You deserve a say!

















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Former Community Catalyst Hospital Equity and Accountability Project (HEAP) Senior Advisor Lois Uttley and Communications Consultant Amy Zarin assembled this toolkit, which presents the most effective of these community organizing models, as well as lessons learned and quotes from some of the activists involved in this work. HEAP Project Manager Faith Daniel contributed valuable insights and models, as did Anthony Feliciano, former Executive Director of the Commission on the Public's Health System. Graphic artist Brucie Rosch designed the document. The HEAP team extends special thanks to Community Catalyst Executive Director Emily Stewart for her support of our work on hospital consolidation. We also thank Community Catalyst colleagues Brandon Wilson, Director of the Center for Consumer Engagement in Health

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Some of these activists also participated in advocacy at the state level to improve state regulatory review of proposed hospital changes so that an independent health equity assessment will be required, as of June 2023, to determine the likely impact of a merger, downsizing or closing on medically-underserved people. Advocacy for this change was led by members of Community Voices for Health System Accountability and Health Care for All New York, two statewide coalitions.

Are you worried because your local hospital is planning big changes?



Here's a quick overview of how to raise your voice.

Your concerns are valid. If your local hospital is planning to merge with a big health system, close a clinic or eliminate some services, you are right to be concerned. **Your health is at stake.**

Why do you deserve a say? Hospitals are licensed

by the state and required to serve the needs of their communities. New York hospitals are all non-profits, exempted from paying taxes in exchange for providing specific community benefits. They also receive millions of taxpayer dollars in Medicare and Medicaid reimbursements and government grants. Nevertheless, hospital executives often make plans for big changes without consulting the communities they serve. Learn more about why communities deserve a say about changes in their local hospitals on page 5 of this toolkit.

Learn how people in other communities have raised their voices.

You do not have to be a public health expert to hold your local hospital accountable to the community it serves. Asking common sense questions and being persistent can go a long way in achieving results.

Here are some specific actions you can take:

- Reach out to your neighbors, community leaders and elected officials to form a coalition. If you are worried, surely others share your concerns. See page 14
- 2. Work with your coalition to educate the public and key stakeholders about the hospital's plans. Here are a few strategies that have worked for other communities:
 - Utilize multiple modes of communication like social media and email. <u>See page 18</u>
 - Hand out flyers at places where local people gather, such as farmers' markets, libraries, community centers, places of worship and bus stops.

 See page 16
 - Hold a community forum to explain the planned changes and invite questions and feedback from community members.
 See page 24

- Host a rally to generate media coverage of your concerns. Hospital executives may be more receptive to negotiating when the shortcomings of their plans are made public by the press. See page 31
- **3.** Meet with hospital officials to express your concerns and ask them to reconsider their plans. See page 20
- 4. Document your community's health needs and the impact of any changes the hospital has already made in order to support your arguments that services should be preserved. Learn how to survey your community.

 See page 38
- Raise your community's concerns with state and federal regulators who must give permission when hospitals want to consolidate.
 See page 40

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1. INTRODUCTION:

Why this toolkit was created and how to use it

THIS TOOLKIT WAS CREATED AS A GUIDE for people who are facing proposed changes in the health care services provided by their local hospital or health system. Hospital mergers, downsizings or closures that eliminate services are generally driven by financial pressures and do not reflect the needs and desires of the communities they are licensed to serve. So, it falls to community members like you to speak out when your community's access to care is threatened.

You deserve a say! Hospital executives may behave as if they are running a private business with no responsibility to consult the communities that rely on their hospitals. But this isn't true, especially in New York, for four main reasons:

- First, hospitals are licensed by the states in which they are located. A hospital license comes with responsibilities to serve the community.
- Second, in New York State hospitals are all non-profits (unlike in some other states where for-profit companies can own hospitals). This

means New York's hospitals do not have to pay taxes and can receive charitable gifts that donors can claim as deductions on their tax returns to reduce their taxable income. In return for this tax break, non-profit hospitals are supposed to conduct "community health needs assessments" every three years - including asking for public comments - and develop strategies to address the unmet health needs that are identified. Non-profit hospitals are also supposed to provide what are called "community benefits," which means improving access to care for the community,1 providing charity care or financial assistance to patients who cannot afford to pay and also helping to improve the overall health of the community.

Health care advocates have voiced criticisms in recent years about whether communities are receiving community benefits equivalent to the value of the tax exemptions hospitals enjoy, which are worth more than \$1 billion per year

New Law Will Require NY Hospitals to Assess Community
Impact of Closures, Mergers
Mount Sinai drops plan to downsize Beth
Israel Hospital
Hospital

Mount Sinai drops plan to downsize Beth
Israel Hospital

Dozens of NY's hospitals closed.

Then COVID-19 hit. Now
marginalized patients are dying.

Mount Sinai drops plan to downsize Beth
Israel Hospital

Dozens of NY's hospitals closed.

Then COVID-19 hit. Now
marginalized patients are dying.

Montefiore's clinic closure in the Bronx

Angers residents and advocates

¹ Ge Bai and David A. Hyman, "Tax exemptions for nonprofit hospitals: It's time taxpayers get their money's worth," STAT, April 5, 2021, accessed at https://www.statnews.com/2021/04/05/tax-exemptions-nonprofit-hospitals-bad-deal-taxpayers/

in New York State alone, and an estimated \$25 billion nationwide.²

- Third, hospitals rely on millions of taxpayer dollars to fund their operations. They receive Medicaid and Medicare reimbursements, which typically make up 40% or more of their total revenues, and also receive government grants and loans. Eligibility to receive these taxpayer dollars is conditioned on the hospitals operating according to federal and state requirements that include non-discrimination and meeting standards for the quality of care provided.
- Finally, in New York and many other states, hospitals must receive approval from state regulators (and sometimes from local zoning officials) before they can make major changes, such as merging with other hospitals or with large health systems, eliminating services, relocating services or closing entirely. In New York and some other states, this approval process is called Certificate of Need (or CON), signifying that hospitals must demonstrate a need for the desired change. A change to New York's version of this process, slated to go into effect in June 2023, will for the first time require an independent assessment of the likely impact on medicallyunderserved people of proposals that would reduce or eliminate services.

How should you get started? The most important thing for you to know is this: You do not have to be an experienced public health advocate to fight a hospital's plans to merge, downsize or close. You do need to know your community and be unafraid to ask questions challenging your hospital's story about why their plans make sense for you and your neighbors. You also need to be persistent, since hospital transactions can take many months, and even years, to work their way through government approval

"We immediately thought, what is going to happen to people in the community? So we decided to have crucial conversations – those conversations where emotions are going to be high and strong."

- ARTHUR BUTLER

processes. And, you need to be nimble, ready to switch gears and seize on new opportunities to make your case.

In this toolkit, you will find examples of best practices and lessons learned that were shared by health care advocates from several communities in New York State. They have been where you are now, and in some cases, they are continuing to fight proposals to dramatically change the hospitals or clinics on which they rely. They generously shared their experiences.

"We immediately thought, what is going to happen to people in the community? So we decided to have crucial conversations — those conversations where emotions are going to be high and strong," explained Arthur Butler, who has been co-facilitating the Schenectady Coalition for Healthcare Access. The coalition is questioning plans for Schenectady's Ellis Hospital to merge with a regional health system that belongs to one of the largest Catholic health systems in the nation. Adoption of that system's religious health care restrictions would threaten access to reproductive services, gender-affirming care and options for end-of-life care.

² Sara Rosenbaum, David A. Kindig, Jie Bao, Maureen K. Byrnes, and Colin O'Laughlin, "The Value Of The Nonprofit Hospital Tax Exemption Was \$24.6 Billion In 2011,"Health Affairs 2015 34:7, 1225–1233, accessed at https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1424

"It can seem overwhelming or scary at first, but you just need to dive in and take the first steps."

- MARK HANNAY

This toolkit will teach you how to respond to news of a hospital's plan to reduce, relocate or eliminate services, merge with a large health system or close entirely. It will guide you on important steps to take in protecting your community's access to health care, including how to:

- Form a working coalition that represents affected community members and key stakeholders;
- Seek coalition agreements on what you hope to achieve, and what compromises you would or would not be willing to accept;
- Investigate the claims being made by hospital officials as to why the changes they are seeking are critical to the survival of the hospital;
- Generate community awareness and public support for your mission;
- Develop effective messaging, utilize social media and engage with local and national news media:
- Interact with hospital officials to urge changes in their plans;
- Engage local politicians and urge them to champion your cause;
- Influence government regulators whose approvals are necessary to carry out the hospital or health system's proposed changes.

This toolkit includes specific examples from coalitions in New York State which you can repurpose for your campaign. The toolkit is designed so that you can refer to these examples and guidance on how to carry out actions such as hosting a community forum or conducting a rally at the point when you need examples of each. While this toolkit is based on the experiences of New York communities, many of the best practices and lessons learned will be useful to community activists in other states.

"It can seem overwhelming or scary at first, but you just need to dive in and take the first steps," explained Mark Hannay, a resident of Lower Manhattan who has been active in organizing to prevent the closing of Beth Israel Medical Center, which serves his neighborhood. "It's essential that the community comes together early and speaks out for protecting local health care access. Otherwise it doesn't get on the radar screens of local media that inform the broader community of the situation or the politicians who could step in and do something."

Case example: Lower Manhattan

Community activists in Lower
Manhattan succeeded in their
campaign to prevent the closing of
Mount Sinai's Beth Israel Medical
Center, but only after a long struggle!



Click the icon to read this case example.

2. TRENDS IN NEW YORK HOSPITAL MERGERS, DOWNSIZINGS AND CLOSURES

YOURS IS NOT THE ONLY

COMMUNITY to face the potential loss of access to health care services from a proposed hospital merger, downsizing or closing. Over the last 20 to 25 years, the hospital industry has undergone a massive consolidation, both nationwide and across New York State. There are far fewer hospitals now, and they are likely to be owned by a large health system.

- More than 40 New York hospitals closed all of their inpatient services. Some became outpatient centers, medical offices, nursing homes or rehabilitation centers, while others were turned into condominiums or abandoned.³
- The number of hospital beds being decertified (removed from active use) across New York State increased, with the largest losses occurring in medical/surgical, psychiatric, maternity and pediatric care, according to New York State Department of Health data.
- Several large non-profit health systems have been steadily moving to manage or acquire many of the remaining community hospitals in the state. The 12 largest health systems gained control of more than half of the state's acute care hospitals and at least 70% of the acute care beds.

The COVID-19 pandemic also revealed inequitable distribution of health care facilities, including inpatient hospital beds, across the state. Communities of color, immigrant neighborhoods, rural areas and neighborhoods with many people with low incomes are the least well served. A study by the Community Service Society of New York released in June 2020 found that one of the

"Consolidation of health systems has exacerbated the inequitable allocation of health resources in New York."

- ELISABETH BENJAMIN

places worst hit by the first wave of COVID-19, the borough of Queens which had a COVID rate of 22 cases per 1,000 people, had only 1.5 hospital beds per 1,000 residents. By comparison, there were 6.4 beds per 1,000 people in Manhattan, which had a much lower COVID rate of 12 cases per 1,000 people.⁴

"In the wake of state deregulation in pricing and health planning in the 90s, we've observed a consolidation of health systems that has exacerbated the inequitable allocation of health resources in New York," explained Elisabeth Benjamin, Vice President for Health Initiatives at the Community Service Society of New York and co-author of the study.

How do these massive changes take place in the health care system? Isn't government approval needed? If so, when do affected community members get a say? This toolkit will help you understand how and when you can raise your voice about the likely impact of a proposed merger, downsizing or closure on your community.

³ Uttley, L., et al "Empowering New York Consumers in an Era of Hospital Consolidation," NYS Health Foundation and MergerWatch, 2018, accessed at: https://nyhealthfoundation.org/resource/empowering-health-consumers-in-an-era-of-hospital-consolidation/

⁴ A. Dunker, E. Benjamin, "How Structural Inequalities in New York's Health Care System Exacerbate Health Disparities During the COVID-19 Pandemic: A Call for Equitable Reform," 2020, accessed at: https://www.cssny.org/news/entry/structural-inequalities-in-new-yorks-health-care-system#:~:text=A%20survey%20describing%20similar%20disparities,family%20member%20to%20COVID%2D19.

3. WHO DECIDES?

Government regulators must review proposed hospital mergers, downsizings and closures of services

HOSPITALS MUST GET APPROVAL

from state health officials - and, in some cases, the state Attorney General's Office and federal antitrust officials - when they plan to merge, reduce or eliminate services, relocate hospital beds or make other changes. The most common type of government review of proposed hospital transactions in New York State is a process called Certificate of Need (or CON for short). Hospitals must submit an application to the state Department of Health to obtain a CON by demonstrating there is a need for their proposed project and that they are able to carry it out financially. Similar processes exist in many other states. This toolkit will help you understand these review processes and identify opportunities for you to raise community concerns. You will also learn when to ask for review by the state Attorney General's Office and the Federal Trade Commission.

Unfortunately, these government review processes are not transparent or easy for affected communities to learn about, understand or participate in. For example, there is no requirement that hospitals notify the public and hold public hearings before submitting a CON application that would bring about big changes in where people can receive health care. When hospitals do submit those CON applications, they are not immediately made public in New York, as they are in some other states. Eventually a notice that a CON application has been filed is posted on the Department of Health website. In New York, you can check whether there have been proposed changes in your local hospital by searching here.

Decisions about whether or not to approve a hospital's CON application are made by staff of the Department of Health, members of the state

Unfortunately, government review processes are not transparent or easy for affected communities to learn about.

Public Health and Health Planning Council (PHHPC, pronounced "fih-pik") and ultimately by the state's Commissioner of Health. The council has been chaired for the last few years by an executive of the state's largest hospital system and includes representatives of other hospitals, nursing homes and outpatient clinics, as well as a few academics and public health officials. Members of the council are nominated by the Governor and confirmed by the state Senate. In recent years, health care advocates have succeeded in legislative efforts to designate two seats for consumer representatives to help counterbalance the dominance of provider groups and help raise concerns about the impact of health facility changes on affected communities. Please refer to Section 12, which begins on page 40, to learn how to raise community concerns when your local hospital or health system submits a CON application.

The current standards for approval or disapproval of a CON application do not explicitly include consideration of the impact of the transaction on health equity. A new state law slated to go into effect in June 2023 will address this gap, and for the first time will require an independent health equity assessment if a hospital's proposal would reduce or eliminate access to services. That assessment will examine the likely impact on

medically-underserved people, including Black, Latinx, Native American and other people of color, as well as people with low incomes, people with no or limited health insurance, women, LGBTQ+ people, immigrants, people with disabilities, older adults and people residing in rural areas of the state. Outcomes of such assessments could include recommended requirements to address any identified negative effects of the transaction, and provide decision-makers with information they

need to advance health equity. This new law was the result of a campaign by health care advocates and legislative sponsors Assembly Health Committee Chair Richard Gottfried and Senate Health Committee Chair Gustavo Rivera. (See press release below.)

Please refer to the portion of Section 12 beginning on page 40 to learn how a health equity assessment may be carried out and how you can participate.



NY Health Advocates Applaud Gov. Hochul's Signing of Health Equity Assessment bill Impact on medically-underserved people must be scrutinized if hospitals propose to eliminate services

For immediate release: Dec. 23, 2021

CONTACT

Community Voices for Health System Accountability (CVHSA), a statewide alliance of health advocacy organizations, today applauded Gov. Kathy Hochul's signing late Wednesday of the Health Equity Assessment Act (S1451a) and thanked the bill's sponsors, Senate Health Committee Chair Gustavo Rivera and Assembly Health Committee Chair Richard Gottfried. The new law, Chapter 766, requires an independent assessment of the impact on medically-underserved people as part of the Certificate of Need (CON) process by which health facilities seek state approval of proposed changes to services.

"By signing this bill into law, Governor Hochul has ensured that the needs of medically-undeserved New Yorkers are considered when hospitals and nursing homes are proposing major changes, such as reducing or eliminating services," said CVHSA Coordinator Lois Uttley, Community Catalyst Women's Health Program Director, based in Manhattan. "For the first time, an independent health equity assessment will be required, including meaningful engagement of the affected community, in order to flag for state regulators potential barriers to care that would be created and suggest solutions."

Medically-underserved individuals are defined in the new law to include people with low incomes, racial and ethnic minorities, immigrants, women, LGBTQ+ people, people with disabilities, older adults, rural residents, uninsured people, people who rely on public insurance (such as Medicaid) and people who are unable to obtain health care. CVHSA includes organizations representing all of those constituencies, including the Center for Independence of the Disabled, the Commission on the Public's Health System, Community Catalyst's Women's Health Program, the Community Service Society of NY, the Empire Justice Center, Medicaid Matters NY, March of Dimes, Metro NY Health Care for All, the NY Immigration Coalition, Neighbors to Save Rivington House, the Schenectady Coalition for Healthcare Access and the Statewide Senior Action Council.

"This new law is a direct response to the inequities so starkly exposed by the first wave of COVID-19 in New York," said Elisabeth Benjamin, Vice President for Health Initiatives of the Community Service Society of NY. "Two decades of deregulated hospital financing and planning have led to hospital consolidation and closings that have left far too many communities without enough hospital beds, and those are the places hardest hit by the pandemic. We are grateful for the leadership of Senator Rivera and Assemblymember Gottfried, who recognized this disparate impact and ensured the enactment of this important step to make our health care system more responsive to communities of colors and other underserved New Yorkers."



4. ANALYZING THE LIKELY IMPACT OF A PROPOSED HOSPITAL CHANGE ON YOUR COMMUNITY

HOSPITAL ADMINISTRATORS often develop plans for changes at their facilities without first notifying and consulting with the affected community. In New York State, unlike some other states, there is no law requiring hospitals to conduct public hearings before submitting their CON applications to the state. This means that community members may not hear about a proposed merger, downsizing or closing until very late in the process, and then have to scramble to find out what exactly is being proposed and how people would be affected. (The new Health Equity Assessment Act scheduled to go into effect in June of 2023 will, however, begin to require meaningful engagement of affected communities if a proposed

There are several key ways in which community members could learn about proposed changes at their hospitals:

eliminate services, as is explained in Section 12.)

health facility change would substantially reduce or

- Staff members at the hospital may be notified of upcoming layoffs or changes in locations of where they work;
- Patients may be notified of upcoming changes in where they receive care;
- Hospital officials may give a courtesy "heads-up" about upcoming changes to local public officials and seek to win their support for the changes.
 These public officials may then reach out to their constituents;
- If local approval is needed, such as for zoning changes, city or town officials may be notified, and then alert their constituents;
- In New York City, local community boards may be notified;

"When St. Vincent's closed, the West Side community was told 'you have Beth Israel.' Eight years later, they wanted to close Beth Israel."

- MARK HANNAY

- Articles may begin to appear in local business newspapers;
- Local newspapers may receive press releases from hospitals and write articles about the planned changes.

For example, news of the plan to dramatically downsize the Mount Sinai Beth Israel Medical Center broke when the hospital's administration submitted plans to two Community Boards that represent the people living in their areas. Beth Israel's dilapidated buildings were situated in an area of Lower Manhattan where real estate values had soared. Just a few years after acquiring Beth Israel from another health system, Mount Sinai now planned to sell the Beth Israel hospital site to developers, who would likely replace the hospital with luxury apartments. Mount Sinai intended to build a new mini-hospital nearby with limited services and far fewer beds. Community Board members immediately saw the loss of the neighborhood's hospital as a threat to the community and alerted other elected officials and activists.

"When St. Vincent's Hospital closed in 2010, the West Side community was told, 'Don't worry. You're not going to be left high and dry. You have Beth Israel across town that will now become your hospital," local resident Mark Hannay recalled.

"Eight years later, Mount Sinai announced they would close Beth Israel and build a new, much smaller replacement hospital – radically downsizing Beth Israel. It came to light they had already closed some units, like labor and delivery and cardiac. A lot of people were like, 'Whoa! They said don't worry. That promise was not being kept.""

Upstate, in Schenectady, Michelle Ostrelich, a founder of the Schenectady Coalition for Healthcare Access (SCHA), learned about the proposed merger between the secular Ellis Hospital and the Catholic St. Peter's Health Partners system when she saw an article in the local business newspaper. "Some people in the community were attuned to Catholic hospitals' religious restrictions and were nervous when we read in the newspaper that our local community hospital was merging with a huge Catholic healthcare system," Ostrelich explained.

"But, there were so many people who didn't know that the ER was being privatized, that services were being cut, and that we risked losing more services. Every time we talked to people about the merger, they were shocked when they heard about the religious restrictions for the first time. Even when we, the leaders of this coalition, understood what was at risk, we still had so many unanswered questions that we wondered how hospitals are able to keep so much in the dark."

Case example: Schenectady



Activists in upstate Schenectady, NY, were shocked when they learned their local hospital was joining a religiously-sponsored health system that bans

key reproductive, LGBTQ+inclusive and end-of-life services. Learn how they have been fighting back.



Click the icon to read the complete Schenectady case example.

Once you become aware of the plans to reduce or eliminate services, it may not be easy to pin down the details. In order to assess the potential impact on your community, here are some important questions to ask:

- Would some services be closed or downsized?
- Would patients have to travel elsewhere for needed care?
- Would authority and decision-making about your local hospital shift to out-of-town health system executives?

St. Peter's Health Partners and Ellis Medicine planning merger



Oct 7, 2020, 3:34pm EDT



Donna Abbott-Vlahos

Ellis Medicine's days as an independent system may be nearing an

St. Peter's Health Partners and Ellis Medicine have signed a letter of intent to examine the formation of a joint affiliation between the two health systems.

SPHP CEO Jim Reed said Ellis would be a part of SPHP, and there would be Ellis representatives on the single board.

The examination process will last the next several months. A final agreement would require approvals by both organizations' boards, as well as state and federal regulatory agencies, a process that could take another six months or more, said Paul Milton, president and CFO of Filis Medicine.

Are there any alternatives to the proposed transaction that haven't been explored or have been discarded prematurely? For example, if hospital executives are proposing a merger, ask whether any other health systems were considered and why this particular merger partner is believed to be the best choice.

You may find some of the answers in the public posting of a summary of the CON application the hospital has filed with the state Department of Health, if it is available on the state Department of Health website. But the summaries are only posted once the Department has determined that the application is complete, and the full application is not made available. "In theory, public information exists, but it is often not publicly available," said Anthony Feliciano, former Director of the Commission on the Public's Health System, a non-profit in New York City.

If the CON has not been filed yet, you can talk to hospital employees, patients and any friendly hospital administrators or board members you may know from the community. If you form a community coalition, you can request a meeting with hospital executives to ask these questions. But be aware that they may not be completely forthcoming in answering your questions. Often, it is very helpful to engage local elected officials, such as city council members, county legislators and state legislative representatives, and seek their help in getting answers from hospital executives.

It's important to take into account the pre-existing inequities and social determinants of health that may be affecting people in your community, such as people who have disabilities, have low incomes, are uninsured, are immigrants, live in substandard housing and/or are exposed to pollution on a daily basis. Ronald Harrison, community organizer with the Northwest Bronx Community and Clergy Coalition, explained why he and his organization have been involved in trying to mitigate the impact of the Montefiore Health System's closure of a

"Our people are suffering.
I have a great stake in this
type of work because I
live in the Bronx and I care
about my community."

-RONALD HARRISON

primary care facility in the Bronx and consolidation of that facility's doctors and patients into two other sites:

"The most important [reason for doing this work] is that the Bronx is Number 62 out of 62 counties in health outcomes. We are dead last on the list. The Bronx is always neglected and disinvested in. We need to bring resources back to the Bronx. Our people are suffering. I have a great stake in this type of work because I live in the Bronx and I care about my community."

Case Example: The Bronx

When Montefiore Health System closed a primary care center serving low-income families in the Bronx, doctors, nurses and community groups came together to protest it as another blow to this medically underserved community. Coalition members developed a Community Health Impact Survey to prove that Montefiore Health System's consolidation has made the health equity disparity even worse.



Click the icon to read the complete Bronx case example.

5. FORMING A COALITION AND MOBILIZING YOUR COMMUNITY AND KEY STAKEHOLDERS

WHILE YOU LIKELY WILL FIRST TALK

about the issue with your friends and neighbors, you will need to reach out to a wide range of people and organizations representing the communities that could be affected by loss or relocation of health care services. This is the first step in forming a coalition, which will be the allies you partner with to challenge the hospital's consolidation plans. Think about the types of people who could be most affected. For example, if services are being relocated somewhere else, who would have trouble traveling to the new location? It could be people without cars, people with disabilities, elderly people, pregnant people or people whose first language is not English, as well as organizations that serve and/or represent these groups of people. Some examples of groups you might seek to engage include:

- Senior citizen and retiree organizations (seniors often are the best volunteers for local coalition work!)
- Organizations serving people with disabilities
- · Women's and LGBTQ+ organizations
- Organizations serving new immigrants and refugees
- Anti-poverty organizations
- NAACP and Urban League chapters
- Civic organizations such as neighborhood associations
- Hospital employees and unions that represent them.

You also will want to engage government officials who can bring their influence to your coalition, as well as people prominent in the community. Some examples of influential people you should reach out to include:

"It's important to get early buy-in from people in the local government."

-MICHELLE OSTRELICH

- · County legislators
- · State legislators
- City or town council members
- Mayor or town supervisor
- · Professors from nearby college or university
- County Human Rights Commission, if there is one, or civil liberties groups
- · Labor union leaders
- Clergy, especially from those congregations that will be impacted.

Michelle Ostrelich, a Schenectady County legislator, had government connections and relationships with Ellis Hospital executives. She made many phone calls to get government officials to join or support the coalition. "It's important to get early buy-in from people in the local government," said Michelle Ostrelich. "My pitch was: 'We need to keep our eyes on this. I know the risk is reproductive rights. If the merger happens, abortions, tubal ligations and vasectomies go away."

Mark Hannay from the coalition formed to save Beth Israel Hospital advises: "Engage people with a bully pulpit. In Manhattan, community board members, city council members, borough president and state legislators helped publicize the issue and slow down the hospital's plans."

Once you have formed a coalition, draft a few paragraphs on what you are doing and why. This "mission statement" can later be referenced if there is a need to remind people of the group's goals.

Ground rules for a successful coalition

Once you have formed a coalition, draft a few paragraphs on what you are doing and why. This "mission statement" can later be referenced if there is a need to remind people of the group's goals. Next, the coalition needs to agree on actions it will take and develop a timeline for executing them. Every successful coalition needs a leader or leaders who people respect and who will respect other people. The leader(s) will take on the role of ensuring the coalition meets regularly and manages its way through conflicts. Coalitions need members with different skill sets such as event planning, social media, public speaking, financial analysis (for reviewing hospital financial statements), photography, project management, media relations and outreach to neighborhoods.

Establishing an honest and constructive working relationship among members of the coalition is extremely important. You need to take the time to develop effective ways of dealing with conflict within the coalition, because it is inevitable that people will disagree with each other about goals, strategy and what are the best next steps to take. To learn more about building a successful coalition, see this handout shared by Anthony Feliciano, former Director of the Commission on the Public's Health System, developed over time by a group of health advocates.

The Schenectady coalition includes a number of affected local residents and some doctors and nurses from the community. It also includes organizations with an interest in the future of the hospital and availability of services, such as the New York Civil Liberties Union, Planned Parenthood Empire State Action, Compassion and Choices, the local NAACP chapter and the New York Nurses Association. To see a longer list of Schenectady Coalition for Healthcare Access members, visit their website. The coalition also communicates regularly with such public officials as the county public health director, county health equity director and commissioners, county legislators, city council members and the mayor.

Engaging local clergy and people of faith

A connection with just one clergy member can spread the word to other faith leaders in your community. In Schenectady, retired Presbyterian minister Bill Levering has used his contacts to engage other local faith leaders. If you are facing the reduction or elimination of reproductive services, pastors of Presbyterian, Lutheran, Methodist and Unitarian Protestant churches are likely to be supportive, as are rabbis from Jewish Reform, Reconstructionist and some Conservative congregations. While Catholic priests and bishops will not be sympathetic to concerns about the loss of reproductive health services or gender-affirming care, there are many pro-choice and pro-LGBTQ+ Catholics who would be supportive of your coalition's work in this area. For example, there is a national group called Catholics for Choice that has members and chapters in many areas of the country. If the threat facing your local hospital is not related to reproductive or LGBTQ+ care, you may find that your local Catholic priest or bishop will be supportive.

You and other members of your coalition may realize that the planned reduction in hospital services is dire, and the need for community action is urgent. But, most people in the community probably have no idea what is about to happen. These issues can be complicated and confusing. Public outreach is essential to connect with people and convey the urgency of the situation.

Begin with the simple act of talking to anyone you can. You can set up a table or hand out flyers at local gathering places, such as fairs, festivals, farmer's markets, libraries, churches and outside grocery and retail stores. You can ask to speak at meetings of neighborhood associations or, in New York City, community boards, and make public comments at city and county meetings. You can also talk to people online using Facebook, Twitter and other social media, as well as email messages.

Engaging members of neighborhood associations

While it's important to alert the community that will be affected by the hospital's downsizing or merger about what is happening, it is equally important to listen to their reactions to the news. Request to speak at a meeting of a neighborhood association. Explain what is going on with the hospital, and then invite attendees to give their feedback. Ask them questions, such as:

- How do you feel about the hospital's plans?
- How will it impact you?
- Where will you get care elsewhere if the hospital or clinic closes?
- How difficult will it be for you to travel to obtain care?

It is only by getting this direct input that your coalition can credibly speak on behalf of the community's needs. Moreover, you can ask individuals to share their real-life experiences of accessing health care with the coalition, and potentially the media, and help guide the decisions the coalition makes.

"We went around to neighborhood associations to ask them to help and be a part of the work, rather than us speaking for a group of folks without actually listening to them," explains Arthur Butler of While it's important to alert the community that will be affected by the hospital's downsizing or merger about what is happening, it is equally important to listen to their reactions to the news.

the Schenectady Coalition for Healthcare Access. "We had to lay out why it's important for them to be a part of the landscape of change and how their voices and their stories are important."

The Role of Community Boards in New York City

In New York City, Community Boards can have significant influence. When the downsizing of Mount Sinai Beth Israel was announced, Community Board 3 hosted information sessions as part of the work of its health committee. Community Board members are also connected with local politicians representing Lower Manhattan. Members of the City Council and the state legislature, as well as the borough president, became involved. Community Boards can help spread the word because they have lists of block associations, Boys & Girls Clubs, PTAs and other community organizations. In the Bronx, Community Boards sent email blasts to their listservs notifying people about the Community Health Impact Survey the Montefiore Bronx Accountability Coalition was promoting, increasing its visibility.

Engaging hospital employees and unions representing them

People who work for hospitals will often be directly affected by hospital consolidation plans. They may be at risk of being transferred to another location within a health system, having their hours cut or

even losing their jobs. So, they must be considered key stakeholders and potential collaborators with coalitions concerned about the impact of proposed hospital mergers, downsizing or closings. There are some key reasons to engage hospital employees, but also reasons to exercise caution in some circumstances.

First, the pros: Hospital employees are on the front lines of hospital care on a daily basis. They care about their patients and the communities they serve (and often live in). They can help flag for your coalition any changes that are already taking place within your hospital or its affiliated clinics. For example, physicians and nurses may be aware that beds in some units are going unstaffed, or that severe staffing shortages are harming patient care or that a health system is planning to consolidate its clinics. When a business (including a hospital) in New York plans to close, employees must be given 90 days advance notice under the Worker Adjustment and Retraining Notice (WARN) Act. (New York's WARN Act requirements go beyond the federal WARN Act, which applies in states without their own versions of this law.) Physicians and nurses can also help your coalition critique hospital merger plans by pointing out likely consequences that are not spelled out in official hospital documents.

Some hospital employees may be willing to publicly speak out, and their voices can be particularly influential because of their prominent role at the facility and the respect they have earned from the community. They also may have access to valuable insider information. When hospital employees belong to a union, such as the New York State Nurses Association or 1199SEIU, they will have organizational support that can help with analyzing the likely consequences of a proposed merger, downsizing or relocation of services, and can assist or even take the lead in organizing community forums and protest rallies.

Now, a few words of caution: It's important to recognize that hospital employees could risk being disciplined or fired for speaking out publicly against

People who work for hospitals must be considered key stakeholders and potential collaborators.

proposed changes at the hospital. So, your coalition should take care to avoid exposing their participation in the coalition's work without discussing it with them first and respecting any stance they may take. When the coalition receives valuable insider information from hospital employees, it may be wise to protect the identity of the person(s) who provided it, unless you have their explicit permission to cite them.

When hospital employees belong to a union, be aware that the union may be asking hospital or health system executives for job protections, such as guaranteed transfers to other health facilities within the system. The price of winning such protections could be that the union agrees to remain silent on the merits of the consolidation plans. In some instances, a hospital's proposal to merge or downsize may coincide with the expiration of an existing contract with the hospital employee union and the commencement of negotiations for a new contract. The union may want and appreciate public support for them during a contract negotiation, particularly if they see it as strategic to saving a facility or shaping how a final merger deal may emerge. However, a local coalition should carefully consider whether or not to be publicly supportive of the union's demands in contract negotiations, because such a move could antagonize hospital officials the coalition is trying to engage to seek changes in proposed consolidation plans. The important thing is to be in continual communication with union representatives as negotiations proceed and respect their needs and wishes as the coalition decides whether to openly support them or not.

6. USING SOCIAL MEDIA, PHONE ZAPS, AND EMAIL TO ENGAGE YOUR COMMUNITY

AN IMPORTANT JOB OF YOUR

COALITION will be growing awareness of the issue within your community and keeping community members up-to-date on actions they can take. It is a good idea to give some thought to the branding of your coalition. Come up with a name that is descriptive and memorable. For example, the Schenectady coalition uses Save Our Services, which can be shortened to S.O.S., as part of its logo and website name. If you want to create a website, check the availability of relevant domain names. If possible, create a logo and visual palette that you can use consistently in your communications. You will want to use a consistent and easy-to-understand look.

The Schenectady coalition used its <u>Facebook</u> <u>page</u> frequently in 2021 to get the word out about the potential consequences of a merger of Ellis Medicine with St. Peter's Health Partners.

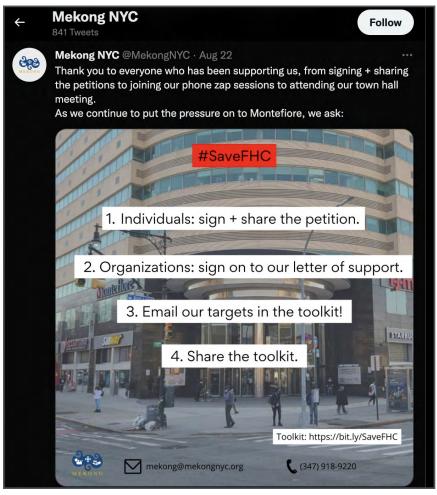
Mekong NYC, a non-profit organization in the Bronx, made excellent use of social media and email to protest a proposed clinic consolidation in their neighborhood. You can find a case study of their work on pages 51-52 and a link to a social media toolkit they created for coalition members at the bottom of this page. Here is an example of one of Mekong NYC's Twitter posts:

Using social media

Social media channels such as Facebook, Instagram, Twitter and newer alternative channels are a primary way to get the word out and put pressure on decision-makers. When you use social media, you can improve your chances of your message being seen by including relevant and catchy hashtags. Facebook allows you to create "events," which people can endorse and cross-promote. You can also use Facebook Live to stream an event and archive it. If funding allows, consider utilizing Facebook ads or 'boosting' a post. These features allow you to narrow the visibility of your post to your desired audience by characteristics such as age, gender, interest, and/or zip code.

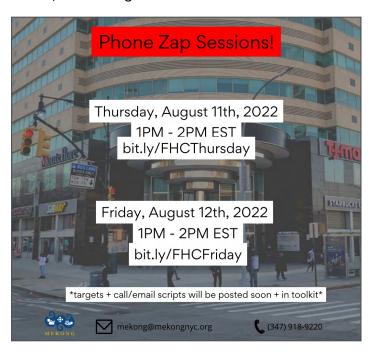
> Click here to see an example of a social media toolkit





Planning a phone zap

Coalition members can team up to host a series of phone "zaps." During a phone zap, volunteers make phone calls to a targeted individual, such as an elected official or a hospital executive, during a set hour on a given workday. The goal is to get the individual's attention by inundating them with calls. This requires advance planning and a script. (Take care, however, to not generate multiple calls to a number that patients may be trying to use to schedule appointments or seek health advice.) A phone zap is an easy event for volunteers to participate in because it does not require a big time commitment. It can be promoted through social media, as Mekong NYC did here:



The role of email

Email can also play an important role. You should always be collecting names and email addresses. For example, the Schenectady coalition's email list includes approximately 500 names. The group has sent regular emails with updates during periods of the most action. A newsletter is ideal. It's better to do more frequent, shorter emails with pictures than one long, wordy email. Keep in mind to avoid health care jargon or acronyms that will be unfamiliar to your readers.

Consider using Constant Contact or Mailchimp if you have someone in the coalition to manage the service. If not, it's better to keep the emails going out even if it is from a basic email account. The advantages of these email services are that they can give you metrics, let you know who reads the email and make your emails look a little more professional.

7. ENGAGING HOSPITAL OFFICIALS AT VARIOUS STAGES OF YOUR CAMPAIGN

YOUR COALITION will need to engage hospital officials to ask for more information, insist that the community be consulted and potentially ask for changes in their plans. You may want to meet with hospital officials directly or invite them to answer questions at a community forum.

Reaching out to hospital board members

Research hospital board members to look for friendly ones who might be persuaded that the proposed transaction is not as beneficial as the CEO has portrayed it. Hospital CEOs need to convince their boards of directors that a proposed transaction is a good idea. A hospital board of directors may include some individuals sympathetic to your concerns. Do your research on board members. This is a situation in which networking within your community is so important. Try to get the ear of any board members who might be persuaded that the proposed transaction would have negative consequences.

You could think of this contact with one or more board members as initial fact finding. You want to gain a sense of whether board members are informed about all the potential impacts of the planned consolidation. Try to ascertain if they are nonetheless supportive of the plans and why this is so. This type of conversation can help you and your coalition understand what board members believe the consolidation will accomplish and what will happen if it is not approved by state officials. For example, board members may have been told by the CEO that the hospital will close if a merger doesn't happen. In the case of a proposed secular/ religious hospital merger, board members may have been told that no services would be sacrificed if religious health restrictions are to be imposed or that patients will be able to get those services elsewhere in the community easily.

Establish ground rules and a firm agenda for your meeting with hospital executives ahead of time.

Once you understand the narrative that board members have received, you will be in a better position to investigate the claims that are being made and potentially question them. For example, it may turn out that a hospital's financial situation is not quite as desperate as the CEO has been claiming in order to promote plans for a merger. You may want to recruit to your coalition someone who has financial expertise, such as an accountant, who will be able to read and understand hospital financial statements.

Meeting with hospital CEOs and/or hospital boards

At some point once your coalition is formed, representatives of your coalition should request a meeting with the hospital CEO and board members to ask questions about the issues that are concerning you, listen to their responses and consider the official rationale for the proposed consolidation.

You can prepare for your meeting with hospital executives in several ways. Make sure you show up with a diverse group of community members. If you are protesting a proposed merger of your community hospital with a religiously-sponsored hospital or health system, make sure to have friendly clergy and people of faith on your side. If there are public officials who are supportive of your coalition, it may be wise to invite one or more of them to join you.

You can change the power dynamic by meeting in your space, instead of their space. Arranging chairs in a circle so everyone is facing each other could help balance out the power in the room.

It is also important to establish ground rules and a firm agenda for the meeting ahead of time. For example, do not accept the idea that hospital officials should start the meeting off by showing you a PowerPoint presentation that summarizes what they are proposing. Too many community coalitions have accepted this idea and then have discovered to their dismay that they immediately lost control of the meeting as hospital officials stretched out their presentation to take up almost all of the allotted time.

Research to do before meeting with hospital executives

Do your homework before you get to the meeting. Review any available information you can find about the hospital's financial situation and quality ratings, so you can assess what hospital officials may claim about the need for the merger or other transaction. Be aware that hospital executives often claim that if the merger doesn't go through, the hospital will close. This is usually a scare tactic – a dramatic overstatement of the situation to make the community feel that there is no other choice to save the hospital. That usually is not true!

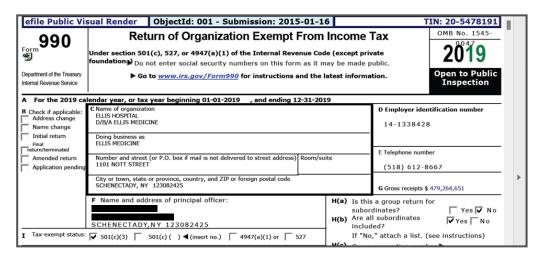
You can find quality ratings for all hospitals on the website of the <u>Centers for Medicare and Medicaid Services</u>.

Here, for example, is a sample of what that website shows about Ellis Hospital in Schenectady, NY. Notice that the overall quality rating is two stars out of a possible five, and surveys of patients who had



received treatment at the hospital also produced a rating of two out of five stars. These ratings are on the low end of the scale, suggesting improvements are needed. Be prepared to acknowledge these ratings, but not to concede that the proposed merger or other transaction is the only way to improve the ratings.

If your hospital is a non-profit (and in New York, the vast majority are) then you can <u>look up its</u> recent financial reports on <u>GuideStar</u>. Create a free account and search for your hospital, then click the link to the hospital's IRS form 990 filings, which will show you revenues and expenses, assets and other information, including the salaries paid to the hospital's top executives. Below is a screenshot of what the IRS form 900 looks like.



Organize your key points ahead of time and designate members of your coalition to be responsible for each of those points. Be sure to articulate them clearly and succinctly.

Another source of valuable information is the Community Health Needs Assessment that non-profit hospitals are required to do every three years. Search online for your hospital's name and the words community health needs assessment. Often, these assessments can be found on your hospital's website.

What to expect and do during a meeting with hospital executives

Do not be intimidated by hospital executives. Organize your key points ahead of time and designate members of your coalition to be responsible for each of those points. Be sure to articulate them clearly and succinctly. If they mention something you don't understand, don't be afraid to ask a question.

Hospital officials may respond to your questions with vague answers. They may have been coached by their lawyers and PR teams to stick to their talking points. Do not accept answers such as "We don't have that information." or "We can't say until after the merger." If they do make any assurances, ask to receive those promises in writing!

Make sure to assign one or more of your coalition members to take careful notes of what the hospital officials say. Try to recruit someone who is good at quickly taking notes, and can capture exact quotes from hospital executives. You might consider asking everyone's permission to use a voice recorder to memorialize what is said. However, be aware that the presence of a voice recorder could potentially

put hospital officials even more on guard than they would be anyway.

Here are some things you can ask for during a meeting with hospital officials (understanding that they may refuse to give them to you, claiming a need for confidentiality):

- In the case of a proposed merger or acquisition, ask for the Memorandum of Understanding (MOU) that the hospital has signed with the other entity (a hospital or health system). If you are able to obtain the MOU, it will give you some very important pieces of information, such as the time frame under which more details of the transaction must be negotiated. For example, the MOU might specify that the parties will only talk with each other (not with any other potential merger partners) for a period of six months or a year while each party carries out what is called "due diligence," which means disclosing to each other key financial and other pieces of information, and conducting detailed negotiations over the terms of the merger.
- If plans for a proposed merger or acquisition are farther along, you could ask for a copy of the merger agreement. If you are able to obtain the merger agreement, you may be able to determine what your local hospital may be giving up in order to complete the transaction. For example, will the CEO of your local hospital be replaced or overseen by someone from the other hospital or parent health system? Will your local hospital board continue to exist, or will it be replaced by a combined hospital board? If a combined board, how many seats does your hospital get on the board and how many seats does the other hospital get? How would tie votes be broken? Are there plans to combine services that are currently delivered at both hospitals and have them available at only one of the hospitals, thus forcing patients to travel?

• If your hospital has filed a Certificate of Need (CON) application with the state Department of Health, ask for a copy of the full CON document.

Be aware that what will be posted eventually on the Department of Health website will be only a summary of what is in the CON. In order to get the full CON from the Department, you would have to file a Freedom of Information request through the Department's online request form, However, it can take weeks or months to obtain a document through the Department's bureaucratic review processes.

Inviting hospital executives to speak at a community forum you organize

Your coalition should carefully consider whether or not to invite hospital executives to speak at a community forum you organize, because they have the potential to dominate the meeting with PowerPoint presentations. If you allow hospital administration to speak at your forum, give them a time limit. If they go on too long, a facilitator can cut them off by saying, "Can you stop here? It's a lot to digest and we want folks to have time to ask questions." In the next section of this toolkit, we will offer guidance on how to organize a community forum, including setting the agenda and inviting speakers.

Follow-up meetings with hospital executives

Once you have had an initial meeting with hospital executives, and possibly obtained some of the documents mentioned above, you and your coalition will want to carefully review what you have learned and investigate some of the claims that may have been made. You should then plan on asking for a follow-up meeting with hospital officials to ask further questions and, if you are ready with them, request changes to the plans that have been announced.

8. PLANNING AND CONDUCTING AN EFFECTIVE COMMUNITY FORUM

HOSTING A COMMUNITY FORUM,

whether in-person or virtual, is an excellent way to spread the word, bring supporters into your fold and generate news coverage. It also provides an opportunity to connect with people who may have personal health experiences that can be used as evidence of the harm the hospital closure would cause. Below are the key steps to planning and hosting a community forum.

Step 1. Begin planning

Consider the following three major factors:

Identify your purpose in sponsoring a forum. First, members of your coalition should decide on what your goals are in hosting a forum. Who in your community do you want to engage through the forum? What issues do you want to discuss? Are there other ways of accomplishing these same goals?

Consider whether you have the capacity to organize and host a forum. You will need volunteers to help with outreach and staffing of the forum, especially if you decide to hold it in person and observe COVID-19 precautions for an indoor event. If you decide on a virtual forum, you will need an experienced individual or organization with a Zoom account and the ability to manage a large group of people online at once. Your local library or a local non-profit may be able to provide technical support. Designate someone to monitor the chat and someone to mute attendees when necessary to ensure everyone has a positive experience.

Decide where and when the forum will be held. Once you agree on a purpose and decide you have the capacity to host a forum, you can begin to plan the logistics. For an in-person community forum, potential sites include libraries, community

centers or meeting rooms at places of worship. You may have to pay a small rental fee to use some community spaces. Having a proper sound system is essential. You will need at least one microphone for the moderator and speakers to use and another one that a volunteer can take around in the audience to allow people to ask questions. (If the space you are considering does not have the appropriate sound system, reach out to a local DJ or community organization that may lend or rent their equipment to you for the forum.) You may also want to have someone video broadcast the forum on Facebook Live. Additional criteria to consider when choosing your location: Is it accessible to people with disabilities? Are there mask requirements in place, so that people with compromised immune systems could feel safe attending?

Consider whether members of the affected communities speak languages other than English or include people with disabilities who need ASL translators and line up translators if needed. Also consider which are the best days of the week and times of day to hold a forum. In general, weekdays during working hours are times to avoid. Weeknights after dinnertime can be effective, but do keep in mind that some seniors may not want to attend in-person events after dark. Weekend days can work, especially in the late afternoon after people have done their weekly shopping or attended religious services. Ask members of your coalition to reach out to potential attendees to identify the best times for your community.

Finally, providing some light refreshments after the event is a nice touch, if budget allows. It also creates an atmosphere for one-on-one conversations and networking.

Step 2: Confirm speakers and cosponsors and decide whether to invite hospital execs and/or the news media.

Choose one or two moderators: A moderator will welcome participants, explain the goals for the forum and introduce the speakers. Ensure you have someone who can frame the issue for people who are unfamiliar with what is happening. A second person can moderate a question-andanswer portion of the program. That person needs to be firm in limiting the length of questions and avoiding having one or two questioners dominate the session. The moderator will also suggest which of the speakers could answer questions that are asked. In selecting moderators, look for people who are comfortable with public speaking and can be counted on to keep the forum on schedule, so that you cover all of the important topics without running overtime.

Invite speakers: Next, your coalition should choose and invite speakers who can address the points you want to get across. Make sure the speakers represent the diversity of the community members who would be affected by the proposed hospital changes, such as women, LGBTQ+ people, older people, people with disabilities and immigrants. Look to assemble a panel that is racially and ethnically diverse, especially when the hospital making changes is located in a community of color.

Invite co-sponsors for the forum: Co-sponsors could be non-profit organizations that support your mission, neighborhood associations or even government officials. Ask specifically if you can use their organizational names on flyers, email invites and social media announcements about the forum. Ask if they would circulate the invite to their constituents, and perhaps help contribute to the cost of renting a room and providing refreshments, if your event will be held in person.

Decide whether to invite hospital representatives: Consider whether you want to invite hospital administrators to the forum or if you would rather

have your coalition inform the community about the threat to their access to health services, without the hospital presenting its case. If you do decide to invite hospital representatives, you can choose whether to give them an opportunity to present or just answer questions. If you want them to present, make sure to strictly limit their time so they do not dominate the forum and leave you and your coalition with insufficient time to challenge their likely claims that the proposed changes will actually benefit the community.

Decide whether to invite members of the news media: Having news reporters listening to the forum can have advantages, such as helping to educate them about the potential negative impact of the proposed hospital changes and helping them understand that there are many people in the community who are concerned about how they and their families would be affected. There are also some risks in inviting the media. For example, if not many people show up for the forum, or speakers are not effective, it will not help boost your efforts. Ordinary people may be intimidated by having the media present, and therefore hesitant to speak out. Moreover, if you decide to invite hospital executives to be present, they could potentially overwhelm your community's concerns with assurances that the planned changes will actually be good. It's important to consider these potential pros and cons. Some coalitions prefer to have a community forum first to help understand the scope of the likely impact, and how concerned people are about it, before reaching out to the news media. See Section 10 of this toolkit for in-depth guidance on how to interact with the news media.

Step 3: Publicize your forum

Create a model promotional email and social media message, as well as a flyer, that your coalition members and the co-sponsors can use to invite people to the forum. Be sure to include the important details – when and where? – but also

why the forum is being held. If one or more of your moderators or speakers is well known, be sure to include their names as special "draws" to attract people to the event. Ask your coalition members to use the model email and social media message to invite friends, family and members of their organizations. Ask your co-sponsors to send the invitation out to their email lists. Ask volunteers to distribute flyers promoting the forum. Good locations for posting or handing out flyers are community centers, churches, synagogues, libraries, outside grocery stores or retail stores (with permission), laundromats, beauty parlors, barber shops, farmer's markets and PTA meetings. In New York City, handing out flyers near subway stations is often effective. Also consider special events that might draw a crowd. For example, the Schenectady coalition passed out flyers promoting its upcoming community forum at a road race one weekend. Below are the promotional flyer and agenda for a community forum held in Lower Manhattan.

What will the plans for a new Mount Sinai Beth Israel Hospital mean to you and your family? Mount Sinai hospitals for care the care we need in our nother big flood? How will Mount Sina As Mount Sinai takes help with the addiction over Rivington House will they help us restore crisis escalating in lost nursing home beds in our neighborhood so their new front vard Do you have questions like these? Come to a community forum on the future of Beth Israel! Sponsored by elected officials and non-profit groups. Monday, November 4, from 6 to 9 PM 331 East 12th Street (Sirovich Senior Center) Community Coalition to Save Beth cphs CID-NY

Case Example: A Successful Community Forum

In the fall of 2019, the Community
Coalition to Save Beth Israel Hospital
hosted a series of in-person community
forums in New York City to share concerns about
the planned hospital closure. You can find an
editable version of the flyer, which you can adapt
for your own use, and slides that were presented,
by clicking on the icons below.



Click this icon to see an editable version of the promotional flyer



Click this icon to see the slides that were presented

Community Town Hall on the Future of Beth Israel

Monday, November 4, 2019

Sirovich Senior Center, Manhattan

Agenda:

- Welcome and Introductions
 - o Mark Hannay, Director, Metro New York Health Care for All
 - Allen James, Former Executive Director, Fortune Society
- Remarks from Public Officials (15 min.)
- Panel: What is Being Proposed and What it Could Mean for Our Communities (20 min.)
 - Anthony Feliciano, Director, Commission on the Public's Health System
 - Tess Solomon, maternal health expert consultant, Community Catalyst
 Kathleen Webster, Convenor, Neighbors to Save Rivington House
 - o [anyone else?]
- Community Residents' Questions, Comments, and Story-Sharing (45 min.)
- How Our Communities Can Help Assure that Our Health Care Needs are Met (20 min.)
- Closing Comments and Next Steps (10 min.)

Community Co-Sponsors:

Center for Independence of the Disabled New York; Children's Defense Fund of New York; Chinese-American Planning Council; Coalition to Save Beth Israel Hospital; Commission on the Public's Health System in New York City; Community Catalyst; Grand Street Settlement; Metro New York Health Care for All; Neighbors to Save Rivington House; University Settlement House; Vision Urbana

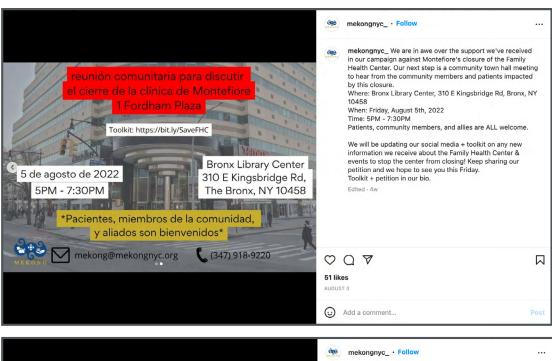
Participating and/or Supporting Public Officials:

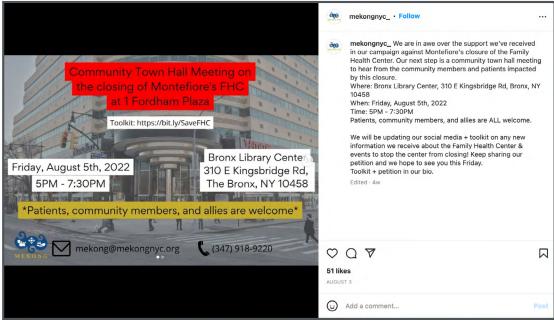
Manhattan Borough President Gale Brewer; Councilmember Margaret Chin; Assemblymember Harvey Epstein; Assemblymember Debra Glick; Assemblymember Richard Gottfried; Senator Brad Hoylman; Senator Brian Kavanaugh; Senator Liz Krueger; Rep. Carolyn Maloney; Assemblymember Yuh-Line Niou; Councilmember Carlina Rivera; Rep. Nydia Velazquez

Below is an example of an Instagram post for a community forum held in August 2022 in the Bronx. Notice that the image with key logistical information appeared in English and Spanish.

If your forum is being held virtually, you will want to set up a registration page where people can sign up to receive the event's Zoom link. This process also has the benefit of giving your coalition the names, emails and other contact information for the people who were interested in your issue, so you can contact them in the future. (For in-person events, you can collect contact information by asking people to sign in when they arrive.)

Be sure to send out reminder emails one week before the forum, the day before and then the morning of the forum. Some people decide at the last minute whether they will attend.





If you have decided to invite the news media, make sure to send them an announcement at least one week in advance, and follow up with them by email and phone the day before the forum.

Step 4: Plan the agenda and prep your speakers

At least a week in advance of the event, develop a detailed agenda for your forum. List everything you want to happen during the forum, and assign each agenda item a specific amount of time. Make sure there is time allotted for questions and comments from the community. A typical agenda for a 90-minute community forum might look like this:

COMMUNITY FORUM AGENDA

7:00 pm	Moderator welcomes participants, describes the purpose of the forum and gives an overview of what will happen during the forum.		
7:10 pm	Moderator announces the speakers and gives brief bios of each		
7:15 pm	First speaker		
7:20 pm	Second speaker		
7:25 pm	Third speaker		
7:30 pm	Fourth speaker		
7:35 pm	Moderator summarizes key points the speakers have made, describes what the coalition is doing to address the identified threats to local health care access and invites people to join the coalition and volunteer to help		
7:45 pm	Moderator opens up question and answer session		
8:05 pm	If hospital officials are present, ask them to address some of the questions raised		
8:20 pm	Moderator closes down question and		

answer session and reminds people of

how to volunteer

Prep your speakers. Make sure they coordinate which topics they will talk about so that all points are hit without redundancy. Develop a list of questions and make sure coalition members in the audience are prepared to ask those specific questions, if they are not asked by other attendees.

Some coalitions have extended the time period for community forums out to two hours, in order to allow sufficient time for speakers and questions and answers. A longer time frame will be needed if you decide to invite hospital representatives to give a presentation or respond to questions. If you have invited hospital representatives to speak, get agreement ahead of time within your coalition about how you will respond if they are dishonest. One facilitator should be designated as the person to call them out if necessary.

Lastly, members of the coalition should encourage story-sharing whenever they are speaking with community members. Stories of real people who have been harmed or could be harmed in the future can be very compelling to lawmakers, regulators and reporters. You always want to be on the lookout for people who are willing to share their stories to help the cause. However, it is important to be sensitive and considerate to those willing to share their stories, and ask their permission if you would like to use their stories on social media or in other ways beyond the forum.

Step 5: Things to pay attention to on the day of the forum

Online forum

If your forum is being held over Zoom, allow participants to post questions in the chat function. Make sure someone from your coalition is monitoring the chat and lifting up the questions for your moderator as they come in, typically by reading them out.

Make sure to record the forum, if it's being held on Zoom, or have someone video-record an in-person forum. You can use clips from the recordings later to educate the general public about certain points.

Case Example: Schenectady Virtual Community Forum

In this case, hospital officials were not invited to speak, but they were invited to listen to community concerns.

Six months after the virtual community forum hosted by Media Sanctuary, another virtual forum took place, hosted by the NAACP Schenectady Branch's President, Reverend Nicolle Harris.

Case Example: Virtual Community Forum hosted by NAACP Schenectady

This session was quite different from the one held in April in that Ellis Hospital's CEO and COO were invited to give a statement and answer questions from the community. A full recording is available on YouTube here. If you are considering inviting hospital officials to speak at your forum, watching this video will be very instructive.

In-person forum

If your forum is being held in person, plan to arrive early to make sure there are enough chairs available for everyone and there is a table where coalition members can invite people to sign in, sign petitions or take flyers to hand out. Be sure to check your microphones and sound system.

Depending on the status of community transmission of COVID-19 at the time you are holding your forum, you may decide to require everyone to wear masks. If that is the case make sure to bring some extra masks, so you can give them to anyone who needs them.



Your coalition should assign someone to greet people at the door. Someone else should be assigned to keep control of the microphone when people in the audience are speaking and try to circulate enough that various people get to speak.

Ideally, someone should record the meeting. See if someone in your coalition is able to do a "Facebook Live" broadcast of the meeting, it will automatically be archived for people to watch later.

Step 6: After the Forum

Even if you have not invited news reporters to listen in to the forum, you can still issue a press release to the media.



Click this icon to see a sample of a press release after a community forum.

Have a follow-up coalition meeting after the forum to discuss what was said. If the hospital executives spoke, fact-check what they said. If they lied, tell the media.

Send a follow-up email recapping the session and encouraging community members to take next steps.

9. PLANNING AND HOSTING A SUCCESSFUL RALLY

THE PURPOSE OF A RALLY or other visibility event is to promote media coverage of your issue, thereby alerting the public and helping to engage influential people in the community, including public officials. Here are the key considerations you should take into account in deciding whether to hold a rally and then planning it to be successful.

Step 1: Begin planning

(Ideally, you will start planning four to six weeks ahead of time, but you can certainly plan a rally in less time.)



Define your goals. What outcomes do you want? What issues do you want to focus on?

Plan the logistics. Location is important. Look for a location with good visibility that may be noticed by people passing by. Also consider how photogenic the location is, for the sake of media coverage. Do you need a permit to use that space? Allow time for obtaining a permit from a government agency.

Pick a day and time when more people are likely to see the rally. In some cases, this could be a weekend, but in other cases, it might be a weekday at lunchtime near the hospital or government offices.

Consider what you will do in case of bad weather. Is there an alternate indoor space you could use? Or do you want to announce a "rain date" in advance?

Make sure to get a sound system and microphone(s) so participants and journalists can hear the speakers outside.

Often, you can borrow one or rent one from a local DJ or non-profit organization.

Step 2: Choose an emcee and speakers

Designate someone to be the emcee of the rally. This person should have a strong voice, be well-known and respected in the community, and be unflappable when the unexpected happens, such as rain, speakers running late, etc.



SPEAKER AT SCHENECTADY RALLY. PHOTO: LOIS UTTLEY

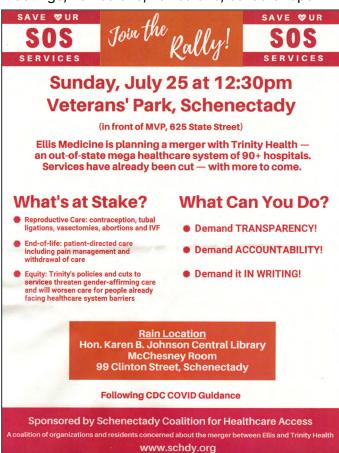
Invite speakers who are well-recognized and experienced speakers, such as elected officials and clergy members, as well as speakers who are either patients who would be affected by the hospital's plans or work at organizations serving those patients. If possible, also try to get hospital employees, physicians and/or nurses to speak, but be aware they may be afraid to be too public, for fear of reprisals by the hospital. Alternatively, you could ask someone from the union representing hospital employees to speak on their behalf. Make sure the speakers reflect the diversity of the community residents who would be affected

by the proposed hospital changes. Prep your speakers. Make sure they coordinate which topics they will talk about so that all points are hit without redundancy.

Invite co-sponsors, such as non-profit organizations and/or government offices who support your mission.

Step 3: Promote the rally

Promote the rally to the public. The Schenectady rally was promoted through flyers (see example below) at a farmer's market and at a community road race. Other good locations are community centers, churches, libraries, outside grocery stores or shopping centers (with permission), PTA meetings, hair salons, nail salons, barbershops.



You can also use social media and emails to promote the event. Ask your co-sponsors and allies to promote it for you.



PEOPLE SIGNING PETITIONS AT SCHENECTADY RALLY. PHOTO: LOIS UTTLEY

If funds are available, design and order some lawn signs, banners or "church fans" that can communicate your message visually.

Step 4: Reach out to the news media

Make a list of the reporters you think are most likely to cover the event. Send a media advisory a week to ten days in advance of the rally and resend it a couple days before the rally. Follow up with phone calls if possible. Create an agenda and contact list of speakers to share with reporters at the event.



Click this icon to see a sample of a press release promoting a rally



Click this icon to see a sample of a media advisory for a rally

Step 5: Things to do on the day of the rally

Give handouts to the general public with key talking points and actions they can take such as government officials they can call. Collect names and contact information on sign-up sheets.

Leverage social media – you can stream your event live on Facebook, and post updates.

The rally in Schenectady generated coverage by several local newspapers and TV stations.

MEDIA COVERAGE:



Click this icon to see sample newspaper coverage



Click this icon to see sample TV coverage



PHOTO: MARCIE STOFFER

10. WHEN, WHY AND HOW TO REACH OUT TO NEWS MEDIA

NEWS MEDIA - NEWSPAPERS, RADIO

stations, television news and online news coverage outlets – can be effective vehicles for generating community awareness of your concerns. They can reach members of the general public, as well as key influencers who can pressure the hospital. News reports can also alert state officials with authority over the hospital to the fact that the community residents have concerns. Hospital officials will want

to "control the narrative" – essentially
the story they want to tell about why
the hospital is proposing big changes
– and they have public relations
experts who will help them tout the
positive aspects of their plans. That's
why it is important for you to reach out
to the news media ASAP. If you can
go public first, do it. You want to be
the one to frame the story and keep
hospital executives on their heels.

Managing your PR

Working effectively with the news media requires special skills. Do not just wing it. Find a PR professional or two – or maybe a communications staffer from a non-profit organization that is part of your coalition – to

help on a volunteer basis. Ask around within your coalition. Someone will know someone who may help pro bono. There may also be stakeholders who can afford to hire public relations experts. In two recent cases in Manhattan, public relations firms were hired by physicians upset about the proposed closing of a hospital and by residents of an affluent neighborhood threatened by a proposed hospital expansion. Be aware, though, that these paid PR professionals are working for whoever hired them, such as physicians and affluent residents in the two previous examples, and not for your coalition, so

Personal stories are compelling: find people who have been or will be personally affected and are willing to speak out.

they may not be as responsive to your ideas as you would like.

Your coalition should create a subcommittee that can monitor what has been written by the media and knows which journalists cover the topic. Make sure you have agreement within your coalition on who talks to the media and what the key talking points are.

You must have a strong, concrete story to bring to a journalist. Prepare to counter the opposition. Personal stories are compelling: find people who have been or will be personally affected and are willing to speak out. Prep them to share their story with reporters.

When telling your story or making your argument, know when to stop. Going on too long or overwhelming a reporter with too many details will be counter-productive. Give the reporter the top lines first – Who will be affected and how? Why is the community upset with the hospital refusing to provide more details? What does your coalition think should happen?

Another tip is to use press conferences sparingly, and only call one when you have some important news to share, such as an influential group of public officials declaring their opposition to the hospital's plans. Press conferences take a great deal of preparation and can spin out of control, if not managed properly. Press releases or outreach to individual reporters will be more appropriate most of the time.



MICHELLE OSTRELICH AND ARTHUR BUTLER, CO-COORDINATORS OF THE SCHENECTADY COALITION FOR HEALTHCARE ACCESS, SPEAK TO BROADCAST NEWS MEDIA DURING A COALITION RALLY. PHOTO: LOIS UTTLEY

Dos and don'ts of press releases, letters to the editor and op-eds

The hospital likely has PR professionals who can pump out press releases touting the supposed benefits of a proposed change. You need to have your arguments ready. Anticipate what the other side might say to counter your arguments. Be persistent.

Press releases should be short – no more than two pages – and start with a paragraph that summarizes the main point of the release. For example:

The XX Coalition for Health Care Access today called on Hospital Y to make public all the details of its proposed merger with Hospital Z, so that the community can properly evaluate how access to care would be affected. To date, Hospital Y has released only a very general summary of the proposed merger, and failed to disclose much information about whether services would be reduced, eliminated or relocated.

Then, include a quote from someone speaking on behalf of your coalition. Here's an example:

"Hospital Y is stonewalling members of the public and refusing to release important details of the proposed merger," said Ima Resident, a spokeswoman for the coalition. "We in this community have supported this hospital over the years with donations and volunteer hours, and we depend on the hospital for our health care. We deserve to know the truth about what Hospital Y is proposing."

Then, give some further details about the situation. For example:

Coalition members said they learned of the proposed hospital merger only last week, with leaks of information from some hospital workers. Since then, hospital officials have refused to release a copy of the Memorandum of Understanding that was signed by Hospital Y and Hospital Z agreeing to work together to finalize a merger. Hospital officials have also refused to say whether "duplicative" services of the two hospitals would be combined, thereby forcing people from our town to travel 15 miles away to Hospital Z for certain types of care. Such consolidation of services is common when hospitals merge.

Close with a promise of what the coalition will do.

The coalition intends to convene a community forum in the coming weeks and will invite representatives of Hospitals Y and Z to answer questions from the community. Details of the forum will be announced shortly.

Make sure to put the name, email and telephone number of a leader or spokesperson for your coalition at the top of the press release, so members of the media will know who to contact for further details.

SAMPLE PRESS RELEASE



Letters to the Editor and Op-Eds

A Letter to the Editor is generally written in response to an article a newspaper or online outlet has already published, such as coverage of the hospital's plans or your coalition's activity. It should be timely, submitted right after the article appears, and concise. Keep your letter brief – no more than two or three short paragraphs long. Only make one main point per letter.

Writing Letters to the Editor can be a group project. Enlist writers from the community. Agree on a list of key talking points and split them up among each of the writers. Encourage each writer to put their own personal perspective on the issue. Writers can take turns submitting letters every couple of weeks, spread around to the various local news media. Generally, each letter should only have one name signed to it as the official writer.

- Do review the publication's rules for submissions and follow them. (These are often posted on the newspaper or journal's website, usually in the section labeled Letters to the Editor. That section will also tell you where to email your letter.)
- Do be factual, concise and clear on your point of view.
- Don't send the same letter or op-ed to multiple papers at once. If you send the same opinion piece to multiple papers and they both run it, you run the risk of alienating them. Rather, send it to one and call to follow up. If the paper declines to print it, then you can send it to the next paper on your list.
- Do include personal experiences, if they are relevant, since they are the most compelling.

An op-ed can be longer and provide overall commentary on the hospital's plans. It's helpful to have an expert as the author of an op-ed, such as a physician in the community or the leader of a civic organization. Generally, op-eds are submitted to the Editor of the Editorial Page at the local paper. Look at your local papers to see the average length of op-ed pieces and don't exceed that length.

Here is an example of a published Letter to the Editor written by a supporter of the Schenectady Coalition for Healthcare Access:



Broadcast vs. print media – differences in how you should approach them.

Broadcast media (radio and television) and print media (such as daily or weekly newspapers) will all cover news in your community. But there are distinct differences between broadcast and print media that you should be aware of when planning to approach them to cover your concerns about proposed hospital consolidation. Here are several important differences:

 Broadcast media need compelling video or audio. So, reporters from broadcast outlets will appreciate your inviting them to events such as rallies or protest marches, where they can get footage of people holding signs or speaking out from a podium. Photos are helpful for print media, but not essential.

- Broadcast media are drawn to "breaking news" events such as rallies or press conferences that they can report on in that evening's newscasts.
 They are less interested in stories that are about ongoing problems or concerns, but have no "breaking news" happening today. (However, as noted above, use press conferences sparingly, and only when you have some substantive news to announce.)
- Print media will cover breaking news, but newspaper and magazine reporters are also interested in doing more in-depth reporting on situations that are affecting people in the community. You can approach a newspaper reporter and suggest people for that reporter to interview in order to compile a more comprehensive article about, for example, the difficulties that medically-underserved people in your community would face if they had to travel to another community for health care being eliminated by your local hospital.
- Print media generally can accommodate longer reports on your issues, while broadcast media are limited to shorter reports.

For an event such as a press conference or rally, send out a media advisory a week before with the

details of who, what, where, when and a few quotes from key speakers. Follow up the day before the event with a reminder and, if possible, phone calls to key editors or reporters.

Do your research on the journalists covering relevant topics. Get to know each reporter's style so you pitch the right angle to them. Consider offering one of them an exclusive, which means you will provide them (and only them) with the first opportunity to write about some new aspect of the proposed hospital transaction you have discovered. You can also try to leverage social media influencers since reporters tend to follow bloggers. The best days to reach out to reporters are midweek – Tues, Wed, Thurs – and the best times are between 10 am and 3 pm. If you are emailing a reporter, you can schedule the email to be sent during this time frame.

If a reporter writes an article, send a sincere thank you email. Use it as an opportunity to pitch the reporter again, as Heather Rockwood of Schenectady did in this email.



Click the icon to view a sample email to a reporter.

11. DOING YOUR OWN COMMUNITY HEALTH NEEDS OR IMPACT ASSESSMENT

"You see a much different picture than that presented by hospital officials when a community identifies and articulates its own needs for health care services."

- LOIS UTTLEY

WHEN ADMINISTRATORS PROPOSE BIG CHANGES to local hospitals, they often claim that these changes will save a hospital from closing or actually improve the quality of care or access to care for people in the community. However, the picture presented by hospital officials may not fully take into account the needs of people in the community and the negative impact proposed changes could have on medically-underserved people. This is when you and your coalition members can act to present the community's viewpoint on the proposed changes.

You and your coalition can conduct your own community health needs assessment to reveal what people want and need from their community hospital. To create a community health needs assessment, you will need to draft a survey and field it among the people most likely to be affected by the hospital's reduction, elimination or relocation of services. The findings of your survey can provide a very different perspective and potentially provide hard data that may refute hospital claims.

"You see a much different picture than that presented by hospital officials when a community identifies and articulates its own needs for health care services," said Lois Uttley, a long-time advocate for communities facing hospital mergers, downsizing and closings.

A community health needs assessment can also build awareness among community members, help

expand your coalition, and produce data that can be used to persuade key influencers and generate influential media coverage. If your hospital has already begun carrying out some changes, such as closing units, you may want to take more of an "impact" approach, meaning that you want to ask how community residents have been affected by the changes so far.

How do you conduct a community health needs or impact assessment?

Begin by bringing your coalition members together to identify a purpose and a goal for your community health needs or impact assessment survey. Engage diverse thinkers from academia, government and advocacy groups. If the hospital has submitted a CON application to state officials requesting approval for proposed changes, start by looking at the publicly available summary of the application and what it supposedly will do to improve care or stabilize the finances of the hospitals. Review that summary with an eye towards what is missing. Then, draft your survey. Keep it short so people do not get fatigued before they complete the survey; 10 - 20 questions is the maximum.

Before you begin to field your survey, make sure to promote it to the community. You can do this by creating and distributing flyers, posters and palmcards to let people know it's happening. You can also reach out to local media to let them know the survey is happening. In the case of SCHA, granting an exclusive to the local newspaper yielded very positive coverage. Click here to see the newspaper article about SCHA's community impact assessment survey.

Arthur Butler of the Schenectady Coalition for Healthcare Access explained how that coalition created an impact survey: "This survey is about the stories, the experiences, the disappointments of the people of SchenectadyCounty. We created the questions [based on] what people said to us. We made sure that language was appropriate, we made sure that, even in our data collection, if we're talking about human lives, then you must include humans."

Once your survey is ready, you should make a version of the survey available electronically, through Survey Monkey or other online resources. Create a new set of promotional materials that include a QR code that takes people directly to the survey. In order to develop a QR code, (1) you must have a hyperlink to the file, (2) input that hyperlink into a free QR code generator like Q.IO and (3) download the Jpeg or PNG version of the code to put on promotional materials. Many QR code generator services offer a free trial. If you plan to use QR codes often, it may be beneficial to purchase a paid subscription.



Click the icon to see an example of a promotional flyer optimized for online use.

Do not just rely on distributing your survey electronically. If you want true representation of the views and perspectives from across your community, you will need to print out copies of your survey, get a clipboard and intercept people in public places, such as churches, libraries and government offices. This grassroots work is best done by trusted messengers who know the community. You may want to hire young people, college students or retirees to field the survey. Allow responses to be anonymous to improve participation rates.

In Schenectady, the coalition fighting a hospital merger enlisted a local business, Ketchup Enterprises, which is associated with a popular local DJ, to help reach people to ask them to fill out a health impact survey. The group made a short video that was used in outreach. See it here.

Members of the coalition also tabled at the local greenmarket, asking people to fill out the survey after they shopped for vegetables.



COALITION CO-CHAIR ARTHUR BUTLER STAFFING THE AT SCHENECTADY'S GREENMARKET, WHICH TAKES PLACE INDOORS IN THE WINTER

Make your community needs assessment or impact assessment a dynamic, participatory project. Give people in your coalition a chance to weigh in on the questions and report before they are final. Use it to maintain momentum with influencers. Do not wait until the end to share the final report! After you have 50 completed surveys, share preliminary findings with the community and hospital administrators. Even at this stage, it can provide leverage when approaching hospital officials to request changes in their plans.

When creating your report, remember to use visuals since not everyone grasps information through words alone. Do not let the report sit on the shelf! Continue to use it and promote it.

Click the icons to see two examples of community impact assessment surveys from the Bronx and Schenectady.



Example 1: the Bronx



Example 2: Schenectady

12. ENGAGING GOVERNMENT REGULATORS WHO WILL REVIEW PROPOSED HOSPITAL OR HEALTH SYSTEM CHANGES

Which types of health facilities must seek NYS Department of Health approval for proposed changes, such as mergers or downsizing?

THE NYS DEPARTMENT OF HEALTH

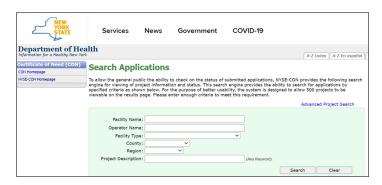
licenses, oversees and regulates many types of health facilities operating within the state, such as hospitals, nursing homes and clinics. When one of these health providers wants to make changes (such as merging with another facility, downsizing, moving services to another place or opening up a new facility), the facility must prepare and submit to the NYS Department of Health a Certificate of Need (CON) application. The application will then undergo review by Department of Health staff and, in some cases, the state Public Health and Health Planning Council. This review process includes some opportunities for public comment, although understanding the review process and weighing in can be challenging, as noted earlier in this toolkit.

Important note: Some types of health providers are not required to submit CON applications to make changes. For example, private doctors' offices, most urgent care centers and retail health clinics (i.e. walk-in clinics located inside pharmacies or other stores, such as a CVS MinuteClinic) are not covered by CON requirements. This is the situation that health advocates in the Bronx faced when they challenged the Montefiore Health System's closure of one of its affiliated physicians' offices and the transfer of all of those physicians and their patients to a Montefiore clinic. Because the physicians' office was not a so-called Article 28 facility, it was not subject to CON requirements.

How can communities learn about and comment on a health facility's CON application?

The current CON review process has been in place for a number of years at the New York State Department of Health. In June of 2023, this process is scheduled to be amended with the introduction of a required independent health equity assessment if a proposed project (such as a merger, downsizing or relocation of services) would result in the elimination or reduction of community access to services. On page 46, we will describe this new addition to the process and how it is supposed to improve the community's ability to warn state regulators about potential negative effects of a project.

First, you and your coalition need to find out if your local hospital or other health facility has submitted a CON application for a proposed merger or other transaction. You can check that by going to the NYS DOH website's <u>e-con search page</u>. Here's what it looks like:



It can sometimes be challenging to enter the proper search criteria. You need to make sure you have the name of the facility entered in the same way that the NYSDOH recognizes it. For example, entering Mount Sinai Beth Israel Medical Center will not return any search results. If you change it to Mount Sinai Beth Israel, however, you will have more success. You do not have to fill out all the possible search criteria. We suggest trying the facility name, facility type (such as hospital) and the county where it is located.

What can you find out by successfully conducting a search on the e-con page? Below is an example of what you would see if you searched for New York Eye and Ear Infirmary, a Manhattan hospital that has proposed a number of changes in recent years. All of the projects shown below are marked "complete," meaning they were approved by the NYSDOH and the changes were actually carried out. Not yet shown in this search in early January 2023 was the pending CON application to combine the operating licenses of the Infirmary with the Mount Sinai Beth Israel Medical Center located nearby.

If you click on the blue Project Number, you will see a summary of the CON application. However, you will NOT be able to download the full CON application. You will have to file a Freedom of Information Act request with the Department of Health to obtain the full application. Often, processing of such a request can take several weeks or even months, meaning you might not receive it in time to inform your analysis and comments on the application before it is acted upon by the Department. We suggest asking a local public official to request the application from the health facility in question, and then share it with your coalition.

Notice that some of the projects are categorized in the Submission Type column as Administrative Review and others are marked as requiring Full Review. This is important information! When a CON is labeled Administrative Review, that means it will only be reviewed behind the scenes by DOH

Project Number	Facility Name	Project Description	Operating Certificate Number	Submission Type	Status	County
011131	New York Eye and Ear Infirmary	Relocate Retina Center to renovated space on the eighth floor; decertify 34 medical/surgical beds	7002026H	Application - Administrative Review	Project Complete	New York
062220	New York Eye and Ear Infirmary	Certify and construct an audiology extension clinic at 380 Second Avenue, New York	7002026H	Application - Administrative Review	Project Complete	New York
082032	New York Eye and Ear Infirmary	Construct two (2) operating rooms for a revised capacity upon completion of 19 operating rooms HEAL-NY; Revised: July 13, 2009 - Due to project scope and cost changes - HEAL-NY Phase 7 Funds	7002026H	Application - Full Review - Construction (Non- Establishment)	Project Complete	New York
092003	New York Eye and Ear Infirmary	Construct two (2) operating rooms for a revised capacity upon completion of 19 operating rooms; amends and supercedes administrative application	7002026H	Application - Full Review - Construction (Non- Establishment)	Established in Error	New York

staff, unlike Full Review CON applications that will undergo public review and discussion by the state Public Health and Health Planning Council (PHHPC, for short, pronounced fih-pik).

In recent years, an increasing proportion of the CON applications submitted to the NYSDOH has been shunted off into the Administrative Review category or a related Limited Review category that also does not receive public review at a PHHPC meeting. A study published by the NY Health Foundation in 2018, "Empowering New York Consumers in an Era of Hospital Consolidation," included the following chart:

Hospital CON applications by type and year

	2015	2016	2017
Limited Review	180	193	232
Administrative Review	71	93	92
Full Review	26	34	30
Total Applications	277	320	354

Data source: NYS Department of Health

When the Mount Sinai Health System was working to dismantle its Beth Israel Medical Center in Lower Manhattan, local health advocates discovered to their dismay that closures of some important units within the hospital – such as maternity, cardiac surgery and pediatric ICU – had already been approved behind the scenes by NYSDOH staff through Limited or Administrative Review CON applications, without any public review or solicitation of public comments.

If a CON has been submitted, you should immediately begin to send public comment letters about the project to the section of the NYSDOH that reviews Certificate of Need applications. The email you should use is cons@health.ny.gov. In the subject line of your email, be sure to include the project number (shown in blue on the e-con search page) and the words "Comment in Opposition" or

"Comment of Concern." Try to generate multiple letters of comment from members of your coalition, sympathetic public officials and key stakeholders, such as community-based organizations whose members or clients would be negatively affected. You could also organize a sign-on letter from your coalition, and ask stakeholder organizations to sign on and provide their logos to demonstrate widespread concerns about the proposed project. An example of such a sign-on letter is shown below. The full letter can be viewed here.



Next, if the CON you are interested in has been designed as a Full Review Project, you will want to know when it may come before the PHHPC for review and public discussion. Sign up to add your email address to the CON listserv here.

alth delivery system in lower Manhattan. As you evaluate MSRI's Certificate of Need (CON

You will then receive emails notifying you of when PHHPC meetings are happening and what will be on the agenda. You want to be on the lookout for meetings of the Committee on Establishment and Project Review, which reviews CON applications and makes recommendations to the full Council on whether to approve them. Unfortunately, the meeting notification emails are sent out only one week prior to the every-other-month meetings of this committee, and you must review the agenda to

find out if the CON application you are interested in will be discussed at the next meeting. It is wise to have several members of your coalition sign up for this listserv, so you can share the task of watching out for scheduled discussion of the project that concerns you.

So, what should you do if the hospital consolidation project you are concerned about is coming up at the next PHHPC committee meeting? Act quickly! You will need to assemble a group of members of your coalition and other stakeholders who can attend the committee meeting in person. Check the location of the meeting, which usually is held simultaneously in Albany at the Empire State Plaza and in the New York City offices of the NYSDOH at 90 Church Street in Manhattan. You must appear in person to make comments on a CON application, and each person is limited to only three minutes to speak. Divide up your coalition's main points among a group of speakers, so you can be sure to cover all the concerns you have about the proposed project. If possible, have one or two speakers who can articulate the personal impact the project would have on them and their family members. (Example: "If this merger goes through, and our local maternity unit is closed, I would have to travel 20 miles to get to the nearest alternative hospital for my prenatal care, labor and delivery and for postpartum care that I now can get right in my own neighborhood. Since we don't have a car, I would have to travel by bus, which doesn't come by very frequently. We need maternity care close by, not 20 miles away!")

To the right is a sample email notification of an upcoming PHHPC meeting. Notice that the announcement spells out rules regarding when you can submit additional written comments that will be provided directly to PHHPC committee members to inform their discussion. You must submit such written comments no later than 72 hours prior to the start of the meeting. So, in the example shown below, the listserv notification went out in the afternoon of Thursday July 7, 2022, barely a week before the committee meeting that began at 10:15

Divide up your coalition's main points among a group of speakers, so you can be sure to cover all the concerns you have about the proposed project.

am on Thursday, July 14. Written comments would have been due no later than 10:15 am on Monday, July 11. So concerned coalitions would have had to prepare their comments on Friday and over the weekend in order to meet the deadline. This challenging timetable for submitting comments is a good reason why your coalition should submit comment letters earlier in the process, as outlined above. You can then quickly revive and slightly alter previous comment letters to be submitted within the tight time frame for the PHHPC committee

From: "Stelluti, Michael (HEALTH)" <000001fbc20b25bb-dmare-request@LISTSERV. HEALTH.STATE.NY.US>

Date: 7/7/22 2:50 PM (GMT-05:00)

To: CON-L@LISTSERV.HEALTH.STATE.NY.US

Subject: July 14, 2022 Public Health and Health Planning Council Meeting Materials

Meeting Materials:

https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2022-07-14/

The following is a list of Committees of the Public Health and Health Planning Council that will meet on **July 14th** at 10:15 a.m. at the at the Empire State Plaza, Concourse Level, Meeting Room 6, Albany.

COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW

Responsible for reviewing the CON applications involving construction, service changes, establishment, and transfers of ownership. Reviews the establishment of fundraisers, corporate name changes, and changes in certificates of incorporation.

The Committee will convene at 10:15 a.m.

Please contact Colleen Leonard at (518) 402-0964 if you have questions.

You may view but not participate the public meeting via the live webcast at the following link: https://www.health.ny.gov/events/webcasts/

No written correspondence shall be distributed to the Council members the day of the meeting. All correspondence addressed to Council members shall be sent to the Council's Executive Secretary at PHHPC@health.ny.gov no later than 72 hours prior to the meeting in which the matter of the correspondence appears on the meeting agenda. Applicants shall have no later than 48 hours prior to the meeting to respond to correspondence pertaining to their application in which the matter of the correspondence appears on the meeting agenda.

For questions about accessibility or for observers and participants who require interpretive services, please contact Colleen Leonard at (518) 402-0964 or e-mail at PHPPC@health.ny.gov. Please provide as much advance notice as possible to allow us to provide optimal access.

Starting in June 2023, most state-licensed health facilities will have to submit an independent health equity assessment if they want to merge or downsize. Learn about that on page 46.

meeting. Make sure to state in your comment letter that you would like it to be shared with all members of the PHHPC.

Attending a PHHPC meeting

When you and other coalition members arrive at the location of the in-person committee meeting, be sure to fill out the form to sign up to give testimony before the committee. Typically, copies of this form will be found on a table just outside the door to the meeting room. Remember that you are limited to three minutes each, so have your comments prepared ahead of time and be succinct. You will not be allowed to bring signs into the meeting, and you will be discouraged from clapping or booing statements from speakers. It is okay to wear buttons that contain your message, such as Save Our Services, or colored ribbons showing you are all part of the same coalition.

If committee members appear likely to approve the CON application, based on their questioning of NYSDOH staff and/or hospital executives (which typically occurs prior to the public comment period), be prepared to suggest that conditions be attached to the approval. Designate one or more of your coalition members to be prepared to do this during the public comment period. Here are examples of the types of conditions that have been attached to previous CON applications:

- The applicant must provide transportation to the new locations of services for those patients who lack private transportation or are people with disabilities or patients with low incomes.
- The applicant must ensure that patients receive assistance in navigating the changed delivery system post-merger, including providing help in the multiple languages spoken by patients in the hospital's catchment area.
- The applicant must survey its patients before and after the relocation of services to determine likely obstacles patients will face in accessing those services and to assess whether actions taken to address those obstacles have been effective or if additional measures are needed. Results of these surveys must be shared with the NYSDOH staff.

On some infrequent occasions, the Establishment and Project Review Committee has declined to take an immediate vote on a CON application and instead has tabled it with a request to the applicant or the NYSDOH staff to come back to the committee with additional information to address concerns raised. Such an action would give your coalition another opportunity to comment on whatever the applicant provides at the next meeting.

Once the Establishment and Project Review
Committee has taken action on a CON application,
it goes to the full PHHPC the following month. There
are no public comments allowed during full PHHPC
meetings. However, you can once again submit
letters of comment to all the PHHPC members no
later than 72 hours prior to the Council meeting,
explaining why you think the committee's action
approving the application was wrong and/or
suggesting additional conditions be attached to any
approval of the project.

A cautionary tale of hospitals avoiding CON

A coalition in Schenectady County, NY, was dismayed when the local hospital (Ellis Medicine) sidestepped the CON process after the coalition had generated considerable public opposition to Ellis' proposed merger with St. Peter's Health Partners, an Albany-based system that is part of the giant, Catholic-sponsored, national health system Trinity Health. Coalition members were concerned that Catholic health restrictions on reproductive care (abortion, contraception, sterilization, infertility services and certain pregnancy emergency care), gender-affirming care and end-of-life treatment options would eliminate those services at Ellis Hospital and its affiliate, Bellevue Woman's Center.

After telling coalition members they would "pause" action on the proposed merger, executives of Ellis Medicine and St. Peter's Health Partners then quietly negotiated a management services agreement, under which Ellis Medicine would hire St. Peter's Health Partners to take over management of Ellis. Such an agreement, the coalition found out, did not constitute an action requiring submission of a CON application. Instead, the agreement could be approved by NYSDOH staff without any notice to the public or public review.

Under pressure from the coalition, executives of Ellis and St. Peter's made available a copy of the agreement. While certain aspects were encouraging, such as a statement that reproductive health services would remain under Ellis Medicine's control, it was unclear how such a bifurcated management system would work in practice. The coalition submitted to NYSDOH officials a letter of comment expressing concern about how reproductive services would be provided when management of all the equipment and supplies in the hospital would be under St. Peter's control. The coalition also pointed out that some areas of the hospital, such as the ER and psychiatric care, which would be under St. Peter's management, could potentially be areas where reproductive services would be required, such as in treatment of rape victims. The coalition received back from the NYSDOH nothing more than an acknowledgement of receipt of their comment letter, and the DOH approved the management services agreement. Meanwhile, St. Peter's also began to take over physician practices affiliated with Ellis Medicine, and required staff of those practices to begin following Catholic health restrictions.

Coalitions that are opposing proposed hospital mergers such as the one in Schenectady should be alert to the possibility that hospital executives will avoid initially submitting a CON and instead begin merging operations through a management services agreement such as the one used by Ellis and St. Peter's. Calling out this side-stepping of CON in local media interviews may at least expose this move and put pressure on the hospitals to disclose the terms of the agreement.

How will the NY CON process be changed by the new Health Equity Assessment Act?

In 2021, the state legislature passed and Gov. Kathy Hochul signed into law the Health Equity
Assessment Act. It is slated to go into effect in mid-June 2023 and should bring about a major improvement in the ways that proposed health facility transactions are evaluated for their potential impact on medically-underserved people. This new assessment process will include required engagement of the affected community, providing a new avenue for coalitions to have a say in state review of proposed mergers and downsizing. Here's what you need to know about these changes in the CON process.

For the first time, hospitals and most other types of state-licensed health facilities will have to submit an independent health equity assessment of the likely impact of a proposed transaction along with its CON application. This requirement will apply if the transaction appears likely to lead to the substantial reduction, elimination or relocation of services, as well as to any planned expansion or addition of services. The health equity assessment will evaluate the impact of such changes on medically-underserved people, which the law defined to include racial and ethnic minority groups, people with low incomes, uninsured or publicly-insured people, immigrants, women, LGBTQ+ people. people with disabilities, older adults, residents of rural areas and people living with a prevalent infectious disease or condition (such as HIV).

The hospital or other facility will have to pay an independent entity to carry out this health equity assessment. The assessor will have to demonstrate to the NYSDOH that it has expertise in subjects such as health equity and/or experience in community outreach and has no conflicts of interest that would bias the assessment in favor of the applicant. For example, the independent assessor cannot have an ongoing financial relationship

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with the health facility and may not be engaged in preparation of the rest of the CON application.

The law requires "meaningful engagement" of public health experts, organizations representing employees of the applicant, stakeholders, and community leaders and residents of the applicant's service area. Because of this requirement, communities that would be affected by a reduction or elimination of services at a local hospital would be engaged by the independent assessor before the CON application is submitted to the NYSDOH. State regulators' expectations as to how such community engagement would be carried out will be spelled out in rules implementing the Health Equity Assessment Act. Proposed rules will go before the Public Health and Health Planning Council for review in early 2023 and then will be published in the state Register, with an opportunity for the public to comment. Final rules will be officially issued in June of 2023, just before the law goes into effect.

Adoption of the final rules implementing the Health Equity Assessment Act will occur in May/June of 2023. When that has occurred, we will post a description of the rules and guidelines for how community coalitions can use them in the Box folder where you can now find all the other exhibits referenced in this document.

Engaging the Office of the NYS Attorney General

The state Attorney General's Office has jurisdiction over some types of proposed hospital and health facility transactions, especially mergers and acquisitions. The AG's scope of authority falls across several different bureaus. You can learn more about the bureaus here. The major ones of importance to people concerned with health facility changes include these:

- The Antitrust Bureau is charged with making sure that mergers and acquisitions wouldn't result in one hospital or health system gaining too large a share of the local health care market, or even achieving a monopoly on provision of some types of services. If that were to happen, then the hospital or health system could raise its prices, because local consumers would have few or no other convenient alternatives. If the transaction your coalition is concerned about might have this effect, you can contact the Antitrust Bureau here; Antitrust.Bureau@ag.ny.gov. Keep in mind that antitrust concerns can be raised by both horizontal mergers (mergers between the same types of health facilities, such as one hospital merging with another hospital) or by vertical mergers (such as a hospital acquiring all of the physician practices, urgent care centers and ambulatory surgery centers in your community).
- The Charities Bureau oversees all charitable organizations in the state, including non-profit hospitals, which are the vast majority of hospitals in New York (unlike in other states, where for-profit hospitals are common). One of the functions of the Charities Bureau is to make sure non-profit organizations stay true to their stated charitable missions. For example, the bureau might have concerns if a community hospital were to propose merging with a religiously-sponsored health system if the transaction would introduce religious

- restrictions on care at the community hospital and violate that hospital's non-religious mission.
- The Health Care Bureau works to safeguard the rights of health care consumers by investigating complaints of fraudulent, misleading, deceptive or illegal practices by health care insurers and providers. You can report suspected violations by calling the bureau's hotline at 1-800-428-9071.
- The Civil Rights Bureau enforces laws protecting New Yorkers from discrimination on the basis of race, color, national origin, sex, religion, age, marital status, sexual orientation, gender identity, military status, source of income or disability. So, if a hospital or other health care provider appears to be acting in a discriminatory manner, or if you believe a proposed transaction would have a discriminatory effect, you can file a complaint by going to the bureau's website page and following the instructions.

Seeking federal review of a proposed merger or acquisition by the Federal Trade Commission

The Federal Trade Commission (FTC) has antitrust authority similar to that of the state Attorney General. Its primary focus is to decide if a proposed merger or acquisition (including those involving entities in the health care industry) would have an anti-competitive effect by creating a monopoly or near-monopoly that would allow a hospital or a business to raise prices. Proposed mergers that would have a combined value of more than a certain dollar amount (currently \$92 million) must automatically be reported to the FTC in advance of the mergers. The FTC can also take a look at smaller proposed transactions if alerted to them by concerned individuals or organizations. Under the Biden administration, the FTC has been taking a more aggressive stance, including blocking four major proposed hospital mergers.5

⁵ Meyer, Harris, "Biden's FTC Has Blocked 4 Hospital Mergers and Is Poised to Thwart More Consolidation Attempts," Kaiser Health News, July 18, 2022, accessed at https://khn.org/news/article/biden-ftc-block-hospital-mergers-antitrust/

President Biden also has called on the FTC to consider the potential impact of a merger on community access to care and health equity. He said hospital mergers have "left many areas, especially rural communities, without good options for convenient and affordable healthcare service." ⁶

The best way to engage the FTC in seeking review of a proposed merger or acquisition in your area is probably by contacting one of your local public officials, such as a city council member or state legislator and asking them to contact the FTC on behalf of your coalition. They will be better able to determine exactly who they should contact.

⁶ King, Robert, Executive Order Call for DOJ, FTC to Review Hospital Merger Guidelines, Fierce Healthcare, July 9, 2021, accessed at https://www.fiercehealthcare.com/hospitals/executive-order-calls-for-doj-ftc-to-review-hospital-merger-quidelines

13. CASE EXAMPLES OF HOW COMMUNITY COALITIONS FOUGHT FOR THEIR HEALTH CARE

CASE EXAMPLE: LOWER MANHATTAN

Community members in Lower Manhattan did all of these things we have just described – asked tough questions, persisted despite setbacks and seized on an opportunity to change the narrative – en route to victory in their effort to prevent the closure of Beth Israel Medical Center by the Mount Sinai Health System.

In 2017, Mount Sinai Health announced plans to close its Beth Israel hospital and replace the 700-bed facility with a much smaller 70-bed facility nearby. Local residents would be expected to travel to outpatient centers sprinkled across Lower Manhattan and to other Mount Sinai hospitals elsewhere in the city to receive services they previously had been able to obtain in their own neighborhood. Community activists reacted with outrage and recalled that when nearby St. Vincent's Hospital closed several years earlier, they were told that Beth Israel was now their local hospital and could meet their needs.

"I was really concerned about the radical downsizing. A few years before, Beth Israel had doubled its service area when St. Vincent's closed," explained Mark Hannay, a local resident who has been active in organizing to save Beth Israel. "We all thought – what is going to happen if a public health emergency comes along?"

Community activists sponsored informational forums to educate their neighbors, tabled outside the hospital, gathered signatures on petitions, engaged city and state lawmakers representing their area and learned about the state regulatory approval process the proposed Beth Israel change would have to undergo. When the proposal to close Beth Israel finally came up for regulatory review in late 2019 and early 2020, they participated actively in that process, submitting detailed letters of comment to the New York State Department of Health and providing oral testimony to the state Public Health and Health Planning Council (PHHPC), which needed to approve the plan.

Lower Manhattan residents described the difficulty that elderly people, people with disabilities and pregnant people would have traveling to other Mount Sinai facilities for services that would be discontinued at Beth Israel. But, they also kept their eyes on the news emerging about a

worrisome public health threat, an extremely infectious and dangerous virus spreading in China. At a state PHHPC meeting on the Beth Israel proposal in January of 2020, the activists warned that the drastically downsized replacement Beth Israel facility would not have the capacity to absorb all the patients in need should the virus show up in New York City, or should another Super-Storm Sandy hit the city.

In February of 2020, the advocates were disappointed when the Department of Health and PHHPC approved Mount Sinai's application to dramatically downsize Beth Israel Hospital, although with a few conditions added to address some of the community concerns. Weeks later, the hospital was inundated with Covid-19 patients and ultimately forced to reopen floors it had already shuttered. The first wave of the pandemic made it very clear that New York City's health system was woefully unprepared for a public health emergency on this scale. A statewide advocacy coalition, Community Voices for Health System Accountability (CVHSA), wrote to the governor, state health commissioner and to the council that had approved the Beth Israel downsizing, urging a moratorium on any closings or downsizings of hospitals while the pandemic raged. See letter, here. They also stressed this point in numerous media interviews.

A year later, Mount Sinai officials did an about-face and announced they were dropping their plans for the new, smaller facility. Instead, they said, they would renovate the existing Beth Israel Medical Center, rather than close it. At a victory celebration nearby, activists and public officials who had championed their cause called for continued vigilance against any new proposals to change Beth Israel. Today, advocates are continuing their efforts to ensure the hospital is prepared to meet the needs of its community. But in mid-2022, they learned they were facing a new threat – a proposal by Mount Sinai to close its New York Eye and Ear Infirmary near Beth Israel, combine its operating license with Beth Israel's and redistribute eye and ear care in various locations.

"It can seem very daunting when you are up against these big hospital networks," reflects Mark Hannay. "Take it one step at a time. You can't take on everything all at once. It's always a work-in-progress."

CASE EXAMPLE: SCHENECTADY

In Schenectady County, members of the newly-formed Schenectady Coalition for Healthcare Access were worried that a proposed merger between Ellis Medicine (the parent organization of Ellis Hospital and Bellevue Woman's Center) and St. Peter's Health Partners could mean the end of key reproductive services at the only community hospital and a well-regarded maternity center. That's because St. Peter's and its parent system, Trinity Health, follow the Ethical and Religious Directives for Catholic Healthcare Services (ERDs), which prohibit abortion, contraception, sterilizations and infertility services, and can limit gender-affirming care, compromise care for pregnancy emergencies and prohibit certain end-of life options. In a merger with St. Peter's/Trinity, Ellis Medicine could be forced to discontinue medically accepted reproductive, pregnancy emergency and gender-affirming care.

One of the coalition's first actions was to organize an on-line community forum on March 4, 2021 during which experts in Catholic health care restrictions explained what imposition of the ERDs would mean for continued access to reproductive, pregnancy emergency, genderaffirming and end-of-life care. Speakers included someone from Catholics for Choice, a national organization of pro-choice Catholics, and Community Catalyst's Women's Health Program, as well as a University of Chicago physician who has done extensive research into the impact of Catholic health physicians on patients and clinicians. You can view a recording of this event here.

"Patients and physicians often are surprised to find out that key services available in the past at their local hospital will be prohibited following a merger with a Catholic health system," explained Lois Uttley, then-director of the Women's Health Program at Community Catalyst, who has worked with more than 130 communities across the nation facing proposed mergers of Catholic and non-Catholic hospitals. She spoke during the coalition's forum.

Ellis Hospital was also taking steps to close a dental clinic and an adolescent mental health facility, in cost-cutting moves prior to pursuing the proposed merger. Because the people most likely to be impacted by the current and future changes are medically-underserved residents of the nearby Hamilton Hill neighborhood who may not have access to transportation to more distant facilities, the proposed merger in Schenectady is also a health equity issue.

Equipped with information gained from the community forum, two founders of the coalition, Arthur Butler and Michelle Ostrelich, made visits to neighborhood association meetings and other events in the community. At these meetings, Butler explained, "We could talk about medically underserved people. We could talk about women's reproductive rights. We could talk about LGBTQ people and older adults and people living without health insurance. And we could talk about ethnic and racial minority groups. We could talk about access. We could talk about disparities. We could talk about our own struggles."

As described in A Cautionary Tale on page 45, Ellis Medicine and St. Peter's Health Partners officials told the coalition they would "pause" action on a merger of Ellis into St. Peter's Health Partners and its parent system, Trinity Health. But then they negotiated a management services agreement by which Ellis would hire St. Peter's to take over management of Ellis. That agreement did not require CON approval, and instead was approved behind the scenes by NYSDOH officials, over the protest of the coalition. St. Peter's also began to take over physician practices affiliated with Ellis Medicine, and required the physicians to abide by Catholic health restrictions.

In late December of 2022, the coalition completed work on a <u>community</u> <u>health impact survey</u> that will ask local residents how they may have been affected by changes at Ellis Hospital. The survey was launched in January of 2023.

CASE EXAMPLE: THE BRONX

In July 2022, the Montefiore Health System announced plans to close one of three primary care facilities in the Bronx and consolidate all the physicians and patients into the two remaining clinics. The family health care providers who would be relocating as a result of the clinic reshuffling warned that requiring their patients to travel to new clinics would pose real challenges, since many have low incomes and no cars, and/or are immigrants with limited English speaking ability.

Physicians, nurses, medical students, residents, patients and community organizers got together in what became the Montefiore Bronx Accountability Coalition. The coalition has been very successful in gaining local media coverage. Two community groups that have a history of collaboration have worked together to lead the protest: Mekong NYC, which advocates on behalf of Cambodian and Vietnamese refugees who were resettled decades ago in the Bronx, and Northwest Bronx

Community and Clergy Coalition, which empowers community members to fight for racial and health justice. On August 5, 2022, these groups co-hosted a community town hall at a public library. Here is a recording of news coverage from a local TV station.

Mekong NYC made excellent use of social media and email in the protest efforts. The online toolkit they created includes links to petitions, sample scripts for email letters and phone calls to government officials and sample posts for Facebook, Instagram and Twitter. Their toolkit will give you some examples of how one organization has been effectively using the internet to organize. You can find it here.

Less than two weeks after the community forum, Montefiore walked back some of its consolidation plans. Rather than move all of the doctors from the closed location to a location 2.5 miles away, Montefiore announced it would move only one-third of the physicians to the more distant site and the rest to the closer alternative clinic. While this concession was not seen as a fair resolution to the consolidation, it was a step in the right direction that can be attributed to the work of the Montefiore Bronx Accountability Coalition. This article from a local news outlet gives more detail.

The consolidation went into effect in October 2022, and relocated staffers told the Montefiore Bronx Accountability Coalition that they were quickly overwhelmed. As staff slowly started to resign from burnout, patients faced longer wait times, overcrowded facilities and less time with their physicians. A clinic that previously served 200 patients a day was now struggling to treat 450 patients. One doctor reported that in just two weeks they had accumulated over 1,200 messages from patients in the online patient portal. The coalition decided to engage federal and city-level government agencies on the health equity issues related to Montefiore's closing of a "private" practice office and subsequent overburdening of two public clinics.

The coalition created a Community Impact Assessment Survey (in English and Spanish) to document the impact the consolidation has had on patients. Coalition members with deep roots in the community, Northwest Bronx Community and Clergy and Mekong NYC, were instrumental in fielding the survey. Five different community boards in the Bronx emailed their constituents about the survey and the New York State Nurses Association promoted it at their community forums. In addition, the coalition gained the support of the Office of the New York City Public Advocate, an ombudsman for city agencies, with guidance and help promoting the survey on its social media. See Twitter post here.

As of the publication of this toolkit, surveys were still being collected.

14. GUIDE TO ADDITIONAL RESOURCES

The documents referenced throughout the toolkit are also listed here and can be accessed in this <u>public folder</u>.

- 1. How to Build Successful Coalitions Handout
- 2. Social Media Toolkit Example
- 3. Community Impact Survey Promo Video
- 4. Community Forum Promotional Flyer
 Editable Version
- 5. Community Forum Slide Presentation Example
- 6. Post-Community Forum Press Release Example
- 7. Community Forum Agenda ExampleLower Manhattan
- 8. Rally Press Release Example
- 9. Rally Media Advisory from SCHA
- 10. Newsworthy Press Release Example from SCHA

- 11. Newsworthy Press Release Example from the Bronx
- 12. Community Impact Assessment Survey
 Bronx
- 13. Community Impact Assessment Survey
 Schenectady
- 14. <u>Sample email to a reporter</u> <u>from Heather Rockwood</u>
- 15. Coalition letter to NYS DOH re MSBI CON
- 16. Health Equity Assessment Act press release
- 17. Survey Promotional Flyer Example Bronx