

## Assessing the Complexity of HEIA

All New York State Health Equity Assessments (HEIA) require the following activities:

- Quantitative Analysis: Demographic, utilization, and market share analysis.
- Qualitative Analysis: Interviews, community forums, focus groups, and surveys, as appropriate, of community stakeholders and consumers. This also includes a review of relevant literature, published and unpublished, for the community and affected healthcare services and needs.
- Interpretation of impacts based on the qualitative analysis in the context of demographics and utilization. Also, this interpretation considers the local history of systemic barriers to the underserved and issues of racial and ethnic injustice that have been experienced.
- Developing recommendations for mitigations, enhancements, modifications, and adaptations to the project.

The quantitative analysis will involve similar work effort for all projects, and there will be significant reuse of demographic analysis for the same service area. The utilization and market share data collection and analysis can vary between projects depending on the services involved. However, the greatest difference in effort will involve qualitative, meaningful engagement activities. More complex and sensitive projects require reaching out to more community stakeholders and consumers and more intense interaction. These activities require identifying stakeholders, building relationships with them, and arranging events to have meaningful dialogue.

We consider the following factors in the complexity of a project:

- Does the change involve adding new services, enlarging or reducing existing services, or eliminating services? Reductions and eliminations will be more sensitive and require more intense community engagement.
- Are the impacted services particularly critical for health equity and disparities? For example, maternity and birth outcome disparities are large both absolutely and compared to other disparities. They also have long-term life-cycle effects, which further impact other health conditions. Significant health equity issues exist with primary care and behavioral health access and availability.
- Does the service area include communities with deep historical experiences of systemic racism or historically prominent incidents with the health care system?

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- There is some added work for the data analysis with an increased geographic range, but complexity comes from dealing with diverse regions and multiple urban areas. Crossing county boundaries will increase outreach to county Departments of Health. The analysis (rather than data extraction) will involve more as the narrative discussion must describe diversity across regions. Urban areas can pack multiple racial and ethnic communities into relatively small geographies.
- When accessing impact, alternative providers, and market share, services have different fingerprints in the SPARCs data and other data sources. Generally, inpatient services can be characterized via DRGs or revenue codes, but outpatient service usage can be highly varied. For the HEIA, what is critical is identifying the impacted population and alternative. It is necessary to identify claims and encounters that distinguish and, as fully as possible, identify the users of the services. Studies that involve new services will require research into coding and the SPARCs data. Previously developed code can be used for services that have already been assessed.

The impact of the service on the service area population should affect the depth of the meaningful engagement activities.