

Understanding the HEIA Process

Our engagements begin with one or more interviews with the hospital's project manager. During these interviews, we develop an understanding of the project's scope, key stakeholders within the hospital, existing relationships with community groups, and shared project processes and logistics. One outcome of the initial interviews is identifying internal stakeholders and arranging internal organizational interviews.

An important element of the scope of the project is its service area. Depending on the organization and project, the service area may be well-defined or require further analysis. We use a Geographic Information System and SPARCS utilization data to refine the service area when needed. Based on the service area and impacted services, we conduct the quantitative analysis of the Assessment. This analysis is used to identify affected underserved populations and communities.

Parallel to the quantitative analysis, we identify community stakeholders and arrange interviews, forums, or focus groups with them. We take into account existing relationships that the hospital has. We also have experience and relationships with diverse community groups in Western New York, particularly in Buffalo, Rochester, and the Southern Tier. We may, when appropriate, use surveys. A required part of the Assessment is also to interview the County Health Departments in the hospital's service area. We will also conduct interviews with hospital staff who are impacted by the project.

In addition, we have a Care Management Agency that provides Health Home services to vulnerable persons in Upstate New York. For example, we provide services to patients with severe behavioral health and chronic conditions in a broad service area across New York. If the project overlaps with their needs, we will also interview a sample of those patients to provide additional depth through direct consumer experiences of their health conditions, environment, interactions with healthcare systems in the service area, and barriers they may experience.

The engagement with community stakeholders will identify vulnerable groups, key social determinants for their communities, and experiences of systemic racism. We will supplement those findings with a literature review of the project's services, underserved groups, the history of the community, and relevant social determinants of health. For example, Buffalo has a large "grey" (unpublished) literature on race by community groups and academic scholars. We will combine the quantitative analysis, findings from meaningful engagement, and literature review to assess the project's likely positive and negative impacts. In several of the projects we have completed, the most significant issues raised by community groups involved how the health system engages vulnerable persons and follow-up care that considers social conditions.

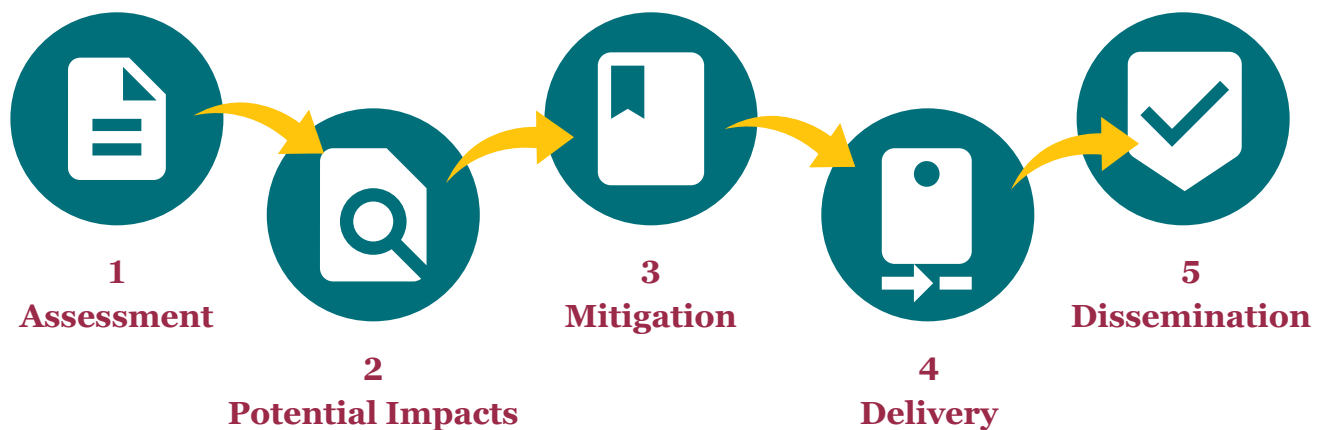
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Using suggestions from the community engagement, best practices from the health services literature, and discussion with hospital staff, we develop recommendations about how the project can be enhanced or how negative impacts can be mitigated. For example, community outreach workers may help support persons who require additional support services at home to deal with food and housing insecurity. In our completed projects, a common theme was difficulties with transportation. Mitigation or enhancement might involve a transportation coordination service within a hospital or supporting a community-based service. These recommendations are then discussed with the hospital stakeholders, who develop a mitigation plan that is included in the report.

Based on our experience with completed projects, the effort involved varies from 60 to 190 hours, depending on the complexity factors mentioned above and previous projects in the service area. We expect that over a five-year contract, efficiencies will be gained from projects in the same service area.

In addition, a long-term contract provides an opportunity to develop a greater strategic perspective for Health Equity, in the hospital planning process. Indeed, the intent of the State's requirements is to include greater community involvement and orientation to Health Equity for hospital planning. The underlying systemic barriers and social determinants that create disparities require a longer-term perspective and sustained effort to overcome.

Process Flow



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