Winner-Take-All Politics Keeps Us Divided

From “A disagreeable state: Can Wisconsin citizens be civil again?” by David D. Haynes, editorial page editor for the Journal Sentinel, 11/8/14:

“Fresh off the election, one of my Twitterati sent me this greeting: ‘@DavidDHaynes nice try to knock off Walker, again, you socialist a--------. Hahahaha.’”

“I thanked him for his comments. But a small correction: I’m actually a lot closer to an Eisenhower Republican than I am to a socialist. And I’ll leave it to my friends and co-workers to decide whether I’m an a-------.”

“Passions run hot during any campaign, but messages such as that didn’t used to be so common. They are now. And they’re just as likely to come from liberals as conservatives. But if people understood that both sides of the political divide are driven by values and then tried to find ways to accommodate those disparate values, could we change the tune being played in Madison and Washington, D.C.?”

“Jonathan Haidt believes we could. He’s a social psychologist who teaches ethical leadership at the Stern School of Business at New York University and the author of ‘The Righteous Mind: Why Good People are Divided by Politics and Religion.’”

“Before I get to his ideas, though, it’s important to understand the polarization that grips Wisconsin. I see the anecdotal evidence every day washing up in my in-box, of course, but the Journal Sentinel’s Craig Gilbert proved it. In a terrific reporting project earlier this year, Gilbert found that the Milwaukee area is arguably the most polarized metro area in the nation. I don’t doubt it for one moment.”

“This state is deeply divided over voter ID, abortion, the minimum wage, the role of government, immigration, guns. Urban vs. rural. Black vs. white. Rich vs. poor. Men vs. women. Young vs. old. Our politics is divided by education and perceptions of where the country is headed, by whether we go to church on Sunday and even whether we’re married or not.”

“In an exit poll on our recent election day, voters were asked: ‘Compared to four years ago, is the job situation in your area better today, worse today or about the same?’”

“Sixty-six percent of voters for Republican Gov. Scott Walker said it was ‘better today’ compared with only 15% of voters for Democratic candidate Mary Burke. And that’s on a question that has a quantifiable answer.”

“In the world where I choose to live, even the coldest winter must yield to agents of spring and the darkest view of human nature must eventually find room for shafts of light.” - Madeleine Albright in “Prague Winter”

RWCH Eye On Health, 11/11/14
“We simply do not agree. But the question I’ve been asking is this: Do we have to be so disagreeable about it? Haidt doesn’t believe that we do. He says for that to happen, we need to take time out from demonizing one another to try to understand one another.”

“He argues that we can learn from our political foes. As a liberal, he has disappointed his brethren by asserting that the reason Republicans win elections has a lot to with their understanding of ‘moral psychology,’ which Democrats either don’t get or don’t try to get. Conservatives, Haidt writes, have a broader set of moral tastes and thus more ways to reach the public.”

“His research found that there are certain core ideas upon which all cultures base their moral foundations: care, fairness, liberty, loyalty, authority and sanctity. All Americans are moved by these ideas, but depending on your spot on the political spectrum, you are moved by some more than others.”

“Liberals care more. Conservatives are more moved by fairness, by the idea that people get what they deserve. Both value liberty. But conservatives value the other three moral foundations more than liberals and thus have a bigger vocabulary to draw on when they discuss them. Conservatives can offer a wider selection of food for thought at the ideas cafeteria.”

“That’s why it’s wrong to assume that Republican politicians somehow dupe voters into casting ballots against their own economic self-interest, which was the thesis of the 2004 book by Thomas Frank ‘What’s the Matter with Kansas?’ Haidt writes that ‘rural and working-class voters were in fact voting for their moral interests.’ ”

“Both sides are driven by their values. ‘Everyone cares about fairness, but there are two major kinds,’ he writes. ‘On the left, fairness often implies equality, but on the right it means proportionality—people should be rewarded in proportion to what they contribute, even if that guarantees unequal outcomes.’ ”

“Conservatives can learn from liberals as well—recognizing the effect of special interests on politics and government might be one example.”

“‘The first step we all need to take is to understand that the other side is not crazy, they are not holding their positions because they’ve been bribed, because they are racist or whatever evil motive you want to attribute,’ Haidt told talk show host Bill Moyers earlier this year.”

“Haidt is part of a group of academics that founded Civil Politics, a nonprofit that hopes to educate the public about research on improving relations across divisions.”

‘But I wonder if Haidt’s ideas are practical. The value of the spoils that go to the victor in winner-take-all politics makes compromise and civil discourse very difficult. And unlike. In the Moyers interview, Haidt pointed out that those Eisenhower Republicans and Stevenson Democrats were all members of the Greatest Generation who were bound together against common enemies: the Great Depression and fascism. Their children, the baby boomers, cut their eye teeth on conflict—whether their country was evil or not. They grew up differently.”

“Politicians prey on divisions and exploit them; the hands of neither side are clean. Think of how liberals score points when Medicare reform is raised. Or how conservatives pounce whenever a liberal talks about gun control. The media (that includes me) often feeds partisan appetites by focusing on extremes. And the media is fractured: Voters have dozens of outlets for their opinions on talk radio, social media, newspapers and websites. More channels mean more division into like-minded enclaves. We’ve even self-sorted our-
selves into neighborhoods where we all agree with one another. And I continue to think that a languid economy has left us all in a surly mood.”

“We certainly need to know and understand our fellow citizens better, and legislators of every stripe need to get to know one another. That once happened. It happens far less often now, and that’s too bad, because out of knowing can come understanding, and out of understanding can spring compromise and progress.”

“We have to try, but I have my doubts that the political debate in Wisconsin is headed back to the future anytime soon.”

Ebola Hysteria & Working on What Matters

From “Ebola’s lesson? Get real on public health” in The Modesto Bee, 10/21:

“Danger in developed nations is low, yet everyone has a role to play in preventing deadly disease.”

“Reality has settled in: Thomas Eric Duncan’s fiancee doesn’t have Ebola. Neither do most of the first wave of people to come into contact with the virus’ first victim in the United States.”

“No Ebola was among the Texas hospital staff who greeted Duncan when he first showed up with symptoms. No Ebola among the ambulance drivers who returned him to the hospital when he developed a fever. No Ebola yet on the flights taken by that nurse who treated him and then became infected, and who, like her colleague, is now in treatment.”

“No Ebola on the cruise a hospital worker joined after handling specimens from Duncan. While we’re not out of the woods by any means, as the 21-day incubation period passes for more of those touched by America’s brush with the virus, the rest of us are gaining perspective.”

“Here’s what we’re learning, now that we’re more reality based: First, just as public health officials told us, it’s hard to catch Ebola in a developed country. As one Internet meme has put it, Americans are more likely to marry a Kardashian right now than to discover they have the disease.”

“Second, known methods of controlling the virus can and do work. (Witness the announcement on Monday that, at least for the moment, Nigeria has joined Senegal in being Ebola-free.)”

“Third, if we want to control the virus successfully, we need to properly train and equip our hospital workers, even in communities that would seem to be far from international epidemics.”

“Fourth, we need to do more to support those on the real front lines. The website CharityNavigator.org ranks charities involved in the Ebola fight. As long as the worst Ebola outbreak in recorded history continues to rage in Africa, every nation is at risk.”

“But the big lesson has been that public health really is the responsibility of all of the public. And part of that responsibility is to meet these scares with level heads.”

“Want to do something for public health? Get a flu shot. The flu kills up to 49,000 Americans annually. Get rid of that gun. At last count, more than 32,000 lives annually were claimed by firearms in this country.”

“Vaccinate your kids. We’re looking at you, parents who decide against getting their children vaccinated and risk the health of other parents’ kids.”

“Exercise. Heart disease killed more than a half-million people in 2011, the last full year for which statistics are available.”
“Don’t drink and drive. More than 10,000 souls annually perish in DUI crashes. Another 40,000 a year commit suicide. If someone you know is psychologically troubled, encourage them to get help.”

“The American panic over Ebola seems to be passing. But who knows how many worst-case scenarios could be averted if we finally got real about public health?”

“But the big lesson has been that public health really is the responsibility of all of us. And part of that responsibility is to meet these scares with level heads.”

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**We Need Metrics No Longer Blind to Reality**

From “NQF Wants Risk-Adjusted Outcomes, Costs, Payments” by *John Commins, for HealthLeaders Media* (HLM), November 3, 2014:

“A National Quality Forum (NQF) panel wants the federal government to take into account socio-demographic factors for patient population health outcomes when risk adjusting pay-for-performance reimbursements. Steven H. Lipstein, president and CEO of St. Louis-based BJC Healthcare, was a member of the NQF panel that issued the report in October. Lipstein says numerous studies have shown that patients from less-affluent communities have poorer health outcomes, even though the care they receive in the hospital is the same as people from wealthier communities. As a result, he says, hospitals that serve predominantly poorer communities will be unfairly penalized.”

*Lipstein spoke with HealthLeaders Media about the panel’s report. The following is an edited transcript.*

**HLM: Why does socio-economic status affect health outcomes?** Lipstein: In St Louis, mainly in the neighborhoods north of the city, you go into communities that are characterized by low household income, high poverty rates, high housing unit vacancy rates, high unemployment rates, and a high percentage of the population that didn’t complete high school.”

“The evidence supporting the difference in health outcomes is indisputable. What is challenging right now is that the healthcare policy makers, specifically CMS (the Centers for Medicare & Medicaid Services), believe that health systems, doctors, hospitals, nurses, and other healthcare professionals, can overcome those disparities and produce the same outcomes at the same cost as compared with more affluent communities. That is just not true. There is no evidence to support that finding.”

**HLM: CMS raises concerns that adjusting for socio-demographics will create tiered care standards that will adversely affect the poor. Is that a legitimate concern?** Lipstein: What people are concerned about is that if you risk-adjust for socio-demographic status, you will somehow cover up poor quality provided to patients of lower socio-economic status.”

“Nobody is advocating for covering up anything. In fact, after we do the risk adjustments, you will see in the recommendations that were proposed by the expert panels that the National Quality Forum convened, the performance measures would include specifications for stratification of the clinically adjusted version of the measure based on the socio-economic factors used in the risk adjustment.”

“Socio-demographic risk adjustment, if you’re going to use those measures solely for quality assessment and improvement, then it is important to highlight differences among socio-demographic groups. But when you are using these measures as part of a pay-for-performance system, as CMS is doing, what you end up doing is punishing disproportionately the providers who care for disadvantaged populations.”

“You punish them in one of two ways: either their outcomes are not as good as hospitals that serve patients from more affluent communities, or if their outcomes are the same and it just costs more to produce the same outcomes for a vulnerable patient as it does for an affluent patient, then CMS calls the provider
who produced that same outcome a low-value provider because the quality is the same, but the cost was higher and CMS equates that to lower value.”

“HLM: What do you want? Lipstein: We want CMS and all payers, in their pay-for-performance programs, to risk-adjust health outcomes, to risk-adjust costs to produce those outcomes, and to risk-adjust premiums payments if we got to that for the socio-demographic characteristics of the community in which the patient lives; not the community where the hospital or the patient resides, but the community where the patient lives.”

“Right now what I am concerned about is that CMS is presiding over a pay-for-performance environment in which they are rewarding the provider community for investing its future capital in serving more affluent populations. The market already provides the rewards for serving more affluent populations. CMS doesn’t have to help them do that.”

Why a Grayer State Matters to You

From “An older, grayer Wisconsin and why that matters to you” by David Haynes, editorial page editor in the Journal Sentinel, 10/31:

“By 2040, there will be more than 1.5 million people in Wisconsin age 65 or older—a projected 97% increase from 2010 while the working age population will fall 0.2%.”

“Think about it this way: In 2010, there were about 23 people of retirement age for every 100 people of working age. By 2040, there will be 45. That’s Wisconsin’s ‘old-age dependency ratio.’ ”

“That will mean fewer new households and all that goes with them—fewer appliances purchased, roofs replaced, siding installed, insurance policies taken out, window treatments hung.”

“Older people buy fewer goods and use more services. They use the health care system more often. (Do we have enough nurses? Probably not.) An aging population puts pressure on all of the state’s major taxes. Tax increases may be inevitable. Tax reform certainly is.”

“And with fewer young people coming into the societal pipeline—another demographic pressure the state faces (just look at declining school enrollments for the evidence)—the pressure on taxes and the economy will come from both ends of the age ladder.”

“The political class isn’t talking much about this challenge, either because politicians don’t know what to say or see nothing in it for them.”

“‘I think you can see that in this election that we spend a lot of time talking about temporary issues... We fight over the temporary issues of the day—minimum wage, the number of jobs created—meanwhile, this behemoth is sitting out there that dwarfs all of those,’ said Todd Berry, president of the Wisconsin Taxpayers Alliance.”

“The biggest impact will be on workforce size and job creation, Berry suggests, because of the close relationship between the number of working age people in a state and job growth. ‘Political rhetoric aside, you can’t create jobs if you don’t have any bodies to put in the jobs,’ he said. What can we do?”

- “Make sure more Wisconsin kids graduate from high school, get post-secondary training and stay in the state. When every working age person matters, dropouts or out-migration hurts.”

- “Through federal immigration laws, allow states to prospect for skilled labor abroad.”

- “Recruit workers at a younger age. Expose students to the workplace as early as middle school.”

- “Offer incentives for older workers to remain on the job, including flexible work hours.”

Add Your Support to Rural Leadership Development

The National Rural Health Association is growing a permanent endowment for programs that support emerging leaders, broadly defined, from and for rural communities.

Go to http://ow.ly/ejmLj to learn more.
“‘The doomsayers—and there are many—assume, incorrectly, that people will simply stand by passively while demographic trends destroy their prosperity.’”

“‘History shows the opposite is true,’ Milton Ezrati, a senior economist for Lord, Abbett & Co., wrote in an essay for PBS earlier this year and who wrote a book on the subject. ‘To protect what they have, people, firms and governments almost always will do whatever is necessary. And there is much they can do.’”

Who Is Working on What?

The following is from the University of Wisconsin (UW) Population Health Institute at the UW School of Medicine and Public Health:

“Across Wisconsin, local health departments and non-profit hospitals are working with each other, and with other community organizations and community members, to assess local health needs and pick priorities for action. By gathering these local priorities, we have a picture of what’s most important to communities across our state:

- Access to Care
- Excessive Alcohol Consumption
- Mental Health Needs/Issues
- Nutrition
- Obesity
- Physical Activity
- Prescription and Illicit Drug Abuse
- Tobacco Use”

Go to www.improvingwihealth.org/ to learn who is working on what to improve population health.

The 2014 Update of the Rural-Urban Chartbook

The Centers for Disease Control and Prevention (CDC) published Health, United States, 2001 With Urban and Rural Health Chartbook. The Chartbook was widely used in informing rural health policy and programming. The Rural Health Reform Policy Research Center has now updated this resource to examine the current trends and disparities in urban and rural health. It is available to download at:

http://ow.ly/E4NKt

If You Read Just One Book This Year

From a promotion of “Being Mortal: Medicine and What Matters in the End” by Atul Gawande at http://atulgawande.com:

“Medicine has triumphed in modern times, transforming the dangers of childbirth, injury, and disease from harrowing to manageable. But when it comes to the inescapable realities of aging and death, what medicine can do often runs counter to what it should.”

“Through eye-opening research and gripping stories of his own patients and family, Gawande reveals the suffering this dynamic has produced. Nursing homes, devoted above all to safety, battle with residents over the food they are allowed to eat and the choices they are allowed to make. Doctors, uncomfortable discussing patients’ anxieties about death, fall back on false hopes and treatments that are actually shortening lives instead of improving them. And families go along with all of it.”

“In his bestselling books, Atul Gawande, a practicing surgeon, has fearlessly revealed the struggles of his profession. Now he examines its ultimate limitations and failures—in his own practices as well as others’—as life draws to a close.”

“And he discovers how we can do better. He follows a hospice nurse on her rounds, a geriatrician in his clinic, and reformers turning nursing homes upside down. He finds people who show us how to have the hard conversations and how to ensure we never sacrifice what people really care about.”

“Riveting, honest, and humane, Being Mortal shows that the ultimate goal is not a good death but a good life—all the way to the very end.”

“A deeply affecting, urgently important book—one not just about dying and the limits of medicine but about living to the last with autonomy, dignity, and joy.” - Katherine Boo

“We have come to medicalize aging, frailty, and death, treating them as if they were just one more clinical
problem to overcome. However, it is not only medicine that is needed in one’s declining years but life—a life with meaning, a life as rich and full as possible under the circumstances. Being Mortal is not only wise and deeply moving, it is an essential and insightful book for our times, as one would expect from Atul Gawande, one of our finest physician writers.”

- Oliver Sacks

“American medicine, Being Mortal reminds us, has prepared itself for life but not for death. This is Atul Gawande’s most powerful—and moving—book.”

- Malcolm Gladwell

“Years ago while I was facilitating a discussion among elementary school students on the topic of substance abuse, the teacher pulled me aside and reminded me to allow some girls to speak up. Apparently the boys raised their hands quicker and higher (research supports this), and I had been calling on them 100% of the time. I felt terrible. I didn’t even notice I was doing this.”

“At a recent meeting of nursing leaders, sharing our top ten leadership books, someone pointed out that they were all written by white men. My response to this was, ‘Well, that just &**^$es me off.’ Don’t get me wrong, I’m not angry at white men for writing great books. I am irritated that again I didn’t notice.”

“What we are—or become—accustomed to, we do not notice. This is a cornerstone issue in moving forward in respecting diversity.”

As leaders, who and what we don’t notice leaves people out, creates barriers and keeps people down. I have biases, and so do you, and often they operate on an unconscious level. If you yawn when you hear the words diversity/equality because they have come to mean something you ‘should’ pay attention to or are mandated to address in hiring or staff education, or even if you already believe that you DO pay attention, push yourself to dig a little deeper. Diversity competence goes far beyond compliance. Effective leaders engage multiple perspectives to reach the best decisions for the customer, the organization and the communities we serve.”

“In many ways, we are afraid to talk about diversity and equality. We don’t know what to say or ask without being offensive, sounding stupid or making others angry and defensive. And how can we talk about it if we aren’t even aware of it to begin with? Watch this 3-minute eye opening video to get a sense of what we might be missing: http://ow.ly/CXLml.”

“Daniel Sue, author of Microaggressions, suggests that we ‘make the invisible visible’ and open up our thinking and action on this topic. Four of his recommendations, along with some ideas for you to bring them to life, are offered here:

1. Learn from constant vigilance of your own biases and fears. Ask yourself regularly, what do I take for granted because of my race, gender, religion, ethnicity, age, ability? How might someone different from me perceive this? Where do I assume others see things the same way I do? Maybe they don’t.

2. Expand your experience with people different from you in race, culture, ethnicity, etc. Rural Wisconsin is more than 90% white. This doesn’t take us off the hook. There are many kinds of diversity. Family structures, beliefs, values, physical ability, even being rural are all things that people have biases about. Examine your biases. Strike up
a conversation with someone who sees the world very differently from you and try to find at least three things you have in common. Take it upon yourself to learn. Check out this great resource created by the La Crosse Medical Health Science Consortium: http://ow.ly/CXM73. Warning: it is easy to get lost here for hours as it is very well done and thought provoking.

3. **Be open to discussing your own biases and how they may have hurt others or revealed bias on your part.** Like me, you may have done or said things not knowing they were hurtful or excluding. Talk about it. Open up a dialogue about it with other leaders. Discuss with your leadership team opportunities for improvement in how you communicate to include everyone. Ask for feedback from staff about how your messages are received.

4. **Be an ally; take a stand against all forms of biases.** Address it when others speak in ways that exclude or belittle others. Consider your own comments about politics, religion, race, fill in the blank. You have the opportunity as a leader to broaden others’ thinking. This is not about being politically correct. It is not about being careful with what you say; it is **caring about the impact that your words and actions have on others.**

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the ongoing RWHC Leadership Series go to www.RWHC.com and click on “Services” or contact RWHC Education Coordinator Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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