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Paul Reed
RADM, U.S. Public Health Service
Deputy Assistant Secretary for Health,
Office of Disease Prevention and Health Promotion,
Department of Health and Human Services

Submitted electronically via email to HP2030Comment@hhs.gov

Re: FR Doc. 2021-26184 Announcement of Solicitation of Written Comments on Proposed Healthy People 2030 Objectives and Request for Information on the Relationship Between Voter Participation and Health

Dear Deputy Assistant Secretary Reed,

The Society of General Internal Medicine (SGIM) is a member-based medical association of more than 3,000 of the world’s leading academic general internists, who are dedicated to improving the access to care for all populations, eliminating health care disparities, and enhancing medical education. Our members are committed to delivering high quality care and ensuring patients have access to a well-trained physician workforce. SGIM is committed to identifying and addressing system-based disparities of health care delivery. Our efforts are directed toward equitable and affordable access to the highest quality of healthcare and health possible.

We are responding to the U.S. Department of Health and Human Services (HHS) solicitation for evidence-based information regarding the relationship between voter participation and health as a measure of civic engagement. Within the Healthy People 2020 framework for Social Determinants of Health (SDOH), voting is an important component of civic participation relevant to the social and community context domain of this framework. Healthy People 2030 is an opportunity to build on this foundation and reinforce voter participation as an important objective for promoting health through civic engagement. Below we review the evidence for voter participation and its relationship to health.

Voters play a critical role in shaping government and influencing policy related to access to health care, housing, food, and other social and economic supports. Structural and institutional factors have led to the systematic impoverishment of historically-minoritized populations and denial of access to these services, resulting in health disparities. Voting, government, and policy are key political determinants of health that can improve health equity, yet a significant proportion of individuals eligible to vote in the United States do not vote. The 2020 presidential election, for example, saw the highest turnout of the last two decades, yet one third of those eligible did not vote, and voter participation rates vary by race, education-level, and income. These very disparities in voter participation risk exacerbating the disparities in the health-related policies and structures that voting influences. The relationship between voter participation and health is complex, but existing evidence on voter participation and health has identified key themes:

- **Voter participation is associated with better self-reported health, chronic conditions, and other health factors.** Consistent with evidence cited in the Healthy Policy 2020 civic participation literature summary, a recent scoping review of studies examining voter participation and health concluded that lower voting rates were consistently associated with poor self-rated health across multiple studies. Several studies have also shown that people with chronic illnesses or disabilities have lower rates of voting, although voter participation rates may vary by type of medical condition and by
election year. Other work has observed that participation in the political process is conditional on survival, and mortality-related differences in political participation are related to health disparities, such that the electorate is becoming disproportionately composed of participants who experience more living years for political participation due to their comparative socio-economic advantage.

- **Voter participation varies by presence and type of health coverage.** Prior studies have shown that health coverage is associated with voter participation, including work that found that expansion of health coverage shaped voter participation and partisan vote share. A study of voter participation in the 2000, 2004, and 2008 elections found that counties with higher proportions of the population enrolled in Medicaid increases, aggregate rates of voting decrease. Yet, other work focused on Medicaid expansion has found that Medicaid expansion was associated with increases in voter turnout, and that increases in voter turnout in Medicaid expansion states were concentrated in counties with the largest percentage of Medicaid eligible beneficiaries. Another study of voter turnout in Oregon after Medicaid expansion used a randomized design based on the Oregon lottery approach to Medicaid expansion in 2008 and showed that Medicaid increased voter turnout in the 2008 Presidential election by about seven percent, with the effect likely related to new voter registrations. Health coverage may be among the most direct links between policy, voter participation, and health.

- **The causal relationship between voter participation and health is likely multifactorial and cyclical.** Better health may increase likelihood of voter participation, and voter participation may engender improvements in community health and health equity through its influence on public policy. Both voter participation and health are associated with socioeconomic factors such as education, income, and race. While studies examining voter participation and health to date have adjusted for these factors, the potential for residual confounding makes it challenging to untangle the relationship between the two. Yet, research using methodological approaches to better understand the causal relationship between voting and health has emerged, A survey-based study using an instrumental variable approach found that civic participation through voting was associated with a large positive effect on self-rated health. Other work using longitudinal data and propensity score matching demonstrated that volunteering and voting among adolescents was is associated with positive health behavior later in life. Conceptual models based on existing evidence provide useful guides for understanding the relationship between relevant factors. For example, Jamila Michener’s conceptual model identifies several interrelated pathways by which (1) public policy shapes concentrated disadvantage; (2) concentrated disadvantage then influences both health disparities and political participation; (3) health disparities impact individual and community political participation, and (4) political participation influences—and is influenced by–public policy. Some authors have observed that if the causal relationship between voter participation has a feedback loop, then voters in good health could accrue outsized influence in the political process, potentially exacerbating inequities over time.

- **Lack of voting—and especially exclusion from voting—may adversely affect health equity.** Lack of voting has been attributed to many factors, including individual and community factors such as diminished trust in the political process and decreased social capital, and policy factors such as gerrymandering, voter ID laws, voter purging, and other voting restrictions. Gerrymandering, the practice of manipulating electoral district boundaries during redistricting to favor a particular political party or candidate, can occur when any party has power over redistricting and diminishes the voting power of communities living in gerrymandered districts with potential health implications. For example, communities that have been “cracked” (split into multiple districts) may be unable to lobby for the resources they require. In 2003 after severe weather caused flooding to the historically Black Watts neighborhood in Los Angeles, California, community members struggled to access essential recovery assistance in part because town had been “cracked” into multiple districts confusing for residents seeking support after the floods. More recently, work by Keena and colleagues suggest
that states with extreme gerrymanders were most likely to refuse Medicaid expansion or challenge the ACA, although the voting population largely supported the expansion of health coverage.\textsuperscript{19}

As physicians, we are committed to understanding and addressing all the medical, social, and political factors that impact health and health equity. Improving voter participation, especially among historically excluded or disadvantaged groups, is essential to addressing the political determinants of health, and dismantling and reversing structural racism. Evidence to date has identified several important themes related to voter participation and health, yet the relationship remains incompletely understood and further research could build on this work to better understand the causal relationship between voter participation and health, and to explore impacts of restricting voter participation on health and health equity. We strongly support Healthy People 2030 in exploring this critical aspect of civic engagement and thank you for the opportunity to provide comments on Healthy People 2030. We look forward to continuing to work with the Office of Disease Prevention and Health Promotion and welcome the opportunity to discuss these issues with you further. Should you have any questions, please do not hesitate to contact Dr. Rhea Powell at rhea.powell@jefferson.edu.

Sincerely,

Rhea Powell, MD, MPH
Stacie Schmidt, MD

References


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