**New York State Department of Health**

**Health Equity Impact Assessment Template**

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

**SECTION A. SUMMARY**

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| 1. Title of project
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| 1. Name of Applicant
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| 1. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA
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| 1. Description of the Independent Entity’s qualifications
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| 1. Date the Health Equity Impact Assessment (HEIA) started
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| 1. Date the HEIA concluded
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| --- |
| 1. Executive summary of project (250 words max)
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|   |
| 1. Executive summary of HEIA findings (500 words max)
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**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 Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.
2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:
* 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
* Not listed (specify):
1. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?

1. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?
2. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?
3. What is the availability of similar services or care at other facilities in or near the Applicant's service area?
4. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?
5. Summarize the 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. Will these obligations be affected by implementation of the project? If yes, please describe.
6. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.
7. Are there any civil rights access complaints against the Applicant? If yes, please describe.
8. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

**STEP 2 – POTENTIAL IMPACTS**

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
	1. Improve access to services and health care
	2. Improve health equity
	3. Reduce health disparities
2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.
3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.
4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.
5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.
6. Describe how implementation of the project will impact the facility’s delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

Meaningful Engagement

1. List the local health department(s) located within the service area that will be impacted by the project.
2. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?
3. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table”. Refer to the Instructions for more guidance.
4. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?
5. How has the Independent Entity’s engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?
6. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

**STEP 3 – MITIGATION**

1. If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:
	1. People of limited English-speaking ability
	2. People with speech, hearing or visual impairments
	3. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?
2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?
3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?
4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

**STEP 4 – MONITORING**

1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?
2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?

**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:** Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

***------------ SECTION BELOW TO BE COMPLETED BY THE APPLICANT ------------***

**SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN**

*Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.*

1. **Acknowledgement**

I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

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Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. **Mitigation Plan**

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

*Please note: 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.*