

Building Alliances: Lessons from PNHP–NY Metro

PNHP Annual Meeting November 5, 2022

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Morgan Moore, Executive Director
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Agenda

- A. Macro-organizing
- B. Micro-organizing
- C. Organizing opportunities

A. Macro-Organizing

- Local –LWVPWM Long Island Local League
- State – LWVNY: 46 LL
- National –LWVUS:: 700 LL



LWV of Port Washington– Manhasset

- 2017 LL Healthcare Void:
 - NYS supported NYHA
 - No local advocate
- LL Leadership:
 - Volunteered to run education events
 - Sought NYS approvals and credibility
 - Involved PNHP-Metro Leaders
 - Managed controversies over partisanship

Lessons Learned

- Find ways to build trust, add value
- Avoid “rookie mistakes” by finding mentors

LWV of NYS 2019–2021

- 2019 LWVNY Study Committee:
 - 7-9 Members (2PNHP) – 18 mos
 - Rigorous Review by NYS Board
- Education Outreach
 - 25+/ 46 Leagues @ 2-3hrs
 - 5 Members – 4 months
- 2021 Consensus Process: 2 mos
 - 31/31 Leagues Yes on HC position
 - 30/31 Leagues Yes on HC Financing position

Lessons Learned

- Mobilize by designing for scale
- After mobilizing, stay in touch to leverage success
- Say “Yes” to joining young organizations that share your mission

LWV of US 2021–2022

- HCR4US: HC Reform (SP/M4A)
 - National network, many PNHP members
 - Summer 2021: Discuss with national staff
- Fall 2021:
 - Mobilization strategy & materials prep
 - Coalition building: HCR4US, rural caucus, Exec Dir network
- Spring 2022: Allies campaign to get 700 local leagues to Influence National League
- June: National Convention:
 - “Recommended” by US Board
 - Passed almost unanimously by delegates
 - (Allies: Rural Caucus also passed)

Lessons Learned

- To influence a bureaucracy, get advice from the battle-scarred.
- Coalitions amplify voices

Current LWVUS Goals for Healthcare

◆ Universal — Equitable Access

- ❖ “For all U.S. residents”
- ❖ No rationing by income, gender, race/ethnicity, pre-existing conditions, where you live ...

◆ Equitable Quality

- ❖ Equitable treatment, including prevention of disease, health promotion and education
- ❖ Equitable distribution of services

◆ Affordable (& Feasible)

- ❖ For all: patients, taxpayers, providers ...
- ❖ “Financed through general taxes” [progressive]
not “individual insurance premiums” [regressive]

Updating Language:

To clarify & make explicit what's there

1. Protecting the vulnerable — and public health (DEI)
2. Single-payer concept as viable, desirable for achieving LWVUS goals: affordable, equitable, universal HC
3. States can enact universal HC until Congress acts
4. Regular assessment and transparent administration

Proposed NYS Additions to LWVUS

1. Expanded delivery options (e.g., telemedicine) while providing “standard of care” treatments (DEI)
2. Separating health care from employment status (DEI)
3. “Safe staffing” — for staff & patient safety (DEI)
4. Patients, family, providers decide health care (DEI)
5. Cost-controls must provide evidence that they
 - Reduce total costs and
 - Reduce outcome disparities (DEI)

LWV Next Steps — 2023 on

National: HCR4US taking lead

- LWVUS: Raising lobbying priorities
- State/local Leagues: building playbooks

LWV of NYS:

- State Issues Specialist for Healthcare
- Invigorated NYS Healthcare Committee
- Prioritized list of healthcare legislation
- Key criteria: potential allies

Lessons learned 2017–2022

What to repeat

- The more intentionally alliance-oriented you are, the stronger your movement
 - Lurk in sister networks — find ways to build trust
 - Culture and process mistakes can kill you — find mentors
 - Listen to the greatest range of voices available
 - Don't let great ideas get ignored
 - Micro-aggressions can harm your cause
 - Achieving diversity is costly, but key to sustained excellence
- Mobilize and communicate constantly: as an apparently made-to-order service

What to do differently

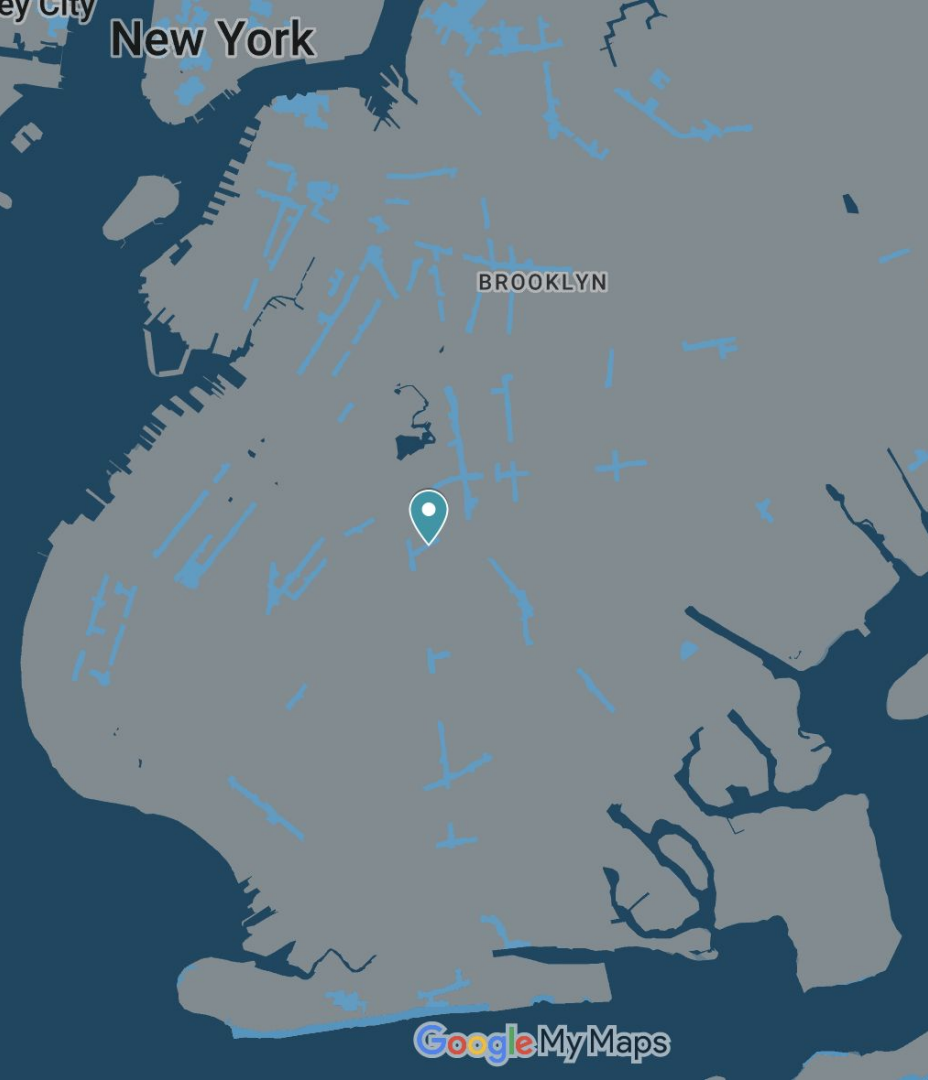
- Dream bigger thoughtfully — inspire, but don't scare
- It's a non-linear marathon, so breathe

B. Micro-organizing

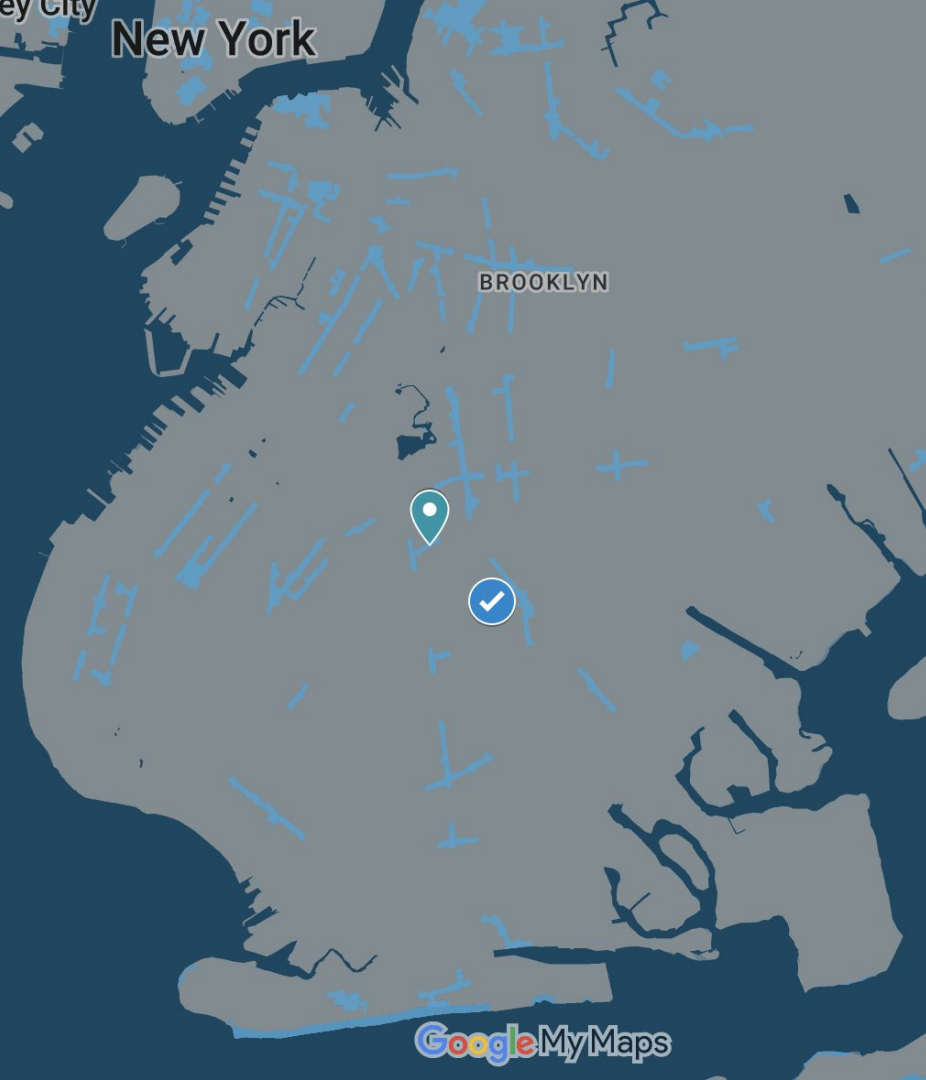
- Intentional
- Often local
- Relational organizing

Example:

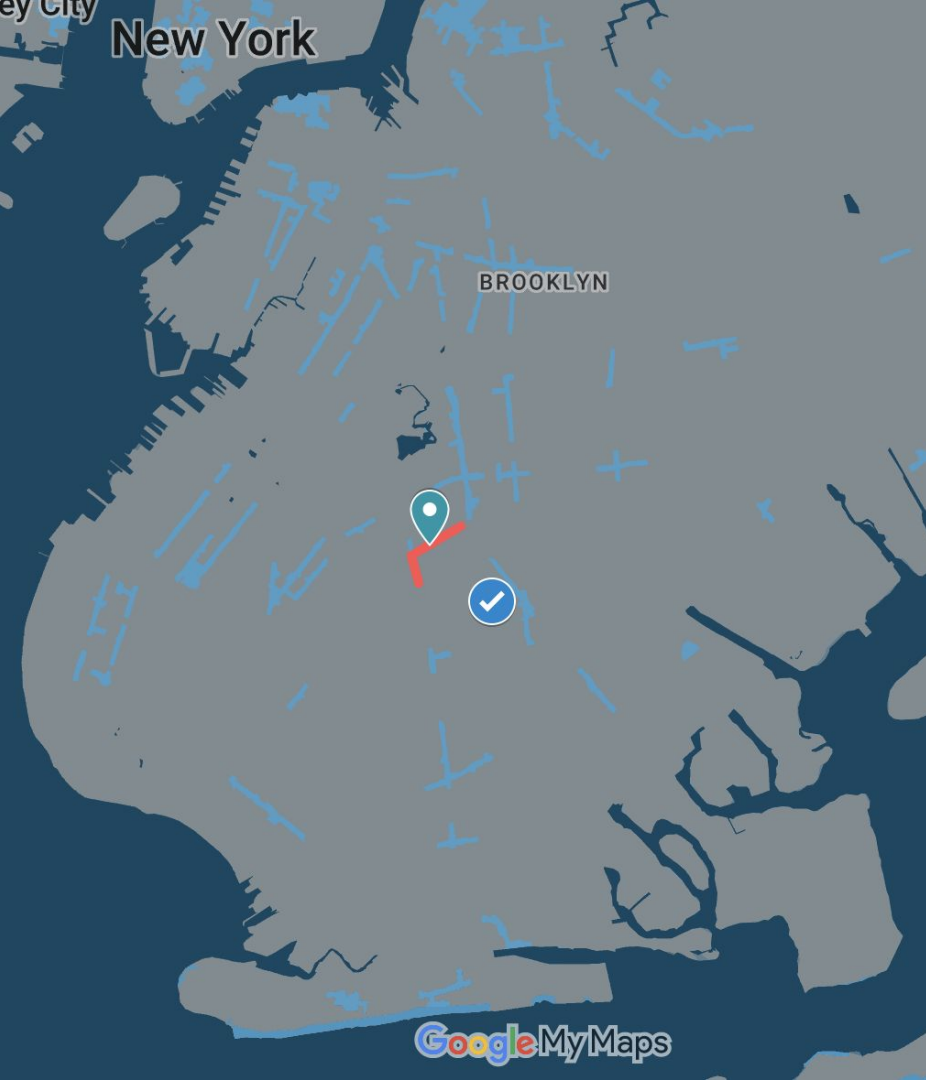
Brooklyn Organizing 2017-2018



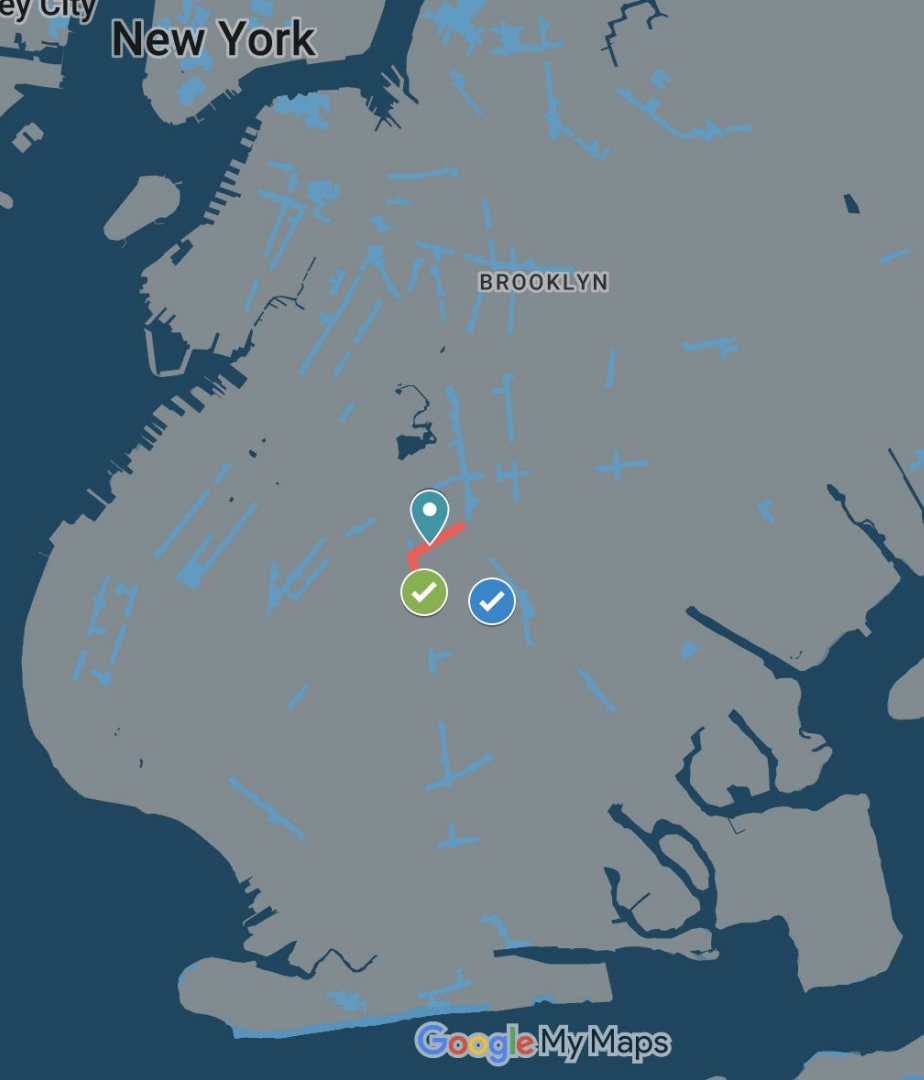
- Farmer's Market Tabling



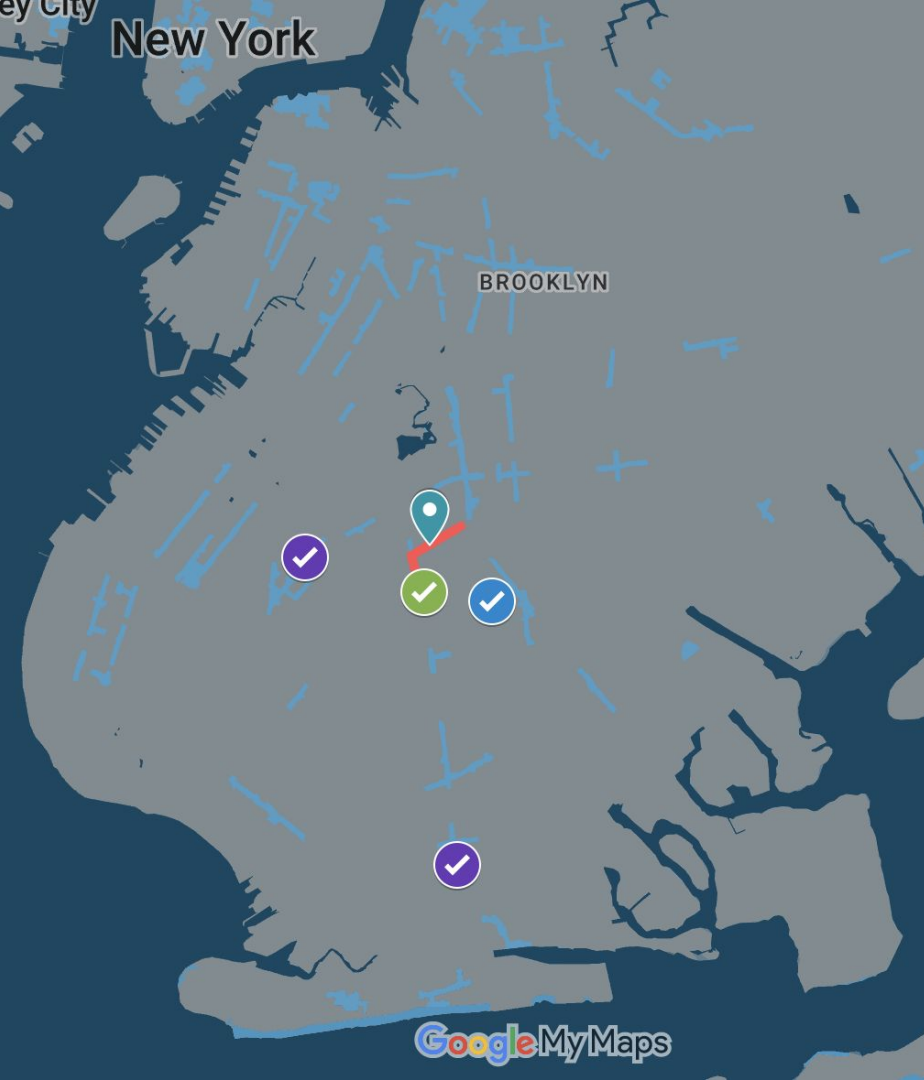
- Farmer's Market Tabling
- Unity Night at PS 315



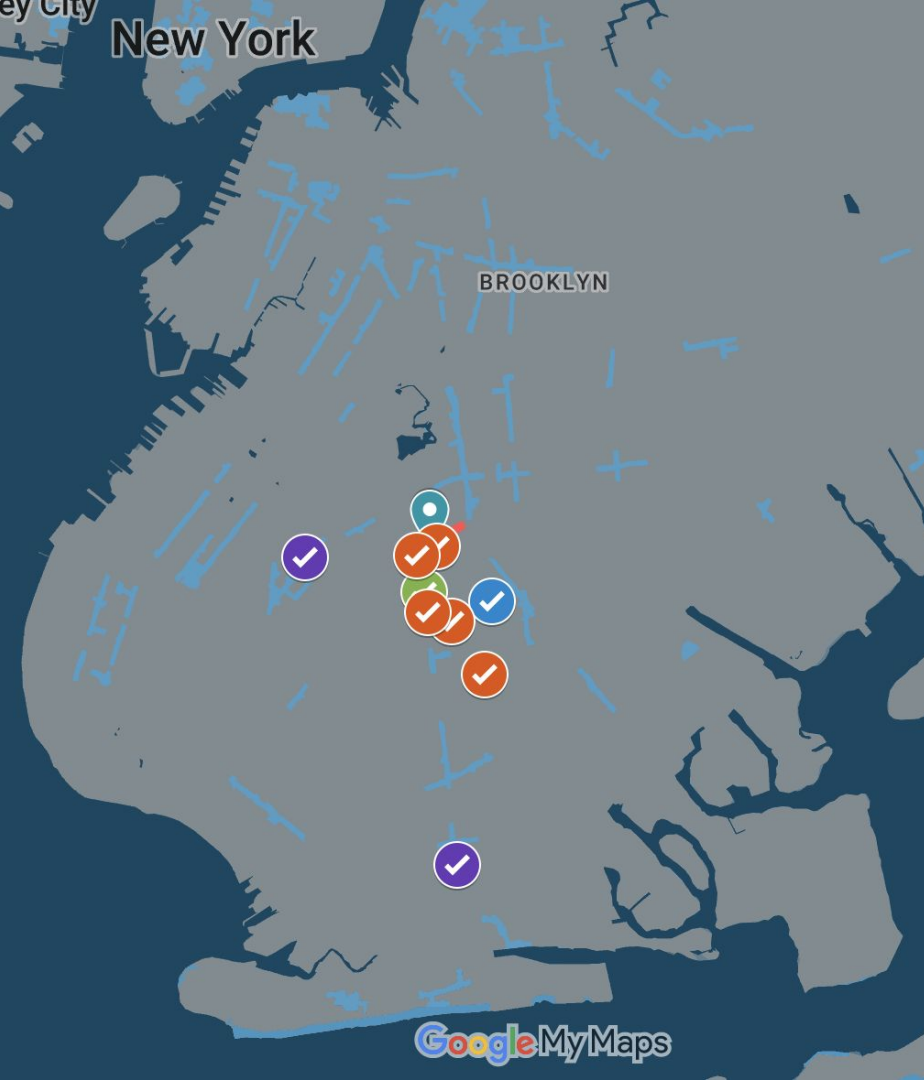
- Farmer's Market Tabling
- Unity Night at PS 315
- Business Canvassing



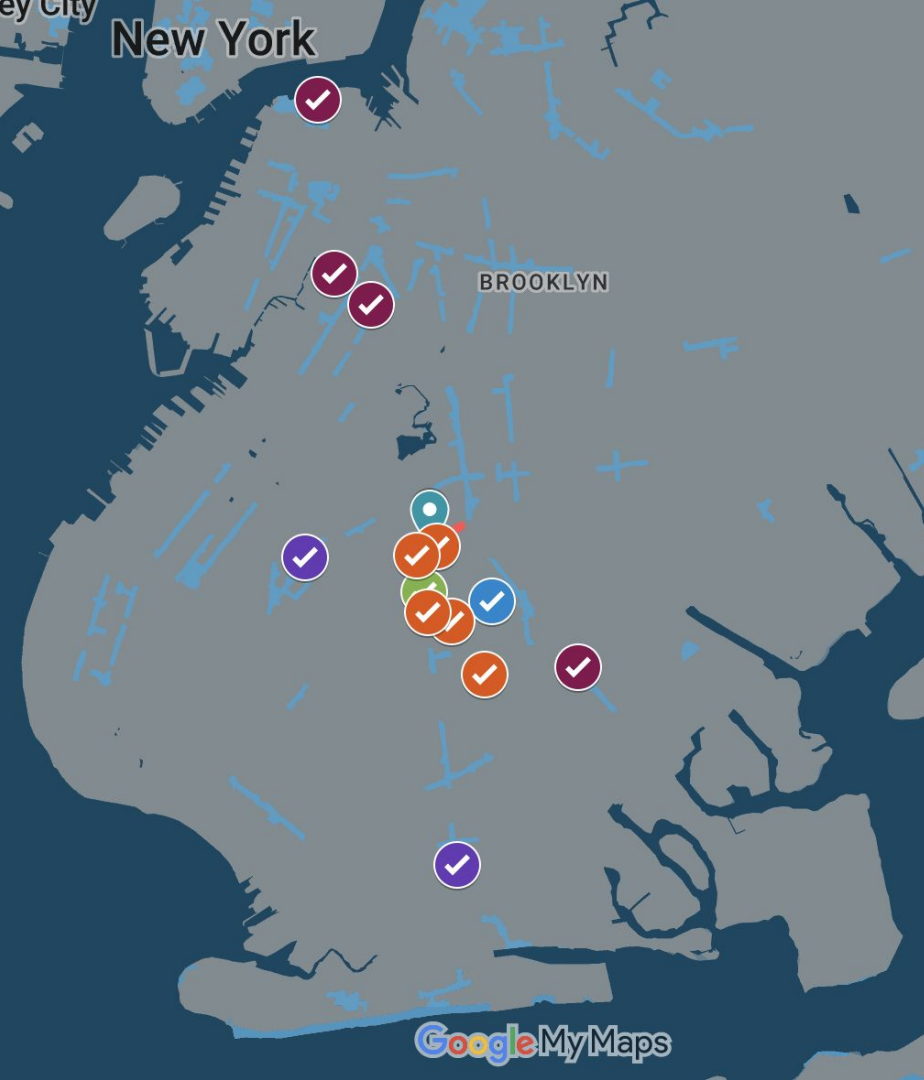
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- Pakistani American Youth Society



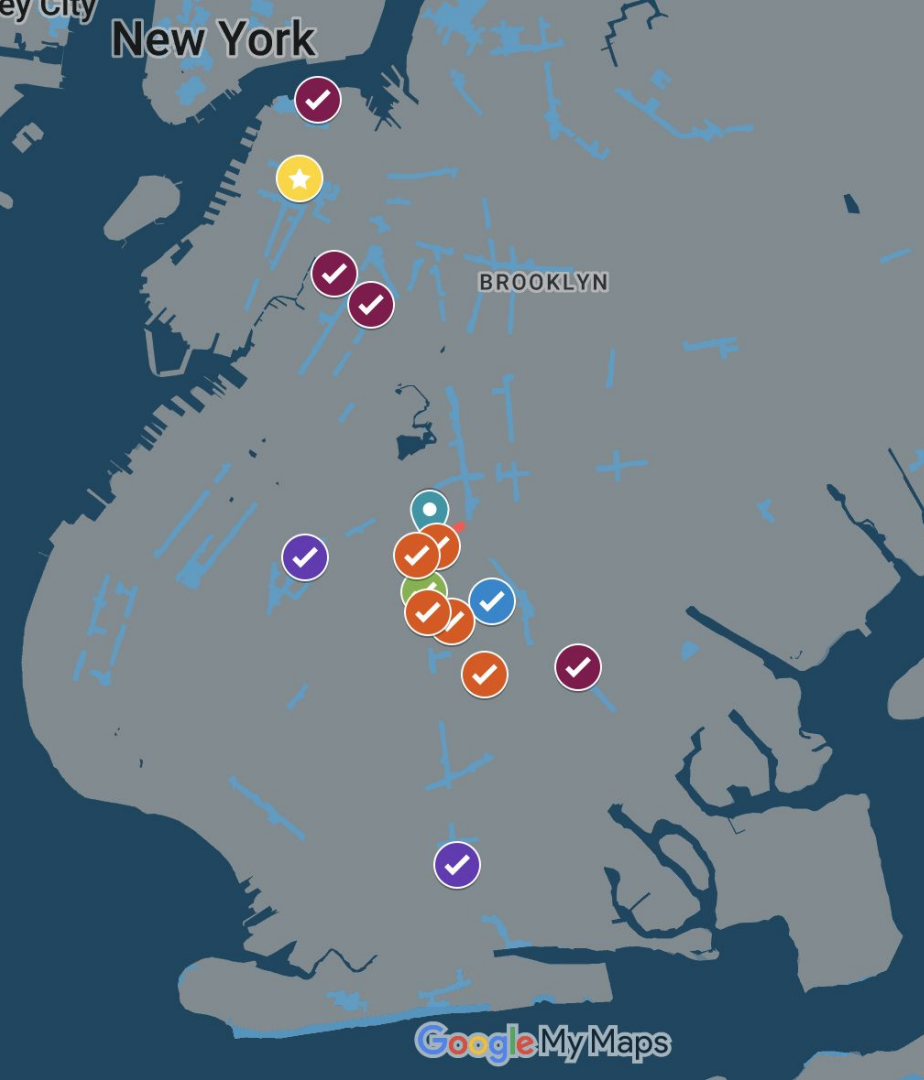
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- East Midwood Jewish Center
- Bar Chord
- Third Root Community Health Center
- Brooklyn Community Board 14
- Council of People's Organization

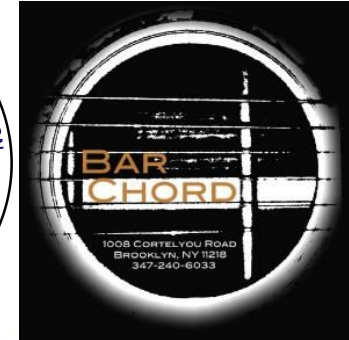


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- Brooklyn Borough Hall

Ally organizations



NEW KINGS DEMOCRATS

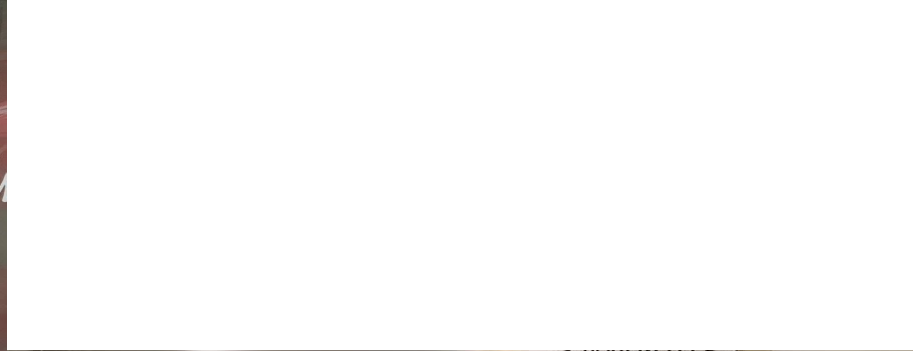














Questions:

What are some **types of groups** that exist in your network or community that you would like to work with?

Write down some specific groups/organizations if you have any in mind.

Lessons learned

- Show up - show up again
- Listen: meet people where they are
- Be intentional in your approach
- Customize your message: connect the dots
- Go where people are
- Leverage networks, yours and your allies' – in planning, executing, and promoting

C. Organizing opportunities

- Event Categories
- Forums
- Rapid response/mini campaigns
- Best Practice: Intentionality

Events / actions categories

- Flyering / petitioning
- Canvassing
- Rallies / speak outs
- Demonstrations / Direct Action
- Single payer 101's
- Grand rounds
- Movie screenings
- Town Halls

What else??

October 2018:
Long-Term Care,
Disability Rights, and
the Single-Payer
Movement



JEWS FOR RACIAL &
ECONOMIC JUSTICE



NY CARING
MAJORITY



HAND IN HAND
The Domestic Employers Network



New York StateWide Senior Action Council, Inc

March 2022:
Why US Prescription
Drug Prices are Too
High... and How to
Treat It



DRUG PRICES ARE TOO HIGH

A Bipartisan Effort to Lower Drug Prices

December 2018: Borough-Wide Forum: How will the NY Health Act benefit Brooklyn?



Rapid response, mini campaigns

- Timely events that create and strengthen natural allies
- Connect topical issues to healthcare and single payer
- Rally support: show up for allies

Examples:

- Medicare Advantage fight in NYC
 - Engaged retirees in healthcare advocacy
 - Organized allies among non-union and younger union workers
- Roe v. Wade overturned
 - Solidarity, engagement, and hope
 - Continue messaging: reproductive health included in NY Health Act



Best practice: Intentionality

**Are YOU talking about impacted communities?
Or are you making space for people to talk about
and advocate for themselves?**

- Are your events accessible? Wheelchair accessibility, captions, bathrooms, childcare, cost, translation.
- What is your relationship to the group or person you're talking with?
- Have you done your research on the groups you're approaching and their concerns?
- What can you offer them? Why should they participate with you? Value proposition for them.
- Who is missing from the planning, the conversation, the campaign, the movement?

Activity:

What is something your chapter is doing and how can you be more intentional about it?

Moving forward

What kind of event could you or your Chapter host in the coming year?

Who are some groups that might be valuable to partner with on this event?