

## 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	Haven Manor Dialysis Den Project
2. Name of Applicant	Haven Manor Health Care Center
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group (SPG) – 212-827-0660</p> <ul style="list-style-type: none"><li>• Aisha King, MPH - <a href="mailto:aking@sachspolicy.com">aking@sachspolicy.com</a></li><li>• Anita Appel, LCSW - <a href="mailto:AnitaAppel@sachspolicy.com">AnitaAppel@sachspolicy.com</a></li><li>• Maxine Legall, MSW, MBA - <a href="mailto:mlegall@sachspolicy.com">mlegall@sachspolicy.com</a></li></ul> <p>Qualifications:</p> <ul style="list-style-type: none"><li>• Health equity – 6 years</li><li>• Anti-racism – 6 years</li><li>• Community engagement – 25+ years</li><li>• Health care access and delivery – 10+ years</li></ul>
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are</p>

	<p>dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	September 12, 2025
6. Date the HEIA concluded	October 20, 2025

#### 7. Executive summary of project (250 words max)

Haven Manor Health Care Center (“Haven Manor”) is a 240-bed skilled nursing facility located in Far Rockaway, NY. The facility provides long-term care primarily to older adults with comorbid mental health or psychiatric conditions.

Haven Manor is seeking to develop an on-site hemodialysis program for its skilled nursing residents. The program will be developed in partnership with Dialyze Direct, a certified dialysis provider. Haven Manor intends to install and operate 4 dialysis chairs in this space, enabling up to 12 residents per week to receive treatment on-site. Dialyze Direct will provide the appropriate staff to administer dialysis to residents and the necessary training for Haven Manor support staff. The dialysis den will be located in the basement of the facility, which is accessible via elevator.

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

Adding on-site dialysis service at Haven Manor would benefit residents who need dialysis, particularly older adults, low-income individuals/those eligible for or receiving public health benefits, racial/ethnic minorities, and persons living with prevalent conditions (e.g., end-stage renal disease, chronic kidney disease, and mental health conditions) given their presence in the facility and unique clinical and access needs.

The primary benefits associated with the project for these medically underserved groups include eliminating transportation logistics and the physical and mental strain of traveling off-site for dialysis, increasing admission capacity for patients in need of dialysis at Haven Manor, and improving integrated care coordination by allowing residents to receive all their care at a single facility. In particular, the addition of on-site dialysis will allow Haven Manor to

accommodate and serve more residents in need of dialysis who have mental health conditions, who often have limited to no other options for long-term care in the community.

Nearly all stakeholders engaged as part of this assessment were supportive of the project and felt that it would be beneficial and more convenient for both residents and staff. One concern was raised regarding infection control and the transmission of contagious diseases given the addition of this service on-site at the facility. In response to this concern, the Independent Entity recommends that the Applicant provide proactive communication and education to existing residents regarding the infection control procedures of both the facility and Dialyze Direct to ensure transparency and address any related concerns. Infection control should also continue to be monitored through the Applicant's existing quality assurance procedures. Following implementation, feedback should be obtained to the extent feasible from dialysis patients and staff to ensure that the new service is meeting their needs and to make improvements as necessary.

## **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.**

Please see attached spreadsheet titled “heia\_data\_tables\_Haven Manor.xlsx”

- 2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**
  - Low-income people
  - Racial and ethnic minorities
  - Older adults
  - Persons living with a prevalent infectious disease or condition
  - People who are eligible for or receive public health benefits

**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?**

We analyzed utilization data from the Applicant, census data for the community/service area, DOH nursing home data, academic literature, and information obtained from interviews with leadership, staff, referral partners, and residents. We were unable to interview many residents, including any who currently require dialysis, as most residents have moderate to severe mental illness and lacked the capacity to participate in interviews.

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

Adding on-site dialysis service at Haven Manor would benefit residents who need dialysis, particularly older adults, low-income individuals/those eligible for or receiving public health benefits, racial/ethnic minorities, and persons living with prevalent conditions (e.g., end-stage renal disease, chronic kidney disease, and mental health conditions) given their presence in the facility and unique clinical and access needs. Below, we outline the service-area demographics and the clinical and access needs for these groups, as supported by medical literature.

### **Older Adults**

Approximately 21% of the population in the Applicant's service area is over the age of 60, compared to 24% statewide.<sup>1</sup> The older adult population continues to grow nationwide and is projected to more than double over the next 40 years.<sup>2,3</sup> New York currently has the 4<sup>th</sup> largest population of older adults in the country, with the aging population continuing to increase.<sup>4</sup>

Older adults have a greater need for and use of dialysis services. Chronic kidney disease (CKD) becomes more common as individuals age and is most common in individuals aged 65 years or older; 33% of individuals in this age group have CKD compared to only

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<sup>1</sup> U.S. Census Bureau. (2023). *ACS Demographic and Housing Estimates (DP05)*. American Community Survey 5-Year Estimates. <https://data.census.gov/table/ACSDP5Y2023.DP05> (accessed September 25, 2025)

<sup>2</sup> U.S. Census Bureau. (2023, May). *2020 Census: The United States' older population grew*. Retrieved from <https://www.census.gov/library/stories/2023/05/2020-census-united-states-older-population-grew.html>

<sup>3</sup> Urban Institute. (n.d.). *The U.S. population is aging*. Retrieved from <https://www.urban.org/policy-centers/cross-center-initiatives/program-retirement-policy/projects/data-warehouse/what-future-holds/us-population-aging>

<sup>4</sup> New York State Department of Health, Office of Aging and Long Term Care, & New York State Office for the Aging. (2025, June 30). *New York State master plan for aging: Final report*. <https://planforaging.ny.gov/system/files/documents/2025/06/mpa-final-report-6.30.25.pdf>

6% of individuals aged 18-44.<sup>5</sup> For older adults, on-site dialysis is more convenient and eliminates transportation burdens and the physical/mental fatigue of traveling to outpatient centers.

### **Low-income people and people who are eligible for or receive public health benefits**

Almost 12% of families live below the poverty level in the Applicant's service area, compared to 10% statewide.<sup>1</sup> Medicaid is the primary payer of skilled nursing services nationally and statewide; over 70% of New York's skilled nursing facility resident care is paid for by Medicaid.<sup>6,7</sup>

Low-income communities also have unique needs related to dialysis services. People from low-income or socioeconomically disadvantaged communities have disproportionately higher incidence rates of kidney failure, have worse health outcomes after the onset of kidney failure, and are more likely to forgo necessary care because of financial barriers.<sup>8,9,10</sup> Poverty is also associated with diabetes and hypertension, which are the two most common causes of kidney failure in the U.S.<sup>11</sup> Increasing access to dialysis meaningfully helps low-income and publicly insured patients, particularly those who have encountered barriers in the past.

### **Racial and ethnic minorities**

In the Applicant's service area, 28% of the population is Black and 35% of the population is Hispanic or Latino, compared to 15% Black and 20% Hispanic/Latino statewide.<sup>1</sup> Nationally, the demographic breakdown of nursing home residents is as follows:<sup>4</sup>

- 73.7% non-Hispanic White
- 15.7% non-Hispanic Black
- 5% Hispanic

<sup>5</sup> National Institute of Diabetes and Digestive and Kidney Diseases. (n.d.). *Kidney disease statistics for the United States*. U.S. Department of Health and Human Services. Retrieved November 14, 2024, from <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>

<sup>6</sup> Chidambaram, P., & Burns, A. (2024, December 6). *A look at nursing facility characteristics between 2015 and 2024*. KFF. <https://www.kff.org/medicaid/issue-brief/a-look-at-nursing-facility-characteristics/>

<sup>7</sup> New York State Senate. (2021). *Long-term care workforce hearing report 2021*. Retrieved from <https://www.nysenate.gov/sites/default/files/article/attachment/long-term-care-workforce-hearing-report-2021.pdf>

<sup>8</sup> Schold, J. D., Flechner, S. M., Poggio, E. D., Augustine, J. J., Goldfarb, D. A., Sedor, J. R., et al. (2018). Residential area life expectancy: Association with outcomes and processes of care for patients with ESRD in the United States. *American Journal of Kidney Diseases*, 72(1), 19-29.

<sup>9</sup> Crews, D. C., Novick, T. K., & Powe, N. R. (2019). Poverty and kidney disease: A focus on the U.S. and the world. *Seminars in Nephrology*, 39(3), 298-310. <https://doi.org/10.1016/j.semephrol.2019.02.008>

<sup>10</sup> Weissman, J. S., Stern, R., Fielding, S. L., & Epstein, A. M. (1991). Delayed access to health care: Risk factors, reasons, and consequences. *Annals of Internal Medicine*, 114(4), 325-331.

<sup>11</sup> Crews, D. C., Gutiérrez, O. M., Fedewa, S. A., Luthi, J. C., Shoham, D., Judd, S. E., et al. (2014). Low income, community poverty, and risk of end-stage renal disease. *BMC Nephrology*, 15, 192. <https://doi.org/10.1186/1471-2369-15-192>

- 5.6% other race, non-Hispanic

Individuals from marginalized racial and ethnic communities are significantly more at risk for kidney failure; Black and Hispanic/Latino individuals in particular have the highest risks of developing end-stage renal disease (ESRD).<sup>12</sup> According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), ESRD incidence is four times higher in the Black population; more than two times higher for Hispanic/Latino populations; and approximately 1.4 times higher for Asian populations.<sup>13</sup> Diseases that cause chronic kidney failure, such as diabetes and hypertension, are more prevalent among Black patients.<sup>14</sup> Despite this, Black and Hispanic communities are still less likely to be treated with home hemodialysis and are also more likely to experience inadequate patient-centered education on dialysis modality.<sup>15</sup>

Adding on-site dialysis chairs would improve access for residents, particularly people from racial and ethnic groups that experience higher rates of ESRD and patients discharged from hospitals who need institutional placement with dialysis. It would also ease congestion at community outpatient centers, improving access for neighborhood residents, including racial and ethnic minorities.

### **Persons living with a prevalent condition**

Individuals diagnosed with CKD/ESRD require dialysis to perform the function of their kidneys when they are no longer able to work effectively. The primary purpose of dialysis is to remove waste products, excess fluid, and toxins from the blood while maintaining the balance of certain minerals and helping control blood pressure. It is expected that most residents admitted to the nursing home who are in need of dialysis services would have CKD or ESRD and a number of associated comorbidities and complications, including hypertension and cardiovascular disease.<sup>16</sup> The project enables more frequent on-site dialysis for residents with CKD or ESRD, which may benefit both quality of life and clinical outcomes.

Based on discussions with leadership, staff, and referral sources, Haven Manor residents are primarily individuals with comorbid mental health conditions who have been

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<sup>12</sup> Eneanya, N. D., Boulware, L. E., Tsai, J., Bruce, M. A., Ford, C. L., Harris, C., Morales, L. S., Ryan, M. J., Reese, P. P., Thorpe, R. J., Jr, Morse, M., Walker, V., Arogundade, F. A., Lopes, A. A., & Norris, K. C. (2022). Health inequities and the inappropriate use of race in nephrology. *Nature Reviews Nephrology*, 18(2), 84–94. <https://doi.org/10.1038/s41581-021-00501-8>

<sup>13</sup> National Institute of Diabetes and Digestive and Kidney Diseases. (n.d.). *Kidney disease statistics for the United States*. U.S. Department of Health and Human Services. <https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease>

<sup>14</sup> Nzerue, C. M., Demissiechew, H., & Tucker, J. K. (2002). Race and kidney disease: Role of social and environmental factors. *Journal of the National Medical Association*, 94(8 Suppl), 28S–38S. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2594163/>

<sup>15</sup> Rizzolo, K., Cervantes, L., & Shen, J. I. (2022). Racial and ethnic disparities in home dialysis use in the United States: Barriers and solutions. *Journal of the American Society of Nephrology*, 33(7), 1258–1261. <https://doi.org/10.1681/ASN.2022030288>

<sup>16</sup> Cha, J., & Han, D. (2020). Health-related quality of life based on comorbidities among patients with end-stage renal disease. *Osong Public Health and Research Perspectives*, 11(4), 194–200. <https://doi.org/10.24171/j.phrp.2020.11.4.08>

admitted to the nursing facility following discharge from psychiatric centers. The two residents who are currently receiving dialysis services off-site have diagnosed psychiatric conditions, such as serious mental illness or schizophrenia and therefore did not have capacity to be interviewed for our assessment. According to staff, residents with mental health conditions have unique challenges as it relates to off-site dialysis services and nursing care in general. For example, it can be disruptive for them to leave the facility environment and difficult for them to engage with off-site nursing staff with whom they are unfamiliar. Staff noted that it would be a significant improvement to quality of life if these individuals were able to receive dialysis services on-site at Haven Manor, as it would reduce the disruption associated with transportation and allow staff that are familiar with the individuals and their triggers to appropriately redirect them and address their needs quickly and effectively.

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 tables below outline the utilization of skilled nursing services at Haven Manor among medically underserved residents. Out of the current census of 214 residents, 2 residents presently travel off-site for dialysis. If the project is approved, the Applicant would be able to accept more residents who require dialysis services, including those from the medically underserved groups identified above.

*Table 1. Race*

<b>Race</b>	<b>% of Residents</b>
White	32.7%
Black	36.9%
Asian	0.5%
Native Hawaiian/Other Pacific Islander	1.4%
Other	14.5%
Unknown	14%

*Table 2. Ethnicity*

<b>Ethnicity</b>	<b>% of Residents</b>
Hispanic or Latino (any race)	14%
Not Hispanic or Latino	86%

*Table 3. Age*

Age	% of Residents
Under 44 years	0%
45-54 years	3.7%
55-59 years	7%
60-64 years	18.2%
65-74 years	44.9%
75-84 years	22.4%
85 years and over	3.7%

*Table 4. Payor Mix\**

Payor	% of Residents
Medicaid	25%
Medicare	0%
Dual Eligible	75%
Commercial	0%
Uninsured	0%

\*Note that Medicaid/Medicare coverage is not always an appropriate proxy for low-income status or age for this population, as many residents receiving dialysis may be eligible for Medicaid and/or Medicare as a result of their disability and not necessarily due to age or income status.

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

There are two nursing facilities in Queens that provide on-site dialysis services: Peninsula Nursing and Rehabilitation Center and Promenade Rehabilitation and Health Care Center. There are no nursing facilities in nearby Nassau County that are currently licensed for on-site dialysis.<sup>17</sup>

The table below outlines the 10 closest outpatient dialysis centers near the facility.<sup>18</sup>

*Table 5. Outpatient Dialysis Centers Near Haven Manor*

Facility Name	Address	Distance from Haven Manor
Rockaway Hd LLC*	529 Beach 20 <sup>th</sup> St, Far Rockaway, NY 11691	0.46 miles
Marjorie Basser Hospital Dialysis Unit	327 Beach 19 <sup>th</sup> St, Far Rockaway, NY 11691	0.58 miles
Cassena Care Dialysis at Peninsula	51-15 Beach Channel Dr, Far Rockaway, NY 11691	1.12 miles

<sup>17</sup> New York State Department of Health. (n.d.). *Nursing Home Weekly Bed Census - Last Submission*. Health Data NY. Retrieved September 23, 2025 from [https://health.data.ny.gov/Health/Nursing-Home-Weekly-Bed-Census-Last-Submission/izta-vnpq/about\\_data](https://health.data.ny.gov/Health/Nursing-Home-Weekly-Bed-Census-Last-Submission/izta-vnpq/about_data)

<sup>18</sup> Source: *Dialysis Finder* by DaVita

The Ola Tenenbaum	430 Beach 68 <sup>th</sup> St, Averne, NY 11692	1.92 miles
Woodmere Dialysis	121 Franklin Pl, Woodmere, NY 11598	3.52 miles
Conduit Avenue Dialysis	219-10 S Conduit Ave, Springfield Gardens, NY 11413	4.36 miles
West Nassau Dialysis Center	75 Rockaway Ave, Valley Stream, NY 11580	5.41 miles
Lynbrook Dialysis Center	147 Scranton Ave, Lynbrook, NY 11563	5.5 miles
St. Alban's Dialysis Center	17270 Baisley Blvd, Jamaica, NY 11434	5.57 miles
Springfield Dialysis Center	13425 Springfield Blvd, Springfield Gardens, NY 11413	5.61 miles

\*Note this is where Haven Manor residents currently receive outpatient dialysis services

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

The table below outlines the existing and projected market share of nursing facility on-site dialysis services in Queens County.

*Table 6. Nursing Facilities with On-Site Dialysis Services in Queens County*

Facility Name	Address	Dialysis Capacity	Current Market Share	Projected Market Share	Distance from Haven Manor
Haven Manor Health Care Center	14-41 Gateway Blvd, Far Rockaway, NY 11691	4 (projected)	0%	19%	-
Peninsula Nursing and Rehabilitation Center	50-15 Beach Channel Drive, Far Rockaway, NY 11691	21	84%	72%	2.5 miles
Promenade Rehabilitation and Health Care Center	140 Beach 114 <sup>th</sup> Street	4	16%	14%	5.5 miles

**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.**

N/A

**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.**

There are no projected staffing issues related to the project. The on-site dialysis program will be staffed by the contracted vendor, Dialyze Direct. Nurses and dialysis technicians will be on-site every day, there will be a medical director that will oversee the program, and nephrologists will do one round per month to see patients on-site. The vendor has reported that staff represent diverse racial and ethnic groups, and many staff are bilingual or multi-lingual. The vendor also has translation/interpreter services.

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

The Applicant reported that there have been no civil rights access complaints filed against the facility in the last 10 years.

**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.**

N/A

## **STEP 2 – POTENTIAL IMPACTS**

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

The proposed addition of the dialysis den on-site at Haven Manor will support access and reduce disparities for the medically underserved populations identified above as follows:

## **1. Improve Patient Outcomes and Quality of Life by Removing Transportation Burdens and Increasing the Frequency of Treatment**

On-site dialysis in the facility would eliminate transportation logistics and the physical and mental strain of traveling off-site. All nursing home residents needing dialysis will benefit, with the greatest impact for older adults and those with CKD/ESRD and other comorbidities (including mental illness) for whom off-site travel poses added risk and reduces quality of life. Research shows that the lack of travel associated with having on-site dialysis can improve patient experience, quality of life, and outcomes.<sup>19</sup> Clinical staff confirmed that residents receiving dialysis off-site must leave the facility at 8am and do not return until 2pm, after which they are exhausted from the procedure and journey. Several staff members also noted how disruptive this is for residents with mental illness, as they can become agitated with the change in their environment and the unfamiliarity with staff at the dialysis facility. Staff indicated how beneficial it would be if residents could receive services on-site, where staff are familiar with their triggers and needs and can re-direct or comfort them appropriately.

On-site dialysis will also allow residents to receive shorter (2-3 hours) sessions five times per week, instead of longer (3-4 hours) sessions three times per week. A study on dialysis patients receiving care from Dialyze Direct in a skilled nursing facility indicates that the provision of dialysis five times per week results in a more rapid recovery time than the conventional dialysis schedule of three times per week, despite advanced age, frailty, and comorbidities.<sup>20</sup> Prolonged post-dialysis recovery time is associated with increased hospitalization, depressive symptoms, comorbidities, and mortality.<sup>21,22,23</sup> Additional studies have demonstrated the physical and mental health benefits of receiving shorter, at-home, or in-center dialysis treatment.<sup>24,25</sup>

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<sup>19</sup> Harwood, L., Pye, D., & Goodridge, D. (2020). Innovations in hemodialysis care: An evaluation of quality and the patient experience. *Canadian Journal of Kidney Health and Disease*, 7, 1–10. <https://doi.org/10.1177/2374373520915133>

<sup>20</sup> Bellin, E. Y., Hellebrand, A. M., Kaplan, S. M., Ledvina, J. G., Markis, W. T., Levin, N. W., & Kaufman, A. M. (2022). Post-dialysis recovery time in ESRD patients receiving more frequent hemodialysis in skilled nursing facilities. *Hemodialysis International*, 26(3), 348–356. <https://doi.org/10.1111/hdi.13012>

<sup>21</sup> Rayner, H. C., Zepel, L., Fuller, D. S., Morgenstern, H., Karaboyas, A., Culleton, B. F., et al. (2014). Recovery time, quality of life, and mortality in hemodialysis patients: The Dialysis Outcomes and Practice Patterns Study (DOPPS). *American Journal of Kidney Diseases*, 64(1), 86–94. <https://doi.org/10.1053/j.ajkd.2014.01.016>

<sup>22</sup> Guedes, M., Pecoits-Filho, R., Leme, J. E. G., Jiao, Y., Raimann, J. G., Wang, Y., et al. (2020). Impacts of dialysis adequacy and intradialytic hypotension on changes in dialysis recovery time. *BMC Nephrology*, 21(1), 529. <https://doi.org/10.1186/s12882-020-02196-w>

<sup>23</sup> Elsayed, M. M., Zeid, M. M., Hamza, O. M. R., & Elkholy, N. M. (2022). Dialysis recovery time: associated factors and its association with quality of life of hemodialysis patients. *BMC nephrology*, 23(1), 298. <https://doi.org/10.1186/s12882-022-02926-0>

<sup>24</sup> Finkelstein, F. O., Schiller, B., Daoui, R., Gehr, T. W. B., Kraus, M. A., Lea, J., ... & Finkelstein, S. H. (2012). At-home short daily hemodialysis improves the long-term health-related quality of life. *Kidney International*, 82(5), 561–569. <https://doi.org/10.1038/ki.2012.206>

<sup>25</sup> Chertow, G. M., Levin, N. W., Beck, G. J., Depner, T. A., Eggers, P. W., Gassman, J. J., Gorodetskaya, I., Greene, T., James, S., Larive, B., Lindsay, R. M., Mehta, R. L., Miller, B., Ornt, D. B., Rajagopalan, S., Rastogi, A., Rocco, M. V., Schiller, B., Sergeyeva, O., Schulman, G., Ting, G. O., Unruh, M. L., Star, R. A., & Kliger, A. S. (2010). In-center hemodialysis six times per week versus three times per week. *The New England Journal of Medicine*, 363(24), 2287–2300. <https://doi.org/10.1056/NEJMoa1001593>

## **2. Increase Admission Capacity for Dialysis Patients at Haven Manor**

Haven Manor staff indicated that they have had to turn away a significant number of patients for admission in the past because they are unable to accommodate their need for off-site dialysis services. One referral partner who worked in the discharge department of a psychiatric center noted that Haven Manor is one of the few nursing facilities in the area that not only accepts patients with psychiatric conditions, but that provides high-quality care for them. They indicated that while some nursing facilities have on-site dialysis, they will not accept residents with mental illness. This makes it extremely difficult to find placement for patients with mental conditions who also require dialysis. The addition of on-site dialysis will allow Haven Manor to accommodate and serve more residents in need of dialysis services, including individuals with mental health conditions referred from psychiatric centers who have limited to no other options in the community.

## **3. Reduce Health Disparities via Integrated Care Coordination**

On-site dialysis lets residents receive care within one system, improving coordination and monitoring. For example, Dialyze Direct has indicated that its staff work closely with the nursing home clinicians, including by providing consistent communication and a post-dialysis summary document after every treatment to inform the clinicians on how the resident is responding to dialysis. Staff also confirmed that the on-site dialysis would improve communication and collaboration on the resident's plan of care.

- 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.**

An unintended positive health equity impact associated with the proposed project is an improvement to staffing availability and coverage on-site. The addition of the dialysis den will allow the facility to keep staff on-site to provide care for residents at the facility instead of having to assign staff to accompany residents to dialysis appointments, which removes staff from the facility from approximately 8am to 2pm three times per week. It will also remove the administrative burden for staff of scheduling and coordinating the escort, transportation, and off-site dialysis chair.

- 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.**

N/A

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.**

As the dialysis services will be provided on-site, transportation will not be required. Currently, residents who receive dialysis off-site receive transportation coordinated by Haven Manor staff.

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

The project does not present any architectural barriers for individuals with mobility impairments. The proposed dialysis den will comply with all architectural requirements required for State-licensed nursing home hemodialysis dens, including requirements for ADA compliance. The location of the dialysis den is in the basement of the facility, which has elevator access.

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?**

N/A

#### **Meaningful Engagement**

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

New York City Department of Health and Mental Hygiene (NYC DOHMH)

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

Yes. The NYC DOHMH provided a statement for this HEIA.

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

Please refer to attached spreadsheet titled “heia\_data\_tables\_Haven Manor.xlsx”

**10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?**

The stakeholders most affected by this proposed project are current and future residents of Haven Manor who need (or will need in the future) dialysis services. In particular, residents with mental health conditions who require both long-term care and dialysis services will have improved access and increased options for care in the community.

Almost all stakeholders were supportive of the project and felt that it would be beneficial and more convenient for both residents and staff. However, one resident raised concerns regarding infection control and the potential transmission of contagious diseases related to the addition of a service involving patient fluids and blood. In response to this concern, the Independent Entity contacted Dialyze Direct, which reported that it follows strict infection control protocols and has reduced infections by approximately 94% compared with outpatient centers.

**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?**

As part of our stakeholder engagement process, we interviewed leadership and staff from Haven Manor, a referral partner, and residents and received a statement from the NYC DOHMH. These conversations provided qualitative insights that complemented our quantitative data analysis, highlighting the needs and priorities of medically underserved populations impacted by the project. Stakeholders shared their experiences with the facility, from the perspective of 1) clinical staff providing care directly to residents, 2) external referral sources that discharge patients to the facility, and 3) residents who currently reside at and receive services from the facility. Stakeholders were given the opportunity to raise questions and concerns about the project, provide feedback for the project team, and share their thoughts on the potential impact of the proposed project to both existing and future residents, including medically underserved groups.

**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.**

SPG's stakeholder engagement process included a comprehensive outreach strategy to a diverse set of stakeholders from which we sought feedback for the assessment. We conducted 11 interviews as part of this assessment and received a statement from NYC DOHMH. Two stakeholders declined to participate in the assessment – one referral partner and one resident. We were unable to interview many residents, including any who currently require dialysis, as most residents have moderate to severe mental illness and lacked the capacity to participate in interviews.

### **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?**

Haven Manor staff reported that most residents are English-speaking. For residents whose primary language is not English, the facility employs bilingual staff and maintains a "language bank" that records staff members' proficiency in other languages. The facility brings on external consultants for translation as needed.

Staff are appropriately trained for individuals who are vision- and/or hearing-impaired, including supporting residents by monitoring hearing aids. The facility also coordinates visits from an optometrist who helps identify patient needs and make appropriate accommodations.

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

If approved, we encourage the Applicant to work closely with its referral partners and other entities, such as community-based organizations or advocacy groups, to ensure that medically underserved populations are appropriately referred and able to equitably access the on-site dialysis services.

We also recommend that the Applicant provide proactive communication and education to existing residents regarding the infection control procedures of both the facility and Dialyze Direct to ensure transparency and address any related concerns.

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

The Applicant plans to proactively reach out to all inpatient and community referral partners to inform them regarding the availability of on-site dialysis services at the facility. The Applicant will also inform residents during monthly resident meetings, during which residents can provide feedback and voice concerns. We encourage the Applicant to also include specifics on changes to duration/frequency of dialysis and assurances that services will continue to be covered by insurance for residents currently accessing dialysis off-site.

**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?**

Adding four new dialysis chairs will expand capacity and increase access in the community. This may lead to reduced wait times for accessing dialysis services, both for patients being discharged to the Haven Manor nursing facility who no longer need to secure an outpatient dialysis chair prior to admission and patients who reside in the community who will have more access to outpatient dialysis chairs that are no longer being used by Haven Manor residents.

#### **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 currently tracks infectious, wounds, and incidents, among other quality controls. Concerns from residents are voiced and addressed following monthly resident meetings. Both of these mechanisms can be leveraged to monitor the potential impacts of the addition of on-site dialysis for residents.

**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 Center for Medicare and Medicaid Service (CMS) requires that dialysis facilities develop and implement a Quality Assessment and Performance (QAPI) program that continuously monitors performance for home dialysis services performed in the nursing home. Dialyze Direct partners are invited to participate in regular QAPI meetings to effectively assess, monitor, and implement sustainable performance improvements, and to share information about issues pertinent to each patient's plan of care. We encourage the Applicant to participate in these QAPI meetings and to collect data on health outcomes and quality of care for dialysis patients.

Following implementation, dialysis patients should be interviewed by staff (to the extent they are able to provide feedback) to get a better understanding of their experience with the on-site dialysis services and to make improvements as necessary. This should include ensuring that:

- 1) There are no access issues or barriers to dialysis care for certain medically underserved populations; and
- 2) Patients are receiving care from Dialyze Direct staff that is culturally competent and accessible, including via bilingual staff or translation services.

The Applicant should also conduct interviews, surveys, or focus groups with staff and referral partners to ensure that the addition of on-site dialysis is meeting their needs and integrating seamlessly into existing workflows.

## **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)**

----- 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, (Haven Manor Health Care Center), attest that I have reviewed the Health Equity Impact Assessment for the (Haven Manor Dialysis Den Project) that has been prepared by the Independent Entity, (Sachs Policy Group).

Arrow Cycles

Name

## Title

Digitized by srujanika@gmail.com

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.*

Haven Manor acknowledges the findings identified due to this assessment and will ensure that any potential negative impacts to medically underserved groups are mitigated as possible, as this expansion of services should provide an overall positive impact to these groups. The facility will continue its outreach and work closely with its referral partners, CBOs and advocacy groups to ensure that medically underserved populations are referred to the facility when appropriate and able to access dialysis services if needed. Haven Manor's population is comprised of individuals with mental health conditions and other comorbid conditions who have exhibited limited, if any, ability to successfully reside independently in the community and access community-based medical services. The addition of on-site dialysis services provides an opportunity to expand much-needed services for individuals who live with mental illness/ serious mental illness and often have experienced adverse events in life which limit their ability to successfully reside in the community. Residents often have a history of requiring in-patient psychiatric hospitalization, have a history of being undomiciled, have limited access to funds and transportation, and limited capability to schedule and attend routine medical appointments without assistance.

The facility has needed to limit the number of prospective residents requiring dialysis services due to off-site dialysis coordination concerns and the ability to provide sufficient supervision offsite for more individuals. In addition to being able to ensure access to medical services for even more individuals by adding on-site services, the structure provided by not needing to leave the facility for outside services will enhance the quality of life for individuals requiring these services and improve care coordination. Environmental stability, familiarity with healthcare providers and maintaining routines assist residents with maintaining their highest well-being, and the trips to the community dialysis center multiple times a week are disruptive to their routines. Given that Haven Manor and the dialysis provider will coordinate services, individuals requiring dialysis will routinely attend their appointments, which may not occur in the community due to lack of ability to self-schedule or coordinate routine transportation.

The facility will educate residents and other stakeholders regarding the addition of new services, including any enhanced protocols, including infection control. Haven Manor already coordinates dialysis care with an off-site provider, but the addition of on-site services will include additional communication with residents throughout the project process, including communicating about the services. Residents' outside medical specialists, such as nephrologists, will be educated regarding the facility's additional services and collaboration will continue to occur. External stakeholders will be advised of the availability of dialysis services to facilitate safe transitions for individuals requiring dialysis services.

Haven Manor maintains a robust quality assurance program, with a QAPI Committee that meets monthly. Quality monitoring is currently conducted related to off-site dialysis services and upon project completion, will be conducted related to on-site dialysis services to be reviewed at QAPI meetings. The outside dialysis provider also maintains a QAPI program for its services and will include services provided at Haven Manor in its QA reviews. The facility will

**solicit feedback from both residents and staff regarding the services for monitoring purposes, including related to satisfaction, potential safety or clinical concerns, and communication/collaboration with the dialysis provider.**