

## **Guidance for Submitting a Health Equity Impact Assessment to the New York State Department of Health**

### **Purpose**

The intent of this document is to provide independent contractors and Article 28 health care facilities with the tools needed to submit a comprehensive Health Equity Impact Assessment (HEIA). [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 purpose of the Health Equity Impact Assessment is to demonstrate how a facility's proposed project affects the accessibility and delivery of services and whether the project will enhance health and racial 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 role of the Independent Entity is vital to advancing health and racial equity in New York State through the Health Equity Impact Assessment. The Independent Entity is required to offer an objective evaluation of positive and negative impacts on medically underserved groups in a facility's service area as well as center community voices in the planning of proposed facility projects.

The Health Equity Impact Assessment is not designed to be a letter of support or a one-sided evaluation of why a Certificate of Need project should be implemented. A successful submission will consider all intended and unintended aspects of a proposed project and provide an objective assessment, as detailed in the [HEIA Template Instructions and other program documents](#).

### **Required Experience and Expertise**

An Independent Entity is required to conduct the Health Equity Impact Assessment. The individual or organization must have experience and expertise in health equity, anti-racism, and community and stakeholder engagement. It is preferred that the Independent Entity also have experience and expertise in health care access and delivery of health care services.

In Dec 2021, Governor Hochul enacted legislation declaring racism as a public health crisis. Racism adversely impacts and exacerbates health inequities among historically marginalized communities. This pivotal step empowers New York State to diligently identify and address disparities in many areas within our healthcare system and expand on anti-racism work. If you or your organization do not have anti-racism experience, we would recommend hiring a consultant with that expertise and/or taking trainings or certifications in anti-racism.

## Required Documents

The following program documents must be uploaded to the New York State Electronic – Certificate of Need (NYSE-CON) system as part of the Certificate of Need application:

- HEIA Requirement Criteria
- HEIA Template
- HEIA Data Tables (upload as an Excel file)
- HEIA Conflict of Interest
- HEIA Contract (inclusive of all fees)
- Redacted CON Application (may be uploaded as one PDF file)

## Dissemination and Public Posting

The following documents must be posted to the Applicant's website within one week of the Certificate of Need application being acknowledged by the Department:

- HEIA Requirement Criteria
- HEIA Template
- HEIA Data Tables
- HEIA Conflict of Interest
- Redacted CON Application

The HEIA Contract between the Independent Entity and Article 28 health care facility is not required to be posted publicly. Once the documents are added to the website, the Applicant should inform the Health Equity Impact Assessment Unit through NYSE-CON and provide the URL hyperlink to the posting. We recommend sending a link to the posted documents to the individuals and organizations that participated in the meaningful engagement process. This will offer a level of transparency and allow them to see the final health equity assessment of the proposed project.

## Section A: Executive Summary

This section should include the following information:

- Title of Project and Name of Applicant
- List the name of Independent Entity, lead contact, and full names of individuals conducting the assessment. Ensure that the email addresses and phone numbers of all individuals involved are added to this section. Description of qualifications:
  - Provide all mandatory expertise including years of experience for each category: health equity, anti-racism and stakeholder and community engagement.
  - If applicable, include expertise and experience in health care access, delivery of health care services and any other relevant areas.
- Dates the Independent Entity started and concluded the Health Equity Impact Assessment

- Executive summary of the project
  - Provide an executive-level summary of the project proposed by the Applicant
  - Define the purpose and end goal of the project
- Executive summary of the HEIA findings
  - Include a brief statement of the Independent Entity's recommendation as concluded from the assessment

## Section B: Assessment

The legislation mandates careful consideration of each medically underserved group impacted by the project. Therefore, Applicants must consider the demographics of the service area and identify each medically underserved group impacted by the proposed project in Step 1, question 2.

The service area is the geographical region where the Applicant's facility is located as well as the geographical regions where populations that use the facility are located. The service area in the Health Equity Impact Assessment should match the service area defined in the corresponding Certificate of Need application. If the project will result in a change to the service area, include demographics for both the current service area and the new service area.

1. To accurately determine which medically underserved groups are impacted, it is crucial to utilize reliable sources of information. These sources may include the U.S. Census, hospital discharge data, insurance claim data, and data from the U.S. Health Resources and Services Administration's shortage designations. In addition, stakeholder interviews, secondary sources, medical literature, and grey literature can provide valuable insights as well. Be sure to describe the specific source of information utilized to determine which group(s) are impacted and what type of information or data were difficult to access or compile for the completion of the Health Equity Impact Assessment.
2. In subsequent answers, it is essential to accurately identify which medically underserved groups will experience specific impacts and to ensure that groups are not treated uniformly if differences exist. However, if the impacts are the same for several different groups, it is not necessary to break out the groups in each answer. In determining potential impacts, look at how the proposed project will improve access to services and health care, improve health equity, and reduce health disparities. Describe specific health outcomes, quality of life, and/or safety measures which may be impacted. If the Department sees that impacts are deemed the same for all medically underserved groups where differences exist, the assessment will be returned to the Applicant for revisions.
3. If the Independent Entity determines a question in the Template is not applicable to the project, indicate N/A and provide justification.

## Meaningful Engagement

Feedback should be sought from a variety of sources in the project's service area and offer multiple channels for stakeholders to provide feedback, ensuring comprehensive engagement across diverse groups. The degree of engagement must be commensurate with the size, scope, duration, and complexity of the facility project.

All engagement with stakeholders should be thoroughly documented, including notes and transcripts from focus groups or public forums. Ensure that all interview scripts, survey responses, interview notes, etc. are readily available for the Department upon request. The Independent Entity must maintain all documents and records collected or created as part of the Health Equity Impact Assessment process (including demographic source material and meaningful engagement surveys, focus group materials, individual stakeholder statements made to support the summary of statements, and names associated with identifiers) for three (3) years after the end of the calendar year in which a Certificate of Need determination has been finalized.

- Recommended approaches for meaningful engagement include focus groups, community forums, written statements, surveys, phone and/or video calls, and in-person interviews.
- Methods of obtaining input should be reasonable and culturally competent based on the type of stakeholder being engaged.
- The Independent Entity can work with the Applicant to leverage existing mechanisms and community relationships to engage with stakeholders. Multiple types of stakeholders should be considered, including, but not limited to, public health experts, residents and patients, community members and leaders, advocacy groups and elected officials. We encourage collaboration with local health departments to obtain input, as they offer valuable subject matter expertise on the community and public health matters.
- If there are medically underserved groups that lack significant data in the scoping sections, you can use the meaningful engagement process to collect feedback from these groups.

## Data Tables

The Meaningful Engagement tab in the HEIA Data Tables workbook requests a list of stakeholder contacts, engagement methods, stakeholder views, and statements provided directly by stakeholders. Please document all attempts at outreach in this tab, even if the Independent Entity is unsuccessful. For unsuccessful attempts, fill out columns A through G, and then in column H, indicate that the person or organization did not participate in the meaningful

engagement. If a stakeholder does not want to provide a statement, the Independent Entity should summarize their comments in column L.

If the Independent Entity is unable to engage with stakeholders that represent all identified medically underserved groups, provide an explanation in the HEIA Template, and include the Applicant's historical efforts with engaging these stakeholders.

Scoping Sheet 1 and Scoping Sheet 2 in the workbook provide demographic information about the service area of the project. To obtain information for this section, you may use data from suggested sources in the HEIA Template Instructions or sources that are more suited to demographics of the service area.

The Independent Entity is not limited to these sources and can collaborate and share data with the Article 28 facility. We understand that sometimes no data is available, or the data is outdated, especially for some medically underserved groups. We recommend collecting input from individuals and groups during meaningful engagement that lack data to help fill in this gap.

## Mitigation

The Applicant must provide a narrative for how it has, or will, mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment. Mitigation strategies should be tailored to the medically underserved groups most affected by the proposed project, and the approach should be culturally sensitive to all groups. If applicable, provide a summary of the Applicant's intended plans to address language access barriers with the proposed project.

Consider following the [S.M.A.R.T.I.E. framework from the Centers for Disease Control and Prevention](#): strategies should be Specific, Measurable, Attainable, Relevant, Time Bond, Inclusive and Equitable.

If the plan is too general or vague, the Department will ask the Independent Entity to revise this section.

## Monitoring

The intent of this section is to incorporate the Independent Entity's recommendations on how the Applicant can continue to monitor the health equity impacts of a project after the project is completed. The Independent Entity can offer perspective on ways the Applicant can establish monitoring "best practices" on their own.

Consider the existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project. Additional measures to consider are health equity trainings for staff, establishing health equity monitoring guidelines, building health equity quality measures into electronic medical record systems, and incorporating health equity questions into patient or resident satisfaction surveys.

## Acknowledgement and Mitigation Plan

The purpose of this section is to provide attestation that the Applicant received and reviewed the Health Equity Impact Assessment from the Independent Entity. The Applicant must also provide a narrative for how it has, or will, mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment. 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 by either the Commissioner of Health or the Public Health and Health Planning Council, as applicable. The narrative is not optional and must be completed with specific details on how any potential negative impacts will be mitigated.

If the attestation is not signed or if a narrative is not provided, the Department will return the assessment to the Applicant for revisions.

## Next Steps

Once the Health Equity Impact Assessment team reviews all submitted documents, they will communicate any need for further information in the NYSE-CON system. This may be in the form of messages, phone calls, or a Request for Additional Information (RAI) letter. An RAI may ask for revisions to the Health Equity Impact Assessment, a list of missing documents or unanswered questions, and a provided due date. The Independent Entity and/or Applicant may reach out with questions or request a meeting with the Department if further clarification is needed.

To check the overall status of a Certificate of Need application, please contact the Certificate of Need team at [cons@health.ny.gov](mailto:cons@health.ny.gov).

Questions not covered in this document can be directed to: [HEIA@health.ny.gov](mailto:HEIA@health.ny.gov).