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 at Monroe Community Hospital
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 CareSolutions **Kim Hess**, COO khess@monroeplan.com **Howard Brill**, SVP Population Health Management and Quality hbrill@monroeplan.com **Colleen Boyle**, Product Manager cboyle@monroeplan.com **Andrea Indiana**, Project Manager aindiano@monroeplan.com **Jeanette Fafone,** Administrative Coordinator, jfafone@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	10/27/2025
6. Date the HEIA concluded	2/9/2026

7. Executive summary of project (250 words max)

This project will create a collaboration with Monroe Community Hospital, a skilled nursing facility, and the University of Rochester Medical Center. The project plan is to utilize is reuse a previously existing dialysis center at MCH as a Chronic Dialysis Unit. Monroe Community Hospital is a publicly owned and operated facility at 435 East Henrietta Rd, Rochester, in the 14620 zip code. This unit will serve residents of the nursing home and some community patients. URMC would operate the dialysis program leasing the space from Monroe Community Hospital.

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 Monroe Community Hospital 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. (There is a separate project at the Highlands at Brighton facility for adding two bedside dialysis stations for ventilator-dependent patients.) 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 predominantly urban and has several HRSA-designated medically underserved and health professional shortage areas. The service area has a total population of 756,567, with 72.3% White, 14.9% Black, and 9.5% Latino. Several zip codes 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 adjacent to 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 mental health disorders who need a supportive environment when using outpatient dialysis. It also provides

additional accessibility to community members who need treatment at outpatient dialysis centers.

The project was originally planned for the St. John's Nursing Home, and a HEIA was developed for the project at St. John's Nursing Home during the first half of 2024. Due to inadequate funding, the project could not be completed. The project was changed to Monroe Community Hospital, which formerly housed a Fresenius dialysis center, reducing the construction costs. Monroe Community Hospital, which is owned and operated by Monroe County, is in the same zip code as St. John's Nursing Home. The Assessor met with the Center for Health Equity Impact Assessments, who advised to contact the organizational stakeholders if their opinions had changed with the new location, and to conduct new meetings with patients and staff at Monroe Community Hospital.

The Independent Assessor engaged multiple community stakeholders during the original assessment. 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.

When recontacted, several of the stakeholders responded by email and two organizations requested meetings. The stakeholders continue to support the project and most stated that Monroe Community Hospital is more accessible than the previous location at St. John's Home.

Additional contacts were made with the Community Advisory Board for Monroe Community Hospital, staff at MCH, and MCH residents. All were supportive of the project. Because the facility had previously housed a Fresenius Dialysis Center they were comfortable with its placement and viewed having community users as improving the awareness and relationship of the facility with in the community. It is

seen as very beneficial for facility residents needing dialysis because transportation, escorting, and time involved in receiving dialysis is burdensome to residents and the facility.

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 is urban and includes HRSA-designated medically underserved and health professional shortage areas. 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 for 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 2024 5-year estimates for ZCTAs. Figure 1 displays racial and ethnic distributions by ZCTA.

   The service area has a total population of 754,156, with 71.2% White, 14.6% Black, 6.9% Multi-Race, 3.8% Asian, 3.3% Other and 9.8% Latino. Several ZCTAs near the project site have much higher proportions of Black and Latino populations. The "Crescent of Poverty," an area with the highest poverty rates, defined by barrier-creating urban planning and redlining in the twentieth century, includes the 14605, 14608, 14611, 14613, and 14621 zip codes.

Table 1 Zip Codes Near the Project Site: Race, Ethnicity, Immigration Status, and Poverty Level

Zip Code	% Black	%Latino	%Foreign-Born	% Below Poverty Level
14605	49.6%	36.2%	11.2%	41.6%
14608	50.9%	12.4%	7.7%	29.0%
14609	29.0%	19.5%	7.5%	16.6%
14611	57.0%	17.7%	3.4%	32.2%
14613	47.9%	20.2%	13.5%	10.2%
14620	12.1%	6.4%	13.2%	6.3%
14621	43.5%	40.1%	8.5%	25.8%

The overall poverty rate for the service area is 9.4%, 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 29.0% poverty rate. Several of the nearby zip codes identified in Table 1, have double-digit poverty rates.

Overall, 40.6% 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 14605, 14608, 14611, and 14621 zip codes at above 60% public health coverage.

For the service area, 10.6% 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 14605, 14608, 14611, and 14621 having rates at 30% or higher.

The disabled population, according to ACS survey data, was 14.4% of the total population for the service area. 18.3% of the service area population was 65 years old or older.

Areas of high concern in the New York State Prevention Agenda include premature deaths disparities for Black non-Hispanics at 32.2% and Hispanics at 36.2%. Similarly potentially preventable hospitalization disparities were 197.3 per 10,000 for Black non-Hispanics and 92.0 per 10,000 for Hispanics

The 2022-2024 Community Needs Assessment identified maternal and child health outcomes and mental health as priority areas. The 2025 Community Needs Assessment prioritized mental and emotional health; improving maternal and child health outcomes; and addressing social drivers and improving access to care.

Sources:

American Community Survey (ACS) 2023. Five-Year Estimates.

Community Health Improvement Workgroup. 2022. *2022-2024 Monroe County Community Health Needs Assessment*. https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/community/documents/2022-2024-Monroe-County-Community-Health-Needs-Assessment.pdf.

Monroe County Community Health Improvement Workgroup. 2025. *County Joint Community Needs Assessment*. Rochester, NY: Center for Community Health & Prevention. https://www.urmc.rochester.edu/MediaLibraries/URMCMedia/community-health/health-policy/2025-MC-CHNA-Final.pdf.

New York State Department of Health. 2025. "Prevention Agenda Tracking Dashboard." https://apps.health.ny.gov/public/tabvis/PHIG_Public/pa/reports/#county.

New York State 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
   - X Immigrants
   - Women
   - Lesbian, gay, bisexual, transgender, or other-than-cisgender people
   - X People with disabilities (Including persons with chronic kidney disease and persons with mental health problems affecting dialysis treatment.)
   - 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
   - X 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

   The facility's proposed location is adjacent to the Crescent of Poverty, a historically underserved, high-poverty area of Rochester. Han et al. (2024) state that living in high-poverty neighborhoods is associated with chronic kidney disease.

   Racial and ethnic minorities

   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). Table 1 shows the ethnic breakdown of the proposed location of the zip code and nearby zip codes.

   Immigrants

   In other recent projects, the Assessor has performed in the service area, Community Stakeholders identified immigrants and refugees as a population of concern. The Crescent of Poverty in Rochester has a higher proportion of immigrants compared to the service area. The foreign-born population in the service area was 7.4% in 2023. The foreign-born population in the 14620 zip code was 13.2%.

   Dawson et al. (2020) found that immigrants had significantly lower odds of having kidney disease. With longer residence in the United States, the risk of kidney disease increased.

   Persons with disabilities

   As noted in item 1, 14.4% of the population in the service area has a disability. In general, chronic kidney disease is a disabling condition, which is why the project impacts that group. Furthermore, dialysis is a time-consuming treatment and results in physical activity limitations, increased disability, and impaired functioning (Nikkhah et al. 2020).

   In this and other projects in the area, Community Stakeholders identified the deaf community in Rochester as relevant. Rochester has the largest per capita hearing-impaired population among persons aged 18 to 64 in the United States

(Walter and Dirmyer 2012). Hearing loss and hearing impairment is associated with chronic kidney disease due to complex biological pathways and treatment effects, including hemodialysis (Kim et al. 2021, and Greenberg et al. 2024).

Walter and Dirmyer (2012) estimated that for the Rochester metropolitan population 3.7% were hearing impaired from 2008 to 2010, compared to a national estimate of 3.5%.

The project includes isolation rooms that will support dialysis for persons with mental health or emotional difficulties. These persons may encounter obstacles to receiving dialysis treatment at outpatient dialysis centers.

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 %. In the city of Rochester, older adults represent 13.8% of the city's population and the city has experienced a 26.9 % increase in its older adult population over the last decade (Center for an Urban Future, 2025).

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

As noted in Item 1, 40.6% of the service area population is receiving public health benefits, and zip codes near the project have rates above 60%. 3.1% of the service area population lacked health insurance. In the 14620 zip code 3.2% of the population lacked health insurance.

Also, uninsured and underinsured persons are included because community stakeholders in other projects the Assessor conducted were concerned about uninsured or underinsured persons requiring dialysis. According to Hall et al. (2009), nearly all persons requiring dialysis are insured through the Medicare ESRD program. However, changes in access to Social Security and Medicare, including for immigrants, are relevant. Statewide, 12.6 % of older persons over age 70 did not access to Social Security in 2022. The number of individuals not reporting any Social Security income rose by 28.7% over the past decade (Center for an Urban Future, 2025). The lack of access to Social Security benefits increases the risk of being uninsured.

Sources:

ACS 2023. Five-Year Estimates.

Center for an Urban Future. 2025. *The Emerging Financial Security Crisis Facing Older Adults Across New York State*. New York, NY: Center for an Urban Future.

Community Stakeholders.

Dawson, Aprill Z., Emma Garacci, Mukoso Ozieh, Rebekah J. Walker, and Leonard E. Egede. 2020. "The Relationship between Immigration Status and Chronic Kidney Disease Risk Factors in Immigrants and US-Born Adults." *Journal of Immigrant and Minority Health* 22(6):1200–1207. doi:10.1007/s10903-020-01054-x.

Greenberg, Dina, Norman D. Rosenblum, and Marcello Tonelli. 2024. "The Multifaceted Links between Hearing Loss and Chronic Kidney Disease." *Nature Reviews Nephrology* 20(5):295–312. Doi:10.1038/s41581-024-00808-2.

Han, Yun, Fang Xu, Hal Morgenstern, Jennifer Bragg-Gresham, Brenda W. Gillespie, Diane Steffick, William H. Herman, Meda E. Pavkov, Tiffany Veinot, and Saran. 2024. "Mapping the Overlap of Poverty Level and Prevalence of Diagnosed Chronic Kidney Disease Among Medicare Beneficiaries in the United States." *Preventing Chronic Disease* 21. doi:10.5888/pcd21.230286.

Kim, Jong-Yeup, Suehyun Lee, Jaehun Cha, Gilmyeong Son, and Dong-Kyu Kim. 2021. "Chronic Kidney Disease Is Associated with Increased Risk of Sudden Sensorineural Hearing Loss and Ménière's Disease: A Nationwide Cohort Study." *Scientific Reports* 11:20194. doi:10.1038/s41598-021-99792-x.

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

Nikkhah, Attieh, Shohreh Kolagari, and Mahnaz Modanloo. 2020. "Factors Affecting Supportive Needs in Hemodialysis Patients: A Literature Review." *Journal of Family Medicine and Primary Care* 9(4):1844–48. Doi:10.4103/jfmpc.jfmpc_984_19.

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).

Walter, Gerard, and Richard B. Dirmyer. 2012. *Number of Persons Who Are Deaf or Hard of Hearing: Rochester, NY*. Rochester, NY: Collaboratory on Economic, Demographic, and Policy Studies, National Technical Institute for the Deaf, Rochester Institute of Technology. https://www.rit.edu/ntid/sites/rit.edu.ntid/files/collaboratory/number_of_persons_who_are_deaf_or_hard_of_hearing_rochester.pdf.

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

   The primary purpose of the project is to allow the discharge of patients from the hospital to skilled nursing facilities who require dialysis, who currently experience prolonged delays and extended inpatient stays due to skilled nursing facilities not accepting patients with dialysis needs. These patients tend to be disproportionately non-white, older, and significantly disabled. Most of these patients will be on public programs.

   The project will also provide access to dialysis for persons living in the community. Because of the central location in a safety-net facility, it will provide additional access to persons who are living in poverty, are racial and ethnic minorities, and are immigrants.

   <u>Low-income people</u>

   - The project is located near Rochester's Crescent of Poverty, and has a significantly higher level of poverty, persons who are racial or ethnic minorities, and immigrants.
   - The location is served by multiple bus routes. It is near social services and veteran services locations. The Monroe County Department of Social Services is adjacent to the site. A Methadone Clinic is located on the facility's campus.
   - For persons living in the community, the location provides additional choice.

Racial and ethnic minorities

- The project is located near Rochester's Crescent of Poverty, and has a significantly higher level of poverty, persons who are racial or ethnic minorities, and immigrants.
- The location is served by multiple bus routes. It is near social services and veteran services locations. The Monroe County Department of Social Services is adjacent to the site. A Methadone Clinic is located on the facility's campus.
- For persons living in the community, the location provides additional choice.

Immigrants

- The project is located near Rochester's Crescent of Poverty, and has a significantly higher level of poverty, persons who are racial or ethnic minorities, and immigrants.
- The location is served by multiple bus routes. It is near social services and veteran services locations. The Monroe County Department of Social Services is adjacent to the site. A Methadone Clinic is located on the facility's campus.
- For persons living in the community, the location provides additional choice.

Persons with disabilities

- The project includes stations to provide dialysis to persons with severe mental health disorders or emotional difficulties who do not have access to other outpatient dialysis centers in the service area.
- A key project objective is to provide skilled nursing facility 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). Typically, these patients are severely disabled.
- There are 18 current residents (January 2026) of Monroe Community Hospital who require transport to dialysis centers, three times a week, which is burdensome to the residents and the facility.
- There are 25 persons inpatient (January 2026) at Strong Memorial Hospital and Highland Hospital, who cannot be discharged because of the need for skilled nursing facility placement and dialysis treatment.

Older adults

- A key project objective is to provide skilled nursing facility 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). Many (but not all) of these patients are over 65 years old.
- For persons living in the community, the location provides additional choice.

People who are eligible for or receive public health benefits

- For persons living in the community, the location provides additional choice.
- The Applicant provides public benefits navigation support and financial assistance.
- The Monroe County Department of Social Services is adjacent to the site.

People who do not have third-party health coverage or have inadequate third-party health coverage

- For persons living in the community, the location provides additional choice.
- The Applicant provides public benefits navigation support and financial assistance.
- The Monroe County Department of Social Services is adjacent to the site.

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 target populations for the project include persons who are waiting discharge from inpatient acute care at Strong Memorial Hospital and Highland Hospital and need dialysis, persons who are residents of Monroe Community Hospital and community members. To identify underserved groups in these potential populations, this response is based on SPARCS data which provides race, ethnicity and gender information.

   Current utilization for patients who will be discharged from the hospital to Monroe Community Hospital will appear as inpatient dialysis. (The Applicant currently only provides outpatient dialysis for pediatric patients.) There 239 patients discharged from inpatient dialysis to skilled nursing facilities during 2024.

The distribution of outpatient dialysis services utilization among underserved groups in the service area is based on SPARCS 2024 data. The SPARCS data does not include non-Article 28 outpatient dialysis services. Based on other projects conducted in the area and changes from earlier years, the Assessor believes that the SPARCS data undercounts outpatient utilization.

For the service area, there were a total of 531 patients receiving outpatient dialysis identified across all Article 28 providers. These providers were Unity Hospital, Rochester General Hospital, Strong Memorial Hospital, and Erie County Medical Center. This compares to 1362 patients identified in CMS 2023 dialysis data (see Table 3)

Low-income people

SPARCS does not provide income. Medicaid as a primary payer is used as a proxy for income. However, because Medicare typically covers persons with end-stage renal disease, this proxy probably underrepresents low-income persons.

Among the persons receiving inpatient dialysis and discharged to a skilled nursing facility, 8.4% were on Medicaid. For outpatient dialysis in the service area, 40.2% were on Medicaid.

Racial and ethnic minorities

Among persons discharged to skilled nursing facilities, 56.9% were White, 34.3% Black, and 5.4% Other. Additional categories are below SPARCS reporting thresholds. 5.9% were Latino.

For the outpatient dialysis users in the service area, 50.5% were White, 35.0% Black, 10.6% Other, 2.1% Multi-Race, and 1.9% Asian. 10.4% were Latino.

Immigrants

Immigration status cannot be determined from SPARCS data.

People with Disabilities

Disability status cannot be clearly determined from SPARCS data. In general, virtually all of the patients receiving inpatient dialysis and discharged to skilled nursing facilities and patients regularly receiving outpatient dialysis will be disabled.

Older Adults

74.1% of the persons receiving inpatient dialysis and discharged to a skilled nursing facility were age 65 years or older.

58.4% of the outpatient dialysis patients in the service area were age 65 years or older.

People who are eligible for or receive public health benefits

Among discharges to skilled nursing facilities for inpatient dialysis, 95.6% were covered by Medicare or Medicaid.

For those in the service area receiving outpatient dialysis, 79.1% of the discharges had either Medicaid or Medicare as their primary payer in 2024.

People who do not have third-party health coverage or have inadequate third-party health insurance

The number of patients identified as self-pay, charity, or bad debt in the SPARCS 2024 data is not reportable; fewer than 10 persons were identified.

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

   Table 2 shows the alternative outpatient dialysis facilities in the service area. However, the availability of outpatient dialysis within a skilled nursing facility is unique in the service area. (There is currently a project in the service area for bedside dialysis for ventilator-dependent patients at the Highlands at Brighton nursing facility.)

Table 2 Distance of Alternative Dialysis Centers from Project Site

Facility Name	Distance (miles)
University of Rochester Strong Memorial Pediatric ESRD	0.7
Fresenius-Clinton Crossings	1.1
Fresenius-Freedom Center of Rochester	1.9
Fresenius Kidney Care	2.0
Unity Hospital of Rochester-St. Mary's	2.7
Rochester General Hospital Dialysis Center	5.8
DaVita Seaway Dialysis	5.9
Fresenius-Greece Dialysis Center	6.7
Unity Hospital of Rochester - Park Ridge Campus	7.0
Unity Hospital Dialysis at Chili	7.4
Rochester General Hospital - Bay Creek Dialysis Center	8.2
Frensius-Living Center	9.3
Unity Hospital Dialysis at Spencerport	10.7
Fresenius-Irondequoit Bay Dialysis	11.4

Source: CMS 2025.

Sources:

CMS. 2025. Dialysis Facilities Datasets: Dialysis Facility – Listing by Facility. https://data.cms.gov/provider-data/dataset/23ew-n7w9 Accessed on 12/29/2025.

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

   Table 3 shows the capacity and number of patients at outpatient dialysis centers from CMS data. None of these facilities is at a residential skilled nursing facility. There is a project at Highlands at Brighton to provide two bedside-dialysis units for ventilator-dependent patients.

Table 3 Facility dialysis stations and annual number of patients

Facility Name	Dialysis Stations	Patients 2023[1]	% Adult Patients
Rochester General Hospital Dialysis Center	48	295	21.7%
Fresenius Kidney Care	36	105	7.7%
Fresenius-Clinton Crossings	30	132	9.7%
DaVita Seaway Dialysis	25	60	4.4%
Unity Hospital of Rochester - Park Ridge Campus	24	163	12.0%
Fresenius Living Center	24	99	7.3%
Unity Hospital of Rochester - St. Mary's	21	71	5.2%
Rochester General Hospital - Bay Creek Dialysis Center	21	111	8.1%
Fresenius Irondequoit Bay Dialysis	17	43	3.2%
Fresenius Greece Dialysis Center	17	95	7.0%
Unity Hospital Dialysis at Spencerport	17	66	4.8%
Unity Hospital Dialysis at Chili	16	25	1.8%
University of Rochester Strong Memorial Pediatric ESRD[2]	2	NR	
Fresenius Freedom Center of Rochester[3]	1	97	7.1%
Total	299	1362	100.0%

Notes:
1: Number of patients is based on the Dialysis Facility Center dataset hospitalization denominator for annual number of patients.
2: UR Strong Memorial Pediatric ESRD is pediatric only.
3: FMC Freedom Center is home dialysis only.
NR : Not Reported.

Source: CMS 2025.

The shares of discharges for inpatient dialysis at acute care facilities are shown in Table 4. Of the 2,159 discharges, 369 or 17.1% 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 4 Market Share for Inpatient Dialysis at Acute Care Facilities, 2024

Facility Name	Discharges	Percent	Cumulative Percent
Rochester General Hospital	977	45.3%	45.3%
Strong Memorial Hospital	620	28.7%	74.0%
Unity Hospital of Rochester	550	25.5%	99.4%
All Others	12	0.6%	100.0%
Total	2159	100.0%	

Source: SPARCS 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 Applicant provided the ICR Exhibit 50 for 2024. Strong Memorial Hospital met its obligations, receiving $1,943,239 in reimbursement from the Indigent Care Pool (Exhibit 50, Line 051).

   The indigent care pool obligations are not expected to be affected by the implementation of the project.

   Source:

   ICR Strong Memorial Hospital 2024. “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, a billing specialist, and a receptionist.

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

    The Applicant reported five 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.

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 (Strong Memorial Hospital) has not undertaken a similar project in the last five years.

    The University of Rochester Medical College partners with Highlands at Brighton. Highlands at Brighton is working on a project, which is expected to be completed in February 2026, to add two bedside dialysis stations for ventilator-dependent patients. The purpose of the project is similar – to reduce extended inpatient stays for patients requiring discharge to SNFs and dialysis. The reason for several projects in the community is the continued difficulty in discharging patients from hospital care to skilled nursing facilities.

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

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. The location is adjacent to other social and behavioral health services. Improves choice for receiving dialysis treatments.	Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers.
Racial and ethnic minorities	Improves outpatient access to dialysis services in an	Reduces transportation barriers.	Possible reduction in disparities in outcomes and treatment for

	area with a relatively high proportion of racial and ethnic minorities.	Improves choice for receiving dialysis treatments.	persons experiencing transportation barriers.
Immigrants	Improves outpatient access to dialysis services for an area with a relatively high proportion of immigrants.	Reduces transportation barriers. Improves choice for receiving dialysis treatments.	Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers.
People with Disabilities – Persons requiring placement in a Skilled Nursing Facility and dialysis treatment of chronic kidney disease	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. Reduces burdens of persons at an SNF who required frequent transport to an outpatient clinic.	Improved quality of life compared to extended inpatient stays. Reduces missed treatments which may result in disparities in care and outcomes.
People with Disabilities – Severe Mental Health Health Disorders	Provides outpatient access to dialysis services: The project is designed with private stations for persons with severe behavioral disorders that cannot be	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.

	treated in other area outpatient dialysis centers. It includes a social worker to support those patients.		
Older Adults	Improves outpatient access and availability. The project allows persons to move from an inpatient setting to a Skilled Nursing Facility, who do not have other outpatient access.	Reduces transportation barriers. Improved quality of life for persons who otherwise do not have access to outpatient services. Improves choice for receiving dialysis treatments.	Improved quality of life compared to extended inpatient stays. For persons who are residents at the SNF, reduces missed treatments which may result in disparities in care and outcomes.
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. The site is adjacent to other social services.	Possible reduction in disparities in outcomes and treatment for persons experiencing transportation barriers.
Persons who are uninsured or underinsured	Financial assistance and navigation support for public benefits may improve access to services.	Financial assistance and public benefit navigation may assist persons who are not receiving required care.	Possible reduction in disparities in outcomes and treatment for persons who are not receiving required care

		The site is adjacent to other social services.	due to lack of insurance.

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 a skilled nursing facility. 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.

   Interestingly, the Monroe Community Hospital Community Advisory Board, and staff at MCH thought that having a dialysis center at the facility could raise awareness and improve the relationship with the community – in other words, have a destigmatizing impact.

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

   In an interview with a resident at Monroe Community Hospital, the availability of dialysis at the facility was seen as so positive, there was concern about how its availability would be allocated and communicated.

   A staff person noted that parking space near the entry way was limited and this could potentially be an unintended negative impact. (The patient could be dropped off and the driver could park at a more distant location in the parking area.)

   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:

   $24,835,164 (ICR 2024, Exhibit 50, ICR Line Code 001).

32,910 patients had their applications for financial assistance approved.

While the dialysis stations will be available for community residents, the total of 12 additional dialysis stations will not materially impact indigent care. Even if all of the additional dialysis stations were used for community residents and 40% of the users were low-income, the increase in low-income patients would not materially impact the indigent care population.

12 x 4.6 x 0.4 = 22

22/32910 = 0.06%

(Based on Table 3, a dialysis station had 4.6 unique patients per year. Using Medicaid as a proxy for low-income, about 40.2 percent of service area outpatient dialysis utilization is for low-income people. Less ten persons in the service area were in the uninsured “Self-Pay” category in SPARCs.)

Source: ICR Strong Memorial Hospital 2024, “Exhibit 50.”

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.

   There are several bus stops that serve Monroe Community Hospital and a bus station at the adjacent Department of Social Services.

   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. The Applicant has a contract with enterprise-level ride-share for patients. 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 2025 Building Code of New York State and ICC A177.1-17.

   Woodcock, James 2025. Letter regarding the outpatient dialysis build-out on the first floor of Monroe Community Hospital.

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 project was originally planned for the St. John’s Nursing Home, and a HEIA was developed for the project at St. John’s Nursing Home during the first half of 2024. Due to inadequate funding, the project could not be completed. The project was changed to Monroe Community Hospital, which formerly housed a Fresenius dialysis center, reducing the construction costs. Monroe Community Hospital, which is owned and operated by Monroe County, is in the same zip code as St. John’s Nursing Home. The Assessor met with the Center for Health Equity Impact Assessments, who advised to contact the organizational stakeholders if their opinions had changed with the new location, and to conduct new meetings with residents and staff at Monroe Community Hospital. It was suggested to check whether residents and staff had any safety or security concerns with having community members receiving services at the facility.

   The Independent Assessor engaged multiple community stakeholders during the original assessment. 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.

One theme that emerged in multiple stakeholder meetings was community integration. This involves multiple levels, from the simple communication of the availability of dialysis stations for 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 original 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.

When recontacted, several of the stakeholders responded by email and two organizations requested meetings. The stakeholders continue to support the project and most stated that Monroe Community Hospital is more accessible than the previous location at St. John's Home.

Additional contacts were made with the Community Advisory Board for Monroe Community Hospital, staff at MCH, and MCH residents. All were supportive of the project. Because the facility had previously housed a Fresenius Dialysis Center they were comfortable with its placement and viewed having community users as improving the awareness and relationship of the facility with the community. It is seen as very beneficial for facility residents needing dialysis because transportation, escorting, and time involved in receiving dialysis is burdensome to residents and the facility.

The MCH residents were particularly graphic about the problems with receiving dialysis treatment outside of the facility. One described being left unassisted at the front door of dialysis center and having to struggle getting into the center with their wheelchair through a snow-covered sidewalk. The treatment process, including transportation, involved five hours, three times a week. The other said different situations come up which result in being returned to the facility, without

getting treatment – “there are many opportunities for missed opportunities.” Having dialysis at the facility was seen as very large improvement – the greatest concern was that there would not be enough stations for everyone needing it. (The resident recommended that the process for allocating the stations be communicated.)

The stakeholders made many suggestions and recommendations about how to develop a welcoming and supportive environment in the center for community members. 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.

The original assessment for the St. John’s Home location 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 skilled nursing facility as a result of the project.

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

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.

    Persons currently living at the skilled nursing facility, who require transport to a dialysis center, would also benefit from a significant quality of life improvement.

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 noted that skilled nursing facilities can sometimes be experienced as separate and not a part of the community. The MCH Advisory Board and staff saw the project as a way of improving community integration.

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 residents at Monroe Community Hospital also emphasized dialysis center staff. 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 Monroe Community Hospital 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).

Companion Support
Because of the length of dialysis treatment having a companion or light-duty staff person with a person receiving dialysis, especially with emotional difficulties may provide a higher level of comfort and connection.

Source:

Community Stakeholders

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.

   Monroe Community Hospital has a Community Advisory Board that is very supportive of the project and committed to its success.

   A resident interviewed for the project expressed interest in communication about which residents would be prioritized for the center and how those decisions would be made.

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 mental health or emotional 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 Applicant 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 Applicant is 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 for community members. The Applicant acknowledges that transportation is a priority.

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

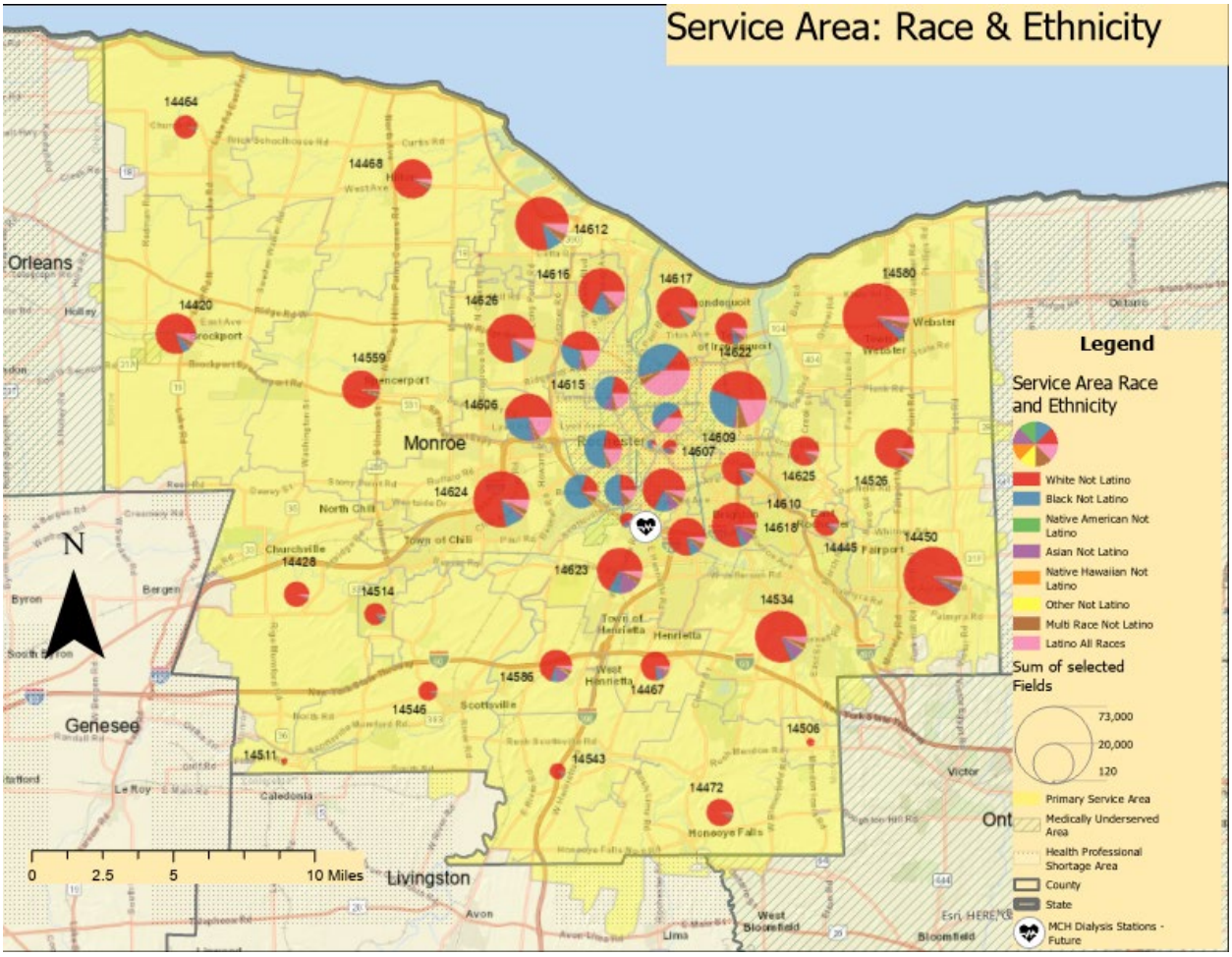

Figure 1 Service Area: Race & Ethnicity by Zip Code

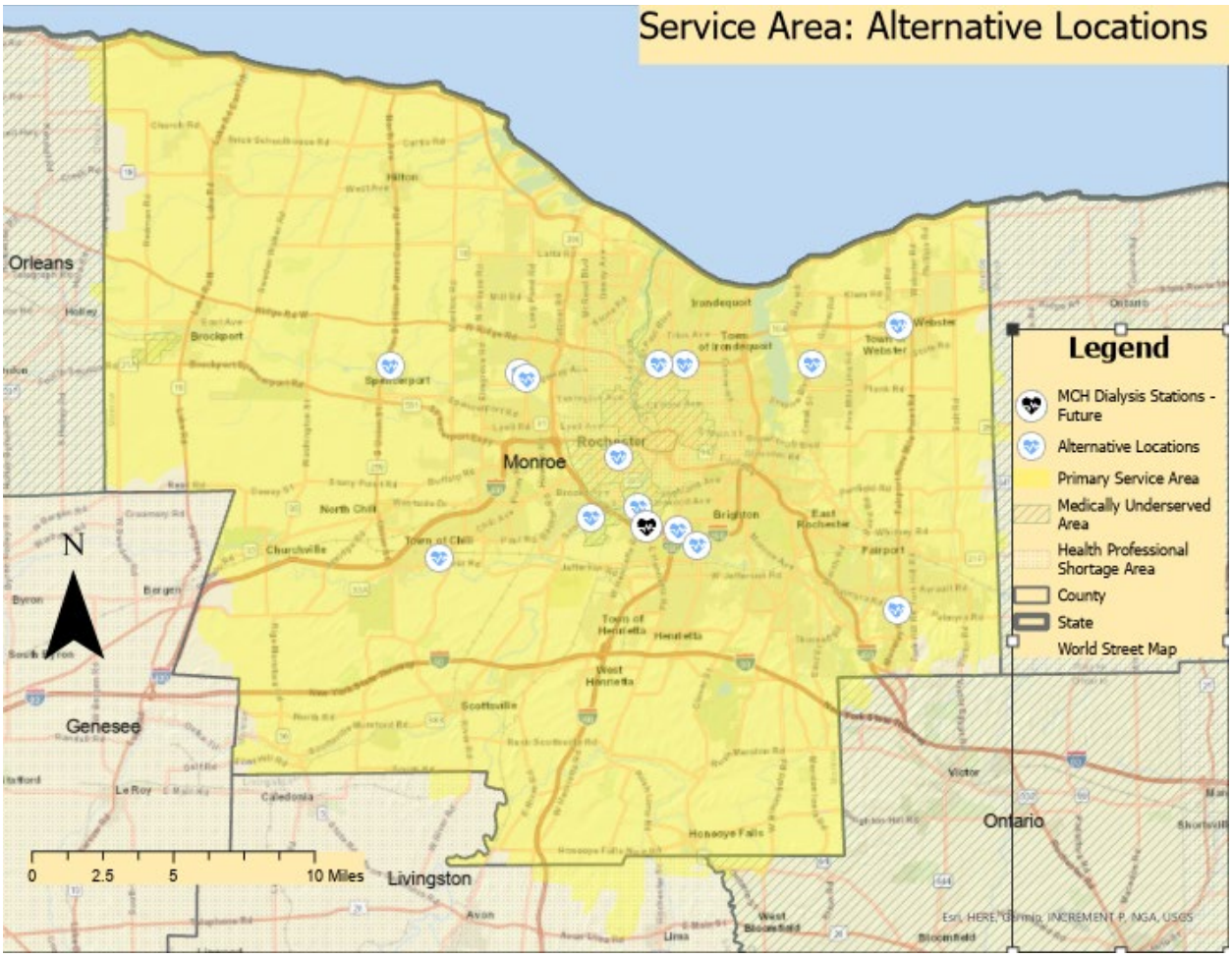

Figure 2 Service Area: Alternative Locations

Appendix 2: Meaningful Engagement Discussion Guide – St. Johns Project

Discussion Guide for Community Meaningful Impact for HEIA
UR St John's – Dialysis Center

Introduction:

- Welcome & Introductions
- Purpose of the Discussion: To gather Community insights on healthcare needs and the impact of planned changes.
- State wants to engage the communities in Health Equity and involve them around planning processes with Hospital changes.

Background:

- Brief Overview of the planned changes:
  - Focus area include URs addition of a dialysis center within St. John's Home.
  - The dialysis center will allow patients currently inpatient at Strong Memorial Hospital to be discharged to St. Johns for long-term care. At present, they cannot be discharged to a skilled nursing facility because of their need for dialysis.
  - Awareness of unit being available for both residents as well as community members
  - 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 the dialysis unit within St. John's Home?

- 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.

Improving Services:

Question 3: 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.
- The dialysis unit at St. John's also intended to focus on patients in the community with severe behavioral health problems that prevent them from receiving care at other outpatient dialysis centers. What might be considered when thinking about these patients?

Question 5: 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.

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.

Closing Remarks

- Provide contact information for follow-up questions and/or additional input.
- Note that they can submit a statement for inclusion in the Assessment.

Appendix 3: Direct Consumer Survey Instrument: Open-Ended Survey of Highly Vulnerable Residents of the Service Area

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 4: Direct Consumer Survey: Onsite for patients or caregivers inpatient receiving dialysis and waiting for discharge to a skilled nursing facility

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 5: Follow-up Email inquiry to stakeholders

Last year, you participated in an assessment of a proposed new dialysis center at St. John's Home. The purpose of the dialysis center, operated by Strong Memorial Hospital, was to allow dialysis-dependent patients who were inpatient at the Hospital to be discharged to St. John's Home for long-term care. They could not be discharged to a skilled nursing facility because of their need for dialysis. Due to funding problems, the project could not be initiated.

The project is now being redesigned to place the dialysis center at Monroe Community Hospital, at 435 E Henrietta Rd, Rochester, 14620. The change in location is the project's major change. As with the previous project, it will have twelve dialysis stations, two of which are isolation stations that can support persons with emotional or behavioral health difficulties. Also, as with the St. John's Home location, the dialysis center will accept patients from the community who are not residents at Monroe Community Hospital.

We would like your feedback on this project change. From your perspective, how does moving the project from St. John's Home to Monroe Community Hospital change its impact?

Are there different benefits and potential negative impacts from this location?

Do you still support the project?

Are there other adjustments, enhancements, or adaptations you would recommend for the project?

Please let us know if you would like to meet to discuss.

Appendix 6: Meaningful Engagement Discussion Guide: Monroe Community Hospital Location

Guide for Community Meaningful Engagement for HEIA
Monroe Community Hospital – Dialysis Center

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 the establishment of a dialysis center at Monroe Community Hospital at 435 E Henrietta Rd, Rochester, 14620. The dialysis center will allow patients currently inpatient at Strong Memorial Hospital to be discharged to Monroe Community Hospital for long-term care. At present, they cannot be discharged to a skilled nursing facility because of their need for dialysis. There will twelve dialysis stations at center, with two set up as isolation stations, accommodating persons with emotional or behavioral health difficulties.
  - The Center will also be open to community members.
  - Focus area include URs addition of a dialysis center within St. John's Home.
  - We like to understand the change in the context of community needs, particularly for underserved and vulnerable persons.
  - Stress the importance of community input in shaping healthcare services and considering ways that services can be improved.

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 the dialysis unit within Monroe Community Hospital?

- 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 the new center?

Improving Services:

Question 5: 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.
- The dialysis unit at Monroe Community Hospital also intended to focus on patients in the community with severe behavioral health problems that prevent them from receiving care at other outpatient dialysis centers. What might be considered when thinking about these patients?

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.

Closing Remarks

- Provide contact information for follow-up questions and/or additional input.
- Note that they can submit a statement for inclusion in the Assessment.

---------- 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 at Monroe Community Hospital that has been prepared by the Independent Entity, MP CareSolutions.

Kathy Parrinello

Name

President and CEO, Strong Memorial Hospital

Title

Kathleen Parrinello

Signature

02/23/2026

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.

The dialysis center will be offered to both residents and community members, but we will try to accommodate as many residents as possible since the dialysis treatment will be available within the Monroe Community Hospital building which makes it easier for residents to access. Strong Memorial Hospital will work with Monroe Community Hospital to identify the residents who need dialysis and get them set up with a treatment schedule.

At this time, we will need to use the current parking lot to accommodate the dialysis patients. Patients will be able to be dropped off near the entrance while the drivers find a parking spot.