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Hawkeye Policy Report

An Undergraduate Research Magazine Produced by the Iowa Policy Research Organization (IPRO)



IPRO Alumni

Spotlight

Marcus Miller discusses his IPRO experience and gives prospective law students some tips on the admissions process.

A noteworthy year for IPRO.

To say that 2020-2021 was a difficult year would be an understatement. That is why I am especially proud of this group of IPRO students. Not only did they have to navigate countless Zoom meetings, but they also had to deal with very real issues outside the classroom. Ultimately, the research they produced was fantastic. Whether it is reforming the Iowa caucuses, advocating for police reform, promoting mental health education, or increasing access to contraceptives, the research in this year's Hawkeye Policy Report is second to none. When this IPRO class looks back over the past year, I am sure they will have many fond memories. I know I will.

Thank you for the great year!



Bryce J. Dietrich

Director

Iowa Policy Research Organization (IPRO)

Thank You

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In our inaugural IPRO Alumni Profile, we talk with Marcus Miller about his experiences applying to law school. Marcus was a fantastic IPRO student and is now attending Harvard Law.

Contributing Authors



Allison Beckner

Allison Beckner is a second-year student studying Political Science and Ethics & Public Policy on the Pre-Law track. Her hometown is Cedar Falls, Iowa. In the future, Allison hopes to attend law school and become a lawyer.



Madison Black

Madison Black is a third-year Political Science student. In the future, she hopes to attend graduate school to further learn about policy research and analysis. Her main area of interest is immigration policy. When not at work or school, she enjoys taking care of her cat, Bongo, and baking new recipes.



Ella Daniels

Ella Daniels is a junior studying Political Science, English and Social Justice. Currently, Ella works as a legal assistant and has previously interned with the National Women's Political Caucus and candidate Dan Feehan. Her research focuses on civil rights, K-12 education, and racial equity.



Deborah Destahun

Deborah is a senior studying finance, political science, and business analytics. While at Iowa, she has worked as an Undergraduate RA and interned with Guggenheim Partners, Goldman Sachs, and PwC. After graduation, she will be returning to Guggenheim (NYC) as an Investment Banking Analyst.

**Alex Hefel**

Alex Hefel is a sophomore studying Political Science and Economics with a certificate in Political Risk Analysis. Alex is very interested in public policy, specifically criminal justice and education reform. After college, Alex is hoping to attend law school to further his education.

**Jack Kamp**

Jack Kamp is a third-year student double majoring in Political Science and History. He is also a member of the University Democrats, Phi Alpha Delta Pre-Law Fraternity, and UISG Student Judicial Court. Jack plans on attending law school and/or graduate school to study American history.

**Grace Kiple**

Grace Kiple is a second-year student majoring in Political Science, with minors in Spanish and Human Relations. On campus, she is an RA and involved in Dance Marathon. Grace plans to graduate in May 2022 and is considering several possibilities for her future career.

**Elisabeth Neruda**

Elisabeth Neruda is a junior double studying Journalism, Mass Communication and Political Science. She works with the Daily Iowan TV Station and will be News Director this upcoming year. She is also on the Executive team for Student Activists for Planned Parenthood, among other things.



Nick Pryor

Nick Pryor is a junior from Iowa City pursuing a B.S. in political science and minors in statistics and Latin. In his free time, he is an avid rock climber and backpacker.



Holden Smith

Holden Smith is a third year Political Science and Pre-Law major with a Theatre minor. His on-campus activities include hosting a talk show on KRUI and working in the College of Law Dean of Admissions Office.



Anna Sullivan

Anna Sullivan is a junior studying International Relations, minoring in Spanish. Her research focuses on women's policy issues, environmental protection, and immigration reform. She hopes to direct these interests into a career in International Governmental Affairs.

Additional Contributors:

- Olivia Brinkmeier
- Noah Bultema
- Sarah Schott

These students are awesome, but couldn't fit the Spring seminar into their schedules. However, they contributed quite a bit to the initial drafts of the chapters found below. Please take a moment to recognize their efforts.



IPRO Alumni

- Kyle Apple
- Madhuri Belkale
- Barrett Bierschenk
- Madeleine Bradley
- Thomas Dainty
- Kiera Deal
- Logan Drake
- Jennifer Eggerling
- Lauren Ellbogen
- Ganon Evans
- Reagan Hansen
- Scott Hastings
- Sarah Henry
- Carly Heying
- Omar Khodor
- Riley Lewers
- Maya Mahajan
- Marcus Miller
- Jocelyn Roof
- Lauryn Schnack
- Gustave Stewart
- Carly Tietz
- Matt Wallack
- Austin Wu

Note: Only who took IPRO with Prof. Dietrich are included in this list. There are many who have participated under the direction of other faculty.



Iowa Policy Research Organization

An undergraduate organization dedicated to researching issues facing our state.

IPRO (the Iowa Policy Research Organization) was founded in 2006 by Professor Tom Rice, who started a similar organization during his time at the University of Vermont, called the Vermont Legislative Research Shop. When Tom left the classroom in 2010 to become Associate Provost for Faculty, Prof. Rocha took over the class shortly thereafter. In 2017, Prof. Dietrich became IPRO's fourth director and ultimately edited the first annual Hawkeye Policy Report.

Students of IPRO collaborate to provide the Iowa legislature with timely, high quality research and information on important policy issues facing our state. IPRO members meet major figures in government and politics throughout Iowa and communicate the results of their research directly with Iowa legislators and

"IPRO is not only an excellent way for students to develop an honors community and work closely with their peer group but also a way for them to engage in the Iowa City community."

other policymakers. In the above quote, IPRO alum, Virginia Davis explains her experience in an article titled "Students Engage Locally and Nationally".

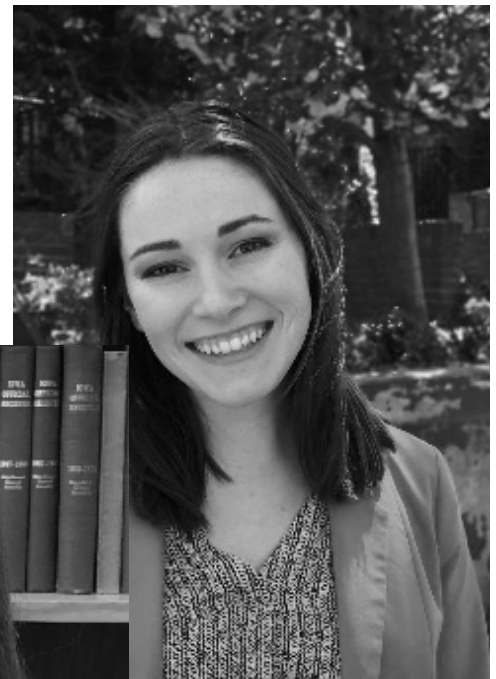
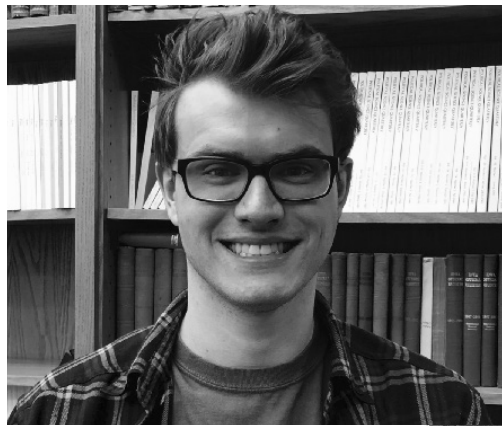
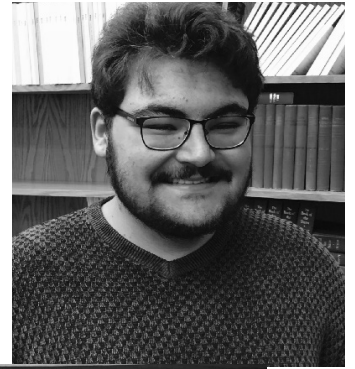
Those who join IPRO gain valuable skills in research, writing, and teamwork. Nic Pottebaum, who participated in the program in 2010, says this about IPRO:

The Iowa Policy Research Organization puts honors students in a graduate-style learning environment, which is not found in most undergraduate education experiences. As a result of this, it not only challenged me but accelerated my abilities. IPRO has provided a unique experience that is beneficial for any post-graduate plans [2]

To find out more information about IPRO, please visit our website: <https://honors.uiowa.edu/iowa-policy-research-organization>. You can also follow us on Twitter (@IowaPolicy). For a more detailed description about IPRO, please read "Students as Policy Researchers for State Legislatures" in: Civic Service: Service-Learning with State and Local Government Partners. John Wiley & Sons, 2009 by David Redlawsk and Tom Rice.



Legislative Research



Reforming the Iowa Democratic Caucus

Increasing Participation by Analyzing Security & Accessibility

Deborah Destahun, Olivia Brinkmeier, and Nick Pryor

Executive Summary

Iowa has held the first-in-the-nation Democratic caucus since 1972. Over the years, problems with participation and turnout rates have caused other states to move away from their caucuses to a primary system. As of 2020, only four states and three territories, including Iowa, hold a Democratic caucus. However, Iowa has remained steadfast on maintaining its caucus system. Proponents of the Iowa Caucus view the caucus as one of the last remaining forms of community democracy. Yet, the continuously low voter participation rates, only around 30% of registered Democratic voters in high turnout years, demonstrate that changes are necessary to the system to ensure the voting process represents Iowans equitably.

Criteria Used for Evaluation

Technical Feasibility - Maintaining secure voting and protecting Iowa's first spot voting

Equity - Increasing accessibility and decreasing disenfranchisement

Effectiveness - Successful and practical implementation that increases voter turnout.

While considering possibilities for increasing voter participation in the Iowa Democratic Caucus, this study decided to consider the alternatives of electronic caucusing, caucusing by mail, and satellite caucusing. Electronic voting would enable caucus par-

ticipants to cast their caucus preferences virtually by a personal electronic device from their own home. Introducing a caucus by mail system would allow residents to complete a mail-in form to cast their vote and participate in the caucus without the hassle and time commitment of attending. Expanding Iowa's satellite caucus program would explore restructuring how satellite votes are counted, developing a bilingual satellite location program, and establishing early satellite caucus days.

We evaluated each of these alternatives using the criteria this study found most crucial in determining which would be best for achieving the team's goal. The criteria that the team used for evaluation include technical feasibility, equity, and effectiveness.

Through careful analysis of the available information, the

...voter participation is an issue because caucusing is a time-consuming, inaccessible process...

study found three conclusions about the favorability of these criteria. Since the satellite caucus is an already established program, expanding the program scored the highest in technical feasibility, but the caucus format caps the potential to increase accessibility. Secondly, caucus by mail has the highest potential to increase equity, but its risk of losing Iowa's first spot in the nation diminishes its security and effectiveness. Lastly, low implementation practicality made electronic voting score the least in effectiveness because the voting system lacks integrity and constrains accessibility to households with the internet.

For the 2024 Iowa Caucus, this study recommends that the Iowa Democratic Party expand the satellite caucus program and begin a caucus by mail pilot program for certain groups in Iowa to increase voting participation. By implementing the team's recommendation, Iowa can expand accessibility for eligible voters disenfranchised by the Iowa Caucus, maintain the integrity and confidentiality of secure voting, and protect Iowa's coveted

spot as the first state to vote in the United States presidential primaries. After the team's analysis, the paper examines why the Iowa Democratic recommendation is unlikely to have future implications on the 2024 Iowa Republican Caucus.

Introduction

2020 was a caucus year expectedly marked to break Democratic turnout records in Iowa; however, only 178,569 people, 28.8 percent of registered Democratic voters in the state, gathered for the Iowa Democratic Caucuses (Haws). Low attendance for caucusing is not unusual for Iowa. The highest turnout ever in Iowa was the contentious 2008 contest between Barack Obama and Hillary Clinton, yet only about 240,000 people gathered (Summers). The core reason for low attendance is the physical aspect of the caucuses resulting in inaccessibility. Unlike a primary, caucusing requires a physical and time-conscious presence in the voting process; a voter has to be at a specific time and location then spend hours as the process unfolds





(Haws). Caucusing inaccessibility is a problem for many groups of voters who may wish to participate but lack the time or resources to devote to the process.

As part of the Democratic National Committee (DNC) national initiative to increase accessibility, the DNC well defines that additional reforms are necessary if Iowa Democrats desire to maintain a caucus system. Following the controversy of the 2020 caucus, the DNC Chair Tom Perez said, “I think by 2024 we ought to have everyone being a primary state” (Barrow). Despite the DNC’s eagerness to terminate caucuses, Iowa Democrats maintain a strong interest to keep the caucus. Even though the DNC Rules Committee can decide which states hold caucuses or primaries, the DNC could be hesitant to remove the Iowa caucus since the system is preserved into Iowa law and widely supported by the state’s party apparatus (Zhou). Ending the Iowa Caucus would be detrimental to the state of Iowa because the elimination of the caucus would remove one of the last vestiges of “community-based” deliberative democracy (NPR: All Things Considered). This “community-based” democracy enables the caucus to provide a far more in-depth discussion of candidates than what is possible with a closed ballot primary. A key element for both state parties is that the caucus allows Iowa to be first-in-the-nation.

By maintaining the first-in-the-nation position, Iowa receives added political clout and media attention from the nation; people look to Iowa as a barometer for how the United States presidential primary season will shape up. Additionally, the added attention can be beneficial to candidates. Former President Barack Obama credited his 2008 Iowa Democratic Caucus win as the highlight of his political career because it propelled him

ahead as a leading candidate during the 2008 election cycle (Noble). When considering each reformative caucus alternative, the technical feasibility and equity should be analyzed by protecting the security and increasing the accessibility of the caucus to maintain as many of the caucus benefits as possible.

Security

With 55% of Americans in 2018 stating that they were “not too” or “not at all” confident in the security of American election systems, election security is a notable concern for any change to the voting system (Pew Research Center, “Elections in America: Concerns Over Security, Divisions Over Expanding Access to Voting”). Mitigating these risks and implementing a voting system with the least inherent security threats is vital to instilling

In 2018, Pew Research found 55 % of Americans said they were "not too" or "not at all" confident in the security of American election systems.

public confidence in the electoral system and maintaining the legitimacy of American democracy. Such security concerns have recently been advanced concerning the Iowa Caucus and the alternatives discussed below.

Electronic Voting

With the rapid spread of COVID-19 throughout the United States continuing to make in-person gatherings unsafe, and a record 90% of U.S. adults using the internet in 2019 (Pew

Research Center, “Internet/Broadband Fact Sheet”), the popularity of electronic voting has grown in recent years. Consumer Reports found that 39% of likely voters would prefer voting by smartphone, tablet, or computer compared to traditional methods (Hewitt). As the United States continues to trail most developed nations in voter turnout, the ease of electronic voting appears to be a potential solution (Parks). What exactly counts as electronic voting varies, but at its core, electronic voting is when the ballot composition is conducted with the help of a computer (Peralta). Within this broad definition, there are two main categories of electronic voting.

Technology, even popular ones, can have challenging implementation and high failure rates. Following the 2016 Iowa Caucus, the Iowa Democratic Party (IDP) planned on a virtual option for

Consumer Reports found that 39% of likely voters would prefer voting by smartphone, tablet, or computer compared to traditional methods.

the 2020 Caucus as part of a series of reforms to increase participation (Levine). The virtual plan would consist of an absentee voter call to cast their preferences (Corasaniti et al.). However, the Democratic National Committee (DNC) recommended abandoning the plan in August 2019 after a group hired by the DNC hacked into a conference call with the DNC, IDP, and Nevada Democratic Party (Pager). To still modernize the caucus and speed up vote reporting, the IDP contracted with Shadow Inc. to build the now infamous reporting app for the 2020 Iowa Caucus in only two months (Corasaniti et al.). The lack of development time and precinct training led to numerous delays, reporting inconsistencies, and general embarrassment to the IDP and Iowa (Corasaniti et al.). Due to these security concerns, there is the worry that similar threats could plague a potential online caucus.

Despite similar concerns, West Virginia pioneered an i-voting system in 2018 (Miller). Initially, West Virginia partnered with Voatz to establish a mobile voting app for overseas service members (WV Secretary of State). Voatz uses biometric security measures like facial recognition, fingerprint detection, and blockchain encryption (WV Secretary of State). In their pilot run of the program to 183 voters, 92% of participants made it through self-authentication, the most challenging part of i-voting (Moore and Sawhney). Once through, 98% of participants submitted a ballot (Moore and Sawhney). In the 2018 General Election, 144 voters used the technology (Warner). In the lead-up to the 2020 Primary Election, West Virginia switched partners to Democracy Live (Warner) and expanded the program to allow voters with disabilities to return ballots via fax, email, or

web (Hautala).

Despite the advances that the state made, West Virginia’s i-voting campaign also demonstrates inherent security threats. Following their partnership with Voatz, an MIT study found significant security lapses that could allow “adversaries to alter, stop, or expose a user’s vote” (Specter et al.). In response, West Virginia joined Delaware by using Democracy Live’s OmniBallot program for i-voting. Again, a study from MIT and the University of Michigan found several massive security flaws with the program (Specter and Halderman). Crucially, the study found that the system “cannot achieve software independence or end-to-end verifiability” (Specter and Halderman). Democracy Live’s use of third-party systems like Amazon Web Service Cloud, Google, and Cloudflare also contributed to the risk of

altered votes without the voters’ knowledge by Democracy Live employees themselves, third-party insiders, or any other attackers (Specter and Halderman). These

security threats were present

in Delaware’s Democracy Live i-voting as well (Schmidt and Parks). In the end, Delaware ended up scrapping their plan due to “public perception of the election” (Schmidt and Parks).

Although some polls show that forms of i-voting may increase voter turnout, there have not been enough real-world tests to extrapolate how accurate those polls are. With the numerous security threats, i-voting would be a hard sell for any state government or party officials to push, especially in Iowa; the state received negative coverage nationwide for its technical failures during the 2020 caucus. Regardless of how popular the i-voting

I-Voting versus E-Voting

I-Voting

- Vote submission completed over the internet via a voter’s device.
- Popularized in Estonia, which in 2005 became the first nation to hold nation-wide elections over the internet.

E-Voting

- Primary current method of electronic voting in the United States.
- Conducted through special purpose machines at polling places.

program could be, or how much it may increase voter turnout, or reduce disenfranchisement, the reality is that until the technology exists to make voting secure, i-voting is not a viable option.

Caucus by Mail

Although mail-in ballots are not technologically sophisticated, they too raise concerns over their security. Some of the most widely cited oppositions of this form of voting are voter fraud, corruption, and coercion (Tokaji and Colker). Theoretically, mail-in voting increases election legitimacy because it decreases the number of voters disenfranchised by other voting systems. Yet, many officials worry that the use of mail-in ballots makes it easier to intercept ballots to keep them from counting, cast fraudulent ballots, and tamper with drop boxes where mail-in ballots are held (Tokaji and Colker). With these concerns, as seen in the most recent election, the legitimacy of election outcomes comes into question with mail-in ballots.

For proponents of mail-in ballots, individuals less educated on the candidates in a given election can cast their ballots in the privacy of their own home, giving them more time with their ballot to research candidates and cast the vote best suited to themselves (Tokaji and Colker). However, for opponents, this brings up the concern of coercion with who these individuals select. While there may be a sense of more privacy in one's own home, there is also the possibility of having one's vote swayed by the household residents when filling out the ballot around them. Another issue with this ability to fill out one's ballot at home is the risk of incorrectly completing the ballot (Tokaji and Colker). While mail-in voting can be used to serve the purpose of making voting more accessible to a greater proportion of the population, it may also unintentionally disenfranchise more individuals if their ballots are incorrectly filled out and unable to be counted. There is a required affidavit signature on the ballot envelope by voters to combat fraud and lack of legitimacy. This signature is subject to a verification process, and most states

In 2020, there were 87 satellite caucus locations. Of those, 24 were other states, like Minnesota.

have a "cure" process to address ballots incorrectly filled out to prevent unintentional disenfranchisement of these voters (NCSL).

Despite the widespread use of mail-in voting, only recently have states begun to consider caucusing by mail. In Wyoming's Democratic 2020 Caucus, the implementation of caucusing by mail became a reality quicker than expected due to COVID-19 with the caucus exclusively done by mail (WDP). Wyoming implemented ranked-choice voting enabling the caucus by mail system to emulate a typical caucus. By using ranked-choice voting, voters avoided having their ballot not counted in a situ-

ation where their first-choice candidate was not found viable (King). Wyoming Democratic officials expressed an increase in voter turnout for the caucus with double the 2016 election demonstrating the effectiveness of caucusing by mail to increase voter turnout (Coulter).

Last year, Iowa planned to caucus virtually, but this plan fell through because of high-security concerns. However, the logistics can apply to creating a caucus by mail system in Iowa. The virtual proposal would tally the results after February 3rd by congressional districts and require candidates to have at least 15% voter support to be viable. Similar to an in-person caucus, if the voter's first choice was not viable then the second or third choice would be counted (Pfannenstiel). The plan was to continue this process until the results were complete. If the caucus by mail ballots were to use ranked-choice voting, this virtual caucus plan seems to be a viable plan laid out for the state of Iowa that could be adapted to a caucus by mail system.

Having such a plan that could be adapted to a caucus by mail system when considering how to implement this system into the Iowa caucus makes this alternative appear to be technically feasible. While security concerns of the typical mail-in voting are still present with caucusing by mail, seeing that Wyoming has conquered the implementation of caucusing by mail for the 2020 election provides hope that this would be a technically feasible option for Iowa Caucus as well.

Satellite Caucus Expansion

In Iowa, the first year with satellite caucuses was 2016 with four sites to test the program. After the DNC's Rules and Bylaws Committee rejected Iowa's 2020 Caucus Plan to host a telephone-based virtual caucus because of cybersecurity concerns, the committee approved the Iowa Democratic Party plan to host an additional satellite caucus in 2020 (Pfannenstiel). By 2020, the number of Iowa satellite locations grew to 87; 60 satellite locations throughout Iowa, three outside the United States, and 24 in other states. Satellite caucusing is proven to be secure in the last two Iowa Caucuses and poses a low risk to Iowa losing its coveted spot as the first state to vote in the country's primary because they are held in-person and follow the same rules of the traditional precincts. The technical mechanisms creating and incorporating votes from a satellite caucus are minimal compared to voting by mail or electronic voting. However, a security concern of continuing satellite caucuses in 2024 is how satellite votes are incorporated.

Satellite caucuses' turnout determine the number of state delegates instead of a set number of state delegates at the precinct locations. Therefore, satellite caucuses have greater weight on the Iowa Caucus results the higher the satellite caucus turnout (Nilsen). Even though satellite caucuses are quicker and more accessible, the process is currently at the expense of voters who attend the standard precinct caucus. A security concern of the 2024 Iowa Caucus is that voters will take advantage of satellite

caucuses to increase the significance of their vote. For example, if there are two satellite caucuses and one location has double the attendance, then the one with double attendance would have double the state delegates. In the 2020 Democratic Iowa Caucus, Bernie Sanders gained a boost in delegates with his campaign's mission to increase voter turnout of underrepresented groups (Nilsen). His Iowa campaign had the only satellite caucus campaign by organizing a quarter of the satellite caucus set up and sending volunteers to the satellite caucuses. This strategy was successful because Sanders received 21,855 state delegates while Pete Buttigieg received 1,196 state delegate equivalents out of the satellite caucus sites (when there was 97% reporting) helping to close the gap between Sanders and Buttigieg (Rakich). Iowa Democrats could fix the disproportionate weight of the satellite vote by examining how the Nevada Democratic Party incorporated its early caucusing votes.

A difference between Iowa's satellite caucuses and Nevada's early voting process is that Nevada utilizes a rank choice for the top five; their votes are then routed to their home precinct on caucus day, whereas Iowa counts the satellite results separately. Therefore, in Nevada, if the first choice is not viable, the voters' next choices would be in place of the realignment process (Fichtel). If Iowa Democrats utilized Nevada's process, Iowa could eliminate the disproportional advantage weight of Iowa's satellite caucus votes. If the rank choice is considered similar to a primary process, a potential concern of switching to a rank choice is the risk of Iowa losing its spot as the first state. Therefore, the Iowa Democratic Party would have to examine whether changing would risk their position and if the DNC would approve if this voting plan is allowed in Iowa. However, if the DNC approved Nevada, Iowa's approval is less of a concern. Additionally, by first testing rank choice voting on satellite caucuses in 2024, Iowa could determine the feasibility of rank choice voting for the entire Iowa Caucus.

Accessibility

While many different options for expanding the caucus have been discussed, two conditions must be satisfied before even considering accessibility: whether the option is secure and allows Iowa to maintain its coveted spot as the first state to vote in the country's primary. An ongoing initiative of the DNC is to increase voter turnout by expanding accessibility. A precinct caucus on Iowa Caucus Day traditionally requires eligible voters to attend their local caucus at 7 p.m. and dedicate hours to the community meeting, realignment process, state delegate selection. The Iowa Caucus prioritizes consistent voters who work a 9-to-5 job and have time to learn and participate in the lengthy process; the limited flexibility decreases accessibility. Therefore, the Iowa Democratic Party has continued to look for ways to increase the accessibility of the Iowa Caucus. The goal of

greater incentive to participate in the Iowa Caucus with increased knowledge and convenience.

There are many groups disenfranchised by the current caucus system set up in the state of Iowa including individuals with young children, people who work evenings (which often tends to be people in retail jobs or other low-wage work), people with disabilities, and older individuals (Wang). The requirements of caucusing are also shown to disproportionately disenfranchise people of color due to the increased likelihood of these people fulfilling jobs such as those stated above. Another group that is relevant to the state of Iowa that can become disenfranchised by the process of caucusing is individuals who do not feel comfortable declaring their political beliefs publicly (Wang).

Electronic Voting

The effects of electronic voting on accessibility are diverse. The option would allow those who cannot physically attend the caucus - those with small children at home or those with disabilities - to still participate in the caucus process. However, security experts are in near-unanimous agreement that the security concerns posed by electronic voting outweigh the potential increases to accessibility (Abrams). Although electronic voting may allow new groups to participate, the risk of erased or altered votes by hackers is incredibly high, jeopardizing the voting system's integrity. Participation without a guaranteed safe and secure erodes the goal of increasing accessibility to the process.

About 3.4% (or 80,000) of Iowa's eligible voting population are Latinx. Increasing voting access to those populations is key to the 2024 caucuses and beyond.

Caucus by Mail

Mail-in voting is used to increase accessibility to voting and decrease voter

disenfranchisement. Traditional mail-in voting for elections has a small, yet statistically significant increase in voter turnout (Gronke). A new way of implementing such mail-in voting that has been considered is through caucusing by mail. This is essentially the same thing as mail-in voting, but it would be used by states as a way to participate specifically in their caucus. This would arguably affect turnout and accessibility even more so than traditional mail-in voting. Caucusing by mail would include a mail-in form that would allow residents in a state that caucuses to cast a vote with their presidential preference and essentially participate in the caucus preceding elections without the hassle and time commitment of attending (Pfannenstiel). The caucus system in Iowa and the idea of voter accessibility emphasizes the duty to enable participation in political events.

In Iowa, this could be particularly beneficial for Democrats, as caucusing can take extended periods that many individuals are unable to give. Caucusing by mail could also be beneficial for Iowans because caucuses are often only at certain times of the day which may keep individuals who are unable to get off work

for those hours or have prior commitments from attending and participating. Some argue that rather than increasing voter turnout, mail-in voting only makes the process more convenient for individuals already planning on voting. Because caucusing is an even bigger time commitment, especially for Democrats in Iowa, caucusing by mail is likely to have an even bigger effect on voter turnout than traditional mail-in voting. To participate in the Iowa Democratic Caucus, the necessary steps are substantially more intensive, increasing the burden for voters. Thus, implementing caucusing by mail would likely reduce disenfranchisement for those who are disabled or do not have the time or resources to caucus. For rural community members, having to outright share your political beliefs may have social consequences that certain individuals may not be willing to endure. Implementing the option of caucusing by mail would allow these individuals to still have their voices heard and participate from the privacy of their own homes without the worry of enduring these social consequences for their political beliefs.

Satellite Caucus Expansion

The original purpose of satellite sites in 2016 was to increase participation for residents and staff in nursing homes and behavioral health institutes, where residents did not have access to travel or participate, and staff did not have the time to leave work to participate (Pfannenstiel). Satellite caucuses capabilities have extended to provide disability accommodations and translation services in 2020 to increase accessibility for groups underrepresented in the caucusing process. However, the current satellite caucuses have limitations since they are still held the same day as the Iowa Caucus. Thus, eligible voters who are not available on the first Monday of February are overlooked by the satellite caucus. The Iowa Democratic Party could expand satellite caucuses with additional bilingual sites and early satellite caucus days in 2024 to expand accessibility.

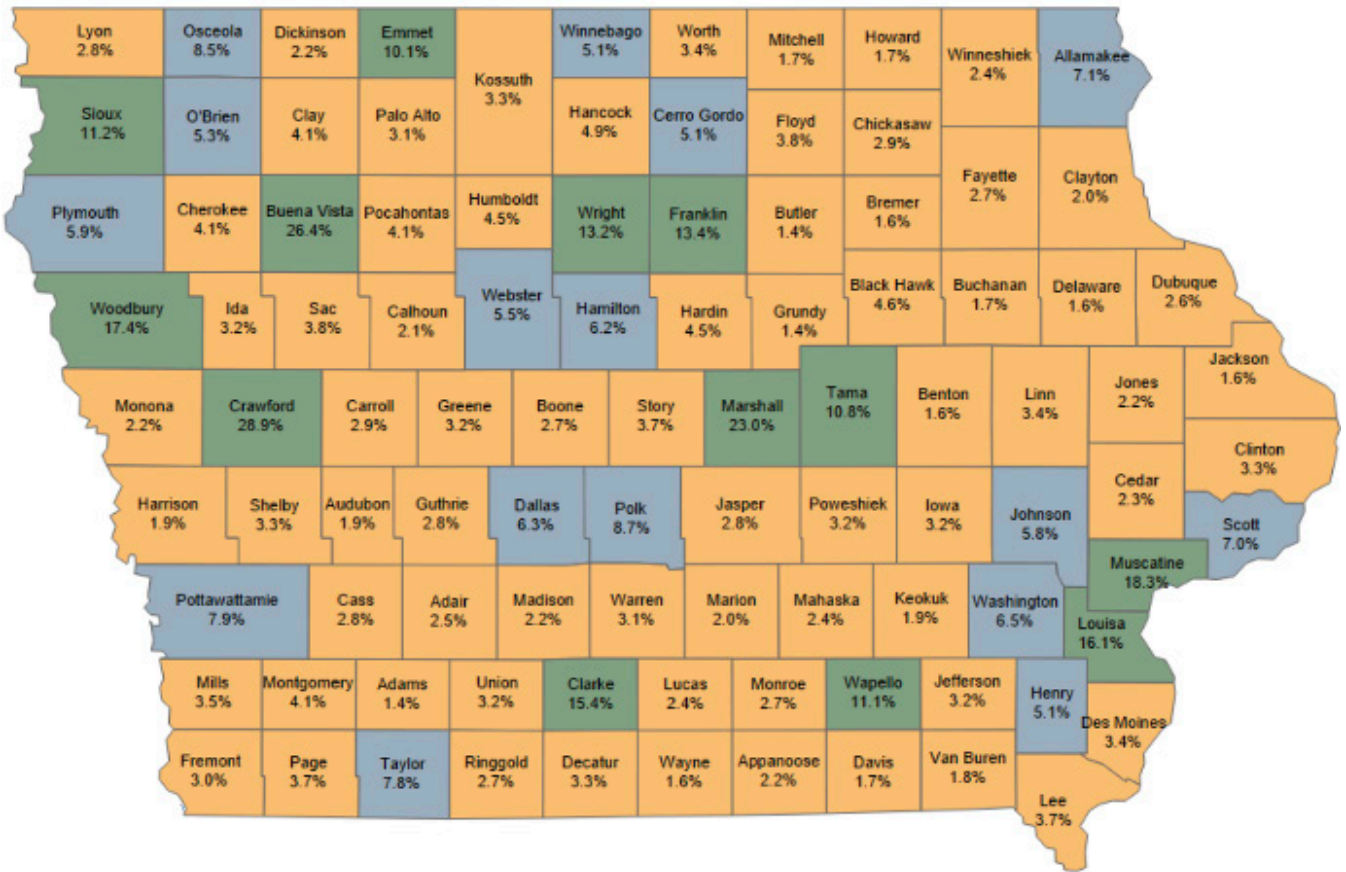
The Iowa Satellite Caucus Application for the 2020 Iowa Democratic Caucus had one standard application due by November 18, 2019. By creating a separate process for bilingual satellite caucuses, Iowa could expand voter turnout for the Latinx community by increasing language accessibility with the application process, training, and satellite site selection. If the 2024 satellite caucus increases voter turnout and accessibility, the Iowa Democratic Party could expand language accessibility to precinct caucuses in the future. 2020 was the first year the Iowa Caucus held bilingual caucus locations with about 11 satellite caucuses in Polk and Muscatine county to increase engagement with Iowa's 80,000 Latinx eligible voters, about 3.4% of Iowa's eligible voter population ("Mapping the 2020 Latino Electorate"). The expansion of bilingual satellites and community training sessions in Spanish for those satellite sites in 2024 could enable the Iowa Democratic Party to expand bilingual satellites with other languages and community groups. By working with Latinx community leaders and unions, the Iowa Democratic Party could select optimal satellite caucus sites with high Latinx engagement to increase turnout in the 2024 Iowa Caucus.

Nevada's Latinx eligible voting population was 431,000, 19.7% of Nevada's eligible voting population in 2020 ("Mapping the 2020 Latino Electorate"). For Nevada's 2020 Caucus, the Democratic National Committee and organizations created initiatives to mobilize the Latinx community by creating mock caucuses for Spanish speakers. The organizations provided the opportunity to learn about the caucus process citing that training community members was a critical part in mobilizing voters, especially first-time voters ("Martelli"). By creating more than one mock caucus, people who attended the first session could return and bring more community members to learn about the caucus process.

Iowa's satellite caucus review committee should look for ways to establish more bilingual satellite locations for 2024 in other cities with a highly populated Latinx population in Polk, Woodbury, Scott, Johnson, Marshall, Linn, and Pottawattamie counties. These eight counties include 56.9% of the total 2019 Latinx population in Iowa. Additionally, there are ten counties with a Latinx community greater than 10% of the population including Sioux, Woodbury, Crawford, Emmet, Wright, Franklin, Marshall, Tama, Clarke, Wapello, Louisa, Muscatine (Latinos in Iowa: 2020). By establishing at least one bilingual satellite caucus in counties with a high Latinx population and holding a mock caucus session, eligible Latinx voters can have a sense of community and influence the Iowa Caucus results.

Adding early satellite caucus days in 2024 could be seen as an extension of the satellite caucuses from 2020 that held caucus early in the afternoon instead of an evening on caucus day. Unlike Iowa, the 2020 Nevada Caucus held four early caucus days a week before Nevada's Caucus Day. The Nevada Democratic Party decreased the restrictive caucus process timeline with early voting in 82 locations including unions and schools. For example, the Culinary Workers Union held and advocated for early voting sites to reduce the burden of voting on their 60,000 union members since caucus day is held on a Saturday which is challenging for casino workers to attend (Merica). With unions' influence, the Nevada State Democratic Party's increased accessibility for casino and hospitality workers on the Las Vegas Strip. Many casinos utilized employee dining rooms and their back-of-house as early voting sites for their workers to have the ability to vote during their breaks with low wait times. One casino accommodated all work shifts by holding a 24-hour caucusing location ("NV Dems Announce 2020 Early Voting, Caucus Day Locations on the Las Vegas Strip"). Voter turnout in Nevada's Democratic Caucus increased from 84,000 in 2016 to 105,195 in 2020; over 70,000 of the 105,195 votes were early votes which included voting by-mail (Chiaku).

By increasing access to the Nevada Caucus, Nevada Democrats increased voter turnout by over 21,000 from 2016 while the Iowa Democratic Caucus only increased voter turnout by 5,000 with its addition of satellite caucuses. By expanding satellite caucuses with additional bilingual sites and early satellite cauc-



uses. By expanding satellite caucuses with additional bilingual sites and early satellite caucus days before the 2024 Iowa Caucus Day, Iowa can increase accessibility for eligible voters because the State is reducing time-consuming demands. Specifically, Iowa has the opportunity to grow underrepresented voter turnout of the Latinx community and late-night workers.

Evaluation of Alternatives

Given the varied costs and benefits of the three alternatives, this study will use three criteria to determine the highest measure of success. The first criteria considered is technical feasibility. For the team’s analysis, technical feasibility requires the alternative to be logistically implemented - measured by security and the risk of Iowa losing its first spot voting. A lack of security, determined by inadequate integrity or confidentiality, within the alternative would threaten to delegitimize the elections at hand and diminish technical feasibility. Next, equity evaluates the alternatives by measuring how implementation would affect accessibility and disenfranchisement. The higher the accessibility and the lower the disenfranchisement, the more equitable the alternative. Lastly, this study measured the overall effectiveness by how likely the alternative would increase voter turnout with all variables considered. In the criteria matrix, a “+” indicated a high measure, a “-” indicated low measurement, and a “+/-” indicated an inconclusive result. An inconclusive conclusion resulted when the team’s evaluation did not provide us with a conclusive result; the alternative may

meet some goals of a specific criterion but produced drawbacks in the same criterion.

Electronic Voting

Electronic voting finished last based on the criteria of technical feasibility, equity, and effectiveness for increasing voter participation in the Iowa Democratic Caucus. The biggest hindrance to electronic voting results from its technical feasibility, receiving a “-” rating. Despite the popularity of the idea, electronic voting has yet to be proven to be a safe way of casting a ballot. All states that have attempted electronic voting have experienced the same issues with hacking and technology. Until the technology protects the integrity and confidentiality of all ballots, electronic voting will not be technical feasibility. These security issues are a significant reason why electronic voting received an inconclusive “+/-” rating for its equity and effectiveness criteria.

Although there is some evidence that electronic voting may enable new groups to participate in the caucus, the security concerns indicate that those who participate in the caucus electronically are not guaranteed a safe and secure vote. If the electronic voting system lacks integrity and jeopardizes voters disenfranchised by the physical caucus, then electronic voting does not have the practical implementation necessary to increase their voter turnout. Until Iowa Democrats resolve the security concerns, the effects on improving equity and effectiveness will remain inconclusive.

...this report finds caucusing by mail and satellite caucuses to be the best alternatives by the selected criteria...

Caucus by Mail

Caucus by mail was one of the best alternatives based on the criteria of technical feasibility, equity, and effectiveness in achieving the goal of increasing voter participation in the Iowa Democratic Caucus. Technical feasibility was the category that caucus by mail scored the lowest, receiving a “+/-” due to the security concerns commonly cited. The team found that the concerns could be minimized by first testing on a smaller size before expanding as officials see fit. Secondly, the security concerns could be limited by using simple processes such as signature confirmation which are used with traditional mail-in voting. This alternative scored high in regard to technical feasibility and effectiveness because caucus by mail was successfully implemented and greatly increased voter participation in the 2020 Wyoming Democratic Caucus. Caucus by mail scored highly, receiving a “+”, for both equity and effectiveness. Caucus by mail scored positively in equity because the implementation provides another option for those who would be unable to attend the current Iowa Democratic Caucus due to the time-consuming demands. This study concludes that caucusing by mail did effectively increase voter participation because of its ability to increase the convenience of voting thereby decreasing the number of individuals who were disenfranchised by the current process. As discussed above, traditional mail-in voting also has shown a small, yet statistically significant increase in voter participation (Gronke). This report found that making caucus by mail available would likely have an even greater positive impact on participation considering how a caucus is much more of a commitment compared to a primary.

Satellite Caucus Expansion

Satellite caucus tied caucus by mail as the overall best alternative according to the criteria discussed above. Satellite caucus expansion scored the highest in technical feasibility by achieving a “+” because the satellite caucus is an already established program. Therefore, the alternative has already demonstrated that it can be executed securely at the Iowa Caucus. The only future security concern is that voters and campaigns could take advantage of how the satellite caucus count votes; however,

altering how to count satellite caucus votes can eliminate this security concern. Although expanding satellite caucuses would increase accessibility and decrease disenfranchisement for late-night workers and the Latinx community, there is a limitation on how equitable a satellite caucus can be because the process still requires voters to physically be present at a certain time. Therefore, satellite caucus expansion only achieved a “+/-” rating because fundamentally satellite caucus will not decrease the most significant of the time-consuming demands by design. Since the satellite caucus has had successful implementation in the past, expanding the satellite caucus should receive a “+” for effectiveness. By expanding the satellite caucus to include additional days, languages, and locations participation in the Iowa Caucus should increase thereby enhancing voter turnout. Utilizing the satellite caucus as a trial solution in 2024 could allow Iowa Democrats to measure the effectiveness of early caucusing in disenfranchised and overlooked groups.

Recommendation

Our group analyzed three alternatives to determine which would most successfully increase voter participation for the Iowa Democratic Caucus. In the United States, particularly the current Iowa Democratic Caucus system, voter participation is an issue because the caucus process is a time-consuming, inaccessible process, not realistically available to various voters for different reasons. This problem causes many voters to become disenfranchised, thereby diminishing voter participation. The report finds the problem concerning because accessible voting is essential to reaching the mass. Through the caucus reformative alternative analysis of electronic caucusing, caucusing by mail, and satellite caucus expansion, the report finds caucusing by mail and satellite caucus to be the best alternatives by the selected criteria of technical feasibility, equity, and effectiveness. The policy recommendation is to implement a combination of caucusing by mail and satellite caucusing to the Iowa Democratic Caucus to achieve more equitable access to voting, therefore greater voter participation.

Both options were technically feasible and accomplished in the

Evaluation of the Iowa Democratic Caucus

	Technical Feasibility	Equity	Effectiveness
Electronic Voting	-	+/-	+/-
Caucus by Mail	+/-	+	+
Satellite Caucus	+	+/-	+

Evaluation of the Iowa Republican Caucus

	Technical Feasibility	Equity	Effectiveness
Caucus by Mail	+/-	-	-
Satellite Caucus	+	+/-	+/-

past; caucusing by mail was implemented successfully in the 2020 Wyoming Democratic Caucus, and satellite caucusing was an established caucus program since 2016 in Iowa. While the report cites security as a technical feasibility concern for caucusing by mail, the proposal accounts for this by recommending testing caucusing by mail as a combination of alternatives. Since satellite caucuses have fewer security concerns, this study recommends expanding satellite caucuses and introducing caucus by mail on a smaller scale. By creating a pilot program for a caucus by mail system, Iowa Democrats could make the pilot program first only available to voters identified as part of the most disenfranchised groups in Iowa. An example testing group for the pilot program could be nursing homes and select jobs that conflict with caucus times. If the pilot program securely increases turnout, then it could be expanded in future years. Since satellite caucusing is an established program in Iowa, this report believes expanding satellite caucuses would enable Iowa to increase accessibility for underrepresented or disenfranchised, caucus voters which includes late-night workers and the Latinx community. By creating additional bilingual sites and early satellite caucus days, Iowa could expand the satellite caucus program in 2024. A combination of a caucusing by mail pilot program and satellite caucus expansion would empower Iowa Democrat’s goal to reach more disenfranchised groups by increasing voter participation while controlling the security of the Iowa Democratic Caucus.

Future Outlook

This paper focuses on increasing participation for the Iowa Democratic Caucus because the DNC has required states to expand accessibility but maintain security. The team’s recommendation for the Iowa Democratic Caucus could have future impacts on the Iowa Republican Caucus.

However, a different set of criteria should be selected to reflect the initiatives and values of the Republican Party. Instead of focusing on equity, a study should evaluate the alternatives based on political feasibility because of the ongoing political discussion of means of voting after the 2020 Presidential Election. Nationwide, the Republican Party demonstrated its opposition and intention to limit mail-in voting with legislation after the 2020 Presidential Election. Thus, caucusing by mail has an even lower chance of successful implementation with the Iowa Republican

Party because mail-in voting has low to no political feasibility for the Republican Party. The satellite caucus has a higher effectiveness score compared to caucusing by-mail because the alternative provides a way for Iowa Republicans to increase voter turnout for the 2020 Presidential Election. Iowa Republicans could utilize satellite caucuses as a presidential election tactic to sign up eligible voters in untapped areas during the caucusing period to potentially increase voter turnout.

Ultimately, this study considers it unlikely that there will be changes to the format of the Iowa Republican Caucus in 2024 because of a lack of necessity for change. The Republican Party has a significant lead in Iowa and won the state in the presidential election by over 138,611 votes, an 8.4 percent lead against the Democratic Party (“Donald Trump won in Iowa”).

The Republican Party has a significant lead in Iowa and won the state in the presidential election by over 138,611 votes, an 8.4 percent lead against the Democratic Party (“Donald Trump won in Iowa”). Currently, there is a lack of incentive to change the Iowa Republican Caucus; however, the high probability of a competitive Iowa Republican Caucus in 2024 may change the Iowa Republican Party’s motivations.

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Mental Health Education in Iowa's Public Schools

Jack Kamp, Grace Kiple and Holden Smith

Executive Summary

According to the American Academy of Family Physicians, as many as one in six children between ages 6 and 17 in the United States have a treatable mental illness (Devitt). Additionally, half of all lifetime cases of mental illness are present by age 14 ("Mental Health Facts"), and suicide is the second leading cause of death for ages 10-34 nationwide ("Suicide Facts"). However, although mental health disorders are widespread, no education about common illnesses, symptoms, ways to get help, coping mechanisms, or the prevalence of these disorders is provided to students in Iowa. The only current legislation in Iowa dealing with mental health

education (one hour recommended) ("Protocols"). However, a recent survey by Mental Health America reveals that only 24% of young people believe that their mental health struggles could be best helped by training adults in mental health support ("Young People's Mental Health"). Although this training is a step forward for the State of Iowa, students must be educated on mental health as well. Students need to receive information about common disorders that could affect them or their loved ones now or in the future. Schools are an ideal place to begin teaching about mental health as students spend so much time there; additionally, the National Association of School Psychologists (NASP)

Without mental health education, students will be unaware that help is available and will suffer unnecessarily from mental illness, leading to a host of other challenges and potential illnesses.

education, Senate File 2113, requires all school personnel to undergo an annual training that covers suicide prevention (one hour required) and adverse childhood experien-

ces (one hour recommended) ("Protocols"). However, a recent survey by Mental Health America reveals that only 24% of young people believe that their mental health struggles could be best helped by training adults in mental health support ("Young People's Mental Health"). Although this training is a step forward for the State of Iowa, students must be educated on mental health as well. Students need to receive information about common disorders that could affect them or their loved ones now or in the future. Schools are an ideal place to begin teaching about mental health as students spend so much time there; additionally, the National Association of School Psychologists (NASP)



and will suffer unnecessarily from mental illness, leading to a host of other challenges and potential illnesses (“Mental Health: Learn”).

Through the research and adaptation of other states’ policies, three clear policy alternatives arose.

1. State Standards Unrequired: Schools would not be required to implement any mental health education, but curriculum and educational materials would be provided by the state for each grade level K-12.
2. State Standards Required: Schools would be required to meet established standards for each grade level K-12. The educational materials would still be provided, but schools could use other materials, as long as the standards were met.
3. Five Hour Requirement: Schools would be required to implement five hours of mental health education for each grade level K-12 each year, with no specific framework suggested or required.

Given the relative lack of mental health education in the state of Iowa (Lubell and Snow), the authors of this paper developed an original survey¹ that was sent to Iowa administrators, counselors, and principals to help assess the effectiveness, efficiency, and feasibility of three alternatives. The data from this survey revealed many powerful conclusions. For example, 86% of respondents agree with the statement, “Students should be required to take a class on mental health education”

86% of our survey respondents agree with the statement, “Students should be required to take a class on mental health education”

(IRB #202102624). This paper will discuss the survey results, research data, and knowledge about broader issues related to mental health education. All of this information shows the most support for “State Standards Required”: the alternative that implements required standards for each grade level K-12 but gives districts flexibility to meet those standards. As indicated in our criteria/alternatives matrix (Figure 5), this option scored highest overall across the criteria of expected efficiency, effectiveness, and administrative feasibility. Each of these criteria are described in Section IV. We recommend that the Iowa Legislature pursue a policy implementing “State Standards Required”. With the implementation of this policy, Iowa students will be better enabled to care for themselves and others and will possess the skills to address issues regarding mental illness.

Introduction

In health classrooms across the nation, mental health education is consistently lacking (Lubell and Snow), leading American adolescents to be under-educated about their own daily strug-

gles. In fact, the U.S. Department of Health and Human Services found that at least one in five students encounter mental health problems during their K-12 education (“School-based”). Research also points to social media as a potential influencer of mental health in children and teens, suggesting that long-term use of social media can correlate with increased depression (Howard). Given the rates at which adolescents use social media, further mental health education in schools could give students the needed tools to take care of themselves and those around them in this technological age (The Social Dilemma).

Although mental illness directly affects 20% of young people, the indirect effects are felt so many more in those students’ friend groups, families, and communities. Mental illnesses greatly impact how students are able to continue in their daily life. For instance, keeping up with school work, maintaining a job, and creating relationships can be challenging for a person suffering from a mental illness (“Impact of Mental Illness”). In addition to affecting daily functioning, mental illness increases a person’s risk for many physical health problems, like heart disease and diabetes. Shockingly, the CDC reports that “U.S. adults living with serious mental illness die on average 25 years earlier than others” (“Mental Health: Learn”). Mental illness is also strongly related to suicide (Bradvik).

The implementation of mental health literacy in K-12 schools works to decrease suicide rates among teens and young adults, as well as combat the stigma surrounding mental health issues (Miller). According to the NASP, schools are one of the most

ideal places to start teaching mental health literacy because kids spend roughly six hours of their day there. Even further, the NASP suggested that

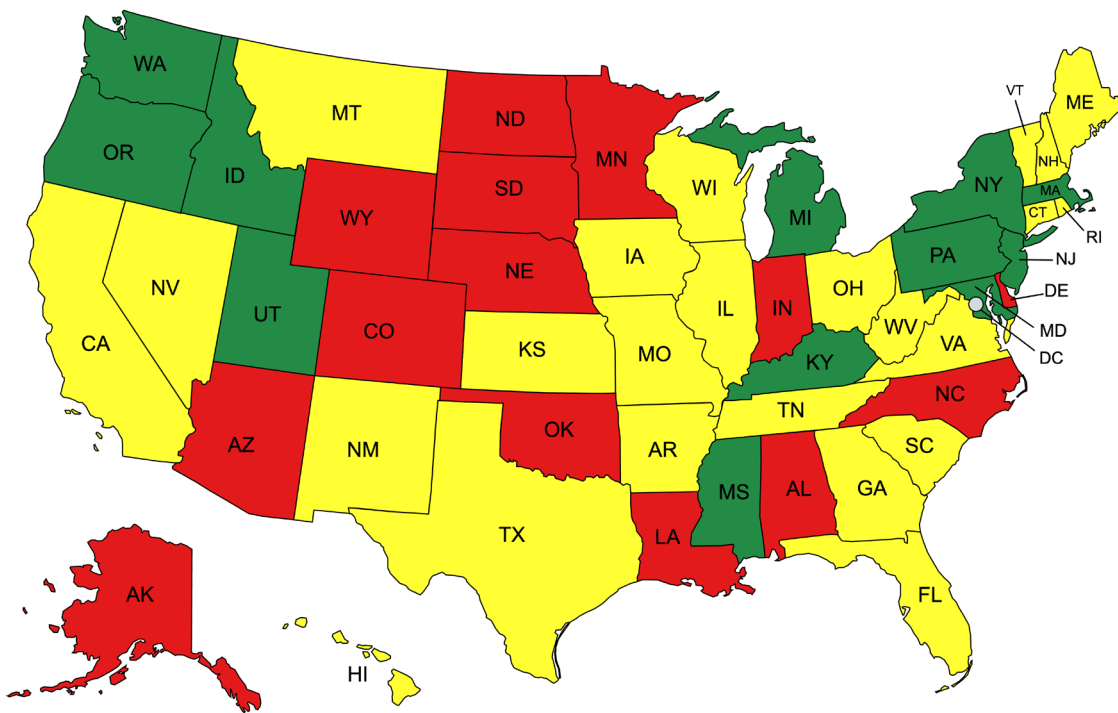
children and adolescents are more likely to seek therapy and counseling in a school setting (“School-based”). In fact, another study found that mental health “literacy improved, and stigma reduced in both groups” studied with the implementation of education programs (Perry, et al.). Clearly, these programs are proven to combat stigma and aid in suicide prevention. Therefore, some form of mental health education is imperative in aiding Iowa students, along with their national peers, to help them understand their own mental health and ways to help themselves.

Unfortunately, mental health is severely neglected in states across the nation, with only twelve states having required standards for K-12 schools. (Lubell and Snow). Over a quarter, 28% of states in this country, have absolutely no required set standards for mental health education in public schools. Furthermore, 48% have some degree of standards, but those mental health curriculums vary greatly. It is essential for young people to be properly educated about mental health and wellness because over half of all mental illnesses begin around age fourteen

Over half of all mental illnesses begin around age fourteen, making mental health education especially important.

(Parekh). The lack of education in this country and this state only serves to exacerbate the social and emotional distress adolescent students experience when dealing with mental health issues. In Iowa, suicide is the second leading cause of death for ages 15-24 and 45-54. Suicide is the LEADING cause of death for ages 25-44 (“Iowa Deaths”). In implementing requirements for mental health education, Iowan students can be informed about and prepared for how to manage potential mental health issues in their lives now and in the future. By arming Iowans with knowledge and tools, the suicide rates could potentially decrease for all ages (Wyman).

The second group, shaded with yellow, is “Some Set Standards.” 48% of states fall into this category simply because it is the broadest. This group includes states that have set mental health standards but do not require districts meet these standards, such as California; states that only require mental health education for certain grade levels, such as Virginia; and states that require a set amount of time for mental health education each year but do not indicate any standards, such as Florida. Iowa currently falls into this category (Lubell and Snow). The Governor of Iowa, Kim Reynolds, signed a 2018 bill that requires school employees to undergo suicide prevention training each



As indicated with red, 28% of states have “No Set Standards,” including states like Alabama, Illinois, and Wyoming. These states do not have any legislation that requires mental health education to be an aspect of a K-12 education. However, some of these states do still have funds allocated for mental health services for schools. For instance, North Carolina has no set standards, but it did allocate \$10 million of federal funding to hire mental health support staff (Lubell and Snow).

year, but no other mental health education standards are provided or required in the state of Iowa (“Protocols”).

Finally, the third group, shaded with green, is “Required Standards for K-12” accounts for 24% of states. In these states, mental health standards are built into the states’ education curriculum and are taught to kids at every grade level. States like Michigan, New York, and Washington are all part of this

category (Lubell and Snow). These states have the most in-depth, particular, and comprehensive mental health curriculum policy and served as a template for Alternative 2 “Set Standards Required”.

Alternatives

As seen in Figure 1, the majority of states have ‘some standards,’ but these can vary considerably. For example, Virginia requires mental health education in ninth and tenth grade, and Maine requires the connection between mental and physical health to be taught to students (Lubell and Snow). This study focuses on three policy alternatives:

1. State Standards Unrequired: Schools would not be required to implement any mental health education, but curriculum and educational materials would be provided by the state for each grade level K-12.
2. State Standards Required: Schools would be required to meet established standards for each grade level K-12. The educational materials would still be provided, but schools could use other materials, as long as the standards were met.
3. Five Hour Requirement: Schools would be required to implement five hours of mental health education for each grade level K-12 each year, with no specific framework suggested or required.

The educational materials provided by the State would cover various topics depending on

the age level. The material would have to build upon what students had learned the previous year, much like any other set of required educational standards. Elementary-level materials would include information about healthy coping skills for feelings of sadness, how to handle stress, and strategies for building a positive self-image. This information provides a foundation for students to recognize their emotions and understand healthy and unhealthy feelings. Young children need this education in order to understand their reactions to the world. Building on this, middle school-level materials would include education on common mental illnesses, how to get help, and how to build friendships. As mentioned before, half of all lifetime cases of mental illness are present by age 14 (“Mental Health Facts”). By arming middle-schoolers with the knowledge of what mental illnesses are and how to handle them, Iowa will be reducing the stigma of mental illness and providing thousands of young people the chance to seek help as soon as they realize something is wrong. Finally, high school-level materials would focus more on information about

The majority of those surveyed support state mental health guidelines, but think schools should be given flexibility in how they implement them.

common mental illnesses, coping mechanisms, and recognizing the signs of suicidal thoughts in peers.

Criteria

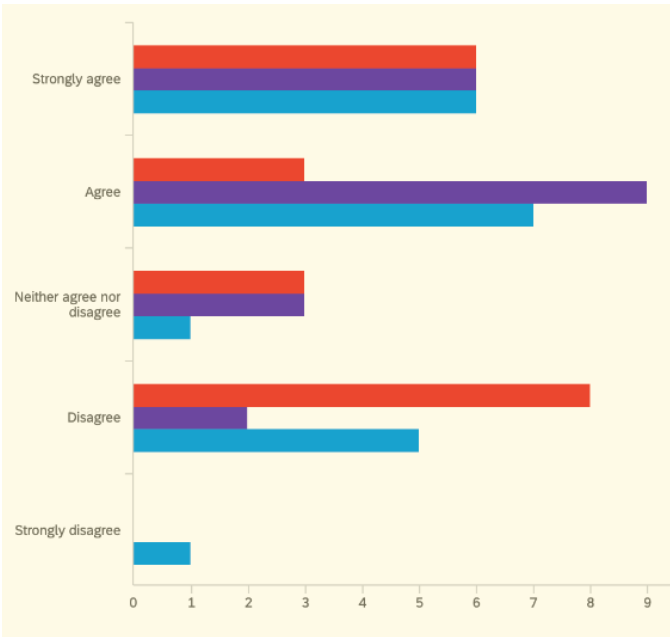
Each policy was evaluated according to three criteria: effectiveness, efficiency, and administrative feasibility. In this policy report, effectiveness refers to how successful each education option is at increasing students’ knowledge about mental health. Effectiveness was measured and ranked based on hours of learning, anecdotes from teachers & administrators, survey results from Iowa counselors and administrators, and research indicating mental health education’s effectiveness at increasing knowledge and decreasing stigma. Effectiveness cannot be evaluated by suicide rates because the policies in other states have been implemented only in the last couple of years and the data is not available yet.

Efficiency in this policy refers to the effectiveness of each education option compared to its cost. Efficiency was measured and ranked based on potential costs to the government for each plan and survey responses about the effectiveness of each alternative.

Administrative feasibility in this policy refers to the likelihood of implementing each education option for schools due to their resources and other factors. Administrative feasibility was measured and ranked based on our results from our original survey that asks about their concern about potential financial costs associated with each plan and the ease of implementing each plan.

Our administered survey (IRB #202102624) was emailed to counselors, principals, and superintendents at twenty-two K-12 public school systems across the state of Iowa. Email addresses were collected from school system websites. In selecting districts, we focused on collecting an equitable sample, both in respect to district size and region of the state, in order to fairly represent the entirety of Iowa. The full online survey can be found in the appendix and aims to gauge the counselors’, principals’, and administrators’ feedback in order to help evaluate the effectiveness, efficiency, and feasibility of implementation at each institution. We sent the survey via email in mid-March of 2021 to administrators in the form of a Qualtrics survey, including multiple choice, “strongly agree - strongly disagree” questions, and free response questions.

We asked survey participants to rank the extent to which they agreed or disagreed with each policy option to help determine which policy would be most effective and efficient. Similarly, asking how easy each policy would be to implement helped us assess administrative feasibility. After we received the results



Note: This bar graph depicts the response to Question 3 of our survey: “Please consider the following hypothetical policies: (1) The state of Iowa provides suggested curriculum [red bar] on mental health education, but schools are not required to implement those suggestions. (2) The state of Iowa requires schools to follow set mental health education curriculum guidelines,

but schools are given flexibility [purple bar] on how those guidelines are met. (3) The state of Iowa requires a set amount of time be dedicated to mental health education [blue bar] each semester, but schools are allowed to use that time as they see fit.

from the survey, our team examined and tracked the responses to evaluate each of the criteria for the three proposed alternatives. From these results and the discussion below, we made a policy recommendation for the Iowa Legislature that would benefit the majority of Iowa public schools by affording their students more productive, helpful, and impactful educational experiences regarding mental health. These findings are corroborated by Figure 3, indicating that survey respondents were most likely to support our recommendation.

Evaluation of Alternatives

In order to determine which policy proposal is the best choice for Iowa’s public schools, we analyzed each proposal using three criteria: effectiveness, efficiency, and administrative feasibility. Literature on the outcomes of specific mental health programs in other states is not yet available, due to their recent implementation. Additionally, there is a large gap in research surrounding mental health education in schools, examining administrators’ views, students’ opinions, programs’ effectiveness, etc., particularly in Iowa. Therefore, we created an original survey, which we sent to Iowa educators, to learn first-hand what policy would be best for Iowa

Our evaluation of the criteria is based on results from our original survey (IRB #202102624) . By first determining which proposal had the strongest rating for each criterion, we then discovered which policy had the greatest net positive. We believe this policy will improve the mental health and wellness knowledge of Iowa kids, with the greatest ease for both the state government and school district.

The first alternative, “State Standards Unrequired,” proposes that the state would provide curriculum and educational materials for each grade level K-12, but schools would not be required to use these or implement any mental health education. The overall effectiveness of this alternative would be

low. Because mental health education is not required in this alternative, the implementation and effect will vary greatly from school to school across the state (Mackie). However, the curriculum and educational materials offered would provide schools with a good starting point in talking about mental health. The efficiency of this proposal is not high. The government would be responsible for the cost of preparing a curriculum, which would require research into what methodologies work best for teaching mental health education at all grade levels. It would also have to compile this evidence and present it as useful, understandable material and manufacture enough copies to be sent out to every district in the state. Furthermore, there is no guarantee that this cost would be beneficial since schools are not required to use the educational materials provided. Our group finds the criterion of administrative feasibility to be flexible for this alternative. This alternative gives schools the ability to set requirements that are within the district’s means and are provided materials which would ease up strain on district resources as well.

The second alternative, “State Standards Required,” proposes that the state would establish required standards for each grade level K-12. The educational materials would still be available, but schools could use other materials, as long as the standards were met. The overall effectiveness of this alternative is expected to be high (Kim). Although quality implementation will still vary across the state (Mackie), the required standards in this alternative will impact more students than a policy that does not require mental health education or a policy that doesn’t have set standards. As seen in Figure 4, the vast majority of respondents to our survey supported the implementation of a mental health course state requirement for Iowa students, as included within this proposal (IRB #202102624). The efficiency of this proposal is higher than the previous policy. Though the government would still need to provide some funding, the benefits would be higher with this alternative because schools are

required to meet the standards created by the state. All of these facts raise the efficiency of this alternative. Our group expects the administrative feasibility to be moderately flexible for this alternative. Figure 3 shows, from data collected from 22 Iowa public schools, that a majority of Iowa counselors, principals, and superintendents support this proposal (IRB #202102624). While materials are provided to districts, possibly easing the burden on school resources, the requirements could still possibly put a strain on the available faculty and resources in order to meet the set requirements by the state.

Our third alternative, "Five Hour Requirement," suggests that the state require all public schools to implement five hours of mental health education for each grade level K-12 annually, with no specific curriculum. The overall effectiveness of this alternative is expected to be mid-level (Mackie). This policy requires a set amount of time focused on mental health education, so it could be more effective across the state than a policy that does not require mental health education. However, the information provided will vary greatly due to the lack of standards (Rogers). With regard to efficiency, the cost associated with this plan is low as the work largely falls on the shoulders of educators and does not require government aid. However, because the effectiveness of this plan is mid-level, the efficiency of this plan is also mid-level. The government sees no great cost but also not as many guaranteed benefits. Our group expects administrative feasibility to be the least feasible for this alternative. One survey respondent replied to the open-ended response with this statement:

Tired of unfunded mandates. Not every school has a counselor or enough counselors to support the needs of districts. I believe

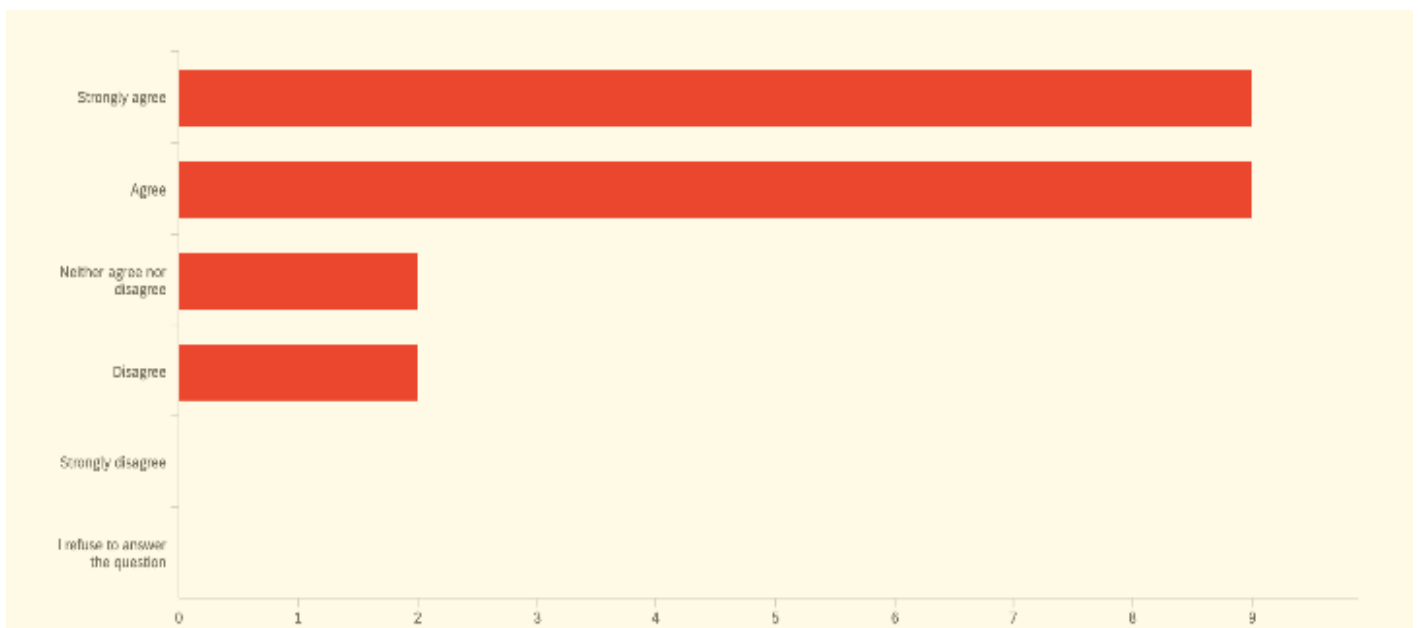
schools are the place to support student mental health, but there needs to be funding and support for it," (IRB #202102624).

In requiring a specific number of hours and not providing educational materials, the strain on faculty and funding to meet this time requirement may be significant for many districts (Rogers).

Policy Recommendation

Figure 5, a criteria/alternatives matrix, is used to compare different policies by applying a variety of criteria and a way to measure those criteria. This figure is a simple visual used to highlight the strengths and weaknesses of competing policy proposals. Our criteria/alternatives matrix was used to determine the best overall policy for mental health education in Iowa public schools. The Effectiveness column indicates that the alternative that increases students' knowledge the most is "State Standards Required," with a score of 1. This policy requires Iowa public schools to meet set standards for each grade level, and the state government would provide optional materials for the schools to use. We feel this option would be the most effective at providing future Iowans with a comprehensive understanding of mental health and wellness. The alternative that increases students' knowledge the least, ranked with a 3, is "State Standards Unrequired." Because schools do not have to use the state-provided mental health curriculum in this policy option, there is no guarantee that schools will enrich Iowa students with a mental health education.

The Efficiency column of the criteria/alternatives matrix ranks the policy options by applying a cost/benefit analysis, from the government's point of view, to the different alternatives. The alternative that increases the students' knowledge a satisfactory



Note: This bar graph depicts the response to Question 1: "Please say whether you strongly agree, agree, disagree or strongly disagree. How about -- "Students should be required to take a class on mental health education." This graph illustrates the collective feeling of educators that mental health education is needed in Iowa schools.

We must prepare students with the tools, resources, and, most importantly, information about illnesses they may have.

amount with the least amount of cost is, once again, “State Standards Required”. The second-ranked policy option in efficiency was “Five Hours Requirement”. This alternative has the government take a more laissez faire approach by requiring schools to have a minimum of five hours of mental health education annually for each grade level K-12. The reason this option is not ranked higher is because, although there is no cost to the state government, there is also no clear, great benefit, due to the unstructured format of this alternative. The alternative that increases the students’ knowledge an unknown amount with the most cost is “State Standards Unrequired”. In this model,

the and ease of implementation is “State Standards Unrequired,” where the state provides a curriculum which the school does not have to follow. Obviously, from the point of view of a school administrator, this option is the most convenient because they are not required to change anything. Additionally, if they want to implement mental health education, the materials are provided for them. The alternative that is expected to be the least favored and has the least likelihood and ease of implementation is “Five Hours Requirement”. This plan requires administrators and teachers to build their own curriculum without any guidance from experts about how to do so or what information to

Alternative	Description	Effectiveness	Efficiency	Administrative Feasibility
State Standards Not Required	The state provides mental health standards for K-12 and educational materials, but schools do not have to meet any standards or use the materials.	3	3	1
State Standards Required	The state provides mental health standards for K-12 and educational materials; schools are required to meet these standards, either by using the provided curriculum or one of their choice.	1	1	2
Five-Hour Requirement	The state requires five hours/year focused on mental health for each grade K-12, but no set standards must be met.	2	2	3

government is forced to invest money in research and legislation without the guaranteed benefit of actually ensuring the education of lowans.

Finally, the Administrative Feasibility column ranks the three policy alternatives on the feasibility that district administrations would be able to properly implement them. The alternative that is expected to be most favored and has the most likelihood and

include. The district is also completely responsible for allocating new funds in order to provide material. Therefore, this alternative is the least administratively feasible.

From our research into the various state-sponsored mental health programs across the United States, as well as our original survey of Iowa school administrators, teachers, and counselors, we believe that “State Standards Required” is the best policy for

mental health education in Iowa public schools. Though this policy does come with a higher cost of both money and time for the state government and school districts, the benefit of a comprehensive mental health education is worth the added effort.

Conclusion

Mental disorders are becoming increasingly common, especially in teens and adolescents. The education system has a responsibility to prepare students with tools, resources, coping mechanisms, and, most importantly, information about illnesses they may have. Teen suicide rates in Iowa are significantly higher than the national teen suicide rates (“Health of Women”). Suicides are directly related to mental illnesses (Bradvik). By implementing this mental health education, the state of Iowa can help its students for years to come and decrease the horrific number of suicides that tragically occur every year. In fact, one survey respondent wrote, “We need to teach students what mental health looks like, the issues and benefits of labeling, what a counseling session may look/feel like, coping skills, positive mindset and self talk, how our body/mind connection effects [sic] us, and who we can turn to if we need support.” The “State Standards Required” alternative establishes required standards for each grade level K-12 and offers educational materials to schools; however, schools have the choice to use other materials, as long as the requirements are met. This alternative is the best option for Iowa, as it maximizes use of state resources, increases students’ knowledge, and allows for flexibility in implementation. Overall, this policy has the greatest combination of efficiency, effectiveness, and administrative feasibility.

We created an original survey (IRB #202102624) to demonstrate what counselors, principals, and superintendents actually think about mental health education and these policy alternatives. We collected email addresses from school websites across the state using our original sampling technique to represent multiple facets of Iowa public school districts. To our knowledge, no such survey has been conducted in Iowa or nationwide. We believe hearing from the people who would actually be implementing these policies is incredibly important and beneficial for the policymaker. The survey shows that, of the 25 responding counselors, principals, and superintendents in Iowa, a majority of respondents (19) support the implementation of required mental health education for K-12 students. One respondent replied, “At the building I am in charge of we are seeing more and more need for mental health supports for our 5-8 grad[e] students” (IRB #202102624). The results of our survey show that mental health education in Iowa is not only insufficient but also is in demand from staff and students. This education is necessary for preparing Iowa students for success.

Students need this education to cope with struggles and mental illnesses in their childhood, adolescence, and adulthood. Iowa must follow the lead of other states and make a leap forward to protect the health of the future of Iowa. Each year, hundreds of

Iowans take their lives, and statistically, about 789,000 Iowans will endure a mental or neurological disorder at some point in their lifetime (“Iowa Deaths”; “The World Health Report”). These Iowans deserve to be equipped with knowledge about what they will encounter. They deserve to understand what they are going through or will go through. Iowans must know how to help themselves and those around them. Mental health education in K-12 schools is a way to create real change in our state and the health of Iowans.

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Effective Policing In Iowa

Ella Daniels, Alex Hefel, Noah Bultema and Sarah Schott

Executive Summary

Law enforcement in the United States has faced criticism for its unjust treatment of minorities, resulting in lack of trust between police officers and communities. In the United States, black Americans account for only 13% of the population, yet are shot and killed by police at a rate almost twice that of white Americans (17). The current situation is increasingly troubling, and the present study hopes to draw attention to the problem and provide potential solutions. Our report examines three policy alternatives (see box in bottom right) for police reform, specifically in regard to traffic stops.

Each alternative will be evaluated for *administrative feasibility* (public and political support), *effectiveness* (achieving policy goals and objectives), and *equity* (fairness in the distribution of policy). In accordance with this criteria, we found the following:

1. Body cameras are the most administratively feasible option due to its general support both politically and publicly.
2. Disarming police officers is the least administratively feasible option due to its polarizing nature.
3. Racial bias training is administratively feasible and cost effective with a version already implemented within the ICPD.
4. For effective implementation to occur, a system of accountability is necessary.

For these reasons, we are recommending the ICPD create a more structured use of body cameras at traffic stops along with requiring implicit bias and de-escalation training every 6 months. Subsequently, a Police Oversight Board should be created for effective implementation and accountability for police actions.

Introduction

During the summer of 2020, George Floyd was killed at the hands of police using excessive force in the streets of Minneapolis. This resulted in a surge of protests across the United States, demanding that associated officers be held accountable for their actions. Peaceful protesters were tear gassed, tackled, and beaten by officers and National Guardsmen. This is not the first summer that protests about police brutality have occur-

red, but it has reopened the conversation about policing in the United States and has pushed many cities to legislate policy to increase transparency and accountability in policing; examples of reforms range from cutting budgets by 50%, to disarming officers, to requiring yearly implicit bias and de-escalation training (2; 7). Many community complaints with policing involve use-of-force, disparate treatment of African Americans, and lack of accountability and transparency from precincts when officer misconduct occurs (13). In this paper we will discuss relevant issues with policing, current public trust in policing, and what kind of reforms are possible for the Iowa City Police Department. This study argues that policing in Iowa City, as it is today, is not transparent enough to the community. This results in a dangerous lack of trust between the community and the police.

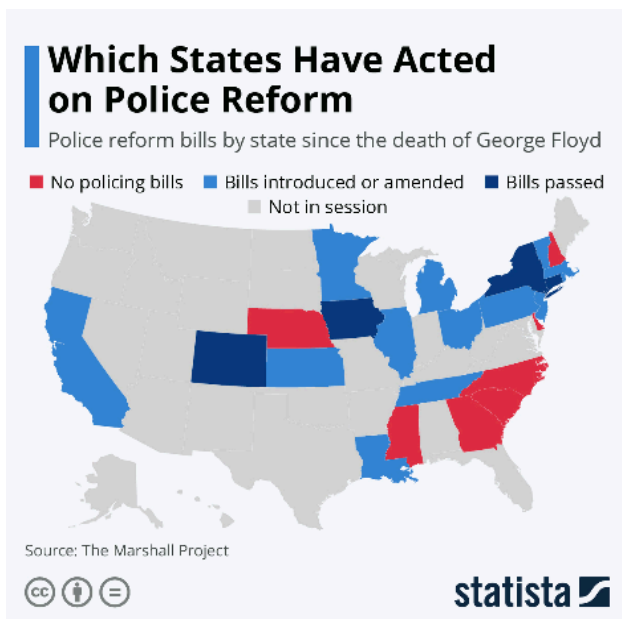
Police Reform Alternatives

Body Cameras - Require the ICPD implementation of routine video checks and for officers to keep their cameras on during all community interactions, including those that are not directly related to any crimes.

Disarming Police Officers - Completely disarm officers in charge of traffic stops and create the Iowa City Department of Transportation. This would consist of officers that are solely in charge of traffic stops and violations and would also look at improving conflict management training for police officers.

Racial Bias Training - Require racial bias training to be completed by the ICPD department every 6 months and implement policies reducing the number of 'pretextual' traffic stops.

Transparency is essential to public trust, and public trust is key for the police to be able to do their jobs effectively. Sound conduct by police improves community interactions, enhances communication, and ensures addressing real crime and disorder. Incidents involving police misconduct have eroded public trust and made law enforcement that much more difficult. According to Gallup, 58% of Americans say policing needs major changes. An additional 36% say minor changes are needed, and only 6% of Americans say no changes are needed (14).



It is important to note calls for reform tend to vary along racial lines. Nine in ten black Americans say major changes are needed, compared with 63% of Hispanic Americans and 51% of White Americans. Additionally, younger Americans are most likely to say major changes are necessary. Eight in ten adults younger than 35 give this response compared to six in ten adults aged 35 to 49. Among adults aged 50 or older, 50% say major changes are needed in policing (14). There are also clear racial disparities between how white people and people of color view police officers and their role in the community. Black citizens are much more likely than white people to view officers as enforcers not protectors (39% vs. 26%). (13). 62% of officers say their primary role is to serve as both protectors and enforcers, whereas only half of civilians say the same.

This paper will discuss three policy alternatives working toward this goal in Iowa City: the implementation of body cameras, disarming police officers in traffic stops, and de-escalation and implicit bias training. These alternatives will be evaluated using three criteria: administrative feasibility, effectiveness, and equity. Each of these alternatives is related to traffic stops, because traffic stops comprise the majority of police and community interactions in Iowa City. One or more of these alternatives may help to increase public trust in policing and law enforcement. Regardless of which reform proves best on paper, we understand that success is difficult to assess given the current evaluative infrastructure. Given that, this study will conclude with a discussion about the importance of a citizen review board. Ultimately, we find that this process not only increases the effectiveness of police reforms, but community review boards can also help to improve public trust in the police which is essential to the success of public service.

Traffic Stops

Across the United States, more than 19 million vehicles are pulled over annually, making traffic stops the number one reason for contact between civilians and police (BJS). With an increase in interaction comes the higher likelihood of mistakes and unpredictability that occurs during these stops. On a local level, the Iowa City Police Department saw an increase in traffic stops of 14% from 2018 to 2019, showing that these issues will only grow over time (ICPD Annual Report). A study conducted in Iowa City also showed a high level of racial disparity in these traffic stops. They compared the demographic percentages of ICPD traffic stop data to that of the benchmark percentages, finding that minorities were pulled over at a much greater rate than white drivers (1). Reforming routine traffic stops will require taking into account both the concerns for public safety and also the disproportionate contact between minorities through the examination of various policy implementations.

Body Cameras

Although body cameras have been shown to impact a variety of components of policing, they are especially impactful in traffic stops. Body-worn cameras are widely viewed as one way to address the challenge of public trust in policing and improving law enforcement practice more generally. This technology, which can be mounted on an officer's eyeglasses, chest area, or dashboard offers real-time information when officers are in contact with members of the community. These cameras also record these interactions and are able to be used as a tool to hold officers accountable and prevent crime. Body cameras are important tools when it comes to traffic stops because they are a way to check police behavior, especially in the case of a complaint made by a community member or a use-of-force incident (6). According to the National Institute of Justice, approximately one-third of US police departments have implemented the use of body-worn cameras (8). Some of the potential benefits of body cameras include better transparency and accountability which may improve law enforcement legitimacy and improve public trust in law enforcement. Some other benefits include quicker resolution of complaints from the community and corroborating evidence that can be used for crime prevention and resolution. However, it is important to look at the existing research on the effectiveness of body cameras, in establishing trust between law enforcement and the community and in preventing crime.

In 2017, researchers from the CNA conducted a randomized controlled trial on police officers in the Las Vegas Metropolitan Police Department (8). The research team found that officers with body-worn cameras generated fewer use-of-force reports and complaints from citizens compared to those without body-worn cameras. Additionally, officers with body cameras issued higher numbers of arrests and citations compared to officers without body-worn cameras. This study shows contradicting benefits, as higher number of arrests and citations may

decrease public trust in officers but also reduces the use-of-force in interactions with the community. This study also found that the use of body cameras reduced the number of citizens making complaints and reduced the amount of time to resolve complaints, saving police departments time and money in basic traffic violations.

Another study in 2014 from researchers at Arizona State University found that officers with body-worn cameras were more productive in making arrests, had fewer complaints lodged against them, relative to officers without cameras (6). These officers also had higher numbers of citizen complaints resolved in their favor. Additionally, randomized control trials, the gold-standard for studies of this kind, have been conducted on body cameras. The finding of these suggested that use of force incidents may be related to the discretion given to officers on when to turn on their cameras. Specifically, finding that use-of-force incidents were much less likely when officers activated their cameras upon arrival at the scene.

Iowa City Police Department Begins Requiring Body Cameras

Starting on July 27th 2020, ICPD implemented the use of body cameras on every officer. ICPD policy mandates that all footage be downloaded no later than the end of each officer's shift. The policy also requires that officers turn on their cameras when responding to calls and carrying out enforcement actions. This includes traffic stops, frisks, searches, arrests, interviews, and situations that could become hostile. However, in interactions that may not directly be related with a crime, the officers are not required to utilize their body cameras. Hargardine, the Iowa City police chief has stated that before the department used cameras, it took an average of 40 hours to investigate an incident. With cameras in the car and body cameras, that time has been cut to minutes. Body cameras are also used for recording officer misconduct. Iowa City's policy states that the supervisors randomly review each officer's footage to make sure they are acting properly. The policy requires supervisors to do this for at least two videos per officer every six months. The policy says nothing of the timeline regarding reviewing incidents where force is involved. Additionally, police officers do not need to have their cameras on when interacting with citizens in the community not distinctly related to a crime. The policy is not clear on timing and review of the videos, as well as how the cameras

Despite the successes reported in these studies, others found body cameras to be ineffective. In a study done in Washington DC, they found there were no statistically significant differences in police use of force, number of citizens complaints, and number of arrests between groups of officers with and without

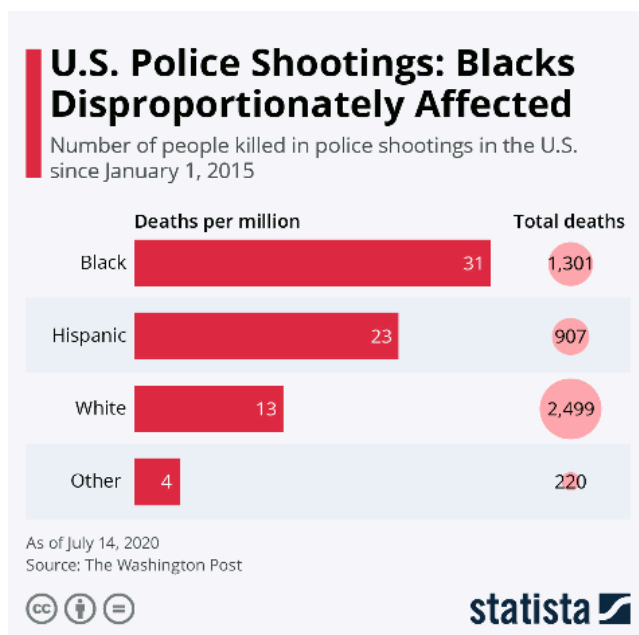
body cameras (6). Moreover, little evidence is found that body cameras can actually restore public faith in law enforcement and increase accountability. There have been many instances where cameras and footage have done little to help a victim of police violence or discrimination, as is the case for George Floyd. In 2017, researchers at Florida Atlantic University found that the "vast majority of respondents thought that the cameras would improve safety for both officers and residents, make policing more legitimate and help the behavior of both police and civilians." Another 2017 survey from Pew Research Center found that 93% of respondents favored police body cameras. 59% thought cameras would make members of the public more likely to cooperate with officers, and 66% said they would make officers more likely to act appropriately. Police in the survey were less likely to think the cameras would make a difference and less likely to support their use (13).

Disarming Police

The idea of disarming police officers involved in traffic stops has gained recognition in recent years. Supporters of the movement point to the several deaths of African Americans after traffic stops. Like Philando Castile, a black man shot and killed during a routine traffic stop after a police officer falsely believed him to be reaching for a gun (17). Across the globe, there are 19 countries where police officers are normally unarmed and only allowed to use guns in exceptional circumstances (20). These countries, including Norway, Iceland, New Zealand, and the United Kingdom, rarely see deaths caused by police officers. While Norway had zero deaths by police officers in the year 2019, the United States had 1,090 law enforcement killings (19). Many people may bring up the vast comparisons between the United States and these other countries, including its culture of gun ownership and historic crime rates. While these are important to take into account, with the right steps put in place, both police officers and the public can be safer with the enactment of police disarming measures. Specifically, we will focus on the role that firearms have on the escalation of traffic stops and actions that can be put in place to counter this.

There are many cities in the United States looking to limit or eliminate the presence of firearms in traffic stops. Of the more drastic measures, the city of Berkeley, California has voted to replace police entirely with unarmed civilians during traffic stops. This is in an effort to curtail racial profiling and reduce escalations between police officers and the public. In the city of Berkeley, African Americans make up only 8% of the population and yet accounted for 36% of traffic stops (7). With this new proposal, the city would create a Department of Transportation which would oversee traffic enforcement and dispatch unarmed civil servants to handle violations. Supporters of the idea do not believe that traffic stops warrant the officer to be armed and can result in unnecessary escalations, especially for minorities. This is backed up by data from the FBI which found that a

majority of routine traffic stops are not dangerous for police officers (21). The city believes that police officers should be reserved for dangerous crimes, and duties such as traffic stops can be left to specially-trained, unarmed workers. It has not come without criticism however, with many law enforcement experts rebuking the idea as dangerous for the person performing the traffic stops. Traffic stops are seen as some of the most unpredictable duties of law enforcement, and while a majority may be deemed as safe, they still carry a great deal of responsibility. However, even with this in mind cities are still making new branches that focus specifically on traffic violations and conducting training with an emphasis on high stress situations.



In order to reduce the role of firearms in traffic stops, police training requirements have been a crucial part of that conversation. As of now, the United States has an average basic recruit training time of 21 weeks (25). Police departments spend an average of 60 hours on firearm training and 44 hours on self defense (11). This is in contrast to the only 8 hours that are spent on training for tasers, a much less lethal defense that is used to wound, not kill. While firearm training is important, it may be beginning to overshadow the skill of conflict resolution and mediation. As of now, only 39% of police departments require their officers to go through conflict management training (8). It cannot be understated how important these skills can be, especially when officers are put in high stress situations. With the right training, a potentially deadly police interaction could perhaps be avoided. This especially pertains to individuals who suffer from severe mental illness; a group which makes up roughly 25% of people shot by police (22). With a greater focus on the use of non-lethal weapons and an improvement in conflict resolution training, traffic stops could be made much safer.

Racial Bias Training

Throughout the United States, numerous studies have shown a disproportionate number of minorities being pulled over by the police. On average, a black driver in the United States is 20% more likely to be pulled over than a white driver is (9). This is a widespread issue that is found in all parts of the country. This is no different in Iowa City. In a 2015 study, researchers collected demographic data on traffic stops conducted in Iowa City where they looked at both the racial disparity in the likelihood of being stopped and the outcome of the stop. They found that not only were black drivers pulled over more often, but they were also twice as likely to be arrested or have their cars searched compared to other drivers (1). Such racial disparities in Iowa City traffic stops have led many to ask for additional racial bias and de-escalation training.

Iowa City Takes Steps to Address Racial Disparities in Traffic Stops - But More Needs to Be Done

Recently, the Iowa City Police Department has put in place new guidance on traffic stops to reduce unnecessary interaction between police and the public. Following in the footsteps of places like Virginia, Interim Police Chief Denise Brotherton has ordered police to no longer initiate stops on the basis of 'secondary traffic violations.' These include violations such as defective vehicle equipment and offenses like 'jaywalking,' the order was to target police interaction that does not have a direct relationship with traffic safety. This aims to minimize the policing seen in Iowa City and hopefully reduce the racial bias seen in traffic stops. The Iowa City City Council also recently voted for an order that would ban ICPD from using racial profiling in policing. While this ordinance defines racial profiling, it does not put any rules or consequences in place to deter police from using such behavior (24).

Implicit bias training is becoming one of the most common directions that police departments are utilizing to combat racial disparities in policing. Implicit bias is defined as the unconscious practice of associating stereotypes with certain groups, affecting the way they act and make decisions. The purpose of training is to teach police officers to recognize when they may be unconsciously using bias, in order to mitigate these situations. In studies, there have been mixed opinions on the effectiveness of these practices. On one hand, implicit bias training has been found to change the attitudes that police officers hold regarding racial bias. In one study, they asked police officers prior to training if they believe that "implicit biases can affect even individuals who consciously reject stereotypes and prejudices." Before training, only 44% of officers strongly agreed or somewhat agreed with the statement. After training, this number increased to 63% (23). However, implicit biases may exist regardless of the person's intentions. Findings have shown that while the attitudes of police officers may change,

their actual behavior may not. Following training, the percent of African Americans comprising traffic stops was noticeably consistent with how it was before, with the percent of police stops, frisks at stops, and arrests actually increasing for the minority group (23). It is important to note, however, that it is extremely difficult to isolate the effects of the training with actual results. With a variety of factors at play and a lack of standardized training across departments, monitoring its impact can be complicated.

An issue branching out from implicit bias is that of ‘pretextual’ traffic stops. ‘Pretextual’ stops are when police officers pull someone over for a minor traffic violation and proceed to use the stop to investigate a more serious crime (10). These stops give officers a wide discretion in who they choose to pull over and in the reasons they choose to justify. While this isn’t a blatantly racist practice, it is when racial profiling is taken into account. As with most traffic stop procedures, ‘pretextual’ stops disproportionately affect black drivers. To work against this issue, cities are putting steps in place in order to reduce the disparities that we see. A ruling in the Oregon Supreme Court banned officers from asking questions unrelated to the reason the driver was pulled over (3). This effectively ends the ‘fishing’ for a more serious crime that we see in law enforcement. Of course, an officer can still intervene if they have strong evidence of a more serious crime such as driving under the influence; however, they can no longer use traffic stops as a segue into car searches without reasonable suspicion. Virginia lawmakers are working on a similar bill, prohibiting police officers from pulling someone over for ‘secondary traffic violations’ (2). These include minor infractions like non-functioning tail lights, tinted windows, and loud exhaust systems. While these violations would still be on the books, the police officer cannot pull an individual over without a more serious infraction such as speeding. Supporters believe this would help reduce racial profiling in traffic stops and help cut down on pretext stops; however, police have argued against the bill, stating that it would make the roads less safe. For example, if police are unable to stop someone driving at night with no tail lights, how are they fulfilling their duties of keeping citizens safe?

Evaluation of Alternatives

Body Cameras

This policy would require the implementation of routine video checks and would require the ICPD to keep their cameras on during all community interactions, including those that are not directly related to any crimes. It also includes making the recordings publicly available to the community oversight board suggested in the second part of this police evaluation. It would also require that use-of-force incidents and community complaints be investigated by both police administration and the community oversight board within 24 hours of the incident. Additionally, all videos would be uploaded automatically and at

least 15 videos per officer must be checked every month. This is different from the current policy, which only requires 2 videos per officer be checked every month.

Administrative Feasibility

Our alternatives don’t rest in the government’s hands but instead are the responsibility of the ICPD. Policies like the ones we are suggesting face restraints and opposition in many ways. Through this criterion, we will discuss if the ICPD will be able to implement these changes in meaningful ways, and overcome opposition while doing so.

Given the widespread implementation of body cameras by the ICPD and surrounding areas over the summer, the program would be the most administratively feasible. The department has already purchased and implemented the usage of body cameras, which would be one of the biggest obstacles in administrative feasibility. As data suggests, usage of body cameras increases public trust in law enforcement, and public oversight would be an additional measure to that.

Criteria Used for Evaluation

Administrative Feasibility - how possible the policy is to implement on a departmental level.

Effectiveness - the likelihood of achieving policy goals and objectives.

Equity - the fairness or justice in the distribution of the policies' costs, benefits, and risks across population groups.

Effectiveness

The goal of all of our police alternatives is to improve policing in communities, restore public trust in police and to reduce racial disparities in policing. Effectiveness measures the difference we see in the community and how well those reflect the goals of the policies.

This alternative would be effective in some ways and ineffective in others. As far as increasing public trust in law enforcement, the data discussed earlier would suggest that this is an effective alternative in that sense. As far as holding police officers accountable, the effectiveness of this policy remains in question. Body cameras are significantly blurry and there are lots of other obstacles to holding officers accountable, such as qualified immunity. However, a community review board and requiring that all interactions using force be reviewed immediately to hold officers accountable. Overall, this alternative is effective in increasing public trust in law enforcement and would be a good first step in holding officers accountable, but

would not alone require officer accountability.

Equity

This alternative would be as equitable as technological advances could be. Body cameras on officers may not reduce the disparity between how many black people are pulled over versus how many white people. Body cameras may not address the disparate treatment of people of color and white people in interactions with the police. However, interactions with police and all citizens will be caught on camera and if racial disparities continue, and patterns of discriminatory behavior on behalf of the officers persist, there will be video evidence and those officers will be held accountable by the community oversight board. In and of itself it is not an equitable alternative, as it doesn't address the root cause of the inequities in policing. However, we believe this alternative could lead to more oversight and general transparency which may shed a light on the inequities that will lead to broader change.

Disarming Police

This policy suggests that we completely disarm officers in charge of traffic stops and create the Iowa City Department of Transportation. This would consist of officers that are solely in charge of traffic stops and violations. These officers would not have any firearms on their person, but instead would be able to utilize tools of defense like pepper spray or tasers. These tools are better alternatives to firearms as they are not deadly, yet can still hinder someone immobile in case of an imminent threat. Tasers and pepper spray are also more affordable. This would also look at improving conflict management training for police officers. The point of disarming police officers in traffic stops is to improve police community interactions, and reduce the amount of unnecessary force used.

Administrative Feasibility

We think this alternative would not be administratively feasible. Police officers feel the most threat when they are among community members, and the unknowns of a traffic stop are viewed by officers as a big risk to take. Additionally, many police departments and unions advocate that weapons on police officers serve as a disincentive for crime, discouraging people from doing things that would cause the officers to act. This would be a huge change to police departments that would receive wide pushback from police unions and the ICPD. It could also result in increased risk for police that could be potentially very dangerous.

Effectiveness

The effectiveness of this measure is largely unknown. Logically, it would reduce the amount of deadly force used by the police department and would increase public trust and transparency in

law enforcement. However, there is little actual data collected on these kinds of reforms to argue any specific effectiveness in use-of-force interactions with the community. Because there is little research done on this relatively new reform, it is hard to argue the effectiveness of this measure.

Equity

This measure would create more equity in policing, as there is evidence that use of force interactions with the community and racial profiling are much more common among people of color. Disarming police officers and emphasizing the use of non-lethal weapons would help to reduce the amount of disproportionality that we see with use of force in traffic stops. By improving conflict management training as an alternative to use of force, we should also see a decrease in the disparities of police shooting individuals with mental illnesses.

Racial Bias Training

This alternative states that racial bias training should be completed by the ICPD department every 6 months. There is conflicting data on the importance of racial bias training. On one hand, implicit bias training has been shown to change officers attitudes regarding racial bias. On the other hand, racial bias persists even in people with the best intentions, and even in people who are educating themselves on anti-racism. However, police departments all over the country have implemented these programs with wide public support. This also looks at reducing the number of 'pretextual' stops that take place with policy changes such as eliminating secondary traffic offenses.

Administrative Feasibility

Racial bias training would be administratively feasible as the ICPD has already implemented some version of implicit bias training as well as other measures that reform traffic stops to make them less racially biased. By increasing the frequency of implicit bias training, it keeps the conversation alive within the police force and maintains public support. Additionally, implicit bias is a reasonably cheap alternative as many departments already have the resources and ability to engage in these conversations. This is a simpler and cheaper alternative than body cameras or disarming police officers and would be easier to implement on an administrative level.

Effectiveness

The effectiveness of implicit bias training remains in question. Some studies have proven it to be largely ineffective in changing officers behavior in the community. A large part of this is that officers are influenced by cultural factors, not just what they learn in the trainings, and cultural signals still disproportionately paint people of color as more dangerous than white people or claim that people of color are more likely to commit crime than

white people (all of which is untrue and has been proven so). Training is a good first step, but may not play the important role in eliminating racial bias in policing that we need it to, as it is not a concrete step toward reform, but simply a process of re-education for officers. Along with implicit bias training is the issue of 'pretextual' stops which some cities are working to reduce through certain policies. This is a newer idea with not much data on results; however, experts believe that a decrease in pretext stops would be effective at reducing racial disparities. With less interaction between police officers and the public, there will be less chances of escalation.

Equity

This alternative aims to achieve equity in policing and is focused on racial disparities within law enforcement. Again, the effectiveness is an important part of the conversation here. While this alternative may be aimed toward equitable outcomes, there is a disconnect between what officers learn in these training and what is being done in communities. A lot of this is due to cultural factors that aren't necessarily within officers control, but it is extremely important to recognize that while this alternative is geared toward equity, there is a lack of information and evidence that these trainings actually produce equity within the community and law enforcement.

Continuing the Conversation - Police Oversight Boards

While Section 1 provides excellent insight into immediate action that can be taken to reduce police misconduct at traffic stops, it is also vital that community members be heard and that there is an external power that monitors our police. We believe it is necessary to provide a new infrastructure to regulate police misconduct with cooperation between the police and the communities they are working to protect, so that everyone in our communities feels properly protected by the police, and can help implement positive policies, like the aforementioned changes to traffic stop procedure for the police. Although Iowa City already has a review board in place, we argue this board must change to a community oversight board. The existing organization is inadequate, and it is our belief that a well formed PCRFB could be an excellent mechanism for changing community conversation regarding policing.

A PCRFB in Iowa is necessary due to the increasing amount of evidence coming to light about the 'blue wall of silence' where police officers will refuse to report misconduct committed by fellow officers (12). In a 2016 report on crimes committed by police officers, a US Dept. of Justice inquiry board found that firstly, "police crimes are not uncommon" (13,190) with around 60% of crimes happening when police were off duty," and secondly, and more importantly to this policy, "Policing scholars have always recognized that police do not typically arrest other

police officers. Sworn officers are likely to use their discretion and extend a professional courtesy to other law enforcement officers, especially co-workers or in some cases their close friends."(13, p.200). Additionally, in previous instances of attempted police reform, we have found that implicit bias training is not independently productive (42), and past reform has overall ignored the culture of explicit bias, community distrust, and repeat offences that exist in police departments. Additionally, there has been a substantial erosion of trust between law enforcement and the public. If the police are ever to do their jobs effectively, it is necessary that they are well trusted by the general public, and a community police review board can put key members of the community in consistent and meaningful contact with law enforcement.

It is clear that there needs to be a different mechanism for change when it comes to law enforcement than what has been tried and has failed in the past. Police forces are also largely self-regulating. In a 2006 report from the Bureau of Justice, only 19% of municipal police departments with over 100 employees had a board overseeing the police department. All boards were a form of civilian community review boards, and in those districts, there was a significant increase in force complaints against officers (11.9 vs 6.6 per 100 officers) (17). This suggests there is a correlation between the presence of some form of a police review board and community's willingness to report abuses of force by law enforcement. It is improper and potentially unjust for those you are issuing a complaint against to have influence in how the complaint is processed, and appears to stifle the number of complaints made.

Review Boards have been tried extensively since the 1970s in cities across America, and are the most common mechanism for police accountability. The purpose of review boards is to review decisions made by the internal affairs of a police department, and generally have little or no power to subpoena officer information, instead relying on information provided by police departments. This is contrasted by oversight boards which are independent organizations with the ability to subpoena records and testimonies that are independently staffed from the local Police Department. In rare cases, community oversight boards replace the internal affairs of police departments.

Iowa City's Community Police Review Board (CPRB hereafter) is a review board, with its goal being, "to reviews reports prepared after investigation of complaints about alleged police misconduct." This section of the paper will provide information as to why this is a system built that, upon historical context, will fail in its goal and not change policing in the Iowa City area in any substantial way.

The failure of police review boards rests solidly in their lack of power. When the independent board does not have the power to thoroughly investigate police misconduct, there is no point to

the structure. A citizen’s review board is set up in response to the failure of police departments internal affairs responding to complaints from the community, and if all a review board has to work with is what is fed to them by that institution, then it will be unable to figure out what truly happened. The other problem is that review boards have historically developed too close of a relationship with the police departments they are supposed to be auditing, and suffer from the same inaction as the police department's internal affairs. For effective implementation of a civilian oversight board in Iowa City, the city should turn to examples like Denver, Colorado for inspiration. More information about the Denver Police Department can be found in Appendix B. The purpose of this paper is not to provide an outline for ICPRB policies and procedures, only to recommend that reform occurs to supplement one or multiple of the proposals outlined in Section 1. A full proposal to change Iowa City’s review board into a more competent oversight board can be found in Appendix A.

months. This keeps the racial justice conversation alive within the police force and makes the officers aware of their actions on the streets and with the community. Therefore, all of these alternatives must go hand-in-hand with an open review process. Although there are a variety of ways to achieve this end, we find community oversight boards to be an extremely effective approach.

Conclusion

2020 brought a resurgence of Civil Rights protests, inspired originally by the death of George Floyd. Public trust of police officers has severely declined, especially among people of color, and policing has warped into a partisan issue. In order to effectively address both concerns of policing and public trust, Iowa City must implement nonpartisan policy that highlights the importance of community members holding the Iowa City Police Department accountable while empowering the ICPD to effectively serve and protect the district. This paper evaluated three alternatives to the status quo in Iowa City by administr-

Criteria Alternatives Matrix

	Structured Implementation of Body Cameras	Disarmament of officers during traffic stops	Implicit Bias and De-escalation training every 6 months
Administrative Feasibility	+	-	+
Effectiveness	+	-	-
Equity	+	+	-

Without an effective mechanism of evaluation, Iowa City will continue to struggle to see substantial police reform. This remains true even if new traffic stop policies are enforced but the oversight board is not effective, as trying to make change without a mechanism to check policies for equity and effectiveness renders the effort useless. Therefore, implementation of a more effective Iowa City Police Department Oversight Board is necessary to unify the community towards a common goal: increasing safety by ensuring those who protect us are being held accountable for misconduct.

Policy Recommendation

Based on our evaluation, we suggest the ICPD create a more structured use of body cameras. ICPD policy should require that body cameras be on at all times when police are interacting with members of the community, even when those interactions are not directly involved in a crime. Additionally, use-of-force incidents should be reviewed within 24 hours of the event, not just by the officers but also by the community oversight board. Body cameras are a good step toward reform, but we cannot make any kind of meaningful reform without an oversight and implementation process. We also recommend implementing implicit bias and de-escalation training for all officers every six

months. This keeps the racial justice conversation alive within the police force and makes the officers aware of their actions on the streets and with the community. Therefore, all of these alternatives must go hand-in-hand with an open review process. Although there are a variety of ways to achieve this end, we find community oversight boards to be an extremely effective approach.

active feasibility, effectiveness, and equity: increased use of body cameras, disarming of police officers in traffic stops, and de-escalation and implicit bias training. We then outline the benefits to transitioning the current Iowa City police review board to an oversight board. Ultimately, we recommend the ICPD create a more structured use of body cameras along with requiring implicit bias training every 6 months. Additionally, we recommend the necessary transition from a police review board to a police oversight board to increase officer accountability and transparency with the greater Iowa City community.

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Appendix A

This is because we have found that a civilian oversight board is the best option to the current problems we are facing in terms of policing at the time of writing this paper. A mechanism for change in policing is needed in our community, and going by historical precedent, the police review board that Iowa City's City Council has established solidly rests in the space occupied by its failed predecessors. If we as a community want effective and equitable change to policing then we will have to commit to a more rigorous oversight committee, that is fair to both the police and citizens. Effective implementation of an oversight board in Iowa City requires that:

1. The ICPRB is a bipartisan coalition composed of active citizens in the Iowa City community, current and past members of ICPD, and community activist leaders. Board members should be elected to office by citizens residing in neighborhoods ICPD protects. Board members should not be elected based on partisan association, but instead should be chosen to serve by the community based on trust in character and history of commitment to justice.
2. The ICPRB possesses tangible power, including the power to remove an officer from office if repeated misconduct is found in investigation.
3. The ICPRB is equitable in membership access and implementation across precincts.
4. The ICPRB actively integrate themselves in the community, conduct frequent, thorough, and nonpartisan investigations when necessary, and have consistent listening sessions to ensure community reports of misconduct/concerns are addressed.

Historically, one of the largest problems from within a police department in response to civilian oversight or review boards is that citizens do not understand the routine and difficulties

faced by police officers, which is a serious problem that volunteers would face. We would suggest that in the Oversight board members underwent mandatory training, in addition to being people already versed in law, like the Denver oversight board, where most of the 15 members are trained lawyers or advocates. This would necessitate the department to have funding to hire trained employees, and while Iowa City certainly does not need as big of a department as Denver, this paper cannot understate the importance of having trained and paid employees doing this work, as opposed to volunteers.

Appendix B

In 2004 and 2005 respectively Denver established the Civilian Oversight Board and the Office of the Independent Monitor, to create a separate branch to keep the police in check. The Office of the Independent Monitor has a hand in all complaints, internal and external, against the Denver Police Department and Denver Sheriff Department, with its own staff to investigate claims, and reports to the Civilian Oversight Board to provide information so they can make recommendations. Although it took until 2013 to see the importance of this board when the OIM was able to get access to the backlog of complaints, and uncover a large backlog of physical, mental and sexual abuse cases against the Denver Sheriff's office. This action, and the lack of action from the internal arm of the Denver sheriff caused the internal reporting arm of the Denver police to be removed, because like so many others in the country, complaints that are handled internally are rarely given the attention they deserve, and need to be kept law enforcement held to the standard they should be. (15) The OIM has 15 employees, many of which are trained attorneys and lawyers, have the power to subpoena officer records, and conduct individual investigations. They are also not volunteers, but paid employees. An office like this has not only the power to conduct efficient investigations, but also the power to act on them, through the Civilian Oversight Board, which has wider powers to communicate to the mayoral office and city council to discuss officers that have repeatedly been found to be in violation of expected behaviour.

Eradicating Contraceptive Deserts in Iowa

Allison Beckner, Madison Black, Elisabeth Neruda, and Anna Sullivan

Executive Summary

Contraceptive deserts exist widely across the country, making it increasingly difficult for people to access health centers that provide birth control. Clinics have been facing large amounts of hostile legislation for years, with many Planned Parenthoods and other women's health providers being forced to close. This means that an increasing number of people must travel further and overcome more obstacles to access the services provided by these clinics. While abortion is a big topic of controversy regarding these clinics, this paper focuses on the lack of access to the full range of birth control options. Birth control provides many benefits to the person taking it besides pregnancy prevention, and the presence of contraceptive deserts increases the chances that these benefits will not be available to the people who need them. In this paper, we discuss the following four potential solutions to the issue of contraceptive deserts:

1. Allow pharmacists to prescribe birth control.
2. Create a telehealth contraceptive delivery system.
3. Build more health clinics within these contraceptive deserts.
4. Implement an Iowa Family Planning Initiative which provides free or lost cost access to IUDs and hormonal contraceptive options, like Nexplanon

Through analysis, we have found that three of these options are effective and equitable because they have been implemented in other states or the required infrastructure is already in place in Iowa through other government programs. Three of our alternatives— everything aside from building more clinics— are viable options that we believe would help underserved communities best. Therefore, we would recommend putting time and resources into any of these. At the moment we do not have one program that stands out over the others in terms of overall effectiveness. Many of these programs would be most effective if implemented together, so we are suggesting that as many solutions be implemented as possible.

Contraceptive deserts are a real problem, and birth control is a necessity for many people. There are options to help make this essential resource more accessible and helping to solve this issue is a worthwhile cause.

Introduction

Birth control is not easily accessible for many women in Iowa, which has numerous counties that qualify as contraceptive deserts. Power to Decide defines contraceptive deserts as "counties in which there is not reasonable access to a health center offering the full range of contraceptive methods" (Power To Decide).

As a general rule of thumb, a contraceptive desert exists when a person needs to search for a clinic and drive at least an hour to receive the contraceptive method that works for them.

Definitions

Reasonable Access- there is at least one health center or provider for every 1,000 women in need of publicly funded contraception" (Power to Decide).

Full Range of Methods -refers to all FDA-approved methods of contraception.

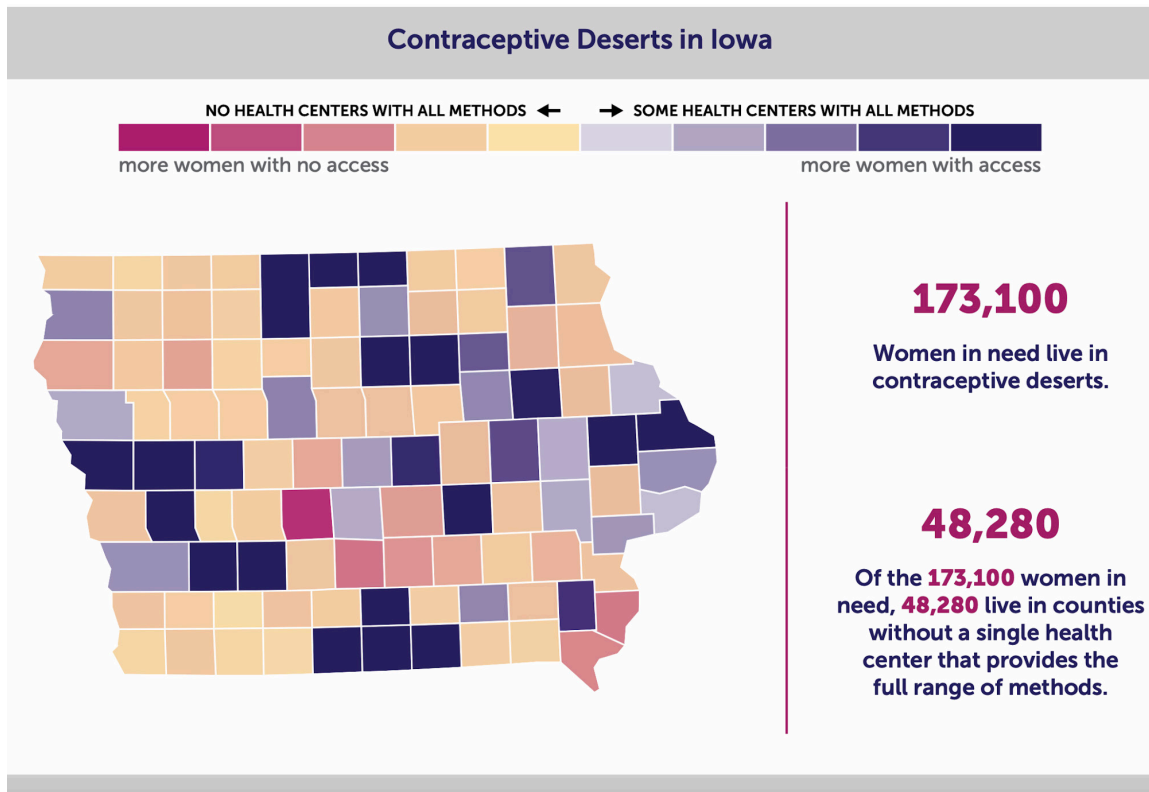
Women in Need - references those who are eligible for publicly funded contraception. In many states this would be those with income below 250% of the federal poverty level, but the Iowa Family Planning Program allows state-funded birth control to those with incomes below 300% of the poverty line (Family Planning, 2020).

Only 18 of the 99 counties in Iowa are not considered contraceptive deserts. The remaining 81 counties do not have adequate access to contraception for women eligible for publicly funded birth control. As seen in Figure 1, the only counties not considered contraceptive deserts are those in the darkest shade on the right of the categorical bar. As the shades move from right to left, the intensity of the contraceptive desert grows. For example, the county pictured in the darkest red color in the center of Figure 1 is Dallas County. This specific county is categorized as a severe contraceptive desert because for the 18,760 women aged 13-44, there are only two publicly funded clinics offering contraceptive services (Guttmacher Data, 2020).

Given these disparities, it is clear that the state of Iowa is in

need of contraceptive access reform. In 2017, the state passed the new Iowa Family Planning Program (FPP), which replaced the Iowa Family Planning Network (IFPN). While this new program did allow broader income ranges to be covered for state-funded family planning methods, it also removed funding for all Planned Parenthood clinics in Iowa and effectively forced one third of the clinics to close (Ramm 2019). The program also does not provide a plan for improving access in isolated areas of the

While there is much debate around the acceptability of women’s health centers, there is overwhelming evidence for their benefits. Not only do contraceptives help reduce the risk of unplanned pregnancies and abortions, but they also contribute to overall community health and wellbeing. When women and their partners are given the choice to plan and space their births, positive health, economic, and social outcomes are the result (Guttmacher, 2020). If the prospect of reducing



Note: Starting on the right side of the measurement bar, counties with one health center per 1000 women are shown by the darkest purple shade. Counties with one health center per 2,000 women are shown by the middle purple shade, and those with one health center per 5,000 are shown by the lightest purple. (Source: Power to Decide).

the state. Despite the relatively new Family Planning Program in Iowa, we contend that Iowans are still in need of better access to all contraceptive methods.

Access to birth control is also a major issue of contention for Iowans. Many women use birth control for a variety of non-contraceptive reasons. Many women treat their heavy, irregular or painful periods with birth control. It is also used for treating acne and endometriosis. For many women, access to birth control is not simply about preventing pregnancy, it is also about ensuring their health.

unplanned pregnancies and improving health was not enough, access to contraception is shown to aid economic growth. According to advocacy organization Power to Decide, “in terms of pure dollars and cents, estimates show that the public savings associated with declines in teen births amount to more than \$4 billion annually, and that’s only factoring in medical and economic support during pregnancy and infancy” (Power to Decide). With all of these societal and economic benefits in mind, the fact that about half of the 6.6 million pregnancies each year are unintended proves just how necessary access to contraceptives is (Tavernise). Reducing this ratio will hold significant benefits for Iowa citizens and the entire United States.

Pharmacist Prescribing Contraceptives

Allowing pharmacists to prescribe self-administered birth control is one way to improve access to contraceptives in deserts. Generally, this alternative actualizes itself as a system where women can visit a pharmacy and receive hormonal contraception instead of having to first meet with a physician. The patient simply fills out a prescription request and can pick up the contraception that day. This is especially useful to patients without health insurance, as visits with physicians are typically unaffordable. This policy is already enacted in various forms in 17 states, including the District of Columbia. States have had very different results and success rates depending on implementation style (“Beyond”, 2018). However, it is estimated that 93% of Americans live within 5 miles of a pharmacy, which makes them substantially more accessible than healthcare clinics (ASTHO, 2019). This alternative would improve access to contraceptives for more women, especially in rural areas. This level of access does not effectively “cure” the issue of contraceptive deserts, but it could help improve the situation in rural Iowa.

There are three different policies that allow pharmacists to prescribe birth control in the US: statewide protocols, collaborative practice agreements, and standing orders. Statewide protocols allow the authority of pharmacists to come directly from the state, and does not require an overseeing physician. Collaborative Practice Agreements, or CPAs, require the pharmacy to have a supervising physician or clinic. Finally, a standing order could act as a statewide protocol or CPA, depending on the specific program the state decides on. For example, New Hampshire standing order Ph 2400 allows pharmacists to prescribe birth control when licensed through the New Hampshire board of pharmacy, and this standing order is reviewed annually (New Hampshire, 2019).

There are many measures that states have taken to make this alternative as safe and useful as possible. Many states enforce age limits on hormonal contraceptive access. The Iowa FPP currently offers services to women above the age of 14, so this would most likely be the age limit for Iowa pharmacies. However, other states offer this service to ages as young as 12. Additionally, most examples of this policy include self screening assessments and brief medical history descriptions in order to ensure that patients being served are getting contraception that is safe for them to use. Some pharmacies offer private consultations with pharmacists before prescription can occur. These consultations allow patients the opportunity to learn more about their prescription and what to do if any issues arise. Finally, many states require physician referrals every few years to assure patient health and safety (“Beyond”, 2018). A combination these safety measures can be seen in nearly all

states that currently allow pharmacist prescription of hormonal contraceptives. Including these measures further encourages successful implementation of the policy.

One example of successful implementation of this policy alternative is the 2016 Oregon ORS 689.689, which allows pharmacists to “prescribe and administer injectable hormonal contraceptives and prescribe and dispense self-administered hormonal contraceptives” (ORS, 2020). Oregon was the first state to implement such a program. This statewide protocol requires pharmacists to undergo a five hour training course and patients to complete a self screening assessment prior to prescription. The program also requires pharmacists to refer patients to a physician once prescribed, but it does not require that patients meet with the physician. One year after the introduction of the policy, 63% of zip codes across Oregon had a pharmacist certified to prescribe hormonal contraception. It is estimated that, within that first year, ten percent of women using hormonal birth control received their prescription from a pharmacist (Rodriguez, 2019). This program received funds from the state’s Medicaid program and reimbursed pharmacists for time spent in training and prescribing contraception.

When implemented correctly, pharmacist prescription of hormonal contraceptives opens access to birth control to women across the state, and usually to those with the least amount of access. However, this alternative does not include other forms of contraception such as an IUD or hormonal implant that may work best for some women. The policy is limited to self-administered forms of hormonal contraception.

Telehealth Contraceptive Delivery Service

It is unreasonable to expect women to drive for hours in order to access contraceptives. One possible solution to this problem is to utilize the United States Postal Service (USPS). The government has used the USPS to deliver other types of prescriptions, and many companies are using delivery services in combination with virtual appointments in order to provide contraceptives of many types.

We think that a telehealth contraceptive delivery service could help to combat contraceptive deserts. Such a service would allow people to speak with a doctor, get a prescription, and get their birth control delivered directly to their own home. While a government-funded telehealth contraceptive program doesn’t currently exist in the United States, it is not unheard of for the government to provide similar services. The Department of Veteran Affairs, or VA, allows their prescriptions to be delivered by mail. Some prescriptions are also eligible to be delivered through the Affordable Care Act (Healthcare.gov). Many

non-government contraceptive telehealth services also exist, such as Pill Club aNurx. When building our potential program, we can look to these preexisting businesses for guidance.

Pill Club, founded by a Duke University medical student, is one of the most well-known examples of a contraceptive delivery service. The company was created when the founder became “frustrated that patients were denied easy access to basic reproductive healthcare” (ThePillClub). Pill Club carries sixteen major brands of birth control pills, along with their generic versions. Pill Club also carries the Annovera ring, emergency contraception also known as the plan B or morning-after pill, and female condoms.

The service is simple and user-friendly. First, the patient fills out an online health profile, which includes information about the patient’s medical history, insurance information, and any preferences they might have. Then, the patient has a brief conversation with a member of the medical team, who will provide a prescription. The patient can also transfer a current prescription to the Pill Club pharmacy. The pharmacy team fulfills the prescription and it is shipped to the patient at the same time every month, quarter, or year, depending on the preferences and insurance of the patient. Finally, the patient can call or text at any time to consult with the medical team about any questions or problems they might have.

The United States Department of Veterans Affairs also offers a similar program with a wider scope. With this online tool, veterans can refill their VA prescriptions online, view past and current VA prescriptions, track the delivery of prescriptions mailed in the past 30 days, receive email notifications regarding the delivery of prescriptions, and create lists to keep track of all medications (US Department of Veterans Affairs). However, to be eligible, the patient must be enrolled in VA health care, be registered as a patient at a VA facility, and have a refillable prescription from a VA doctor that has been filled at a VA pharmacy and is being handled by the VA Mail Order Pharmacy. These requirements obviously exclude a large portion of the population from participating in the program. This program also differs from our proposed program in that it is more of a general pharmaceutical delivery service and ours would focus solely on contraceptives.

What we propose is to create a program that combines the ideas of Pill Club and the program already put in place by the Department of Veterans Affairs. First, the patient would make an account and provide their medical history and other information, such as current prescriptions and insurance information. The patient would then be matched with a doctor

or nurse practitioner, who would review the patient’s medical information and schedule an appointment to meet virtually. This meeting could take place over video chat, phone call, or even text or instant messaging. The infrastructure necessary for these appointments already exists as a result of the COVID-19 pandemic. After the initial appointment, the doctor will prescribe some form of contraception to the patient, which will then be sent to the pharmacy to be prepared for delivery. The pharmacy will also be available to answer any questions from the patient regarding their medication. Finally, the patient will receive their contraceptives along with any additional medical information. The package containing these items should be plain, with no markings that might give away its contents, in order to protect the privacy of the patient.

Build More Clinics

Contraceptive deserts, while an issue all over the country, are especially prevalent in rural areas in the midwest. People using these health clinics in rural areas face increased transportation barriers to get there as well as overall fewer physicians and specialists working with contraceptives. 20% of the US population lives in rural areas and only nine percent of physicians practice there. This is especially important to note when the people in these contraceptive deserts that would use these facilities are more likely to have more pressing prenatal care and less educational material about contraceptives than their urban counterparts. (Van Dis, 2006). Building more clinics seems like the easy solution to this problem but the issue of contraceptive deserts is not just because clinics are built few and far between. It is also caused by the clinics in effective areas needing those services, being shut down. Just recently, the Planned Parenthood clinics in Bettendorf, Burlington, Keokuk, and Sioux City Iowa were shut down. A big cause for this is legislative funding. There have been many recent attempts to defund Planned Parenthood and clinics going under after new federal Title X restrictions by the Trump administration. These actions account for millions of dollars lost that goes towards contraceptive services. (Ramm, 2019). Planned Parenthood is the largest provider of reproductive health services in the country and when they close or are defunded, there are a myriad of resources that no longer are available to thousands of people. In 2017, half of the Planned Parenthoods closed in Iowa and that left 15,000 women without their health care providers. (Petroski, 2017). To speak more specifically about Iowa, as their clinics have been closing, the Emma Goldman Clinics have been affected as well, resulting in contraceptive deserts. This health center started at the University of Iowa in 1973. Since then, there have been 13 of these clinics that proclaim themselves as feminist non-profit clinics. (Kuhlenbeck, 2018). Purely building more clinics may seem like a reasonable solution but if they will just be shut down after going through

through the process of building, staffing, and utilizing them, that is not worth the time. The problem of contraceptive deserts is more complicated than the pure lack of clinics, so building more is not the best solution.

These clinics are being shut down not only because of funding and Congressional fights over Planned Parenthood but because of a larger issue relevant to the conversation of contraceptive deserts. In rural areas with few health centers and clinics that provide birth control, a big hurdle to increasing contraceptive access is faith based organizations, mostly affiliated with Christian denominations. Because prescribing birth control goes against values, these services get taken away and now the only access that people in this area have to birth control is even farther away than it would be. (Van Dis, 2006). It is important to look at the populations and cultural values of the people who would use these clinics because that would affect how

likely these clinics would be used, the contraceptive options and physicians who would work there, and the effectiveness of the clinic overall at providing these services. Even in the case of the Emma Goldman clinic, building these centers in progressive areas of the state like a big college town does have its repercussions. The Emma Goldman Clinics has been attacked and protested countless times. So it is important to think about cultural acceptance when expanding these resources.

In the past, Planned Parenthood has built new clinics on the border of states with lighter restrictions on health centers. There is a mega-clinic on the border of Illinois and Missouri which would help the issue of christian clinics taking away services. However that project had to be done mostly in secret until the facility was built to avoid protests and delays due to communities not wanting an abortion provider in their area. (CBS News, 2018). Rural areas where these contraceptive deserts are have



a reputation of not having the most comprehensive sex education and along with that can come a stigma of birth control or a lack of knowledge about what health clinics like these do. While abortions are an important topic to look at, Planned Parenthood does a lot more for women's health than that. And birth control has many more health benefits than just preventing pregnancy. And yet in these communities, these assumptions are made all the time and so building new clinics would have to not only focus on the services the actual clinic would provide but also have to prove itself to be a valuable addition to life in that area. This would be hard to do especially in deeply religious areas where talking about contraceptives, promoting sex education, or having peers use these clinics is not always acceptable.

Hypothetically, building more clinics could do a little bit of good if it was built in a contraceptive desert but it would take a lot of time and work when there are more effective options. Getting anyone more options to contraceptive options would be beneficial, however unless many were built or there were other projects adjacent to the clinics like help with transportation or comprehensive education about birth control, just having more buildings is not the best option. The point of a contraceptive desert is that people have to take time out of their day to drive exorbitant miles to obtain a service that should be closer and more readily accessible. Simply building more clinics even in an underserved area would most likely mean there would still be many people commuting far ways to get birth control. It is easy in theory but there are better options than this one to solve the contraceptive desert problem in rural areas. Even though this is not the most viable solution, having information about why these deserts continue to exist is incredibly important. People's beliefs about these clinics, legislative agendas, and the culture of small rural towns are important aspects to look at when it comes to the possible expansion of birth control access.

Iowa Family Planning Initiative

The Iowa Family Planning Initiative (IFPI) would increase access to Long-Acting Reversible Contraceptives (LARCs) by making them available to minors and low income women for free, without parental consent. Eliminating contraceptive deserts requires increasing people's access to a variety of contraceptive options to meet the needs of different people. Not everyone can use every form of contraceptive due to health issues. Others may struggle to remember to complete a contraceptive related task every day or month, such as take their pill or insert their ring, making it ineffective at preventing pregnancy. For other groups, such as women who have extremely heavy periods, IUDs are essential to relieving them of their symptoms. There are three main types of LARCs: copper Intrauterine Devices (IUDs), hormonal IUDs, and the hormonal contraceptive implant, also known as the brand name, Nexplanon (Planned Parenthood).

Through the Iowa Family Planning Initiative, the state of Iowa

would provide free LARCs to minors or those who make up to 300% of the federal poverty rate. Under the IFPI, minors would be eligible to receive a LARC without consent from a parent or guardian. To distribute the LARCs, the state of Iowa would contract out to family planning clinics. Patients would be able to go to the clinic where they normally seek care, but the state would cover the costs of the LARC. The goal of this program is to provide long term contraceptive access to women who, if they became unexpectedly pregnant, are the most likely to face significant financial distress or be forced to make decisions that would negatively impact their education.

LARCs are good forms of contraceptives because they are long term, highly effective, and once it is inserted, the person using it does not have to do anything to maintain it (Planned Parenthood) (Colorado Department of Public Health and Environment). These qualities make them strong options for low income women and minors. However, the cost can be a barrier to many low income women, or minors who do not want their parents seeing the charge on their health insurance. Many minors are not comfortable involving their parents in their sexual health and may decide not to seek out contraception or other services if parental consent is required (Guttmacher Institute). Additionally, LARCs have extremely high success rates. Nexplanon and IUDs have success rates of more than 99%. This means that of those using one of these options as their primary method of birth control, less than 1 out of 100 will experience an unexpected pregnancy (Planned Parenthood). For comparison, the birth control pill is 91% effective. When used perfectly, it is also 99% effective however, there is a lot of room for human error with the pill, decreasing its effectiveness. Unlike the pill, a LARC does not require maintenance by the user, eliminating possibilities for human error.

An IUD or Nexplanon can cost up to \$1,300 (Planned Parenthood). There are other costs associated with administering a LARC, such as the consultation and the appointment when it is inserted. This is a significant cost for people who are struggling financially, not yet financially independent, or those whose insurance plan does not cover the cost of an IUD. The Affordable Care Act requires plans in the Health Insurance Marketplace to cover contraception, including LARCs however, there are a number of expectations to this mandate. Plans can refuse to offer coverage for contraceptives by being grandfathered in or by receiving religious exemptions (HealthCare.gov). These insurance exemptions, along with the cost of an IUD serve as major barriers for a woman who may want a LARC but removing this barrier is worth it. When the costs associated with receiving a LARC are lessened, more women will use it (Shea).

It is essential that lower income women are the main targets of this initiative as they are the ones who are most likely to experience the greatest financial harm if faced with an unintended pregnancy. Among poor families, "unsought pregnancy is four

times as common and unsought births seven times as common than their more prosperous peers” (Tarico). Furthermore, single parenthood is considered to be a driver of inequality (Tavernise).

The proposed Iowa Family Planning Initiative is a plan that has seen success in real life. In 2009, Colorado implemented the Colorado Family Planning Initiative (CFPI). This is the program that the IFPI is based on. This program provides free LARCs to low income women and teenagers and does not require parental consent for teenagers (Tavernise). It has been considered a success in Colorado and by observers around the nation.

In Colorado, between 2009 and 2017, teenage pregnancies and abortions fell by 59% and 60% respectively (LARC4CO). Additionally, the use of LARCs among Colorado’s citizens rose to levels well above the national average. Between 2011 and 2013, seven percent of American women in their reproductive years, ages 15-44, used a LARC as their primary method of contraception. In Colorado, approximately 20% of women of reproductive age use a LARC (Tavernise). The CFPI benefits not just the women using LARCs but it also benefits Colorado’s budget. It is estimated that this one program saved Colorado between \$66 million and \$69 million in public assistance costs between 2010 and 2014. These savings are largely attributed to Medicaid services that cover the costs of unintended pregnancies (LARC4CO). The success of this program has been noticed by other states. Leaders from other states have been working with the CFPI in an attempt to implement this in their own states (Pew Center).

Colorado is not the only state that has seen success in implementing these types of programs. From 2007 to 2012, Iowa ran a family planning program called the Iowa Initiative to Reduce Unintended Pregnancies. One goal of this project was to increase the number of women who use LARCs. Just like Colorado’s initiative, it saw great success in reducing unintended pregnancies by making LARCs more accessible. In 2007, at the beginning of the initiative, 1,513 Iowa women were using LARCs as their primary method of birth control. In 2010, 4,807 Iowa women used a LARC as their primary method of birth control. The increased use of LARCs is attributed to the decline in unintended pregnancies. At the end of the program in 2012, Iowa saw a four percent decline in unintended pregnancies, one of the biggest declines in Midwestern states during this period. At the same time, there was 19% decline in abortions in Iowa (Philliber Research Associates et al). The state ended this program when the money from the grant funding the program ran out. Regardless, the data shows that programs like this work well in Iowa and that it is worth it to the state and its budget to invest in making LARCs more accessible.

One drawback of this program is that LARCs do not provide any protection against STDs. Women who are concerned about contracting an STD would still need to use a condom or an internal condom (Planned Parenthood). It is unlikely that the implementation of this program will have any impact on STD transmission.

Evaluation Policy Alternatives

We will be evaluating our alternatives using three different criteria: equity, efficiency, and political feasibility.

Evaluation Criteria

Equity- this can refer to either process equity, which asks whether the program is available to everyone equally, or outcomes equity, which asks whether the program results in equitable outcomes. We use both types.

Efficiency -a way to justify political action based on economic concepts. An efficient policy will use limited resources in the way that most increases the well-being of society.

Political Feasibility - refers to the likelihood that the legislature would vote in support of the policy.

Equity

Pharmacist prescribing of hormonal contraceptives has been shown to have many benefits for improving access to contraceptives, and therefore decreasing unintended pregnancies. This alternative is especially useful to those women who usually have the most issues accessing the full range of contraceptive methods. The Journal of Obstetrics and Gynecology found that those receiving contraceptives from a pharmacist are more likely to be younger, uninsured, and have less education. This population is also the one most at risk for unintended pregnancies and pregnancy issues (Rodriguez 2019). Therefore, allowing pharmacists to prescribe birth control would effectively give the most at-risk population more equitable access to contraception, and save the state millions of dollars in unplanned pregnancy costs and complications. However, the full scope of benefits to a community depends on successful state implementation.

The Telehealth Contraceptive Delivery Service appears to be fairly equitable. The program would increase access to contraceptives for people who are unable to visit a doctor’s office, helping to eradicate contraceptive deserts. Several issues

Overall, contraceptive deserts are caused by a multitude of issues that must be addressed using a multifaceted approach.

regarding equity do exist, but each has a fairly simple solution.

The first issue is that it might be difficult to achieve the same level of privacy that is available in a regular doctor’s office if speaking to a doctor through a video or phone call. People who live in college dorms or other shared housing would likely find it especially difficult. These patients would be able to use text or instant messaging to speak to their doctor. This program also requires access to internet or mobile data, which, while common, is not available everywhere. It is likely that rural or low income areas would have a more difficult time using the program. This can be solved by filling out the initial information at a location with wireless internet, such as a library. Finally, not all contraceptive methods can be shipped and self-administered. This program would work well for people who use a contraceptive pill, condoms, or a certain type of injection. Other injections and implants would have to be done at a clinic. While contraceptive type is typically a personal choice, many people are unable to use certain contraceptive types for medical reasons, such as a higher risk of a stroke. Even so, the consultation appointment for clinical procedures could be done through this program, meaning that the patient would need to make fewer trips to a clinic.

Building new clinics in contraceptive deserts would serve the people fairly across the board if it was built in an area with underserved populations. However, the point is to put clinics where people would not have to travel far to get these services, so

unless many clinics were built across Iowa, this problem is still going to persist. Even mega clinics would still not be equitable because those are not close to everyone. Building clinics would have to mean building a lot more clinics and that would require a lot of work and funding. The problem is that these clinics are often taken over or underused in these rural communities because of religious stigma. So building clinics would always be a big question of whether people would be comfortable using them. Hypothetically this option could be equitable if the clinic was placed where underserved people were given the full range of contraceptive methods, but that is hard to accomplish.

The Iowa Family Planning Initiative would help to improve equitable access to contraceptive, but only to an extent. Decreasing the cost of LARCs would make it more accessible to low income women, or women who would otherwise choose a more affordable contraceptive option. However, not all women can use LARCs due to side effects that they experience. For example, some women who use Nexplanon get severe acne from the hormones it contains. Additionally, women who live in areas where they do not have a clinic that offers LARCs, they would need to travel to have the LARC inserted. For this plan to truly help with the equity problem, it would need to be implemented alongside other programs that improve the accessibility of other forms of contraceptives.

Criteria Alternative Matrix

	Equity	Efficiency	Political Feasibility
Pharmacist Prescribing	+	+/-	-
Telehealth Pill Delivery	+/-	+	-
Build More Clinics	+/-	-	-
Iowa Family Planning Initiative (IFPI)	+/-	+	-

Note: Each policy alternative has been given a (+), (-), or (+/-) for each criteria. A rating of (+) indicates that the alternative meets our requirements for the given criterion. A rating of (-) indicates that the alternative does not meet the requirements for the given criterion. A rating of (+/-) indicates that the alternative neither met nor failed to meet the requirements for the given criterion.

Efficiency

Pharmacist prescription of hormonal contraception would be cost efficient only if implemented correctly. If pharmacies choose to opt out of training their staff, the costs to allocate funding would not be made up by the savings from reducing unintended pregnancies. Furthermore, access to contraception will not be improved without state or organizational oversight of implementation for pharmacies that receive funding. However, when implemented correctly, this alternative could actually bring in profits for the state. It would also greatly increase access to contraception for all of Iowa, especially in rural areas, as well as reduce the number of unintended pregnancies and save families and the state money.

The Telehealth Pill Delivery Program should be very efficient. Much of the needed infrastructure already exists and has seen widespread use as a result of the COVID-19 pandemic. While there will certainly still be some costs associated with the program, these shouldn't be extraordinarily high. These costs should be low when compared to the benefits resulting from this program.

Building more clinics is not the most efficient because of the construction in these areas taking up time, money, and space. Depending on the clinic that is put in the deserts, the contraceptive options that are provided might not be expansive enough to solve this problem. If a new Emma Goldman clinic is built, but they do not have enough money to hire, train, and supply specialists and physicians to supply a full range of birth control, that would not be an efficient solution. Many physicians do their work in urban areas because there are more opportunities for jobs and the pay is generally better so staffing these new clinics would be another big issue. And if these clinics were built and the people in the communities were too harassed or embarrassed or religiously shamed into not using them and the services go unused, that is not efficient at all. There are reasons that these clinics have closed in these rural areas and that these deserts have popped up all over Iowa and the solution is going to be more complicated than putting another Planned Parenthood or Emma Goldman clinic in the area.

The Iowa Family Planning Initiative would be an efficient program because it would help to increase access to contraceptives by making more LARCs available to more women. Data from other initiatives shows that when you make LARCs affordable, women will use them. If implemented and funded properly, this initiative would help close contraceptive deserts while lowering the number of unplanned pregnancies.

Political Feasibility

None of these programs are likely to be very politically feasible in Iowa. The state has a history of defunding clinics who provide access to contraceptives, such as Planned Parenthood, despite a large portion of the state's population supporting the funding of these clinics. Previous attempts to increase access to contraceptives have also been met with opposition from groups such as Iowans for Life, who believe that certain contraceptives "can be abortifacient in nature" (Rodriguez, 2019).

In 2017, the Iowa legislature passed a bill which prohibited clinics that provide abortion from participating in the Iowa Family Planning Program. This resulted in Planned Parenthood of the Heartland losing \$2 million in annual Medicaid money and, as a result, closing four clinics throughout the state. According to a 2018 poll from the Des Moines Register, 71% of Iowan adults say that they support resuming funding Planned Parenthood for non-abortion services. Only 25% oppose resuming funding, and four percent are unsure (Leys, 2018).

However, some Iowans believe that contraceptives are too similar to abortions to be state-funded. In 2019, Maggie DeWitte spoke out against a bill that would increase access to contraceptives in many ways, including by allowing certain contraceptives to be available over the counter. DeWitte spoke on behalf of Iowans for Life, a state-wide pro-life group. DeWitte claimed that certain contraceptives work by inducing abortions, and that "If [Reynolds is] trying to accomplish unintended pregnancies and a reduction of abortion, I just don't think this is the right strategy to go about doing that" (Rodriguez, 2019). Iowans for Life has also released a "Women's Reproductive Health Resource Book" which claims that contraceptives are not effective or safe (Iowans for Life).

It's clear there are strong feelings both toward and against contraceptives in Iowa. If we want to make our proposal as politically feasible as possible, there are a few things we must do. First, we should present contraceptives as a way to treat women's health issues, such as Endometriosis, acne, or hormonal imbalances. Second, we should emphasize the fact that these programs are efficient and will save money in the long run. In 2010, unintended pregnancies in Iowa cost the federal and state governments \$175.8 million (Guttmacher Institute). Our proposed programs will decrease the number of unintended pregnancies in Iowa, thus reducing the amount of money spent on these pregnancies. Emphasizing these two aspects of our programs should help to increase their political feasibility.

Funding

Government spending is consistently a topic of public concern across the United States. In general, conservative states have a more negative viewpoint towards government spending and increasingly liberal states have a more supportive viewpoint. The Iowa public, which is, by majority, conservative, is concerned with the amount of government spending each year. While all of the alternatives listed could reduce the amount of unplanned pregnancies, the most cost efficient option has a higher chance of overcoming the political obstacles described in our paper. Differing from efficiency, this section describes the ways government funding contributes to the chance of success for each policy alternative.

For the first option of pharmacists prescribing birth control, previous attempts at this policy alternative, like in Oregon, relied on state funding received from the Medicaid program and then paid the pharmacists for the time that they spent training, consulting, and prescribing birth control. Going the government funding route is an option that would effectively save the state millions of dollars in costs associated with unplanned pregnancies. For example, the Oregon policy is estimated to have averted 51 unintended pregnancies and saved \$1.6 million dollars in state assistance (Rodriguez, 2019). While this alternative is not as pricey as others, it would be difficult to secure the funding needed to take the first steps of implementing a similar plan in Iowa. The capital needed would most likely be drawn from the current Iowa Family Planning Program funding, which currently does not have enough funding to eradicate contraceptive deserts.

The costs associated with implementing Telehealth Pill Delivery would be minimal as it would use infrastructure that is already in place and has been widely used since the beginning of the COVID-19 pandemic. While there are no exact estimates for costs, it can be assumed that less money would need to be spent developing the infrastructure and more money could be spent on doctors, pharmacists, web development, and shipping costs. While these facets of the program would still require a generous amount of funding, they would certainly require less funding than some other proposed programs.

For the third option of building new clinics, the funding for this would be fairly extensive. The costs of the actual construction, as well as the staffing, materials and resources for these clinics, and the need for physicians as well as OBGYNs and other medical personnel. This is not a very money friendly option. And the funding for this is unclear because depending on which clinic that you build, Planned Parenthood or another, that would greatly affect how much money the organizations have for new facilities. In terms of building new clinics, this

funding for health care facilities would come from Congress and special interest groups. And those groups have been shown to mostly focus on serving the vast urban populations, leaving the contraceptive deserts to stay.

The Iowa Family Planning Initiative is a program that could receive funding from private entities or public funding from the state legislature. The previous Iowa Initiative to Reduce Unintended Pregnancies received funding from a private entity, the Susan Thompson Buffet Foundation (Pew Research Center). Applying for a grant is an option for funding this initiative. However, the issue with receiving private funding is that it typically runs out after a certain dollar amount or after a certain amount of time. The Colorado Family Planning Initiative receives its funding from its state legislature. Iowa could also fund such a program with tax dollars. Iowa typically spends four million dollars each year for family planning services already. However, the Iowa legislature is not typically eager to fund contraceptive services and may not agree to increase the amount allocated to family planning. As a result, funding may always be a major threat to the IFPI.

Policy Recommendation

All of these programs would be beneficial to Iowans and, to some extent, they would all work to close the gap in reproductive care that contraceptive deserts bring. However, the largest issue with pursuing implementation would be political feasibility. The current political climate in Iowa will impact how timely and successfully these programs would be implemented. While three of our program recommendations have similar benefits, there are certain programs that compliment each other well. Telehealth pill delivery and the Iowa Family Planning Initiative would work best to eradicate contraceptive deserts by covering all methods of birth control and widening access to everywhere that receives postal service. However, pharmacists prescribing hormonal contraceptives would still be very effective in helping underserved and rural populations get birth control. Overall, contraceptive deserts are caused by a multitude of issues that must be addressed using a multifaceted approach. Each of the alternatives have their own benefits and faults, there is not one that is going to overwhelmingly solve this problem. Combining pharmacist prescription of contraceptives with a government funded delivery service, as well as the Iowa Family Planning Initiative would be the most equitable and efficient way to improve contraceptive deserts in the state.

Ultimately, contraceptive deserts are a major issue in Iowa, and improving them would lead to a wide range of benefits both for the state and its citizens. Implementing these low cost policies would be an important step for progress. Undoubtedly, this is a

multifaceted issue which is hard to adequately address with one policy. However, the combination we propose is an important first step in making progress. Given the political and monetary obstacles, we encourage future studies to address contraceptive deserts in Iowa, as well as Iowa citizen's public opinion and how to allocate federal and state funding towards equitable

programs. Nevertheless, the start of this discussion should be expanding access to contraception wherever possible, in order to best serve the needs of Iowans.



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"I encourage folks who are thinking about law school to take a step back and seriously consider whether law school is the right decision for them. A legal education takes a lot of time, energy, and money—and therefore, I don't think students should jump right into it without seriously considering their future goals and motivations."

– Marcus Miller, IPRO 2018 –

IPRO Alumni Profile



Marcus Miller

Marcus graduated the University of Iowa in 2018, double majoring in Political Science and Ethics/Public Policy with minors in Business Administration and Philosophy. He is currently attending Harvard Law and volunteers at the Harvard Prison Legal Assistance Project. He also co-founded Project Silence No More, an organization dedicated to ending the stigma surrounding mental health, depression and suicide.

Introduction

One of the many benefits to joining IPRO is our alumni network. In 2019, Prof. Dietrich began asking current and past IPRO students whether they wanted to receive the annual Hawkeye Policy Report. Not only was there great enthusiasm for the idea, but some IPRO alumni also wanted to give something back to the program. To meet this demand, Prof. Dietrich created the alumni profile which aims to connect current IPRO students with past members while giving our alumni an ability to speak to the next IPRO class.

The inaugural alumni profile is of Marcus Miller. Marcus took IPRO in the Fall of 2018 and was part of the Des Moines Delegation in the Spring of 2019. His group produced the 2018 Chapter title "Does IPRO Vouch for Vouchers" which used a detailed quantitative analysis to assess school voucher and education savings account programs across several states. Ultimately, they argued (convincingly) that Iowa should focus on public education instead of attempting to implement either program.

After graduating in 2018, Marcus was admitted to Harvard Law School where he is pursuing a Juris Doctorate. While in law school, he has interned at the Office of the Federal Defenders for the District of Minnesota, participated in two clinics where he represented low-income individuals in social security disability claims and employees who suffered workplace discrimination, and served as a student attorney for the Harvard Prison Legal Assistance Project. In this latter role, he represented incarcerated folks who faced disciplinary hearing and housing assignment issues through conducting discovery requests, writing motions for dismissal, and arguing at hearings.

Simply put, Marcus was and is a fantastic scholar, student and person and we were very excited when he agreed to answer a few questions about preparing for law school for this year's Hawkeye Policy Report.

Interview

Prof. Dietrich: **As you know, many IPRO students end up going to law school. For freshman and sophomores, what should they be doing to get ready for law school? For juniors and seniors, what should they be doing?**

Marcus: *There are a lot of steps that students can take when thinking about law school, which I will certainly talk about. However, I encourage folks who are thinking about law school to take a step back and seriously consider whether law school is the right decision for them. A legal education takes a lot of time, energy, and*

money—and therefore, I don't think students should jump right into it without seriously considering their future goals and motivations.

Prof. Dietrich: **Do you think students should maybe take a gap year or two and work at a law firm or something?**

Marcus: *For some, that may be a good idea. Work experience isn't necessary, but it is increasingly common amongst top law students. I also do not think students should only focus on law-related jobs after graduation and before law school. There are so many wonderful opportunities for students to take advantage of, such as the Fulbright program, Americorps, and Teach for America. Another popular route I've noticed amongst my peers is to work at consulting firms for a year or two. Either way, any work experience a student has will be an asset for them both for admissions and generally as a law student and beyond.*

Prof. Dietrich: **That is really good advice. When do you think students should start preparing? Freshman and Sophomore year?**

Marcus: *It is never too early to start thinking about law school, and specifically, how to set yourself up for success when it comes to law school and applications. For freshman and sophomores, the biggest piece of advice is to focus on your grades. The two most important factors when it comes to law school admission is your LSAT score and your GPA. At this point, freshman and sophomores need not worry about the LSAT, and instead focus on getting the best grades possible.*

Prof. Dietrich: **Obviously, you and I know the LSAT and GPA are important, but what do you think is the next most important thing?**

Marcus: *For me, the next most important factor—at least from what I have noticed with my classmates at Harvard—is the ability to tell a compelling narrative/story into why you want to go to law school. It's not enough to simply assert you want to go to law school; you need to show through your extracurricular involvement, research interests, or personal experiences a compelling and genuine reason why studying the law excites you. Perhaps you are passionate about LGBTQ rights. Or immigration. Or labor and employment. Or criminal justice reform. Regardless of what it is, the best applications (in addition to having a high GPA and LSAT) are the ones where applicants connect their personal experiences, extracurricular/work/internship involvement, and academic and/or personal interests into a cohesive story about why they want to go to law*

Marcus (continued): *school.*

Prof. Dietrich: Is this something even freshman and sophomores should think about?

Marcus: *Yes, even freshman and sophomores should probably start thinking about the narrative they want to tell when they apply to law school. They can do that work in a field you might be interested in during either the semester or summer, and taking advantage of the various elective classes they can take to explore their interests.*

Prof. Dietrich: How about faculty? You and I spoke a lot when you were a student. Should freshman and sophomores start thinking about developing those relationships?

Marcus: *Yes, definitely. Faculty will not only help you grow academically, but you will also want to feel comfortable asking several professors for letters of recommendation when it comes time to applying. Tangibly, these relationships start with visiting them during office hours, taking multiple courses with them, and possibly doing research with them too.*

Prof. Dietrich: So, we have spent a lot of time talking about freshman and sophomores. Any advice for juniors and seniors?

Marcus: *For juniors and seniors, I recommend a three-pronged approach: continue focusing on grades, study for/take the LSAT, and crystallize the narrative you want to give when applying to law schools. The importance of your grades and LSAT goes without saying, but I want to focus on this last bit.*

For your narrative, you will want to take a serious look at all of your experiences in undergrad so far and identify a common theme. If none exists, you should strongly consider taking a year or two off after undergrad before going to law school. If you feel you have a solid narrative, then you'll want to identify areas in your application that are lacking. For example, if you are passionate about racial justice but have no volunteer experience, you may want to find an organization to volunteer with that is related (you can think broadly about ways in which different issue areas intersect with each other) to addressing racial inequality.

Prof. Dietrich: You and I worked on your Honors thesis. I know that is not the same thing as the narrative you are talking about, but did that process help at all?

Marcus: *Absolutely. I highly recommend writing a senior thesis. And of course—consider choosing a topic that is in line with the narrative you are going to tell. This experience gives you an opportunity to work closely with a professor, and it also helps develop your writing skills.*

Prof. Dietrich: I know this question is one that has a lot of moving parts to it, but if you had to give one piece of advice for students who are trying to decide which law school to attend, what would it be?

Marcus: *Basically, juniors and seniors should start asking themselves tough questions about what their future career goals are. For example, where do I want to practice? What kind of organizations do I want to work for? Do I want to eventually become a law professor? These questions are vital ones to ask when it comes down to choosing a law school.*

Prof. Dietrich: That is really sound advice and something I try to convey to IPRO and non-IPRO students as much as I can, even those not going to law school.

I want to thank you for taking the time to answer a few questions about law school and the application process. If students have any follow up questions, is there a way for them to reach you?

Marcus: *Yes, I welcome opportunities to give back to IPRO and therefore welcome emails from students. I've mentored/ am mentoring roughly 10 students and am dedicated to sharing any insights I have. They can get my email from you [Professor Dietrich].*

Prof. Dietrich: I will certainly forward your contact information to anyone who has any questions. Thanks again for taking the time to talk to IPRO. And, really glad to see IPRO alumni finding success after they graduate.

Marcus: *No problem. And, thank you for taking the time to talk with me about law school admissions, all for the benefit of future students. I am very grateful for everything you have done for me, and IPRO students are incredibly lucky to have you as an instructor and mentor.*

Conclusion

We again cannot thank Marcus Miller enough for spending a little time talking to IPRO. If you are an alum who would like to contribute to next year's Hawkeye Policy Report or have a good topic for discussion, please contact Prof. Dietrich (byce-dietrich@uiowa.edu).



Thank you for reading the Hawkeye Policy Report.

If you would like to join the Iowa Policy Research Organization (IPRO), please email Prof. Dietrich (bryce-dietrich@uiowa.edu) or visit our website.

Iowa Policy Research Organization
<https://honors.uiowa.edu/iowa-policy-research-organization>

