

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	Highlands at Brighton New Dialysis Service
2. Name of Applicant	UR, Highlands at Brighton
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 Andrea Indiano , Project Manager aindiano@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	1/27/2025
6. Date the HEIA concluded	3/14/2025
7. Executive summary of project (250 words max)	

This project will add Nursing Home Hemodialysis - Bedside Only service to the operating certificate of The Highlands at Brighton for ventilator-dependent residents who need dialysis. Its purpose is to allow the discharge of persons who are inpatient because of dialysis needs and cannot be discharged to an SNF. Currently, residents at The Highlands at Brighton who are ventilator dependent are transferred to Highland Hospital as inpatients so they can receive their dialysis there. Through this project, ventilator-dependent patients will be able to receive dialysis within the Residential Health Care Facility (RHCF).

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

The project is creating a bedside dialysis service for two beds at a Residential Health Care Facility for ventilator-dependent residents. The service is exclusively for facility residents and does not provide services for the non-resident community. It is for a small number of medically fragile patients – ventilator-dependent and requiring dialysis – which allows their transfer from an inpatient hospital setting to a nursing home. The Highlands at Brighton facility provides more advanced specialty services than a typical nursing home, including a ventilator care unit. The facility's service area is Monroe County, which includes HRSA-designated medically underserved areas. The project site is in Brighton, a suburb adjacent to the city of Rochester, and is near a large medical campus.

In general, the national data show a high level of disparities with chronic kidney disease between Blacks and non-Hispanic Whites, a ratio of about 3 to 1. There is also a disparity of 2 to 1 between Hispanics and non-Hispanic Whites. At this level of disparity and consistent with the service area inpatient dialysis utilization, the project is likely to impact these groups.

Because the project is only for nursing home residents and is not available for the community it does not impact community access or availability for outpatient dialysis. It consequently has limited community impact on the identified medically underserved groups. However, it improves the quality of life for the affected patients and caregivers. In 2023, less than 10 ventilator-dependent patients were discharged from inpatient dialysis services in the service area. All of the patients were elderly. The proportion of ventilator-dependent Black patients receiving inpatient dialysis was consistent with adverse national and regional disparities.

The major health equity impact is an improved quality of life for highly vulnerable patients and their caregivers compared to extended inpatient stays. The impact for the identified groups – Black and Hispanics/Latinos, older persons, and persons on public benefit programs – relates to the disparity in chronic kidney disease for these groups and in their prevalence among the vulnerable patient population. It does not reduce disparities but improves the quality of life for groups that are affected by large racial disparities for chronic kidney disease.

The stakeholder recommendations were directed at how nursing homes could more effectively interact with Black and Hispanic/Latino communities in helping families and patients make the transition from home to nursing homes. Because the project is

focused on a specific and small group of very medically fragile patients moving from extended inpatient stays to the nursing home, these recommendations will have limited impact on the project outcomes. The most relevant recommendation is to ensure that the patient and caregivers know and have available mental health support. Also, the stakeholders emphasized staff training for sensitivity to the situation the patient and caregivers are experiencing. These recommendations were also consistent with the support needs expressed by the direct consumer caregivers interviewed for the project.

The project is narrowly focused on a small number of highly vulnerable patients. It improves the quality of life for those patients and caregivers. Given its scale, it is not expected to significantly impact systemic barriers. Since there are large disparities in chronic kidney disease that disproportionately affect Blacks and Hispanics/Latinos, it does have a positive, if small, health equity benefit.

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 project is creating a bedside dialysis service for two beds at a Residential Health Care Facility for ventilator-dependent residents. The service is exclusively for facility residents and does not provide services for the non-resident community. The Highlands at Brighton facility provides more advanced specialty services than a typical nursing home, including a ventilator care unit. The facility’s service area is Monroe County, which includes HRSA-designated medically underserved areas. The project site is in Brighton, a suburb adjacent to the city of Rochester, and is near a large medical campus.

Scoping Sheets 1 and 2 were completed using the U.S. Census Bureau’s American Community Survey 2023 5-year estimates for ZCTAs. Figure 1 displays racial and ethnic distributions by ZCTA.

There are 43 zip codes in the service area. The service area has a total population of 756,567, with 72.3% White, 14.9% Black, and 9.5% Hispanic or Latino of any race. 17.9% of the population was age 65 or older. The overall poverty rate for the service area is 9.8%. Poverty rates range from 0% to 40% service area ZCTAs. Monroe County ranked thirteenth highest in New York State

poverty in 2020 (NYS Office of State Comptroller 2023). 40.0% of the population has public insurance coverage and 3.2% has no insurance coverage. The disabled population, according to ACS survey data, was 14.2% of the total population for the service area.

The Community Needs Assessment findings and NYS Prevention Agenda targets were not relevant for this project.

Sources:

ACS 2023 “Five-year estimates.”

Community Health Improvement Workgroup. 2022. *2022-2024 Monroe County Community Health Needs Assessment*.

New York State Department of Health. 2025. “Prevention Agenda Tracking Dashboard.” Retrieved February 12, 2025
(https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county)

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 3/14/2025

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
- ☒ X Racial and ethnic minorities
- ☐ Immigrants
- ☐ Women
- ☐ Lesbian, gay, bisexual, transgender, or other-than-cisgender people
- ☐ 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?

The project is highly specialized, which affects analyzing its impact from a health equity perspective. It is for a small number of medically fragile patients – ventilator-dependent and requiring dialysis – which allows their transfer from an inpatient hospital setting to a nursing home. The dialysis services will not be for community members or even for general nursing home residents needing dialysis but only for ventilator-dependent residents in dedicated beds. The service area and the site's location would otherwise lead to a broader list of impacted groups.

Racial and Ethnic Minorities

In general, the national data show a high level of disparities with chronic kidney disease between Blacks and non-Hispanic Whites, a ratio of about 3 to 1 (Rodgers 2020). There is also a disparity of 2 to 1 between Hispanics and non-Hispanic Whites (Ricardo et al. 2015). At this level of disparity and consistent with the service area inpatient dialysis utilization, discussed in Item 5, the project is likely to impact these groups.

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 the service area discharge data, with over half of the patients over age 65 (see Item 5).

People who receive public health benefits

Nearly ninety percent of the persons receiving inpatient dialysis in the service area are primary beneficiaries of public health programs.

Sources:

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>).

SPARCS 2023.

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

Because the project is only for nursing home residents and is not available for the community it does not impact community access or availability for outpatient dialysis. It consequently has limited community impact on the identified medically underserved groups. However, it improves the quality of life for the affected patients and caregivers.

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?

The project will provide two beds dedicated for ventilator-dependent patients with bedside dialysis capability. That allows the transfer of two patients currently at Highland Hospital. Additionally, ventilator-dependent patients receiving inpatient dialysis at Strong Memorial Hospital would also be eligible for transfer.

In 2023, less than 10 ventilator-dependent patients were discharged from inpatient dialysis services in the service area. All of the patients were elderly. The proportion of Black patients is consistent with national and regional disparities (cell sizes cannot be reported for SPARCS data when there are less than 10 patients).

For all inpatient dialysis discharges – 2,113 – in 2023, there were 1,168 unique patients. Public programs were the primary payer for 89.6% of the discharges. The average age of the patients was 64.4 years, and 53.2% were age 65 or older. 39.4% of the patients were Black, 45.6% White, 11% Other, 1.9% Asian, 1.7% Multi-race and remaining some other race. 11.4% were Hispanic or Latino.

At Highlands at Brighton, there are currently 138 residents. 67.4% of the residents are White, 26.1% are Black, 3.1% were identified as Hispanic or Latino, and the remaining 2.9% were some other race or unknown.

Source:

Applicant

SPARCS 2023.

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

There are no other Residential Health Care Facilities in the service area that provide bedside dialysis.

In the service area, inpatient dialysis is provided by Rochester General Hospital, Strong Memorial Hospital, Highland Hospital, and Unity Hospital.

Sources:

NYS Department of Health. 2025. "Health Facility Certification Information | State of New York." Retrieved March 16, 2025
(<https://health.data.ny.gov/Health/Health-Facility-Certification-Information/>)

SPARCS 2023.

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

As noted, this specialized service is currently not available in local nursing homes and the Applicant will be providing 100% of the services. The less than ten ventilator-dependent patients in 2023 receiving inpatient dialysis were divided between Strong Memorial, Rochester General, Highland, and Unity Hospital.

For overall inpatient dialysis, Strong Memorial accounts for 36.9%, Rochester General 36.4%, Unity Hospital 25.6%, and all others 1.1%.

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.

Not applicable. To our knowledge, the General Hospital Indigent Care Pool does not apply to Residential Health Care Facilities.

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 staffing is expected to increase by 0.9 FTE for a registered nurse, 0.1 for a physician, 0.6 for a nurse practitioner, 0.1 for a social worker, and 0.1 for a dietitian, for a total impact of an increase of 1.8 FTEs.

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

The Applicant reports that in the past ten years, the Highlands at Brighton has not been subject to any agency final order holding that it violated a law pertaining to civil rights access. In March 2018, NYS DHR issued a probable cause determination for a complaint filed by a former employee who alleged race, sexual orientation, and sex discrimination. The complaint was resolved in a pre-hearing settlement conference in May 2018 and is now closed. In July 2021, the NYS DHR issued a probable cause determination for a complaint filed by a former contractor who alleged discrimination or harassment based on national origin. The complaint was resolved through settlement prior to the hearing and is now closed. In March 2023, NYS DHR issued a probable cause determination in a case filed by a former employee who alleged disability discrimination. The complaint was resolved during a pre-hearing settlement conference in July 2024 and is now closed.

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.

The Applicant has a project for a dialysis unit at the St. John's nursing home. Construction approval for that project has not been received yet, and construction is planned for at least a year from now. That project is designed to accept non-residents for outpatient dialysis and is not bedside but is a separate dialysis unit. That project potentially impacts a much broader population and is not specifically designed for the extremely fragile population of ventilator-dependent patients as the Highlands at Brighton project.

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

The project allows the discharge of ventilator-dependent dialysis patients from an inpatient stay to a nursing home, creating the availability of this service for patients in a non-hospital setting. The major health equity impact is an improved quality of life for highly vulnerable patients and their caregivers compared to extended inpatient stays. The impact for the identified groups – Black and Hispanics/Latinos, older persons, and persons on public benefit programs – relates to the disparity in chronic kidney disease for these groups and in their prevalence among the vulnerable patient population. It does not reduce disparities but improves the quality of life for groups that are affected by disease 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.

A potential unintended negative impact is the staffing resource and responsibility demand for these highly vulnerable patients that could impact care of other patients. The Applicant is planning on staffing increases related to these patients.

Source:

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.

The indigent care pool applies to hospitals, not nursing homes. The project is not expected to change the amount of indigent care.

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.

The project is exclusively for nursing home residents and access by public or private transportation is not relevant.

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

There is no construction for the project, only equipment being placed in rooms. The building currently meets ADA requirements.

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.

The meaningful engagement included the Monroe County Department of Health, the Applicant's Health Equity Office, Lifespan, the Office of the Aging, and Catholic Charities. Outreach was made to Action for a Better Community, Common Ground, and a local pastor group.

The meaningful engagement included interviews with two patients and their caregivers who potentially could use the new service.

The organizations stated that it was difficult for them to speak about the project because it targeted such a specific and small number of highly fragile patients – providing two beds for ventilator-dependent patients requiring dialysis. One illustrative remark was that the project was “the right thing to do,” but it was difficult to assess the impact. Stakeholders felt they were not qualified to discuss such a medically complex situation but that, in general, the nursing home was a better setting for care than extended inpatient stays. Most of the discussions more broadly considered the relationship of Black and Hispanic/Latino communities to nursing home care and how to improve the nursing home experience for patients and caregivers, particularly for underserved groups.

The community-based organizations drew attention to the following areas:

- Staffing shortages for nursing homes and stay-at-home alternatives. Stakeholders mentioned that having onsite dialysis reduced the staffing stress of transporting fragile patients. (However, ventilator-dependent patients would not be candidates for transport to an outpatient dialysis facility or stay-at-home alternatives.)
- Having advocates and care coordination for patients receiving dialysis because of the additional complexity compared to other nursing home residents.
- Providing education and support to families in underserved communities on navigating the process of entering long-term care.
- Mental health support for the transition from independent living to nursing home residence for the resident and family.
- Providing activities and support to reduce the social isolation of residents.
- Staff training to improve sensitivity to the loss of control and mental health challenges experienced by residents.
- Person-centered care that provides a greater level of control to residents over their environment.
- Environmental design that considers the impact of lighting, visibility to the outside, and individualization of space.

Direct Consumer Engagement: Interviews of Patients and Caregivers

Interviews were conducted by hospital social workers in March 2025 at Highland Hospital with two ventilator-dependent patients and their caregivers. The questionnaire had separate question sets for patients and caregivers. The questions included an item about support for the project and additional open-ended questions about needs and impact. The caregiver section included questions about specific areas of caregiver needs (see Appendix 3).

The patients had been in an extended stay at the hospital (at least two months). One patient and both caregivers indicated strong support for the project. The other patient agreed with the support statement. The benefits of bedside dialysis in the view of the patients and caregivers included greater comfort and less need for transport.

One of the caregivers had multiple needs and looked for help in multiple areas of legal, financial, transportation, and emotional support. The other needed help with transportation and emotional support. One of the caregivers also indicated that food security was sometimes an issue. One patient was Black and the other was White.

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?

The most impacted persons are the highly fragile patients and their caregivers. The stakeholder organizations saw transferring to a nursing home from extended inpatient stays as beneficial.

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 project benefits highly fragile and vulnerable patients. Because of disparities in chronic kidney disease, the situation will disproportionately impact Black and Hispanic/Latino communities. The scale of the project is small, as is the number of persons potentially affected by it.

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.

As noted in Item 9, stakeholders were uncomfortable discussing the impact of a medically complex project on a small number of vulnerable patients.

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?

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.

- General considerations
 - Visual impairment: Provide qualified readers at the facility, information in large print, Braille, computer-screen reading kiosks, or audio recordings.
 - Hearing impairment: Provide qualified sign-language interpreters when appropriate, 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)?

The stakeholder recommendations were directed at how nursing homes could more effectively interact with Black and Hispanic/Latino communities in helping families and patients make the transition from home to nursing homes. Because the project is focused on a specific and small group of very medically fragile patients moving from extended inpatient stays to the nursing home, these recommendations will have limited impact on the project outcomes. The most relevant recommendation is to ensure that the patient and caregivers know and have available mental health support. Also, the stakeholders emphasized staff

training for sensitivity to the situation the patient and caregivers are experiencing. These recommendations were also consistent with the support needs expressed by the direct consumer caregivers interviewed for the project. Those recommendations apply to all affected groups.

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

The Applicant has a system-wide task force focused on community engagement. It is developing a comprehensive approach to consulting stakeholders.

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 is narrowly focused on a small number of highly vulnerable patients. It improves the quality of life for those patients and caregivers. Given its scale, it is not expected to significantly impact systemic barriers. Since there are large disparities in chronic kidney disease that disproportionately affect Blacks and Hispanics/Latinos, it does have a positive health equity benefit.

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 Applicant provides standard quality of care monitoring and can collect SDOH/HRSN metrics through the EPIC EMR system. There is a five-year action plan for improving race and ethnicity data collection and disaggregating quality metrics for race and ethnicity. The Applicant has a governance process that reports to the system's Board of Directors and includes community engagement. The current emphasis is on monitoring that processes and procedures that have been put in place are being adhered to and maintained.

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?

Because this project involves a small number of nursing home residents, adaptations of race and ethnicity and HRSN monitoring for the project have limited relevance.

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:

This document was produced from raw data purchased from or provided by the New York State Department of Health (NYSDOH). However, the calculations, metrics, conclusions derived, and views expressed herein are those of the author(s) and do not reflect the conclusions or views of NYSDOH. NYSDOH, its employees, officers, and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Appendix 1: Figures

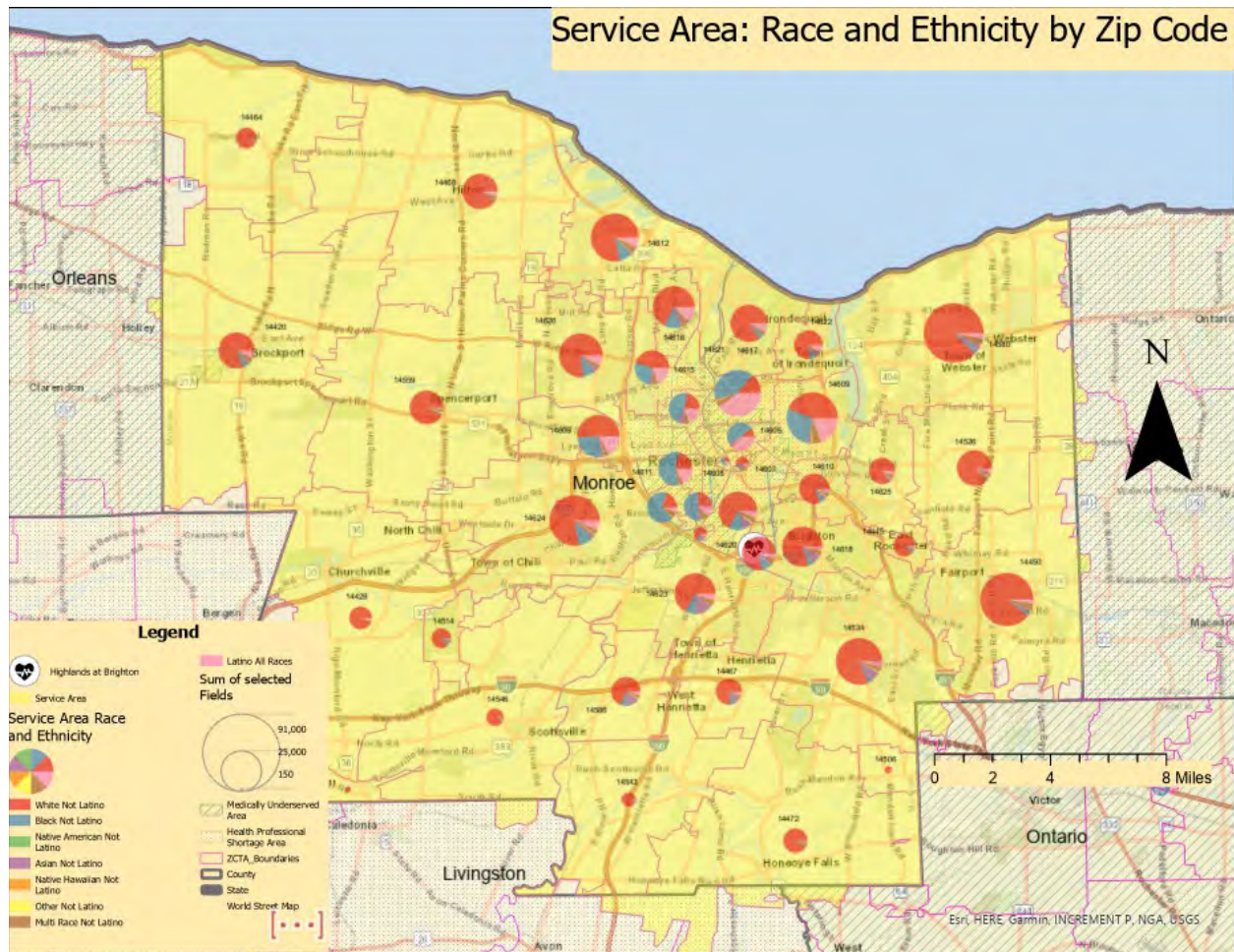


Figure 1 Service Area: Race and Ethnicity by Zip Code

Appendix 2: Meaningful Engagement Discussion Guide

Discussion Guide for Community Meaningful Impact for HEIA Highlands at Brighton – Dialysis Service

Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes. New York State wants to engage communities in health equity and involve them in the planning processes for healthcare services. The focus is on underserved groups and vulnerable people in the community.
- The Monroe Plan is an independent assessor.

Background:

- Brief Overview of the planned changes:
 - MP CareSolutions is assessing adding bedside dialysis services at the Highlands of Brighton nursing facility. Highlands at Brighton is located at 5901 Lac De Ville Boulevard, Rochester, NY, near the Clinton Crossings Medical Campus.
 - It is a nursing home that also provides transitional, rehabilitation care, memory care, a neurobehavioral unit, and a ventilator care unit. It has more advanced specialty services than a typical nursing home.
 - The dialysis center will allow patients currently inpatient at Highland Hospital to be discharged to Highlands at Brighton for long-term care. At present, they cannot be discharged to a skilled nursing facility because of their need for dialysis.
 - Persons living at the facility who need dialysis will not need to be taken to an outpatient dialysis center.
 - The service is ONLY intended to be available for residents of the facility. It is NOT AVAILABLE for the community. The service is intended for ventilator-dependent patients at the facility. It is a bedside dialysis service.
 - Stress the importance of community input in shaping healthcare services and how other hospitals, providers or community-based organizations providing those services can improve them within the community and other ways.

Understanding Healthcare Needs:

Question 1: To set the context of the planned change, we want to hear your perspective on what are the greatest healthcare needs in this community for underserved communities?

- Encourage participants to share personal experiences and observations.
- Discuss common healthcare challenges in the community.

Impact Assessment

Question 2: What do you think are the impacts of adding services dialysis services at Highlands of Brighton?

- Explore direct and indirect consequences on individuals within the community.
- Discuss impacts on access, quality, and affordability of healthcare services.

Question 3: Do you see any negative impacts to the community with these changes?

- Solicit ideas for mitigating negative effects.
- Discussion of potential strategies for improving the situation.

Question 4: Support Question: Do you support adding this service?

Improving Services:

Question 4: How might dialysis services be enhanced to benefit underserved communities or vulnerable persons?

- To identify programs, interventions, or other services that may enhance the services – in particular, thinking about communities with significant disparities in chronic kidney disease – the Black and Latino communities.

Question 5: How might nursing homes or skilled nursing facilities be enhanced for underserved communities?

Question 6: Regarding chronic kidney disease, what resources and capabilities exist in your community that could be engaged to help meet its healthcare needs?

- Explore community assets that could be leveraged to improve healthcare access and outcomes.
- Identify potential partnerships and collaborations.

Question 7: Can you recommend other community organizations or advocates who may be able to speak to these changes?

Wrap-Up

- Summarize key insights and recommendations from the discussion.
- Thank participants.
- Explain next steps with the HEIA process including submission of a written statement.

Appendix 3: Survey for Caregivers and Patients

Consumer and Caregiver Questions for Health Equity Impact Assessment Highlands at Brighton On-Site Questionnaire

MP CareSolutions is assessing a project for a bedside dialysis service at the Highlands at Brighton residential healthcare facility for ventilator-dependent patients. We want to understand how service will affect patients and caregivers who need dialysis and are currently receiving those services inpatient at Highland Hospital. We are also interested in how the services for residential patients needing dialysis may be enhanced.

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 bedside dialysis Highlands at Brighton. (Check one)

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How might these changes affect you?

(Please turn over for questions on the back.)

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

- ☐ No
☐ Yes

6. 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

7. Age in years *(Enter number)*

8. Gender *(check one)*

- ☐ Female
☐ Male
☐ Transgender Female
☐ Transgender Male
☐ A gender identity not listed:

- _____
- ☐ Not sure
☐ Prefer not to answer

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 bedside dialysis service will allow patients to receive treatment at the Highlands at Brighton instead of inpatient at Highland Hospital. We want to understand how that may impact caregivers of patients receiving dialysis at Highland Hospital. We are also interested in what caregivers need.

9. How long has the person you care for been receiving dialysis treatment at Highland 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

10. 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

11. Please indicate your agreement: I support having bedside dialysis at Highlands of Brighton? *(Check one)*

Strongly Disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. How might these changes affect you?

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

Please continue on next page.

14. 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 _____

15. 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.

16. 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.

17. 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

18. 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.

----- **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, Walter Winiarczyk, attest that I have reviewed the Health Equity Impact Assessment for the New Dialysis Service that has been prepared by the Independent Entity, MP CareSolutions.

Walter Winiarczyk

Name

Administrator

Title

Walter Winiarczyk

Signature

3/27/25

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.

For language: UPMC 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). It also applies to spoken language in addition to other modalities of communication for individuals who are hard of hearing/deaf and blind/visually impaired. Providing an opportunity to target resources and adapt

approaches to communications. We have a Spanish version of my chart for patients. Interpreter services can be available as needed as well.

Support to Patients/Families during Nursing Home Transition: There is a documented referral process for Skilled Nursing Facilities prepared by Social Work which includes completing the following forms: placement patient information, community referral, patient review instrument, and screening (DOH-695). A list of Skilled Nursing Facilities in Monroe and surrounding counties is provided where a minimum of 10 are chosen. The Highlands at Brighton have social workers, chaplain services, psychologists, and telepsychiatry services available onsite to offer any mental health support anyone might need.

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. Mandatory in-service education training is required for all URM staff annually that addresses diversity, inclusion, and respect in the clinic work setting.