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COMMENTARY

Voting As a Social Determinant of Health: Leveraging Health Systems to Increase Access to Voting

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There has been recent interest in the upstream power structures that manifest as social determinants of health. Such structural inequities are relevant to what we now recognize as political determinants of health, the policy drivers that result in unmet social needs that affect the manifestation of disease and access to health care. One such key political determinant of health is voting. The relationship between voting and health outcomes is multifactorial: people from marginalized backgrounds are more likely to be affected by poor health, and decreased access to voting has been associated with worse health outcomes, ultimately leading to decreased representation of the interests of the marginalized and those struggling with chronic disease. These relationships beget a cycle of poor health, decreased voting, decreased political capital, and policies that deprioritize the needs of the sick and marginalized. In 2022, the American Medical Association passed a policy resolution declaring voting a social determinant of health. To meet voting as a social need for patients, health systems must understand how voting as a political determinant affects downstream social determinants and consider ways to increase access to voting in health care spaces. Here, the authors review some previous efforts to increase voter registration and education in clinical environments and discuss preliminary efforts at Parkland Health to increase access to voting for a large, urban safety-net population in Dallas County, Texas. The authors also discuss future plans to fully integrate voter registration and education into processes of health care delivery, recognizing that meeting voting as a social need is an imperative of the health system. Addressing the social determinant of health of voting is uniquely impactful in that increasing access to voting

builds political and social capital for the disenfranchised and underserved, leading to downstream impact on other social needs.

Voting, Health, and Power

Social determinants of health (SDOH) are the social, economic, and environmental factors that drive health outcomes.[1] Health care and society at large are increasingly recognizing the underlying power structures that beget social determinants of health. Health systems are grappling with the task of reengaging and caring for vulnerable populations at a time when there is increasing recognition that the care of individuals requires intervention focused on systemic power structures.

Similar structural determinants shape the ability to vote, a fundamental tenet of engagement in democratic society. Just as SDOH such as education, income, transportation, and incarceration impact access to care, socioeconomic factors impact voter registration and access to voting.[2] Furthermore, structures of oppression that drive health disparities are similarly implicated in efforts to limit access to voting. Since the 2020 election, 405 bills in 39 state legislatures have been proposed to increase restrictions on voting, with 10 laws having been enacted in 7 states.[3] Laws that place greater restrictions on mail-in voting and stipulations for voter identification have been shown to disproportionately impact people with lower income, historically marginalized racial and ethnic groups, and people with disabilities.[3,4] Just as SDOH are sequelae of systemic oppression, restrictions to access to voting result from structural inequity.

Relationship Between Voting and Health

The relationship between voting and health extends beyond the mutual origins of unequal power structures. Voting behavior is associated with better health outcomes, and lower engagement in voting is associated with poor health.[2,5] States with lower voter participation are associated with worse health outcomes, even after controlling for expected mediators such as income inequality and education.[5,6] Lower voting participation is thought to be indicative of lower social capital, which has been implicated in poor health outcomes over time.[7] Globally, voting participation, which is correlated with engagement in social networks and civil society, has been associated with better self-reported health.[8] At the individual level, civic engagement (including voting participation, volunteerism, and activism) has been associated with improved health outcomes for adolescents, adults, and senior citizens.[9,10]

> *"States with lower voter participation are associated with worse health outcomes, even after controlling for expected mediators such as income inequality and education."*

The relationship between health and voting behavior can be literal in that people with chronic disease, disability, and poor mental health are physically limited in terms of their ability to register and turn out to vote.[6] Policies that increase accessibility for voting, such as increasing voting

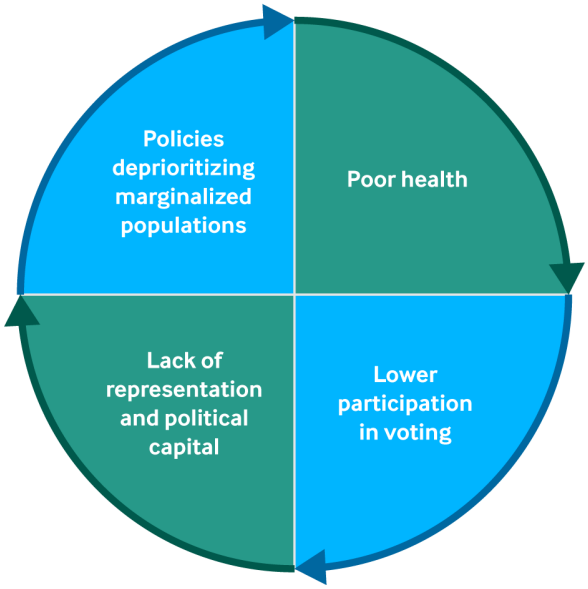
locations and mail-in voting, empower people with chronic disease and disability to engage in the democratic process.[6] Furthermore, a sense of mental and physical well-being has been associated with voting behavior, suggesting the importance of self-efficacy as an effect of health and a driver of civic engagement.[11] Both mechanisms demonstrate the vulnerability of low-income and marginalized populations in achieving representation through voting and leveraging political power. Given that racial and socioeconomic differences drive disparities in disease and disability, the same racial and socioeconomic differences manifest in disparities in political and social capital.

Policy Impacts of Voting and Health

Lack of representation leads to policies that deprioritize the needs of sicker, marginalized populations and risks further alienating these populations. For example, uninsured people are more likely to support funding public health programs; however, an analysis from American National Election Studies revealed that only 34% of uninsured people voted in the 2016 election, compared with the national average of 55%.[12] Other recent studies have demonstrated an association between restrictive voting policies and lack of insurance, particularly among people of color, people <45 years of age, and people with lower income.[13] Such evidence underscores the inaction in policy areas that are relevant to sicker, uninsured populations due to lack of political capital and further marginalization through voting restrictions (Figure 1).

FIGURE 1

Cyclical Relationship Between Voting, Representation, Policy, and Health



Source: The authors

The relationship between voting, health, and public health policy is bidirectional in that benefiting from public health programs has been associated with increased civic engagement. For example, in the Oregon Health Insurance Experiment, the largest randomized controlled trial to assess the impact of Medicaid expansion, a lottery was used to allocate 10,000 slots for low-income uninsured adults.[14] In addition to demonstrating that Medicaid enrollment increased health care use, improved financial security for beneficiaries, and improved self-reported health, subsequent analyses demonstrated that Medicaid enrollment was associated with increased voter turnout.[15] Furthermore, Medicaid expansion was found to positively change attitudes toward public health programs, namely, the Affordable Care Act, independent of partisan identity.[16] Such findings demonstrate the modifiable impact of increasing health care coverage on public interest in public health policies.

Role of the Health System in Voting

The National Voter Registration Act of 1993 — the so-called "motor voter" bill — established that venues that provide public assistance, including hospitals (due to the provision of Medicare and Medicaid services), are empowered to facilitate voter registration.[17] Despite this legislative protection, <20% of eligible American voters have been supported in voter registration through government-funded agencies, and health care facilities are underutilized as vehicles for voter registration.[18-20] Nonetheless, in recent years there has been considerable growth in systematic efforts to increase voter registration in health settings. Clinic-level efforts have been piloted, largely in academic settings, to screen for and facilitate voter registration for patients.[17,21,22] Such clinic-based efforts have been further expanded to the system level, most notably in the Vot-ER Healthy Democracy Campaign.[20] Vot-ER is a nonpartisan, nonprofit organization that mobilizes medical students to screen for and facilitate voter registration and mail-in ballot requests on the part of adult patients. During the 2020 election, 128 medical students in 31 states helped 15,692 adults register to vote and request mail-in ballots within health care settings, demonstrating the sizable, scalable impact of integrating voter registration within health care delivery.[20]

> *"Lack of representation leads to policies that deprioritize the needs of sicker, marginalized populations and risks further alienating these populations."*

The responsibility of health systems to facilitate voting has recently been recognized by professional societies. In June 2022, the American Medical Association passed a policy resolution supporting safe and equitable access to voting, opposing restrictions to mail-based voting, and recognizing voting as an SDOH.[23] The Association of American Medical Colleges recently partnered with Vot-ER to develop resource guides to facilitate education and voter registration in health care settings.[24] Yet, current efforts to integrate voting into care delivery rely on partnering with external parties and engagement of individual providers, rather than systematically integrating voter education and registration into health systems. Future implementation studies are needed to examine the ideal processes for integrating voter education and registration into system

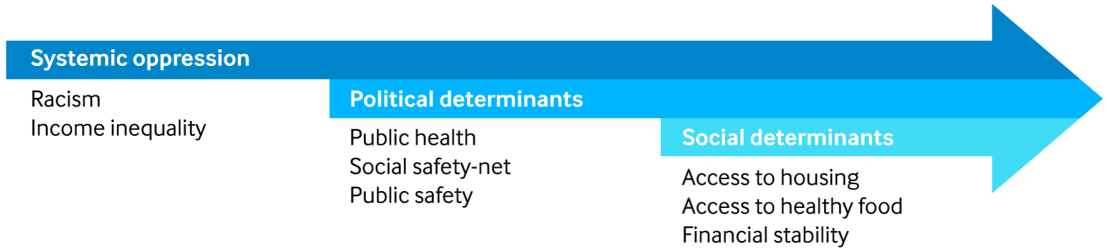
care models. Clinic-level pilots incorporating screening for and facilitating voter registration in individual clinical encounters must be generalized to a scalable, system level.

Upstream Interventions for Political Power

Traditional models of SDOH interventions typically rely on system processes whereby individual patients are screened for health-related social needs and are connected, via social work or case management, to available resources such as public benefits or community-based organizations offering related services. This asset-based approach to addressing unmet social needs is critical for working within an inherently unequal society and leveraging existing resources. However, the cycle of screening and connection fails to address any underlying inequities that result in unmet social needs, such as lack of housing, food insecurity, and financial strain. Unlike other SDOH, voting has the potential to correct upstream political determinants that drive social inequity.[25] Therefore, the impact of addressing voting as an SDOH as an imperative of the health system lies in meeting a social need while simultaneously engendering political power, breaking the continuum of systemic oppression, political determinants of health, and SDOH (Figure 2).

FIGURE 2

Continuum of Systemic Oppression, Political Determinants, and Social Determinants of Health.



Source: The authors

> *"<20% of eligible American voters have been supported in voter registration through government-funded agencies, and health care facilities are underutilized as vehicles for voter registration."*

Future Directions

The efficacy of Vot-ER is a model that should be examined by large health systems and incorporated within care delivery, much like any other SDOH. This task, potentially affecting every adult patient who is a U.S. citizen, is beyond the capacity of our already overburdened social work and care management workforce. However, given the propensity for rapid SDOH intervention through voter registration and educational materials, we assert that addressing voting as an SDOH is an intervention that can be incorporated at the time of financial registration for and enrollment

in public insurance, if not at the provider level. Such processes for screening patients for voter registration are ripe for opportunities for an informatics-based approach, as demographic data in the electronic medical record can be leveraged to guide screening for voter registration (e.g., most beneficiaries of Medicare and Medicaid are likely voters eligible to receive screening and voter education).

In our health system, located in Dallas County, Texas, a state with some of the most restrictive voting laws[26] and the highest uninsurance rate in the country,[27] we have worked to promote voter registration within health care facilities by providing voter education and registration materials in high-traffic areas of the health system. Key points of voter education relevant to our state included orienting voters to the truncated timeline and hours for early voting, acceptable forms of voter ID, and processes for registering to vote, all of which are completed via mail or in person in the state of Texas. We mobilized medical students, residents, and high school student health ambassadors to staff voter registration booths in high-traffic areas of the hospital in the 2 weeks leading up to the 2022 midterm election voter registration deadline in partnership with the Dallas County Elections Department, which provided resources and personnel support. In the future, we plan to implement processes to screen patients for voter registration and provide resources for voter registration and voter education as a part of patient care delivery.

Just as patients receive care, obtain medications, and enroll in public benefits in patient-centered medical homes, patients must gain access to voting. We view this initiative as a part of holistic health care delivery for our underserved patient population and a mechanism for the sustainability of public health institutions like our safety-net hospital by increasing the political power of our beneficiaries. We recognize the importance of activating providers in the effort to educate and empower patients to address political determinants upstream of SDOH. We invite other health system leaders to follow the blueprint set by the Vot-ER campaign and consider how to implement a systematic approach to incorporating voter registration and education within health care delivery. Health systems are already a vehicle for elevating the voices of the marginalized and disenfranchised. What better way to elevate patient voices than through the ballot box?

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