

Improving Health Outcomes, One Neighbor at a Time

Fall 2025

POLICY CHALLENGE



THE UNIVERSITY OF CHICAGO
INSTITUTE OF POLITICS

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Policy Challenge FAQs

Who is eligible to participate?

All current UChicago students are eligible to participate.

Do I need prior experience in policy or coursework to join?

Not at all! **No prior policy background is required**—just bring your thoughtful, creative ideas.

How many people can be on a team?

Each team can have **between 2 and 4 members**.

What should I do to make a team?

Teams can be formed however you'd like! You can sign up with friends or classmates you already know. **If you're still looking for a group, don't worry**—we'll help connect solo participants with others who are also looking to form a team. Just reach out to Ella: ikmaloney@uchicago.edu

What's the timeline and process to participate?

- **Thursday, October 9th at 11:00 am & Friday, October 10th at 11:00 am:** Optional Info Session session on Zoom (no registration required).
- **Monday, October 20th at 11:59 pm:** Team Registration Deadline (No cap on registrations, but only 15 teams will advance to the first-round presentations.)
- **Tuesday, October 21st–Friday, November 7th:** Mentor office hours (optional but highly recommended).
- **Sunday, November 9th at 11:59 p.m**
 - Submit your **two-page proposal** [link will be provided via email].
 - Include this **[title page](#)** (10% will be deducted if missing).
 - Email your **slide deck** using **[this template](#)** to Ella Maloney at ikmaloney@uchicago.edu.
- **Thursday, November 13 at 5:00 PM:** Policy Challenge Round 1
 - 6-minute slot per team (3 min to present, 3 min for Q&A).
 - Teams will receive a link on November 8th to select a presentation time.
 - Not all members are required to be present.
 - The top 3 teams will be announced following all of the presentations.
- **Monday, November 17, from 12:30-1:45 pm:** Policy Challenge Finals
 - Finalists may update their **slide deck** (but not their original proposal).
 - Updated decks are due to Ella Maloney (ikmaloney@uchicago.edu) by Sunday, November 16 at 11:59 PM CT.
 - Finalists will present for 5 minutes with 5 minutes of Q&A.
 - All participants are encouraged to attend and support their peers.
- **Monday, February 16, 2026:** National Policy Challenge Super Bowl
 - The winning team from University of Chicago will compete head to head with winning teams of students from across the country, who participated in their home schools' Policy Challenges.

What are competition mentors, and how do meetings work?

Mentors are faculty, staff, and practitioners who provide feedback on your proposal. Each team may meet with **one mentor for one 30-minute session** leading up to Round 1 of the Policy Challenge. Meeting details will be shared after registration.

What are the proposal requirements?

- Maximum of **2 single-spaced pages** (title page, graphics and works cited **do not count** toward this total)
- Minimum **10 pt font**, standard margins

How are proposals judged?

See attached rubric.

Can I revise my proposal or slide deck after submitting it?

Yes, if you move onto the final round—but **only once**, and only **before** the Nov 16 deadline. No edits will be accepted after the deadline.

Is a slide deck required for the pitch presentation?

No, but it's highly encouraged. Judges will read each proposal before your presentation, and a visual aid helps to clarify your ideas.

Is there a presentation template?

Yes! Use this [template](#). You may customize slide styles within the format provided.

Can we change team members after registration?

- You **may remove** teammates, but you cannot add new members after registering.
- Any changes must be reported to Ella Maloney (ikmaloney@uchicago.edu).

What do the winners receive?

Each winning team member will receive \$500. The winning team will represent the University of Chicago at the **2026 Policy Challenge Super Bowl**.

The Prompt

Improving Health Outcomes, One Neighbor at a Time

Rising health care costs, federal grant claw backs, a slowing economy, proposed cuts to Medicaid and other factors are impacting local health care systems and the populations they serve. States and local governments have seen the curbing of infectious disease prevention and vaccination programs, a reduction in public systems and health care providers, the end of chronic disease management clinics and rural hospital closures. The backlash against science and medical experts is a further challenge to public health efforts.

Your challenge is to take on a health care issue in your (college) state, city or county and produce a program to address it. The issue and its solution can be large – the development of rural health care clinics – or small – say a new program using AI to track health outcomes in one small town or the enlistment of new messengers on disease management. All that matters is you explain how you will pay for it, and, if your plan requires legislative action, your political strategy for getting it done. You must contain your proposal to two pages. No policy experience is necessary – this is a journey of the mind, so be creative!

Policy Challenge Rubric

2026: Improving Health Outcomes, One Neighbor at a Time

PURPOSE	Have they clearly outlined how their team's proposal will answer the challenge prompt?
IMPACT	Are all stakeholders identified and included in the development of the proposal?
SUSTAINABILITY	Is it a realistic and long-term solution?
PROCESS	Have they clearly identified a timeline, proponents and opponents?
CREATIVITY	Is this a fresh approach on the issue?
FINANCING	Does the plan clearly identify how it will be financed?
PRESENTATION	Was the proposal well articulated? Were they able to answer judges' questions fully?
OVERALL QUALITY	Is the problem well articulated? Are all the elements (need, evidence, solution, financing, method of enactment) included? Were citations provided?



Bridging the Urban/Rural Divide: A Student Policy Challenge

CARROTS, NOT STICKS: BEHAVIORAL INCENTIVES FOR HEALTHY EATING IN ILLINOIS

Presented By:

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Problem: Despite monumental policy efforts to fight food insecurity, food deserts, and diet-based chronic diseases remain a debilitating problem for millions of Illinoisans. In 2021, the Illinois Department of Public Health classified 807 census tracts, or more than one-quarter of all census tracts in the state, as food deserts. Poor nutrition carries dire consequences for the health of Illinois residents; chronic diseases such as diabetes account for seven out of 10 deaths in the state. Rural, low-income, senior, and Black and Brown Illinoisans are the hardest hit by food insecurity.

Policy Landscape: Recognizing this crisis, the Illinois legislature passed Senate Bill 850 in 2023, dedicating \$20 million to fighting food deserts through grants to open new supermarkets in food deserts. This effort indicates an orthodox policy focusing on food *supply*, which attempts to increase the availability of healthy food through more stores and farmers' markets. However, causal research suggests the link between increasing healthy food availability and diet changes is fairly weak. Indeed, a 2019 study in the *Quarterly Journal of Economics* found that giving low-income households the same grocery options as high-income households decreases nutritional inequality by just 10%. This is because, as the authors explain, most people who live in areas without a local supermarket will travel long distances to shop at one. Jason Block of Harvard Medical School corroborates this finding, noting that studies and little to no change in dietary habits or BMI after new grocery store openings. The way to address the lion's share of unhealthy eating, then, is not through work on food supply, but rather through changing *demand* by encouraging consumers to make healthier eating choices.

Unfortunately, Illinois's attempts at demand-side policy have been unambitious, uninspired, and limited largely to farmer's markets. However, the cost of produce at farmer's markets continues to be a major deterrent to use among SNAP/Link recipients. A survey of users of LINK Up, which doubles the value of SNAP benefits at farmer's markets, finds that cost is still the most commonly cited barrier to fruit and vegetable consumption.

Our Proposal: Acting as state lawmakers in Illinois, we propose a statewide cash-back program on fruit and vegetable purchases for Supplemental Nutrition Assistance Program (SNAP) users. Specifically, our proposal provides 20% cashback, reloaded on Electronic Benefit Transfer (EBT) cards, when consumers spend on produce, with an additional 10% cashback for produce grown in Illinois. Additionally, we leverage EBT apps to provide intangible behavioral rewards, which include notifying users how much they're saved after purchases, brief information about the local farm they're supporting (if applicable), and a section of the app to view total yearly savings. This is similar to the techniques used by bike-share apps such as Divvy to encourage ridership and is based on research that shows people are more likely to continually engage in rewarded behaviors.

Evidence: To craft an effective proposal, we researched behavioral economics research that outlined ways to effectively change behavior. Contrary to popular belief, education on healthy food options or adding nutritional information to packaging does not motivate people to choose healthy food choices. Legislators in other states have experimented with restrictions or additional taxes on high-sugar foods, and although those have been effective, they are received as paternalistic policies. Instead, our goal is to incentivize healthy food choices through nudges, which can be as effective as taxes or restrictions while allowing people using SNAP to maintain their autonomy. Studies show that incentives in the first and second half of the month show an increase in fruit and vegetable purchases across the entire month, showing that incentives can positively change behavior.

Cost-Effectiveness: Between November 2011 and December 2012, the USDA's Food and Nutritional Service funded the Healthy Incentives Pilot program in Massachusetts. Under the program, SNAP recipients received 30 cents back for every dollar spent on targeted fruits and vegetables. The pilot included 7,500 households and cost \$4.4 million. Most of the funding was spent on setting up and testing the system with only \$263,043 spent on incentives. In 2022, an estimated 736,582 households were receiving SNAP in Illinois. Assuming similar behavior, we can estimate that the cost of incentives would be around \$26 million yearly, and setup costs would be even cheaper. The USDA's evaluation of the Massachusetts pilot estimated that the next state to fully implement such a program would have to spend just \$2 million on one-time set-up costs.

Although the program cost just \$35 in incentives per household, it produced monumental changes in eating behavior. Recipients consumed 26% more fruit and vegetables as a result of the program and increased spending on produce by 11%. Why is this approach able to change consumption so cheaply? Notably, the rebate makes produce relatively cheaper than unhealthy options, incentivizing consumers to change the distribution of their grocery budget even as the total size of the budget remains relatively stable.

Funding: The USDA's Gus Schumacher Nutrition Incentive Program (GusNIP) provides large grants to fund programs like our proposal; it recently distributed grants of \$31 million and \$14 million to fund programs in Nebraska and Oklahoma, respectively. We propose that The Department of Human Services in Illinois, the department that distributes SNAP benefits in Illinois, apply for GusNIP grant funding from the USDA to implement our proposal. Moreover, the recently-passed Illinois Senate Bill 850, which was championed by Governor Pritzker, indicates that there is political will to address food deserts. Thus, there is potential to access more funding from the state appropriations process beyond the GusNIP grant.

Political Viability: Our proposal represents a rare interest convergence across many different groups of stakeholders. First and foremost, the program bridges the divide between rural residents, especially seniors, and urban SNAP recipients, both of whom lack access to affordable and healthy grocery options. Grocery stores will support the proposal as a chance to earn additional income through SNAP dollars, while farmers in Illinois will favor the special rebates for homegrown produce. Our emphasis on local produce is also persuasive for conservative lawmakers, many of whom have close ties to the Illinois agriculture industry.

The policy risks pushback from progressive legislators and the general population over concerns of paternalism stemming from the policy's attempts to alter consumer behavior. This policy, however, allows consumers to maintain their autonomy by providing additional incentives instead of restricting their use of SNAP dollars to specific items. Also, this proposal could concern social conservatives who may argue that the policy's cost would overextend the state's budget. Our proposal uses federal dollars to sidestep this obstacle, and it also reduces health costs for both the individual and the healthcare system, saving the government money in the long run.

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