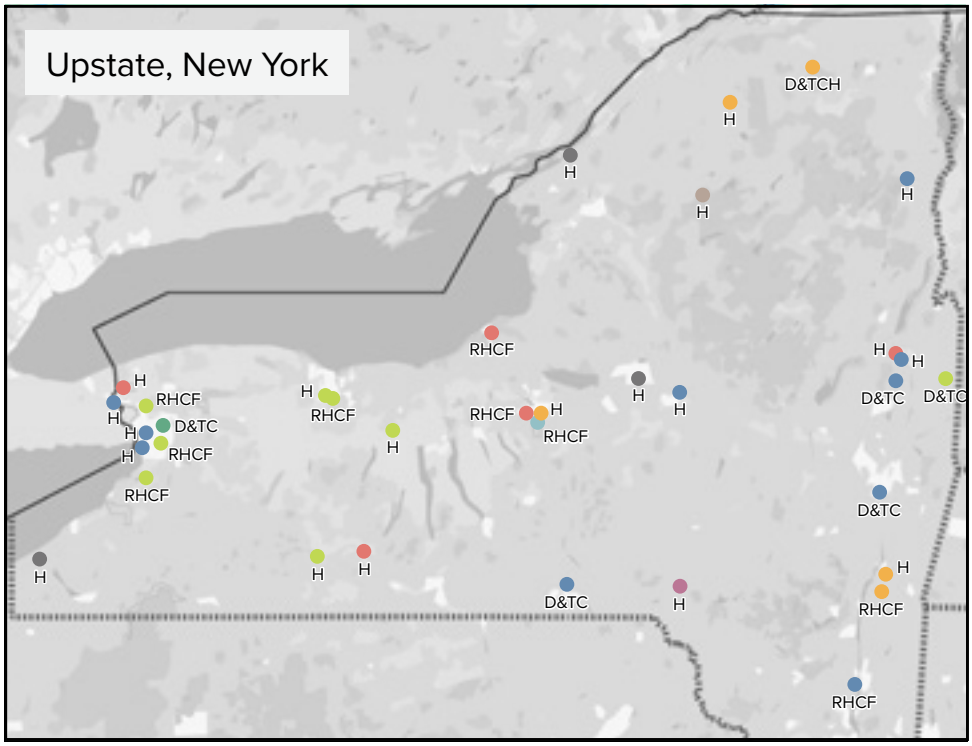
H	Hospital
D&TC	Diagnostic and Treatment Centers
RHCF	Residential Health Care Facilities
MBC	Midwifery Birth Centers

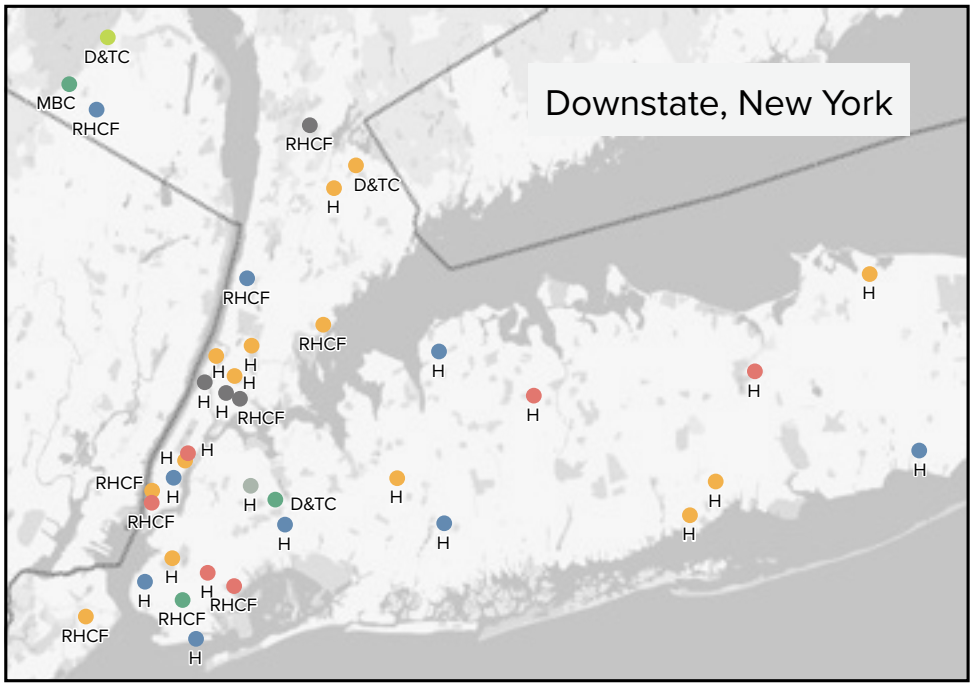
Centers Breakdown of Number of HEIAs in Rural/ Urban Counties:

Urban Counties: 72
Rural Counties: 20
Rural areas are defined as counties within the state having less than two hundred thousand (200,000) population.

Project Types:

- Change in Location
- Change in Location, Reduction
- Elimination
- Elimination, Expansion
- Establishment
- Expansion
- Expansion, Change in Location
- Expansion, Elimination
- Expansion, Reduction
- Reduction





Cost Facts and Figures

The average cost charged by the Independent Entities for a Health Equity Impact Assessment was $26,700. For expansion projects, the average cost was $29,847.88, while reduction projects averaged $22,349.85. Change in location projects averaged $27,355.04. The total cost of the Health Equity Impact Assessments was 0.06% of the total cost of the ninety-two (92) Certificate of Need projects.

The standard deviation (the average distance from the mean) between project costs was $270,586,704.31 and the standard deviation between HEIA costs was $23,429.65. This indicates a wide range of costs for both. The lowest project cost was $0.00 and the highest was $747,928,910. The lowest cost for a Health Equity Impact Assessment was $0.00 and the highest was $109,611.25. The following tables list the average cost per review and facility type.

Table 3. Review type and average Health Equity Impact Assessment cost

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.

Review Type	Average HEIA Cost
Full	$31,914.45
Administrative	$34,133.39
Limited	$19,673.39

Table 4. Facility type and average Health Equity Impact Assessment cost

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.

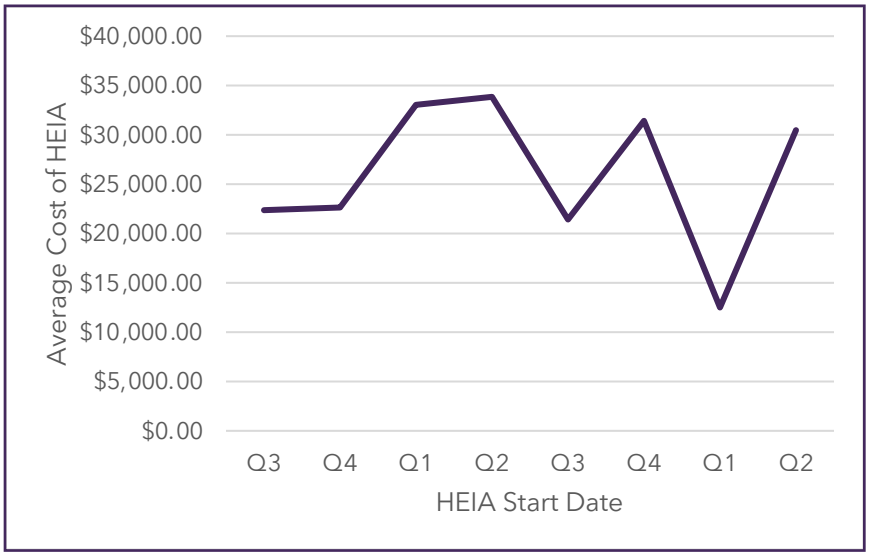
Facility Type	Average HEIA Cost
Diagnostic and Treatment Center	$16,282.43
Hospital	$33,150.71
Midwifery Birth Center	$9,000.00
Residential Health Care Facility	$13,960.63

Costs Over Time

In the following analysis, the date the Independent Entity started each Health Equity Impact Assessment was used. The average number of days it took an Independent Entity to complete the Health Equity Impact Assessment was seventy-nine (79) days.

Figure 3. Average cost of Health Equity Impact Assessment over time

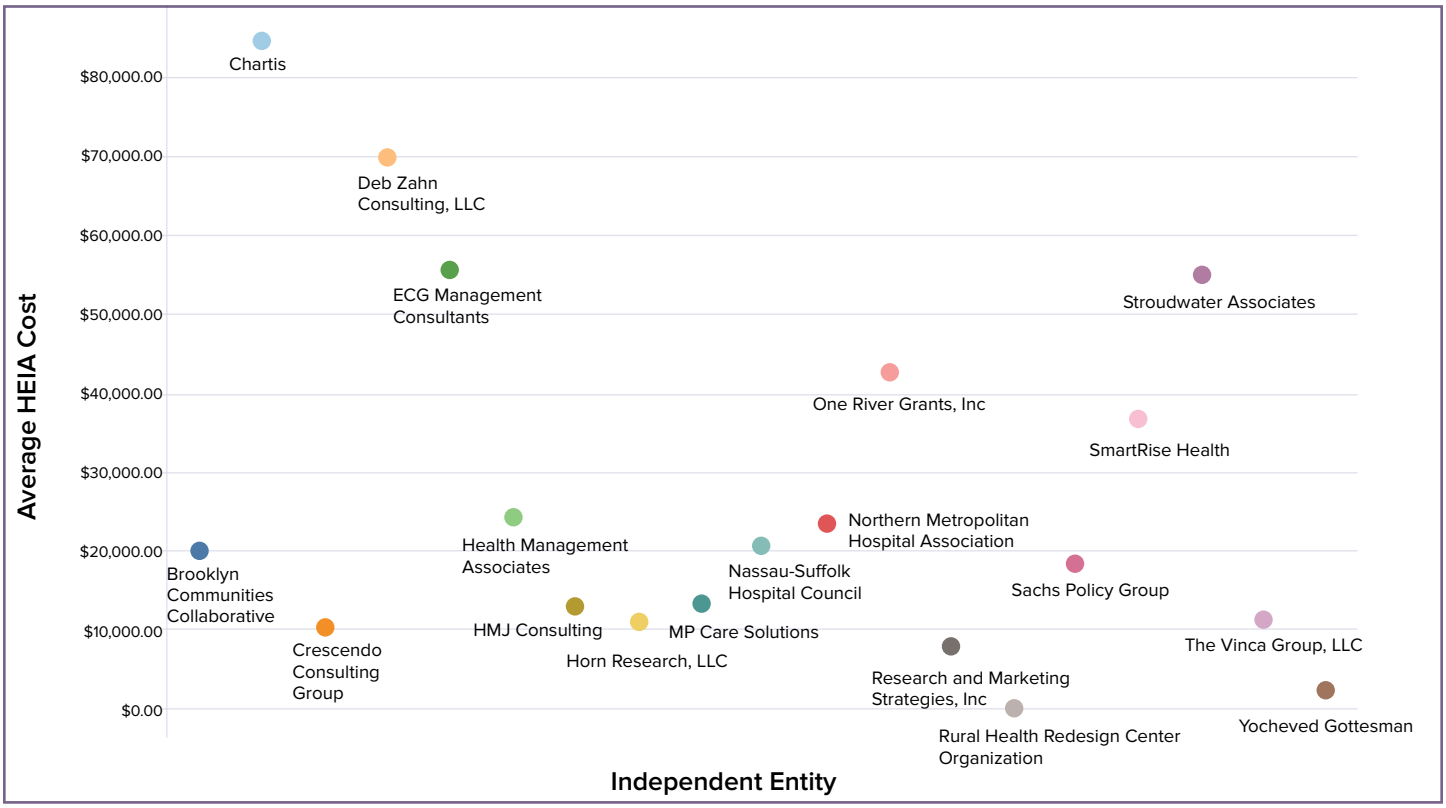
Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.



Quarter	Time Period	# of HEIAS
Q3	7/1/23 - 9/30/23	7
Q4	10/1/23 - 12/31/23	10
Q1	1/1/24 - 3/31/24	22
Q2	4/1/24 - 6/30/24	17
Q3	7/1/24 - 9/30/24	15
Q4	10/1/24 - 12/31/24	5
Q1	1/1/25 - 3/31/25	11
Q2	4/1/25 - 6/30/25	5

Figure 4. Chart showing average cost by Independent Entity

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.



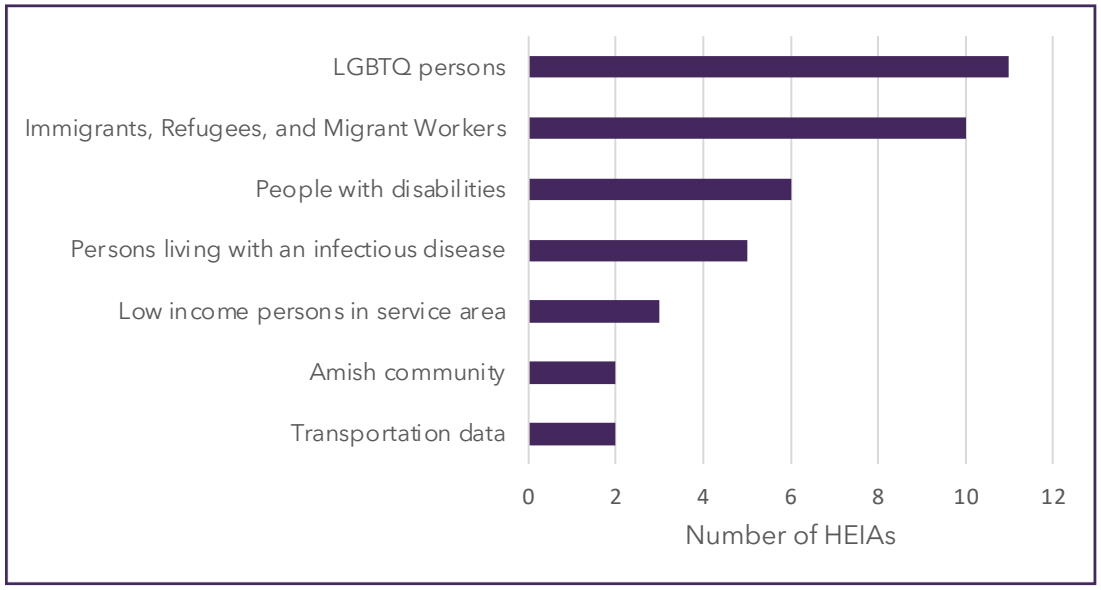
Data Difficult to Find

Section B, Question 3 in the Health Equity Impact Assessment Template asks the Independent Entity to highlight data that was difficult to access or compile during the completion of the assessment.

Data for the following populations was most commonly reported as difficult to find: lesbian, gay, bisexual, transgender, queer, plus; immigrants, refugees, and migrant workers; people living with an infectious disease or condition; people with disabilities; low-income persons in the project's service area; and the Amish community. Transportation usage data was also an area mentioned. Figure 5 illustrates the common data challenges mentioned per Health Equity Impact Assessment.

Figure 5: Data difficult to find on medically underserved groups.

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.



Independent Entities also experienced challenges in finding data for several subpopulation groups impacted by projects. Examples include pregnant persons, pregnant persons with disabilities and/or behavioral health disorders, low-income women from rural areas, the Jewish population, outpatient physical therapy data, and zip code level data on end stage renal disease. Some Independent Entities reported that it could be challenging to define the service area, and therefore difficult to evaluate the medically underserved communities within that service area.

Meaningful Engagement

Meaningful engagement is an important component of the potential impacts section of the Health Equity Impact Assessment and is legislatively required. The Independent Entity is required to contact a variety of stakeholders to obtain input regarding proposed Certificate of Need projects. The degree of engagement must be commensurate with the size, scope, duration, and complexity of each project. The outreach must be conducted through various modes that include but are not limited to focus groups, interviews, in-person surveys, online questionnaires, phone calls, and community forums. The Independent Entity must utilize their community engagement expertise to ensure that communication is culturally appropriate and accessible.

On average, sixty-two (62) stakeholders have been meaningfully engaged per assessment. The next charts show the breakdown per project and review type.

Table 5. Project type and average total number of stakeholders engaged

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.

Project Type	Average Total Number Stakeholders Engaged
Change in Location	44
Change in Location, Reduction	34
Elimination	46
Establishment	19
Expansion	76
Expansion, Change in Location	80
Expansion, Elimination	27
Expansion, Reduction	57
Reduction	136

Full reviews have a higher number of stakeholders engaged as well as projects that include the reduction and/or elimination of services or care.

Table 6. Review type and average total number of stakeholders engaged

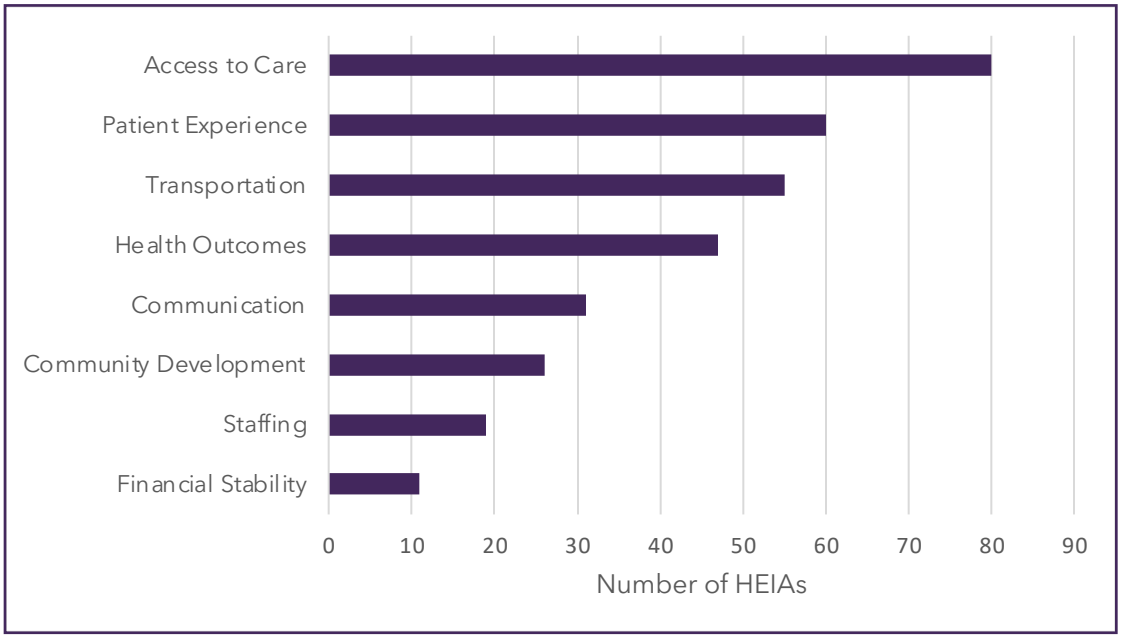
Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.

Review Type	Average Total Number Stakeholders Engaged
Full	103
Administrative	64
Limited	41

The qualitative analysis of assessments from the first two years of implementation reveals trends from the meaningful engagement section. These are portrayed in the following chart.

Figure 6. Top themes from meaningful engagement

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.



The top theme ***access to care*** includes stakeholder concerns regarding service availability to all patients as well as medically underserved groups. For example, bringing a new service to a rural area, or expanding treatment capacity in a facility would fall under this theme. Appointment availability and policies and procedures ensuring care is available to all patients, regardless of ability to pay, one's race or ethnicity, or immigration status are also included in access to care.

Patient experience includes comments about improved services, technology, equipment, and care environments. Having more space for caregivers to visit an inpatient setting, for instance, would fall into this category, as well as private bathrooms and comfortable seating.

Transportation is a common theme across project types and regions—both urban and rural. Issues like public transportation, parking, traffic, the ease of getting in and out of buildings, and travel expenses all fall under this category.

Another major theme voiced by stakeholders is ***health outcomes***. If a service is expected to increase recovery rates, prevent future adverse events or hospitalizations, improve care coordination, or increase patient compliance for medication, it will lead to improved health outcomes for patients.

Community development includes comments pertaining to the project's impact on the community, such as bringing jobs to the area, supporting local businesses, and local partnerships.

Communication includes language access, health literacy, as well as promotion of project plans and services. This theme is prevalent throughout New York State, but most especially for projects that are in service areas in which the patient population speaks a language other than English.

Financial stability is a theme that regularly arises when a health care organization is reducing or eliminating services. From a facility's perspective, service reduction is an unfortunate but vital measure to maintain operations of other services and prevent site closure.

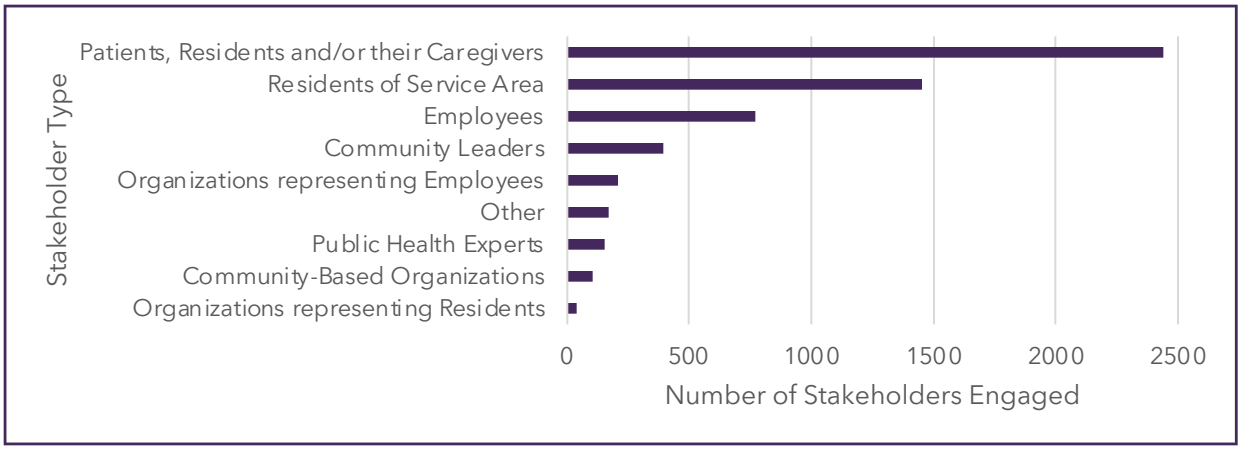
Along with financial stability, ***staffing*** issues have been a major theme in projects involving the reduction or elimination of services. Maternity wards have closed due to a regional shortage of anesthesiologists, for example. Staffing issues also include concerns related to expertise and experience, pay and benefits, cultural sensitivity, workload, retention, and staff burnout.

Stakeholder Types and What They Say

A total of 5,728 stakeholders were engaged through the ninety-two (92) Health Equity Impact Assessments. The most common type of stakeholder engaged were patients, residents, and their caregivers. The next figure represents the number and types of stakeholders engaged.

Figure 7. Stakeholder Representation

Data Source: All Health Equity Impact Assessments approved from June 22nd, 2023, through September 30th, 2025.



Community members' comments typically focus on the experience of receiving and accessing care. Patients, caregivers, or nursing home residents share how they feel a project may impact them on a more personal level and will often remark on the quality of care they have received from a health care provider in the past. Regarding a maternity ward closure, one patient noted: "I am 7 months pregnant and was forced to change doctors to safely deliver my high-risk pregnancy. I now must travel 35 minutes to my doctor's office and new hospital… This closure was handled with little thought to how it will impact current maternity patients." Themes from patient feedback often describe issues with staffing, wait times, scheduling, transportation, and equipment, including the comfort of beds and chairs, ambiance, privacy, and safety concerns.

Community leaders and public health experts tend to see the "big picture" and make statements on a project's impact on the overall community. They discuss the impacts the project will have on the local economy, market share, transportation, and other public health issues in the county. As one community leader highlighted for a proposed new clinic: "The establishment of a clinic has positive economic implications for our community by creating jobs and stimulating local economic activity, contributing to overall growth and prosperity." Local leaders and public health experts often have good insight on the health outcomes a project may have on the medically underserved groups in the service area. These stakeholders share perspectives on the unintended equity impacts, both positive and negative, of the project on the community.

Employees of Article 28 health care facilities also offer an important stakeholder viewpoint. Major themes from staff comments usually concern patient care, continuity of care, burnout, communication with administrators, parking, and clinical considerations. In response to a project adding dialysis service to a nursing home, an employee stated: "I fully support the project but have questions about the proposed treatment modality (5 days a week instead of 3 days a week as I was used to in outpatient dialysis centers). My experience is that patients find it very tiring and may not want to do dialysis every day." Projects that involve changes in location, for instance, have significant impacts for employees.

Conclusion

Centering community voices in health care facility planning is crucial to advancing health and racial equity in New York State. The Health Equity Impact Assessment tool has provided preliminary insights into how New Yorkers are experiencing pressing health care issues, notably service availability in rural and other underserved areas, transportation and parking challenges, and patient experiences. Health care administrators have an opportunity to listen to these concerns and make informed changes to project proposals.

In one example, an Applicant in downstate New York completed a Health Equity Impact Assessment where the stakeholders interviewed for meaningful engagement had significant feedback about a hospital expansion project. In response to the findings from the Health Equity Impact Assessment and input from community engagement, the Applicant developed a mitigation plan to address concerns about accessing building entrances, parking, traffic congestion, language barriers, and risk of falls. In another case, an Applicant proposed to close their rehabilitation unit and convert all 16 beds to medical/surgical beds. The Independent Entity engaged with 469 stakeholders with only 4% expressing support for the project. Their primary concerns centered around reduced access to services, diminished quality of care, potential transportation challenges, and adverse health outcomes. Due to the strong opposition from the community, the Independent Entity worked with the facility to revise the project. Instead of eliminating all 16 rehabilitation beds, they decided to only convert 11 to

medical/surgical beds, maintaining 5 beds and the rehabilitation gym.

Health Equity Impact Assessments provide unique and immediate insights into health care-related challenges communities are facing. By prioritizing robust data collection and meaningful engagements with the medically underserved groups most impacted by proposed facility projects, health care administrators as well as local and state public health agencies, can develop stronger policies and programming to address health disparities and improve health outcomes.

Appendix A. Glossary of Terms

This section includes descriptions and definitions of key terms used in this report.

Anti-racism: The process of actively identifying and dismantling racist policies, structures, and practices.

Applicant: The organization, entity, facility, or facility system that is submitting the Certificate of Need application for the project.

Approval date: When the Center for Health Equity Impact Assessments approves the Health Equity Impact Assessment in the New York State Electronic Certificate of Need (NYSE-CON) system.

Completion time: Denotes the total number of days it took for the Independent Entity to complete and submit the Health Equity Impact Assessment to the New York State Department of Health.

Health In All Policies: "An approach that seeks to identify and influence the health and equity impacts of policy decisions, to enhance health benefits and avoid harm. This usually involves the use of health impact assessment or health lens analysis" (Green et al).

Health disparities: Health disparities refer to measurable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health between population groups. Health disparities may lead to differences in health outcomes that are avoidable, unfair, and unjust.

Health equity: Health equity means everyone has a fair and just opportunity to be healthy, where no one is limited in achieving optimal health because of who they are or where they live. This means that to work towards health equity, everyone must be able to access and experience the conditions in life that contribute to optimal health: safe and secure housing, steady and livable income, quality education, social support networks, quality health care, nutritious food, safe transportation, green spaces, clean air and water, and freedom from discrimination based on race, gender, sexual orientation, disability status, or any other part of one's identity. In a world where health equity is the norm, everyone has fair and just access to these conditions, and therefore, has a fair and just opportunity to achieve optimal health.

Health Equity Impact Assessment cost: Refers to the total amount the Applicant paid to an Independent Entity for conducting a Health Equity Impact Assessment, inclusive of all fees.

Independent Entity: An individual or organization with demonstrated expertise and experience in the study of health equity, antiracism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and, if so, how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Meaningful engagement: Providing advance notice to stakeholders and an opportunity for stakeholders to provide feedback concerning the facility's proposed project, including phone calls, community forums, surveys, and written statements. Meaningful engagement must be reasonable and culturally competent based on the type of stakeholder being engaged (for example, people with disabilities should be offered a range of audiovisual modalities to complete an electronic online survey).

Medically underserved group: Medically underserved groups, as defined in the Health Equity Impact Assessment legislation and statute, consist of:

- 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. Tribal Nations are included in "Other people who are unable to obtain health care"

Project cost: The total cost of the proposed Certificate of Need project.

Project description: Provides a brief description of the proposed project.

Project number: Serves as a unique identifier for a Certificate of Need application within the New York State Electronic-Certificate of Need (NYSE-CON) system.

Service area: Geographical region where the Applicant's facility is located as well geographical regions where populations that use the facility are located. The Service Area should match the service area in the Certificate of Need application correlating with this Assessment.

Social determinants of health: Social determinants of health is a term used to describe the different conditions in a person's life that can influence their ability to be as healthy as they can be. Some of the conditions in a person's life that influence their ability to achieve optimal health are:

- Access to safe and secure housing
- Living wages, secure employment, and safe working conditions
- Access to quality education
- Access to quality health care services
- Access to affordable and nutritious food
- Freedom from racism, homophobia, transphobia, sexism, ableism, and other forms of discrimination
- Access to social support networks
- Access to transportation
- Access to safe green spaces
- Access to clean air and water; community is free from environmental hazards

Stakeholders: Individuals or organizations currently or anticipated to be served by the Applicant's facility, employees of the facility including facility boards or committees, public health experts including local health departments, residents of the facility's service area and organizations representing those residents, patients or residents of the facility and their representatives, community-based organizations, and community leaders.

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