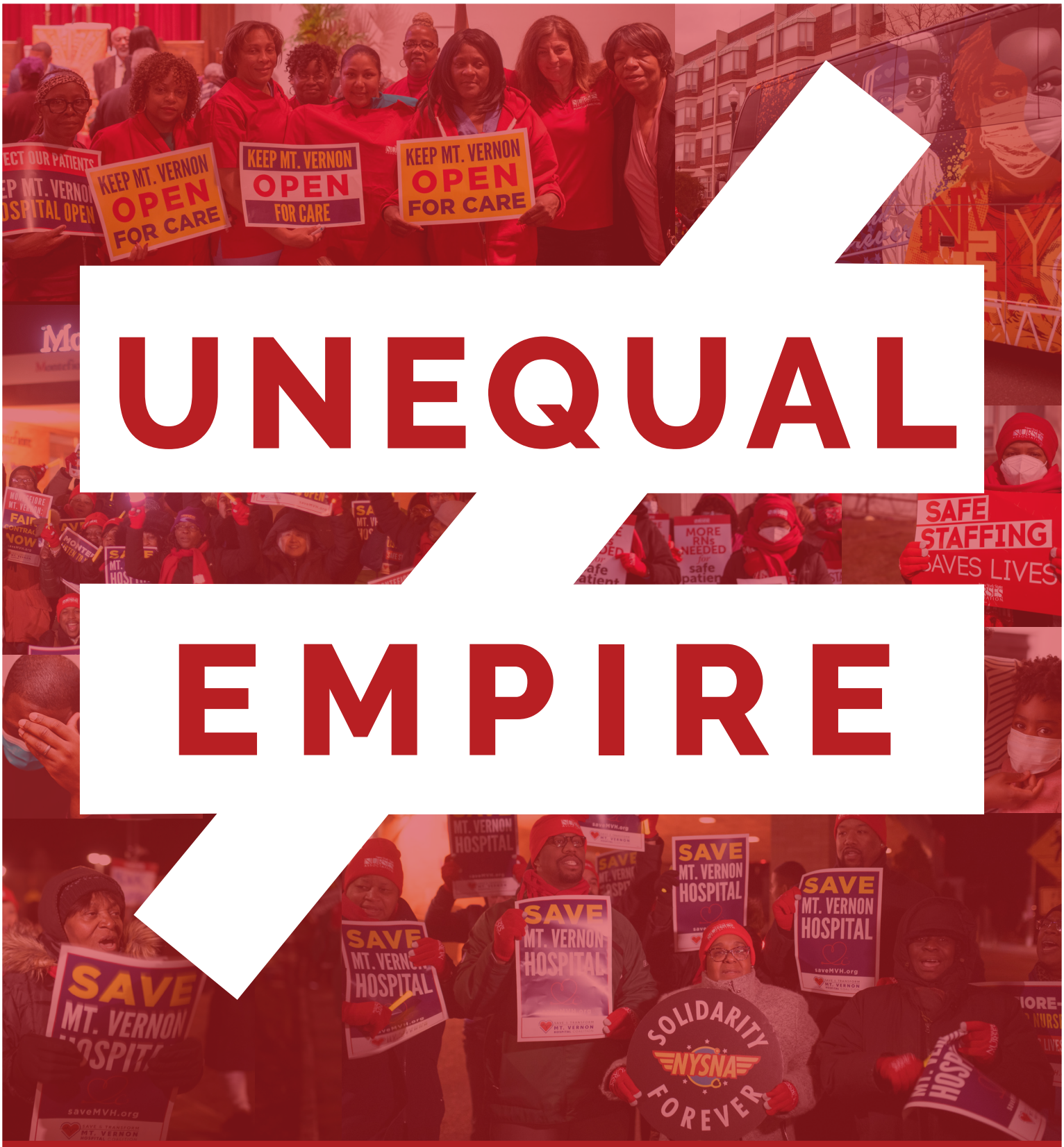

UNEQUAL EMPIRE

HOW MONTEFIORE'S EXPANSION REINFORCES RACIAL DISPARITIES IN HEALTHCARE

ACKNOWLEDGEMENTS

This report was produced by the New York State Nurses Association and the Save and Transform Mount Vernon Coalition. Many thanks to Christina Towne, Kristi Barnes, Marlena Fontes, Mischa Gaus, Shalon Mathews, RN, and Sandra Okoduwa, RN, of NYSNA, Reverend Dr. Stephen W. Pogue of Greater Centennial A.M.E. Zion Church, Michael Yellin of New Rochelle Alliance for Justice (NRAJ), Anthony Feliciano of Commission on the Public's Health System (CPHS) and Mary Curtis of New York State Alliance for Retired Americans (NYSARA) for their help in producing this report. We'd also like to acknowledge the broader membership of the Save and Transform Mount Vernon Coalition for their review and feedback along the way.

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ABOUT US

NYSNA: The New York State Nurses Association (NYSNA) represents more than 42,000 members in New York State. We are New York's largest union and professional association for registered nurses.
www.nysna.org

SAVE AND TRANSFORM MOUNT VERNON COALITION: The Save and Transform Mount Vernon Coalition is community organizations and advocates, faith, labor, and elected leaders joining together to save and transform Mount Vernon Hospital.
www.savemvh.org

INTRODUCTION

The COVID-19 pandemic has exposed long-standing racial disparities in healthcare. Numerous reports from 2020 have shown that a person's zip code largely determined whether they contracted COVID-19, whether they had underlying medical conditions that made their COVID symptoms more severe, whether they were hospitalized, the quality of care they received, and whether they recovered or not. Zip codes are of course shorthand for race and income in New York and throughout the U.S. Even controlling for income, age, and pre-existing conditions, COVID has killed a disproportionate number of Black and Latinx people.

The time is past due to confront racism as a public health crisis. One way to begin finding solutions to how systemic racism plays out in healthcare is to examine the actions of healthcare providers and healthcare policy decision-makers in either reinforcing or dismantling the inequities that exist in the healthcare system.

Wide racial disparities are evident even within the same healthcare institution. This report examines the role that Montefiore, the 3rd largest private health care system in the state, has played in reinforcing existing healthcare disparities in its expansion from its base in the Bronx into the Hudson Valley. Since 2008, Montefiore has acquired 5 Acute Care Hospitals and 1 Rehabilitation Hospital in Westchester County, promising to "transform" healthcare in these communities. The reality has been far different, as Montefiore has invested heavily in its most profitable facility in wealthier, whiter White Plains, while reducing essential services in New Rochelle and completely closing the Intensive Care Unit at its hospital in Mount Vernon, the seat of Black Westchester, in the middle of the COVID-19 pandemic.

Montefiore is not adequately resourcing all its facilities in order to meet the healthcare needs of the communities it enters. Although receiving large amounts of public funding from state and federal taxpayers, it has not directed these dollars to improve health outcomes in the communities most in need. Montefiore's choices—from where it invests money to renovate and expand, to how it staffs hospitals on a daily basis—remind us that it will take focused interventions to address the systemic racism and subsequent healthcare disparities in New York's healthcare system.

There are several opportunities to increase oversight of New York's broader healthcare system in order to increase equity and promote healthcare justice. These include creating safe staffing standards at Montefiore and throughout the state, and increasing accountability and transparency of hospital expansions and service cuts, public subsidies, and COVID-19 data.

THE COMMUNITY AND ITS HEALTH

Although Westchester County is one of the wealthiest counties in the country, there are large disparities in income and in race across the many communities that comprise Westchester. The poverty level in Westchester County is around 8.4%, with wide geographic areas of the county, particularly in the north reaching a poverty level of only 3%. Only two cities in Westchester have a poverty level over 13% – Yonkers and Mount Vernon. Mount Vernon's poverty level is 14%, almost double that of the County as a whole. Mount Vernon's median household income is only 60% that of Westchester as a whole ($59k vs $97k.) Mount Vernon is also the seat of "Black Westchester," with an African American population of 66%.

White Plains is one of the wealthier–and whiter–communities in Westchester, with a median household income of $90.4k, or 94% of Westchester as a whole. However, White Plains has a surprisingly high poverty rate –12.6%–showing how high inequality is there. Another indicator of inequality in White Plains is the high rate of people who are uninsured–11.3%.[1]

Hospital Community	Household Income	Poverty Rate	% Uninsured
Mount Vernon	$59	14%	7.2%
New Rochelle	$81	11%	11%
White Plains	$90.4	12.6%	11.3%

(2020 Census Bureau Population Estimates, 2019 American Community Survey)

Hospital Community	% White	% African American	% Latino
Mount Vernon	21%	66%	16%
New Rochelle	56%	20%	30%
White Plains	60%	12%	32%

(2020 Census Bureau Population Estimates, 2019 American Community Survey)

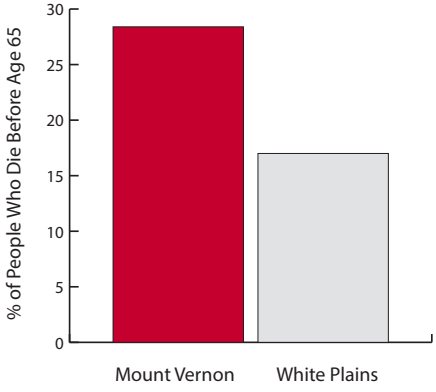
PREMATURE DEATH

Even before the COVID crisis, the ratio of premature (under aged 65) deaths of African Americans to whites worsened during the 2013-2018 cycles of the NYS State Health Improvement Plan program.[2] 13.9% of White patients in Westchester County suffered pre-mature death before age 65. For African Americans that number was greater than 1 in 3 (34%). Due to historical and current healthcare inequities for African Americans, Mount Vernon "demonstrates excess mortality rates from heart disease, stroke, and diabetes compared to County and New York State averages." In heavily African American Mount Vernon, the rate of premature death was 28.4%. In White Plains, that number was only 17%.

PREVENTABLE HOSPITALIZATIONS

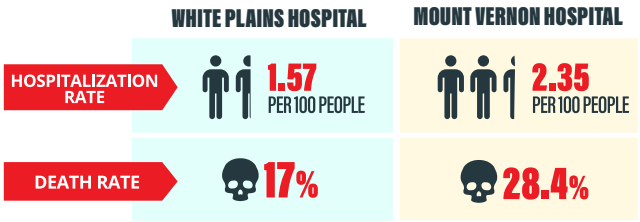
One of the explanatory factors for the exceedingly high rate of premature death in Mount Vernon is the corresponding high rates of preventable admission. Preventable hospitalizations are admissions that could have potentially been prevented with quality outpatient care. Delaying or not receiving care for conditions such as asthma, diabetes, and hypertension can result in hospitalizations that may have been avoided. Out of 10,000 hospitalizations in Mount Vernon, 239.1 were preventable with access to good care – this was the highest rate in Westchester County. Out of

Rate of Premature Death:
Mount Vernon vs. White Plains



10,000 hospitalizations in New Rochelle, 143.3 were preventable with access to good care.[3]

In reviewing preventable hospitalizations for chronic conditions, White Plains had a rate of 77.3 per 10,000 people. The expected rate based on population is 82.2. White Plains' negative rate of −4.9 means it's doing better than expected based on the population, indicating excellent access to outpatient and ambulatory care. In Mount Vernon, the rate of possibly preventable hospitalizations for chronic conditions is 196.3 per 10,000 people. That shows an excess rate of 24.9, indicating poor access to outpatient and ambulatory care.[4]



Similar disparities are found when looking at circulatory conditions and respiratory conditions as well. Mount Vernon consistently has higher preventable hospitalization rates due to lack of access to good care.

DIFFERENT COMMUNITIES, DISPARATE CARE

UNDERSERVING A MEDICALLY UNDERSERVED AREA

Mount Vernon is deemed to have a population and geography that meets the criteria as a medically underserved population and medically underserved area (with respect to its access to primary care services).[5] Despite being a community in need of greater healthcare resources, there is only one hospital in Mount Vernon—Montefiore Mount Vernon Hospital. With a high number of preventable hospitalizations and premature deaths, greater investment in healthcare access and quality care in Mount Vernon should be made. Since taking over Mount Vernon Hospital in 2013 with the promise to transform and improve care in the community, Montefiore has reduced services, closed down the Intensive Care Unit in the middle of the COVID-19 pandemic, and has announced plans to close the hospital and replace the full-service hospital with an ambulatory care center and a free-standing Emergency Department without inpatient services.

WAITING FOR CARE

One of the most important metrics to patients choosing care is how timely and effective that care is provided. Since fewer than 15% of admissions to hospitals in New York State are planned, the efficiency of the ED is one of the first measures of quality care a patient gets.[6]

While Mount Vernon and New Rochelle are much smaller volume EDs than White Plains – the waits in the EDs are much longer according to the CMS Timely and Effective Care database. At Mount Vernon Hospital it will take 7 hours and 11 minutes to be admitted and 9 hours and 56 minutes to get into a patient room through the ED. At New Rochelle it will take 6 hours and 1 minute to be admitted and 8 hours and 56 minutes to get into a patient room through the ED. At White Plains, the wait is a third shorter– it will take 5 hours and 10 minutes to be admitted and 7 hours and 9 minutes to get into a patient room.

Emergency department wait times are closely connected to nurse staffing ratios. Without the necessary staff to assess, triage and move patients efficiently through an ED, wait times for patients increase. Safe nurse staffing also has a positive impact on the quality of care throughout a hospital, with several studies pointing to improvements in medication errors, hospital acquired infections, hospital acquired

pneumonia, respiratory failure, sepsis, pressure ulcers, unplanned extubation, readmission rates, and mortality rates.

COVID DEEPENED HEALTHCARE DISPARITIES

Although there is limited federal and state data about COVID-19 illness and death, a clear picture has emerged of the disparate toll the pandemic has taken on the lives of people of color. Nationally, 1 in 1000 African Americans has died from COVID.[7] In Westchester, that number is significantly higher at 1.67 African Americans (versus .79 whites.) For Latino/a patients in Westchester, 1.78 per 1000 have died of COVID-19 as of this writing. In Westchester, the age adjusted mortality rate for Black and for Latino/a patients is nearly twice as high as for white patients (.87 out of 1000). [8]

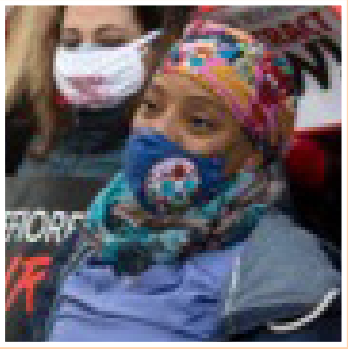
ESSENTIAL SERVICES

Disparities do not begin and end at healthcare outcomes such as death rates, but throughout the healthcare system, including the public and private resources allocated to mitigate the pandemic. When COVID hit the U.S., hospitals around the state responded by stockpiling equipment and supplies and by expanding capacity to care for the anticipated influx of COVID patients. Many hospitals converted non-critical care units into Intensive Care Units and created COVID-only floors. At Montefiore Mount Vernon, the ICU was completely closed in July and acute COVID patients were transferred to other hospitals. Other patients were also impacted by the closure of the ICU, including other patients with common critical illnesses such as stroke, cardiac arrest and hypertension.

At Montefiore New Rochelle, the Labor and Delivery, Maternity, Nursery and Neonatal Intensive Care Units were closed in March at the height of the pandemic, so that staff could work on COVID and other units. Maternal and Child Health units were not reopened during the summer and fall, even as the number of COVID patients decreased dramatically and expectant mothers sought services in the Emergency Department. Approximately 1,000 families were served annually by Montefiore New Rochelle Hospital's Maternal and Child Health Units. New Rochelle nurses joined with elected officials in October 2020 to successfully demand a reopening of these units.

"Staffing levels in New Rochelle's Emergency Department were terrible during the first wave of the COVID-19 pandemic, and they're terrible now. Nurses regularly have six or seven patients each, when best practices say we should have only four. It's impossible to prioritize everyone. That results in longer wait times for patients, increased COVID exposure for everyone, and more true medical emergencies. We are in the second wave of COVID-19. Even so, nurses in the ER are regularly being floated to other units. With the influx of patients, it has become very overwhelming. The bottom line is that we don't have enough staff and that causes nurses to worry every day that we can't give our patients 100%."

–Shalon Mathews, RN, Montefiore New Rochelle Hospital



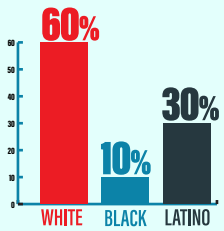
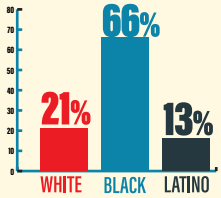
"I live in Mount Vernon and I've worked at the hospital for 33 years. It used to feel like a family. I have patients that I've been seeing for years. So many of our patients live near the hospital and really depend on us for their healthcare.

I used to work in the ICU, but since it closed last July, I often don't know where I'll work from day to day. We no longer see critically ill patients. We used to see so many patients with stroke, cardiac arrest, and other critical conditions. If patients become critically ill, they aren't sent to the ICU, they get sent to the ED to wait for transport. We transfer out so many patients on a daily basis—those delays in care are not good. We have capacity to care for people here, but we aren't utilizing it.

Since buying our hospital, Montefiore has not renovated the hospital or brought in new services. They've done the opposite. With so much uncertainty about the future of our hospital our patients and the staff who have dedicated themselves to serving this community are losing hope."

– Sandra Okoduwa, RN
Montefiore Mount Vernon Hospital

A TALE OF TWO ICUs

	MONTEFIORE WHITE PLAINS HOSPITAL	MOUNT VERNON HOSPITAL
DEMOGRAPHICS	 	 
ER WAIT TIME	5 HRS 10 MINS	7 HRS 11 MINS
WAIT TIME TO BE ADMITTED	7 HOURS 9 MINS	9 HOURS 56 MINS
INPATIENT CARE	ADMITTED TO ICU	ICU CLOSED COVID OR CRITICAL PATIENT NOT ADMITTED PATIENT TRANSFERRED TO NEW ROCHELLE OR BRONX TRAVEL TIME 14-30 MINUTES
ER WAIT TIME		8 HRS 11 MINS
WAIT TIME TO BE ADMITTED		12 HOURS 21 MINS
INPATIENT CARE		ADMITTED TO ICU

INVESTING FOR PROFIT, NOT PATIENTS

Huge disparities in population health have not translated into increased investment by Montefiore in Mount Vernon or New Rochelle Hospitals. In 2019, Montefiore announced a $272 million dollar expansion of outpatient care and surgical capacity for White Plains Hospital, after finishing a $50 million cancer center.[9] But for Mount Vernon, Montefiore has relied instead on public money to help the medically needy population of Mount Vernon, instead of investing its own resources. The State of New York awarded Montefiore $65 million to construct "Montefiore Mount Vernon Medical Village–a comprehensive, multi-specialty outpatient facility and a new emergency department" in 2019.[10] DOH in conjunction with Montefiore has refused to release the grant applications publicly. Montefiore earmarked only $41 million of that grant to the Mount Vernon facility in its Certificate of Need filing. And as of now, even though the state has transmitted $33 million of the $65 million grant to Montefiore, the only changes to services at Mount Vernon has been to eliminate services and close critical departments.[11]

Montefiore is expanding rapidly in the Hudson Valley, with pending acquisitions of other hospitals including St. John's Riverside in Yonkers, another medically underserved community.[12] There must be greater examination of the hospital system's track record before more acquisitions of community hospitals are approved by the New York State Department of Health (DOH).

PUBLIC RESOURCES FOR THE PUBLIC GOOD?

While hospitals all over the state shut down revenue generating procedures and admissions during the COVID crisis, many of them were made whole by relief funds distributed by the CARES Act, including high impact funding, and the Paycheck Protection Program. While Mount Vernon and New Rochelle received $21 million and $47 million respectively, White Plains Hospital received more than $87 million – more than double New Rochelle and Mount Vernon combined.[13] White Plains was essentially rewarded for having higher paying, privately insured patients and lower death rates than Mount Vernon. While Montefiore could choose to redistribute CARES Act and PPP money to Mount Vernon, it has not done so.

Private healthcare corporations such as Montefiore seek to maximize their profitability, often leaving behind the very patients that need to be served and reinforcing existing healthcare disparities. Unfortunately, government policies have fallen far short in mitigating disparities and promoting quality healthcare for all.

Public and Private Investment [14]	White Plains	Mount Vernon	New Rochelle
2020 Public CARES Act and PPP Funding	$85.8 million	$21.5 million	$47 million
2019-2020 Montefiore private investment to expand or improve services	$272 million	$0	$0

CONCLUSION

The Rev. Dr. Martin Luther King, Jr. famously said, "Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." Although progress has been made towards rectifying the more explicit forms of racial discrimination that existed in the healthcare system through the 1960s, our healthcare system is still plagued by inequities in access, services, staffing and other quality care resources, and ultimately, healthcare outcomes, including deaths. Racism continues to be a public health crisis.

It should still be shocking that Montefiore, a major leader in New York's healthcare system, would close down an ICU unit in the midst of the COVID pandemic in a hard-hit majority-African American community. It should still be shocking that in 2020, the COVID-19 death rates of Black and Latino patients are double that of White patients in one of the wealthiest counties in America. What may look to hospital administrators like straight-forward business decisions must be scrutinized for the impact they have on racial equity and on overall community health.

New York State law does not allow "for-profit healthcare," but there are too few accountability and transparency mechanisms to ensure hospitals like Montefiore are meeting community health needs. New York State has a Certificate of Need (CON) process that governs healthcare construction, expansion, and closures with the goal of promoting delivery of high-quality healthcare and limiting consumer costs. However, this process is more often a rubber stamp than a mechanism to meet community health needs. During COVID, the New York State DOH which oversees the CON process, has turned a blind eye in its oversight role, allowing hospital beds to close or move within a health system without going through the CON process.

The State DOH is also responsible for the "transformation" grant awarded to Montefiore and has refused to make the grant application publicly available, despite New York's Freedom of Information Law. There is currently no way to know whether the public dollars Montefiore received are being used for the public good. We only know that Montefiore intends to close Mount Vernon's only hospital and has dramatically reduced services since receiving the grant.

Similarly, Federal Cares Act money came with few strings attached. Although intended to stabilize hospital finances in the face of the COVID pandemic, the funding that Montefiore received boosted their revenue to $160 Million, according to 2020 3rd Quarter financial statements. Montefiore has claimed poverty when community and labor leaders have demanded greater investment in its Mount Vernon and New Rochelle facilities, while at the same time moving forward on huge construction expenditures in White Plains.

SOME IMMEDIATE SOLUTIONS TO MOVE TOWARDS A MORE EQUITABLE HEALTHCARE SYSTEM INCLUDE:

Some immediate solutions to move towards a more equitable healthcare system include:

1. **Montefiore must invest resources to meet the healthcare needs of each of the communities it serves. This includes increasing nurse staffing for quality patient care in underserved and understaffed communities.**
2. **The DOH must enact a moratorium on approving cuts, closures, or hospital expansions until there is full transparency and accountability.**
3. **Greater transparency and accountability when public subsidies are given to private corporations. A full investigation and audit of how Montefiore spent its transformation grant money is warranted. If Montefiore is not meeting its commitment to transform and improve healthcare in Mount Vernon, grant money should be clawed back and distributed to an organization that will follow through and meet community health needs. There should also be greater transparency in how federal COVID relief dollars are spent. There is currently no way to know how the money earmarked for one facility was spent, or if it was used to finance projects at another facility within the Montefiore empire.**
4. **Elected officials must demand full reporting of hospital-level data on COVID conditions, infections, and deaths. Hospitals were required to report healthcare worker and patient infections and deaths by race. Workers and community members have a right to this information, which is so critical to learning lessons during the pandemic and improving performance.**
5. **Legislation to establish statewide safe staffing standards, so that patients can be assured a minimum standard of care when they go to a hospital, regardless of the demographics of the community where the hospital is located.**
6. **We are committed to working towards these solutions, hand in hand with elected officials. We can begin by demanding an investigation into how Montefiore has allotted resources to the communities it serves.**

FOOTNOTES

1 See US Census Bureau Quick Facts Comparable Table for all Census Bureau sources: https://www.census.gov/quickfacts/fact/table/whiteplainscitynewyork,newrochellecitynewyork,mountvernoncitynewyork,NY,westchestercountynewyork/PST045219

2 Data from the NYS Prevention Agenda Dashboard https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/dashboard/pa_dashboard&p=sh

3 Data comes from https://health.data.ny.gov/Health/Hospital-Inpatient-Prevention-Quality-Indicators-P/iqp6-vdi4

The NYS Prevention Agenda Dashboard gives similar age adjusted 2-year average measures of 226/10k for Mt Vernon and 128/10k for New Rochelle here: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=mp&ind_id=pa2_0&cos=55#map

4 PQI 92: Prevention Quality Indicators (PQIs) are a set of population-based measures that can be used with hospital inpatient discharge data to identify ambulatory care sensitive conditions. These are conditions where 1) the need for hospitalization is potentially preventable with appropriate outpatient care, or 2) conditions that could be less severe if treated early and appropriately.

5 https://www.montefiore.org/documents/communityservices/Community-Health-Needs-Assessment-MNR-MMV.pdf (see page 20)

6 https://www.health.ny.gov/statistics/sparcs/sb/docs/sb16.pdf

7 https://www.apmresearchlab.org/covid/deaths-by-race

8 https://covid19tracker.health.ny.gov/views/NYS-COVID19-Tracker/NYSDOHCOVID-19Tracker-FatalityDetail?%3Aembed=yes&%3Atoolbar=no&%3Atabs=n
Use sidebar to view Westchester County

9 https://www.lohud.com/story/news/health/2019/04/17/white-plains-hospital-begin-272-million-expansion-growing-competition/3495000002/

10 see: https://www.crainsnewyork.com/article/20170720/PULSE/170729999/hospitals-get-biggest-windfall-from-state-s-health-care-facility-transformation-program

11 According the NYS Comptroller's Office "Open Book" website accessed 1/27/2021
https://wwe2.osc.state.ny.us/transparency/contracts/contractsearch.cfm

12 See: https://data.hrsa.gov/maps/map-tool/ MUA # 02394 Yonkers, NY part of the Westchester MUA along with Mt. Vernon.

13 See: https://www.kff.org/coronavirus-covid-19/press-release/hospitals-with-more-private-insurance-revenue-larger-operating-margins-and-less-uncompensated-care-received-more-federal-coronavirus-relief-funding-than-others/

14 Total Provider Relief Funds as published by HHS available here: https://data.cdc.gov/Administrative/HHS-Provider-Relief-Fund/kh8y-3es6/data
High Impact Funds (which are a subset of Total Provider Relief Funds publishes above) are published here: https://data.cdc.gov/Administrative/Provider-Relief-Fund-COVID-19-High-Impact-Payments/b58h-s9zx/data