Immunizing Against Our Culture of Contempt

By Tim Size, RWHC Executive Director

From the left’s “basket of deplorables” to the right’s “send her back,” our public and private spaces have become infected with a culture of contempt. On too many days, I feel I am in a country I barely recognize. I don’t know if conservatives and liberals equally engage in contempt of the other, only that I hear too much of it from both sides.

I take little comfort when individuals say it’s not so bad, that we were more divided during the Civil War. As savage as those days were, Abraham Lincoln knew we could and must do better.

“Though passion may have strained, it must not break our bonds of affection. The mystic chords of memory, stretching from every battlefield and patriot grave to every living heart and hearthstone all over this broad land, will yet swell the chorus of the Union when again touched, as surely they will be, by the better angels of our nature.”

Even while coming of age in the riot torn sixties, my evangelically conservative family would encourage me “to hate the sin but love the sinner.” And not dissimilarly, at the same time, the left made an icon of a Vietnam War protestor placing a carnation into the barrel of a soldier’s rifle.

From Fox News to MSNBC, our airwaves are filled with voices competing to be the loudest and the most adept at ridiculing their opponents. The dominant narrative is not to address ideas but to reduce those with whom we don’t agree to a position beneath contempt. Once we allow ourselves to hold someone in contempt, all that the best of our culture teaches us about how we are to relate and support each other, goes out the window.

I have taken heart from individuals who have begun to name this problem and suggest solutions, such as Arthur Brooks, long time president of a conservative think tank, as he wrote about “Our Culture of Contempt” in a recent issue of The New York Times: “What we need is not to disagree less, but to disagree better. And that starts when you turn away the rhetorical dope peddlers—the powerful people on your own side who are profiting from the culture of contempt. As satisfying as it can feel to hear that your foes are irredeemable, stupid and deviant, remember: When you find yourself hating something, someone is making money or winning elections or getting more famous and powerful.”

If we are to reverse our country’s slide into increasingly entrenched and divided camps, we need to relearn how to productively talk about our differences.
instead of attacking the character, motive and personal attributes of the “other side.”

Brooks goes on to say that “each of us can make a commitment never to treat others with contempt, even if we believe they deserve it. This might sound like a call for magnanimity, but it is just as much an appeal to self-interest. Contempt makes persuasion impossible—no one has ever been hated into agreement—so its expression is either petty self-indulgence or cheap virtue signaling, neither of which wins converts.”

For those of us working in health care, contempt is not theoretical. We seem increasingly less able to make progress on important issues as the rhetoric heats up and the attacks get more personal. Here are a few examples of current health care issues that seem too often to be dominated by attacks on those who hold an opposing opinion rather than the opinion itself.

- Advanced Practice Registered Nurse Collaboration
- Family Planning
- Federal Dollars for Medicaid Expansion
- Medicare for All
- Race and Geography in Health Disparities
- Vaccination and Anti-vaxxers

We learn and do better work through disagreement. But I know that I have and still can readily discount those who disagree with me on each of these issues. I have renewed my commitment to keep my advocacy based on the facts and our organization’s aspirations, not on trying to tear down those who might disagree. Will you join me in this quest?

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**What the Measles Epidemic is Telling Us**

From “What the Measles Epidemic Really Says About America.” by Peter Beinhart in *The Atlantic*, 8/19:

“The return of a vanquished disease reflects historical amnesia, declining faith in institutions, and a troubling lack of concern for the public good.”

“Two decades ago, measles was declared eliminated in the U.S. Yet in the first five months of this year, the Centers for Disease Control and Prevention recorded 1,000 cases—more than occurred from 2000 to 2010.”

“The straightforward explanation for measles’ return is that fewer Americans are receiving vaccines. Since the turn of the century, the share of American children under the age of 2 who go unvaccinated has quadrupled. But why are a growing number of American parents refusing vaccines—in the process welcoming back a disease that decades ago killed hundreds of people a year and hospitalized close to 50,000?”

“One answer is that contemporary America suffers from a dangerous lack of historical memory. Most of the parents who are today skipping or delaying their children’s combined measles, mumps, and rubella (MMR) vaccines don’t remember life with measles, much less that it used to kill more children than drowning does today. Nor do they recall how other diseases stamped-out by vaccines—most prominently smallpox and polio—took lives and disfigured bodies.”

“Declining vaccination rates not only reflect a great forgetting; they also reveal a population that suffers from overconfidence in its own knowledge. In her book *Calling the Shots: Why Parents Reject Vaccines*, the University of Colorado at Denver’s Jennifer Reich notes that starting in the 1970s, alternative-health movements ‘repositioned expertise as residing within the individual.’ This view has grown dramatically in
the internet age, so that ‘in arenas as diverse as medicine, mental health, law, education, business, and food, self-help or do-it-yourself movements encourage individuals to reject expert advice or follow it selectively.’

“But it’s one thing to Google a food to see whether it’s healthy. It’s quite another to dismiss decades of studies on the benefits of vaccines because you’ve watched a couple of YouTube videos.”

“In many ways, the post-1960’s emphasis on autonomy and personal choice has been liberating. But it can threaten public health. Considered solely in terms of the benefits to one’s own child, the case for vaccinating against measles may not be obvious. Yes, the vaccine poses little risk to healthy children, but measles isn’t necessarily that dangerous to them either. The problem is that for others in society—such as children with a compromised immune system—measles may be deadly. By vaccinating their own children, and thus ensuring that they don’t spread the disease, parents contribute to the ‘herd immunity’ that protects the vulnerable.”

“Historical amnesia and individualism have contributed to a third cultural condition, one that is more obvious but also, perhaps, more central to measles’ return and at least as worrying for society overall: diminished trust in government. For earlier generations of Americans, faith in mass vaccines derived in large part from the campaign to eradicate polio, in the 1950s—a time when the country’s victory in World War II and the subsequent postwar boom had boosted the public’s belief in its leaders. This faith made it easy to convince Americans to accept the polio vaccine, and the vaccine’s success in turn boosted confidence in the officials who protected public health. So popular was the vaccine’s inventor, Jonas Salk, that in 1955, officials in New York offered to throw him a ticker-tape parade.”

“As distrust of government has grown, so too has distrust of vaccines. The anti-vaccination movement’s Rosetta stone is a 1998 paper in the British medical journal _The Lancet_ that linked the MMR vaccine to autism. As is well established, the paper was a fraud. Its lead author, the physician Andrew Wakefield, falsified data and received money from lawyers who were suing vaccine makers. _The Lancet_ later retracted the study, and Wakefield lost his medical license. Twenty-one subsequent studies—including a Danish one involving more than 650,000 children—have found no connection between the MMR vaccine and autism.”

“In 2002, then Representative Dan Burton, a Republican from Indiana, invited the disgraced doctor to testify before his committee. Burton—whose grandson has autism—went on to hold at least 20 hearings, suggesting that government scientists were covering up a link between vaccines and autism.”

“Yet it’s not only conservatives who translate their suspicion of government into suspicion of vaccines. Many liberals distrust the large drug companies that both produce vaccines and help fund the Food and Drug Administration, which is supposed to regulate them. The former Green Party presidential candidate Jill Stein has suggested that ‘widespread distrust’ of what she describes as the medical-industrial complex is understandable because ‘regulatory agencies are routinely packed with corporate lobbyists and CEOs.’ ”

“The epicenter of this year’s outbreak has been the ultra-Orthodox Jewish communities in and around New
York City. Here too, anti-vaccine activists have run laps around government and media gatekeepers, who have struggled to keep pace with anti-vaccination misinformation. In May, Wakefield addressed an anti-vaccination rally in New York’s heavily ultra-Orthodox Rockland County, and anti-vaccination messages produced by a supporter have been featured on an influential ultra-Orthodox parenting hotline.”

“Given America’s crises of memory, expertise, and institutional trust, one might despairingly conclude that, just as America will never restore its now battered political norms, it will never restore the norm of near-universal vaccination that existed in the late 20th century. But there’s nothing inevitable about this trend. If vaccination rates can fall, they can also rise. The key is determined, deliberate action to turn the tide.”

“Since conspiracy theorists thrive when government is corrupt and opaque, Americans can rebuild faith in vaccines by making their approval process more independent and transparent. Congress should provide the FDA with enough funding to review vaccines and other drugs in a timely manner without taking Big Pharma’s money. And it should prevent former bureaucrats from going to work for the drug companies they used to regulate.”

“Stopping measles also requires empowering doctors. A 2011 Washington State law that required parents to talk with a doctor before getting a vaccine exemption reduced exemptions by 40 percent. And a 2012 study by researchers at Emory and Johns Hopkins found that parents who viewed their doctors as reliable sources of information were less likely to search for material about vaccines online. The problem, as Reich told me, is that pediatricians spend less time with patients than they did decades ago. Changing insurance companies’ reimbursement practices to reward doctors for taking the time to reassure patients that vaccines are safe could push vaccination rates back up.”

“The implications of all of this go far beyond one disease. Although measles may be the most vivid medical manifestation of America’s political and cultural ailments, it won’t be the last. If Americans won’t take expert advice about something as scientifically proven as the benefits of vaccinating their children, what other life-and-death advice will they ignore?”

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Strong Support for Revising Rural Wage Index

From “Rural hospitals support wage index reform” by Alex Kacik in *Modern Healthcare*, 7/3/19:

“Hospital and health system executives and practitioners were largely supportive of the CMS’ proposed changes to the wage index that they say has disproportionately impacted rural providers.”

“Hospital presidents and concerned employees, predominantly from rural areas, claim in some of more than 2,000 public comments that the ‘fundamentally flawed’ system the CMS uses to set hospital payments has led to hospital closures. They hope that the agency’s plan in October to raise the index for low-wage hospitals at the expense of decreasing it for high-wage hospitals will close a wide payment disparity.”

“Without the relief CMS has proposed, Tennessee hospitals will continue to suffer and more may be forced to close their doors to the many Tennesseans who need care,” wrote Bruce Hartmann, senior vice president and chief community relations officer for the University of Tennessee Medical Center, describing the proposal as a ‘lifeline.’ ”

“Under the current wage index, all 95 counties in Tennessee fall among the lowest reimbursement rates in the U.S., Hartmann wrote. He noted a self-perpetuating cycle under the current index’s budget-neutral framework where certain states record higher wages resulting in higher payments to the detriment of lower-wage states like Tennessee that receive lower payments.”

“To address that disparity, the CMS called for hospitals that have a wage index value below the 25th percentile to get an increase that is ‘half the difference between the otherwise applicable wage index value for that hospital and the 25th percentile wage index value across all hospitals.’ ”

“Meanwhile, a hospital in the 75th percentile will get a decrease to ensure the wage index change is budget-neutral. The agency also proposed a 5% cap on any decrease to a wage index in fiscal 2020 compared with 2019.”
“CMS also revealed that the wage index often relies on inaccurate wage data, resulting in at least $140 million in overpayments to 272 hospitals from 2014 to 2017.”

“Currently, a wage index value for an urban hospital can’t be less than the wage index for a rural hospital in the same state.”

“It is discouraging to see others across the country be able to game the system to acquire much higher payment rates,” wrote Ashley Chuck, a healthcare professional in Tennessee. She said she has worked at hospitals with a wage index below the 25th percentile the entirety of her 40-year career.”

“The index pulls data on wages, hours worked and related costs from hospitals’ Medicare cost reports to set payments. It also factors in the cost of living as it sets market-based payments, which means a larger hospital would impact an area’s wage index more than a smaller facility.”

“The southern portion of Pittsburgh’s core-based statistical area, which is home to Monongahela Valley Hospital, has seen a continued ‘death spiral’ in its area wage index over the last 20 years, hospital President and CEO Louis Panza said. This has cost hospitals in Western Pennsylvania more than $1 billion in the last 20 years, he said. A board member from the Ozarks Medical Center in Missouri also described the situation as a ‘death spiral.’”

“This has put small, independent hospitals, like Monongahela Valley Hospital, in very challenging financial situations in trying to care for the patients of our community,” Panza wrote, adding that it has made it increasingly difficult to recruit and retain clinical staff, provide ongoing investments in capital, and provide services for the area’s aging population.”

“Panza asked the CMS to amend the proposed rule for the Pittsburgh core-based statistical area to have their wage index increased by 50% of the decline experienced since fiscal 2000. This proposal would apply to core-based statistical areas that do not otherwise benefit from implementation of the 25/75 criteria within the CMS’ proposed rule, those that have a wage index below 1.00, and a wage index decline of more than 10% over the last 20 years.”

“I want to thank CMS for recognizing the area wage index system is truly in need of a major revision, and ask for specific revisions to the AWI (area wage index) for the Pittsburgh CBSA (core-based statistical area) and other similar CBSAs across the country,” Panza wrote.”

“Avery Sexton said that he lives in Scott County, Tenn., where its only hospital has closed twice in the past seven years, meaning its 30,000 residents must travel an hour for emergency care.”

“This change (to the wage index) could literally make the difference between life and death for thousands … millions … of rural people,” Sexton wrote.

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Hospitals Aligned for Healthy Communities

Everyday, we learn more about how patients’ health outcomes are tied not only to the healthcare they receive but also to the conditions in the communities where they live. Health systems are increasingly stepping outside of their walls to address the social, economic, and environmental factors that contribute to poor health outcomes, shortened lives, and higher costs in the first place.

With support from the Robert Wood Johnson Foundation, The Democracy Collaborative is creating toolkits to accelerate a new model in healthcare that builds community health into core business practices. These toolkits will help health systems integrate community health principles into three distinct business functions: (1) inclusive, local hiring and workforce development, (2) local and diverse sourcing; and (3) leveraging their long-term investment portfolios for community investment.

The three toolkits are available at:

https://hospitaltoolkits.org

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College Grads Prospering in Rural America

From “Hey, College Graduates: Don’t Dismiss Rural America: You don’t have to live in a big city to succeed economically and socially” by Samuel J. Abrams in The New York Times, 7/21/19:

“The conventional wisdom among young college-educated people seems to be that living in a small country town would be a dead-end for them—that rural America is a homogeneously conservative, isolated
and unpleasant place. But these preconceptions are not only incorrect, they are also unduly limiting the opportunities of new college graduates.”

“I recently analyzed the data from a nationwide survey on community and society conducted by the American Enterprise Institute. The data show that rural areas are not ideologically monolithic; that college-educated Americans living in rural areas feel they are meaningfully connected to their communities; that these people are quite satisfied with their communities and the available professional opportunities and are not looking to move away.”

“Let’s start with the idea that urban areas are overwhelmingly progressive and rural areas overwhelmingly conservative. This is simply wrong. It is true that ideological differences by urbanization level exist, but they are smaller than you might think. In large cities, 39 percent of the population identifies as liberal in some form, 23 percent as conservative and 38 percent as moderate. The inverse is true for rural areas, where 20 percent of residents are liberal, compared with 42 percent conservative and 37 percent moderate.”

“But while urban and rural areas lean in different directions, neither is an ideological monolith. Ideological diversity exists in rural areas; there is no reason that liberal students could not find like-minded people in those communities.”

“Consider next the stereotype of rural communities as isolating for college-educated people. As it turns out, 87 percent of both urban and rural Americans said that they felt in tune with those around them regularly—and the results were nearly identical when people were asked if they had a lot in common with those around them. In fact, 65 percent of educated rural residents said that they knew their neighbors well—compared with a notably lower 55 percent of those who reside in urban areas.”

“Highly educated rural residents also reported high levels of satisfaction with their communities. Eighty-six percent of both urban and rural residents rated their neighborhoods as excellent or good places to live. When asked about how things were going in their local communities, educated urbanites were less satisfied than were those in rural areas—at 68 percent compared with 76 percent.”

“Take the question of professional success. It is undeniably the case that a handful of big cities are where income and job growth are most pronounced today. But there remains a need for skilled college graduates in rural areas, whether it’s in health services, technology or consulting work. Certainly, the data show that educated rural Americans are content with their job opportunities and optimistic about the future.”

“Twenty-one percent of educated urbanites reported that there were plenty of good jobs available in their communities, a figure that actually increased to 24 percent for rural areas. Ninety-five percent of college graduate urban residents said they anticipated that their finances would be better or the same in a year. That number dropped a few points to 90 percent in rural areas, but the figure shows that educated Americans in small-town America remain bullish economically.”

“Given all this, it should come as no surprise that educated rural residents were not interested in leaving their local communities. Only 30 percent of college-educated residents in rural areas said they wanted to leave, compared with 40 percent of those in urban centers. This finding runs directly against the prevailing wisdom about the desirability of life in rural America for the highly educated.”

“When students share their concerns about the high cost of living in urban centers and the challenges of finding satisfying careers, I suggest they broaden their thinking geographically and look beyond urban areas. There are trade-offs to living in rural areas just as there are in urban areas; I am not proposing that students ignore the differing socioeconomic and cultural opportunities. But rural America is not
‘flyover’ country; it is a dynamic part of our nation, even–and perhaps especially–for the highly educated.”

“Understanding this reality could improve the lives of many college-educated people. At the least, it should help rid them of some common anti-rural prejudices.”

Leadership Insights: “Cascading a Message”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

‘Cascading’ conjures up a waterfall flowing from a mystical source downward into a large body of water, something lovely and mesmerizing to see. Not always so when using cascading as a term for spreading an organizational message out to all employees. Though the intent is to communicate a clear message, too frequently something is lost in the translation. In the leader’s head it sounds like, ‘This is going to be great.’ When transmitted it gets heard like:

- What the heck were they talking about? I wonder if I’m the only one who doesn’t understand.

- This initiative is going to go away and something different will replace it next week so why bother getting everyone all upset? I’ll just wait and see.

- I don’t know how I’m going to get this done with everything else I need to do. It goes on my back burner.

- This is never going to work on the front lines. My staff is going to go crazy when they hear this. I will tell them we have to do it, but that I am against it and on their side.”

“A middle manager can feel like Gumbby between the senior leaders who need you to communicate and take action and your team who counts on you to look out for them. As that translator, how can you cascade a message effectively if you don’t understand, agree with or like it?”

Seek to understand. “Ask questions of your leaders in a way that prevents defensiveness:

- Can you help me understand this better–what it is, why we’re doing this, how we will do it, who will be involved? Make sure you can walk away with the what, why, how and who so that your translation will meet the needs of your audience when you share it.

- What would be a good way to explain this to employees who might not like the idea? Be ready for the resistance by thinking about it in advance.

- What is the ‘why’ behind this decision? Get to the true rationale in a way that speaks to what is in it for the audience.

- What will be our first steps and some recognizable milestones so that we can measure our progress along the way? People overwhelm themselves easily with big goals. Milestones along the way provide motivation, perspective and hope.

- How will we know when we are successful? This is a great question! It paints the picture of what it will look like when you are ‘there’ so people have a clear target.

- What would be the three key points to make in getting this message across to employees? You may have to convey the message in a brief huddle–ask for help to get to the meat of the message.”

Respectfully disagree if you do. “Get your head in the right place first. Start with assuming good intent that the initiative or directive is being given for a valid reason and a desire for success. Ask, ‘May I point out some concerns about how this may impact my department?’ Stick to the facts and observations avoiding
drama and judgment. If you are reacting emotionally, manage yourself. Emotions are human and normal but you don’t want them to get in the way of your message. Breathe deeply! Also consider your timing.”

**Practice active listening.** “Here is what I understood from what you said (summarizing the message); do I have it right? Doing this lets the others know that you are truly listening before sharing concerns. They are more likely to listen back to you when it’s your turn. Ask your employees to practice this same technique when you have your meeting with them.”

**Ask for help.** “I want to have credibility in cascading this message when it is hard for me to accept it myself. Can you help me with how to do this? This builds trust between you and your leader that you are taking accountability even when it is hard.”

**Don’t throw anyone under the bus.** “While tempting, it shows a lack of leadership to communicate through words, body language or actions that if you were in charge this unpopular message would not be happening. This is not about ‘drinking the Kool-Aid.’ It is about integrity, which may sound like, ‘I hear your concerns, and I have brought them to leadership. In the end, this is a decision that is being made for the good of the organization. While not everyone is happy about it, I am committed to supporting it and I need your commitment too.’”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261.

For info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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