

# **New York State Department of Health**

## **Instructions for Health Equity Impact Assessment Template**

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### **I. BACKGROUND**

#### **What is a Health Equity Impact Assessment (HEIA)?**

##### **Purpose**

The requirement for a Health Equity Impact Assessment was established by New York State legislation so that an independent assessment on potential health equity impacts of projects proposed by Article 28 health care facilities across New York State can be completed and considered as part of the project's Certificate of Need application.

##### **Structure**

The standard format of the Health Equity Impact Assessment ("Template") issued by the New York State Department of Health ("Department") reflects a "stepwise" structure that the Independent Entity follows:

1. Scoping
2. Potential Impact
3. Mitigation
4. Monitoring
5. Dissemination

### **II. DEFINITIONS**

#### **Applicant**

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

#### **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; and
- Other people who are unable to obtain health care.

Tribal Nations are included in “Other people who are unable to obtain health care”

### Health Equity

The New York State Legislature has defined health equity to mean “measurable differences in health status, access to care, and quality of care as determined by race, ethnicity, sexual orientation, a preferred language other than English, gender expression, disability status, aging population, immigration status, and socioeconomic status.”

### Independent Entity

The organization, entity, business, or individual(s) contracted by the Applicant to conduct the Health Equity Impact Assessment for the Applicant’s project.

### 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.

### 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.

### 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).

### **III. INSTRUCTIONS**

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.

#### **SECTION A: SUMMARY**

**1. Title of project**

List the full title of the project as listed on the Applicant's Certificate of Need application.

**2. Name of Applicant**

List the full name (business/DBA name) of the organization/entity/facility/system that is submitting the Certificate of Need application for the project.

**3. Name of Independent Entity, including lead contact and full names of individuals conducting the HEIA**

List the full name (i.e. business or DBA name, first and last name of individual) of the Independent Entity. List the lead contact (email address and phone number) for the Independent Entity (could be the President/CEO, or the principal/lead investigator) as well as the full names of individuals conducting the HEIA.

**4. Description of the Qualifications of Independent Entity**

Describe and list the qualifications of the Independent Entity staff conducting the assessment. Explain expertise and experience in the following mandatory areas, including years' of experience for each: health equity, anti-racism, and stakeholder and community engagement. If applicable, describe the expertise and experience the Independent Entity staff have in: health care access and delivery of health care services, and any other relevant areas of expertise or background.

**5. Date the Health Equity Impact Assessment started**

List date (MM/DD/YYYY) that the Independent Entity was contracted (i.e. effective date of contract, agreement, memorandum of understanding, etc.) by

the Applicant to conduct the Health Equity Impact Assessment for the proposed project.

**6. Date the Health Equity Impact Assessment concluded**

List date (MM/DD/YYYY) that the Independent Entity provided the final Health Equity Impact Assessment to the Applicant for review.

**7. Executive summary of project (250 words max)**

In 250 words or less, provide an executive level summary of the project being proposed by the Applicant. What is the purpose and “end goal” of the project?

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

In 500 words or less, provide an executive level summary of the findings from the Health Equity Impact Assessment. Based on the Independent Entity’s conclusion of the data and information from meaningful engagement of the community, what is the health equity impact of the project being proposed? Would the project make health outcomes, quality of life, and/or quality of care better, the same, or worse for medically underserved groups?

The above-stated definitions of health equity are offered as a starting point for how the Independent Entity should prepare to answer this question.

**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” in the document “HEIA Data Tables” as part of the HEIA submission. The service area definition should be consistent with the Applicant’s definition of how they answer service area in other parts of the 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. The purpose of the Scoping Table is to provide demographic information about the service area for the project, including:

- Zip codes/Zip code tabulation area (ZCTAs) associated with the current service area
- Zip codes/ZCTAs associated with the new service area, if applicable
- Population size of zip codes/ZCTAs in the service area(s)
- Age distribution of zip codes/ZCTAs in the service area(s)

- Racial and ethnic makeup of zip codes/ZCTAs in the service area(s)
- Disability status of people in zip codes/ZCTAs in the service areas(s)
- Median household income in zip codes/ZCTAs the service area(s)
- Percent of families in poverty in zip codes/ZCTAs in the service area(s)
- Percent unemployed in zip codes/ZCTAs in the service area(s)
- Percent of households with food assistance in zip codes/ZCTAs in the service area(s)
- Percent of adults (25+) with high school or above in zip codes/ZCTAs in the service area(s)
- Percent insurance coverage in zip codes/ZCTAs in the service area(s)
- Percent of housing units with no vehicle in zip codes/ZCTAs in the service area(s)

For up-to-date data, the Department 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](#). (This general method can be used to compile scoping sheet 1.) Information on how to acquire specific variable data from U.S. census zip files is available [here](#) and [here](#). (This general method can be used to compile scoping sheet 2.)

## **2. Medically underserved groups in the service area**

Identify which specific medically underserved group(s) in the service area will be impacted by the proposed project. The Independent Entity can list a specific population or stakeholder that is not covered by the statute's list of medically underserved groups (defined above) by selecting "Not listed" and typing in the group or stakeholder.

## **3. Sources of information for identification of medically underserved groups**

For each medically underserved group (identified in Step 1, Question 2), briefly describe the specific source of information used to determine which group(s) are impacted (for example, U.S. census data, hospital discharge data, insurance claim data, U.S. Health Resource and Services Administration shortage designation, stakeholder interviews, secondary sources, medical literature, or grey literature, etc.) Describe what kinds of information or data were difficult to access or compile for the completion of the Health Equity Impact Assessment.

## **4. Unique health needs or quality of life of medically underserved groups**

Describe how the project specifically impacts the unique health needs or quality of life of individuals in each medically underserved group (identified in Step 1, Question 2).

## **5. Current and expected utilization by medically underserved groups**

Describe to what extent are the medically underserved groups (identified in Step 1, Question 2) currently use the service(s) or care impacted by or as a result of the project? Describe to what extent are the medically underserved groups (identified in Step 1, Question 2) expected to use the service(s) or care impacted by or as a result of the project?

#### **6. Availability of similar services or care**

Provide a brief summary of the availability of similar services or care at nearby facilities. The purpose of this question is to 1) understand where else individuals can seek and utilize such services if/when there is a disruption of services or care during/after the project, and/or 2) to identify projects in an area with an existing health care shortage/need. If the project will result in a disruption of services or care, provide any plans the Applicant has for assisting patients or residents when services/care are down.

A Health Data NY map including locations of Article 28, Article 36, and Article 40 health care facilities and programs from the Health Facilities Information System (HFIS), can be found [here](#). A U.S. Health Resources and Services Administration tool for identifying shortage designation areas can be found [here](#).

#### **7. Historical and projected market shares**

If applicable, provide information about the historical market shares of providers offering similar services or care in the Applicant's service area. If the market shares are anticipated to change with the project, explain those changes in market shares. For new facilities, provide the projected market shares. If not applicable to the project, write N/A and provide justification.

#### **8. Performance of obligations**

If applicable, summarize the current 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. If the Applicant has not met any one of these obligations that apply, please describe. If none of these obligations and federal regulations do not pertain to the project nor facility, write N/A and explain.

Also describe how these obligations will be affected by the project. Will these obligations be affected by implementation of the project? If yes, please describe.

Regarding community services, suggestions of what can be described are community benefit (i.e. grants or resources offered to partners that are to benefit the general public) or partnerships with community-based organizations (i.e.

working with neighboring providers to meet social service needs of patients or residents).

If applicable to the facility, please describe the number of Medicaid or uninsured discharges/people served/residents in this facility compared to the total number of Medicaid or uninsured discharges/people served/residents in the region. Describe how this compares to the total number of licensed medical-surgical beds/people served/residents for this facility compared to the total number of licensed medical-surgical beds/people served/residents in the region.

#### **9. Project's impact on staffing**

If applicable, provide a description of any, and to what extent, staffing issues may result from the project. This can include, but are not limited to, a decreased number of full and part time doctors, nurses, medical assistants, and other technicians needed to perform the services or care. Whereas other Schedules may ask the Applicant to provide a breakdown of staffing, the purpose of this question in the Health Equity Impact Assessment is for a perspective on anticipated staffing impacts that could result from the project. If not applicable to the project, write N/A and provide justification.

#### **10. Civil rights access complaints**

If there are civil rights access complaints filed in the last ten years against the Applicant with the New York State Division of Human Rights, the U.S. Department of Health and Human Services Office of Civil Rights, or any other federal, state, or local agency within the last ten years, provide a brief summary of the complaints and status of each complaint. Indicate "No" if there are no civil rights access complaints filed against the Applicant.

#### **11. Similar projects/work in the last five years**

If applicable, indicate whether the Applicant has undertaken similar projects/work in the last five years. The intent of this question is to better understand whether a singular project is related to a broader strategic effort by the facility (i.e. strategic plan, series of renovations that will apply to a number of facilities over a period of time, etc.). If yes, describe the outcomes of the project/work and how medically underserved group(s) were impacted as a result of the project/work. If applicable, explain why the Applicant proposes another investment in a similar project after recent investments in the past.

Describe whether the Applicant has proposed or completed similar projects/work in the last five years. If so, describe the outcomes of similar project/work and how medically underserved group(s) were impacted as a result of the project/work?

## **STEP 2 – POTENTIAL IMPACTS**

## **1. Intended impacts on health care access, health equity, and health disparities**

Provide an assessment of whether, and if so how, the project will: 1) improve access to services and health care, 2) improve health equity, and 3) reduce health disparities for each medically underserved group identified in Step 1 Question 2. This question is to understand the intended impacts of the project on medically underserved groups as a whole, so the Independent Entity is welcome to describe any other intended impacts that do not necessarily fall under the three criteria above.

If applicable to the project, describe specific health outcome, and/or quality of life, and/or safety measures which may be impacted, such as those described in New York State's Health Improvement Plan, [the Prevention Agenda](#). If appropriate, include outcome measures available at the sub-county level (such as zip code, census tract, minor civil division, etc). Sub-county level data sources are available from [the Prevention Agenda](#) dashboard, [Health Data NY](#), the [New York State County/Zip Perinatal Data Profile](#), and the [NYS Cancer Registry and Cancer Statistics](#), as well as other New York State, local and national sources.

## **2. Unintended impacts**

For each medically underserved group identified in Step 1 Question 2, provide a description of the unintended positive and/or negative impacts the project may have on health equity and medically underserved groups. Explain how the project could positively or negatively affect medically underserved groups in getting high quality, timely, comprehensive, and accessible service or cares. If applicable, how would the currently proposed project either compound or mitigate any negative impacts from other projects carried over the last five years?

## **3. Indigent care**

If applicable, provide a description of the changes that may happen to the Applicant's amount of indigent care if the project is implemented, compared to the amount of indigent care provided currently. Indigent care is defined as both free and below cost care. If possible, quantify the percent change anticipated compared to the current level, such as in the percent change in the number of uninsured and low-income people served. If not applicable to the project, write N/A and provide justification.

## **4. Access by transportation**

If applicable, provide a description of the main types (public, private) and sources (car, bus, shuttle) of transportation for individuals that currently or are projected to utilize the service(s) or care impacted by or as a result of the project. Discuss

how those main types and sources of transportation may need to change if the project is implemented. If not applicable to the project, write N/A and provide justification.

#### **5. Architectural barriers for people with mobility impairments**

If applicable, provide a description of the architectural barriers that currently exist in the facility and negatively impact individuals with mobility impairments.

Describe the extent to which the project reduces or mitigates existing architectural barriers for patients or residents with mobility impairments. If the project newly creates or exacerbates existing architectural barriers for people with mobility impairments, describe how construction changes to the facility will help eliminate or mitigate the architectural barriers. If not applicable to the project, write N/A and provide justification.

#### **6. Reproductive health services and maternal health care**

If applicable, provide a description of the reproductive and/or maternal health care services that currently exist in the facility and how they will be impacted by the project. Reproductive health care services shall be understood consistent with Public Health Law Section 2599-aa and include but not be limited to contraception, sterility procedures, and abortion. Describe the extent to which implementation of the project will positively and/or negatively impact the availability and provision of reproductive and/or maternal health care in the service area. How will the Applicant mitigate any potential disruptions in service availability? If not applicable to the project, write N/A and provide justification.

#### **Meaningful Engagement**

Local health department(s) that are part of the geographical and/or population service area are not required to contribute, collaborate, or comment in the Health Equity Impact Assessment. However, the Independent Entity is strongly advised to reach out to the local health department(s) to request expertise on a facility's project or service area.

The Independent Entity is required to seek, consider, and document the totality of voices, input, and perspectives of stakeholders including but not limited to public health experts, organizations representing facility staff, community-based organizations, community leaders, and residents in the project's service area.

#### **7. List of local health department(s)**

List the name(s) of the local health department(s) that are located within the service area that will be impacted by the project. This includes local health departments that are either within the geographical service area (i.e. the facility is within their county) or population service area (i.e. residents from a neighboring county travel across county lines to access a particular facility or health-related service offered by the Applicant).

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

Provide a summary of the outreach to and, if applicable, input from the local health department(s) related to the project.

If the local health department(s) provided information, indicate the point(s) of contact and key findings.

If the local health department(s) did not respond, please indicate lack of response.

If the local health department(s) declined to provide information or participate, indicate the reason provided or any context given, as applicable. It is not required for a local health department to provide input and/or participate in the Health Equity Impact Assessment. Reasons a local health department may not participate could be staff capacity or bandwidth at the time.

**9. Meaningful engagement of stakeholders**

Review and complete the “Meaningful Engagement” table in the document titled “HEIA Data Tables” as part of the submission. The purpose of this table is to provide detail of stakeholders engaged in the Health Equity Impact Assessment. The Independent Entity should offer to all stakeholders the opportunity to provide a direct quote or written statement (250 word max) that is entered in Column K. The Independent Entity should inform the stakeholder that direct quotes or written statements may be posted publicly as part of the HEIA process and receive express consent from the stakeholder to include their quote or statement in the HEIA Template and/or HEIA Data Tables. All other comments by the stakeholder should be summarized (250 word max) in Column L of the “Meaningful Engagement” table. High-level, topline findings of all stakeholder feedback must be provided in the HEIA Template.

Column A: Identifier

- Unless otherwise requested by the contributing stakeholder, encode names with a stakeholder identifier, i.e., “Patient 1”, “Employee 1”, etc., and keep record of the name associated with each identifier. If the group of stakeholders is of small enough size as to lead to the identification of individuals, encode with an identifier beginning with “Respondent”, i.e., “Respondent 1”, etc.

Column B: Organization

- Provide the name of the stakeholder organization, if applicable.

Column C: Date(s) of outreach

- Include the date of first outreach and any follow-ups that were sent to the person or organization for comments.

Columns D and E: What stakeholder group did they represent?

- List the stakeholder group that the contact person represents. Stakeholder groups that must be included: public health experts, organizations representing employees of the Applicant, community leaders, residents of the project's service area.

Column F: Is this person/organization a resident of the project's service area?

- Provide a yes or no answer from the drop-down menu for this column.

Column G: Method of engagement

- List the methods of engagement for the person or organization. Methods can include but are not limited to phone calls, in-person and/or virtual community forums, electronic, written, or telephonic surveys, written or online statements. The Independent Entity is advised to conduct timely engagement that is appropriate for the size and scope of project, region, stakeholders, and other factors and as needed. The Independent Entity is expected to give reasonable advance notice for outreach using any of the methods above.

Columns H to L: Stakeholder feedback

- Indicate whether the stakeholder is supportive of the project and provide either a written statement, direct quote, or summary statement shared by the stakeholder. If the stakeholder does not provide a statement, you may leave columns K and L blank.

Consumers, particularly those considered as medically underserved, are a vital part of the meaningful engagement component and should be included in community outreach and engagement.

## **10. Most affected community members**

Based on your findings and expertise, which stakeholder(s) should be considered the most affected by the project? Has any group(s) representing these stakeholders expressed concern with the project or offered relevant input? If stakeholders have different perspectives, include a brief description.

## **11. Results of engaging community members**

Describe how the Independent Entity's engagement of community members has informed the development of the Health Equity Impact Assessment. What are the findings in terms of who will benefit from the project? What are the findings in terms of who will be most burdened from the project?

## **12. Relevant community members that did not participate**

If there are any relevant stakeholders, especially those considered medically underserved, that did not participate in the meaningful engagement portion of the Health Equity Impact Assessment, list with any relevant information including the Applicant's historical efforts to engage these stakeholders.

### **STEP 3 – MITIGATION**

#### **1. Effective communication of services or care (language access)**

Based on the findings, describe the ways in which the Applicant can most effectively communicate the facility's services or care to the community. If applicable, provide a summary of the Applicant's intended plans to address language access with the proposed project. If applicable, be specific to the populations of interest: a) people of limited English-speaking ability and b) people with speech, hearing, or visual impairments.

Generally, how does the Applicant intend to convey what is going to happen at the facility to patients or residents? How will the communication be tailored (or the outreach be unique) to individuals with Limited English Proficiency (LEP) and/or individuals with speech, hearing, or visual impairments? The Independent Entity should consider the Applicant's "usual" means of communication and identify gaps or opportunities to improve general communication to impacted stakeholders.

c) If the Independent Entity determines that the Applicant does not plan to nor is able to effectively communicate these services to both populations, what does the Independent Entity advise? From the perspective of the Independent Entity, what opportunities does the Applicant have to more effectively and competently communicate the availability of services or care?

#### **2. Suggested project changes to better meet medically underserved group needs**

Based on the findings of the HEIA, describe suggested changes to the project so the project can better meet the needs of each medically underserved group identified in Step 1, Question 2. If applicable, how can the project be improved, enhanced, or targeted? Provide a description of modifications, customizations, and adaptations that can be undertaken by the Applicant to better deliver services or care for medically underserved groups identified. Consider the various stakeholders impacted and points brought up by them.

#### **3. Engaging community members on project changes**

If applicable, provide a summary of community engagement techniques the Applicant can utilize to better engage stakeholders about the project and forthcoming changes to the project. Make recommendations specific to the

community or stakeholder of interest. Provide information about best practices for community engagement and successes from the meaningful engagement portion of the HEIA.

#### **4. Addressing systemic barriers to equitable access**

Describe how specific components of the project address systemic barriers to services or care. Provide a rationale of why those components address systemic barriers. If the project increases barriers, describe what parts of the project do so and provide an example of how the project can be adapted to decrease systemic barriers instead.

### **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. Under the Health Equity Impact Assessment requirement, the Independent Entity is not required to remain contracted with the Applicant for services related to monitoring, but rather to offer perspective on ways the Applicant can establish monitoring “best practices” on their own.

#### **1. Existing mechanisms and measures to monitor impacts**

If applicable, describe how the Applicant is currently equipped to keep track of health equity impacts even after the project is completed. The Independent Entity can identify existing mechanisms and measures (i.e. policies, procedures, internal controls, systems, or accountability measures) that the Applicant already has in place and can be leveraged to monitor the potential impacts even after the project is completed. Describe specific indicators and/or objectives.

Existing mechanisms and measures can include but are not limited to:

- Ongoing involvement of a committee or advisory group charged with health equity projects
- Ongoing involvement of a chief equity officer or equity staff and their advisement on a facility project
- Requiring health equity training for staff responsible for the project
- Contracting a third-party vendor (i.e. consultant) to provide services related to monitoring and/or related impact assessments
- Health equity quality measures built into electronic record systems
- Health equity related consumer satisfaction surveys

#### **2. Potential mechanisms and measures Applicant can put in place to monitor impacts**

List potential evidence-based measures and mechanisms (I.e. policies, procedures, internal controls, systems, or accountability measures) that can be put in place by the Applicant with respect to the proposed project and can address the findings of the Health Equity Impact Assessment. From the Independent Entity's viewpoint, provide any suggestions for mechanisms and measures that fit the proposed project well. Describe suggested indicators and/or objectives for potential mechanisms and measures.

Though monitoring by the Applicant nor the Independent Entity is not necessarily required, the purpose of this question is to encourage thinking on ways for the Applicant to build in potential measures or actions for monitoring.

Step 4 Question 1 is to identify existing mechanisms already in place, while Step 4 Question 2 is to identify potential evidence-based mechanisms or practices that could be put in place.

## **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: ADDITIONAL COMMENTS FROM THE INDEPENDENT ENTITY**

In 250 words or less, provide any additional points of information the Independent Entity feels is relevant to the proposed project. Add any relevant information that was not asked about in the Template but was found through the development of the Health Equity Impact Assessment.

## **SECTION C: ACKNOWLEDGEMENT AND MITIGATION PLAN**

The purpose of Section C is to provide attestation that the Applicant received and reviewed the Health Equity Impact Assessment from the Independent Entity. Additionally, 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 on the application has been made by either the Commissioner of Health or the Public Health and Health Planning Council, as applicable.