Talking About Health Care Equity:

Equal Access to Quality, Comprehensive Health Care for all New Yorkers

Talking about the inherent unfairness and inequalities in our health care system is a critical contribution to New York's ongoing dialogue about how to improve it. Too many New Yorkers are left out or left with substandard care, and often the determining factor is income, race, immigration status, gender or language proficiency.

Americans value our national identity as a land of opportunity. New York City has long been the gateway to that opportunity, a legacy of which its residents are proud. Because maintaining good health is central to opportunity, it is an affront to our basic values that an unfair system prevents entire communities from getting the care they need. As advocates, researchers and policymakers, we need to harness these values to build public will for a health care system that works for everyone.

In doing so, we recommend that messengers stress shared values; use a reasonable, expert – yet forceful – tone; and continuously underscore the importance of thoughtful health care planning that leads to a fair and equitable health care system.

Messaging:

- Health is central to a person's opportunity in life, and quality, accessible health care is obviously central to maintaining good health.
- A recent poll shows that 89% of New Yorkers believe it's a right.
- The goal of all health care planning and policy, therefore, should be the creation of a system that works for all New Yorkers. And if, as evidence indicates, entire groups of people are being left out or left behind, remedying that situation should be one of our highest priorities.

Problem:

- Our current health care system leaves far too many people behind and needlessly harms entire communities. Often, the deciding factor for who is left out is income, race, immigration status, gender, or language proficiency, and this simply isn't fair or right.
- The current system violates human and civil rights.
- The current system and priorities have led to the closing of facilities in medically underserved communities that are typically low income or of color.

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Berger:

- The structure and criteria of the Berger Commission will only continue an already bad situation.
- The Commission was set up to consider the bottom line over human needs, and consequently its decisions could easily endanger already underserved communities.
- The public has had little, if any voice, in its process. Only 19% of residents are aware of its work, while a full 77% believe that closings would be "a bad thing."
- The Commission's lack of consideration for our state's most vulnerable populations and the silencing of potential critics is troubling in general, but life threatening when it comes to restructuring our health care system.
- Closing hospitals has not solved problems historically

Solutions:

- We need a health care system that works for all New Yorkers. This means that we have to focus on investing wisely and not continue to irresponsibly cut the services of underserved low income and communities of color.
- We also need the state to prioritize community needs and thoughtful health care planning, which the Berger Commission does not.
    - Moratorium on closing facilities in underserved neighborhoods
    - Need for Community Health Planning

Action: Because the Berger Commission exacerbates an already unacceptable situation, we need to:

- Support legislation that amends the Berger Commission legislation to better consider community and human needs and to allow us all a voice in these critical decisions.
- Call for pubic hearings around the Commission's recommendations so that they are aired among the people who they will actually impact.

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Proposed Talking Points for Berger Commission Announcement

In talking about the commission and the larger problems it brings to light, we recommend that messengers remind audiences of the importance of **community** – that we're all in it together and we are all hurt when anyone is left behind **voice** – that we all should have a voice in decisions that affect us.

About the Commission on Health Care Facilities in the 21st Century

- The New York General Assembly created this commission, variously known as the Berger Commission and the Hospital Closing Commission, in July 2005. Its purpose is to look at hospitals and nursing homes and recommend how to decrease the size and scope of the overall health care system. Its work is to "include specific recommendations for facilities to be closed and specific recommendations for facilities to be resized, consolidated, converted, or restructured." We're concerned that Commission's criteria for making such decisions will disproportionately hurt underserved and minority communities.
- There is a diverse group of advocates, researchers, policymakers, activists and union members who are concerned about the potential impact these recommendations will have. We represent many voices and can tell alternate, but important, stories that the Commission can't offer.

What's at Risk

- Our current health care system leaves too many areas underserved and too many people without options. Often hospitals are a community's only health resource. Such facilities also serve as anchors for much needed preventive and primary care services, or effectively encourage such services to cluster.
- The closing of a hospital is often a brutal blow to the health of a neighborhood. Financial concerns are usually at the root of such closings and thus poor neighborhoods lose their hospitals more often than others. Because these neighborhoods almost always suffer from a dearth of health services unrelated to hospitals, his trend perpetuates an unhealthy cycle in which those with the fewest resources have the least amount of care to help them stay healthy and treat them when they aren't. It's clear that if it is necessary for a hospital to close, officials charged with watching over our health care system must ensure that adequate services are in place before the hospital is allowed to leave.
- Low-income communities often have high rates of common, preventable illnesses—such as diabetes, asthma, and heart disease – that can be treated, and managed through primary care. Yet communities

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with high rates of such condition often have the lowest density of primary care providers. Our health care system needs to attract primary care to the areas where it is needed most, not close the few facilities they already have.

Concerns About Berger

- High quality and accessible health care is central to New Yorkers' health status. Health care decisions must consider the impact any changes in our system will have on *all* New Yorkers and should, first and foremost, do no harm. The Commission on Health Care Facilities in the 21st Century does not use these simple criteria in its decision-making process, clearly favoring bottom-line considerations over human needs.
- New Yorkers must have a voice in health care planning that impacts their well-being. The structure and schedule of the Commission does not make this possible and limits the ability of communities to learn about and contribute to its work. Although the Commission is a governmental body, it conducts most of its business in Executive Session that is not open to the public and claims not to be subject to the state's Open Meetings Law. Further, the only form of public participation consists of public hearings held by Regional Advisory Committees. No transcript was made of these public hearings, and the Commission is not required to take into consideration any of the information collected.
- The Commission's recommendations will automatically go into effect unless they are affirmatively rejected by the Governor on or before December 5, 2006, or rejected by a majority of each legislative house by December 31, 2006.
- New York City, just under half the state's population, is under-represented, counting as one of six regions represented on the Commission. New York City's representation on the Commission is therefore reduced to 16% of Commission's members, in spite of comprising 42% of the state. Further, though the city is entitled to six regional members, only four regional members have been appointed. The Commission can't adequately serve the needs of New York City residents without adequate representation. The rating system is also unfair to New York City facilities. Because ratings are given to each facility relative to other facilities within the same region, New York City hospitals and nursing homes may receive a rating that is lower than upstate facilities despite having better overall statistics.

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(Adapted from Important Facts about the Commission On Health Care Facilities in the 21st Century from the New York Lawyers for the Public Interest)

Sources: Enabling Legislation of Commission on Health Care Facilities in the 21st Century; Rightsizing Analytic Framework of Commission on Health Care Facilities in the 21st Century; and Long Island, New York City, and Northern Regional Overviews, dated May 11, 2006. All of the information in this fact sheet can be found on the Commission's website at http://www.nyhealthcarecommission.org.

About the FSHRP Funds

- New Yorkers' health should be the central concern when the state considers changes in our health care system. However, the state recently made a deal with the federal government that clearly places budget considerations over human needs – and it's not even a very good budget deal for the state.
- To receive any FSHRP money, the new governor must accept all of the recommendations of the Hospital Closing Commission and agree to close all recommended hospitals and nursing homes. In May 2006, Eliot Spitzer was quoted as signaling "that they will not be bound by a panel initiated by Governor Pataki." (City Sun, May 23, 2006). Following this statement, then-Governor Pataki negotiated the FSHRP agreement, requiring the new governor to accept all of the commission's recommendations in return for the $1.5 billion. We need to leave petty politics and budget finagling behind when it comes to caring for the health of New Yorkers.

(Adapted from FSHRP Revisited by Judy Wessler of the Save Our Safety Net Coalition and the Commission on the Public's Health System)

General Messaging

We recommend that communications around healthcare equity in New York generally emphasize themes of opportunity, community, security, equality and human rights:

- Health is central to **opportunity**. Too frequently, the losses in time, money and ultimately, health caused by the inequalities and problems in our current system threaten our economic **security**. To realize America's true potential, we need to do everything possible to support the health of everyone here. This means creating a health care system that works for all.
- Americans agree that everyone deserves an **equal chance in life**. But the reality is that many children start life with little opportunity to keep and maintain good health, which is central to their ability to learn, grow, and eventually work. Our current system is failing these children, who are

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often from low-income and families of color, and it's simply not fair.

- When it comes to healthcare, it doesn't make sense to expect people to "go it alone". We're all in it together and threats to our individual health quickly become national challenges. New York has always been at the forefront of coming together to support the development of **healthy communities** – with good food choices, clean drinking water, and smoke free public spaces. We know by doing this we contribute to a healthier city. By developing a **healthcare system that works for everyone**, we contribute to the healthiest New York possible.
- Health care is a basic **human right**. Without care, health is jeopardized. Without good health, people can't support their families or contribute fully to our society.

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