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Via Regulations.gov
Subject:

Public Comment Providing Evidence Showing Relationship Between Health and Voting
Comment Reference: **86 FR 68677**

I am writing in response to the Department of Health and Human Services' (HHS) Solicitation of Written Comments on Proposed Healthy People 2030 Objectives and Request for Information on the Relationship Between Voter Participation and Health.

I am the Director of the Southeastern Region of the Network for Public Health Law (Network)¹ where I have been researching, analyzing, and representing the Network in national conversations about the connection between voting and public health.² These efforts include engagement in VoteSAFE Public Health³, a coalition of 10 national public health organizations working to assure the opportunity to safely vote in the 2020 election and prevent transmission of COVID-19, and Healthy Democracy Healthy People⁴, a nonpartisan initiative from major public health and civic engagement groups that supports public health professionals and policymakers who are working to advance civic participation and public health.

¹ The Network provides visionary leadership in the use of law to protect, promote and improve health and health equity. We provide non-partisan legal technical assistance and resources, collaborating with a broad set of partners across sectors to expand and enhance the use of practical legal and policy solutions. For more than ten years, the Network has helped build the capacity of local, state, tribal, and national public health agencies and organizations around the country to effectively develop, implement, and enforce evidence-based, equitable laws and policies. The Network is committed to using public health law and policy to improve the conditions, as well as strengthen the services and systems, that make our communities safer, healthier, stronger and more equitable.

² The views expressed in this letter are solely those of Network staff and may not represent those of any affiliated individuals or institutions, including funders and constituents.

³ ASTHO. (2022). VoteSAFE Public Health. <https://www.astho.org/votesafepublichealth/>

⁴ Healthy Democracy Healthy People. (2021). <https://www.healthydemocracyhealthypeople.org/>

In the past year and half, I have also produced key resources on voting and public health, including *Lessons from the 2020 Election Cycle*⁵ in the COVID Policy Playbook, which provides an overview of key takeaways from the 2020 elections and an assessment of the impact on public health from a policy and preparedness perspective, and I am the lead author of the Health & Democracy Index⁶, a new tool to help visualize the relationship between selected individual and community health indicators and the Cost of Voting Index⁷ in each state in the U.S.

The Healthy People initiative serves as key guidance to health departments and their partners in developing a robust and comprehensive agenda that improves public health and health equity in the communities they serve. Recognizing civic participation as a key issue of Social and Community Context as a determinant of health was an important part of Healthy People 2020 because it included the evidence base and was part of a comprehensive approach to addressing all of the factors that influence health. Restoring voting measures to Healthy People 2030 is critical to advancing conversations about the connection between inclusive democratic processes and healthy and resilient communities and helping health departments in particular to recognize all of the ways they already support civic participation (for example, through community health needs assessments) and can make further strides by being more intentional in the inclusion of civic participation in agency plans.

As part of an organization that provides legal technical assistance to health departments and other public health agencies and organizations, having voting measures as part of our national health goals provides a path to engagement and a way to effect systems change through policy.

EVIDENCE INCLUDED IN THIS COMMENT

HHS should consider all citations supporting evidence and authority included in this comment as part of the formal administrative record for purposes of the Administrative Procedure Act. Throughout the comments that follow, there are citations to supporting evidence and authority, including active links. I direct HHS to each citation and corresponding active links and request that the full text of the evidence and authority cited, along with the full text of our comment, be incorporated into the formal administrative record for purposes of the Administrative Procedure Act.

OVERVIEW

When democracy is weakened, social cohesion and public health suffers.⁸ Healthy People 2020 included metrics on the percent of the eligible population that is registered to vote and the

⁵ Hunter D, *Lessons from the 2020 Election Cycle* (March 15, 2021). Burriss S, de Guia S, Gable L, Levin DE, Parmet WE & Terry NP (Eds.) (2021). COVID-19 Policy Playbook: Legal Recommendations for a Safer, More Equitable Future. Boston: Public Health Law Watch., Available at SSRN: <https://ssrn.com/abstract=3808258>

⁶ Health & Democracy Index. (2021). <https://democracyindex.hdhp.us/>

⁷ Schraufnagel S, Pomante II MJ & Li Q. (Dec. 2020). Cost of Voting in the American States: 2020. *Election Law Journal: Rules, Politics, and Policy*, 503-509. <http://doi.org/10.1089/elj.2020.0666>

⁸ Capshaw NC. (2005). The Social Cohesion Role of the Public Sector. *Peabody Journal of Education*, 80(4):53-77. <http://www.jstor.org/stable/3497052>.

percent of registered voters who cast a ballot.⁹ As noted, the relationship between voting and health was recognized by Healthy People 2020 in a report on civic participation as a key issue within the Social Determinants of Health topics.¹⁰ I understand that the transition from Healthy People 2020 to 2030 came with recommendations to strengthen the objectives and measures to reflect upstream determinants of health more fully, and voting metrics as a key indicator of upstream determinants of health and equity.

The 2030 Leading Health Indicators (LHI) and Overall Health and Well-Being Measures (OHMs) reflect the importance of subjective well-being, life expectancy, disability, and self-perceived health status. However, to reach the Healthy People 2030 vision of equitable health and well-being, upstream determinants that address root causes of health inequalities and collective health must be also included and measured as LHIs.¹¹ This memo focuses on summarizing current research that illustrates the relationship between health and voting in order to inform the HHS process to revise the Healthy People 2030 objectives.

SCIENTIFIC EVIDENCE ON HEALTH AND VOTING

State policies granting greater access to the ballot are associated with healthier state residents.

The link between voting and health has been a topic of increasing interest for the public health community. Recent research has explored the link between health and voting to better understand how social cohesion impacts community health, health status impacts voting behaviors, and how access to the ballot impacts health policy reform efforts. As shown in the Health & Democracy Index, policies that create greater access to the ballot are positively associated with better public health outcomes.¹² States with more inclusive voting policies and greater levels of civic participation are healthier according to 12 public health indicators (self-rated mental and physical health infant mortality, premature mortality, poverty, etc.).¹³

A review of more than 100 studies found a consistent relationship between voting and health.

Over the last few years additional research has explored the relationship between health and voting. The Robert Wood Johnson Foundation and the Rand Corporation published a scoping review of 109 studies relevant to how voting as a measure of civic engagement is related to health or well-being. The report found that there is a consistent association between voting and health. Self-rated health was consistently positively associated with higher likelihood of voter participation. Research included in the review showed that disability is associated with a lower propensity to vote. The evidence included also looked at how health conditions such as cancer are positively associated with voting while other conditions such as alcoholism are negatively

⁹ Healthy People 2020: Social Determinants of Health.

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources>.

¹⁰ Healthy People 2020: Civic Participation. Healthypeople.gov Web site.

<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/civic-participation>.

¹¹ Pronk NP, Kleinman DV & Richmond TS. (Mar 6, 2021). Healthy People 2030: Moving toward equitable health and well-being in the United States. *EClinicalMedicine.*, 33:100777. doi:10.1016/j.eclinm.2021.100777

¹² Health & Democracy Index.

¹³ Ibid.

associated with voting, which underscores that the relationship between health and voting is complex and further research is needed to understand possible causality.¹⁴

Longitudinal research has shown that adolescent voting is positively associated with income, better mental health, and health behaviors into adulthood.

Research published in the National Library of Medicine explored the impacts of adolescent civic engagement (voting and volunteering) on health and socioeconomic status in adulthood. Using the national longitudinal Study of Adolescent to Adult Health, researchers were able to show that all forms of civic engagement were positively associated with income and education levels, and that voting is positively associated with better mental health and health behaviors.¹⁵ Similarly, Researchers at Pennsylvania State University explored whether depression reduces voter participation including if adolescent depression can have downstream consequences for voter participation into young adulthood. Their findings suggest that voter turnout decreases as the severity of depression increases.¹⁶

Voting abstention is associated with poor health, even after controlling for socio-demographic factors.

Researchers have also looked at how disparities in political participation across the socioeconomic spectrum impact health. Using data from the National Child Development Study, researchers have found complimentary results, that voting abstention is associated with poor health even after controlling for socio-demographic factors.¹⁷ These studies underscore how participation in the democratic process is instrumental to well-being. Researchers at the Harvard School of Public Health investigated the association of voting inequality at the state level and self-rated health using the Current Population Survey data. They found that socioeconomic inequality in political participation (as measured by voter turnout) is associated with poor self-rated health, independently of both income inequality and state median household income. Additionally, they found that voter turnout was associated with poorer self-rated health independent of income inequality and state median household income.¹⁸

Health is associated with voter turnout and age can be a mediating factor.

Using data from five rounds of the European Social Survey, researchers examined the direct and indirect effects health has on voter turnout across 30 countries. Their findings show that health has an impact on voter turnout, and that effect is magnified by age. The researchers suggest that this association is likely mediated by strength of one's social network which in turn impacts voter participation.¹⁹

¹⁴ Nelson C, Sloan J & Chandra A. (2019). Examining Civic Engagement Links to Health: Findings from the Literature and Implications for a Culture of Health. RAND Corporation.

¹⁵ Ballard PJ, Hoyt LT & Pachucki MC. (2019). Impacts of Adolescent and Young Adult Civic Engagement on Health and Socioeconomic Status in Adulthood. *Child Dev.* 90(4):1138-1154. doi:10.1111/cdev.12998

¹⁶ Ojeda C. (2015). Depression and Political Participation. *Soc Sci Q.*, 96(5):1226-1243. doi:10.1111/ssqu.12173

¹⁷ Arah OA. (2008). Effect of voting abstention and life course socioeconomic position on self-reported health. *J Epidemiol Community Health.*, 62(8):759-760. doi:10.1136/jech.2007.071100

¹⁸ Blakely TA, Kennedy BP & Kawachi I. (2001). Socioeconomic inequality in voting participation and self-rated health. *Am J Public Health.*, 91(1):99-104. doi:10.2105/ajph.91.1.99

¹⁹ Mattila M, Söderlund P, Wass H & Rapeli L. (2013). Healthy voting: The effect of self-reported health on turnout

Chronic illnesses impact voting patterns and directionality is dependent on the type of illness.

Chronic illnesses can change individual voting patterns and different health issues impact voting in different ways. Research published in the Journal of Health Politics, Policy and Law found that after adjusting for sociodemographic characteristics and other confounding factors, individuals with cancer diagnoses are more likely to vote while those with heart disease are less likely to vote.²⁰ Similarly, research published in the Journal of Epidemiology and Community Health found that neurodegenerative brain disease had the strongest negative association with voting and alcoholism and other mental health disorders had a negative relationship with voting. Cancer and asthma were found to have positive associations with voting.²¹

Political Participation is tied to social recovery.

In one study using focus groups, researchers tried to understand the attitudes and behaviors people hold related to voting in the context of social functioning and recovery. Participants described voting in terms of social inclusions and described political participation as a component of empowerment for minority groups.²²

Research gaps need to be studied by tracking voting using Healthy People 2030.

While the research cited and described above is compelling, there is still a long way to go before we fully understand the relationship between voting and health. More research is needed to understand the cause-and-effect relationship between voting and health. Continued monitoring and data collection using Healthy People 2030's framework can help us better understand this relationship and identify opportunities to improve the health of communities.

Advancing health equity requires inclusive voting policies.

Achieving health equity requires that we focus on building an inclusive representative democracy that addresses the root causes of both voting and health disparities and the role of law and policy in creating and perpetuating these disparities. Racial health disparities are pervasive throughout the United States, as evidenced by higher rates of premature mortality and chronic disease, among other things. Black, Hispanic or Latino, and American Indian communities experience higher mortality rates for most of the 15 leading causes of death compared to white Americans.²³ From 1940-1999, Black people experienced more than 4 million premature deaths relative to white people, a disparity likely to persist due to a failure to focus on prevention and address the systems that impact health.²⁴

in 30 countries. Electoral Studies., 32(4):886-891. doi: <https://doi.org/10.1016/j.electstud.2013.07.010>.

²⁰ Gollust SE & Rahn WM. (2015). The Bodies Politic: Chronic Health Conditions and Voter Turnout in the 2008 Election. J Health Polit Policy Law., 40(6):1115-1155. doi:10.1215/03616878-3424450

²¹ Sund R, Lahtinen H, Wass H, Mattila M & Martikainen P. (2017). How voter turnout varies between different chronic conditions? A population-based register study. J Epidemiol Community Health., 71(5):475-479. doi:10.1136/jech-2016-208314

²² Bergstresser SM, Brown IS & Colesante A. (2013). Political engagement as an element of social recovery: a qualitative study. Psychiatr Serv., 64(8):819-821. doi:10.1176/appi.ps.004142012

²³ Kung HC, Hoyert DL, Xu J, Murphy SL. (2008). Deaths: final data for 2005. Natl Vital Stat Rep., 56(10):1-120.

²⁴ Levine RS, Foster JE, Fullilove RE, et al. (2001). Black-white inequalities in mortality and life expectancy, 1933-1999: implications for healthy people 2010. Public Health Rep., 116(5):474-483. doi:10.1093/phr/116.5.474

Voting is a way to change law and policy and thereby change access to resources, power, and opportunity that shape the social determinants of health.²⁵ Research has found that many close state-level elections would have had different outcomes if voting age Black people had the mortality profiles of white people.^{26 27} Similarly, research shows that people with disabilities face significantly higher rates of chronic diseases -- including arthritis, asthma, cardiovascular disease, and diabetes-- than people without disabilities,²⁸ and having certain chronic diseases is associated with lower voter turnout. Altogether, these data suggest that the interests and needs of people of color, people with disabilities, and people from other groups that may be historically marginalized are underrepresented in the electoral process.

People of color face heightened barriers when it comes to voting and participating in our democracy. They are more likely to experience longer polling lines, are disproportionately burdened by stringent voter identification laws, and have fewer polling locations per capita than their white counterparts. In 2018, 9 percent of Black and Latino voters experienced being told that they lacked the proper identification to vote while only 3 percent of white Americans had the same experience. Additionally, 15 percent of Black voters and 14 percent of Latino voters had trouble finding their polling locations compared to only 5 percent of white voters. In 2018, 80 percent of the voters in Georgia who were blocked by the state's voter identification policy were people of color.²⁹ During the 2018 election, Latino and Black voters were more likely to wait in longer lines on Election Day than white voters. Latino voters waited on average 46 percent longer than white voters and Black voters waited 45 percent longer than white voters.³⁰

Voters with disabilities also face numerous challenges to voting. Americans with disabilities were 7 percentage points less likely to vote than people without disabilities in the 2020 election even after adjusting for age.³¹ Voters with disabilities were also nearly twice as likely as nondisabled voters to experience problems when voting, and 1 in 9 voters with disabilities faced barriers accessing the ballot box.³² People with vision and cognitive impairments were especially

²⁵ Nelson C, Sloan J & Chandra A. (2019). Examining Civic Engagement Links to Health: Findings from the Literature and Implications for a Culture of Health. RAND Corporation.

²⁶ Rodriguez JM, Geronimus AT, Bound J, Dorling D. (2015). Black lives matter: Differential mortality and the racial composition of the U.S. electorate, 1970-2004. *Soc Sci Med.*, 136-137:193-199. doi:10.1016/j.socscimed.2015.04.014

²⁷ Rodriguez JM. (2018). Health disparities, politics, and the maintenance of the status quo: A new theory of inequality. *Soc Sci Med.*, 200:36-43. doi:10.1016/j.socscimed.2018.01.010

²⁸ Reichard A, Stolze H & Fox MH. (2011). Health disparities among adults with physical disabilities or cognitive limitations compared to individuals with no disabilities in the United States. *Disabil. Health J.*, 4(2):59-67. doi:0.1016/j.dhjo.2010.05.003.

²⁹ Johnson T. The New Voter Suppression, Brennan Center for Justice, available at: <https://www.brennancenter.org/our-work/research-reports/new-voter-suppression>.

³⁰ Klain BH, Morris K, Feldman M, & Ayala R. (2020). Waiting to Vote Racial Disparities in Election Day Experiences.

³¹ Root D & Ives-Ruble M. (July 8, 2021). Enhancing Accessibility in U.S. Elections, Center for American Progress, available at: <https://www.americanprogress.org/issues/democracy/reports/2021/07/08/501364/enhancing-accessibility-u-s-elections/>.

³² Ibid

likely to face obstacles during the 2020 election, which accounts for roughly 7 million eligible voters and 13.1 million eligible voters, respectively.³³ Not only do people with disabilities face hurdles in casting a ballot, they also are less likely to report being registered to vote.³⁴ While many states have adopted new and innovative ways to increase voter registration through same day voter registration, online options, and automatic voter registration at the Department of Motor Vehicles (DMV) these systems have not been successful at fully registering the community of voters with disabilities.³⁵

CONCLUSION AND RECOMMENDATION

In addition to the evidence described above, the Compendium on Civic Engagement and Population Health³⁶ provides a concise collection of relevant research and materials, including a focus on institutional barriers to registering to vote and casting a ballot – the two issues that strongly impact the relative cost of voting and both of which would be tracked by restoring these objectives to Healthy People 2030.

Healthy People 2030 sets the federal agenda for the nation's health, guides its direction and allocation of resources, informs federal data collection and programmatic activities, and provides a model for promoting health. While Healthy People 2030 is a federal program it also lays the groundwork for state and local public health planning and data collection practices and provides a framework for achieving health equity. Given the above evidence on the relationship between voting and health, and the importance of national leadership on a comprehensive approach to addressing the social determinants of health, I strongly recommend that HHS include voter registration and voter turnout as Healthy People 2030 objectives.

³³ Ibid

³⁴ U.S. Census Bureau, “Voting and Registration in the Election of November 2020: Table 6,” available at: <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-585.html>.

³⁵ Root D & Ives-Ruble M. (July 8, 2021). Enhancing Accessibility in U.S. Elections.

³⁶ Civic Engagement and Population Health Initiative. (2021). Compendium on Civic Engagement and Population Health. University of California, Riverside Center for Social Innovation, the University of Wisconsin Population Health Institute, and the Robert Wood Johnson Foundation. Available at: <https://socialinnovation.ucr.edu/compendium-civic-engagement-and-population-health>