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

1. Title of project	Off-Site SMH Chronic Dialysis Unit
2. Name of Applicant	University of Rochester Medical Center (Strong Memorial Hospital)
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	MP Care Solutions **Kim Hess**, COO khess@monroeplan.com **Howard Brill**, SVP Population Health Management and Quality hbrill@monroeplan.com **Colleen Boyle**, Product Manager cboyle@monroeplan.com **Todd Glanton**, SVP Technology and Analytics, IT tglanton@monroeplan.com **Sylvia Yang**, Health Systems Analyst syang@monroeplan.com
4. Description of the Independent Entity's qualifications	The Monroe Plan was founded in 1970 to provide innovative means to providing healthcare for the underserved in Upstate New York. We have over fifty years of experience partnering with providers, managed care organizations and community-based organizations to reduce disparities, bringing a deep understanding of all facets of healthcare and its constituencies. We are a data-driven organization experience delivering actionable data and designing data-informed and financially-sustainable programs. We have long-term relationships with stakeholders and community organizations and a large team providing direct face-to-face care and outreach to vulnerable persons throughout the Upstate Region.
5. Date the Health Equity Impact Assessment (HEIA) started	2/28/2024
6. Date the HEIA concluded	6/20/2024

7. Executive summary of project (250 words max)

This project will create a collaboration with the St John's Nursing Home and the University of Rochester Medical Center. The project plan is to utilize a portion of the 2nd floor at St John's Nursing Home, located at 150 Highland Avenue, Rochester NY, to convert existing space into a Chronic Dialysis Unit. This unit will serve residents of the nursing home and some community patients. URMC would operate the dialysis program leasing the space from St. John's Nursing Home.

Strong Memorial Hospital currently has two outpatient Chronic Renal Dialysis stations listed on its operating certificate that specifically treat Pediatric patients. This project will add 12 more outpatient dialysis stations (10 bays and 2 isolation rooms) to the operating certificate that will treat St. John's Nursing Home residents as well as community members.

Currently, patients at Strong Memorial Hospital and Highland Hospital requiring nursing home placement with a need for chronic dialysis are experiencing long waits to be accepted by any nursing home. There are no local nursing homes that have dialysis provided in their facility and the cost of transporting patients three times per week to a community-based dialysis center is extremely high. Placing a chronic dialysis center in a nursing home will eliminate lengthy hospital stays for these patients, who no longer need the care provided in the acute care hospital setting and will be better served in a nursing home setting. This will also reduce the burden on the patients, as they will not need to travel outside of the nursing home for their dialysis treatments..

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

The service area is Monroe County, which is predominately urban and has several HRSA-designated medically underserved areas, including the location of the project site. The service area has a total population of 756,567, with 72.3% White, 14.9% Black, and 9.5% Latino. Several ZCTAs near the project site have much higher proportions of Black and Latino populations. The overall poverty rate for the service area is 9.8%. However, adjacent and nearby zip codes have double-digit poverty rates, with some above 30%. The project is located in the center of the crescent of poverty in the city of Rochester.

Nationally there are significant disparities in chronic kidney disease between Black and White populations and Latino and White populations. These national disparities are consistent with local disparities in the proportion of groups receiving dialysis treatment. In addition, late-stage kidney disease is associated with older persons, reflecting a long-term disease process associated with other conditions connected to disparities – hypertension, diabetes, and chronic stress. The project addresses accessibility barriers to dialysis treatment for special sub-groups: those needing placement in a skilled nursing facility and those with severe behavioral disorders who need a supportive environment when using outpatient dialysis. It also provides additional accessibility to community members who lack transportation to other outpatient dialysis centers. Eight of the ten stations are planned to be used for St.

John's Senior Living Center residents, and two stations are planned for persons living outside of the facility, in the community.

The Independent Assessor engaged multiple community stakeholders. These included the Monroe County Department of Health, the Kidney Foundation, Lifespan (a CBO that services older persons), Action for a Better Community, Common Ground – African American Coalition, Healthy Baby Network (which also reflects other needs in the Black and Latino communities), Common Ground – Community Engagement, and pastors representing a group of churches located near the project site. Direct consumers/community residents who are on dialysis treatment were also engaged through interviews. Additionally, an on-site survey was conducted of patients and caregivers at Strong Memorial Hospital waiting for skilled nursing facility placement.

All of the community stakeholders supported the project. Several were surprised by the difficulty of placing patients in skilled nursing facilities. The project site was seen as a good location for the underserved communities in Rochester, particularly the Black and Latino communities, and may address transportation problems that community residents have with other outpatient dialysis clinics. Some noted that the site's location in a nursing home may attach a negative stigma associated with nursing homes in the community.

The stakeholders made many suggestions and recommendations about how to develop a welcoming and supportive environment in the center. These included care coordination, food and supply pantries, peer and caregiver support, and diverse and culturally sensitive workforce. In addition, community stakeholders emphasized the need for community education and sustained outreach of the facility into the community, notably to support kidney health for future generations. The Applicant's Health Equity stakeholder shared several initiatives that paralleled the community stakeholder's recommendations, including the use of non-traditional forms of communication, education, and healthcare navigation.

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.

The assessment service area is defined as Monroe County. The service area, which is urban, includes HRSA-designated medically underserved areas, and the project site is in a medically underserved area. Counties neighboring the service area, Orleans, Wayne, and Ontario, are medically underserved. Monroe County ranked thirteenth highest in New York State poverty in 2020 (NYS Office of State Comptroller 2023).

Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau's American Community Survey 2022 5-year estimates for ZCTAs. Figure 1 displays racial and ethnic distributions by ZCTA.

The service area has a total population of 756,567, with 72.3% White, 14.9% Black, and 9.5% Latino. Several ZCTAs near the project site have much higher proportions of Black and Latino populations. Within four miles of the project site are zip codes 14608, 14609, 14611, 14619, and 14621, which have a high proportion of Black and Latino populations (see Table 1).

Table 1 Zip Codes Near the Project Site with High Racial and Ethnic Minority Populations

Zip Code	% Black	% Latino
14608	50.4%	11.6%
14609	30.9%	19.7%
14611	60.9%	16.4%
14619	66.0%	6.8%
14621	43.1%	37.9%

The overall poverty rate for the service area is 9.8%, calculated as a weighted average from the ACS zip code estimates. However, the 14608 zip code adjacent to the project site's ZCTA has a 34.8% poverty rate. The five nearby zip codes identified in Table 1, have double-digit poverty rates. Food Stamp usage in those five zip codes ranges from 18.0% to 45.1%.

Overall, 40.0% of the service area's population is on public insurance coverage. Nearby zip codes have public insurance coverage at a much higher level, with the 14621, 14611, 14609, and 14608 zip codes at above 60% public health coverage.

For the service area, 10.7% of households reported not having vehicles. The zip codes listed in Table 1 have a higher-than-average percentage of households without vehicles, with zip codes 14608, 14611, and 14621 having rates greater than 30%.

The disabled population, according to ACS survey data, was 14.2% of the total population for the service area.

Sources:

ACS, 2022 Five-Year Estimates

NYS Office of State Comptroller 2023. New Yorkers in Need: A Look at Poverty Trends in New York State for the Last Decade | Office of the New York State Comptroller (ny.gov) Accessed 12/11/2023

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:
   - ❑ X Low-income people
   - ❑ X Racial and ethnic minorities
   - ❑ Immigrants
   - ❑ Women
   - ❑ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
   - ❑ X People with disabilities
   - ❑ X Older adults
   - ❑ Persons living with a prevalent infectious disease or condition
   - ❑ Persons living in rural areas
   - ❑ X 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):

3. 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?

   Low-income people, Racial and Ethnic Minorities, People who receive public health benefits

   The ACS data shows that several zip codes in the service area and near the project site have high poverty rates. Similarly, there are several zip codes in the service area neighboring the project site that have high proportions of racial and ethnic minorities, particularly Black and Latino populations. As noted in Item 1, forty percent of the service area population is receiving public health benefits, and nearby zip codes have rates above sixty percent. In addition, as reported in Item 5, 89.6% of the discharges for dialysis involved persons receiving Medicare or Medicaid primary benefits.

In general, the national data show a high level of disparities with chronic kidney disease between Black and White Americans, a ratio of about 3 to 1 (Rodgers, 2020). There is also a disparity of 2 to 1 between Latinos and Whites (Ricardo et al. 2015). The analysis of service area inpatient discharge data, discussed in Item 5, for kidney dialysis is consistent with this level of disparities.

Older Adults

Kidney disease is more prevalent among older persons than persons under age 60 (National Kidney Foundation, 2014). For persons over the age of 75, the prevalence rate of kidney disease is over 50 percent. This disparity is found in service area discharge data, with over half of the patients over age 65 (see Item 5).

Persons with disabilities

In general, chronic kidney disease is a disabling condition, which is why the project impacts that group. In addition, the project is deliberately designed to provide services to persons with severe behavioral disorders that cannot be seen in other area outpatient dialysis centers.

Sources:

ACS, 2022 Five-Year Estimates.

National Kidney Foundation. 2014. “Aging and Kidney Disease.” National Kidney Foundation. Retrieved May 7, 2024 (https://www.kidney.org/news/monthly/wkd_aging).

Ricardo, Ana C., Michael F. Flessner, John H. Eckfeldt, Paul W. Eggers, Nora Franceschini, Alan S. Go, Nathan M. Gotman, Holly J. Kramer, John W. Kusek, Laura R. Loehr, Michal L. Melamed, Carmen A. Peralta, Leopoldo Raij, Sylvia E. Rosas, Gregory A. Talavera, and James P. Lash. 2015. “Prevalence and Correlates of CKD in Hispanics/Latinos in the United States.” Clinical Journal of the American Society of Nephrology: CJASN 10(10):1757–66. doi: 10.2215/CJN.02020215.

Rodgers, Lindsay S. 2020. “The Racial Inequities of Kidney Disease | Johns Hopkins | Bloomberg School of Public Health.” Retrieved March 28, 2024 (https://publichealth.jhu.edu/2020/the-racial-inequities-of-kidney-disease).

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

   Low-income people, Racial and ethnic minorities, People eligible for or receiving public health benefits

   The city of Rochester has a crescent of poverty, with a high proportion of the low-income persons, racial and ethnic minorities, and persons on public health benefits living in the service area. The project site is well-situated to provide access to outpatient dialysis for persons living in that crescent, in an area considered safe and with good transportation connections (Community Stakeholders).

   People with disabilities

   Chronic kidney disease and dialysis treatment is a debilitating and disabling condition. Improved accessibility reduces the burden on patients and caregivers to arranging transportation (Community Stakeholders). Importantly, the project is designed to provide outpatient dialysis to persons with severe behavioral health disorders who do not have access to other outpatient dialysis centers in the service area.

   Older adults

   In general, chronic kidney disease and the need for dialysis is a disease of aging. Also, a key project objective is to provide availability to dialysis patients currently inpatient who are unable to be discharged to skilled nursing facilities due to their dialysis needs. The ability to move from an inpatient facility to a skilled nursing facility improves the quality of life for patients and caregivers (Direct Consumer Survey).

   Sources:

   Community Stakeholders.

   Direct Consumer Survey.

5. 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?

   During 2022, there were 2,059 inpatient discharges for kidney dialysis in the service area at acute care facilities for 1,262 unique individuals. For these individuals, the average age was 64.4 years, with 54.8% age 65 or over.

   In Table 2, the racial distribution of the dialysis patients is displayed. Blacks were 38.2% of the patients using inpatient dialysis, compared to 14.9% of the service area population. Similarly, Latinos comprised 12.4% of the inpatient dialysis

patients, while 9.5% of the service area population. In comparison, White patients are 45.6% of the discharges but 72.3% of the service area population.

Table 2 Racial Distribution of Inpatient Dialysis for Acute Care Facilities, 2022

Race	Unique Individuals	Percent
White	575	45.6%
Black	482	38.2%
Other	156	12.4%
Multi-race	31	2.5%
Asian	15	1.2%
Native American	<10	<1%
Native Hawaiian	<10	<1%
Total	1262	100%

Source: SPARCS 2022

As expected with dialysis, the primary payer for discharges from acute facilities was Medicare, comprising 1,491 or 72.4% of the discharges. Medicaid was the primary payer for an additional 355 or 17.2% of the discharges. Together, Medicare and Medicaid provided primary coverage for 89.6% of the discharges.

The SPARCS data used for the service area utilization analysis does not include a major outpatient dialysis provider in the area – Fresenius Kidney Care. The 2022 outpatient SPARCS data identified 1,935 kidney dialysis-related discharges. Ninety percent of the discharges were from Unity Hospital and an additional 9.5 percent were from Rochester General Hospital. A small remainder – 20 discharges – were from seven other facilities. The demographics of the available discharges are consistent with the inpatient analysis.

Ninety-one percent of the outpatient discharges had Medicare or Medicaid as the primary payer. Among the discharges, there were 386 unique patients. Fifty-nine percent of the patients were age 65 or older. For the persons receiving outpatient dialysis, 48.7 percent were White and 33.1 percent were Black. There were 12.4% of the patients who identified as Latino/a.

6. What is the availability of similar services or care at other facilities in or near the Applicant's service area?

   Table 3 shows the alternative dialysis centers in the service area and their distance to the project site. (The capacity of these centers is described in the response to Question 7.) The project site is unique in providing dialysis services in a nursing home, which avoids the transportation of residents from the nursing home to inpatient or outpatient dialysis centers. In addition, the project provides

access to outpatient dialysis services to persons with severe behavioral disorders who otherwise cannot use alternative outpatient centers.

Table 3 Distance of Alternative Dialysis Centers from Project Site

Facility Name	Distance (miles)
University of Rochester Strong Memorial Pediatric ESRD	0.9
Fresenius-Clinton Crossings	1.5
Unity Hospital Of Rochester - St. Mary's	1.9
Fresensius Freedom Center of Rochester	2.3
Fresenius Kidney Care	2.6
Rochester General Hospital Dialysis Center	4.5
DaVita Seaway Dialysis	4.6
Fresensius – Greece Dialysis Center	6.1
Unity Hospital – Park Ridge Campus	6.4
Rochester General Hospital - Bay Creek Dialysis Center	7.1
Unity Hospital Dialysis at Chili	8.1
Frensius-Living Center	9.4
Frensius-Irondequoit Bay Dialysis	10.3
Unity Hospital Dialysis at Spencerport	10.5

Source: CMS 2024.

Sources:

CMS. 2024. Dialysis Facilities Datasets: Dialysis Facility – Listing by Facility. https://data.cms.gov/provider-data/search?theme=Dialysis%20facilities Accessed on 4/10/2024

7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

   The New York State Department of Health projected on August 1, 2020, that for 2021, there will be 306 operational dialysis stations in Monroe County, with a projected need for 315 stations and an unmet need for nine stations (New York State Department of Health, 2020). The CMS 2024 Dialysis Center dataset identified 299 dialysis stations in Monroe County, with the providers and capacity shown in Table 4.

Table 4 Capacity of Monroe County Dialysis Centers, 2024

Facility Name	Dialysis Stations	Comments
Rochester General Hospital Dialysis Center	48	
Fresenius Kidney Care	36	
Fresenius-Clinton Crossings	30	
DaVita Seaway Dialysis	25	
Unity Hospital of Rochester - Park Ridge Campus	24	
Fresenius Living Center	24	
Unity Hospital of Rochester - Rt. Mary's	21	
Rochester General Hospital - Bay Creek Dialysis Center	21	
Fresenius-Irondequoit Bay Dialysis	17	
Fresenisus - Greece Dialysis Center	17	
Unity Hospital Dialysis at Spencerport	17	
Unity Hospital Dialysis at Chili	16	
University of Rochester Strong Memorial Pediatric ESRD	2	Pediatric Only
Fresenius Freedom Center of Rochester	1	
Total	299	

Source: CMS 2024.

The shares of discharges for the dialysis centers in acute care facilities are in Table 5. Three hundred of the 2,059 discharges, or 14.6% involved transfer to skilled nursing facilities. A primary purpose of the project is to prevent delayed discharges to skilled nursing facilities for patients requiring dialysis.

Table 5 Market Share for Dialysis for Acute Care Facilities, 2022

Facility Name	Discharges	Percent	Cumulative Percent
Rochester General Hospital	876	42.5%	42.5%
Strong Memorial Hospital	668	32.4%	74.9%
Unity Hospital of Rochester	502	24.4%	99.3%
All others	13	0.7%	100.0%
Total	2059	100.0%	

Source: SPARCS 2022

In the meaningful engagement interview, the Monroe County Department of Health recommended discussing unmet demand with the Applicant, as they were likely to have more up-to-date information than the New York State Department Of Health projections from 2020. The Applicant indicated that community members are currently able to be placed in outpatient dialysis centers “efficiently” but that the major problem is placing patients who are discharged to skilled nursing facilities. During May 2024, eighteen patients at Strong Memorial Hospital and three at Highland Hospital who needed dialysis post-discharge, waiting for nursing home placement.

Sources:

Applicant, UR Strong Memorial Hospital

CMS. 2024. Dialysis Facilities Datasets: Dialysis Facility – Listing by Facility. https://data.cms.gov/provider-data/search?theme=Dialysis%20facilities Accessed on 4/10/2024

Community Stakeholders: Monroe County Department of Health

New York State Department of Health 2020. “Dialysis Need Projections” https://www.health.ny.gov/facilities/hospital/dialysis_need_website.htm Accessed on 4/10/2024.

8. 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.

The Hospital provided the ICR Exhibit 50 for 2022. The Hospital met its obligations, receiving $3,854,402 in reimbursement from the Indigent Care Pool (Exhibit 50, Line 051).

The project is not expected to affect the indigent care pool obligations.

Sources:

Benjamin, Elisabeth R., Arianne Slagle, and Carrie Tracy. 2012. “Incentivizing Patient Financial Assistance: How to Fix New York’s Hospital Indigent Care Program.” New York: CSS.

ICR Strong Memorial Hospital 2022, “Exhibit 50”.

9. 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.

   The project is expected to add fourteen staff members. These include a Nurse Manager, a Physician, a Nurse Practitioner, Technicians, Registered Nurses, Licensed Practical Nurses, a Social Worker, a Dietician, and a Public Safety Officer.

10. Are there any civil rights access complaints against the Applicant? If yes, please describe.

    The Applicant reported four civil rights complaints submitted to the New York State Division of Human Rights over the past ten years that had probable cause determinations. There were no final order findings of violation of law. There were no corrective actions taken or planned to be taken. The Applicant’s description of the complaints, including current status, is provided in Appendix 4.

11. 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.

    During the past five years, there have been no projects involving chronic dialysis treatment.

STEP 2 – POTENTIAL IMPACTS

1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:
    a. Improve access to services and health care
    b. Improve health equity
    c. Reduce health disparities

    There is considerable overlap between the underserved groups identified in Step Question 2. For patients living in the community the project provides a chronic dialysis center that is located centrally to the Rochester “crescent of poverty” in an area that is considered safe. For patients who cannot be discharged from extended inpatient stays, the project provides a higher quality of life for them and their families. For the stations in the center, 80% are designated for SNF residents and 20% are for persons residing in the community.

    For community members with severe behavioral health problems that prevent them from accessing outpatient dialysis services, the project will allow regular, consistent outpatient services with an appropriate level of care. It may also help avoid ED episodes for those patients.

    The impacts are summarized in Table 6.

    Sources:

    Applicant.

    Community Stakeholders.

Table 6 Impact of Project on Identified Underserved Groups

Underserved Group	Impact		
	Access & Availability	Health Equity	Health Disparity
Low-income	Improves outpatient access to dialysis services in the Rochester crescent of poverty.	Reduces transportation barriers.	Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers.
Black persons	Improves outpatient access to dialysis services in an area with a relatively high Black population.	Reduces transportation barriers.	Possible reduction in disparities in outcomes and treatment for persons experiencing

			transportation barriers.
Latino persons	Improves outpatient access to dialysis services in an area with a relatively high Latino population.	Reduces transportation barriers.	Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers.
Persons receiving public health benefits	Improves outpatient access to dialysis services for a patient population and area with high rates of public health benefits.	Reduces transportation barriers.	Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers.
People with Disabilities – Persons requiring placement in a Skilled Nursing Facility	The project allows persons to move from an inpatient setting to a Skilled Nursing Facility, who do not have other outpatient access.	Improved quality of life for persons who otherwise do not have access to outpatient services.	Improved quality of life compared to extended inpatient stays.
People with Disabilities – Severe Behavioral Health Disorders	Provides outpatient access to dialysis services: The project is designed with private stations for persons with severe behavioral disorders that cannot be treated in other area outpatient dialysis centers. It includes a social worker to support those patients.	Access to chronic dialysis services who otherwise would not have access to outpatient services other than the ED.	Possible reduction in disparities in outcomes and treatment for persons unable to regularly access outpatient dialysis services.
Older Adults	Improves outpatient access.	Reduces transportation barriers. Improved	Improved quality of life compared

	The project allows persons to move from an inpatient setting to a Skilled Nursing Facility, who do not have other outpatient access.	quality of life for persons who otherwise do not have access to outpatient services.	to extended inpatient stays.

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.

   One possible unintended negative effect that was raised by Community Stakeholders is a stigma associated with nursing homes that could reduce the interest of community residents in using dialysis services available at St. Johns. This is not a negative health equity impact per se, but something that might limit the use of this service by individuals in the community who otherwise benefit from it. This would have no negative impact on the patients who need a nursing home placement. St. John's has an excellent reputation in the community. St. John's also provides rehabilitation services and is not exclusively a nursing home provider, which might mitigate that impression.

   In Step 3 – Mitigation of the Report, there is a discussion of community education outreach which may mitigate the effects of stigma on community use.

   Sources:

   Applicant

   Community Stakeholders

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.

   Total hospital costs incurred in rendering services to uninsured patients: $16,422,219 (ICR 2022, Exhibit 50, ICR Line Code 001).

   It is not expected that indigent care reimbursement will change due to the project.

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.

Community Stakeholders and Applicant staff stakeholders both noted that non-door-to-door public transportation (bus service) was not appropriate for persons who had received dialysis treatment.

The Applicant has the following policies regarding transportation for outpatient dialysis patients:

- If patient has active Medicaid and plans to utilize Medicaid transportation a social worker will arrange the first trip via the MAS website. The social work department will set up a standard order for the patient.
- If patient needs private pay transportation, the social work department will provide the patient with a list of private transportation options. A social worker will assist patient in scheduling transportation to first treatment to ensure patient successfully attends treatment. The patient will be provided instructions for scheduling future transportation.
- The clinic's social worker will follow up with the patient.

The Applicant recognizes that transportation resources are limited in the community. It is testing an enterprise-level ride-share. In addition, the Applicant is planning to include in an 1115 waiver project a system for better communicating with transportation vendors to share information.

The following resources are available in the community:

Public

RTS On Demand - Public ride-sharing mobility option which ADA-accessible: RTS: Regional Transit Service > RTS On Demand (myrts.com)

Medicaid provides transportation through MAS: https://www.medanswering.com

Lifespan TRAC – mobility coordination and information for persons sixty years or older: Transportation — Lifespan (lifespan-roch.org)

Private

Choice One Transportation: https://choiceonetransportation.com

Dependable Medical Transportation: https://ridedependable.com

Genesee Transportation: https://genesseetransportation.com

Irie Transportation Associated

Marges Trolley

PJW Transportation

Quality Transportation Service: https://qualitytran.com

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

   The project is being designed for accessibility in accordance with the 2020 Building Codes of New York State and ICC A117.1-09.

   Source:

   Woodcock, James 2024. Letter regarding outpatient dialysis build-out.

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?

   Not applicable. The project does not impact maternal health care services and comprehensive reproductive health care services.

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

   Monroe County Department of Health.

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

   Yes.

9. Meaningful engagement of stakeholders: Complete the "Meaningful Engagement" table in the document titled "HEIA Data Table". Refer to the Instructions for more guidance.

   See attached.

   In summary, the community stakeholders were generally supportive of the dialysis center located at St. Johns. They agreed that geographically this was an excellent location for underserved communities in Rochester, New York – "the crescent of poverty." Some did express surprise and consternation by the extended inpatient stays of patients on dialysis needing placement in skilled nursing facilities, although they understood there are availability problems with SNFs.

One theme that emerged in multiple stakeholder meetings was community integration. This involves multiple dimensions, from the simple availability of dialysis stations to persons living in the community to increasing awareness of the community of what facilities are doing and what kind of services they provide and then to a higher level of integration through outreach involving education and prevention.

While the Applicant noted that placement of community residents in outpatient chronic dialysis is efficient (relatively rapid), the stakeholder meetings discussed situations where those placements were not always ideal for arranging transportation with family and friends. (This was brought up as a positive feature of the project's site.) Having more choices is better for setting up support.

The association of the site with a skilled nursing facility led to discussions with some community stakeholders about the stigma of nursing homes. This came up particularly strongly with stakeholders who represented the Black community, although the stigma certainly extends more broadly. This stigma also came up in one of the direct consumer interviews.

The assessment included two direct consumer/resident engagements. One was an open-ended interview of eight highly vulnerable adults living in the service area. These persons are all receiving Health Home services, indicating chronic medical and behavioral health disorders. The interviewees were further selected based on a current history of receiving dialysis treatment. The second engagement is of patients or their caregivers at Strong Memorial Hospital who are currently in extended stay due to dialysis treatment and would be potentially among the patients transferred to the St. Johns skilled nursing facility as a result of the project.

Community Residents with Chronic Medical and Behavioral Health Disorders (Highly Vulnerable Consumer/Residents)

These open-ended interviews were of eight Health Home members living in Monroe County. To be eligible for Health Homes they must be on Medicaid and meet criteria for severe behavioral disorders and chronic illness. These interviewees were further selected for current dialysis treatment. They were interviewed between March 7, 2024 and March 14, 2024. The interviews were conducted with guided prompts for the interviewers. The prompts included questions about the specific changes in the project as well as broader questions concerning personal and community needs. The responses were reviewed and coded. See Appendix 2: Highly Vulnerable Residents interviews.

Six of the eight respondents supported the project. One of the respondents did not answer the question. The other not supporting the project indicated that he was young – apparently thinking that St. John's identity as an SNF was not appropriate to him.

There were several recurring themes among the respondents. The most common involved comfort during dialysis treatment, which was noted by five of the eight respondents. Four respondents indicated that the availability of services, not specifically for dialysis treatment, was their biggest concern about their community's needs. Three respondents pointed to problems with providers communicating with them, and two had specific concerns about language barriers for Spanish speakers.

One of the responses regarding communication was that it needed to be more "person-centered," in other words more appropriate to the needs of the patient, particularly older persons.

The interview guide included standard questions about housing, food, and transportation social needs. Three of the eight had food insecurity problems. There were two responses each for housing and transportation difficulties.

Onsite Survey (Inpatient) of Extended Stay Patients or their Caregivers

The onsite survey was conducted in late May 2024 at Strong Memorial Hospital for patients in extended inpatient stays waiting for discharge to a skilled nursing facility and their caregivers. The questionnaire had separate question sets for patients and caregivers. The questions included an item about their support for the project and additional open-ended questions about needs. The caregiver section included questions about specific areas of caregiver needs. See Appendix 3: Onsite Survey.

Five patients and four caregivers responded. In some cases, the patient was nonverbal, and only the caregiver responded, while in other cases, both the patient and their caregiver responded.

All of the patients had been on dialysis for over three months. Four indicated strong support for the project, while one marked support in a Likert agreement scale.

One of the patients indicating strong support wrote that the project will help them connect better with their family.

Three of the patients were Black and two were White. Although the average age of the patients was over 57, three were under 50, and two were over 70.

Among the caregivers, two indicated that the person they were caring for had been on dialysis for over one year, one for over six months, and one for less than three months. One of the patients, who was non-verbal, had been in the hospital for two years. Three indicated strong support for the project, while one indicated support. (The one indicating support but not strong support noted in the questionnaire that they lived in a rural county distant from Rochester, they would have preferred a closer facility.)

The caregivers were asked about their needs, including caregiver item lists from previous research (Abt Associates 2015). Additionally, the questionnaire included standard social needs questions. Two of the four marked “finding substitutes for care,” one marked “physical effort with supporting their patient,” another wrote the same in the questionnaire, and one indicated assistance with the financial burden. Three of the four caregivers noted food insecurity problems, and one had transportation issues.

Sources:

Abt Associates 2015. “Survey for Caregivers Supporting a Persons with a Disability Support Service System.” ASPE. Retrieved April 21, 2024 (https://aspe.hhs.gov/reports/survey-caregivers-supporting-person-disability-outside-disability-support-service-system).

CMS. n.d. “The Accountable Health Communities Health-Related Social Needs Screening Tool.” Retrieved December 26, 2023 (https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf).

10. 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?

    Those most affected by the project are those with severe disabilities in extended inpatient stays who have been waiting for discharge to skilled nursing facilities. That group includes their caregivers and their families. The quality of life issues are very significant for them. They strongly supported the project, except one who supported it but lived in a distant rural county and preferred a local facility that could take their loved one.

11. 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?

    The stakeholder interviews supported the project and the specific needs it addresses. The discussions also raised broader concerns and ideas about how healthcare facilities can be effectively integrated into underserved communities.

    One stakeholder commenting about a different facility (St. John’s has a very positive reputation) noted that facilities can sometimes be experienced as separate and not a part of the community.

Related to the sense of community was the idea of health facilities organizing active outreach to the community for educational and prevention activities.

12. 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.

    Not applicable.

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:
    a. People of limited English-speaking ability
    b. People with speech, hearing or visual impairments
    c. If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

    The Applicant has communication plans using standard media and supports generally recommended methods for communicating to persons with limited English-speaking ability and speech, hearing or visual impairments. However, the Applicant recognizes that traditional media is becoming less effective and is developing “guerrilla communication” styles using locally and culturally relevant communication to be more effective.

    Consistent with the Applicant’s standard practices, the Assessor recommends the following guidelines to improve communication with persons of limited English-speaking ability:

    - Use the U.S. Census Bureau American Community Survey to assess the most commonly spoken non-English language in the service area and/or, track encounters in the EPIC EMR with persons with limited English-speaking ability and provide reporting on those encounters.
    - Provide written communications for 80% of the persons with limited English-speaking ability based on language use assessment.
    - In written communications, include contact information for bilingual staff or contracted language lines.
    - Include translated material in the public website and social media.
    - Plan outreach events at locations for persons with limited English-speaking abilities.
    - In the facility, provide posters or other visual aids that provide information about interpreting services in multiple languages.
    - Staff training on language access resources.

We also recommend the following approaches for persons with speech, hearing, or visual impairments when appropriate.

- Outreach events with sign-language interpreters, written materials for persons with hearing impairments, and readers or large print materials for persons with visual impairments. In general, the availability of pencil and paper can assist persons with speech disabilities.
- The following specialized services may be appropriate for the hospital or scheduled video or web conferences:
  - TRS (711) service, which includes TTY and other support for relaying communication between people who have hearing or speech disabilities and use assistive technology with persons using standard telephones.
  - VRS, a video relay service, which provides relaying between people who use sign language and a person using standard video communication (smartphone) or phone communication.
  - VRI, video remote interpreting for video conferencing meetings.
- Accessible Web Sites
- General considerations
  - Visual impairment: Provide qualified readers at the hospital, information in large print, Braille, computer-screen reading kiosks, or audio recordings.
  - Hearing impairment: Provide qualified sign-language interpreters at outreach events, captioning of video presentations, or written materials.
  - Speech disabilities: For general situations, have pencil and paper available, and in some circumstances, a qualified speech-to-speech transliterator.
- Staff training on available resources

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

   Applicable to community residents (all underserved groups living in the community):

   Expanded Care Coordination

   Community Stakeholders emphasized an expanded approach to care coordination. They recommended ensuring that multiple services are included and, in particular, community-based services. They also suggested considering how scheduling could be coordinated with public transportation to reduce waiting time. (Note that other stakeholders indicated that the use of traditional public transportation rather than on-demand or door-to-door would not be appropriate after treatment.)

Also related to care coordination is the need to coordinate well with caregivers and providing them with clear discharge and post-treatment instructions.

Source:

Community Stakeholders

Community Health Workers as Navigators, Alternative Navigators

Parallel to care coordination is the use of community health workers, both for coordination outreach and as healthcare navigators. The health equity literature is supportive of using community health workers as navigators. In addition, the Applicant is looking at alternative community-based navigators, such as staff in public libraries.

Sources:

Applicant

ESRD NCC Structural Competency Training Retrieved April 4, 2024 (https://esrdncc.org/en/professionals/healthequity/healthequity.html).

National Academies of Sciences, Engineering, and Medicine. 2016. Systems Practices for the Care of Socially At-Risk Populations. Washington, DC: National Academies Press.

Nutritional Support, Onsite Food Cupboard and Support Materials

Several of the stakeholders discussed providing nutritional support. In addition to providing educational materials, it was suggested to have a food cupboard on-site and to include other supplies such as diapers and gauze. The ESRD NCC health equity webpage recommends having partnerships with food pantries and considering an on-site dietician trained for culturally appropriate foods.

Sources:

Community Stakeholders

ESRD NCC Structural Competency Training Retrieved April 4, 2024 (https://esrdncc.org/en/professionals/healthequity/healthequity.html).

Community Education

Stakeholders with ties to the Black community in Rochester stressed the importance of community education for prevention and to improve the integration of healthcare services in the life of the community. This idea was expressed at many levels, from having culturally appropriate materials related to kidney health and disease to active classes and engagement and using non-traditional venues.

(The Applicant noted that they are exploring barbershops as a non-traditional venue.) Some stakeholders emphasized that community engagement and outreach activities need to be consistent and sustained rather than one-off events.

Sources:

Community Stakeholders

Culturally Sensitive and Responsive Communication and Educational Materials

An area of concern common among several stakeholders was ensuring that communication and educational materials are culturally sensitive and responsive to the needs of the underserved communities. One stakeholder repeated the need to get information out, to do it in culturally effective locations (for example, churches and street fairs), and to do so with a long-term approach.

Sources:

Community Stakeholders

Diverse and Culturally Responsive Workforce

Another recommendation common to several stakeholders was the attitude and responsiveness of staff at the dialysis center. The importance of this was also mentioned by several of the direct consumers who were interviewed or surveyed for the assessment. The word “welcoming” was used several times and was associated with having a diverse and sensitive workforce. One stakeholder remarked that staff working conditions impact their attitude to patients and that staff are often also residents of the community and affect the community’s perspective toward the facility.

Source:

Community Stakeholders

Applicable to all underserved groups including St. John’s residents:

Peer and Caregiver Support Groups

Community stakeholder noted the value of peer (for patients) and caregiver support groups. Related to this, there was also a suggestion to consider the space for family members to wait during treatment.

Sources:

Community Stakeholders

ESRD NCC Structural Competency Training Retrieved April 4, 2024 (https://esrdncc.org/en/professionals/healthequity/healthequity.html).

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

   The Applicant has both Patient-Family Advisory Committees and a Health Equity Council that should continue to be engaged and consulted.

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?

   The project directly addresses three barriers. The first is the lack of access for persons requiring skilled nursing services and dialysis treatment. Currently, these persons are experiencing prolonged inpatient stays, some measured in years. The project provides an avenue for their discharge to a skilled nursing facility with dialysis treatment. The second involves persons who reside in the community but have severe behavioral disorders preventing their use of outpatient dialysis at facilities that lack sufficient support. The project is designed to provide the support and safe environment for these patients need. The third barrier involves accessibility due to transportation difficulties. While several alternative locations are available for outpatient dialysis patients, they may require significant transportation assistance to access them. The location of St. John's is central for low-income Black and Latino communities in Rochester.

   Several community stakeholders drew attention to long-term kidney health for their communities and the prevention of kidney disease. Stakeholders from community-based organizations noted their own personal experiences with kidney disease that they or loved ones were suffering from. As it addresses barriers to persons already requiring dialysis, a consideration for the project is how it can engage with the communities surrounding it to prevent the next generation of patients from needing dialysis. These needs are reflected in the recommendations made above for community education.

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?

   The facility provides standard quality of care monitoring and has the capability for collecting SDOH/HRSN metrics through the EPIC EMR system. There is a five-year action plan for improving race and ethnicity data collection and to disaggregate quality metrics by race and ethnicity.

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?

   The facility is planning on developing workflows for referrals and follow-up to identified SDOH needs. The Applicant should include SDOH screening in its intake process for persons residing outside of the facility for the five domains that are now standard requirements for inpatient settings. Accessibility problems related to transportation were mentioned by several community stakeholders and should be a priority for monitoring and referral follow-up.

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)

Disclaimer:

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December 2023

Appendix 1: Figures

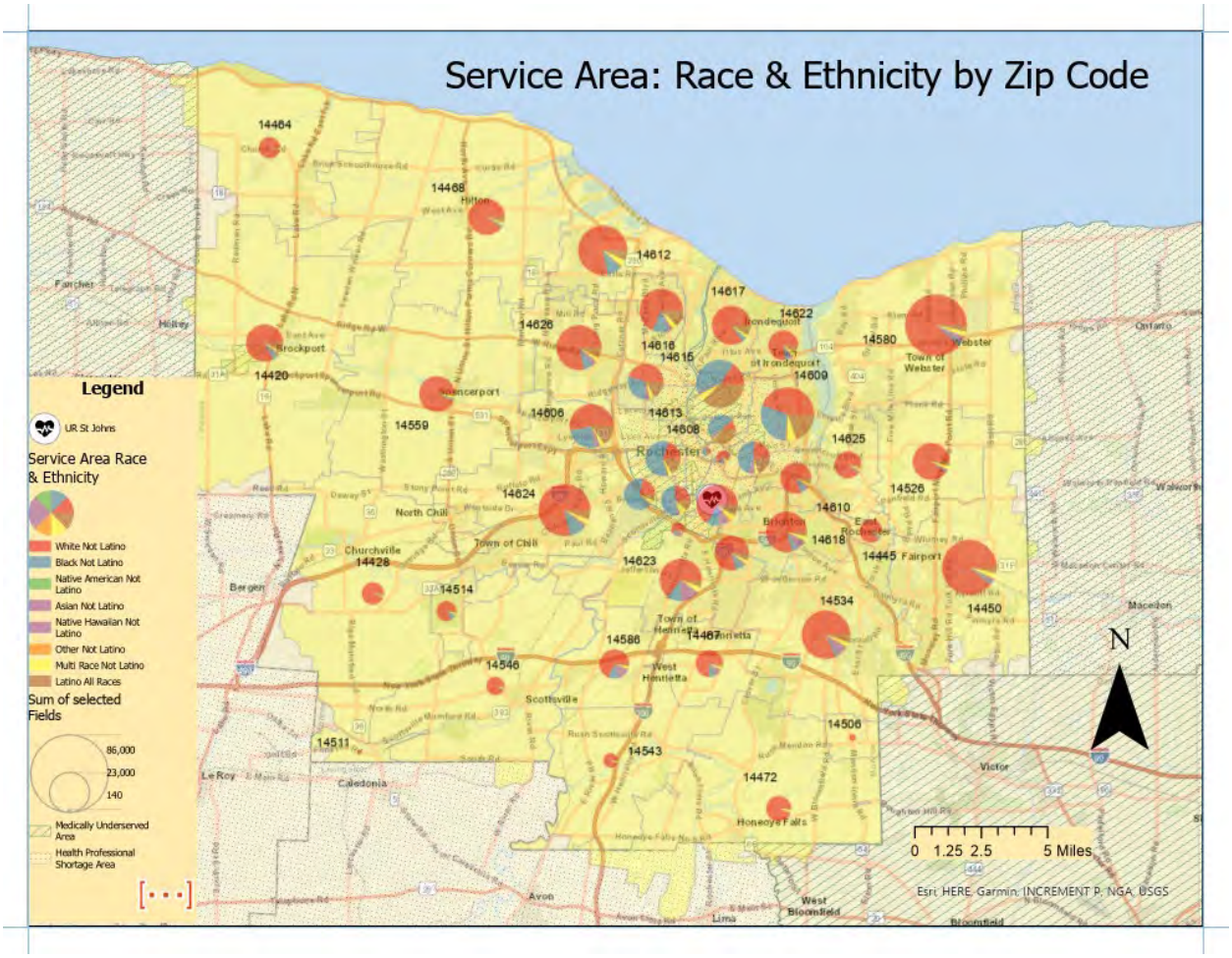

Figure 1 Service Area: Race & Ethnicity by Zip Code

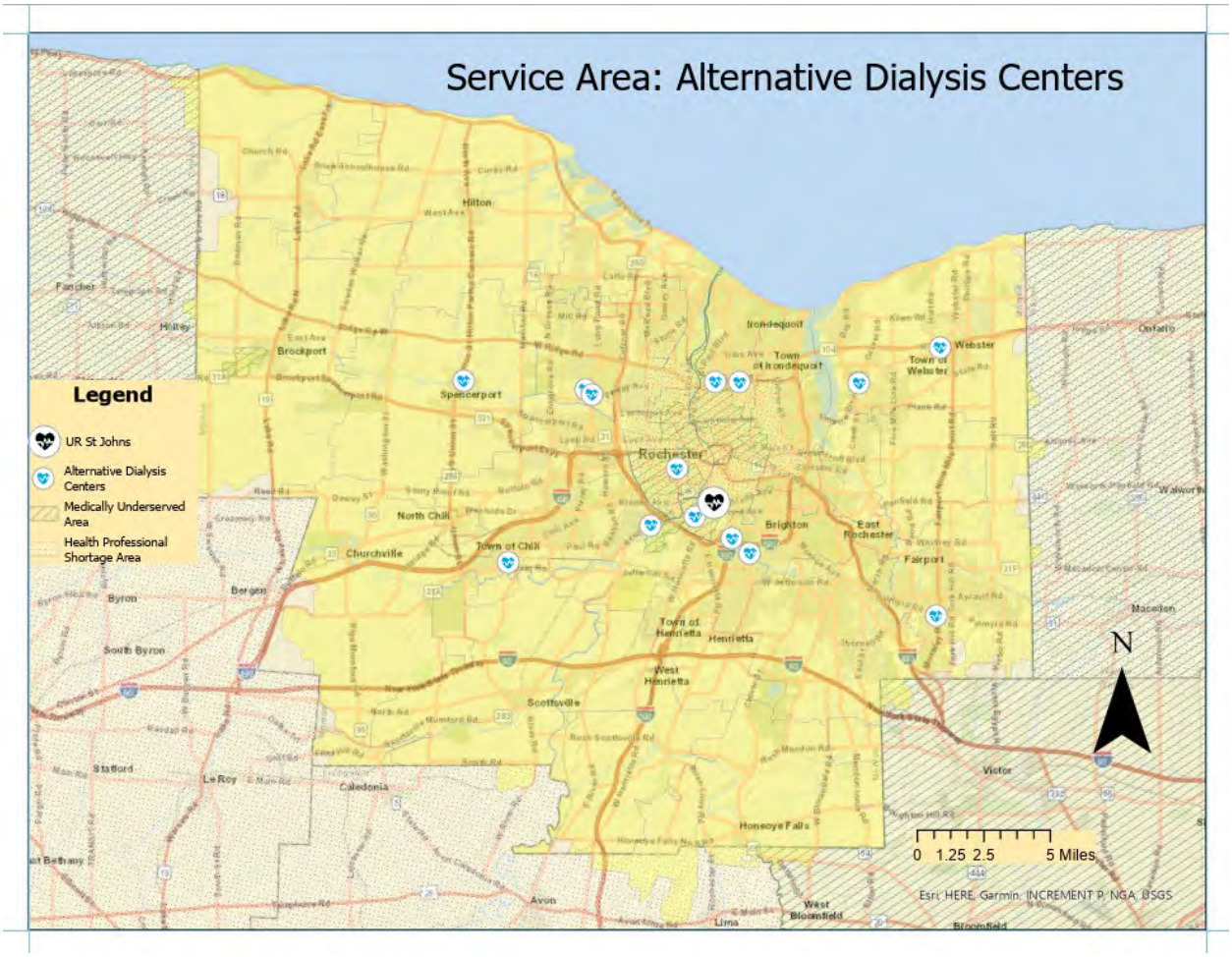

Figure 2 Service Area: Alternative Dialysis Centers

Consumer Questions for Health Equity Impact Assessments
UR St. Johns
Open-ended Community Members – Non-residents of St. Johns
Guide Draft (Open-ended Responses)

Questions will be asked directly to individuals receiving Health Home or case management services through our CMA or CM Care Manager.

They should be a resident of Monroe County.

They should be currently receiving dialysis services.

Section A

1. The St. Johns Home at 150 Highland Ave, Rochester, across from Highland Park, near South Avenue, is planning on having a Dialysis Center that will provide services to community members. St. John's is a senior living center that also provides services to the community including a rehab center.

    a. How might these changes affect you?

    b. Do you support adding a new outpatient dialysis center in the community, at St. John's Home, a senior living center on Highland Avenue?

2. Which dialysis center do you currently use?

3. How could your treatment with dialysis be made better?

4. What is most important for you when receiving treatment at a dialysis center?

Section B

We would also like to know your thoughts about healthcare needs in your community.

5. What does a healthy community mean to you?

6. What health problems are of biggest concern to you or your community?

7. What makes it harder for you, or your community, to become healthier? What do you need that would make it easier to become healthier?

8. If you had the power, what would you do differently to improve the health of your community?

9. What in your community could be used to help meet its healthcare needs?

10. How do you find out where to go to get health care services and who helps you?

11. How do you get to your appointments? What would make it easier for you?

Section C (HRSN Screen – may already have this information – merge with the questionnaire if it is available, perhaps merge?)

Was this answered today by the patient or based on previous information? (check one)

Answered today / Previous information

We would like to ask about some specific needs you may have. (all single choice)

12. What is your living situation today?
    - ☐ I have a steady place to live
    - ☐ I have a place to live today, but I am worried about losing it in the future
    - ☐ I do not have a steady place to live.

13. Within the past 12 months, you worried that your food would run out before you got money to buy more.
    - ☐ Often true
    - ☐ Sometimes true
    - ☐ Never true

14. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
    - ☐ Yes
    - ☐ No

[Not including utilities and safety questions – check with CMA staff on inclusion.]

Section D (Demographic Questions – may be merged from other data sources)

Are you Hispanic, Latino/a, or Spanish Origin:

- ☐ No

☐ Yes

What is your race (One or more categories may be selected)

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Other

Age in years (Enter number)

Gender (check one)

Male / Female / Other / Prefer not to identify

Thank you for your time today answering these questions. If you would like to submit a written statement, you may do so by sending an email to mpheia@monroeplan.com

Appendix 3: On-site Survey

Consumer and Caregiver Questions for Health Equity Impact Assessment
Strong Dialysis Center On-Site Questionnaire

MP CareSolutions is assessing a project for a new Dialysis Center, which is planned to be located in a senior living center in a central location in the city of Rochester two years from now. The senior living center also provides services to the community including a rehab center. We want to understand how a new outpatient Dialysis Center may impact people receiving dialysis at Strong Hospital and their caregivers. We are also interested in how the new Center may be enhanced. Please note that this is still in planning and would not be available for two years.

This Dialysis Center will allow some patients to be moved from inpatient to long-term care and provide dialysis to patients living at home in the community.

1. Are you a patient or a caregiver (friend or family member of the patient)? (Check one)

   ☐ Patient
   ☐ Caregiver GO TO Page 3

2. How long have you been receiving dialysis treatment? *(Check one)*

   ☐ Less than one month
   ☐ One month to three months
   ☐ More than three months

3. Please indicate your agreement: I support having a Dialysis Center at a senior living center in the city of Rochester. (*Check one*)

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
⬭	⬭	⬭	⬭	⬭

4. How might these changes affect you?

(Please turn over for questions on the back .)

5. What is most important to you when receiving treatment at a dialysis center?

6. What do you need that would make it easier to be healthy?

7. Are you Hispanic, Latino/a, or Spanish Origin: (*Check one*)

- ☐ No
- ☐ Yes

8. What is your race (*One or more categories may be selected*)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other

9. Age in years (*Enter number*)

_____

10. Gender (*check one*)

- ☐ Female
- ☐ Male
- ☐ Other
- ☐ Prefer not to identify

Questions for patients are completed.

Thank you for your time today answering these questions. If you would like to submit a written statement, you may do so by sending an email to mpheia@monroeplan.com

MP CareSolutions is a part of the Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in Upstate New York.

Caregivers Section

The planned dialysis center will allow some patients to be moved from inpatient to long-term care. We want to understand how that may impact caregivers of patients receiving dialysis at Strong Hospital who are waiting to be transferred to long-term care. We are also interested in what caregivers need.

11. How long has the person you care for been receiving dialysis treatment at Strong Hospital? *(Check one)*

- ☐ Less than three months
- ☐ Three months to less than six months
- ☐ Six months to less than one year
- ☐ One year or more

12. How long have you been providing assistance, including before the person you care for went to the hospital? *(Check one)*

- ☐ Less than three months
- ☐ Three months to less than six months
- ☐ Six months to less than one year
- ☐ One year or more

13. Please indicate your agreement: I support having at a senior living center in the city of Rochester? (*Check one*)

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
⬭	⬭	⬭	⬭	⬭

14. How might these changes affect you?

15. What is most important to you about a dialysis center at a long-term care facility?

Please continue on next page.

16. What aspects of caregiving have challenging to you personally *(Check all that apply)*

- ☐ Meeting the financial burden of caregiving
- ☐ Educating others about the person I'm caring for disability or condition
- ☐ Getting time with other family members, or meeting other family members' needs
- ☐ Getting a short break from caregiving
- ☐ Managing the emotional or mental distress of caregiving
- ☐ Finding a temporary substitute to provide occasional care
- ☐ Taking care of myself
- ☐ Providing physical assistance, including lifting and carrying
- ☐ Other

Please specify _____

17. In addition to what you currently have or use now, what additional programs or services would help you as a caregiver? (*Check all that apply*)

- ☐ Legal assistance
- ☐ Transportation
- ☐ Financial planning and assistance
- ☐ Social or emotional support
- ☐ Other

Please specify _____

- ☐ I don't need any other help
- ☐ Don't know

We would like to ask about some specific needs you may have.

18. What is your living situation today? (*Check one*)

- ☐ I have a steady place to live
- ☐ I have a place to live today, but I am worried about losing it in the future
- ☐ I do not have a steady place to live.

19. Within the past 12 months, you worried that your food would run out before you got money to buy more. (*Check one*)

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

20. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (*Check one*)

- ☐ Yes
- ☐ No

Thank you for your time today answering these questions. If you would like to submit a written statement, you may do so by sending an email to mpheia@monroeplan.com

MP CareSolutions is a part of the Monroe Plan, which was founded in 1970 to provide innovative healthcare for the underserved in Upstate New York.

Appendix 4: Applicant's Letter Regarding Civil Rights Complaints

"As with all large institutions, complaints against Strong Memorial Hospital are filed with the New York State Department of Human Rights, the HHS Office of Civil Rights, and other governmental agencies. These claims have typically had little or no merit and have been entirely defensible. Complaints resulting in findings of probable cause that were not later reversed as of this date are described below. In some cases, the Hospital settles prior to hearing to avoid incurring the costs and effort associated with the hearing process, without admitting to a violation of the law or to any liability for the charges in the complaint. A finding of probable cause is not a finding that an entity has violated the law; it is a determination by an investigator that the claims are sufficient to allow the matter to proceed to a hearing. In the past ten years, Strong Memorial Hospital has not been the subject of any agency final order holding that it violated a law pertaining to civil rights access.

"In July 2020, the New York State Division of Human Rights issued a probable cause determination in a case filed by a visitor to a clinic at Strong Memorial Hospital who is deaf and who alleged that he was delayed when he arrived to pick up a patient because he could not use the telephone at the front desk to alert someone that he had arrived. A hearing was held before an Administrative Law Judge in January 2023, and a Final Order dismissing the complaint was issued by the Division on October 6, 2023. Complainant appealed the dismissal of his complaint to the Supreme Court of the State of New York, Appellate Division, Fourth Judicial Department, and the Fourth Department dismissed that appeal on May 24, 2024. Complainant filed a motion to vacate the Fourth Department's dismissal of his appeal, which the Hospital plans to oppose.

"In December 2020, the New York State Division of Human Rights issued a probable cause determination in a case filed by a parent of a pediatric patient of Strong Memorial Hospital who alleged that she was treated unprofessionally by a staff member due to her race (African-American), as well as a privacy violation due to a staff member's alleged use of her child's name. The Hospital contested the factual allegations, but elected to resolve this case through a modest settlement prior to hearing.

"In July 2022, the New York State Division of Human Rights issued a probable cause determination in a case filed by a representative of a patient of Strong Memorial Hospital who alleged discrimination relating to public accommodation because of race, gender, disability and age. The representative alleges that the patient had been mistreated when they passed away of natural causes in the Intensive Care Unit; the representative also objected to the visitation rules required due to the NYS Department of Health requirements associated with the COVID-19 pandemic. An administrative law judge will conduct a hearing for this matter on January 13-14, 2025.

"In December 2023, the New York State Division of Human Rights issued a probable cause determination in a case filed by a patient of Strong Memorial Hospital who alleged discrimination relating to public accommodation due to disability. The patient is deaf and alleges that his surgeon did

not use an ASL interpreter to communicate with him during a post-operation bedside visit in March 2023. The Hospital denies that the post-operation encounter between complainant and his surgeon amounted to unlawful discrimination. The Hospital is currently awaiting a hearing date from the Division."

---------- 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.

I. Acknowledgement

I, Kathy Parrinello, attest that I have reviewed the Health Equity Impact Assessment for the Off-Site SMH Chronic Dialysis Unit that has been prepared by the Independent Entity, MP Care Solutions.

Kathy Parrinello
_____

Name

President and CEO, Strong Memorial Hospital
_____

Title

Kathy Parrinello
_____

Signature

07/01/2024
_____

Date

II. 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.

We currently have standardized workflows for individuals who are Food Insecure. Workers at the site would have the opportunity to provide referrals to local Food Pantries (printed on After Visit Summaries) by using a community resource directory in the medical record. URMC has an emergency food pantry program – if, based on the screening this is deemed as a needed resource we can expand to the location. A dietitian has been identified in the staffing plan and will be available onsite, as required

by CMS for a dialysis program. Patients arriving for these visits could systematically be screened for Health-Related Social Needs using UR's standard Epic Based assessment of risk for food, transportation, or housing risk. Based on that assessment referrals to internal or external (community-based) resources can be made including (as appropriate). These referrals will be tracked within the medical record to allow for continuity of care, follow-up, and/or analysis of the population allowing for the adjustment to better serve the population.

Standardized workflows currently exist for responding to Health-Related Social Needs. URMC is currently working to integrate technical workflows into the record, and both increase the awareness of resources and expand/adapt current coordination and/or referral and coordination efforts with local community-based organizations. These could be adapted for the site in response to the patient's need. We currently have an integrated and universally available referral to connect individuals with a Health Home Care Manager if they are interested and qualify. There is an active Health Equity Program Support Office that is available for all programs to help design initiatives to reduce any disparity. We have a quality management program that assesses many quality measures by race and ethnicity to determine if there are disparities in outcomes or care provided.

For language: URMC is in the process of improving our Patient Language Accessibility with several initiatives that would address the stakeholder comments in the interviews. Including improving the identification of individuals who have a preferred language other than English (both patients and clinicians). Providing an opportunity to target resources and adapt approaches to communications. We have a Spanish version of my chart for patients. The Center for Community Health and Prevention as part of our Health system has an active community education program that we will tap into for kidney disease prevention and management.

Space will be built out in the dialysis rooms that will have enough room for families to sit with the patient during treatment.