

The Roosevelt Institute at Cornell University

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Aishani is a senior in the School of Industrial and Labor Relations. She joined Roosevelt as an analyst in Fall 2020 and served as the Center Director of the Environmental & Technology Center from 2021-2022. Outside of Roosevelt, she is involved with the Fair Labor Association's Student Committee and Cornell Rowing Club. Her policy interests lie at the intersection of energy, governance, and security.

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Riya is a junior studying Policy Analysis and Management in the Brooks School of Public Policy. She joined Roosevelt in her freshman spring as an analyst in the healthcare center and served as the Director of Internal Affairs from 2021-2022. Riya is also passionate about healthcare policy, and she is also the Co-President for Cayuga Healthcare Consulting. In her free time, she likes to listen to music, go biking, go to the gym, and play the piano or viola.

Franklin Zheng '25, Editor-in-Chief

Franklin is a sophomore majoring in Information Science and minoring in International Relation and German Studies in the College of Arts & Sciences at Cornell University. He joined the Roosevelt Institute in the fall of 2021 as an analyst for the Center for Environmental and Technology Policy and is now serving as Editor-in-Chief. Outside of Roosevelt, Franklin works as an archival specialist at the Roper Center for Public Opinion Research and is a member of a social fraternity. Franklin is interested in privacy and data policy, security studies, and epistemology and interned as a Technology Policy Fellow at the Software and Information Industry Association this past summer.

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Andreas (he/him) is a junior studying Policy Analysis and Management in the Jeb E. Brooks School of Public Policy. He serves as the Policy Chair for Cornell Roosevelt Institute and has previously written for the Domestic Center and held the role of Advocacy Director. Andreas is passionate about antitrust and environmental regulation, and in his role in CRI he hopes to support analysts as they develop as researchers, writers, and compassionate, policy-driven leaders. Outside of CRI, Andreas is the Vice President of Cornell Phi Alpha Delta Pre-Law Fraternity and a legal volunteer for the Cornell University Parole Initiative.

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Alisha is a sophomore in the School of Industrial and Labor Relations. She joined Roosevelt in the Spring of 2022 as an Environment and Technology Analyst. On campus, she is also an analyst for Cornell Venture Capital and a member of a social sorority. This past summer, she interned for a startup as a Business Development Intern and is looking to pursue impact investing.

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As a student at Cornell University in the Brooks School of Public Policy studying Healthcare Policy on a pre-medical track, Ben is drawn towards fields where he can use his leadership skills, interests in helping people, and community-based advocacy to make an impact on people's lives. His interests and experiences encompass a wide range of the healthcare field from administration and consulting to clinical and research work. Ben is drawn to experiences that challenge him to learn new things and connect him to people all over the world. As the Director of External Affairs for Roosevelt, Ben can enjoy all of these aspects of healthcare from policy writing, to organizing speaker series, to his involvement in the Ithaca Free Clinic.

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Emily is a junior in the College of Human Ecology majoring in Global and Public Health Sciences. She is interested in healthcare policy, science communication, and healthcare marketing. Outside of Roosevelt, Emily

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FALL 2022 CENTER DIRECTORS

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Alexis is a sophomore in Cornell University's College of Arts & Sciences, double majoring in History and Government. In addition to the Roosevelt Institute, she also serves on the executive board for the Cornell University Parole Initiative and the Prison Reform Education Project. Otherwise, Alexis loves volunteering for Prisoner Express and—in her spare time—enjoys playing tennis, reading sad books, and watching movies.

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Jessica is a junior studying Economics and Mathematics in the College of Arts & Sciences. Outside of Roosevelt, she is a teaching assistant and education ambassador for the Cornell Raptor Program. This past summer, Jessica worked as a research assistant at Resolution Economics.

Grace Chen '25, *Center Director for Economic Policy*

Grace is a sophomore majoring in Policy Analysis and Management in the Brooks School of Public Policy. She currently serves as the Economic Center Director. Grace joined Roosevelt in Fall 2021 and is interested in the economic analysis of social policies and public finance. Outside of Roosevelt, Grace is a brother in Phi Alpha Delta Pre-Law Fraternity and a consultant in Social Business Consulting. She also loves to dance, bake, and make Spotify playlists.

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Max is a junior studying Environment & Sustainability in the College of Agriculture and Life Sciences. Outside of Roosevelt, he is involved in Epsilon Eta, the Cornell Diplomat, the Cornell University Sustainable Design Ithaca Carbon Neutral 2030, and the Cornell Club Sports Council. Max is currently working as an intern for both the U.S. Embassy in Windhoek and EducationUSA.

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Sahil is a sophomore majoring in Government while minoring in History and Law and Society in the College of Arts & Sciences. He is interested in immigration reform, including new congressional legislation and altering the citizenship test. Outside of Roosevelt, Sahil is a member of the Cornell Mock Trial Team and is involved in research about historical crises in U.S. democracy.

Julia Temple '24, *Assistant Center Director for Education Policy*

Julia is a junior studying Policy Analysis and Management in the Brooks School of Public Policy and joined Roosevelt in Fall 2021. She currently works as a research assistant for Western Kentucky University as well as a research assistant for Professor Maria Fitzpatrick, working on a study of child health and well-being. This past summer, Julia was involved with the New Center as a policy and research intern.

Renle Chu '23, *Center Director for Environmental & Technology Policy*

Renle is a senior majoring in Policy Analysis & Management and minoring in Law & Society. She joined Roosevelt in the spring of 2021 as a healthcare analyst. Outside of Roosevelt, Renle is the TA for two undergraduate classes, serves on the Undergraduate Student Advisory Council, and is involved in a qualitative

research lab. She is passionate about the policy implications of rising information technology, addressing climate change, and advocating for healthcare reform.

Javier Vega '24, *Center Director for Foreign Policy*

Javi is a junior in the College of Arts & Sciences studying Information Science and Government. He joined the fall semester of his freshman year. Javi is interested in foreign policy and international political economy, especially in how nations' environmental and energy policies interact, coalesce, compete, and influence decision making. He is also interested in technology and how it can help improve individual lives and its societal effects. Outside of Roosevelt, Javi is a project manager at Cornell Venture Capital. This past summer, he interned at Google as a software engineering intern.

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Shruti is a sophomore studying Global and Public Health Sciences with a minor in Business. She joined Roosevelt during the spring semester of her freshman year as an analyst for the Healthcare Policy Center, specifically interested in reproductive healthcare reform. Outside of Roosevelt, Shruti works as a Career Assistant for the College of Human Ecology Career Exploration Center and is a member of the Cornell Healthcare Review, Cornell Biomedical Device, and Cornell Big Red Raas.

Jack Viehweg '23, *Assistant Center Director for Healthcare Policy*

Jack is a fourth-year student in the Sloan 5-year BS/MHA program at Cornell and joined the Roosevelt Institute in Fall 2021. He enjoys writing about healthcare finance, equity for chronic conditions, and rural medicine. Outside of Roosevelt, Jack is the North Campus Student Assistant Director for Cornell Dining, an editor for the Cornell Healthcare Review, and a project manager for Cayuga Healthcare Consulting.

Journal compiled by Franklin Zheng

Editor's Note:

Dear Reader,

On behalf of the Roosevelt Institute at Cornell University, I am proud to present the eighteenth edition of the *Roosevelt Review*.

This publication represents the culmination of a semester of hard work and dedication by our analysts and center directors. It is through such engagement that the insightfulness and meticulousness found within the following written works are of the highest caliber. The policy proposals in our journal span a diverse range of policy areas and present unique, multidimensional solutions to existing sociopolitical issues. Coming from different academic and political backgrounds, our analysts possess a truly wide range of perspectives and present an equally varied assortment of policy ideas. The resulting environment within our organization has thus fostered the intellectually stimulating conversations that aid in supporting policy change.

In my first semester as the Editor-in-Chief for the Roosevelt Institute at Cornell University, I have been deeply impressed by our analysts' creativity and breadth of policy knowledge. Simultaneously, their openness to refine and receive feedback on their work has demonstrated their commitment to advancing their formal writing skills. I have been excited by this level of ambition and am eager to see their continued development.

Looking ahead, the Roosevelt Institute at Cornell University is anticipating a strong spring semester with guest speakers, conversations with other student-led organizations, and political advocacy work. Our organization looks forward to these collaborations and to the continued innovation of policy solutions aimed at answering the difficult sociopolitical issues that face our nation.

Thank you to all the analysts, center directors, and executive board members who have worked so hard on our publication. I sincerely thank you for reading our journal and hope you enjoy.

Sincerely,

Franklin Zheng
Editor-in-Chief

DOMESTIC POLICY

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Solidifying New York State's Status as a Sanctuary State for All

By Meghan Brady-Fuchsman, mgb235@cornell.edu

Overpolicing of noncitizens in the US has harmed public safety and the economy. New York State should adopt a statewide sanctuary policy that would protect vulnerable immigrants and consequently its own citizens.

Background

There are approximately 1.8 million noncitizens residing in New York State - one of the largest immigrant populations in the US. [1] An estimated 725,000 members of this population are undocumented. [2] These individuals live under the constant threat of deportation, which creates adverse economic, psychological, and safety effects. Detention facilities operated by the Department of Homeland Security (DHS) are dangerously overcrowded, but the number of immigrants being detained at the border is increasing. [3] To address the lack of space, DHS collaborates with local law enforcement agencies to assist in immigration enforcement by housing detainees, thus placing a strain on the fulfillment of their local duties. [3] Furthermore, extensive research has demonstrated the psychological distress placed on immigrant populations, especially undocumented immigrants, due to the fear of deportation. [4] In a study from Arizona, immigrants who reported a greater fear of deportation experienced more employment insecurity and social strain. [4] Additionally, the fear of deportation has been shown to weaken community-police relationships. [4, 5] Since interaction with law enforcement could lead to immigration enforcement, immigrants are less

likely to view the police as a viable means of protection. [5] Immigrants are therefore less likely to report crimes or cooperate with police investigations, undermining the operations of local law enforcement. [5]

Sanctuary policies vary from state to state but generally consist of policies that limit cooperation between law enforcement agencies and federal immigration enforcement. Currently, only New York City, Albany, Rochester, Syracuse, Ithaca, and Westchester County have enacted actual sanctuary policies in New York. [6, 7, 8]

Policy Idea

New York should adopt legislation to codify New York as a sanctuary state and cease to cooperate with Immigration and Customs Enforcement (ICE) and Customs and Border Patrol (CBP). All law enforcement agencies across the state should cease to ask or report the immigration status of individuals with whom they come into contact for low-level offenses. Additionally, these agencies should not honor detainer requests from ICE and CBP for these same offenses.

Policy Analysis

This policy is vital because numerous courts across the country have found ICE detainer requests to be unconstitutional without a

warrant. [9] It is to the benefit of local law enforcement agencies not to comply with ICE detainers because they are protecting themselves from liability and being sued for a violation of Fourth Amendment rights. [9] A major study from the Center for American Progress showed that sanctuary counties have stronger economies than non-sanctuary counties; the poverty rate is 2.3% lower, and the unemployment rate is 1.1% lower in sanctuary counties than non-sanctuary counties. [10] These effects are also conserved across all racial groups and do not just affect immigrant communities. [10] This same study demonstrated that there is a statistically significant decrease in crime in sanctuary counties than non-sanctuary counties. [10] Other studies also concluded that non-cooperation policies do not lead to any increase in crime. [11, 12] Sanctuary policies do help to ease the psychological burdens of deportation because they have reduced deportations by one-third in localities where they are in effect. [12] Finally, sanctuary policies improve community relationships with the police. A large study found that Latinos, who are more likely to be foreign-born than other racial and ethnic groups, became much more likely to report violent crimes to law enforcement after their municipalities had adopted sanctuary policies. [13]

Talking Points

- Communities with sanctuary policies have stronger economies, higher employment rates, and lower poverty rates than non-sanctuary communities. [10]
- Sanctuary policies do not lead to any increase in crime; in fact, a statistically significant decrease in crime was observed in sanctuary counties. [10, 11, 12]
- Community-police relations are improved in sanctuary counties because immigrants are more likely to cooperate with law enforcement and report crimes when their fear of deportation is reduced. [13]

Key Facts

- The outsourcing of immigrant detention by DHS to local law enforcement agencies has placed a strain on local resources. [3]
- Fear of deportation places large psychological stress on non-citizens and is associated with greater economic insecurity and social strain. [4]
- Immigrants are frequently less likely to cooperate with police and report crimes since law enforcement interactions could lead to immigration enforcement. [5]

Next Steps

New York should become a sanctuary state because it will improve public safety for all residents and especially enhance quality of life for non-citizens. [10,

11, 12] The most comprehensive and permanent way of achieving this goal would be through the passage of a statewide sanctuary law. This bill should be introduced in the New York State Senate Committee on Codes. [14] It would need to pass in the State Senate and the State Assembly and be signed into law by Governor Kathy Hochul. This bill would supersede local ordinances and ensure that no law enforcement agencies in the state cooperate with ICE and CBP or inquire about the immigration status of individuals they encounter.

Action Plan Snapshot

The most effective way of getting sanctuary state legislation passed in New York would be through lobbying the State Senate and Assembly. To start, New Yorkers should write or call their State Senators and Assemblymembers and urge them to vote in support of the bill. Particular effort should be directed to State Senator Jamaal Bailey (Chair of the Codes Committee), other members of the committee, and State Senator Julia Salazar and Assemblymember Karines Reyes, the sponsors of the New York for All Act, which is the currently proposed sanctuary bill in the New York State legislature. [14, 15, 16] Representatives and New Yorkers from parts of the state that have already enacted sanctuary policies locally should organize to share how the policies have been successful in their communities. There should also be coordinated campaigns with organizations like the New York Civil Liberties Union, the New York Immigrant Coalition, and the Immigrant Defense Project who have historically advocated for statewide

sanctuary policies. [17, 18, 19] Democrats currently hold the governor's office and a majority in both houses of the state legislature, so it is feasible that a sanctuary state law could pass in New York. [20]

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Greening Washington D.C.'s Blighted and Vacant Lots to Reduce Crime

By Jessica Chen, jyc58@cornell.edu

By planting greenery and plants in vacant lots, DC can reduce violent crime in the District's most dangerous neighborhoods and improve social and environmental outcomes without gentrifying the area.

Background

Reducing urban crime is a priority of city legislatures across the nation. In Washington D.C., the most blighted and vacant land is located in the city's poorest and predominantly black neighborhoods—Wards 7 and 8. [1, 2] Violent crime in Washington D.C. has been highest in those two wards for the past eight years of available data. [3] While efforts to combat urban crime through ending “stop and frisk” practices, redistributing police funding, and reforming gun ownership laws have their pros and cons, their politicization in the news has stuttered their implementation. [4, 5, 6] In turn, not much attention has been placed on planting greenery in blighted and vacant land as a method of reducing crime despite the numerous studies and experiments verifying its benefits.

Studies show that increasing green spaces in residential areas—that is, increasing the amount of plant coverage of an area—decreases violent crime and sometimes property crime, lowers levels of fear, and reduces aggressive and violent behaviors. [7, 8] Multiple studies confirm that crime is not always being displaced, rather, there are reductions of crime in neighboring areas resulting from stronger spillover greening benefits. [9, 10] Greening spaces can reduce crime and confer emotional and

environmental benefits to the residents of the treated residential areas.

Policy Idea

The Council of the District of Columbia ought to create a program that identifies vacant lots in residential portions of Wards 7 and 8 and renovate the land by clearing away trash and debris, planting greenery (trees, bushes, grass seeding, and other plants), and maintaining the land by involving community leaders and the local workforce. Greening spaces directly reduces crime by removing discreet places for drug sales and the subsequent gun violence from territory disputes over vacant lots without necessarily displacing crime. [10, 11]

Policy Analysis

While additional resources would be better able to track its efficacy, tracking the success of this program wouldn't necessitate any additional systems. The DC Metropolitan Police Department reports crime daily through an online portal that has specificity to Census Tracts that should adequately assess areas around the treatment neighborhoods. [3] The program should expect decreases in violent crime. Decreases in property crimes would be welcome, but not necessarily expected given the

varying results of previous studies. [8]

A cost-benefit analysis of greening vacant lots in Philadelphia, Pennsylvania found a return on investment for prevention of gun violence of \$26 to \$333 per dollar spent, which makes for a remarkably efficient program and use of taxpayer money. [12] Implementing this program in Wards 7 and 8 would address gun violence in the part of the city where the problem is most severe. [3] This return on investment metric also doesn't factor in the value of increased feelings of security, environmental benefits such as heat-attenuation and pollution reduction, and property value increase. [13]

This program should be well received by local DC residents in part due to the required maintenance that would hire local contractors, landscapers, and community groups to continue work on the lots, which in turn stimulates their economy in the long run. [8] Greening vacant and blighted spaces is also resistant to gentrification. While building parks leads to increased real estate prices that contribute to gentrification of an area and may even contribute to crime, targeting vacant lots avoids both complications. [13, 14]

Talking Points

- Researchers and the public could easily track changes in crime due to the pre-existing DC Metropolitan Police Department crime report publishing infrastructure. [3]
- Previous initiatives had a return on investment in gun violence prevention of \$26 to \$333 per dollar spent on greening. [12]
- This investment is an underestimate and doesn't include the other social and environmental benefits incurred.
- A greening initiative would support local residents by providing a safe social space, creating jobs, and even being resistant to gentrification. [8, 13]

Key Facts

- Both violent crime and blighted/vacant land in Washington D.C. are concentrated in Wards 7 and 8. [4, 5, 6]
- Crime initiatives like “stop and frisk” practices and redistributing police funding are highly politicized and thus face roadblocks in legislation.
- Greening initiatives that increase plant coverage decrease violent crime, property crime, lower fear, and reduce aggressive and violent behavior [7, 8]
- Not only is crime not displaced into nearby regions by greening programs, crime is reduced in neighboring areas [9, 10]
- Greening spaces provides emotional and

environmental benefits to nearby residents

Next Steps

Despite the body of work that has supported greening as a crime prevention measure, I would not recommend this policy. Very few randomized control trials, the standard for determining causal relationships, have been conducted on city greening projects and there exist more researched programs that result in reductions in crime. [15] Of the two randomized control trials done, they produced mixed results on the actual effects of crime. [11, 16] Furthermore, a concurrent study to the Philadelphia intervention suggested that while men's perceptions of safety increased, women reported feeling more fear. [17] Additional research ought to be performed in a smaller setting before a full-scale greening initiative is implemented.

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Surveying Communities to Provide Culturally Responsive Food in NYS Food Banks

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NYS should implement a system whereby its regional food banks survey the food preferences of their clients to facilitate the procurement and distribution of culturally appropriate foods to community members.

Background

In 2021, fifty-three million people received food through the US food bank system, also known as charitable or emergency food assistance. [1] Charitable food assistance is an essential complement to federal food assistance programs such as SNAP. [1] New York State's network of regional food banks serves as many as five million people each year. [2,3]

Food banks purchase food with state and federal funds, receive food from the USDA and donations from businesses, then distribute these resources to community-based food pantries. [4] Despite their importance, food banks fall short of meeting their clients' needs in communities of color due to the lack of culturally responsive practice. [5,6] Food distribution systems are historically disconnected and lack resources and data on their client demographics. [7]

Culturally relevant or responsive food is familiar to its community and aligns with its preferences to support recipients in maintaining their cultural identity and improve health outcomes. [8, 9] Minority and non-native populations are disproportionately food insecure in the United States, so it is essential that food assistance systems aim to better address their needs. [9] The question of cultural

responsiveness has yet to be widely addressed in NYS's food assistance system. In order to ensure culturally responsive options for all New Yorkers and reduce systemic inequities in food assistance, the state must evaluate cultural responsiveness in its food provision. [8]

Policy Idea

New York State should require that its regional food banks survey their service areas to assess their satisfaction with available food options and create food preference lists to facilitate the provision of culturally appropriate food tailored to community needs. Regional food banks should survey clients and community organizations by locale to inform purchasing and distribution decisions. This information would ensure that communities gain access to culturally responsive options at local food pantries.

Policy Analysis

When food banks provide culturally relevant foods that respond to community preferences, they reduce food waste and improve their clients' diet, physical and emotional health. [8, 10] Culturally appropriate food makes food bank systems more efficient by supplying communities with the food they wish to consume so they do not

have to seek out their preferred options by other means. [9]

Food frequency surveys ask about the respondent's frequency of consumption of a list of foods and beverages. Numerous food banks have implemented food frequency surveys to better understand the food preferences of their communities so that they can better meet their food preferences. [11,12, 13] The food banks developed shopping lists based on survey responses, reviewed the list with community members, and shifted their sourcing to reflect the indicated preferences. These efforts increased the availability of 15 culturally responsive foods by 80%, supporting dietary preferences and the maintenance of identity. [13,8]

Building upon existing examples, New York State should scale its approach to improve food pantry experiences across the state. The Regional Food Bank of Northeastern New York is in the process of surveying which foods are most in demand in their network using grant funding. [14] NYS's nine other food banks should follow this example by conducting and developing surveys to ascertain client demographics and food preferences to best serve them. [15] Food banks should emulate best practices of community responsiveness by creating multiple pathways to providing community

input including listening sessions and surveys. [16]

serve individuals facing food insecurity. [9]

The cost of administering and analyzing the surveys is fixed, though the survey process ought to be repeated on a biennial basis to account for regional demographic shifts. Changes in purchasing will likely challenge existing budgets because more desired foods such as fresh produce tend to be more expensive than other nonperishable goods. [7] Strategies for reconciling budget and preferred foods include creating new food streams such as rescuing food from retail stores, spending less money on nonperishable foods that tend to be received as donations, and soliciting donations for high-demand items. [7]

Talking Points

- When food banks provide culturally relevant foods that respond to community preferences, they reduce food waste and improve their clients' diet, physical and emotional health, and experience. [8,10]
- Culturally appropriate food increases the efficiency of food distribution by providing food its clients will consume rather than the food going to waste because other options are preferred. [9]
- Numerous food banks in NYS and beyond have implemented provision of culturally appropriate foods by consulting with and surveying their communities and acting on those preferences. [11, 12, 13]

Key facts

- Over one in ten New York state residents experience food insecurity. [4]
- NYS's network of regional food banks serves as many as five million people each year. [3]
- Culturally responsive food access through food banks enables individuals to maintain their cultural identity while participating in nutritional support programs. [9]
- Poverty disproportionately affects minorities. Therefore, understanding the food preferences of these groups is necessary to provide culturally responsive food to best

Next Steps

NYS should expand its policy of providing culturally responsive foods to food banks based on survey data. Implementing this policy efficiently may begin with convening NYS food pantry leadership centrally to develop a standardized questionnaire and outreach procedure that can be delegated to food pantries by their regional food bank. Surveys may draw on those used by food banks that have completed this process assessing information such as demographics, preferred foods, and dietary needs. Various modalities such as pen and paper, digital surveys, and language accessibility must be considered in discussion with regional and local food bank representatives. Once surveys are conducted, the data should be shared by region and locality so that food banks can purchase the appropriate food and distribute it to food pantries to match food distribution to their client's preferences.

Action Plan Snapshot

Once NYS food banks align towards a shared goal of implementing an assessment of culturally appropriate foods, they will need to ascertain and acquire the funding these efforts will require. The Regional Food Bank of Northeastern New York is poised to be a leader in this process given its experience executing similar efforts. Many food banks that have enacted food frequency survey projects have sought grants from national nonprofits such as Feeding America and healthcare providers. [6, 8, 10, 11]

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ECONOMIC POLICY

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Implementing Automatic Voter Registration is Integral to Increase Voter Turnout Across the Country

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The United States has the lowest voter turnout rates among developed countries due to barriers to registration and inequalities affecting minorities and low-income citizens. The United States should implement automatic voter registration, including an online database and same-day voter registration.

Background

The United States trails behind some of the world's leading democratic countries in voter participation and has a longstanding history of doing so. According to the Organization for Economic Cooperation and Development, the United States places number 28th out of 35 OECD members, and according to the U.S Census, only 55.6% of the eligible voting population voted in the 2016 presidential election. [3] Much of this trend stems from inequities in voting accessibility. When first written, the Constitution only permitted white, landowning men to vote. However, the Constitution has since been amended to be more inclusive, eventually letting all people, regardless of race, gender, or socioeconomic status, take part in voting; however, there are still significant barriers to voting equality. [7] One of the largest barriers is having to register to vote, which decreases voter participation. Although any citizen over the age of 18 is eligible to vote, not everyone does because not everyone is aware that they have to register. For example, only half of eligible Asian Americans and Latinos were registered to vote in the last two federal elections. [1] The inability to vote due to lack of

registration disproportionately affects low-income and minority communities who are less likely to be made aware of registration deadlines or have registration resources, such as internet access.

Policy Idea

Implementing Automatic Voter Registration (AVR) across the country would help reduce inequalities in voting and increase voter turnout while being more economically feasible than traditional voting measures. AVR is defined as the automatic registration of eligible voters that occurs when they interact with government agencies, such as the DMV. This policy would allow any citizen over the age of 18 to vote without having to register separately.

Policy Analysis

By implementing AVR, the United States can increase voter turnout, decrease inequalities, and stimulate the economy. In New York, it was estimated that registering over 650,000 people cost about \$3.2 million in 2018, which translates to around \$4.48 per person. With AVR, it is estimated that around 1.8 million new voters would be registered in the first year with a total cost of around 1.29 million dollars, measuring to \$1.29

per person. [7] This reduction in costs can lead to a redirection of funds into more voter encouragement programs. Additionally, a study conducted in Orange County, California found that implementing AVR increased voter turnout by 5.8%. [5] The same study found that in Oregon, it was found that the proportion of people of color and low-income people increased. Younger people and individuals with a lower socioeconomic status had higher voter turnout rates by 4%, and turnout overall increased by 1% overall in the country. [4] Specifically from the last 2 elections, Latinos would have seen a growth in participation reaching 7.1 percentage points and young people would see an increase of 5.1 percentage points in participation if AVR was implemented. [9] AVR would greatly increase the voter turnout in groups that have been historically less likely to show up to the polls.

Talking Points

- Implementing Automatic Voter Registration allows for there to be a streamlined approach to voter registration and a standardized guideline for every state.

- AVR implementation reduces discrimination and voter suppression, as everyone who is eligible can go to the polling areas without barriers.
- If AVR was implemented there would be an increase in participation, especially among low-income and minority populations, where oftentimes there is a lack of information on voting, and the most voter suppression occurs. [6]

Key Facts

- The U.S. is behind most OECD countries in voter participation largely due to poor voter registration. According to the U.S. Census, only 55.6% of the eligible voting population voted in the 2016 presidential election. [3]
- The country has a long history of voter suppression, starting with only allowing men to vote, and then restricting voting by race and socioeconomic status as well.
- As there is no standardized process, it can be extremely confusing for those who are not aware that they need to register. This conundrum is especially true for those in low-income and minority communities who are often the least informed about these measures.

Next Steps:

Implementing AVR would ensure that as soon as a person becomes eligible to vote (through citizenship or coming of age), they would be automatically registered

through interaction with government agencies. Examples of documents used could be social security cards, phone numbers, and birth certificates. AVR would limit barriers some face when trying to vote, and create a more inclusive voting process. A new system would have to be created to manage those who have been registered. Additionally, Congress must create a department within the Department of Justice to ensure that each state implements AVR in a standardized form across the country. [8]

Action Plan Snapshot

AVR can be implemented through four main steps. First, Congress must create an online database, containing information people have already given to the government while acquiring a license, applying for social security, applying for public services, etc. This information would be used to automatically register a voter. Registration should also be an opt-out system: an individual would be able to vote unless they opt-out of being automatically registered. The second step is to ensure that once a voter is registered, they are permanently registered in the state, and their registration moves with them if they decide to move to another state. When the voter updates their address with the DMV, Social Security Administration, or the Post Office, their voter information would update as well. [2] The third step is to create an online portal where those who are registered are able to access their registration records, see the location of their poll, and obtain any other information they may need to work. Not only does this portal complement AVR, but it also helps solve the broader voter

participation issue. The fourth step is to create a safety net in place to reduce the rate of risks. No matter how efficient and “foolproof” a system is, there are still bound to be mistakes. [4] Hence why states should also allow for same-day voter registration for those who were not registered on Election Day. Allowing same-day registration ensures that people are not paying the price for the government’s mistakes. There are many grassroots organizations and initiatives already working to tackle this issue. AVR has broad public support, so by working together with organizations to lobby the federal and state governments, the U.S. can equalize voting.

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Liquidating Frozen Assets of Russian Oligarchs to Aid Ukrainian Finances

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To improve Ukraine's flagging financial position, the United States Senate should pass an amended version of the Asset Seizure for Ukraine Reconstruction Act and transfer all proceeds from these liquidations to Ukraine in the form of conditional aid money.

Background

After seizing Crimea and instigating conflict in the Donbas in 2014, Russia expanded its invasion of Ukraine in February 2022. The ensuing conflict disrupted Ukrainian output, forced 6.6 million Ukrainians to become refugees, destroyed various critical infrastructures, and caused tens of thousands of Ukrainian deaths. [1] A joint assessment by Ukraine, the European Commission, and the World Bank in September estimates that \$349 billion will be required to rebuild the country. [2] A more pressing matter, however, is the continued operation of the Ukrainian government, which logs \$5 billion in deficit every month. [3] While a deal with many of Ukraine's foreign creditors has been struck to defer debt payment on \$20 billion of foreign bonds for at least two years, Ukraine's low net reserves of \$12.9 billion continues to threaten insolvency. [4, 5, 6]

Meanwhile, the Russian Elites, Proxies, and Oligarchs (REPO) Task Force, an effort between the US and many of its allies in Europe, Asia, and elsewhere, has seized over \$30 billion in Russian assets and financial accounts. [7, 8] This figure does not include liquidable possessions such as yachts and real estate. [7, 8] REPO has also frozen over \$300 billion of Russian Central

Bank assets. [7, 8] Large portions of these sums are frozen by allies in the REPO task force instead of the US. For central bank assets, the US itself only holds \$38 billion out of the \$300 billion total. [9]

Policy Idea

The Senate should pass an amended version of the Asset Seizure for Ukraine Reconstruction Act of 2022, which has already been passed by the House of Representatives. [10] After the bill is signed, the US should carry out auctions of all covered assets. Revenues should be diverted to Ukraine's government with transparency requirements attached. Simultaneously, the US should encourage allies in the REPO task force to liquidate seized Russian oligarchs' assets into aid for Ukraine.

Policy Analysis

While the Biden administration currently supports the passage of a law that would allow the transfer of sanctioned Russian persons' liquidated properties to Ukraine, the legality of such an unprecedented expansion of presidential sanction powers remains under debate. [11, 12] As such, it is likely that Russian oligarchs whose assets would be confiscated will litigate even after amendments to the bill that ensure

constitutional due-process protections are applied. The outcome of these legal proceedings will potentially create a precedent for the potential seizure of Russian central bank assets.

The passage and application of the Asset Seizure for Ukraine Reconstruction Act alone will likely not cover even Ukraine's monthly deficit of \$5 billion, as most frozen Russian assets are not held by oligarchs and are located outside of the US. [3, 9] Furthermore, the liquidation of oligarchs' assets can be time-consuming and legally challenging. Therefore, cooperation with countries participating in REPO is necessary to convert significant shares of oligarchs' wealth into aid for Ukraine's continued solvency and coordinate next steps, particularly the more lucrative seizure of Russian central bank assets.

A transparency requirement for Ukraine's disclosure of data on the use of the resultant aid money to the public is recommended to help build up Ukrainian institutions. Corruption is a major issue in the Ukrainian government, with the country ranking 122nd out of 180 in the Corruption Perceptions Index. [13] This requirement is also in line with the US' long-held focus on engaging with Ukrainian institutions and reducing corruption. [14]

Talking Points

- As a result of Russia’s escalation in February 2022, Ukraine’s government is at risk of using up the last of its reserves.
- Passing an amended version of the Asset Seizure for Ukraine Reconstruction Act can help convert the assets of those partially responsible for the war into financial support for Ukraine.
- While oligarchs will likely litigate against liquidation of frozen assets, the outcome of these legal proceedings can create a precedent for any future seizure of Russian central bank assets.
- Cooperation with allies and transparency requirements are necessary to gather large enough amounts of aid and limit corruption.

Key Facts

- Ukraine’s government suffers from a monthly deficit of \$5 billion while holding only \$12.9 billion in net reserves. [3, 6]
- The REPO Task Force was last reported to have frozen more than \$30 billion of oligarchs’ assets and roughly \$300 billion of Russian central bank assets. [7, 8]
- The Asset Seizure for Ukraine Reconstruction Act would allow the President to seize and liquidate any property or accounts valued over \$2 million of businesses and individuals associated with the Russian government. [10]

Next Steps

To become law, the bill must pass both chambers of Congress. While the House of Representatives already passed the original bill in April and a bipartisan group of Senators have indicated support for the bill in October, any adjustments made to the bill in the Senate would send the amended bill back to the House for a vote. [10, 15] While the House will likely also pass the amended version, it may mean another delay similar to how the bill has been held up in the Senate for over half a year at the time of writing. Therefore, in the short term, additional aid for Ukraine should come from US funds as usual. [16]

Action Plan Snapshot

While there likely is sufficient support in both houses and the executive branch to see the Asset Seizure for Ukraine Reconstruction Act passed, the bill has been held in the Senate since April without a vote due to concerns about legal precedents and lack of priority from Senate leadership. As the US heads towards split partisan control of Congress for the next two years, bipartisan bills may become more emphasized, granting a window of opportunity for the bill to finally attain a Senate vote. Fortunately, a group of bipartisan supporters for the bill in the Senate Foreign Relations Committee has recently emerged, composed of senators Jim Risch (R-ID), Sheldon Whitehouse (D-RI), Lindsey Graham (R-SC), Michael Bennet (D-CO), and Richard Blumenthal (D-CT). [15] These senators should be encouraged to prioritize the crafting of a companion Senate asset seizure bill and advocate for a vote in the

Senate after swift review and amendments by the Foreign Relations Committee.

If the Senate bill contains amendments such as transparency requirements like this policy advocates, then the bill will have to be voted on by the House of Representatives again. Since the House’s initial vote for the bill was overwhelmingly favorable at 417 yeas to 8 nays, it will likely be passed again if brought to a vote. [10] However, if the Senate fails to pass its version of the bill by January 3, 2023, when the 118th Congress is sworn in, the Senate bill will have to contend with a different Speaker and majority party, whose effects on the ability of the House to bring the bill to a vote remain unclear.

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EDUCATION POLICY

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Mandating Restorative Justice in New York State Schools to Reduce Inequity

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Exclusionary discipline frameworks disproportionately impact Black students throughout New York State and increase the likelihood of incarceration and disengagement. Mandatory implementation of a restorative justice curriculum in New York State schools is the first step to dismantle this crisis.

Background

In New York State, schools have the power to suspend students for “disruptive” offenses, defined as any interference with the classroom or the teacher’s authority. [1] These punishments can range from up to five days if administered by a principal to more than five if administered by the district’s superintendent. [1] These practices are an example of exclusionary discipline in which students are removed from the classroom setting (via suspension or expulsion) as a consequence of disciplinary infractions. [2] Exclusionary discipline disproportionately impacts Black students in New York, who make up 27.1% of the state’s population but account for over half of all school suspensions. [3] Additionally, Black students nationwide are given harsher punishments than their white peers and are more often subjected to disciplinary action for subjective offenses such as “disrespect” or “loitering”. [4] Having even one suspension is linked to a doubled risk of dropping out of high school, and attending schools with stricter exclusionary discipline practices is linked to a 20% increase in the likelihood of incarceration. [5, 6] Exclusionary discipline methods do not deter future misbehavior either. In fact, out-of-school suspensions increase the likelihood of more

severe incidents following punishment. [7] New York State has failed to recognize the importance of restorative justice methods (such as peace circles and mediation between perpetrator and victim, both of which originate from indigenous cultures in North America and focus on personal responsibility in lieu of immediate punishment) and, in having done so, continues to exacerbate existing inequities and forces students into cycle of incarceration.

Policy Idea

The New York State Education Department should mandate a restorative justice curriculum in its professional development programs for teachers, institute collaboration with community-based organizations to lead restorative practices in schools, and increase hiring of specialized coordinators for each school district in the state. Consideration of restorative justice practices should be mandated in the disciplinary process before the consideration of suspensions. To ensure consistency among districts, all professional development and coordinator training should adhere to similar frameworks, such as those set by the International Institute for Restorative Practices (IIRP). [8]

Policy Analysis

New York State is one of 29 states in the nation not permitting or requiring consideration of restorative justice models as an alternative to exclusionary practices in state education law. [9] Pennsylvania mandated restorative justice programming in professional development, and the results showed improved school climate and student-teacher relations alongside decreased suspensions following a pilot of an IIRP program [10]. Black and low-income students especially benefited from restorative programs, which shows how this helped shrink the suspension gap. [11] Some districts in New York, such as Brooklyn’s District 18, have also experimented with restorative justice practices through partnering with local nonprofits, hiring district coordinators, and providing educators with the knowledge and tools for using non-punitive discipline in the classroom. This program was met with great success, with suspensions decreasing by 19% despite increasing rates throughout other areas of New York City. [11] Nationwide, restorative justice programs are linked to improved attendance, reduced out-of-school suspensions, and reduced reported behavioral incidents. [12] By providing a more comprehensive

and understanding approach towards misconduct, schools can improve the learning experience without excluding students from the classroom environment. Issues linked to dropping out of school and incarceration can be prevented by addressing reasons behind misbehavior.

Talking Points

- Restorative justice is linked to improved attendance, reduced out-of-school suspensions, and reduced behavioral incidents. [12]
- Implementing restorative justice practices has potential links to closing the suspension gap, with pronounced reductions in suspensions for Black and low-income students. [10, 11]
- New York is one of 29 states without restorative justice in written law. [9]
- When a restorative justice program was piloted in parts of New York City, those districts saw decreased suspensions despite rising numbers everywhere else. [11]

Key Facts

- New York’s imprecise disciplinary codes allow suspensions for subjective “disturbances”. [1]
- Black students make up 27.1% of New York’s population, but make up over half of all school suspensions, and are often punished more harshly for less severe offenses than their white peers. [3,4]
- Higher rates of exclusionary discipline are correlated

with future academic disengagement, dropping out, and incarceration. [5, 6]

- Out-of-school suspensions do not lead to any learning or change of ways but rather make a student more likely to commit a more severe offense later. [7]

Next Steps

Due to the many benefits of and rapidly increasing need for more equitable discipline practices, restorative justice should be implemented in New York State law and policy as soon as possible. This implementation process may take up to 3-5 years and requires accountability on all staff and policymaker levels. [13] In addition, successful implementation requires some financial investment in coordinator employment, community partnerships, and professional development.

First, the New York State Education Department would hire an outside coordinator for restorative practices in each school and equip school staff members with the skills to introduce these practices in the classroom. Before the beginning of the 2023-24 school year, school districts should publicize the intentions and efforts of this initiative.

As the year progresses, data about the success of these programs will be collected and used to adjust methods used in coming years until a final curriculum is established.

Action Plan Snapshot

Before implementing restorative justice programs throughout New York State, NYSED (through the Student Support Services office and by the approval of the commissioner of

Education) should aim to produce a steady base for the growth of these programs. The Denver School-Based Restorative Practices Partnership provides examples of ways to scaffold this growth. [13] In the school year prior to the program’s launch, NYSED should require each school to hire a Restorative Practice (RP) Coordinator from a local community program with passion and expertise in constructive youth mediation and bias elimination. The community program should be chosen based on relevance to high-priority issues in the community, such as racial disparities or housing insecurity. The RP coordinator will be in charge of planning and leading activities such as discussion circles and student interventions, as well as maintaining a non-punitive school climate. In addition, NYSED should mandate the formation of a staff task force within each school (including but not limited to teachers, mental health staff, administrators, and special education representatives) to ingrain restorative justice as part of the school culture as opposed to a forced external influence. The RP coordinator should train the task force in leading mediation circles and creating a more positive climate. A media campaign describing the goals and benefits of restorative practices within schools should be employed at the end of the prior school year as well.

In the program's first year, there should be plenty of avenues for feedback from parents, students, staff, and community members in the form of focus groups and individual check-ins. Disparities in discipline should be tracked and recorded. At the end of each year, these records and qualitative

feedback should be compared to that of previous years. From there, NYSED (at meetings of the Board of Regents) and individual school districts can reevaluate the curriculum and adjust it to student and community needs.

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Implementing Financial Literacy Programs amongst Second Chance Pell Participating Schools in New York State

By Catherine Amburgey, ca397@cornell.edu

Given low financial literacy rates amongst incarcerated individuals and the need to prevent recidivism through responsible spending and job acquisition, New York State should prioritize financial literacy classes within correctional education.

Background

With approximately 573,000 inmates being released into the community each year, there is a necessity to prevent recidivism and promote job accessibility. [1] Correctional education is one of the largest factors in preventing recidivism, as incarcerated individuals who participate in educational programs are 43% less likely to return to prisons than those who did not. [2] Additionally, New York State spends about \$60,076 to incarcerate an individual for a year, meaning that education programs benefit taxpayers who are affected by the reduced re-incarceration rates derived from correctional education. [3]

Acknowledging the benefits of correctional education, the Obama-Biden Administration launched the Second Chance Pell Experiment where colleges are invited to provide higher education to incarcerated individuals. [4] In 2022, the Education Department added 73 Second Chance Pell sites, totaling in about 200 participating universities since the program's inception with 17 schools in New York State. [4]

Correctional education, however, is missing a crucial part of education: financial literacy classes. The Federal Bureau of Prisons

reported that the majority of the 18-65-year-old inmates missed out on the benefits of learning money management. [5] Considering the income levels of inmates are 41 percent lower than the American population's average income, there is a need to develop a financial foundation in order to exercise smart savings once released. [6]

Policy Idea

The Second Chance Pell Experiment participating universities of New York State should provide financial literacy classes for incarcerated individuals. The class would cover national standards for personal finance, including money management, spending, credit, saving, and investment. These classes would also provide lessons on entrepreneurship and bring in guest speakers. Additionally, there should be an individual advising component and group dialogue emphasis to the program, where incarcerated individuals can discuss personal stories and concerns.

Policy Analysis

With the difficulties of securing financial support for correctional education and mitigating housing conflicts, incarcerated individuals not only

face lower financial literacy but also more obstacles in understanding their financial standing. [8] Participating in the program would promote foundational knowledge and self-sufficiency to solve these issues in the future. [7]

The most essential groups for learning financial planning are younger inmates and incarcerated women who are reported to have lower knowledge of financial planning and more of a need due to future planning. [8] Considering that the demographics of the Second Chance Pell Experiment participating schools target these concern groups, the program can be especially effective. [1]

Incarcerated individuals often show distrust in banking systems and the administrative constraints of prisons, so hosting financial literacy classes in a university setting establishes credibility and positive engagement. [5] By highlighting the civic engagement capabilities of financial learning, participants can feel empowered to share their stories through group dialogue and be exposed to professional guest speakers who can provide new career ideas. [8]

Since incarcerated individuals are more than twice as likely to take out payday loans and

three times more likely to pawn items than those nonincarcerated, responsible spending is essential. [8] A recent study of inmates in Arkansas displayed a willingness to adopt financial literacy programs, as most offenders interviewed have never taken out a bank loan and many have never had a bank account [8]. Furthermore, financial educators can incorporate material on how addictions and compulsive behavior interact with financial management, thus inspiring positive habits and substance abuse treatment. [5]

Talking Points

- Younger inmates and incarcerated women benefit most from financial literacy classes and are targeted by the Second Chance Pell Experiment schools. [8]
- Financial literacy programs promote trust and knowledge in economic systems. [7]
- Collaborative education promotes civic engagement and lowers recidivism rates. [8]
- Financial literacy can help reduce inmates' anxieties about future planning. [5]

Key Facts

- New York State spends about \$60,076 to incarcerate an individual for a year. [3]
- Incarcerated individuals in educational programs are 43% less likely to re-offend. [2]
- Education programs benefit taxpayers who are affected by the reduced re-incarceration rates derived from correctional education. [3]

- Second Chance Pell Experiment provides higher education to incarcerated individuals in 17 schools in New York State. [4]
- Inmates missed out on the benefits of learning money management due to time spent incarcerated and the lack of sufficient programs within correctional education. [5]
- The income levels of inmates are 41 percent lower than the American population's average income. [6]

Next Steps

Due to the growing support for educating incarcerated individuals in New York and the increase in pell grants from the Biden administration, financial literacy programs should be implemented in Second Chance Pell Experiment participating schools as soon as possible. In order to actualize the implementation of financial literacy programs for incarcerated individuals, there needs to be a model that outlines the goals and classroom structure of the course. The model will describe a semester-long class that covers the topics of personal finance and entrepreneurship within a traditional lecture and discussion format. For the advising component of the program, professors and teaching assistants should provide personalized guidance to inmates on financial questions and be prepared to hold individualized meetings and office hour sessions. An outsider coordinator affiliated with the New York State Education Department and a supervisor from New York Correctional facilities should work in conjunction to oversee the

implementation of these programs. Each participating college should be proactive in reporting the successes and issues of the initiative, in order to see what methods should be adjusted or expanded.

Action Plan Snapshot

By first partnering with the 17 existing Second Chance Pell school sites in New York, financial literacy programs could be incorporated within the 2023-2024 school year. [1] Additionally, The Second Chance Pell Experiment will add new schools in New York by July 2023, providing more opportunities to expand financial literacy programs. [1] Considering the flexibility that each participating school is given in determining its class structure, each college has the freedom to decide what specific units and faculty members or guest speakers would be most beneficial. For instance, schools such as SUNY Potsdam, which have found success in their Sociology Baccalaureate Program, may involve faculty members of the sociology department in the financial literacy program. [9] By outreaching through surveys to determine what the existing incarcerated students want out of financial education and what each participating college can provide, the model can adapt to students' needs. Additional communication through emails and websites would be essential for inspiring more participation from professors and non-incarcerated students at the university. In terms of legislative actions, it is important to continue strengthening and improving the Second Chance Pell Experiment in order to offer more opportunities for the financial literacy program to expand. Considering that many

inmates have struggled with obtaining the financial support to even be eligible for incarcerated education, furthering the availability of Pell Grants to inmates would be essential for offering more opportunities.

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Amend the Every Student Succeeds Act to Reduce Chronic Absenteeism in K-12 Schools

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To battle the chronic absenteeism crisis in U.S. K-12 schools, the U.S. Department of Education should amend the Every Student Succeeds Act to include chronic absenteeism as an accountability measure in statewide ESSA systems.

Background

As the pandemic disrupted education for children nationwide, a hidden crisis in American education was also worsened: chronic absenteeism. Although states have different thresholds for chronic absenteeism, the U.S. Department of Education's is if students miss 10% of school, which is 18 days out of the standard 180 days a year. [1, 2] Prior to the pandemic, around 8 million students were chronically absent. This number doubled in the 2021-2022 school year to 16 million, which, according to the Hechinger Report, means that "1 out of 3 public school students were chronically absent during the second full school year of the pandemic where most children were learning in person". [1] The sharp increase in chronic absences occurred simultaneously with significant declines in academic performance. [3] Data from the National Assessment of Educational Progress (NAEP) showed the largest drop in decades in English and Math scores, 5 points and 7 points respectively. [4] The causes of chronic absenteeism generally include academic, family, and school community issues. chronic absenteeism has been found to have severe adverse effects on student achievement, well-being, and graduation rates. [3] It also

disproportionately impacts economically disadvantaged and minority communities. [4] Since the pandemic, chronic absenteeism has skyrocketed, and without accurate attendance collection and evidence-backed interventions, a whole generation's education will forever be interrupted.

Policy Idea

The U.S. Department of Education should enforce the expansion of S.1177, Every Student Succeeds Act (ESSA), to mandate chronic absenteeism as the fifth accountability measure in statewide ESSA systems to measure school quality or student success. Additionally, the U.S. Department of Education should provide guidelines to states to standardize daily attendance reporting and standardize thresholds for what counts as a full day of attendance so that there are no data discrepancies between states. The Department of Education would also encourage states to utilize the attendance data collected to create non-punitive intervention methods for chronically absent students.

Policy Analysis

The ESSA currently requires every state to choose a minimum of five ways to measure school performance. The first four are

academic indicators that are mandatory: kindergarten readiness, access to and completion of advanced coursework, college readiness, and discipline rates. [5] The fifth measure must be a way to measure school quality or student success. [5] By mandating chronic absenteeism as the fifth measure to measure school quality or student success, states can gather better data regarding daily attendance and absences. Administrators can analyze accurate data on chronic absenteeism and identify students who need extra support and then engage in personalized interventions. [4] Early warning indicator systems combined with additional support initiatives have proven to be effective in reducing chronic absenteeism. [6] For example, in Chicago, early warning indicator systems combined with the schools' follow-up support successfully reduced chronic absenteeism among Chicago students across the school district. [7] The on-track status of 9th-grade students rose nearly 30 percentage points. [7] Additionally, a 2017 study between the National Center for Education Evaluation and Regional Assistance, American Institutes for Research, and Midwest Dropout Prevention Research Alliance examining the impact of early warning indicator

systems found that the program reduced chronic absenteeism by 10-14 percent. [8] Right now, daily attendance is required in just 31 states and the District of Columbia, which leads to notable data gaps on a federal level. [6] Furthermore, different states have different attendance thresholds, leading to data inconsistencies. [4, 6] The inaccurate and inconsistent data ultimately affects the funding that these schools receive, so it is incredibly vital that accurate and standardized data is collected so that the necessary funding for schools to enforce effective chronic absenteeism interventions can be distributed.

Next Steps

If implemented, this policy would allow for the existing chronic absenteeism data collected by the Every Student Succeeds Act to be more accurate and reliable, as there would then be proper standardization. However, in order to promote further coordination on the local, state, and federal levels that is necessary to raise awareness and combat chronic absenteeism, there also needs to be collaboration on leveraging the data to create community-oriented strategies. The best method to get local communities involved with chronic absenteeism intervention is to leverage chronic absenteeism information on local and state report cards to serve as a community accountability system to ensure states and schools make progress on chronic absenteeism. Beyond data collection, further incentives should be introduced to schools for them to collectively move past traditional punitive practices in handling chronic absenteeism and follow the

examples of successful community-based intervention initiatives.

Talking Points

- The current significant data gaps on the federal level in daily attendance reporting can be remedied by mandating the collection of daily attendance data through ESSA.
- Accurate data on chronic absenteeism is critical to successful interventions for struggling students and the eventual reduction of chronic absenteeism.
- In the past, chronic absenteeism data has been successfully utilized to create effective interventions for struggling students, whether it is in the form of early warning indicator systems or other initiatives.
- Inaccurate attendance data negatively impact not only students but also schools, as attendance data influence the funding schools receive.

Key Facts

- Chronic absenteeism has always been a hidden crisis in the American education system as, prior to the pandemic, the number of students who missed at least 18 days of school a year was around 8 million.
- In the 2021-2022 school year, 16 million students were chronically absent, meaning that 1 out of 3 public school children was chronically absent.
- The increase in chronic absenteeism also resulted in a significant decline in

academic performance, as the National Assessment of Educational Progress (NAEP) recorded the largest drop in decades in English and Math scores, 5 points and 7 points respectively.

Action Plan Snapshot

After ensuring the collection of accurate chronic absenteeism data by making chronic absenteeism the fifth accountability measure under ESSA, it is then critical that schools and states are held accountable to act. In order to most effectively address chronic absenteeism, states and school districts should analyze relevant data while also seeking stakeholder engagement in the creation of state ESSA plans. For example, a notable organization to include is Attendance Works, a state and national initiative centered on building public awareness and political will to address chronic absenteeism. Other potential partners to include are local and state advocacy groups, teacher's unions, and state chapters of organizations such as National PTA, National School Boards Association, and Association of School Administrators. The health and public health sector stakeholders, such as the American Academy of Pediatrics and the National Association of School Nurses, should also be looped in for input on addressing any health-related causes of chronic absenteeism. The inclusion of key community stakeholders combined with analysis of accurate chronic absenteeism data would be essential in effective and collaborative initiatives addressing chronic absenteeism. Additionally, the creation of a coalition between

communities, schools, and school districts ensures a community-centered approach to addressing chronic absenteeism, which would indicate a successful shift from the ineffective traditional punitive measures that have historically not been effective in preventing chronic absenteeism from increasing.

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ENVIRONMENTAL & TECHNOLOGY POLICY

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Nationalize PG&E: Combat Costs and Climate Change for Californians

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In order to combat Pacific Gas and Electric's (PG&E) notorious profiteering, corruption, and negligence, the State of California should nationalize PG&E to reduce ratepayer burdens, prevent wildfires, and prepare for a green energy revolution.

Background

PG&E knew its power infrastructure was outdated: internal documents show its average 68-year-old electricity towers were well past their recommended lifespan. [1] Despite this knowledge, PG&E neglected infrastructure upgrades. Money that could have saved countless Californians' lives instead made Patricia Poppe the highest-paid American utility CEO at \$50 million in 2021. [2, 3]

Between 2017 and 2022, PG&E's decaying infrastructure has caused 31 wildfires that burned 1.5 million acres of land, destroyed 24,000 buildings, and killed 113 people. [4] Then, PG&E began to carelessly induce rolling blackouts that "disproportionately affect[ed] elderly, medically dependent and low-income individuals". [5] In 2019 alone, PG&E cut power to over 2 million people in California under the excuse of wildfire prevention. [5] Consequently, 2019's power shutoffs are projected to cost California over \$2 billion in economic damage. [6] PG&E then hit struggling Californians with a 14% rate hike in Q1 2022 and has plans for increases through 2026 – all as it recorded a \$475 million profit, quadruple the previous year's. [3]

The current government of California is complicit in PG&E's

crimes: Governor Gavin Newsom recently created a \$21 billion liability fund, financed by ordinary Californians through rate hikes, that PG&E can dip into whenever it's found liable for burning down communities. [7] PG&E is an institution that gives Californians nothing besides wealthy CEOs, expensive prices, and devastating wildfires.

Policy Idea

The State of California should nationalize PG&E into a new public agency, CalPower. CalPower would support most of Northern and Central California's energy needs. As a not-for-profit agency, CalPower would charge the minimum rates necessary to operate. Using state funding, it would be obligated to fireproof current transmission lines and create a smart grid, since energy infrastructure would be a public good. Furthermore, CalPower would maintain and build low-carbon power production facilities. CalPower's service area would be divided into 16 districts, each electing a nonpartisan member to CalPower's board.

Policy Analysis

CalPower would offer substantially cheaper rates than PG&E. Precedent from across the United States demonstrates that

government-owned power companies are financially superior to privately-owned utilities. In the Southeast, the New Deal-era Tennessee Valley Authority (TVA), a federally-owned company, decreased electricity rates in 2021, sustained itself financially, and had "half of the carbon footprint of its neighboring utilities". [8] In California, a similar dynamic is seen. Silicon Valley Power (SVP), a city-owned utility, takes an average of 86 minutes to restore power, in contrast to neighboring PG&E's 288 minutes – all while SVP rates are 48% lower than PG&E's. [9]

Moreover, CalPower would considerably reduce the wildfire risk that PG&E currently poses. PG&E's profit motive disincentivizes necessary upgrades like power line burial and path clearing, causing more trees to fall on transmission lines and spark wildfires. [10] In contrast, CalPower, unhindered by investors, would implement the necessary safety measures like line burial which stop massive, destructive wildfires from occurring. In addition, democratic pressure on CalPower's elected board would motivate them to take actions that prioritize the well-being of Californians.

Lastly, CalPower would be more climate-friendly than PG&E. For example, government-owned

public power companies like the aforementioned TVA receive 40% of their energy from renewables on average, compared to only 17% for the entire sector. [11] Removing the profit motive and shareholder pressure and increasing access to extensive government funds will allow CalPower to make investments in green power and smart grid infrastructure that are critical for decarbonization. [12]

Talking Points

- Private companies value profit above all else – meaning for electric utilities like PG&E, public safety is sacrificed, and devastating wildfires are sparked. [10]
- Public utilities charge half as much for electricity and have blackouts that are only a third as long compared to private utilities like PG&E. [9]
- Publicly-owned utilities generate twice as much energy from renewable sources than the energy sector as a whole. [11]
- Publicly-owned utilities are more responsive to their community needs – CalPower would be a strong renewable energy partner and work harder to prevent wildfires. [12]

Key Facts

- PG&E was the #1 lobbyist in California, spending \$10 million to influence the state government in 2018. [13]
- PG&E caused the world's most expensive natural disaster in 2018, the Camp Fire, causing \$16 billion in damage and killing 85 people. [14]

- PG&E increased rates on struggling Californians – all while its CEO got a \$50 million payout and it made half a billion dollars in profit. [3]
- PG&E has unchecked access to \$21+ billion of California taxpayer money to cover its liabilities from various wildfires that have burned down communities. [7]

Next Steps

PG&E's nationalization into CalPower should occur now— both climate change and wildfire prevention are time-sensitive issues that warrant immediate action. The State of California's Fiscal Year 22-23 budget included a nearly \$100 billion budget surplus, which is more than enough to buy out PG&E whose average market capitalization over the past five years is around \$18 billion. [15, 16] A special election for CalPower's governing board should thus be called immediately, so operations can quickly begin upon completion of the buyout. Regular elections of the board can coincide with the quadrennial gubernatorial elections, beginning in 2026. The two focal points of CalPower should be power line modernization/burial and the construction of more green power production. Speed and urgency are critical, especially for power line burial. High-risk lines should be identified and either replaced or buried prior to the start of 2023's peak fire season in July. [17]

Action Plan Snapshot

PG&E's extensive influence in California politics necessitates a public pressure campaign to achieve nationalization. [13] This campaign will target Governor Newsom,

outgoing Assembly Speaker Anthony Rendon, incoming Speaker Robert Rivas, Senate President pro Tempore Toni Atkins, the California Democratic Party, and state legislators whose votes are needed to nationalize PG&E. [18] Newsom, the most powerful target, has expressed pro-nationalization sentiments in the past, so this campaign must hold him to his words. [19] Members of a pro-nationalization campaign, detailed below, can use traditional and social media influence alongside their ability to draw large crowds at potential rallies or protests to mobilize Californians towards nationalizing PG&E.

Many high-profile politicians support nationalization and can help galvanize public support. Senator Bernie Sanders, who campaigned on nationalizing all energy, swept the 2020 California Democratic primary. [20, 21] Potential Californian pro-nationalization allies include Congressman Ro Khanna, San Francisco Mayor London Breed, and State Senator Scott Weiner. [22, 23]

Community organizations can provide grassroots support from influential, active, and well-connected citizens. Many chapters of the Democratic Socialists of America support nationalizing PG&E, and other environmental groups like Sunrise Movement and Sierra Club California have the potential to support nationalization. [24] Organizations in wildfire-prone areas including HOAs, local political parties, and other advocacy groups should also be courted for support.

Public utility coalitions such as the Northern California Power Agency, California Municipal

Utilities Association, and American Public Power Association can lobby lawmakers and help convince the public on nationalization. [25, 26, 27]

Unions must be brought on board for a nationalization campaign. PG&E workers are primarily represented by IBEW Local 1245 and ESC Local 20. [28, 29] IBEW 1245 opposes San Francisco's plan to take over local PG&E infrastructure, but they “do not at all oppose public ownership in principle” – making them valuable allies in a nationalization campaign. [30] Nationalization advocates should collaborate with both unions and non-union workers.

If a public pressure campaign initially fails, alternative action can be taken. The above coalition can pressure Newsom with a recall in 2023 if he opposes nationalization, challenge Newsom and other unfriendly politicians in the 2024 elections, or support a ballot measure to nationalize PG&E in the 2024 election. PG&E's large political spending makes a ballot initiative difficult, but not impossible.

If PG&E is successfully nationalized and California's people benefit, a similar campaign could be used to nationalize Southern California Edison and San Diego Gas and Electric, the other major California electric utilities. [31]

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Why a Modern-Day CCC Is What America—and the Climate—Needs

By Luke Whoriskey, plw54@cornell.edu

To address climate change, policymakers should create a modern-day Civilian Conservation Corps (CCC) that would implement green infrastructure and ecological restoration projects, stimulate the economy, and create good jobs for thousands of young Americans.

Background

Evidence of environmental flux and damage—flash floods, wildfires, and droughts—has become persuasive enough that two-thirds of Americans want the government to do more to address climate change. [1] Unfortunately, calls for action have been stymied as divided lawmakers struggle to enact meaningful climate legislation.

The consequences of inaction are clear: the number of wildfires on the West Coast doubled between 1984 and 2015. [2] Global wildlife populations decreased by more than two-thirds in the last 50 years. [3] Perhaps more alarmingly, experts predict there to be 1.2 billion climate refugees by 2050. [4] If these trends continue, costs relating to national security, ecosystem changes, and infrastructure repair will impose harsh economic realities on American citizens.

The economic impacts of climate change are already visible, but policymakers are underestimating the extent of the damage. A recent study by *Nature* found that the social cost of a metric ton of carbon dioxide is \$185 – over three times the federal government’s current figure. [5] The social cost of carbon accounts for the total damage produced by one extra ton of carbon dioxide emissions. [6] Crop failures,

infrastructure repairs, and temperature-related hospitalizations are all included in this final price tag. Recent presidential administrations have drastically underestimated the social cost of carbon, which has limited lawmakers’ ability to take effective action. Without an accurate understanding of the cost of carbon emissions, policymakers lack sound information to guide cost-benefit calculations concerning climate legislation. These miscalculations undersell the effect climate change has on the U.S. economy.

Policy Idea

A modern-day CCC would differ from its New Deal predecessor in that it would hire a diverse group of applicants and tailor its projects to today’s most pressing environmental concerns. Employing CCC workers to increase reforestation, reinforce ecosystems, and implement green infrastructure will make communities more resilient to the costly effects of climate change. Initiatives would span the entire country and be coordinated across federal, state, and local levels to ensure that the most urgent needs of individual communities are met.

Policy Analysis

A modern-day CCC would provide myriad environmental, economic, and social benefits to the

U.S. A 2022 Deloitte Economic Institute study found that “insufficient action on climate change could cost the U.S. economy \$14.5 trillion in the next 50 years,” a figure that does not account for future climate-related costs that cannot yet be foreseen. [7] A modern-day CCC could mitigate these costs without sacrificing economic health and might even bolster the economy. With the modest \$10 billion investment that President Biden proposed just last year, a modern-day CCC could employ between 10,000 and 20,000 workers. [8] Young people could be put to work, increasing consumer spending and stimulating economic growth.

A modern-day CCC would be well-equipped to handle an array of environmental tasks. Wildfire frequency can be reduced through prescribed burns and other forest management techniques. [9] Wetland restoration can safeguard coastal communities from storm surges and boost biodiversity through habitat protection. [10] And implementing green infrastructure—permeable pavement, green roofs, and urban tree canopy—can reduce urban heat island effects and mitigate pollution. [11] Across the United States, pressing environmental problems can be ameliorated by the

labor a modern-day CCC can provide.

Small-scale conservation corps around the United States, such as the Mile High Youth Corps in Colorado, have already proven effective. By rallying young volunteers to combat wildfires ravaging the West Coast, the program protects communities from climate change while drawing young people – especially women and POC – into well-paying, environmentally focused careers. [12]

Talking Points

- Investment in a modern-day CCC is far less expensive than future climate-related costs resulting from inaction, according to a 2022 study. [7]
- With the modest \$10 billion investment that President Biden proposed just last year, a modern-day CCC could employ between 10,000 and 20,000 workers. [8]
- A modern-day CCC is capable of combatting climate change on a multitude of levels – forest management, wetland restoration, and infrastructure improvement – making it the ideal means to ameliorate climate change.

Key Facts

- Two-thirds of Americans think the government is doing too little to address climate change. [2]
- Global wildlife populations decreased by more than two-thirds in the last 50 years,

wildfires in the western United States have doubled between 1984 and 2015, and experts predict 1.2 billion climate refugees by 2050. [2][3][4]

- Studies show the social cost of a metric ton of carbon is over three times the U.S. government’s figure. [5]
- A 2022 Deloitte Economic Institute study found that “insufficient action on climate change could cost the U.S. economy \$14.5 trillion in the next 50 years.” [7]

Next Steps

Congress should approve at least \$10 billion in funding for a modern-day CCC to tackle climate change on multiple levels and improve the nation’s infrastructure. The program will be managed jointly by the Department of the Interior and the Department of Agriculture, which will coordinate with state and local governments to understand the unique environmental challenges that each community faces. Workers and funding will be deployed depending on the scale and urgency of the issues being addressed.

Action Plan Snapshot

The most challenging obstacle for a modern-day CCC is financing. Ideally, funding would come from tax revenues generated by a carbon tax, or, on a smaller scale, from the money saved by ending tax subsidies for oil exploration. According to Professor Shi-Ling Hsu from Florida State College of Law, a carbon tax isn’t a detriment to economic health. As Shi-Ling Hsu points out, one carbon tax in British Columbia, Canada,

reduced greenhouse gas emissions without hindering economic growth [13]. A similar model can be employed in the United States to raise money for a modern-day CCC.

Once funding has been arranged, the modern-day CCC would be administered jointly by the Department of the Interior and the Department of Agriculture, with coordination from local leaders who would communicate the changes citizens would like to see in their communities. Applications for CCC support would be reviewed by a committee housed by the Department of the Interior and the Department of Agriculture. The committee would evaluate applications and determine the scale of support necessary to build resilience to climate change.

For a modern-day CCC to be enacted, it must gain favor from interest groups and ultimately, bipartisan support from members of Congress. Some of this is already underway, as Senators Chris Coon and Martin Heinrich and Representatives Joe Neguse and Abigail Spanberger have introduced CCC legislation with President Biden’s support. [14] From this starting point, advocates can leverage the legitimacy that comes from congressional support to rally environmental interest groups such as The Nature Conservancy, Greenpeace, The Environmental Defense Fund, and other interest groups. Collin O’Mara, the president and CEO of the National Wildlife Federation, has already expressed his support for a modern-day CCC. [15] In addition to environmental interest groups, a modern-day CCC must seek support from labor unions such as the AFL-CIO and LIUNA to build a broad

coalition capable of producing real change.

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HEALTHCARE POLICY

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Increasing Government Funding and Involvement in Remote Areas to Promote Healthcare Accessibility

By Navya Chamiraju, nc548@cornell.edu

There is a lack of healthcare resources and providers in rural parts of states across America. To help promote accessibility of these resources, the New York State government should provide financial incentives to hospitals or companies who achieve high physician recruitment and retention rates at their rural locations.

Background

There are significant differences in the quality, availability, and usage of healthcare services in rural or remote areas in America compared to more populated areas. Access to healthcare for preventing disease and avoidable deaths and increasing quality of life is necessary, but rural residents often encounter various barriers due to inadequate access and no financial means. [1] Bringing and maintaining healthcare services in these rural areas is an inherent struggle, as there are limited opportunities for growth and development there due to the sparse populations and lack of resources. [2] As a result of the lack of healthcare resources and physicians, rural residents have also been reluctant to accept healthcare services, as they have no confidence in their healthcare providers to give them quality and proper treatment. [1] The lack of resources can be detrimental at times, threatening the lives of patients in case of pregnancy or those that are in need of other obstetrics services. [3] In a study from 2017, about 54% of rural counties nationally did not have hospitals that have obstetric services, meaning some residents had to travel up to 200 miles to receive proper medical attention. [2]

For example, in Wheeler County, there are about 1,400 residents, but there is not one psychiatrist and patients have to travel around 70 miles to get any sort of medical attention. [4] To prevent unnecessary deaths and harm, there needs to be greater initiatives taken to provide holistic general care, including surgical and non-surgical, for all residents no matter their area of residence.

Policy Idea

The State of New York should provide state-issued subsidies to hospitals with high physician recruitment and retention rates in rural areas. Through involvement of the New York State Government, companies can establish centers in upstate and greater New York or allocate more time and resources towards the more rural communities since they would receive subsidies and experience less of a financial loss. With this greater allocation of resources to rural areas, companies and hospitals will create greater internal staff incentives to entice and retain physicians and resources. This tactic would reap the benefits for the businesses, the physicians, and the citizens of these areas, helping promote the quality and

availability of healthcare for rural US residents.

Policy Analysis

There are a few complex factors that determine the retention of physicians and resources in rural areas. These factors include financial incentives, growth and opportunity, working and living conditions, and the personal and cultural aspects of the area. [4] With the financial motivation for hospitals to recruit and retain physicians, hospitals will work to create an inclusive and beneficial environment for various stakeholders including physicians, medical staff, and technicians to migrate to more rural areas and establish their practices. Public or government-affiliated hospitals and medical schools can also financially incentivize physicians to match rural programs to pay for medical school tuition or receive living benefits during residency and practice. These types of practices were implemented in California, Oregon, Colorado, and Minnesota with success. [5] In Minnesota, two out of three graduates from the University of Minnesota Medical School went on to practice in-state with over 40% of the entire class choosing rural locations. [5] A similar statistic can be seen with the

University of Colorado medical school with 35% of graduates practicing in rural locations since the start of the program. [5] With a financial incentive, hospitals and medical schools can also successfully create pipelines for students from rural areas to return to those areas to serve their communities as seen with the FARM program in University of San Diego or the program at the Oregon Health and Science University School of Medicine. This program allowed students to rotate at rural locations during their education to better understand the lifestyle.

With this program and many like it, there were high retention rates of physicians in the local rural areas since many medical students had more guidance and mentorship through the whole process by choosing these specialized programs. This trend can be seen at the University of Colorado and Minnesota and also Stanford University where about 30-45% of students applied to the program due to the rural specific tracks and later practiced in rural and resource scarce areas after graduation. [5] Medical schools and residencies can also specialize in rural medical training and onboarding with the extra financial resources they receive to further prepare their students and boost the percentage of physicians available in rural areas increases over time. The ability to retain the resources and help is mainly reliant on financial incentives and fostering an inclusive environment in rural areas to help prepare the physicians to better assimilate to professional demands in rural areas so that they can better provide for their patients.

Talking Points

- Two out of three graduates from the Rural Physician Associate Program at the University of Minnesota Medical School have gone on to practice in that state with about 40% of them practicing in rural areas due to programs that allow the exploration of rural medical practices. [6]
- About 35% of the University of Colorado Medical School's rural track graduates are now practicing in rural communities, increasing the number of physicians in rural areas in-state. [5]
- Medical school application rates increased for the University of San Diego, as over 50% of their Class of 2023 applied to the program to be a part of FARM, which gives medical school students an opportunity to rotate in rural communities in the state. [5]

Key Facts

- Out of the 7,200 federally designated health professional shortage areas, three of out five are in rural regions. [6]
- 11% of physicians practice in rural areas even though 20% of America's population resides in these areas. [5]
- In a study published in September 2017 by researchers from the University of Minnesota School of Public Health, about 54% of rural counties in the state did not have a hospital with obstetric

services and other specialties. [6]

- Patients often travel 70 miles or farther in rural areas such as Wheeler County. [5]
- Medical school matriculants from rural areas that go back to practice in these areas have declined by 28%. [5]

Next Steps

These programs should be implemented throughout rural communities and spread from the western coastal states to the rest of the US. In the State of New York, similar programs should be implemented throughout the state instead of at specific schools. These programs would entail recruiting medical school students from rural areas in the state and providing financial assistance for medical school after being admitted to a program that places a greater percentage of graduates in rural residences. The hospitals to which these matriculants match will be partners of the program and the medical schools and will receive funding to continue the program and support the schools. With the availability of these programs and hospitals throughout the state, more residents will be able to readily access these programs and learn about them earlier in their career path, which can increase the return rate of matriculants. There are currently programs at the University of Buffalo, Upstate Medical University, and Columbia University. These programs, however, are extremely selective or only cover general internal medicine practices. Standardized programs and benefits need to be implemented by hospitals and medical schools to incentivize medical school applicants,

matriculates, and physicians to move to and practice in more rural areas. The state can implement these programs through the subsidies they provide to the schools and hospitals that enroll in the programs and have a certain percentage success rate for matriculants finishing their residencies in a rural hospital setting.

Action Plan Snapshot

Through advocacy from retiring physicians in rural areas and residents in rural areas, local or state financial incentives should be implemented and catered towards hospitals and medical schools in order to help promote the development of programs focused on medical practice in rural areas. With the help of the Rural Physician Group and other interested parties and promotion of the programs through various social media platforms and campaigns, legislation that incentives rural physicians programs can be introduced by state representatives. The Rural Physician Group is a physician network of rural-focused hospitalists, surgicalists and APPs that work to help bring resources and support to rural hospitals to

help them meet the needs of the community. [7] With the help of such a focus group and other interest parties such as National Rural Health Association, campaigns for the policy can be set up in both rural and urban locations. These campaigns would help raise support for higher taxes for the subsidy to pass and be applied to the schools and hospitals. With the large physicians network these groups hold, a campaign can be set up to advocate for health equity and could focus on future medical students and doctors, as job opportunities and medical school seats would increase with financial assistance to help support the programs.

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Prepare Accordingly: Mandating Alzheimer's Disease Screening for Medicaid Beneficiaries Over 50 in New York State

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The State of New York should offer Medicaid reimbursement for Alzheimer's disease screening such as cerebrospinal fluid-based (CSF) tests for residents 50 years old and above, a population at high risk with rising incidence of the disease in the U.S.

Background

Alzheimer's disease (AD) is one of the leading causes of death in the U.S., especially among Americans 65 years and older. [1] As a progressive neurodegenerative disorder that causes memory loss and cognitive dysfunction, AD begins as neuronal damage that eventually causes impairment in emotional and cognitive behavior. [2] The Center for Disease Prevention and Control (CDC) reports an expected growth in the number of those diagnosed with AD from a current figure of 6.5 million to 13.9 million by 2060. [1, 14] Studies show that minority populations are twice as likely as white populations to develop AD and that such AD risk for minorities is to double by 2050. [3] AD risk is also shown to be inversely related to household income. [4]

Though the FDA has approved breakthrough therapies such as Aduhelm (aducanumab), healthcare is still far from being able to properly treat AD patients with most only surviving 4 to 8 years post-diagnosis. [5, 6] Researchers have focused on finding screening methods to identify the onset of disease before irreversible brain damage occurs. [7] Being able to diagnose AD in

early stages is critical in countering the high rate of the disease among older Americans. [5] PET scans have consistently been an effective method in AD diagnosis, but cerebrospinal fluid (CSF) blood tests such as PrecivityAD have been shown to be a more effective biomarker. [8]

Policy Idea

New York State should include AD screening options, specifically CSF testing, in their Medicaid plan for beneficiaries 50 and older to be reimbursed rather than requiring patients to pay for this service out of pocket. This policy will help initiate regular testing for neurodegenerative diseases and therefore treat patients more effectively in early-stage AD. With an aging population, AD is affecting an increasingly large proportion of the elderly population, and prevention-based measures should be in place in Medicaid to counter the rising incidence of the disease.

Policy Analysis

Treating patients during the early-stage of AD is more effective in treatment, possibly even reversing the severe developmental consequences that occur with later-

stages of the disease. [5] With the current Medicaid plan not covering any testing for AD, many individuals are deterred from screening. This is further exacerbated by the high costs of administering an amyloid PET scan, which can be up to \$5,000, more than ten-fold that of CSF testing. [13] This policy will reduce the financial burden entirely, increasing incentives for patients to be screened annually. [8] Furthermore, the screening would be easily accessible due to the simplicity of administering a blood test. Patients will not have to travel far to facilities to be screened as with PET scans, increasing the likelihood that eligible patients will regularly screen.

Long-term care for AD patients is predicted to reach an aggregate 1 trillion dollars in the U.S. by 2050, which is significantly greater than the costs for annual CSF testing, which would only incur about \$194 per test. [5, 8] A larger emphasis on preventative testing would reduce finances related to long-term care for AD patients, as Medicaid currently spends 74% of spendings on nursing home care for the elderly, many of whom have AD. [9] The policy would lower the sharp

increase in Medicaid spending since 1980, which is 16% of total U.S. medical spending. [9] By lowering costs related to nursing-home care for the elderly with Medicaid, funds can be allocated to other avenues or to increasing the number of Medicaid enrollees.

Talking Points

- Alzheimer’s disease is one of the leading causes of death in the U.S. among the elderly population, yet Medicaid does not cover preventative screening options.
- Though PET scans have long been the prime screening method for AD, cerebrospinal fluid (CSF) such as PrecivityAD has proven to be a more effective biomarker. [8]
- With no screening methods included in the current Medicaid plan, elderly beneficiaries should have access to testing options such as CSF without any financial burden. [5, 8]

Key Facts

- The CDC projects the growth of Alzheimer’s disease incidence to 13.9 million by 2060. [1]
- The projected growth of AD should be addressed, as long-term care facility costs for AD patients are predicted to reach 1 trillion dollars in the U.S. in 2050, far exceeding the cost of annual screenings. [5, 8]
- CSF testing only incurs \$194 per test per individual, which is much more cost effective than other screening options. [5, 8]

Next Steps

Medicaid reimbursement is critical for identifying patients with AD before further advancement of the disease, especially among a population that is at high risk for neurodegenerative diseases. [4] Toward this end, the Assembly Health Committee of New York State should be informed and prompted to take action in providing reimbursement toward AD testing. [10] Leading AD organizations in NYS such as Alzheimer’s Association (New York State Coalition) should garner support for the cause by informing citizens of the pertinent issue and raising awareness for the importance of prevention-based testing for a late-onset disease like AD. [11] With increased attention to the cause, NYS legislators should be prompted to take action toward advocating for this cause.

Action Plan Snapshot

The first steps to generating support for this cause are to communicate with organizations dedicated to AD patients and research and find ways to inform NYS residents about AD and its projected trends in the coming decades. This initiative is especially important for those who are eligible as a part of Medicaid, so that they are able to take advantage of the newly available testing resources and immediately receive AD treatment if necessary. It is also helpful to reach out to members of the Assembly Health Committee to stress the importance of prevention-based care for neurodegenerative diseases like AD and raise awareness for the cause. Through lobbying efforts, AD-focused organizations could explain that

though the testing may seem like a heavy up-front investment, approaching AD with prevention-based testing would reduce cases of later-stage AD, which would lower the AD mortality rate and Medicaid spending. [9] Especially as the New York FY23 budget expanded Medicaid eligibility for older adults and people with disabilities, NYS seems to be very dedicated toward improving health access and equity, increasing the likelihood for this bill to be passed. [12]

Once the bill is passed, primary care clinics and community organizations dedicated to Alzheimer’s Disease will have the relevant CSF testing equipment available for Medicaid patients to drop in. Relevant Medicaid beneficiaries will have the opportunity to test annually for any potential signs of the disease. The prospective impact of preventative medicine is more effective than expected, as it has the potential to counter the rising AD trend and lower Medicaid spending.

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Community Resource Distribution in Tompkins County - A New System of Care

By Madeline Lei, mzl22@cornell.edu

As Cornell Cooperative Extension's "Student Resource Navigator" public health program is newly established and operates remotely, the program can improve its long-term outreach and sustainability by incorporating an in-person student presence.

Background

Social determinants of health (SDOH)—essential needs such as food, housing, and transportation—are critical to patient health. Studies have found these social and environmental factors to account for nearly 70 percent of all health-related outcomes. [1] Despite existing community resources, there still exists a persistent gap between program eligibility and application. For example, in Tompkins County, only about 53% of eligible individuals are enrolled in SNAP, and only 31-40% of eligible women and children are enrolled in WIC. [7] These gaps present a significant issue, as those who lack these essential resources are more than 50 percent more likely to experience medical conditions such as diabetes and heart failure. [4]

Tompkins County's Cornell Cooperative Extension (CCE) has put in effort to develop a new public health program in collaboration with OB-GYN & Midwifery Associates of Ithaca (OB-GYN) and Cayuga Medical Center (CMC) to address programming gaps. In this program, students act as "resource navigators" directing patients to resources of need via phone call. Student Navigators refer OB-GYN patients to a diverse set of resources, spanning childcare,

translation, transportation, and more. [4] As OB-GYN is the standalone office in Upstate New York, the office currently faces an influx of patients that need more holistic care. Given this is a novel program, steps are needed to ensure the program is sustainable in the long-term, and that its programming can holistically address patient needs.

Policy Idea

To develop long-term sustainability of CCE's new public health program, steps should be taken to develop trust between student navigators, actual medical workers in OB-GYN, and patients in Tompkins County. An awareness program, with components such as an in-person student presence within the office as well as biweekly Health Fairs in the Ithaca Commons, can help patients navigate application requirements and reach more patients in need within Tompkins County.

Policy Analysis

Ithaca's OB-GYN Office has been chronically understaffed, especially so in recent years, and is thus facing stalls in its programming. Cornell Cooperative Extension's new Student Resource Navigator Program is meant to be a collaboration between Cornell students and the OB-GYN Office,

although there are various administrative barriers which are affecting the program's initial vision as a resource accessibility program. One of these elements is that the program operates entirely remotely over the phone, a setting in which the patients do not have a real understanding for those who work in the program—often confusing students for medical providers. The first step, then, should be asking patients what would best help them. A study by *Sociology Source Ultimate* on the connection between facilitator and participant demonstrates the importance of trust-building in program satisfaction. [5] A student in-person presence can better allow for this increased trust-building between program workers and those in Tompkins County, increasing internal referrals and thus higher participation and outreach. As patients will already be in the office, this in-person presence would also reduce lag time between appointments and connections with resources. Additionally, establishing an in-person presence within the office improves the chances for a genuine connection to form, allowing patients to be more honest about sensitive information. Secondly, hosting Community Health Fairs can create more outreach for patients in need. These can be set up in collaboration with

those already existing: previous events in the Commons have helped people get scheduled for various medical appointments such as cancer screening and diabetes risk assessments. A study looking into the effects of a Hepatitis health fair by *The National Library of Medicine* has shown that, with prompt follow-up, participation can play an important role in patient outreach and awareness in health issues. [6]

Talking Points

- As a virtual program, the Student Resource Navigator Program can improve upon its trust-building between students and patients by establishing an in-person presence.
- An in-person presence would allow for more genuine connections to form, provide students a chance to participate in community-engaged work, and potentially increase program outreach.
- Participating in Community Health Fairs in the Ithaca Commons will help expand outreach and give students a more proactive role in reaching out to those in need within Tompkins County.

Key Facts

- Social determinants of health (SDOH) are critical to patient health. Past studies have found social and environmental factors to account for nearly 70 percent of all health-related outcomes. [1]
- Although many community-based programs exist, there is a gap between eligibility

and utilization. In Tompkins County itself, only about 53% of eligible individuals in TC are enrolled in SNAP, and only 31-40% of eligible women and children are enrolled in WIC. [7]

- This gap presents a significant issue, as those who are food-insecure are more than 50 percent more likely to experience medical conditions. [3] Therefore, improved methods of outreach are necessary.

Next Steps

There are two critical moving groups in implementing this policy: the first is the student resource navigators, and the second is the advisors to the program - Grace Parker Zielinski and Jennifer Gray at CCE, and Lara Parilla at CMC. To establish an in-person presence, advocacy should come jointly from the students and the advisors. Afterwards, a discussion could be opened between an advisor and OB-GYN staff member to discuss office capacity. If the office is open to the idea, a discussion can be held on what this presence may look like based on student and staff schedules. For health fairs, a necessary first step is reaching out to the coordinators at Southside Community Center (Fern Morgan) and Appleridge Senior Living (Michele Fitch Smith) of the current fairs. From there, student navigators and program advisors can discuss how the program can fit into these fairs based on how they are already run with program advisors.

Action Plan Snapshot

Support will first need to be mobilized among participating students as well as the program

advisors - Lara Parilla, Grace Parker Zielinski, and Jennifer Gray. Students may better advocate for themselves by creating a pitch for why this presence is an essential part of holistic care. These concerns can then be raised by the students at check-in meetings. Discussions will need to be held on what expanding the program will look like among the advisors and current program capacity for that as well. Given that this program is fairly new, it may be prudent to first give students and advisors another semester to become familiarized with current workflows before advocating for an in-person presence. Advisors can then relay this information onto their OB-GYN connections. Ultimately, since the office may be at spatial capacity, this suggestion may be more applicable to when the program expands to different medical offices.

In regard to Community Health Fairs, a discussion would be required between advisors and students on their roles. Advisors and students would likely go in-person to volunteer at these fairs, and a discussion can be held on how to best connect with existing programs. A pitch would have to be made about why this program is worthwhile, and different options for the participation could be touched on such as utilizing current quarter cards and posters if an in-person presence is not desired, or adding a potential checkbox to opt-in to the program. Given that the Student Resource Navigator Program is already well-connected among Tompkins County, it may be prudent to first look if there are people at Southside Community Center or Appleridge Senior Living who have been in contact with any of the current program advisors. If

so, bringing up this idea to that mutual connection first would be helpful to gauge capacity.

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Integrating Community Health Workers into Relationship-Based Clinics in Ithaca

By Benjamin Terhaar, bat54@cornell.edu

Cornell University students should work with Community Health Workers through the Ithaca Health Alliance to assist underprivileged individuals in realizing their healthcare needs and in preventing future ailments.

Background

The Ithaca Health Alliance (IHA) is an Ithaca, New York community-based health care cooperative, which sponsors and runs the Ithaca Free Clinic. IHA's objective is to make healthcare more accessible to everyone with an emphasis on the needs of the uninsured and underinsured. [3] Community Health Workers provide health, wellness, and disease prevention and management services in collaboration with clinicians to reduce health inequities and enhance health outcomes, patient experience, and affordability. [2] One proposed way to increase access and patient engagement within this healthcare system is to adopt a Community Health Worker (CHW) Program. An increasing body of data shows that CHWs who address the needs of patients facing barriers to healthcare access, whether due to cultural practices, race, ethnicity, language, literacy, geography, finances, ability, or other characteristics, positively influence patients' health. [1]

The overall poverty rate across Tompkins County is 20% and 36% among the African American population. According to the most recent CHIP report from the Tompkins County Health Department, the main topic areas that need to be addressed regarding race and income are “Healthy

Eating & Food Security” as well as “Preventative Care & Management”. The first focus area can be addressed by increasing health promotion to inform healthier food and beverage choices. The second focus area can be addressed by increasing cancer screening rates for breast, cervical, and colorectal cancers.

Many studies have shown that people feel more comfortable talking to healthcare providers who share similar social identities. [5] By improving the clinic's cultural concordance, the patient populations would be better represented by the volunteer population and, therefore, better served.

The role of a CHW is not new to the Ithaca region. In March 2022, for example, the Tompkins County Health Department introduced its first two CHWs to support expectant parents within the Community Health Services Division; however, an expansion of the program may be necessary to meet the health needs of the entire Ithaca community. Current workers and leadership have expressed the need to expand the program to better address the needs of the local community. [4]

Policy Idea

Community Health Workers at Cornell University should be trained to increase community-wide

access to care by promoting the work of the Ithaca Health Alliance to underprivileged individuals. CHWs would receive 3 academic credits offered by Cornell University. The policy would be primarily funded by local government block grants and would focus on culturally appropriate prevention services, patient outreach, and education. Furthermore, the Tompkins County Public Health Director would assess progress of the policy monthly.

Policy Analysis

By having students enroll in this program, the costs associated with this policy would be minimized. [2] With students receiving credit hours, the clinic will not have to find grant money or local funding for employees. Cornell University will be able to include the students in the required CHW training. The university will be reimbursed for the total cost incurred from this program by Ithaca block grants. The activities of the CHWs will first and foremost be determined by the community. The needs of the community will be recognized by the Ithaca Free Clinic having CHWs survey community members. The professor facilitating the CHW training will instruct a class on behalf of the clinic that supplements its goals. [6] The students will have a clear learning objective outlined in their course

syllabus that is consistent between the field work and lecture components each week. This will inherently improve the quality and effectiveness of the CHWs by having a cohesive team that is working towards a common weekly goal. In addition, the workers, including the employees of the Ithaca Free Clinic and the Tompkins County Public Health Director, would provide consistent and longitudinal outreach through educational events. [5]

Knowing that patients feel more comfortable with volunteers of their same background, harnessing the Cornell population will provide substantial social boons as well. Since the Cornell student body is more diverse than the general Ithaca population, CHW workers from Cornell University are more likely to represent a greater number of social identities. Therefore, patients with diverse backgrounds may feel more comfortable expressing their health needs to certain CHWs. By having a student population that is more representative of the Ithaca patient population, the CHW team would be better able to build trust with the IHC's patients.

Talking Points

- By integrating the Cornell student body into the CHW program, its guidelines would not be explicitly set by the employing organization in terms of types of content and the frequency at which they are discussed. [6]
- A diverse body of Cornell students will receive CHW training on the Cornell campus and satisfy the needs of the community

guided by the Tompkins County Health Director

- Instead, the needs could be decided by the community, the CHWs themselves, or in collaboration with an organization. [7]
- CHW services should be integrated into existing community programs and healthcare resources to maximize the success of the current program i.e. Ithaca Free Clinic. [8, 12]
- Meaningful community engagement and other key stakeholders from governance, medical staff leadership, executive leadership, and community-based organization leaders is typically necessary for program success. [9, 13]

Key Facts

- CHWs who address the needs of individuals experiencing barriers to healthcare access have a beneficial impact on their health. [1]
- CHWs collaborate with mainstream health care professionals to minimize health disparities and improve health outcomes, patient experience, and affordability by delivering health, wellness, and disease prevention and management services. [2]
- Current workers and leadership have expressed the need to expand the program in order to better address the needs of the local community.

Next Steps

Funded by local Ithaca companies, Mayor Laura Lewis would provide block grants to the Ithaca Health Alliance to move them back to a walk-in model and to take on more patients. The mayor would supply funds for Cornell University to fund a class that supplies the Ithaca Free Clinic with 30 Community Health Workers working 3 days a week on various weekdays. [10, 14] Tompkins County Public Health Director Frank Kruppa would be the ideal primary policy implementation supervisor and would follow the guidelines outlined in the American Hospital Association's 2018 report on the implementation of CHWs. [3, 11] Finally, the Executive Director of the Ithaca Health Alliance, Norbert McCloskey, would ideally ensure that patients at the clinic continue to receive needed care. Furthermore, college students in the Ithaca area could set up an E-Board to guide the student branch of the program to continued success.

Action Plan Snapshot

Breaking Down Barriers (prior to the bill being passed):

In acute care settings, health system leaders are frequently unaware of the potential benefits of incorporating CHWs into care delivery models. [15] To avoid suspicion about CHWs' function and competencies, training would be needed in the implementation of CHW initiatives. Specifically, health system leaders would need education on CHW selection criteria, training, scope of practice, duties, responsibilities, workload, compensation, and monitoring of essential outcomes. [16] This education would take place through the aforementioned 3-credit classes,

ideally taught by Cornell Professor Sean Nicholson and Professor Julie Carmalt. The program would be organized around the six modules in the NY Department of Health Core Training for CHWs, consisting of 3 hours of classwork per week and 6 hours of work in the Ithaca Community going door to door informing people about how a CHW could help them. By allowing 3 hours of classroom work a week and 6 hours of fieldwork, students would learn how to be effective CHWs inside the classroom and simultaneously engage in the aforementioned community outreach. Furthermore, it would be necessary to lobby support from the Dean of Student and Campus Life at Cornell: Dr. Marla Love. When this program gains support from key stakeholders on campus such as Dr. Love, it will be much easier to use the Cornell social media outlets and the greater Cornell campus's reach to spread the message about this program.

Making the Whole Community Better (3 months after the bill is passed)

CHW services should be integrated into existing community programs such as the Ithaca Health Alliance to maximize the success of the current program. [12] For example, the Ithaca Free Clinic hosts a Food Pharmacy every month where they distribute food and explain the health implications of eating certain foods. If CHWs and the already-present Occupational Therapists work together to provide outreach and an impactful presentation and patient relationship, this would result in more prevention of chronic diseases. [13] CHW program directors will rapidly address

concerns through scheduled and periodic monitoring of CHW services and quarterly feedback from stakeholders.

The planning stage begins with outreach to the areas to be served, thereby increasing recruitment. Improved results are important to community health and non-profit groups promoting universal healthcare. [17] Once important stakeholders like Dr. Love and Mr. Kruppa are identified, overall program design, implementation, and evaluation will be considered. To gain their support, stakeholders will be educated about the CHW role, the cost-benefit of a program, and likely improved clinical outcomes.

Success for Future Generations (The entire lifetime of the policy)

The Tompkins County Public Health Director will assess progress monthly following 3 metrics: % Ithaca Community Reached, % Ithaca Community Treated, and % Patients Returning.

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The Standardization of Type 1 Diabetic Diagnosis Hospitalizations

By Kaitlyn Varriale, kzv4@cornell.edu

Congress should standardize hospitalization with set treatment guidelines for patients diagnosed with type 1 diabetes to ensure that patients can safely and accurately administer insulin, receive comprehensive education, and connect with an endocrinologist.

Background

Approximately 45,000,000 Americans have type 1 diabetes with at least 64,000 new cases diagnosed annually. [1, 2] Type 1 diabetes is one of few diseases where the vital medication—insulin in the case of type 1 diabetes—can be fatal if improperly administered. [3] If someone administers too much insulin, they will experience hypoglycemia, blood glucose under 70 mg/dl, which can cause a seizure and death. [4] If someone administers too little insulin, they may experience hyperglycemia, blood glucose over 180 mg/dl, which may worsen into diabetic ketoacidosis (DKA) that can result in a stroke, coma, and death. [4] Despite this inherent danger, type 1 diabetic education during diagnosis varies considerably. [4] As a result, many patients lack the necessary management resources, leading to further potentially deadly complications. [5] In spite of new biomedical technologies like Continuous Glucose Monitors and Automated Insulin Pumps revolutionizing diabetic care, this issue has only worsened in recent years. [6] For instance, an American Diabetes Association study found a 31.25% increase in DKA readmission rates from 2010 to 2018, with low-income and uninsured patients suffering the

greatest. [6] Further raising concern, according to the Endocrine Society, a 2021 study found that 20% of those with type 1 diabetes requiring treatment for DKA were readmitted within a month of their initial hospitalization with a doubled chance of mortality. [7]

Policy Idea

Every patient with type 1 diabetes should receive fully covered hospitalization for proper stabilization, management, and education of the condition. Patients should learn the basics of type 1 diabetes, including counting carbohydrates, bolusing and administering insulin, and monitoring blood glucose and ketones. They should learn about, receive, and train with up-to-date biomedical devices like Continuous Glucose Monitors and Automated Insulin Pumps and connect with an endocrinologist. [4] National treatment standardization is essential to guarantee accessible, equitable, and adequate care; universal guidelines will ensure a just type 1 diabetic management foundation.

Policy Analysis

Miscalculating a needed insulin bolus can be deadly, but education on managing varying factors helps reduce its likelihood, preventing costly and deadly

complications. [5] Without modern CGMs and insulin pumps, patients prick themselves with meter and syringe needles; immediate education and biotechnological onboarding stops this. [4] Diabetic support and management camps for children exist, but a patient's diagnosing hospital should provide this education because patients need an immediate, accessible, and affordable mode. [4] Past studies prove that type 1 diabetic management education improves health. For example, the Helmsley Charitable Trust's 2017 pilot-study with 35 type 1 diabetics that had never heard of a continuous glucose monitor (CGM) gave them CGM education, onboarding, and training. After three months, every participant reported feeling more comfortable controlling their diabetes and lowered their A1C, or average blood sugar level, by at last 0.5%. [4] Additional studies found diabetic education saved \$415 per patient over 3 years. [8] Therefore, it is cost-efficient and proactive to ensure high-quality care and education immediately following diagnosis. Furthermore, hospital-standardized guidelines improve health outcomes. A nationwide Dutch study found 17 out of 19 hospitals using general care process and structure guidelines improved care and patient outcomes. [9] In addition, Diagnostic Related

Groups control type 1 diabetic hospitalization costs and lengths; this standardization can and should extend to care guidelines. [10] Hospital guidelines for type 1 diabetic management education have proven their efficacy. Combining these forces nationwide will improve safety, equity, and health outcomes for those newly diagnosed with T1D.

Talking Points

- There are several ways to miscalculate a needed insulin bolus, but education on properly managing these factors reduces its likelihood, preventing costly and deadly complications and readmissions.
- Every patient should receive high-quality care and education following their diagnosis.
- Through standardized type 1 diabetes hospitalization with set treatment guidelines, patients would learn to manage their disease, from calculating insulin dosages and hypoglycemia readiness preparation to discovering and even receiving the newest technologies, like closed-loop CGMs and insulin pumps.
- Hospital guidelines and type 1 diabetic management education are effective, so combining these forces nationwide will improve safety, equity, and health outcomes.

Key Facts

- 45 million Americans have type 1 diabetes, and at least 64,000 new cases are diagnosed annually. [1,2]

- Type 1 diabetes is one of few diseases where the medication a patient needs to survive, insulin, can be fatal if they improperly administer it. [3]
- Despite this danger, education on type 1 diabetes is often inadequate. As a result, DKA readmission rates increased 31.25% from 2010 to 2018, and 20% of those requiring DKA treatment were readmitted within a month with a doubled mortality chance. [6,7]

Next Steps

A Congressional Committee of Congress members, endocrinologists, nurses, hospital administrators, people with type 1 diabetes, and type 1 organizations should convene annually to establish and review these guidelines. Easy-to-read magazines, informational videos, and communication with medical professionals should be utilized to ensure a holistic education of type 1 diabetes for patients during and after their hospitalization. [4] To implement this policy, after Congress passes such guideline legislation, motivating hospital systems and physicians to follow these guidelines is paramount. Steps necessary to ensure implementation success include using Congressionally-funded financial incentives for extrinsic motivation and quality rankings for intrinsic motivation. Giving bonuses for beneficial patient outcomes and posting outcomes across and within systems will motivate health systems and professionals to adopt the newest regimens best for their patients.

Action Plan Snapshot

To mobilize support for this policy, type 1 diabetes community stakeholders are key. Major organizations, such as the Juvenile Diabetes Research Foundation, Beyond Type 1, the Diabetes Link, and the Helmsley Charitable Trust are well-respected pillars of the community, dedicated to raising awareness of and advocating for type 1 diabetes. [4] Therefore, using their bases to gain outreach across the community would be critical for widespread support. The Juvenile Diabetes Research Foundation and other organizations are also well-experienced in lobbying Congress to demand greater rights and representation for those with type 1 diabetes. [4] With greater political pressure from these organizations and the community and with support of professional organizations such as the Endocrine Society, the American Association of Diabetes Educators, the American Diabetes Association, and the American Hospital Organization, Congress would feel the community's unifying pressure and consider passing this legislation. [11] Many of these organizations attend the Diabetes Technology Developments National Networking Forum; presenting this proposal at this conference would enable widespread awareness and support for this plan. [12] For those not in attendance or needing further persuasion, individual consultations would occur. With such vast support from the type 1 community, hospitalization standardization for type 1 diagnoses would enable enhanced, equitable education and health outcomes nationwide.

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Primary Care Physicians Should Unionize to Remedy the US Primary Care Physician Shortage

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Doctors who work for a hospital system should unionize to increase the salary of primary care physicians and curb the dwindling number of primary care physicians throughout the country.

Background

Within the next 12 years, the United States is projected to have a shortage of between 17,800 and 48,000 primary care physicians (PCPs). [1] Having a greater supply of PCPs is beneficial for individual patients, for it helps to lower healthcare costs and increase efficiency of the healthcare system.

[2] One reason why there is a proportionally large PCP shortage is that residents are deciding not to pursue primary care because of lower associated salaries. [2] In the United States, PCPs earn, on average, \$260,000 a year, while specialists earn \$368,000. [3]

From January 2019 to January 2022, the percentage of US doctors who were employed by hospitals, health systems, or corporations increased from 62.2% to 73.9%. [4] Since the 1990s, healthcare has evolved from being physician-controlled to healthcare system-run with the rise – and fall – of Health Maintenance

Organizations and the adoption of Relative Value Units (RVU). [5] As a result of this evolution, doctors feel as though they are being paid less for the value of their work (\$36.04 per RVU) and that their relationships with patients are declining. [5]

Unionization could be used to counter this trend. Unionization is a term used to describe when individuals come together to

negotiate for greater wages, improved working conditions and better benefits from the corporation for which they work. [6] PCPs who work for hospital systems can unionize and demand better wages and, in the long run, encourage residents to become PCPs.

Policy Idea

The American Medical Association (AMA) should provide physicians with the tools and education needed to create a powerful union of PCPs who work for hospital systems. A team of PCPs should be formed through the AMA to express the need for greater numbers of PCPs throughout the US. This team should educate other PCPs on how to rally for higher wages from their employers and teach them the importance of primary care while aiming to lower the PCP shortage crisis.

Policy Analysis

It has been cited that a lower starting salary of PCPs compared to specialists has contributed to fewer PCPs practicing medicine. [7] Specialists make 45% more money than PCPs, and orthopedists make 224% more than pediatricians. [8] A high cost of healthcare in the United States is due to not only fewer people wanting to pursue primary care as a career but also a surplus of specialists. [8]

Unionization can pose an ethical dilemma to many doctors, who are bound by oath to the patients that they serve. [9] In medical school, students take an oath to do everything possible for their patients. [9] Because of this vow, many physicians feel as though unionizing can cause a disconnect between physician duties and the needs of patients if doctors decide to strike against their employers. [9] However, unionization does not require striking, and physicians have other avenues of adjusting their workflow to affect their employers without forgoing their clinical duties. [9] Adjustments include not practicing elective, or non-life threatening, procedures and care. [9] Additionally, studies have proven that physician strikes have not been harmful to patients – one study found that a 1976 physician strike prevented more deaths than lives lost. [9]

Residents are extremely vulnerable to lower wages due to the MATCH contract they signed when they accepted their residency position. [9] This contract removes residents' ability to bargain for wages and benefits before their job begins. [9] This leaves residents feeling as though the pursuit of unionization is worth it. [9]

Talking Points

- Lower salaries of PCPs compared to specialists has led to a PCP shortage throughout the United States. [7]
- Unionization does not always have to require striking; in fact, physicians can pursue other avenues of affecting change from their employer such as not performing elective procedures. [9]
- Physician strikes have not been harmful to patients. [9]
- Residents are more likely to unionize due to their vulnerability to lower wages because of a contract they signed through the MATCH before their job began. [9]

Key Facts

- Within the next 12 years, the US is projected to have a PCP shortage between 17,800 and 48,000 PCPs. [1]
- A greater supply of PCPs would be beneficial for the health of individual patients and lower healthcare expenditures. [2]
- The percentage of doctors employed by health systems has increased from 62.2% in 2019 to 73.9% in 2022. [4]
- PCPs are able to unionize because they are employees of a health system and can demand better wages and working conditions.

Next Steps

To encourage PCPs to unionize to demand higher wages and ultimately lower the PCP shortage in the US, the president of the AMA, Gerald E. Harmon M.D.,

should be informed of the salary differences between PCPs and specialists and the contributing factors in the shortage of PCPs. [10] The president can congregate a team of several PCPs from multiple healthcare systems throughout the country that are members of the AMA to provide insight on how unionization can be accomplished. This team can discuss how primary care is an important field of medicine and how the PCP shortage can be reversed by increasing the pay of PCPs around the country. The team members can confer about what they like and dislike about the hospital system of which they are employees, and they can agree on a standard salary which would be suitable for residents to decide to pursue primary care.

Action Plan Snapshot

Naturally, hospital systems would be very against the idea of their doctors unionizing because it would cost them money to increase the benefits and salaries of PCPs. Additionally, hospital administrators may feel threatened by PCP employees' autonomy since their employees would have more say in their rights and salaries. Implementing this policy would be a gradual process that first begins with the current primary care physicians recognizing the need for unionization. The executive board of the AMA should consolidate a group of PCPs who strongly feel that unionization should happen for increased wages for the profession. The president of the AMA should recruit 200 key PCP champions for unionization from different hospital systems throughout the country. The president of the AMA should send out an email to all members of

the association aiming to recruit 200 PCPs to create the team.

Other medical professionals have already made the move towards unionization. Nurses across the country have already unionized within their respective hospitals and have increased their benefits and working conditions. [13] Garnering support from unionized nurses could help increase morale for PCPs and persuade hospitals to also support unionization of this sect of physicians.

There would not be any sort of funding for this policy. The AMA is a non-profit organization whose aim is to better understand and promote the American medical care system. [11] The AMA should bring the team of PCPs to the AMA headquarters in Chicago, Illinois with room and board paid for to incentivize these PCPs to come together to encourage unionization throughout the country. [12]

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