



Health Equity Impact Assessments

Webinar Series: Template and Data Tables

Health Equity Impact Assessment Unit
Office of Health Equity and Human Rights

2

Take a Moment to Ensure You Can Participate

- Use a computer instead of a mobile device.
- Choose an audio source.
- Attendees will be muted.



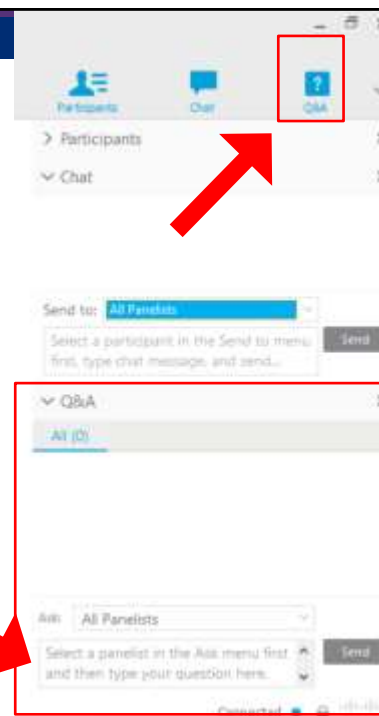
Take a Moment to Ensure You Can Participate

- A PDF copy of the presentation was emailed to attendees this morning. Check your spam or junk mail folder.
- This presentation is not being recorded.
- Q&A sessions are planned at different points during today's training. You can send in questions throughout the presentation using the Q&A box.



We Want to Hear From You!

1. Open the Q&A Box.
2. Type in your questions to All Panelists in the Q&A box.



Training Objectives

Attendees will be able to:

1. Conduct a Health Equity Impact Assessment (HEIA) using the required five-step approach and relevant data sources.
2. Upload the correct HEIA documents to NYSE-CON.
3. Learn best practices from New York State Department of Health and other attendees.



Topics Covered

- Background on Health Equity Impact Assessments.
- Best practices in publicly posting documents and uploading to NYSE-CON.
- The five-step approach to conducting a Health Equity Impact Assessment informed by year one learnings.
- Completing the acknowledgement and mitigation plan.



7

Polling Question

What type of organization do you work for or represent?

- A. Consultant group
- B. Health care facility
- C. Academic institution
- D. Local health department
- E. Other government agencies
- F. Advocacy group
- G. Other



8

Polling Question

How many Health Equity Impact Assessments have you completed since the law went into effect?

- A. 0
- B. 1-2
- C. 3-4
- D. 5 or more



Background

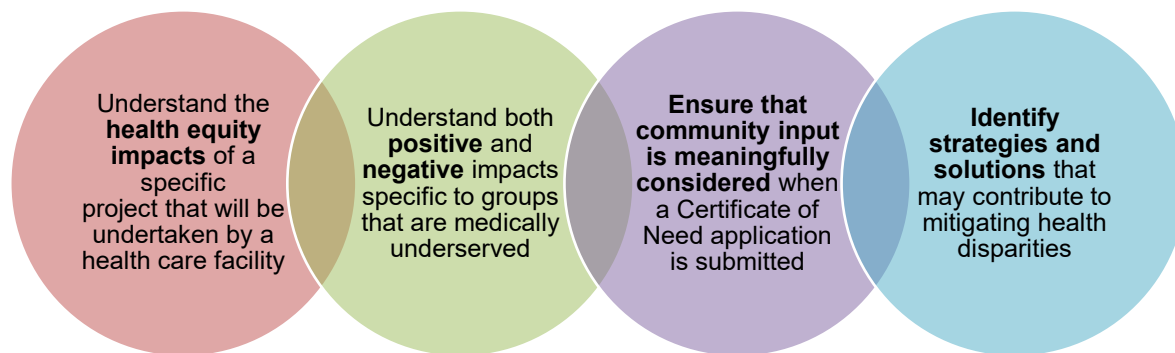


Health Equity Impact Assessments

- The Health Equity Impact Assessment requirement was signed into law in December of 2021 and amended in February of 2022. The requirement went into effect with the law on June 22, 2023.
- Section 2802-B of the Public Health Law directs Article 28 facilities to file a Health Equity Impact Assessment with every Certificate of Need application for certain project applications requiring approval from the New York State Public Health and Health Planning Council or Commissioner of Health.



Purpose of the Health Equity Impact Assessment



Intent of Health Equity Impact Assessments

The Health Equity Impact Assessment has not been 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 health equity aspects of a proposed project and provide a neutral evaluation.

The ultimate goal of Health Equity Impact Assessments is to advance health equity and racial equity, particularly for medically underserved groups, by having health equity considerations become standard practice in the planning and execution of health care facility projects.

Health Equity Impact Assessment Requirements



Facilities Subject to the Requirement

- **Article 28 facilities:**
 - General Hospitals
 - Residential Health Care Facilities (Nursing Homes)
 - Midwifery Birth Centers
 - Diagnostic and Treatment Centers, including Ambulatory Surgery Centers
- **Not subject to requirement:** Diagnostic and Treatment Centers (D&TCs) whose patient population is 50% or more Medicaid eligible or uninsured (combined).



Independent Entity

An Independent Entity is required to conduct the Health Equity Impact Assessment and must be an individual or organization with the following experience:

Mandatory expertise and experience (all)	Preferred expertise and experience (one or both)
<ul style="list-style-type: none"> • Health equity • Anti-racism • Community and stakeholder engagement 	<ul style="list-style-type: none"> • Health care access • Delivery of health care services



Anti-Racism

- [Racism is a public health crisis](#) that poses a threat to the health, safety, and quality of life for all New Yorkers.
- Anti-racism is the process of actively identifying and dismantling racist policies, structures, and practices.
- Continuing education:
 - [The difference between being "not racist" and antiracist](#) (Ibram Kendi)
 - [TRAIN Learning Network](#) (CDC)



Required Documents

A full version of the Certificate of Need application and a version with proposed redactions, if any, to be shared publicly, must be uploaded to the New York State Electronic Certificate of Need (NYSE-CON) site. This includes the following documents:



Include all fees and provide the total contract cost

Upload as an Excel file

Upload as one PDF file



Uploading to NYSE-CON

- The Certificate of Need should be uploaded in its entirety to [New York State Electronic - Certificate of Need](#) (NYSE-CON).
- The Health Equity Impact Assessment and required forms should be uploaded as separate documents.



Public Posting

- A redacted version of all required Certificate of Need documents, including all Health Equity Impact Assessment documents, must be posted publicly on the applicant's website within 1 week of acknowledgement by the Department.

Requirement
Criteria Form

Conflict-of-
Interest Form

Template

Data Tables

Certificate of
Need

- The contract between the Independent Entity and Applicant is the only document that will not be posted publicly on the Department's website.
- The contract must include the final cost (inclusive of all fees) the Applicant paid the Independent Entity to conduct the assessment.



Time for Questions...

Please type your questions in the **Q & A box**.

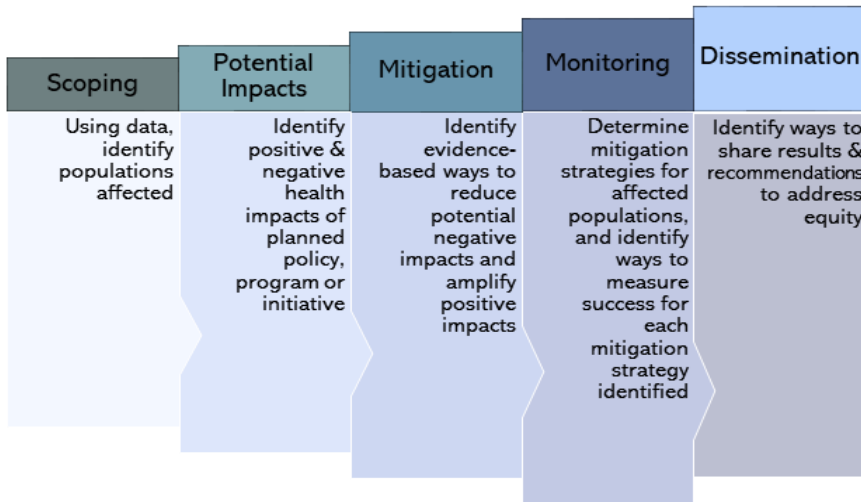


Conducting a Health Equity Impact Assessment



Health Equity Impact Assessment Template

Five-step approach to conducting a health equity impact assessment



Health Equity Impact Assessment Template: Overview

Section A. Executive Summary	Executive summaries of: <ul style="list-style-type: none"> • CON Project (250 words or less) • HEIA Findings (500 words or less) 				
Section B. Assessment (28 questions)	Step 1. Scoping	Step 2. Potential Impacts	Step 3. Mitigation	Step 4. Monitoring	Step 5. Dissemination
	11 questions	12 questions	4 questions	2 questions	0 questions
Section C. Attestation and Mitigation	<ul style="list-style-type: none"> • Signature of facility leadership attesting to having reviewed the HEIA • Mitigation plan for potential negative impacts (1000 words or less) 				



Section A: Executive Summary

- Title of project and name of applicant
- Name of Independent Entity (IE)
 - Description of qualifications: Include all mandatory expertise categories (Health Equity, Anti-racism, and Community and Stakeholder Engagement)
- Dates the IE started and concluded the HEIA
- Executive summary of the project
- Executive summary of the HEIA findings
 - Be sure to include a brief statement of the IE's recommendation as concluded from the assessment



Section B: Assessment

- You must consider the demographics of the service area and identify each medically underserved group impacted by the proposed project in Step 1, question 2.
- In subsequent answers, you should identify the *impacts* for each group. However, if the impacts are the same for several different groups, it is not necessary to break out the groups in each answer.
- If you determine a question in the Template is not applicable to the project, indicate N/A and provide justification.



Step 1: Scoping

Label	ZCTA #, New York			ZCTA #, New York		
	Estimate	Margin of Error	Percent Margin of Error	Estimate	Margin of Error	Percent Margin of Error
SEX AND AGE (Census Table DP05)						
Total population						
Male						
Female						
Sex ratio (males per 100 females)						
Under 5 years						
5 to 9 years						
10 to 14 years						
15 to 19 years						
20 to 24 years						
25 to 34 years						
35 to 44 years						
45 to 54 years						
55 to 64 years						
65 to 74 years						
75 to 84 years						
85 years and over						
Median age (years)						
RACE (Census Table DP03)						
Total population						
One race						
Two or more races						
One race						
White						
Black or African American						
American Indian and Alaska Native						
Hawaiian						
Native Hawaiian and Other Pacific Islander						
Some other race						
Two or more races						
HISPANIC OR LATINO AND RACE (Census Table DP03)						
Total population						
Hispanic or Latino (of any race)						
Not Hispanic or Latino						
HEALTH INSURANCE COVERAGE (Census Table DP03)						
Civilian noninstitutionalized population						
With health insurance coverage						
With private health insurance						

- Scoping Sheet 1** and **Scoping Sheet 2** in the [Health Equity Impact Assessment Data Tables](#) include a review of demographics for the service area.
- The purpose of the Scoping Table is to provide demographic information about the service area for the project.



Service Area Definition

- 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 HEIA should match the service area defined in the corresponding CON 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.



Medically Underserved Groups

Medically Underserved Groups
low-income
racial and ethnic minorities
immigrants
women
lesbian, gay, bisexual, transfer, or other-than cisgender people
people with disabilities
older adults
persons living with a prevalent infectious disease or condition
persons living in rural area
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

- Describe the specific source of information used to determine which group(s) are impacted.
- Describe what kinds of information or data were difficult to access or compile for the completion of the Health Equity Impact Assessment.



Sources

[U.S. Census Bureau Data](#)

- For up-to-date data, the NYSDOH suggests the most recent year of the U.S. Census American Community Survey 5-year Estimates.
- General information from the U.S. Census on how to acquire data for a specific neighborhood or service area is available [here](#).
- Information on how to acquire specific variable data from U.S. Census zip files is available [here](#) and [here](#).



Sources



[Center for Disease Control and Prevention](#)

- “The CDC is the nation’s leading science-based, data-driven, service organization that protects the public’s health.”

[National Center for Health Statistics](#)

- A center at the CDC that provides up-to-date statistics on various health topics. The data is collected through various modes and is always accurate.



Sources

[New York State Prevention Agenda 2019-2024](#)

- This is “New York State’s health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities.
- In partnership with more than 100 organizations across the state, the Prevention Agenda is updated by the New York State Public Health and Health Planning Council at the request of the Department of Health.”



General Hospital Indigent Care Pool

- Summarize the current performance of the applicant in meeting its obligations, if any, under [Public Health Law § 2807-k](#).
- Community services are programs that directly benefit the community or partnerships with community-based organizations.
- Resources: the Applicant’s website, Community Health Needs Assessment, Community Service Plan, IRS form 990, or information supplied directly by facility contacts.



Civil Rights Access Complaints

- Filed against the applicant by patients or staff in the last ten years with a federal, state, or local agency.
- This includes complaints about discrimination based on race, color, national origin, disability, age, sex, or religion. This does not include complaints about housing, law enforcement, labor, or education.
- Contact the applicant to obtain and review complaints and any corrective action that was taken or plans to be taken.



Scenario #1

A consultant group is interested in becoming an independent entity to conduct Health Equity Impact Assessments in New York State. Currently, the practice specializes in health care delivery, health equity, market analysis, strategic planning, and health care access.

Is this group qualified to conduct a Health Equity Impact Assessment?

Write your response in the Chat box.



Answer

The consultant group is **not** qualified to conduct a Health Equity Impact Assessment because they lack expertise and experience in **anti-racism** and **community and stakeholder engagement**.

Best practices

1. Hire a consultant with broad experience doing anti-racist work.
2. Ensure that your practice is experienced in engaging with the community using a variety of methods. Only using surveys to collect feedback is not acceptable.



Scenario #2

A nursing home is expanding their hemodialysis services, which are only available for residents. The independent entity is unsure how to define the service area for the Health Equity Impact Assessment.

- A. Use the zip code where the nursing home is located.
- B. Use the zip codes where residents and employees live.
- C. Do not define a service area.

Write either **A** or **B** or **C** in the Chat box.



Answer

The correct answer is B. The service area does need to be defined and included in the Health Equity Impact Assessment.

Since this is a nursing home, and most residents live at the facility, the service area would be the zip code(s), or neighborhood where the facility is located. Consideration should also be made to include the geographic areas where populations that use the facility, such as employees, are located.



Scenario #3

An independent entity is having trouble finding data on some of the medically underserved groups identified for a proposed project.

What should they do?

Write your response in the Chat box.



Answer

The Department expects that some data will be old or difficult to find. In the Health Equity Impact Assessment, describe what kinds of information or data were difficult to access or compile.

Best practices:

1. Be intentional about collecting input from medically underserved groups that lack significant data in the scoping sections during meaningful engagement.
2. Work with the applicant to leverage existing mechanisms and relationships to find and engage with stakeholders.



Time for Questions...

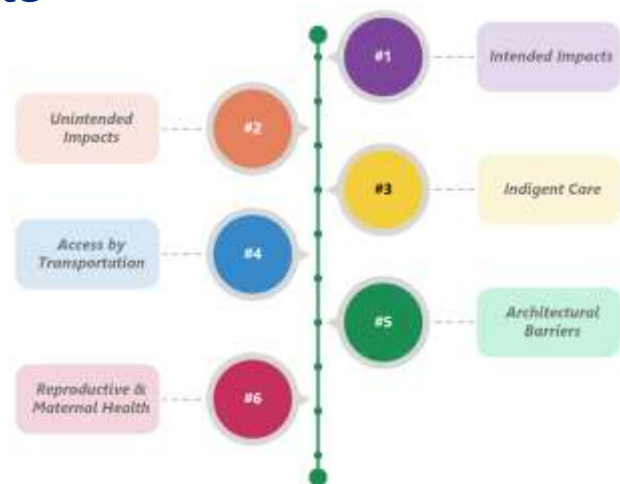
Please type your questions in the **Q & A** box.



Step 2: Potential Impacts

How will the proposed project:

1. Improve access to services and health care
2. Improve health equity
3. Reduce health disparities



Step 2: Potential Impacts

- Describe specific health outcomes, quality of life, and/or safety measures which may be impacted.
- Potential data sources:
 - [Prevention Agenda dashboard](#)
 - [Health Data NY](#)
 - [NYS County/Zip Perinatal data profile](#)
 - [NYS Cancer Registry and Cancer Statistics](#)

Reproductive and Maternal Health Care (Q6)

- There was an [amendment](#) to Section 2802-b of the Public Health Law (new paragraph j to subdivision 3) that took effect retroactively on June 22, 2023.
- Show how the proposed project positively and/or negatively impacts reproductive and/or maternal health care in the facility and service area.
- If not applicable to the project, write N/A and provide justification.



Meaningful Engagement

The degree of engagement must be commensurate with the size, scope, duration, and complexity of each Certificate of Need project.



Meaningful Engagement

- Feedback should be sought from a variety of sources in the project's service area. Methods of obtaining input should be reasonable and culturally competent based on the type of stakeholder being engaged.
- The independent entity is allowed to work with the health care facility to leverage existing mechanisms and relationships to engage with stakeholders.



Engage with the People Most Impacted

- Encourage patients, residents, and/or community members to participate in meaningful engagement as appropriate.
- Work with the Applicant to conduct outreach to patient advisory groups or councils. Use existing relationships with community partners and advocacy groups to speak directly to residents.
- Engage with this population using a culturally sensitive approach. We want to see a diversity of opinions included in the assessment.

Protected Health Information (PHI)

- An identifier system must be established and used in place of stakeholder names unless a contributing individual specifically requests their name to be shared.
- You can write Patient A, Employee 1, Respondent B, etc. The Independent Entity must keep record of all names associated with the identifiers. The Department reserves the right to request this list.
- It is the responsibility of the Independent Entity to inform people that direct quotes or written statements may be posted publicly.



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.

12	SEX AND AGE (Census Table DP05)
13	Total population
14	Male
15	Female
16	Sex ratio (males per 100 females)
17	Under 5 years
18	5 to 9 years
19	10 to 14 years
20	15 to 19 years
21	20 to 24 years



22				
23				
24				
25				
26				
27				
28				



The Meaningful Engagement Tab

1	2	3	4	5	6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21	22	23	24	25	26
Identify (i.e., Patient A, Employee B, Respondent C) or Name only if requested by stakeholder	Organization of stakeholder (if applicable)	Object of outreach	What required stakeholder if other, please describe	to the person/organization or resident of the project's service area?	Method of engagement (i.e., phone calls, community forums, focus groups, surveys, etc.)	Did the person/organization participate in the meaningful engagement?	Is this person/organization supportive of the project?	Did this person/organization provide a statement?	If permission is granted to share a statement or quote (200 word max), please include below	If permission is not granted to share a statement, please include a summary of the statement(s) below		
			Community based organizations Community leader Employee Respondent representing employee Respondent representing resident Other Patient or resident whose the request pertains to Residents of the facility's service area									
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												

Document all attempts at outreach in columns A-H

In column D, indicate the required stakeholder group represented

Add direct quotes in column K and summary of comments in column L



Polling Question

Does the independent entity need to document responses during phone interviews, focus groups, and community forums?

- A. No
- B. Yes, they should take notes and then discard them once the HEIA is submitted to the Department.
- C. Yes, they should take notes and maintain the documentation throughout the Certificate of Need process.



Best Practices

1. All engagement with stakeholders should be documented, including notes/transcripts from focus groups or public forums.
2. Be prepared to send the Department interview scripts, survey responses, interview notes, etc. when requested.
3. Data sources should be used to support statements entered in the Health Equity Impact Assessment.
4. State which medically underserved groups will be impacted and provide data on those groups according to service type.



Step 3: Mitigation



Language Access



Project Improvements



Community Engagement Plan



Systemic Barriers to Services or Care



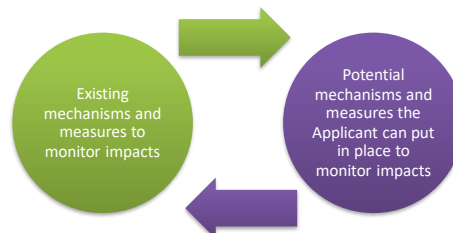
Best Practices for Mitigation

1. The mitigation plan can follow the [S.M.A.R.T.I.E. framework](#).
2. Mitigation strategies should be tailored to the medically underserved groups most affected by the proposed project.
3. If the plan is too general or vague, the Department will ask the Independent Entity to revise this section.



Step 4: Monitoring

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



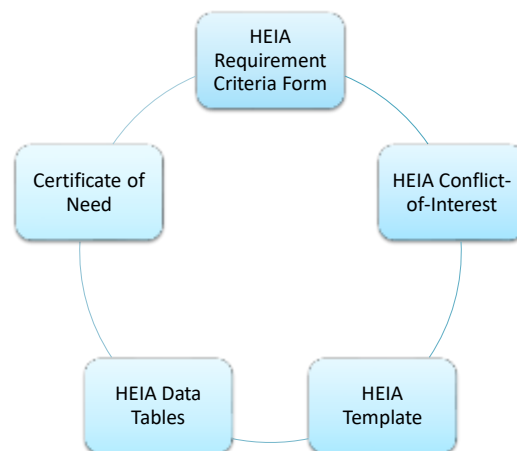
Best Practices for Monitoring

1. Require health equity training for staff responsible for the project.
2. Contract a third-party vendor (i.e. consultant) or work with an internal health equity department to monitor impacts.
3. Build health equity quality measures into electronic medical record systems.
4. Incorporate health equity questions into patient/resident satisfaction surveys.



Step 5: Dissemination

- A redacted version of all required Certificate of Need documents, including all Health Equity Impact Assessment documents, must be posted on the applicant's website within one week of acknowledgement by the Department.
- Inform the Health Equity Impact Assessment Unit where the posting can be found once it is up.



The contract is not required to be publicly posted.



Section C: Attestation and Mitigation

- Provide attestation that the Applicant received and reviewed the Health Equity Impact Assessment from the Independent Entity. **The attestation must be signed by the Applicant, or it will be returned.**
- 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.
- This narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision has been made on the Certificate of Need application.



Section C: Narrative



The narrative is not optional and must be completed with specificity.

The narrative can be posted publicly as part of the Health Equity Impact Assessment documents.

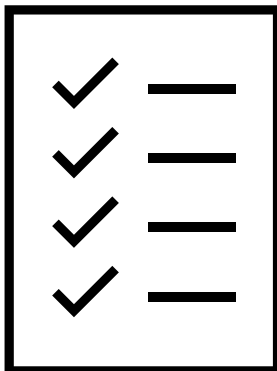


Time for Questions...

Please type your questions in the **Q & A box**.



Evaluation



We value your feedback!

The link to the webinar evaluation is
in the Chat box.

The evaluation is anonymous.

Resources



HEIA Program Contact
HEIA@health.ny.gov



HEIA Program Documents
https://www.health.ny.gov/facilities/cons/health_equity/



Frequently Asked Questions
https://www.health.ny.gov/community/health_equity/impact_assessment_faqs.htm

