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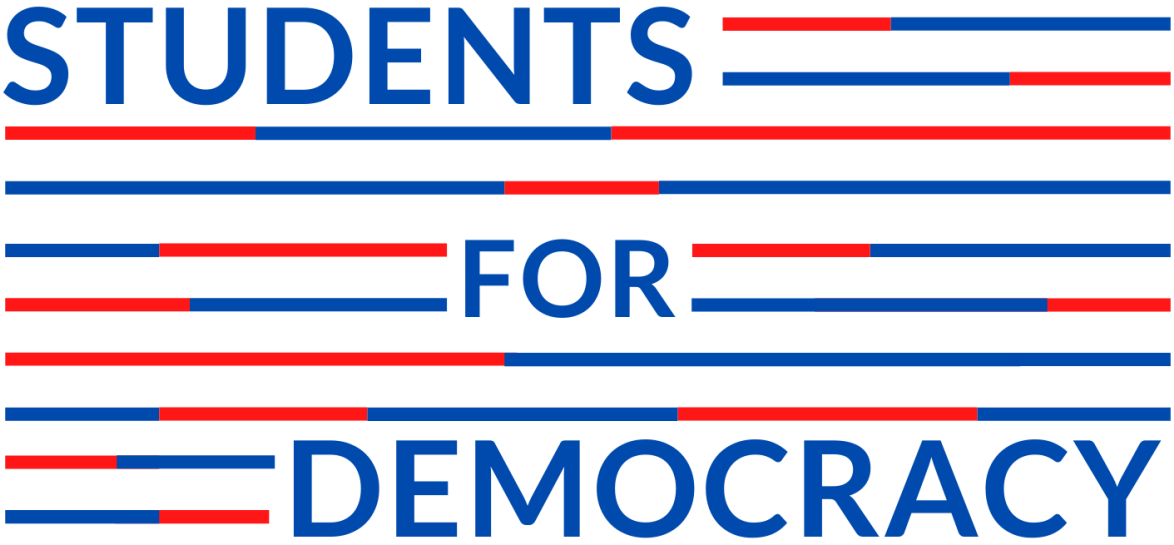

Students for Democracy

Public Health and its Impacts on Democracy

Winter 2021

Letter from the Executive Board

Dear Reader,

We are excited to present you with the Winter 2021 installment of the Students for Democracy Research Journal. We are extremely proud of our members for their hard work and dedication throughout the semester despite working entirely remotely.

As a result of the ongoing public health crisis that has arisen out of the COVID-19 pandemic, we felt it was important to draw attention to research on how public health crises can impact our democracy. We hope the research conducted by our members provides insight into the many considerations that must be made to ensure fair and free elections and democratic practices during a public health crisis.

Founded on three basic pillars- to research, to educate, and to advocate- members have learned how to do all three over the course of only a semester and entirely virtually. First, they learned how to conduct thorough and unbiased research which culminated with many meetings to consult with experts in their respective policy areas. Second, they learned to write clear, concise, and unbiased policy briefs with histories, options for change, and their own unique recommendations for policy solutions. Finally, members presented their findings to their peers, family, experts whom they had previously consulted with, and the general public.

Although you, our reader, only see the short policy brief produced by each group, you do not see the countless hours of work put into the end result. Given the difficult nature of an entirely virtual semester, we applaud our members for their perseverance and growth over the course of the semester.

We hope that the content of these briefs will inspire discourse surrounding these policy areas and inspire future policy action. We sincerely hope that you enjoy reading the Journal as much as we have enjoyed producing it.

Sincerely,

Emma Smith | President
Schuyler Janzen |Vice President of Internal Relations
Noah Purdy | Vice President of Internal Relations
Rachel Milner | Vice President of External Relations
Sophia Barnes | Vice President of Marketing
Karthik Pasupula | Vice President of Finance and Operations
Elizabeth Peppercorn | Vice President of Membership
Jason Steiger | Vice President of Professional Development

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For speaking with the members of SFD regarding how health insurance plans affect patient health care decisions

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For speaking with the members of SFD regarding the intersection of public health and anti-racist theory

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The Many Experts who Consulted with Members
For taking the time to speak with and educate members regarding how to create change and improve the democratic systems

And Many More...

Students for Democracy Executive Board

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Emma Smith is a junior studying Public Policy, focusing on International Human Rights Policy and Intersectional Identities with minors in Quantitative Methods in the Social Sciences and Gender, Race, and Nation. In the future, she hopes to serve in the Peace Corps prior to attending law school. Upon earning a law degree, she hopes to work for an NGO focusing on ending global poverty.

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Jason Steiger is a sophomore at the University of Michigan majoring in Public Policy. Outside of SFD, Jason is involved with FlipBlue, a student-run club that volunteers for political campaigns throughout the United States. Jason aspires to achieve both a JD degree and Master's degree in Public Policy so that he is best equipped to ensure the safety and wellbeing of American citizens, as well as our ever-growing global community.

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Policy Briefs

Racial Disparities in Maternal Health

Abigail Grant, Mara Pusic, Elizabeth Hwang, Rachel Song

Executive Summary

For our policy brief we explored the issue of racial discrepancies within maternal health. Black women face pregnancy related complications at a disproportionately higher rate than other races. This is largely because of systemic barriers to quality health care and bias within treatment standards. We focused on the state of Louisiana, as it has the highest maternal mortality rate in the nation. We explored a variety of policy options to address this issue including, investing in technological improvements such as health IT tools, increasing access to telemedicine, and expanding availability and accessibility of doulas. In the end, we decided that the most effective policy option was to expand availability and accessibility of doulas. This option is the most realistic and efficient for the state of Louisiana to pursue. Doulas would provide physical and emotional support for pregnant women that can reduce risk to both mother and child. The state of Louisiana should fund doula services through grant programs with a goal of increasing accessibility to doulas for women in marginalized communities

Background

Among all the developed nations, the United States has the highest maternal mortality rate. In fact, between 2007 and 2016, The CDC found that there were 6,765 pregnancy-related deaths, with a clear presence of racial and ethnic disparities. Furthermore, Black women are four times more likely to die as a result of pregnancy than white mothers with Black mothers making up 40% of pregnancy deaths. Women of color are also more susceptible to infections, preterm labor, and other pregnancy-related complications than their white counterparts. Notably, Black pregnant mothers face a variety of systemic barriers to quality care.

Louisiana has the highest maternal mortality rate in the nation. The cause of racial health disparities among pregnant women in Louisiana is difficult to pinpoint as it is rooted in systemic racism and intricate socioeconomic factors. Rather than addressing these issues, oftentimes, the

disparities are exacerbated, leading to many preventable deaths. Some factors that reinforce these racial disparities are medical negligence; such as incorrect or delayed diagnosis and treatment or failure to adhere to clinical guidelines, and bias or prejudice; such as poor communication skills or hostile treatment. Regardless of whether these issues are malicious in their intent or subconscious, they contribute to adverse maternal outcomes, impacting both the lives of the mother and their infant.

Social determinants of health are responsible for birth inequities for infants and maternal mortality rates for minority women in the state of Louisiana; The social determinants of health include economic stability, education and the healthcare system as a whole. Because women of color are not given the same economic opportunities and face difficulties in obtaining substantial healthcare, black mothers are disproportionately affected and face more hardships while pregnant. In order to mitigate these disparities, the Louisiana Legislature needs to prioritize maternal health by funding community dulas in marginalized communities and ensuring healthcare workers partake in implicit bias training.

Options

1. *Invest in Technological Improvement*

One possible solution to address racial and socioeconomic disparities in maternal health in Louisiana is to invest in technological improvements within hospitals. Research shows that a sizable portion of racial disparities in maternal morbidity comes from discrepancies in hospital quality. Health IT tools such as electronic health records, patient portals, clinical decision support systems, and machine learning can be influential in reducing negative outcomes. By using machine learning algorithms that take data from evidence-based online decision aids, expecting mothers can have access to predictions and diagnoses in a wide range of settings. Timely identification is one of the most important factors to lowering maternal death rates and this technology can help ensure expecting mothers get the care they require. However, this technology requires more research before it can be widely implemented and thus this policy suggestion would require a large investment. On average, building a hospital in the U.S costs around one billion dollars and costs over $700 billion in total operating costs (J Gen). Due to these extremely high costs, only hospitals in more urban cities, filled with people from higher-socioeconomic classes, will be able to obtain this resource. While the ideal solution for these health-related racial disparities would be to build new hospitals or drastically improve the conditions of current hospitals, this solution would be

rather unfavorable to many stakeholders and politicians as it would be expensive and extremely time-consuming.

2. *Increase Access to Doulas*

Another possible solution to decrease racial disparities in maternal health is to provide marginalized communities in Louisiana with the money and resources necessary for a community doula. Doulas provide mothers in the community with the continuous support needed in order to have a safe and healthy pregnancy and delivery. Doula support helps to prevent premature birth which can be harmful to the mother and the child. Premature birth can lead to medical complications for the baby and increase risk of maternal fatalities. Doulas not only physically support the mother and child throughout the birthing process, but they also help advocate for mothers in the healthcare system. Doulas are trained to address the implicit and explicit racial biases in the healthcare system. However, because Doulas are very beneficial to the health of mothers, private doulas are costly, and many mothers in marginalized communities are unable to spare the cost. In order to make doulas a sustainable and equitable option, funds must be set aside in order to bring doulas to marginalized communities.

3. *Invest in Telemedicine*

Finally, Telemedicine, defined as the use of medical information that is exchanged from one site to another through electronic communication to improve a patient's health, is a promising solution to this problem. Findings from a review of obstetric telemonitoring indicated that this approach has much potential to contribute to improved gestational outcomes, early detection of complications, and the provision of local interventions before hospitalization. There are already telemedicine programs in place that aim to increase health care access and address shortages in maternity care. The Massachusetts Child Psychiatry Access Program for Moms helps to combat mental health and substance use issues in pregnant and postpartum women by building the capacity of local obstetricians, primary care physicians and pediatricians. Such programs have proven to be effective, hence it is a sustainable solution to addressing racial and socioeconomic disparities in maternal care.

Recommendation

In states like Louisiana, the most realistic and efficient solution would be to increase doula availability. Many of the disparities in the quality of care among pregnant women derive from

unequal access to resources. Bringing more resources is an effective way to reduce these disparities and aid in the maternal process. Doulas provide mothers with physical, informational, and emotional support needed in order to have a safe and healthy pregnancy. In fact "Doula-assisted mothers were four times less likely to have a low birth weight (LBW) baby, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding. Communication and encouragement from a doula throughout the pregnancy may have increased the mother's self-efficacy regarding her ability to impact her own pregnancy outcomes"(Gruber).

Doulas are an affordable and sustainable solution that would bring benefits to both the mothers and babies, as research has shown that doula births are safer for both parties, and the economy, as creating a larger market for doulas would increase the amount of jobs available. Surveys show that while only 6% of women have received supportive care from a doula, while 27% of women who had not had access to one would have liked to have access to this care. The state of Indiana aimed to address racial disparities in maternal health through the application of the "Safety PIN grant". Paying for doula services through state Title V MCH Block Grant programs empowered community organizations and provided flexibilities not provided by Medicaid that ultimately addressed these disparities. Thus, we suggest that Louisiana use a grant program, similar to the Indiana's, to allow for increased access to doulas for minority communities.

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Destigmatizing Transgender Healthcare in Alabama

Sarah Bellovich, Kendall Koenen, Allie Nadelman

Executive Summary

Recently proposed legislation has caused a climate of hostility towards adolescents who identify as transgender in the state of Alabama. A proposed bill, the Vulnerable Child Compassion and Protection Act, intends to ban hormone blockers to transitioning teens. One policy option aims to combat this hostility through standardizing transgender patients in the curriculum of teaching hospitals using a quota. The other policy option aims to implement programs that educate already licensed physicians on appropriate transgender medical care and practices. The first option provides more direct intervention, while at a lower cost in both money and time. However, both options are beneficial and necessary to destigmatize transgender care in the medical field.

Background

Alabama's Senate Health and House Judiciary committees recently passed the Vulnerable Child Compassion and Protection Act. If this bill is passed through the State Senate and House of Representatives it would place a ban on doctors providing hormone blockers to transgender teens[1] which is done to prevent transgender youth from affirming their gender identity. According to Alabama's ACLU chapter, "research has shown that transgender youth have the best outcomes when they are affirmed in their gender identity through supportive families, medical providers, and communities." So, prohibiting transgender teenagers from receiving the necessary care they desire could lead to many negative effects, including a spike in depression, anxiety, and body dysmorphia rates.

[1] López, Canela. "Alabama Just Approved a Bill That Would Make It Illegal for Doctors to Treat Trans Teenagers." Insider. Insider, February 11, 2021. https://www.insider.com/alabama-just-approved-bill-to-ban-treatment-for-transgender-youth-2021-2.

In addition to taking down the legal barriers in place, doctors must be trained to provide unbiased care while understanding the proper care needed. Specifically, in San Francisco, only 47.1% of respondents felt confident providing transgender medical therapy. The study cited that the main "barriers to provision of transgender-related care were lack of the following: training, exposure to transgender patients, available qualified mental health providers, and insurance reimbursement[2]. The state of Alabama should support adequate healthcare for all youth.

Options

1. A Quota of Transgender Patients

An option would be to develop legislation in Alabama that establishes quotas or standards for teaching hospitals to integrate a certain amount of transgender patients in their education programs. A study done in 2017 found that standardizing transgender patients as part of a curriculum for residents proved that there was a lapse in communication (some did not even ask gender identity) and only 39% were able to prescribe the correct drug for the patient, a drug that would not disrupt the hormones that they were for their transition. It is important to improve this communication by improving this care. There is a lack of adequate care, and changing the training for residents and other physicians to standardize transgender patients in education would help address this issue. A drawback to this option is that the change in curriculum will only target doctors in training and not an older generation of doctors who are already practicing.

2. Implementation of Education of Education Programs for Certified Physicians

A second option would be to educate already certified physicians on how to properly care for transgender patients. One current program invented by Fenway Health aims to educate doctors on the type of care transgender patients should receive and how they can provide it. This program, titled "Optimizing Transgender Health: A Core Course for Health Care Providers", not only tackles the correct way to discuss hormone blockers and gender-affirming surgeries but also included a session focused on how doctors can properly care for gender non-conforming and transgender

[2] Vance , Stanley R, Bonnie L Halpern-Felsher , and Stephen M Rosenthal . "Health Care Providers' Comfort With and Barriers to Care of Transgender Youth." *Journal of Adolescent Health* 56, no. 2 (February 2015): 251–53.

adolesents[3]. With this educational program available for current physicians, healthcare providers will be able to correctly address the needs of transgender adolescents who may need guidance. One drawback to this option is that when physicians learn this after they already have experience, they may be less likely to integrate the teachings into their practice.

Recommendation

From our policy options, the solution that would best improve care for transgender patients would be option one. This is the best solution because this is less costly than an entirely new program and less time-intensive while also directly exposing doctors to transgender patients. Since doctors do not have regular interactions with transgender patients, "too few physicians have the requisite knowledge and comfort level," according to the US National Library of Medicine. In order for physicians to feel comfortable working with transgender patients, doctors must be exposed to these patients.

A study from The Journal of Graduate Medication requested that a program pay the standard fee ($25/ hour) to transgender-identified actors/ actresses for the program, and the hospital could reach out to local centers in order to inquire about actors/ actresses to fill this position[4]. This would further job opportunities for those who identify as transgender and improve the curriculum because transgender patients will be more aware of the actual issues.

While it is also important to educate already certified physicians on how to properly care for transgender patients, option one would more seamlessly integrate education on transgender care into already existing programs and curriculums in teaching hospitals. Physicians are already faced with so many regulations, programs, and standards they must meet that it might cause additional stress to add another program right away, therefore adapting the curriculum is the best option.

[3] Fenway, Health. "Introducing TransTalks: A Transgender Health Online Training Video Series." Fenway Health: Health Care Is A Right, Not A Privilege., February 17, 2016. https://fenwayhealth.org/introducing-transtalks-a-transgender-health-online-training-video-series/.

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Addressing South Carolina's Rural Healthcare Crisis

Megan Shohfi, Alexa Samani, Aaron Meyer

Executive Summary

Rural Americans are facing a healthcare crisis that needs policy attention. Since 2014, states have had the option to expand Medicaid within their borders. However, over the last seven years, twelve states have yet to adopt this expansion. Combining the lack of low-income medical care coverage has meant many rural hospitals in these states are victims of market forces which leave hospitals with millions of dollars of unpaid medical expenses. Rural areas can be especially low-income, and thus, without increases in Medicaid, the low-income, public medical insurance option, these hospitals are forced to leave areas without any nearby medical center. As hospital administrators hope to clamp down on profit-sucking care centers, they have either closed or reduced the medical care provided at these locations, turning them into outpatient centers. Now, residents of rural South Carolina find themselves forced to drive dozens of miles to their nearest hospital, increasing emergency transportation times and limiting routine healthcare checks, which can increase mortality for rural Americans. Possible policies which could reverse the effects of this healthcare crisis are hedging Insurers' risk, expanding telehealth opportunities in rural areas, or implementing the Rural Emergency Acute Care Hospital (REACH) Act. We have determined that to mitigate this type of healthcare disparity, South Carolina should enact the Rural Emergency Acute Care Hospital (REACH) Act.

Background

As of 2020, this rural hospital closure crisis has closed over 120 facilities across the nation, and 453 additional rural hospitals are vulnerable to closure based on performance levels which are similar to former rural hospitals at the time of their closure (Estes). Comparing stable rural hospitals to rural hospitals that are facing the risk of closure, those most at risk of closure serve 2.5% Black and 18.1% non-white populations as opposed to the stable ones serving .9% Black and 8.1% non-white populations (Merelli). Several factors are perpetuating this crisis, including the fact that states which have not expanded their Medicaid coverage are experiencing the highest levels of closures. According to one study, Medicaid covers nearly 25% of the 52 million non-elderly children and adults in rural areas—a significant statistic considering the vulnerability of hospitals in these areas and their lack of Medicaid coverage (Estes). This crisis is perpetuated by the significant gap

in health between rural and urban Americans: rural Americans are "more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts" (CDC). The adverse effects of this crisis are seen in South Carolina where while only 25% of the state's population lives in rural communities, "half of the excess deaths in the state occur in these rural areas" (Jaime Harrison for Senate). The combination of a lack of Medicaid coverage in rural hospitals, a large proportion of rural Americans relying on Medicaid for healthcare, and the health disparities between urban and rural areas has led to a public health crisis that must be addressed. Policymakers must work to better incorporate Medicaid into the rural healthcare system in order to prevent the excess deaths these areas experience.

Medical care is one of, if not the most, important services that an American citizen purchases. America has the means to provide the best healthcare in the world, but only to people that can afford to pay an expensive premium. However, this does not mean that wealthy people value their health any more than people who are not as well off. A democracy can not function with any form of extreme inequality. Simply put, it is unfair that hospitals move out of rural areas due to lack of funding, and the evidence that this directly allows for more deaths is irrefutable. A highly functioning democratic nation would realize that the long-term harms of poor healthcare in rural areas, far outweigh the fiscal burden of providing more robust health care. Life, liberty, and the pursuit of happiness are tenets of our democracy, and, with 50% of excess deaths coming from rural areas, many Americans' right to life is being cut short.

Options

1. *Hedging Insurers' Risk*

The lack of population density in rural areas makes it challenging for health insurance providers to create a pool of consumers that is profitable. Since Insurers are risk averse agents, this means they are likely to exit these markets. Under the Affordable Care Act, Insurers can only determine premiums based on one's age, smoking status, and area of residence. These areas of residence, called rating areas, help determine premiums. A statistic that illustrates how this affects rural hospitals, across the nation and specifically in South Carolina, is that the average health care provider needs around 2,300 patients to help cover their salary (Barker). This is an unreachable target for most rural hospitals. In rural-only rating areas, these premiums are often higher, consequentiality creating higher insurance premiums. One potential way to overcome this barrier is to redesign rating areas. Policies that would encourage or require states to consolidate rating areas would expand the size of risk pools, helping insurers spread risks across a greater number of people, discouraging insurers from exiting rating areas with a small population. By combining urban and rural rating areas, premiums can be more thoroughly controlled and regulated in rural areas, thereby, incentivizing increased healthcare coverage in these areas.

One potential drawback to this proposal is that it could create higher insurance premiums in the adjoining urban rating areas that have since been consolidated. These rating areas will need to be approved by the Department of Health and Human Services (HHS), which may require additional legislation.

2. *Rural Emergency Acute Care Hospital (REACH) Act*

The Rural Emergency Acute Care Hospital (REACH) Act "would allow small rural hospitals to convert to rural emergency hospitals and continue providing necessary emergency and observation services (at enhanced reimbursement rates), but stop inpatient services" (AHA). This policy would provide "support for cost-efficient rural hospitals and allow medical facilities that are not hospitals to provide emergency care, all funded by Medicare" (Jaime Harrison for Senate). This policy revises provisions to hospitals in rural areas by allowing certain small hospitals to be identified as Rural Emergency Hospitals (REH) and receive Medicare funding to avoid shutting down. By allowing small rural hospitals to convert to REHs at enhanced reimbursement rates covered by Medicare, rural South Carolinians will have increased and more affordable access to hospitals which is essential as South Carolina's rural counties have worse health outcomes than the rest of the state.

One potential cost of this legislation is the new classification for REHs still would not allow these hospitals to provide inpatient services (AHA). This cost burdens rural community members relying on these hospitals for injuries and illness and healthcare workers in these hospitals.

3. *Expanding Telehealth Opportunities in Rural Areas*

Telehealth services can provide many essential health services to rural South Carolinians despite being miles apart. Telehealth services give rural South Carolinians access to more medical specialists, professional screening of chronic conditions, such as obesity, high blood pressure, and mental health conditions. During the pandemic, Telehealth's popularity and reception have grown, and with time and investment, Telehealth technology and offerings can be and have been improved. Expanding rural Telehealth may be supported by rural hospital administrators who have been subject to economic losses, internet service providers, and urban physicians who may be able to expand their patient intake (Delaney).

The biggest hurdle to expanding Telehealth in rural South Carolina is the lack of reliable, broadband internet infrastructure. Across rural America, residents are often of poorer socioeconomic classes and have significantly lower rates of broadband internet access (Delaney). One in four rural houses lacks reliable internet to use Telehealth services, and even more, households lack the necessary equipment, like a computer camera. Additionally, Telehealth services cannot be used as a complete replacement for emergency medical services, which still must be provided by in-patient hospitals. Telehealth, however, offers a potential complement or replacement to out-patient services. Additionally, Telehealth can be used to expand internet access in rural areas which can help to conquer the digital divide, promoting further rural economic upliftment.

Recommendation

Implementing the REACH Act is the best option for South Carolina legislators to curb the negative effects of rural health disparities due to the closure of rural hospitals. The REACH Act provides

rural Americans the opportunity to receive quality healthcare covered by Medicaid within a manageable radius of their home. Though there are drawbacks to the REACH act, these issues have a greater chance of being addressed when compared to the issues with expanding telehealth services. Telehealth services have been reliable during the pandemic especially, however expanding these services to rural areas does not provide a solution to emergency medical situations. Additionally, it is not guaranteed that every household will have a stable internet connection or the necessary devices to access the telehealth appointments, and it would be impractical and costly to provide each patient access when there are more feasible solutions to the issue at large. There are ways to Incentivise private healthcare organizations to provide insurance to people living in rural areas, however, there is no guarantee that private businesses will want to move into the market. For example, even if we were to redesign rating areas in South Carolina to make providing health care insurance less risky for large corporations, they still might not join the market. Because of the way that private healthcare organizations are structured, they really only make money in larger, more urban areas.

While there are previously mentioned drawbacks to this policy regarding the burden it may place on rural South Carolinians relying on REHs for inpatient care, this legislation proposes Medicare reimbursement rates that would cover the cost of transportation to and from hospitals that provide inpatient services (AHA). While this potentially burdens high-income taxpayers, the burden does not outweigh the benefits this legislation would provide to rural communities experiencing disproportionate hospital closings and overwhelmingly negative health outcomes. Therefore, investing in rural hospitals through the REACH Act will revitalize rural South Carolina by reducing health care disparities which will allow more people to live and work healthily.

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Addressing Mental Health in Jails and Prisons

Brenna Goss, Lexie Greenberg, Macey Owen, Isabelle Zhan

Executive Summary

The mental health crisis that we face today is concerningly prevalent in American jails and prisons. 68 percent of women and 41 percent of men in local jails are diagnosed with a mental illness or disorder during their life,[1] compared with approximately 50 percent of all Americans.[2] The use of solitary confinement and the inadequate provision of mental health services together create a challenge unique to the criminal justice system. There are several ways to combat this issue: increasing the capacity of facilities that treat mental health, improving hiring initiatives with high-quality training, and ending solitary confinement across federal prisons. We recommend a two-pronged approach, combining the abolition of solitary confinement and the enforcement of hiring standards to address this problem. Because some reform has already been implemented by individual states, we recommend such reform at the federal level. This would best be achieved through legislation deeming solitary confinement unconstitutional as a violation of the 8th Amendment and establishing standard training that all prison staff must undergo.

Background

Over 2 million people are incarcerated in the United States, a disproportionate number of whom also experience mental illness.[3] Mental health issues pose a direct threat to physical health; for example, adults experiencing serious mental illness die an average of 25 years earlier than those who are not.[4] According to a report published by the National Association of State Mental Health Program Directors, mental illnesses are the third most common cause of hospitalizations in the United States for adults 18 to 44 years old.[5] 60 percent of all federal inmates fall within this age range.[6]

Given the importance of mental health in the public health system and its disproportionately high rates among incarcerated people, it is imperative that the prison system effectively addresses these issues. According to the World Health Organization, the negative effects of mental health are exacerbated by inherent factors in many prisons, such as overcrowding, forced solitude, and various forms of violence.[7] Currently, there is also a lack of sufficient mental health services in prisons. A survey from 2017 found that more than two-thirds of federal prisoners reported not receiving mental or behavioral counseling while in federal prison and, of those who did, more than half said they did not find it helpful.[8]

The federal government has a constitutional obligation to promote the health and safety of the American public, including incarcerated Americans. It also has a vested interest in prioritizing mental health treatment in prisons: improvements in the mental health of incarcerated people reduce recidivism rates,[9] thereby improving life outcomes for the children of incarcerated parents,[10,11] bolstering the economies of areas affected by mass incarceration,[12] and eliminating billions in court, jail, and prison costs.[13] Implementing relevant policies will both establish the importance of these values and contribute to the success of these efforts.

Options

1. *Hire More Staff and Provide Proper Training*

Our first policy suggestion focuses on the increase in quantity and quality of correctional officers trained to handle mental health crises. According to a 2003 Human Rights Watch report, understaffing is the most critical problem facing prison mental health systems.[14] Additionally, actual psychologists and psychiatrists with a mental health degree only accounted for 18.4% of mental health staff.[14] In combination with increasing the number of licensed staff, providing relevant training during new staff orientation would better equip correctional officers to handle mental illnesses, as seen in a cross-training program in Massachusetts.[15] This policy would be useful in addressing a common underlying problem of understaffing in prisons. However, it doesn't guarantee proper treatment to prisoners currently suffering from mental illness. Additionally, it requires a significant amount of time for implementation and increased funding to be successful.

2. *End Solitary Confinement*

Solitary confinement, while widely recognized to be psychologically harmful, continues to be broadly used in the United States. Isolation impacts those with existing mental illnesses to an

especially great degree, and can create symptoms of mental illness in previously healthy people. Approximately 50 percent of suicides in prisons involve the 3–8 percent of prisoners who experience solitary confinement at some point.[16] Additionally, solitary confinement poses a threat to public safety by making individuals even less stable and prepared for life after release. Therefore, it is necessary to prohibit the use of solitary confinement, especially for individuals living with mental illness. The language for this reform already exists, having been enacted in several states.[17] Implementing this reform at the federal level would likely require the use of federal legislation. While that would prolong the process, it would also result in the most substantial change.

3. Increase the Capacity of Mental Health Facilities

There is a dearth of mental health facilities equipped to handle defendants and incarcerated people. According to a recent figure from the Michigan Department of Health and Human Services, people held in jails after being deemed unfit to stand trial had to wait an average of 142 days before being admitted to a state hospital.[18] This means that jails house individuals with severe mental illnesses for months, during which these individuals receive completely inadequate treatment, if any at all. This poses a challenge for jail staff who do not know how to care for people with severe mental illnesses but are forced to do so; incarcerated people who are detained for months while being denied critical medical treatment before even standing trial; and taxpayers who fund this incarceration. Opening more state-run mental health treatment centers or expanding the mental health facilities at state hospitals would therefore increase the functionality and safety of local jails, improve public health and safety, be more humane for mentally ill people, and decrease public spending on jails. On the other hand, the process of expanding these facilities would be long and expensive, meaning that money would have to be reallocated from other state programs or taxes would have to be temporarily raised.

Recommendation

The current practices of federal prisons in the U.S. contribute to mental illness among incarcerated people, rather than reduce it. Therefore, it is recommended that legislation be introduced requiring the Federal Bureau of Prisons to 1) abolish solitary confinement for more than 15 days at a time in its facilities, and 2) implement hiring initiatives to increase the number of staff specializing in mental health care and improve the quality of care provided by general staff. Solitary confinement

for over 15 days is considered cruel and unusual punishment by several groups, including the United Nations.[19] The 8th Amendment explicitly prohibits cruel and unusual punishment.[20] Solitary confinement is also one of the most expensive methods of imprisonment, primarily because it often requires a higher prison-to-correctional officer ratio.[21] Holding someone in solitary confinement for one year costs an average of $75,000, which is approximately three times as much as the average cost of incarcerating someone.[22] As seen in smaller-scale prisons in the U.S., redistributing funds from solitary confinement to improve the quality of prison staff has beneficial outcomes for prisoners. These improvements would come in the form of consistent training programs and requirements of certifications and licenses. Crisis intervention training, for example, has effectively taught staff how to appropriately respond to mental health emergencies in productive, rather than harmful, ways.[23] As a result, incarcerated people's mental health needs are addressed with the professional care they need and deserve, rather than simply with disciplinary action.

Favorable studies on similar policies have been conducted in the past, and these policies have gained additional support from leading national advocacy groups such as the American Civil Liberties Union, the Brennan Center for Justice, and the Urban Institute. Therefore, this two-pronged approach is both feasible and politically attractive. The American public is highly concerned about public safety and tax rates. Framing these suggestions in terms of lowering recidivism rates and increasing the cost effectiveness of taxpayer-funded prisons will make them more attractive to voters and thus more likely to succeed, benefiting the country at large.

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Voter Disenfranchisement in Alabama

Kate Weiland and Talia Potters

Executive Summary

The disenfranchisement of voters in Alabama is nothing new. Their history of voter suppression, particularly against those in marginalized communities, continues today. Alabama is one of only 11 states in the country that do not offer early voting and was given an "F" rating by the Brookings Institute for their response to the increase in mail-in voting during the COVID-19 pandemic.[5] Two possible options that could address the disenfranchisement of voting rights in Black communities in Alabama are legalizing early voting and allowing for no excuse absentee voting with no restrictions. We propose legalizing early voting because it has been proven to increase voter turnout by allowing people to vote at a time that is more convenient for them and de-densifying the polls, making voting both easier and safer, especially for underrepresented communities.

Background

Alabama has historically struggled with voter disenfranchisement, especially in underrepresented communities, and many officials have continued to impose and defend voter restrictions over the past few years. Black communities are especially hard hit by voter suppression within the state. There are four main tactics used to make voting access more difficult, and they are having even more dire results due to the ongoing pandemic.

First, Alabama is one of only eleven states that do not have early voting. Many states implemented early voting to de-densify polling sites and decrease health concerns, but Alabama continues to

[5] Ibreak, Yousef, Kamarck, Elaine, Powers, Amanda, and Stewart, Chris. "Voting by mail in a pandemic: A state-by-state scorecard", *Brookings*, 2020. https://www.brookings.edu/research/voting-by-mail-in-a-pandemic-a-state-by-state-scorecard/.

outlaw early voting. Alabama is also one of eleven states that requires voters to have two witnesses or notary to sign off on absentee ballots.[6] This requirement puts people with preexisting health conditions at higher risk of exposure to Covid-19, and Black Americans are more likely to have underlying health conditions. Another restriction is that voters did not automatically receive a mail-in ballot despite the pandemic, but instead had to request a mail-in ballot application. The multitude of steps involved to receive a ballot is disincentivizing to voters, especially given that Alabama is ranked as the 5th most illiterate state.[7] In addition, Alabama residents are required to provide photo ID to vote, many of which (a driver's license, nondriver identification, and Alabama photo voter ID card) are obtained from motor vehicle offices, which have been closing across the state.[8]

As a result of these issues, Black people are disproportionately unable to vote and are therefore not being represented in government; they do not have a say in the legislation and policies being made by their local, state, and national representatives. Thus, it is imperative that voter disenfranchisement be analyzed and policies are improved to ensure that Black communities have access to the resources necessary to vote such as early voting and mail-in ballots that do not require an application or witnesses.

Options

1. *Legalizing Early Voting in Alabama*

One method to increase voting access amongst Black communities is to legalize and implement early voting options. Nearly every state in the US allows and promotes early voting, but Alabama is one of the exceptions. Early voting is advantageous during the pandemic era as it is a realistic solution to de-densify the polls. With added times and dates to vote, fewer people will be at the location at a time, making voting in-person a safer option. Furthermore, Black communities tend to prefer voting in person for both symbolic and historical reasons. They are less likely to vote by mail when given the option as they are often distrustful of the voting system, so more in-person voting options are ideal. Souls to the Polls and other political and religious organizations encourage early

[6] "Federal Court Says ID, Witnesses Required for Absentee Voting", *Birmingham Watch*, 2020. https://birminghamwatch.org/federal-court-says-id-witnesses-required-absentee-voting/.
[7] Seale, Michael. "Alambama is 2020's 5th Least Educated State in U.S.: Report", *Patch,* 2020. https://patch.com/alabama/across-al/alabama-2020-s-5th-least-educated-state-u-s-report.
[8] Holmes, Allan. "In Alabama, A Long History of Suppressing Black Votes Continues", *The Center for Public Integrity*, 2020. https://publicintegrity.org/politics/elections/us-polling-places/alabama-long-history-of-suppressing-black-voting-continues/.

voting, and even organize groups to vote on Sundays after church, which would further promote the use of early voting by Black voters.

Due to COVID-19, there were more poll closings nationwide making in-person voting, whether early or not, less accessible. If voters have to travel long distances to cast their ballot, they may choose not to vote at all. If early voting was legalized, it would only be an effective alternative if social distancing and other COVID-19 precautions were actively enforced. After COVID-19 no longer poses a health threat, these disadvantages likely will not exist.

2. *Allowing for No Excuse Absentee Voting with No Restrictions*

Another way to address voter disenfranchisement in underrepresented communities in Alabama would be to legalize no excuse absentee voting without restrictions such as the requirement of two witnesses or a notary. In the 2020 presidential election, due to Covid-19, people in Alabama were allowed to vote by mail. However, prior to the election and in future elections, voters will need to provide an excuse in order to vote absentee. Many banks were closed due to the pandemic and many low income individuals are unable to get a notary for their ballot. Another barrier to voters was the absence of dropboxes for returning an absentee ballot, which were required to be returned in person. Chronic inequities in access to housing, air quality, education, and employment have left Black communities less healthy and more vulnerable to infection and ongoing disparities in access to quality healthcare mean these same communities also have fewer options for receiving care if they get sick.[9] As a result, many Black voters were uncomfortable leaving their homes to return their ballot due to medical conditions and their increased risks of sustaining long term health issues as a result of getting Covid-19, so they did not vote in the 2020 presidential election.

One of the downfalls of allowing for absentee voting is that voters may make mistakes when filling out their ballots, especially if they are voting for the first time. There is no ballot curing process in the state of Alabama and as a result, voters are unable to fix any problems with their ballot, leaving many people's votes unaccounted for. In the 2016 presidential election, 318,728 mail-in ballots were rejected, largely because of signature problems and missed deadlines and this high amount of

[9] Astor, Maggie. "Seven Ways Alabama Has Made It Harder to Vote". *New York Times*, 2020. https://www.npr.org/2020/10/19/924705412/race-for-a-ballot-cure-the-scramble-to-fix-minor-absentee-ballot-problems.

rejected ballots can make the difference of who is elected.[10] Because many more people voted by mail over the past year, there have been higher rates of rejected ballots, with more than half a million ballots rejected in the primaries of the 2020 election.

Recommendation

Legalizing early voting would be the most effective approach to addressing disparities in voting rights in disenfranchised communities in Alabama. This is the best solution because, if executed properly, more people will be able to vote at a time that is convenient for them. Especially during the pandemic, this policy would allow for de-densification of the polls, making it safer for people to vote. Historically, Black communities prefer to vote in person and will be better equipped to do so if early voting is offered so that they can go at a time when they do not have to miss work, as many people cannot spend time away from their jobs and election day is not a national holiday. We propose the expansion of early voting so that it is available at least 2 weeks before election day, including weekends and post-work hours.

In terms of cost, expanding polling sites to include early voting options could be expensive, but it would be worth the investment. In 2018, New York sought to expand early voting and estimated that each country would require about $1 million to implement these reforms.[11] Still, the benefits outweigh the costs, especially post-pandemic. Almost 100 million Americans voted early in the 2020 presidential election, so it is clearly an effective improvement.[12] In North Carolina specifically, 900,000 early voters were Black, accounting for 19.5% of the total votes.[13] Furthermore, this is a realistic and feasible reform. Most states already utilize early voting as it is proven to increase voter turnout, especially for disenfranchised communities. Given that other places were able to implement these reforms, Alabama should use other states as a model and would be able to do the

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[10] Fessler, Pam. "Race For A (Ballot) Cure: The Scramble To Fix Absentee-Ballot Problems". *NPR*, 2020. https://www.npr.org/2020/10/19/924705412/race-for-a-ballot-cure-the-scramble-to-fix-minor-absentee-ballot-problems.

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10. "Expand Early Voting." *Brennan Center for Justice*, 4 February 2016, https://www.brennancenter.org/our-work/research-reports/expand-early-voting

same with few logistical difficulties. In addition, a recent poll shows that 75% of voters support early voting.[10] Although voter intimidation may exist, organizations like Souls to the Polls encourage early voting and help support Black voters by going to polls in groups. For these reasons, it is clear that early voting can be extremely beneficial, especially for disenfranchised communities and would be worth the costs to implement.

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Maximizing Voter Turnout Through COVID-19 Era Policies

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Executive Summary

Last year, the coronavirus pandemic threatened to reduce our nation's already low voter turnout, and many state governments responded by changing their election procedures to promote safe and convenient democratic participation. These changes included an expansion in absentee voting by extending in person-voting and an expansion in mail-in voting opportunities. Although these changes were made in response to the Covid-19 pandemic, these advances in the United States' election process significantly increased voter turnout. In order to continue this high voter turnout, the government should consider permanent reform, including extended mail-in voting, extended in-person voting, or online voting. Of these three options, extended mail-in voting is the most effective, while also protecting the health of many high-risk groups.

Background

The 2020 general election is unique in that it occurred in the context of the COVID-19 pandemic. As a result, concerns arose nationwide about ensuring that voters could make their voices heard while remaining safe, and responses to such concerns varied from state to state. 35 made impactful changes to their voting systems in direct response to the pandemic; several extended their mail-in voting requirements to allow ballots received in the days after election day to be counted, while others began to offer early voting or extended existing early voting hours. In the wake of the past election, many state governments are actively considering the enactment of measures that would undo, or more than undo, these recent expansions of voting accessibility. At least 106 bills have been introduced in 28 state legislatures to this effect, with "more than a third of restrictive bills introduced this year seek[ing] to limit mail voting," namely "proposals to circumscribe who can vote

by mail, make it harder to obtain mail ballots, and impose hurdles to complete and cast mail ballots." [14]

The positive impact of expanded mail-in and early voting on voter turnout is now clear, with the 2020 election having the highest turnout rate in modern US history. 2020 saw an approximate 7 percent increase in turnout from 2016, with about 66 percent of eligible voters participating in the election, and of the ten states with the most dramatic growth in turnout from 2016, "seven conducted November's vote entirely or mostly by mail." [15] The restrictive bills taken up by state legislators threaten this progress. State governments should instead be striving to make the political process as accessible as possible, not only to maximize voter turnout in ordinary circumstances but also to ensure that citizens retain their capacity to vote amidst public health crises like the ongoing pandemic.

Options

1. Automatic Mail-in Ballot System

Five states—Colorado, Hawaii, Oregon, Utah, and Washington—currently utilize an automatic mail-in ballot system under which all registered voters are automatically sent mail ballots for every election, entirely eliminating the need to fill out an application for a mail ballot.[16] Thus, voters are provided with a method of voting that is not only extremely convenient but also contact-free in the context of a pandemic. A myriad of benefits appeared to quickly ensue from states' transition to this system, including reduced costs and fewer provisional ballots.[17] However, mail-in voting poses concerns about the integrity of the secret ballot and has been subject to heated political controversy in recent years, both of which may be obstacles to implementation.

2. Online Voting

Online voting in the United States is currently available for those serving or living overseas. Extending online voting to all citizens would allow the most vulnerable populations to participate in

[14] Sweren-Becker, Eliza. "Voting During Covid-19," 2020.
[15] DeSilver, Drew. "Turnout Soared in 2020 as Nearly Two-Thirds of Eligible U.S. Voters Cast Ballots for President." Pew Research Center. Pew Research Center, January 28, 2021.
[16] "Absentee and Mail Voting Policies in Effect for the 2020 Election." National Conference of State Legislatures, November 3, 2020.
[17] "Colorado Voting Reforms: Early Results." The Pew Charitable Trusts, March 2016. https://www.pewtrusts.org/~/media/assets/2016/03/coloradovotingreformsearlyresults.pdf.

the political system without travelling to crowded voting areas. 32 states currently offer some aspects of internet voting in addition to voting in-person or via mail.[18] Expanding online voting nationwide would grant greater access to voters, allowing them to vote from the comfort of their own homes. It would eliminate the dependence on voting sites as well as reduce long voting lines. Online voting thus makes participating in political processes extremely accessible, especially amidst public health crises. However, voting via an online platform could present confidentiality and security concerns.

3. Extended in Person Early Voting

Benefits of extending in-person early voting include reducing lines on Election Day, encouraging those intimidated by long polling lines to practice their civic duty. According to the Brennan Center, extended in-person early voting allows for "[r]educed stress on the voting system on Election Day, shorter lines on Election Day, improved poll worker performance, early identification and correction of registration errors and voting system glitches and greater access to voting and increased voter satisfaction".[19] Additionally, within the context of COVID-19 and potential future pandemics, extending in-person early voting would allow the immunocompromised and elderly to go to the polls in lower-risk situations. However, these individuals will still have to go to polling sites and potentially contract the virus, and the necessity of transportation to said sites remains an accessibility concern.

Recommendation

On the basis of its proven success, automatic mail-in ballot systems should be established nationwide to securely expand voting accessibility. After Colorado's implementation of such a system in 2013, counties in the state spent an average of 40% less per vote in 2014 compared to 2008; 95% of voters who chose to vote by mail said that they were, "satisfied or very satisfied," with the process; voter turnout increased by 4% between 2010 and 2014; and the quantity of provisional ballots that needed to be cast dropped by 98%.[20] An expansion of in-person voting would ultimately be less accessible; voters would still require transportation to polling places, and, in the context of a pandemic, it is not completely contact-free. Meanwhile, the cybersecurity concerns

[18] Lee, Nathaniel. "Here's Why Most Americans Are Not Able to Vote Online in 2020." CNBC, September 23, 2020.
[19] Kasdan, Diana. "Early Voting: What Works." Brennan Center for Justice, October 31, 2013.
[20] "Colorado Voting Reforms: Early Results." The Pew Charitable Trusts, March 2016.

accompanying widespread online voting are currently insurmountable, hence its extremely sparse utilization by state governments today.

Critics argue that mail-in voting, "[corrupts] the integrity of the secret ballot," by enabling voters to be influenced by external factors like pressure from a family member.[7] Additionally, recent claims of mail-in voting facilitating voter fraud have generated distrust of the process, despite an absence of empirical evidence demonstrating that statistically significant voter fraud results from mail-in voting.[21] Although these issues pose political obstacles for its implementation, automatic mail-in voting remains the most promising way of ensuring that voters have a convenient and, when necessary, contact-free method of democratic participation while reducing administrative costs in the process.

Acknowledgments

We would like to thank the executive board for aiding us throughout this process.

[21] West, Darrell M. *How Does Vote-by-Mail Work and Does It Increase Election Fraud?* The Brookings Institution, 27 Oct. 2020.

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Michigan Prison Reform in the Age of COVID-19

Rachel Barkan, Reginald Galanto, Samantha Gordon, Hasan Zai

Executive Summary

Overpopulation in Michigan prisons has negatively impacted the physical and mental health of prisoners. A large contributor to this issue is the lack of understanding and opportunity around obtaining parole. Thus, parole reform is an effective mechanism for decreasing prison populations. A potential option for parole reform is abolishing the Truth In Sentencing Law, which requires prisoners to serve a set sentence without leniency. Another potential option is to require a mental health professional to be present at all parole hearings; this could allow for more individuals to obtain parole on the basis of mental health and allow for proper consideration of one's individual and unique circumstances. We recommend that the Michigan government abolishes the Truth In Sentencing Law, as this policy change will give more prisoners the opportunity to obtain parole, which would help combat the issue of overcrowding.

Background

Prisons across Michigan are overcrowded, endangering the mental and physical health of all prisoners. Exhibiting the impact of overcrowding on mental health, the Women's Huron Valley Correctional Facility in Michigan, for example, is reported to lack proper ventilation and space for exercise, leading to increased rates of depression, violent incidents, and suicide attempts[22]. In addition, overcrowding of prisons in Michigan is dangerous for physical health; the COVID-19 pandemic has shed light on the dangers of the rapid spread of infectious diseases in prisons. Prisons in Michigan are not equipped to enforce recommended social distancing protocols as cells

[22] Paul Egan, "Women Say Conditions at Crowded Michigan Prison 'Cruel and Unusual,'" Detroit Free Press (Detroit Free Press, September 6, 2018), https://www.freep.com/story/news/local/michigan/2018/09/06/women-say-conditions-crowded-state-prison-cruel-and-unusual/1188871002/.

are small and beds are close together. [23] This inability to social distance has contributed to almost 40% of Michigan prisoners testing positive for COVID-19.[24] According to Gregg Gonsalves, an epidemiologist at the Yale School of Public Health, "'Prisons throw people into the paths of epidemics, whether it is TB or HIV or the coronavirus.

An area of intervention to combat overcrowding in Michigan prisons is parole. Currently, 40% of Michigan prisoners are up for parole,[25] and eliminating or making parole increasingly difficult to obtain does not present a clear benefit to public safety.[26] The parole system in Michigan should be reformed to help protect prisoners from the harmful effects of overpopulation.

Options

1. Abolishing the Truth in Sentencing Law

In Michigan, the "Truth in Sentencing" law eliminates disciplinary credits, good time, and correction centers for certain offenders, and requires offenders to serve 100% of their minimum sentence in prison before being considered for parole.[27] Many states have a system in place that allows prisoners to reduce their sentences and gain earlier parole through "credit" systems on the basis of good behavior or participation in rehabilitation programming.[28] Michigan does not have a system like this in place. Abolishing this law would allow for the opportunity to create a credit system similar to other states nationwide where prisoners can shorten their sentences and achieve earlier parole, which is both beneficial towards reducing the overpopulation of Michigan prisons, as well as reducing the money spent on maintaining large prison populations. Allowing earlier parole and subsequent releases would also help mitigate the risk of COVID-19 transmission and spread, along with other transmissible diseases within prisons through reducing the prison population. There are limitations to this approach, including that many citizens support the law as it is. Furthermore,

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[23] Prison Policy Initiative, "Since You Asked: Is Social Distancing Possible behind Bars?," Prisonpolicy.org, 2020, https://www.prisonpolicy.org/blog/2020/04/03/density/.
[24] "COVID-19 Continues to Spread through Michigan's Prison Population," Wdet.org, 2020, https://wdet.org/posts/2020/12/02/90349-covid-19-continues-to-spread-through-michigans-prison-population/.
[25] David Safavian, "Opinion: Keep Reducing Incarceration with Parole Reform," The Detroit News (The Detroit News, December 7, 2020), https://www.detroitnews.com/story/opinion/2020/12/07/opinion-keep-reducing-incarceration-parole-reform/3826807001/.
[26] "Overcrowding and Overuse of Imprisonment in The" (, n.d.), https://www.ohchr.org/Documents/Issues/RuleOfLaw/OverIncarceration/ACLU.pdf.
[27] "CORRECTIONS - Truth in Sentencing Information," Michigan.gov, 2021, https://www.michigan.gov/corrections/0,4551,7-119-9741_12798-208276—,00.html.
[28] "'Truth in Sentencing' Repeal Campaign – Carceral State Project," Umich.edu, 2020, https://sites.lsa.umich.edu/dcc-project/repeal-truth-in-sentencing/#:~:text=The%201998%20%E2%80%9CTruth%20in%20Sentencing,%2C%205%20to%2010%20years.

prison reform is often a combative topic. Little debate has taken place since this law was passed in 1998, which indicates that this issue has minimal priority, at least within the Michigan legislature. Prison reform, without rehabilitation in particular, is also usually unpopular due to the fear of repeat offenses.[29]

2. Parole Board Reform

Currently, the Michigan Parole Board is made up of ten members and further split into three member panels. Each three-member panel is then assigned the duty of evaluating a prisoner's eligibility for parole. The Parole Board considers various factors in their decision including criminal history, behavior in prison, program performance, age, risk, and the parole guidelines score.[30] The only factor that contains any consideration of mental health is the parole guidelines score, and even then it is minimally addressed. This lack of consideration of mental health on an individual's parole eligibility is blatantly inequitable. Requiring a mental health professional to be present at each parole hearing would provide a fresh perspective and help other board members understand the prisoners situation. This would give the inmate a more equitable chance of being released for parole, thus helping to decrease the prison population. The current guidelines through which parole eligibility is assessed make it very difficult for prisoners, especially those whose mental health is not properly understood, to obtain parole. However, a potential limitation in this line of reasoning is that mental health is often overlooked, so people may question why having a mental health professional present would be important. Additionally, this mental health professional would need to be compensated by the Michigan government, which could cause some to be cautious.

Recommendation

Abolishing the Truth in Sentencing Law is the recommended policy approach for addressing overcrowding in Michigan prisons. This law has significantly contributed to the overpopulation of prisons in Michigan; prisoners who are deserving of parole should not be inhibited by a law that does not allow for earlier releases. Abolishing this law may not be widely supported by Michigan

[29] "Overcrowding and Overuse of Imprisonment in The" (, n.d.), https://www.ohchr.org/Documents/Issues/RuleOfLaw/OverIncarceration/ACLU.pdf.
[30] "You Are Here CORRECTIONS Parole & Probation Parole Board Information." CORRECTIONS - Parole Board Information. Accessed April 7, 2021. https://www.michigan.gov/corrections/0,4551,7-119-1435_11601—-,00.html.

citizens, but this change would open the door to reinstating time off for good behavior and early release, which could significantly aid in safely and ethically reducing the prison population.

A different policy approach to improve parole is to require a mental health professional to be present at each hearing; while a feasible and likely effective option, abolishing the "Truth in Sentencing Law" is likely to affect more prisoners and allow for more well-deserved releases. The "Truth in Sentencing" law is at the root of the problem, as it conflicts with the core idea of parole. This is an effective and low cost option that will give prisoners a chance to obtain parole while decreasing prison populations. Therefore, abolishing the "Truth in Sentencing Law" would lead to a decrease in overcrowding, which would ultimately improve the health of prisoners.

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Gerrymandering and Its Impact on Wellbeing

Ethan Story, Stacy Rudolph, Vishnu Karthik, Luke Albritton

Executive Summary

Gerrymandering throughout the United States has a profound impact on policy making. In many cases, politicians pick their voters instead of voters picking their representatives. Ultimately, these anti-democratic structures actively hurt the people they are meant to serve. Among many ways, gerrymandering has a profound impact on the health and wellbeing of their constituencies. In North Carolina, the profoundly gerrymandered state legislature has made the people of North Carolina some of the least healthy in the nation. There are a number of options for combatting gerrymandering, including independent redistricting commissions, automatic voter registration, and revamping the Voting Rights Act. In this policy brief, we will explore the different policy options North Carolina can implement to make the state legislature more representative and make a recommendation which accounts for feasibility and desired outcomes.

Background

During the 2012, 2014, and 2016 elections, 59 seats in the US House of Representatives were elected based on unfairly drawn and shifted congressional districts. For perspective, that is the same number of seats held by the 22 smallest states in the US, comprised of nearly 40 million people. North Carolina is one of the many states that have unfairly drawn districts in their statehouse and U.S. Congress. Nationwide, analysis shows that states that have more gerrymandered state legislatures have a lower overall life expectancy than states that have fair maps. North Carolina has faced opposition to its maps in the past. In 2010, under Project REDMAP, North Carolina's districts were redrawn and extremely gerrymandered. Nearly a decade later, in 2019, North Carolina courts ordered the legislature to select a new map with more fairly drawn district lines. The new maps, however, still suggested that some degree of gerrymandering

remained present. For instance, in the 2020 election for the NC State House, Democrats received 49% of the vote but only got 42.5% of House seats.[31] The NC state house has a 3.73% global symmetry bias, a statistic that measures gerrymandering, towards Republicans.[32] Despite having more registered Democrats in the state, only 42.5% of state house districts have Democratic representation.

This overt gerrymandering has far-reaching implications, including on healthcare access for North Carolinians. Despite being broadly popular, Republicans in the state legislature have refused to expand access to Medicaid under the Affordable Care Act. In the 14 states that have yet to expand Medicaid since the ACA's passing in 2009, 61% of residents support Medicaid expansion.[33] Furthermore, if Medicaid expansion were to pass, over 350,000 more North Carolina residents could be insured and countless lives could be saved.[34] Thus, a gerrymandered state legislature legislates to the detriment of the health of countless communities across the state. Other states with a more representative state legislative body, regardless of their partisan lean, have longer life expectancies on average. North Carolina should join these states, not only because it is right, but because it will increase the overall well-being of their state.

Options

1. Independent Redistricting Commissions

The first, and most obvious, solution to increasing representation within state legislatures is to impose independent redistricting. Arizona implemented an independent redistricting commission in 2000, the first state to do so. The commission, given an explicit mandate to increase the competitiveness of districts, was successful in doing so. Arizona's most competitive districts

[31] Capitol Broadcasting Company, "Editorial: Voters to legislators. Stop fighting governor. Cooperate and compromise.", WRAL. com, November 12, 2020.
https://www.wral.com/coronavirus/editorial-voters-to-legislators-stop-fighting-governor-cooperate-and-compromise/19381587/
[32] Dave Bradlee. "NC 2018 Lower House." Dave's Redistricting.
https://davesredistricting.org/maps#analytics::241341aa-3e2b-4648-bf91-ec993801d541
[33] "Data Note: 5 Charts About Public Opinion on Medicaid." KFF. February 28, 2020.
https://www.kff.org/medicaid/poll-finding/data-note-5-charts-about-public-opinion-on-medicaid/
[34] Alex Tausanovitch and Emily Gee, "How Partisan Gerrymandering Limits Access to Health Care", Center for American Progress, February 24, 2020,
https://www.americanprogress.org/issues/democracy/reports/2020/02/24/480684/partisan-gerrymandering-limits-access-health-care/

became even more so while also adding extra competitive districts.[35] During the 2011 redistricting scramble, at the state level, 80% of state legislature districts became more competitive post-redistricting.[36] This increase in competition has a tangible effect on policy, with political scientists holding that more competitive elections typically means more responsive public officials. The partisan bias of a state is directly correlated to life expectancy, with states that have a lower partisan bias and easier access to voting possessing a higher life expectancy on average.[37] This is especially important when discussed in the context of Medicaid expansion, which is generally popular but often fails to pass due to overly partisan districts. An independent redistricting commission would lessen the partisan bias in legislatures like North Carolina's, holding lawmakers more accountable to the public at-large and increasing representation. However, independent commissions are often marred by bias themselves and are hardly a complete solution. Other measures such as Automatic Voter Registration could be enacted alongside independent redistricting commissions to improve healthcare access for millions.

2. Automatic Voter Registration

Another policy option that would address the disparities formed through gerrymandered districts is automatic voter registration (AVR), which has been shown to increase registration rates in the states that have already implemented it[38]. Nineteen states and D.C. have already approved AVR, but this policy option advocates for nationwide implementation. The AVR system makes voter registration opt-out rather than opt-in, eliminating many of the barriers to registration that disproportionately affect communities of low socioeconomic status. The U.S. trails most developed counties in voter turnout[39], indicating that voting in the U.S. should be reformed to ensure a more democratic, easily accessible process.

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[35] Collin Mathis, Daniel Moskowitz, and Benjamin Schneer, "The Arizona Independent Redistricting Commission: One State's Model for Gerrymandering Reform", Harvard Kennedy School: Ash Center for Democratic Governance and Innovation, September 2019, https://ash.harvard.edu/files/ash/files/az_redistricting_policy_brief.pdf

[36] Collin Mathis, Daniel Moskowitz, and Benjamin Schneer, "The Arizona Independent Redistricting Commission: One State's Model for Gerrymandering Reform", Harvard Kennedy School: Ash Center for Democratic Governance and Innovation, September 2019, https://ash.harvard.edu/files/ash/files/az_redistricting_policy_brief.pdf

[37]Michael Latner, "Our Unhealthy Democracy", The Union of Concerned Scientists, November 2019, https://www.ucsusa.org/sites/default/files/2019-10/our-unhealthy-democracy-white-paper-2019.pdf

[38] "Automatic Voter Registration, A Summary", Brennan Center for Justice, July 2019, https://www.brennancenter.org/our-work/research-reports/automatic-voter-registration-summary

[39] Drew Desilver, "U.S. Trails Most Developed Countries in Voter Turnout", Pew Research Center, May 2017 https://static1.squarespace.com/static/58706fbb29687f06dd219990/t/5b108a8d70a6ad1221aa63c1/1527810701921/U.S+voter+turnout+lower+than+most+countries+-+Pew+May+2017.pdf

3. Reinstating Section 4 of the Voting Rights Act of 1965

The final policy option that would address the rampant gerrymandering in statehouses around the country would be to reinstate Section 4 of the Voting Rights Act of 1965 that was struck down in Shelby County v. Holder. This provision of the VRA would allow for increased scrutiny on district lines in areas that have historically drawn lines in a discriminatory manner. This increased scrutiny would allow federal nonpartisan oversight to allow for minority representation and therefore increase the overall wellbeing and health of the region. In the decision, the majority held that it was up to Congress to create new voting rights laws as they saw fit. Congress could take action on this bill, given that both houses and the Presidency currently belong to Democrats, who broadly support this kind of legislation. Such a bill would likely not pass the Senate, though, because of the 60 vote threshold to invoke cloture. As a result, this is not politically feasible.

Recommendation

In order to alleviate the health disparities caused by gerrymandering, it is recommended that independent redistricting be implemented nationwide. Independent redistricting commissions will make the redistricting process more transparent and equitable, ensuring that minorities and other underrepresented groups receive proper representation in their state houses. Commissions should have to adhere to strict criteria when drawing district lines, including being Voting Rights Act compliant, having fairness provisions, and ensuring that communities or political subdivisions are not broken up between districts[40]. Commissions should also have an independent selection process for commissioners, as it has been shown that is one of the most important factors in ensuring the redistricting process is truly fair, equitable, and non-partisan[41]. These recommendations should create more responsive representatives in state houses, which will directly contribute to the passing of popular healthcare legislation such as Medicaid expansion.

[40]Ruth Greenwood, Annabelle Harless, Blair Bowie, and Charquira Wright, "Designing Independent Redistricting Commissions", Campaign Legal Center.
https://campaignlegal.org/sites/default/files/2018-07/Designing_IRC_Report2_FINAL_Print.pdf
[41] "Redistricting Commissions: What Works", Brennan Center for Justice at New York University School of Law.
https://www.brennancenter.org/sites/default/files/analysis/Redistricting%20Commissions%20-%20What%20Works.pdf

Independent redistricting is not enough, however. In order to create more responsive and representative state houses, voting in general should be made easier. States should adopt policies such as Automatic Voter Representation (AVR), universal mail-in voting, and extended early voting. These policies will enable underrepresented groups, who often have trouble voting due to long work hours or other conflicts, to vote at the polls and create a more representative government. In order to make healthcare more accessible, specific healthcare policies, such as a public option, could be passed as well. Regardless, the bare minimum change that should be implemented is independent redistricting. Gerrymandering strains American democracy, hurting many of the constituents politicians are supposed to represent. With the link between gerrymandering and health outcomes clear, it is imperative that states across the country adopt independent commissions to ensure more competitive and fair districts.

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Implementing Nutritional Education to Address Health Disparities in Detroit

Sushanth Sunil, Hailey Kozuchowski, Natasha Robertson

Executive Summary

The prevalence of diabetes and other nutrition related illnesses such as obesity is of great concern in Detroit. Disadvantages communities whose residents are often faced with economic challenges suffer the most from these nutrition related illnesses, and without proper intervention this will not be resolved. Current efforts are not able to engage the community and help them make better nutritional decisions, and instead put the burden on individuals as opposed to combatting the roots of the problem. We propose changes in policy that educate children from a young age on the importance of healthy nutritional habits and allow them to get hands-on experience in growing healthy produce, in order to reduce the risk of preventable type 2 diabetes and obesity among other health issues.

Background

Diabetes is one of the most common diseases in the US, affecting 1 in 10 adults having it[42]. The disease inhibits the body from controlling it's blood sugar level by either preventing the body from producing insulin (type 1), or by making the body resistant to insulin that is produced[43] (type 2). While many treatments allow people to manage and live with their diabetes, there are still many dangerous symptoms that can arise if the body's blood sugar levels are too high. These issues include stroke, heart disease, nerve damage, and kidney disease, among others[44]. While type 1

[42] "National Diabetes Statistics Report, 2020." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, February 11, 2020. https://www.cdc.gov/diabetes/library/features/diabetes-stat-report.html.
[43] Osborn, Corinne O'Keefe. "What Are the Differences Between Type 1 and Type 2 Diabetes?" Healthline. Healthline Media, October 28, 2020. https://www.healthline.com/health/difference-between-type-1-and-type-2-diabetes.
[44] "What Is Diabetes?" National Institute of Diabetes and Digestive and Kidney Diseases. U.S. Department of Health and Human Services, December 2016. https://www.niddk.nih.gov/health-information/diabetes/overview/what-is-diabetes.

diabetes is autoimmune and cannot be prevented, type 2 diabetes is often developed later in life and thus may be able to be prevented with certain lifestyle and dietary fixes.

The city of Detroit is experiencing a health crisis due to a high prevalence of diabetes, which disproportionately affects Black individuals. Nationwide, the risk of developing diabetes is about 77% higher for African Americans than Non-Hispanic white Americans[45]. This creates a public health racial inequity, resulting in worse health outcomes for individuals of color. This problem is visible in Detroit, as 86% of households in the city have one or more members at high risk of developing prediabetes[46]. These issues stem from several health inequalities, such as a lack of fresh and affordable grocery stores within low-income neighborhoods and a lack of opportunities to exercise properly. For many individuals, it is difficult to access healthy food habits, as 54% users per household use grocery stores such as Walmart, Meijer, and Target[47]. This is a level below neighboring counties, highlighting the unique issue within Detroit. These problems are demonstrated in the levels of obesity within the city, as 30.8% of Detroiters are obese while the national average is about 27%[48]. The public health disparities that created this disproportionate diabetes prevalence among African American individuals in Detroit need to be solved through policy interference to improve health outcomes in the city.

Options

1. *Further Establishment of Gymnasiums and Recreation Centers*

While some policy analysts may want to focus on the ways Detroit citizens might individually better their health through diet and exercise, it is equally as important to look at the issue of accessibility in the city. Primarily, there would be great benefits in building and establishing more gyms, recreation centers, and YMCAs throughout the city of Detroit. Throughout history, Detroiters have been disenfranchised economically and politically. These citizens face health issues when they do not have the necessary access to exercise resources. The average Detroit household has one car, meaning that if a family of four includes two working adults, they likely do not have the ability to

[45] "Detroit Diabetes ," National Medical Association, https://www.nmanet.org/page/Detroit_Diabetes/Detroit-Diabetes.htm.
[46] "Keeping Michigan Healthy Chronic Diseases Diabetes," Diabetes Prevention in Michigan, https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2980_3168-136877—,00.html.
[47] "Keeping Michigan Haealthy Chronic Diseases Diabetes," Diabetes Prevention in Michigan, https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2980_3168-136877—,00.html.
[48]"Detroit Residents More Obese Than the Average American," Detroit Stats, https://detroitstats.com/detroit-residents-more-obese-than-the-average-american/.

drive the gym that are far away.[49] There is only one YMCA in the metropolitan area of Detroit.[50] When more gyms are available throughout the city, citizens will have the opportunity to strengthen their physical health and mitigate the risk of diabetes. This will in all likelihood be a bi-partisan initiative, as physical health is a universal concern. Therefore, it is in the best interest of the city that construction begins on gyms and rec centers that are evenly distributed throughout inner-city Detroit.

2. *School Gardens*

One major factor in the development of type two diabetes is poor diet, due to an individual not meeting their nutritional needs. The best way to approach solving this problem is through increasing access to fresh foods and creating early childhood education to encourage healthy habits. The existing nonprofit, Keeping Growing Detroit, has operated a Garden Resource Program which supports over 1,900 neighborhood gardens in the city.[51] This program can be expanded upon in order to further encourage healthy habits, especially through the public school system. This would be implemented through expanding the classroom to include nutritional and science based activities in a school garden, with students working in a hands on environment. Studies show that for lasting behavior change to occur in children, "40 to 50 hours a school year should be devoted to learning about nutrition education".[52] This would allow students to take these habits home to their parents, encouraging them to participate in the local community gardens that exist around the city. Additionally, students could attend local farmer markets for field trips, exposing them to the benefits and fun of these community centers. This allows students and their families to take pride in these gardens and participate in something they create.[53] By being able to eat healthier, those in underserved communities that are facing the risk of diabetes and other nutrition-related diseases will be able to take steps towards making positive dietary changes.

[49] "DETROIT, MI." Data USA, datausa.io/profile/geo/detroit-mi/.
[50] "DETROIT, MI." Data USA, datausa.io/profile/geo/detroit-mi/.
[51] "Mission & Vision." Keep Growing Detroit, detroitagriculture.net/about/.
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[53] Connell DB, Turner RR, Mason EF. Results of the school health education evaluation: health promotion effectiveness, implementation, and costs. *J Sch Health*. 1985;55(8):316–321

Recommendation

The ideal policy to combat Detroit's growing obesity epidemic is a combination of nutrition education in schools and implementation of community gardens. We recommend that Detroit begin to create a food and health curriculum within its public schools. Specifically, programs should be established that teach students about the importance of a nutritious diet and exercise, and that allow them to get hands-on experience to connect to their learning. The Detroit school system should ensure that at least 40 hours of class time is reserved for such nutrition education. Additionally, school gardens are another beneficial way to incentive healthy eating. Once a week, teachers should take their class to an established community garden, where students can learn about fruits, vegetables, and other foods that are necessary for a balanced diet. This hands-on opportunity will hopefully allow children to apply their in-class learning to real world health practices, while also instilling a sense of pride as a result of participating in the community. It is our hope that students will take what they've learned back to their homes, and inform members of their family about the importance of healthy eating habits. This in turn will foster a community that is cognizant of nutrition. Overall, educating young members of society allows them to implement their knowledge into practices, and to share with others. It is our hope that this policy will aid in the public health crisis in Detroit involving high rates of diabetes.

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Preventing a Future Water Crisis

Satvik Nagpal, Danielle Goodstein, Aditya Kulashekar, Nicholas Rea

Executive Summary

Throughout America, many areas face environmental threats such as contaminated water supplies and poisonous gas emissions. Often, lower-income and minority neighborhoods disproportionately incur health problems due to these threats, creating public health crises. This problem is exemplified by the Flint Water Crisis, which caused lasting health damage due to high amounts of lead in the water supply. There are several policy options that attempt to prevent environmental injustice, including regulating the release of harmful gases in lower-income neighborhoods and managing the decision process while choosing a water source. The most effective policy recommendation is to strengthen EPA water testing requirements, which utilizes state legislation and avoids steep infrastructure costs, making it a relatively cheap solution that can be implemented quickly.

Background

The health of underprivileged people is disproportionately affected by the environment. Poorer neighborhoods that lack resources for infrastructure and other governmental functions are usually habited by minority groups and disadvantaged families. As a result of government irresponsibility, many environmental issues are ignored, impacting residents' well-being. With Flint, Michigan serving as the strongest example, communities of color across America have found their drinking water contaminated by pollutants and pesticides. In an 80 mile stretch along the Mississippi River in Louisiana known as the "death belt", harmful gasses emitted by a large number of concentrated factories have poisoned the air and drinking water.

This problem is not limited to these two places and has grown to impact a broad swath of communities. In 2017, 63 million Americans were exposed to unsafe drinking water, and USA Today reports that 63% of Americans are concerned about the quality of their drinking water. Failures to

update old water pipes and curb pollutants from factories, farms, and fracking has left millions paying for water they cannot use. The effects of constantly drinking contaminated water including gastrointestinal issues, a higher risk of cancer, developmental delays, and a poorer quality of life. Low-income communities often cannot afford their water rates and, consequently, tax hikes used to improve conditions and are left purchasing bottled water they can scarcely afford.

Unhealthy drinking water will continue to become a more pressing issue as existing infrastructure continues to age and big farms and polluters continue to disregard limited environmental regulations. There must be investment soon to work towards solutions to this problem and finally give help to the disadvantaged communities who need it most.

Options

1. *EPA Regulating Water Testing Requirements*

Currently, lax EPA rules allow for crises like those that occurred in Flint. The EPA currently allows many major cities to use testing techniques that are known to underestimate lead levels while also allowing water companies to test in areas of their system that are known to have less lead to begin with. This policy could prove costly for many cities and has currently been stuck in bureaucratic limbo. It also will only catch existing problems rather than preventing future ones. That being said, it is likely more cost-effective than a large-scale infrastructure project and is the quickest method to improve response.

2. *Regulating City Water Sources*

Regulating decisions about switching water sources in a particular city would be a viable beginning for a solution about usable water contamination. For every decision made about drinking water supply, experts including plumbers, water treatment specialists, and engineers should be involved. The implementation of this policy would likely happen at the state level and would create a required panel of experts to sign off on water treatment policy decisions. This policy would be effective in preventing poor decisions such as the decision to switch the water source to the Flint river, however, it wouldn't tackle the problem of water contamination at its source. It also wouldn't be too expensive to implement.

3. *Regulating the Disbursement of Harmful Gases in Minority Communities*

Many residential communities that are flooded with harmful gases are resided by minorities, due to less costly housing and a systemic economy. This policy response would focus on working with the

NAACP Climate Justice Program to deliver a solution that would guard residents from harmful emissions that disturb their health. This policy would be effective in eliminating the gap between those who participate most in the economy suffering more from those who don't. The implementation of HEPA filters in homes located near large factories would help residents live a healthier life, less affected by poison in their homes. Though this policy could be costly, many sources of funding will help save millions of lives.

Recommendation

Bolstering EPA water testing requirements is the strongest policy solution for several reasons. First, it is by far the most feasible policy solution. Regulating city water sources requires each state to pass a bill—a lengthy and nearly impossible process. Furthermore, a law mandating HEPA filters would struggle to find the necessary bi-partisan support in Congress and could fail at the federal level. Our EPA-focused solution avoids these problems because changes in regulations can be completed by executive order.

In addition to feasibility, cost and time of implementation are huge factors that can literally save lives. Cost-wise, the EPA solution is not necessarily the strongest, but it does avoid the costs of a major infrastructure change while also cutting the costs of providing HEPA filters. It will increase testing costs but should be fairly manageable, making this the most efficient solution in terms of cost.

This solution can also be implemented nearly immediately. Water testing occurs frequently already and this would simply alter that testing. This should be a task that major cities can handle and is far preferable to the process of passing legislation at the state or federal level. For these key reasons, the most feasible and efficient solution to our contaminated water problem is through changes to EPA regulations.

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Racial Disparities in Exposure to Environmental Hazards

Sarah Graber, Greta Schorer, Matthew Rothman, Juan Carlos Feraro

Executive Summary

The disparities in environmental equity within minority communities will only be worsened in future years by the threat of the climate crisis. It is the responsibility of government officials and policy makers to address this issue through innovative and equitable policy that helps to alleviate past environmental justice and give communities affected a stake in their response to climate change.

Policy options include the allocation of funds towards superfund sites stationed within minority communities that are disproportionately affected by these hazards and focusing on the distribution of government subsidies for green energy in communities most affected by environmental injustice. It is recommended that the latter policy option be put into place, given the immense potential it has to provide citizens with the environmental benefits of green energy and a role in pushing their communities towards a future of energy transformation and climate awareness.

Background

Evidence shows that minority communities are more greatly impacted by environmental hazards, with air pollution being one of the largest issues. A history of redlining, lack of political power, and "Not in My Backyard" arguments from white communities have all exposed Detroit people of color to a much greater proportion of environmental hazards. There is a 10-15 year average life expectancy difference between those living in the city of Detroit and those living in the suburbs—a difference that many experts attribute to the disparities in exposure to environmental hazards that city residents face.[54] In addition to stationary emittance of dangerous hazards from areas such as

[54] "The Blackest City in the US Is Facing an Environmental Justice Nightmare." The Guardian. January 09, 2020. Accessed April 07, 2021.

factories, mobile pollutants also have an outsized effect on the 69,000 Detroit residents that live within 150 meters of a major highway.[55]

The climate crisis threatens to adversely affect those already exposed to environmental hazards on a much greater level due to their economic and social inability to mobilize and move to avoid these changes. It is imperative that government leaders take action to instill equitable and restorative policy in response to the continuing pollution and climate crisis that impact minority communities on a much higher level. Government officials, business leaders, and community members all have the potential to employ different solutions, including the introduction of clean energy programs, the focusing of government subsidies on green energy development and jobs on minority communities that have greater exposure to high levels of pollution, and an improved system for the allocation of funds for superfund sites centered in minority communities disproportionately impacted by environmental injustice.

Options

1. *Using the Superfund Restoration Act to Fund Superfund Sites*

One policy option is allocating funds for superfund sites that are specifically centered in minority communities. The costs of cleaning up superfund sites are currently far outstripping the money that the EPA has at their disposal to provide for these cleanups. According to the EPA, minority populations make up a disproportionate percentage of individuals within one mile of a superfund site.[56] There is a serious need to focus funds and cleanup efforts on certain sites in particular to remedy the way that minorities have been misled and impacted by environmental disasters.[57] The benefit that cleanup efforts bring to the health and safety of communities, as well as the economic benefits that are brought through the restoring of land and natural resources shows the extreme need to revitalize communities through greater allocation of funds for superfund cleanups.[58]

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https://www.theguardian.com/us-news/2020/jan/09/the-blackest-city-in-the-is-us-facing-an-environmental-justice-nightmare.

[55] "Air Pollutant Sources, Exposures, & Health Impacts." CA. Accessed April 07, 2021. https://caphedetroit.sph.umich.edu/air-pollutant-source-exposures-health-impacts/.

[56] "Superfund," EPA, February 05, 2021, |PAGE|, accessed April 07, 2021, https://www.epa.gov/superfund)

[57] Kristen Burwell-Naney et al., "Spatial Disparity in the Distribution of Superfund Sites in South Carolina: An Ecological Study," Environmental Health : A Global Access Science Source, November 06, 2013, |PAGE|, accessed April 07, 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4228303/

[58] "The Superfund Program: Protecting Healthy Communities, Advancing Environmental Protection," EPA, February 26, 2021, |PAGE|, accessed April 07, 2021, https://www.epa.gov/superfund/superfund-program-protecting-healthy-communities-advancing-environmental-protection#:~:text=At other sites, health effects,from people and the environment)

One way to provide funding is through the Superfund Restoration Act. This legislation was introduced in 2019 to increase funding by reinstating and increasing oil and chemical taxes, as well as allowing the funding from these taxes to be directly accessible, rather than going through Congress to appropriate funding. Furthermore, this Act includes the restoration of the Corporate Environment Income Tax for companies making over $3.753 million.[59]

2. *Using Government Subsidies to Develop Green Energy*

Focusing the distribution of government subsidies on the development of green energy in these areas is also a logical option. Citizens in disadvantaged areas oftentimes do not possess the funds or the government backing necessary to pursue green alternatives, which would assist in Detroit's pursuit of environmental equality. Green energy's renewable nature allows for industry and citizens alike to exhibit a low emission profile and allows society to reap the benefits of carbon footprint reduction.[60] It is imperative to recognize that it is difficult for people to accumulate the funds necessary to attain green energy because of the effects of racial discrimination. Furthermore, this unfortunate feedback loop is continued by the notion that these are the socially disadvantaged individuals who are affected negatively by environmental hazards in the first place. While all residents are negatively affected by local and mobile emission sources, these sources contribute most heavily to the inequality in health burden experienced by communities in worse socio-economic circumstances.[61] Subsidies directed at institutions or public entities that encourage green energy would help lessen the gap in the burden, but one drawback that should be considered is this course of action's limited options concerning mobile sources of emission.

Recommendation

Focusing government subsidies for green energy in areas most affected by climate change and environmental injustice is recommended. This policy will help address long-term issues within the city of Detroit and the state of Michigan regarding a move away from fossil fuels and the increased

[59] "How Is Superfund Funded Today?" Center for Health, Environment & Justice, September 14, 2020, |PAGE|, accessed April 07, 2021, http://chej.org/funding-superfund/)
[60] "What Is Green Power?" EPA. December 18, 2019. Accessed April 07, 2021. https://www.epa.gov/greenpower/what-green-power.
[61] Martenies, Sheena E., Chad W. Milando, Guy O. Williams, and Stuart A. Batterman. "Disease and Health Inequalities Attributable to Air Pollutant Exposure in Detroit, Michigan." International Journal of Environmental Research and Public Health. October 19, 2017. Accessed April 07, 2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664744/.

health, safety, and security that comes with green energy. Carbon footprint reduction will reduce pollution within the city and help to establish jobs and lasting change in the city's energy industry. Green energy subsidies are generally a politically attractive and accepted political move and have the ability to be extremely cost-effective in terms of the money saved from externalities and pollution that come with continued fossil fuel use.

While the Superfund Restoration Act would help certain communities deal with environmental injustice and pollution issues, it would not address long-term issues of energy insecurity and further pollution in the areas that this policy intends to support. This creates a problem of responsibility, and oftentimes nothing will end up being done within the Superfund site. There are many points at which Superfund sites take years to clean up, are never cleaned up and are simply monitored for safety, and are difficult to secure funding for on a political level.

The development of green energy would also help promote residential advocacy. Having instances of green solutions for citizens to observe would make them more inclined to promote a shift in behavior or educate others, especially if the opportunity to build the green infrastructure creates jobs, giving them opportunities for stabilization of income.

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Health Disparities for Chicago Public Housing Residents

Kyto Batt, Sarah Biagi, Seth Flynn

Executive Summary

Inequality in Chicago is greatly perpetuated by the housing divide. Most low-income residents reside in the South and West sides of the city, many of them living in public housing developments. These developments are old and in need of repair, and cause irreparable health issues to many residents' physical and mental health. To improve the health of these Chicagoans, it is imperative to adopt policies to meet their needs. Although increasing transportation to health services will reduce health issues among public housing residents, it is costly and does not address the root causes of their health issues. Instead, reallocating a portion of Chicago's budget for public housing initiatives allows for necessary changes to developments to be made. As a result of improved infrastructure, health issues among public housing residents will decrease, which is necessary for promoting equality in Chicago.

Background

Chicago has been plagued by racial and economic inequality since the 1900s, and public housing has perpetuated such inequality, further dividing the city. Currently, the Chicago Housing Authority provides public housing for about 63,000 households. Most of these housing developments are located on the South and West sides of Chicago in disadvantaged neighborhoods. Public housing in Chicago is primarily located within low-income neighborhoods. As a result of disinvestment in such neighborhoods, access to hospitals, pharmacies, and other health resources is limited. This lack of access, coupled with environmental problems and other social issues, leads to worse health outcomes for people living in public housing than those who are not in Chicago.

This brief will examine two public housing developments in Chicago–Wells/Madden Park and Dearborn–that were created as part of the U.S. Housing and Urban Development's (HUD) HOPE VI

program in 1992. Poorer living conditions that have been a hallmark of public housing in Chicago are no exception to these developments; in the Dearborn development with 668 units, 64% of residents indicated a presence of cockroaches in their home along with 51% reporting mold. Additionally, over half of Dearborn residents have peeling paint or plaster in their homes. The low quality of housing compounded with higher rates of community crime and disorder, as a result of instability in public housing, have only made health prospects worse. Residents in these public housing developments have shown disproportionately higher rates of poor nutrition, obesity, depression, and other mental health illnesses as opposed to non-residents of Chicago's public housing. With the inequitable conditions of public housing developments and the lack of community resources, the prospect of public housing residents improving their health is low and in need of immediate policy reform.

Options

1. *Reallocate the Budget*

Addressing the cause of health problems in public housing developments is key to reducing them. Increasing investments toward public housing developments will change their environment. Despite Chicago's large budget, only a fraction of it goes toward improvements in housing developments. Many housing developments need repaired windows, roofs, plumbing, and electric systems, but the small budget only allows for a limited number of repairs a year. Increasing the proportion of the budget allocated to public housing advancements will allow for the necessary changes and improvements to occur within public housing developments, creating safer and cleaner living conditions. As a result of better living conditions, health issues among public housing residents would decrease.

2. *Urban Deserts*

Additionally, due to the location of many public housing developments, many residents live in pharmacy deserts and have limited access to essential healthcare services. Even worse, these issues are compounded by the additional strain of living in a transportation desert. These troublesome issues especially affect the public housing located in the South side where the known lack of public transportation has been an issue plaguing the community for decades. In order to combat these issues, the city should invest in a stronger transportation infrastructure within these communities and actively fund pharmacies. By increasing access to these two essential services, the health outcomes of public housing residents would have higher prospects.

Recommendation

Public housing developments are challenged by various structural barriers including their environment, discriminatory policies, and the lack of surrounding infrastructure. Changing these factors is both costly and time-consuming. Immediate changes are necessary to reduce health issues among residents in public housing. Although public housing receives funding currently, it is minimal compared to other areas. Therefore, we propose reallocating Chicago's existing budget to increase funding for public housing development and initiatives. Doing so would allow for funding of necessary fixes such as new windows and doors, secure roofing, and better plumbing and electrical systems. Additionally, this option is currently more feasible than adapting existing transportation to decrease the number of urban deserts. Reallocating the budget is necessary for combatting crucial health disparities among public housing residents, and will create a more equal city.

For the city of Chicago, the 2020 budget included funding from a multitude of sources totaling $11.65 billion (City of Chicago 2020). Of this budget, only $2.9 million was allocated to the Commission on Human Relations which, among other things, works with the Chicago Housing Authority. Meanwhile, the department of housing received $198 million of funding (most of which does not go towards public housing). The most effective way to aid in the development of public housing and help fix the living conditions of these homes, the city of Chicago should reallocate its funding to these different departments. One strong possible reallocation could be taking the $1.8 billion allocated to police departments and redistributing some of that to public housing initiatives. Additionally, some of the public health department's $211 million budget could be allocated to public housing improvements as the improvements will help with the health of the residents.

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Promoting Sexual Health Education in Texas

Jacob Bruetsch, Charlotte Dubin, Russell Jacobs, Katherine Song

Executive Summary

Sexual health education is an extremely important branch of secondary learning because it informs the way students choose to conduct their lifelong personal relationships. Repercussions of poor sexual education include unintended pregnancy, sexually transmitted infections, and an increased likelihood of becoming perpetrators and victims of sexual violence. As sexual health education in Texas is not currently required to be medically accurate, cover consent, or be inclusive to LGBTQ+ students, this policy brief provides policy options to make Texas sexual health curricula medically accurate, comprehensive, inclusive, and consent-driven.

The most feasible option for Texas is to both create a base of medically accurate and inclusive resources to guide sexual health instruction and require input from sexual health professionals on each locally-established board that develops sexual health curricula.

Introduction and Context

The state of Texas has a long history of allowing non-medically accurate, religion-specific sexual health education in their public schools, resulting in one of the highest teen birth rates[62] in the country. A 2009 article states that Texas students are, on average, more sexually active and less likely to use a condom than teens in other states, implying the ineffectiveness of the curriculum.[63] The cultural biases, promotion of Christian religion, and lack of consent in the education all contribute to its inequitable, exclusive nature. Elements of shame and fear that result from this exclusivity discourage students from seeking medical assistance for issues related to sexual health and relationships. Texas specifically, out of a plethora of Southern states with substandard sexual

[62] Centers for Disease Control and Prevention, "Teen Birth Rate by State."
[63] "Texas Sex Ed," *Public Eye*, 2009, https://proxy.lib.umich.edu/login?url=https://www-proquest-com.proxy.lib.umich.edu/magazines/texas-sex-ed/docview/235841464/se-2?accountid=14667.

health education, is unique in its ability to influence national education policy due to its size and textbook purchasing power.[64] Due to a recent change in policy, the state is poised to adopt contraceptives and sexual violence prevention in the curriculum (with maintained stress on abstinence), though it still neglects consent, sexual orientation, and gender.[65] This wave of change regarding Texas policy may offer the opportunity to push further with progressive elements in the curriculum and iron out inconsistencies.

Additionally, unintended pregnancy—an effect of substandard sexual health education—places a significant economic burden on the state of Texas. In Texas in 2010, the federal and state governments spent $2.9 billion on unintended pregnancies; of this, 61% was paid by the federal government and $842.6 million was paid by the state.[66] The total public costs for unintended pregnancies in 2010 was $543 per woman aged 15–44 in Texas, compared with $201 per woman nationally.[67]

The goal of this brief is to explore policy options regarding raising Texas's standards for public health, in the form of reducing the high rate of teen pregnancy and encouraging healthy relationships and a comprehensive view of human sexuality.

Options

1. *Replace local councils with a statewide curriculum:*

Amend § 28.004 of the Texas Education Code to replace local trustee-established school health advisory councils with a statewide curriculum compiled by sexual health professionals, defined as those who are Certified Health Education Specialists, or those with a Masters in Social Work, Masters in Education, or Masters in Public Health. The diversity between local councils creates an unequal understanding of sexual health among Texas youth and allows personal feelings of trustees to be obstacles to critical learning. Require all information to be medically accurate and that information on consent and inclusive coverage of LGBTQ+ issues be included. Lastly, remove the

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[66] Sonfield, Adam and Kathryn Kost. "Public Costs from Unintended Pregnancies and the Role of Public Insurance Programs in Paying for Pregnancy-Related Care: National and State Estimates for 2010."
[67] Sonfield, Adam and Kathryn Kost. "Public Costs."

option to opt out of sexual health education. Holding all municipalities to the same high standards raises the general regard for sexual health and creates consistency across the state.

2. *Create a base of educational resources*

A second option consists of creating a base of resources that promotes medically accurate information on sexual health and healthy relationships. Include specific textbooks endorsed by sexual health experts or government websites. Resources must include an emphasis on consent and the needs of LGBTQ+ youth; make these qualifications required learning goals. One key inclusion would be instructional guides for sexual health teachers that would assist them in promoting discussion-based learning, information that is coupled with empowerment, and ways to educate without imparting their personal views/values or the views/values of others.

3. *Require input from sexual health professionals:*

A third option is to amend § 28.004 of the Texas Education Code to require at least one sexual health professional to be included in each local trustee-established school health advisory council. This also offers some flexibility in terms of not abolishing these local councils, but rather creating an opportunity for internal change within the same structures. Require all information in boards' final recommendations to be medically accurate as well as include information on consent and inclusive coverage of LGBTQ+ issues.

Recommendation

The most effective policy option of these is a combination of both Option 1 and Option 2, implementing comprehensive statewide education and creating a base of medically accurate educational resources. Though last year's overhaul of sexual health policy was the first in 23 years,[68] the recent progress suggests space to move toward an education plan that matches the goals set: reducing unintended pregnancy, sexually transmitted infections, and sexual violence. Although resistance to sexual health education is strong in this state and backlash resulting from a mandated statewide curriculum is a likely possibility, its implementation has the ability to create the most lasting and comprehensive change. Adjusting local councils by including a seat for a sexual health professional does not eliminate the issue of local inconsistency, nor does it consider how that professional may have a limited impact on proceedings. Furthermore, the very premise of defining a "sexual health professional" is one that is narrow by nature. It is difficult to measure what qualifications make someone adept in this field and account for all of these.

[68] Swaby, Aliyya. "Texas Education Board Approves New Sex Ed Policy That Does Not Cover LGBTQ Students or Consent."

Thus, a statewide education is better suited for raising the standards for Texas's sexual health education as a whole and redressing the indirect economic burdens and strain on education systems and government social assistance programs caused by Texas's current sexual health education. This system is only improved by working in tandem with Option 2: providing detailed resources that describe medically accurate contraception, consent and healthy relationships, and the sexual health of the LGBTQ+ community. Providing these resources improves the ability of teachers across the state to teach sexual health and implement the statewide curriculum. Access to these resources regardless of local district gives students in all of Texas the wealth of information they need to engage in lifelong healthy sexual relationships.

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