

Vote like your health depends on it: Voter engagement in the healthcare setting

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INTRODUCTION

In a few short months, another Election Day will be upon us. Voters will be tasked with filling offices from president to mayor, senate to school board. They will decide whether ballot measures and levies are enacted or left for dead. Voters will contribute to decisions that affect the social determinants of health, the “conditions in the environments where people are born, live, learn, work, play, worship, and age.”¹ Every Election Day is an opportunity for those who are eligible to voice their opinions and to share power in determining the determinants.

Yet, far too many do not vote, often because of barriers put in their way by structural determinants and policies that, in many states, make it harder for many to cast their vote. During the record-setting 2020 presidential election, rates of voter registration and participation were lowest among the young, those identifying as a member of a minoritized race or ethnic group, and those of lower socioeconomic status.² Younger adults are the parents who accompany the approximately 3 million children admitted to US hospitals each year.³ Adults of minoritized race or ethnicity, and those of lower socioeconomic status, are hospitalized themselves at disproportionately high rates. Our job as hospitalists is to diagnose and manage and to provide patient- and family-centered, evidence-based care.⁴ That evidence now points us toward action on social and political determinants of health and toward participation in the electoral process.^{5,6}

In his famed “Give us the Ballot” speech, Dr. Martin Luther King Jr. noted that without the right to the vote, “I cannot make up my mind—it is made up for me.... I can only submit to the edict of others.”⁷ The vote gives people a degree of control over their lives, over decisions relevant to their well-being and the well-being of their families and communities. There is a parallel between our approach to patient- and family-centered care. We strive to empower our patients and families, building upon their strengths during each clinical encounter.⁸ By helping patients (and family members) register

to vote and encouraging them to exercise their right to go to the polls, we promote their power and agency; we amplify their voices. Here, we briefly summarize the evidence for this claim. We then introduce strategies to encourage patients and families to engage civically. Starting soon is imperative. The next Election Day is right around the corner.

EVIDENCE LINKING VOTER ENGAGEMENT TO HEALTH AND WELL-BEING

Higher rates of voter engagement are associated with better self-rated physical and mental health and fewer health risk behaviors, chronic diseases, morbidity, and mortality.^{6,9–11} Such relationships persist even after adjusting for potential confounders, such as sex, age, marital status, race, education, employment, income, and geography. Health status has also been shown to influence voter turnout; people with physical, intellectual, and psychological disabilities, and those with many chronic conditions vote at lower rates.^{12,13}

There are a variety of hypothesized mechanisms connecting voter engagement with health outcomes. Many suggest that voting is a marker of social capital, defined as “resources to which individuals and groups have access through their social networks.”¹⁴ Social capital is thought to improve health outcomes by promoting social cohesion and collective efficacy (“the ability of a community to engage in collective action”).¹⁴ Others suggest that the link between voting and health is mediated by policies that shape the social determinants, policies that influence employment opportunities, housing quality, and access to health-promoting resources.¹⁵

Impediments to voting can lead to policies that favor (or harm) one group over another, resulting in inequities at the population level. Indeed, voting inequities, such as longer lines at polling places that serve historically marginalized communities or racist voter suppression policies, can perpetuate population health inequities. Rodriguez

et al. calculated that, given excess premature deaths by Black Americans, there were 1 million fewer votes cast by Black Americans between 1970 and 2004,¹⁶ 1 million fewer opportunities to shape health-relevant policies for Black individuals, families, and communities.

We suggest that improving voter engagement and voting access is both important for all and a necessary step on the path to health equity. Many agree with professional organizations like the American Academy of Pediatrics now calling for the promotion of voter engagement within healthcare settings and during clinical encounters. Further, legal precedent and protections exist that encourage nonpartisan voter registration in healthcare settings; the National Voter Registration Act of 1993 requires state agencies that provide services under Medicaid or the Children's Health Insurance Program to offer voter registration services, although it is not clear the degree to which such agencies are following this rule.

Additionally, many healthcare settings already offer voter registration, encourage participation, and provide information on health-relevant policies. Such efforts have proven feasible, effective, and acceptable to patients and families.¹⁷ Communities often consider healthcare offices and hospitals to be trustworthy sources of information and express a desire to have discussions about relevant health policies during encounters.¹⁸ Thus, evidence links voter engagement to health and well-being and suggests that patients and families are open to learning about voting and policies within healthcare settings. For those who have not yet begun, what are ways to start?

GETTING STARTED

Make sure you are ready to vote

Before encouraging eligible patients and family members to vote, we must ensure that we, ourselves, are registered to vote and engaged in the civic life of our communities. From 2006 to 2018, eligible physicians voted at rates 14% below that of the general population.¹⁹ Voting—in every election—for policies that improve the social determinants for our patients is also a crucial strategy for improving patient and population health. It is easy to check your voter registration status and make your plan to vote. Nonpartisan websites, such as Vote411.org, sponsored by the League of Women Voters, provide a one-stop shop where anyone can check their registration and research upcoming ballots. Given demanding clinical responsibilities, flexible early voting and vote-by-mail options may also prove useful.

Make sure your patients are ready to vote

Start talking about voting during clinical encounters. During your next admission history and physical, consider enriching your social history by asking if the patient and their family are registered to vote, if they



FIGURE 1 Picture of the free Vot-ER badge backer with a QR code that connects patients to a nonpartisan voter registration platform. *Photo Credit:* Aliya Bhatia, Executive Director at Vot-ER.

know how to vote, and if they have questions about what will be on their ballot. Consider wearing buttons, lanyards, or badge backers displaying “Ready to vote?” or “Register to vote” slogans. This visual signal may prompt interested individuals to directly ask you about voting.

Several nonprofit, nonpartisan organizations are dedicated to supporting such efforts. Vot-ER is a prime example, founded by Dr. Alister Martin, an emergency medicine physician at Massachusetts General Hospital. Dr. Martin, like many of us, found himself treating patients with conditions undeniably affected by social and political context. Vot-ER was his response, an organization committed to integrating voter registration into the healthcare system to support healthy communities powered by an inclusive democracy. Vot-ER accomplishes this goal by connecting clinicians and healthcare institutions with tools and training focused on voter engagement. Tools include free Vot-ER badge backers and lanyards. The backers display QR and text codes that, when scanned by a smartphone, lead individuals to the Vot-ER website (Vot-ER.org) (Figure 1). The website guides individuals through the voter registration process specific to their home addresses. Individual clinicians can obtain Vot-ER tools at no cost by registering at <https://vot-er.org/free-badge/>. Institutions can also place custom orders with site-specific QR and text codes, posters for waiting rooms or inpatient rooms, and resources for tracking engagement.

Join and strengthen the movement

Vot-ER is just one of many organizations aligned in the effort to promote voter engagement in healthcare settings; others include Civic Health Alliance, Health Begins, Patient Voting, and Doctors for America. Every August, this coalition of national organizations sponsors National Civic Health Month, which is dedicated to promoting civic engagement among healthcare providers and patients. During National Civic Health Month, Vot-ER sponsors a Healthy Democracy Campaign, a nationwide medical school competition for registering voters. In 2020, 80 medical schools helped more than 15,000 adults start the voter registration process.²⁰ The next Healthy Democracy Campaign begins in August 2022. Consider joining! Of course, work to change the culture of health care and promote voter engagement continues year-round and year after year. Opportunities can be found anytime by looking for these organizations on social media.

We can also strengthen this movement by building the evidence base. Studies that more fully tease apart mechanisms behind voting-health linkages are warranted. Qualitative assessments of patient and family perspectives would be similarly useful, generating hypotheses and novel strategies that bring discussions around voting and health-relevant policies to the bedside in appropriate and impactful ways.

CONCLUSIONS

The interrelationship between medical and civic health is undeniable. As hospitalists, we promote shared power and agency among our patients and their families when they are at their most vulnerable. We can, and should, encourage our patients and their families to use their power and agency to guide both their medical decisions and the civic decisions known to influence their health.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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