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Health Equity Impact Assessment Update

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FEBRUARY 6, 2025 | PUBLIC HEALTH AND HEALTH PLANNING COMMITTEE MEETING

TOPICS COVERED



Introduction

Review of year one findings and successes

Protected Health Information

Summary of feedback from Independent
Entities and Applicants

Q&A

INTRODUCTION

The Health Equity Impact Assessment (HEIA) law went into effect on June 22, 2023, requiring a HEIA to be filed with certain Certificate of Need applications.

The HEIA Unit within the Office of Health Equity and Human Rights was established in 2023 to review HEIAs as part of the Certificate of Need process.

The Unit's first annual progress report will be released soon and will provide a comprehensive overview of the first year of the HEIA requirement, including data findings, trends, and recommendations.



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ONE YEAR RECAP

Established a dedicated unit within the Office of Health Equity & Human Rights to review HEIAs

Created an email mailbox for questions at HEIA@health.ny.gov

Created an email listserv

Developed guidance documents, including Frequently Asked Questions and Submission Guidance

Reached out to local health departments to create a contact list for the HEIA

Delivered 5 webinars, 2 listening sessions, and several presentations for the public

Presented at 2 conferences

Administered a feedback survey to applicants



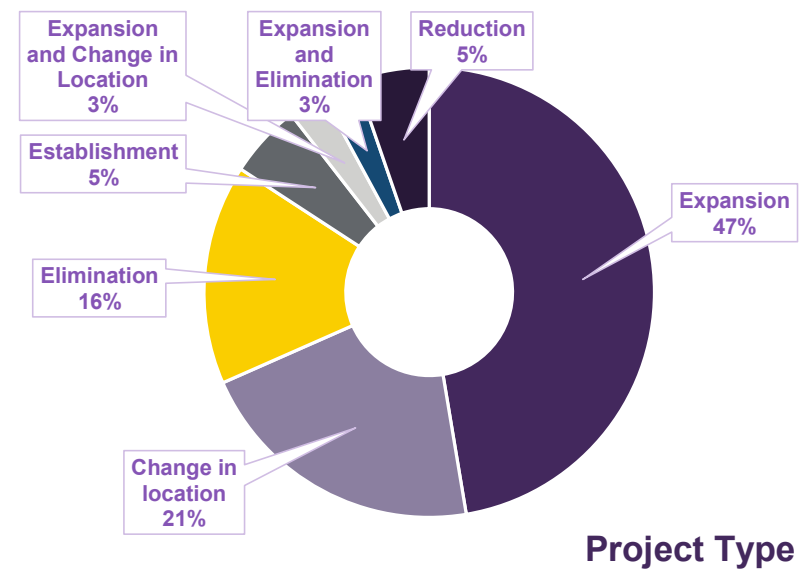
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ONE YEAR RECAP

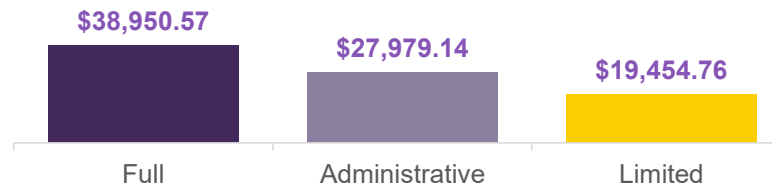
Reporting period: June 22, 2023, to September 30, 2024

Facility Type	Full Review	Administrative Review	Limited Review
Hospital	6	9	10
Diagnostic & Treatment Center	2	5	1
Residential Health Care Facility	0	1	3
Midwifery Birth Center	1	0	0
Totals	9	15	14

A total of 38 HEIAs were reviewed by the Department



Average HEIA cost by review type



Project Type:

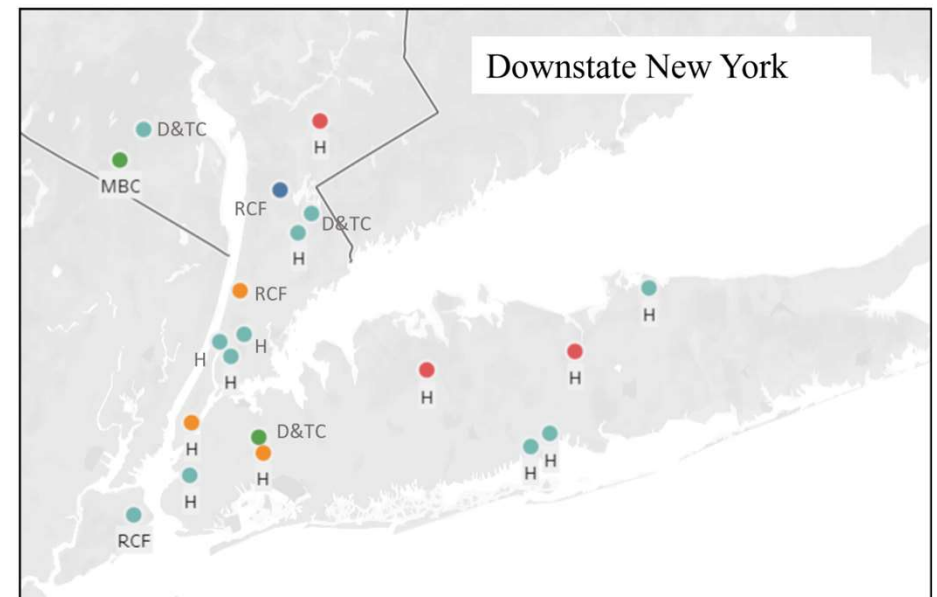
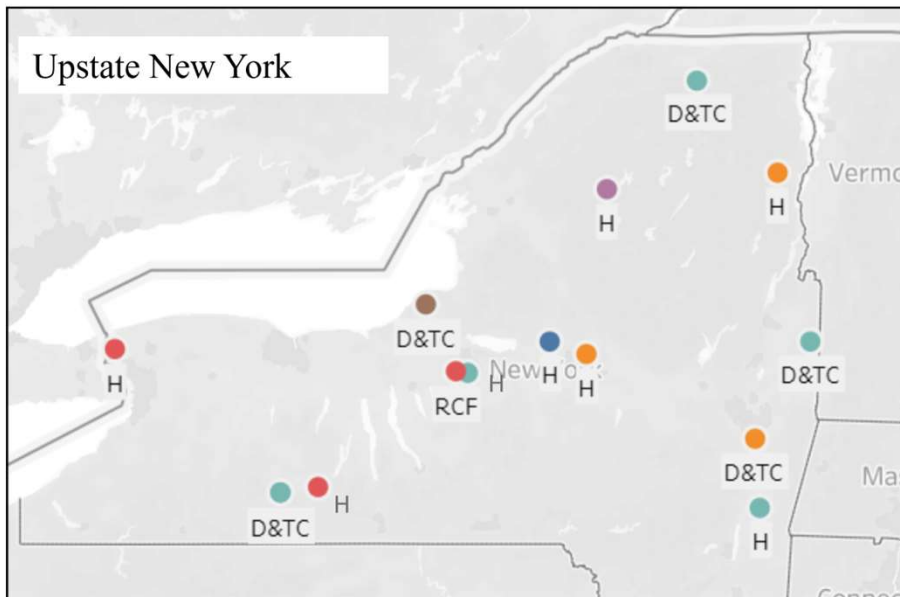
- Change in Location
- Elimination
- Establishment
- Expansion
- Expansion, Change in Location
- Expansion, Elimination
- Reduction

Facility Types:

- Hospital – H
- Diagnostic and Treatment Centers – D&TC
- Residential Care Facilities – RCF
- Midwifery Birth Center – MBC

Almost even split between downstate and rest of state:

- 18 Projects Upstate
- 20 Projects Downstate (including Westchester and Rockland Counties and Long Island)



ONE YEAR RECAP

Reporting period: June 22, 2023, to September 30, 2024

16 different
Independent
Entities
conducted 38
assessments.

Independent Entities were
comprised of consultant
groups, researchers,
professors, hospital
associations, and
individual consultants.

Average time Independent
Entities took to complete a HEIA:

Full Review
73 days

Administrative Review
78 days

Limited Review
63 days



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*The HEIA does not have to be conducted after the Certificate of Need is done. We recommend identifying an Independent Entity early in the project planning process in order to complete the HEIA in a timely manner.

APPROVAL OF INDEPENDENT ENTITIES

A Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

1. The entity may not help compile or write any part of the CON.
2. The entity may not have a financial interest in the outcome of the CON application.
3. The entity has not accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the HEIA.



HEIA REVIEW PROCESS

All 38 Health Equity Impact Assessments received by the Department were approved.

The HEIA is assessed based on the validity, strength, and value of the information presented.

If there are areas in the HEIA that need revision, a Request for Additional Information (RFAI) letter is sent to the Applicant.

Applicants and Independent Entities may request a phone or video call as needed for further guidance.

The HEIA is evaluated for approval after requested revisions are received.



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PROTECTED HEALTH INFORMATION

The HEIA Frequently Asked Questions (FAQ) document was revised twice in 2024 to clarify guidance on Protected Health Information (PHI) and confidentiality.

Details of a new **Identifier System for the HEIA** were distributed to stakeholders through the listserv on June 28, 2024.

Guidance clarifying when HEIA records are subject to **FOIL requests** was released on December 19, 2024.

INDEPENDENT ENTITY AND APPLICANT FEEDBACK

The Health Equity Impact Assessment Unit engaged with key stakeholders in the last year to provide guidance and collect feedback on the new Health Equity Impact Assessment requirement.

July 2024

- The team convened Independent Entities to respond to a series of open-ended questions regarding operationalizing the Health Equity Impact Assessment 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.

August 2024

- A voluntary survey was disseminated to all Article 28 facilities that submitted a Health Equity Impact Assessment between June 2023 and August 2024. 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 proposed Certificate of Need projects.

FEEDBACK ON INDEPENDENT ENTITIES & MITIGATION

Independent Entities

- The cost of contracting with Independent Entities is higher than expected.
- It is often difficult to find an Independent Entity.
- The cost has been burdensome for some smaller health systems and health care facilities.

Mitigation Strategies and Accountability

- Implementing recommendations made in the assessment have financial implications that may not be feasible for some Applicants.
- Independent Entities have noted that some Applicants are simply seeing the Health Equity Impact Assessment as a “check the box” activity and are not meaningfully considering concerns voiced by the community.
- Some Independent Entities wanted to see accountability measures added to the requirement.



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FEEDBACK ON 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 HEIAs on the same community-based organizations, local health departments, and other stakeholders. **Independent Entities are seeing feedback fatigue amongst key 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 understand and respond to questions regarding a CON project.



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FEEDBACK ON OVERALL PROCESS

Applicants need **additional training and resources** to fully understand the HEIA requirement and process. They want to better understand what to expect during and after the assessment is submitted to the Department as part of the CON application.

Independent Entities would like to participate in **listening sessions** periodically to discuss issues and ideas about the HEIA with each other and the Department.

Some Applicants would like to see the **threshold requirement** increased for projects that will result in an expansion of hours, services, or beds or a change in location.

Some Applicants would like **meaningful engagement** to become flexible, where Independent Entities would only be required to make phone calls, send direct mail, or post flyers for smaller, less complex projects.



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HEIA SUCCESS STORIES

Based on strong opposition from the community, a project was revised from converting all 16 rehabilitation beds to medical/surgical beds to only converting 11 beds and maintaining a rehabilitation gym.

A relocation project for an adult day health care program, while only moving 0.8 miles away, uncovered an accessibility issue through the HEIA. As a result, the Applicant decided to keep providing transportation assistance for participants to perform their daily activities.

In response to HEIA findings and feedback from community engagement, an Applicant developed a mitigation plan to address concerns about accessing building entrances, parking, traffic congestion, & language barriers. The plan included constructing a replacement parking lot with larger capacity ensuring accessibility to entrances, considerations for free parking, valet services, assistance for public transportation to address traffic congestion and enhanced signage.



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Q & A