



HEALTHY PEOPLE



HEALTHY DEMOCRACY

September 26, 2023

LWV Health Care Reform for the US Newsletter

Health care reform held hostage by paralyzing polarization

How will we overcome the deep divisions in our governing bodies, communities, and within our families before they kill us? This polarization brings inaction, which in health care reform is lethal: We need change, but pitfalls, as in politics and psychology, make it hard to find ways to pull together.

In politics, people who profit from the status quo take advantage of a weak point in the system to fill our legislatures with people who won't agree on anything. Primary elections have low voter turn-out (20% on average) and in a majority of states, they are "closed," so only voters registered for a political party choose the candidates. According to The Politics Industry, parties routinely manage to mobilize zealous partisans (often as few as 3% of eligible voters) to guarantee the election of extremists who will not be motivated to find common ground.

Likewise, ideological distances between factions in the general public and within families also put common ground out of reach. Even worse, the human mind is programmed to **resist factual information** when it threatens our defining values. In "How Politics Makes Us Stupid," Yale professor J. Kahan coined the term **Identity-Protective Cognition** for this phenomenon.

To demonstrate, Kahan showed that when the topic was something neutral, evidence swayed at least those of us who can do the math. He tested people with high and low numerical ability and differing sets of core values on how well they interpreted this chart with outcomes for two brands of skin cream.

Regardless of values, participants with weaker math

skill were misled by the larger **number** who got better with Brand X, while their high-numeracy peers recognized that the higher **percent** who got better (86% versus 78%) favored Brand Y.

got:	better	worse
Brand X	270	75
Brand Y	127	21

However, when the topic touched an ideological nerve--with the same numbers but labels like "gun-safety laws reduce crime" or not--the high-numeracy groups on both sides of the ideological spectrum were **even more likely** than the

low-numeracy groups **to interpret the numbers according to their pre-conceptions and not the facts** in front of them. Gun-safety opponents and proponents alike either distrusted the data or just followed the numbers

and not the percents.

So, how will we get past political gridlock and bugs in our cognition? We may take some hope from the second half of The Politics Industry which is devoted to depolarizing solutions: "laboratories and principles of political innovation" to make democracy work. And this month, 20+ national organizations are at the American Democracy Summit hammering out ways to implement ideas from the book.

On the personal level, Braver Angels, a growing grassroots non-profit, trains individuals and more recently politicians to practice "healthy conflict" and strategies for establishing common ground. They learn to disagree on some issues but allow for productive political conversation on others. They act as if their lives depended on it--because they do.

"How Politics Makes Us Stupid"

NEXT HCR4US MTG
 Sunday, Oct. 1
 8:00 p.m. ET
 5:00 PT

Register at
<https://tinyurl.com/HCR4US-Oct1>

Agenda:
 New Attendees
 Announcements
 Program Planning
 Education/Advocacy
 Break-out Sessions

Upcoming

Sept 26 2:00 p.m. ET **Lancet Webinar on Public Policy and Health in the USA: Should investors own healthcare?**

Sept 27 2:00 p.m. ET **Health Affairs Briefing: How the Ownership and Structure of Health Care Entities Affect Clinicians & Patients**

In Case You Missed It

Talking about Medicare for All
 It's not about winning an argument. It's about encouraging people to join our campaign.
 PNHP

30 Days of US Healthcare: How to Ask Your QHC
 30 Days of US Healthcare: Co-insurance
 30 Days of US Healthcare: Premiums

August 24 PNHP Medicare Advantage Messaging on talking about Medicare (dis) Advantage in broad strokes and tailoring our message to specific audiences.

September Dr. Glaucomflecken is publishing a series of 2-min videos on YouTube "30 Days of US Healthcare"

From the Behavioral Health Affinity Group:

Fentanyl Factoids:

- [Fentanyl Facts \(cdc.gov\)](https://www.cdc.gov)
- [cdc.gov/stopoverdose/fentanyl/podcast/CDC-Podcast-The-Dangers-of-Fentanyl.mp3](https://www.cdc.gov/stopoverdose/fentanyl/podcast/CDC-Podcast-The-Dangers-of-Fentanyl.mp3)
- [HAN Archive - 00438 | Health Alert Network \(HAN\) \(cdc.gov\)](#)



Free Naloxone & How to Use Videos

- [Lifesaving Naloxone \(cdc.gov\)](https://www.cdc.gov)
- [Naloxone: The Opioid Reversal Drug that Saves Lives \(hhs.gov\)](https://www.hhs.gov)
- [FentanylOpioidResponseToolkit.pdf \(oregon.gov\)](https://www.oregon.gov) (for schools)



Prevention:

- [Preventing Teen Substance Use in Washington State - News & Events | health.gov](https://www.health.gov)

Websites

HCR4US Youtube Channel:

<https://www.youtube.com/c/LWVHealthCareReform>

HCR4US Web-Contact Form:

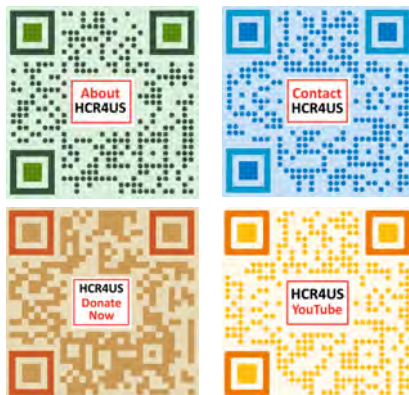
tinyurl.com/Contact-LWV-HCR-4US

HCR4US Google Drive:

<https://tinyurl.com/HCR4US-Minutes-etc>

HCR4US Toolkit:

<https://lwvhealthcarereform.org>



HCR4US : Dedicated to educating and mobilizing League members to work toward legislation that enacts the goals of our LWVUS health care position

Newsletter Committee: Barbara Pearson, Jon Li, Candy Birch, MaryLynne Courtney, Jody Disney

Substance Use Disorder & The State We're In A Case Study from King County, Seattle WA

This case study from King County, Washington, reflects the urban experience of the Opioid Epidemic around the country. The dashboard



([2022 Overdose Death Report \(kingcounty.gov\)](https://www.kingcounty.gov)) details the scope and magnitude of this epidemic as well as the treatment initiatives underway. Thanks to class action by Attorneys General across the country, recovery is funded by “[settlement funds](#)” from corporations which flooded communities with opioids, addicted millions, and led many into the even more lethal world of fentanyl.

Summary of the problem: Since 2019, the number of overdose deaths has grown exponentially in King County, jumping by 20% between 2019 and 2020 and then by an additional 39% between 2020 and 2021, and they continue to climb.

Of the confirmed overdose deaths in 2022, Fentanyl was implicated 70% of the time compared to 10% in 2018. Not surprisingly, communities that are most disproportionately impacted include unhoused people, people living in temporary or supportive housing, and American Indian, Alaskan Native, and Black residents.

Clinicians understand the severity of the crisis: Here’s the lived experience of a one who worked back in the 90s: “I cared for teenagers during their pregnancies who were tweakers, sex workers who were addicted to opioids, and women in jail primarily for sex work to feed their habits. I care about this issue in a very intimate way.” Imagine the situation today with the added danger of Fentanyl.

Eighty percent of overdoses involve a cocktail of stimulants and opioids, typically Methamphetamine and Fentanyl. The truly frightening number here is that, for every person who succumbed, five more were resuscitated. Drug use is rampant and treatment lags far behind use. For now, addressing overdose through [resuscitation with Narcan](#) is necessary. Administering Narcan is equivalent to performing CPR. It saves lives.

The state of recovery efforts: Treatment is available but not always effective or convenient. Methadone requires the individual to attend clinic daily to receive the prescribed methadone dose in a very structured environment because Methadone is an opioid.

Buprenorphine, however, can be given for treatment in a less structured environment and treatment can be more innovative. It must be taken regularly by mouth although a long-lasting injectable form is currently being tested.

The Single-Payer Solution. How we have addressed addictions in healthcare has not moved us forward. So far there is no parity between behavioral healthcare and physical healthcare in importance and reimbursement. Linking substance use disorder care to behavioral healthcare would go far to improve care for the whole person overall. A single-payer model has that potential.

Learn more at this easy-to-navigate website: [Overdose prevention and response - King County, Washington](#)