The Network for Public Health Law

Public Health in Pursuit of Voting Rights for All

August 27, 2026 | 12:30 – 2:00 p.m. CT

WEBINAR RECORDING

The webinar is being recorded, and you will receive an email when the recording and the slides are posted to the Network website.

Q & A

Feel free to use the Q&A function throughout the webinar if you have questions, and we will try to get to as many of your questions as possible.

SPEAKER
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SPEAKER
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MODERATOR
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Agenda

- The Health & Democracy Nexus
- How Votes Shape Public Health Systems
- Unpacking *Callais*
- The Power of Health Voices
- Q&A

The Network for Public Health Law

The Health and Democracy Nexus

Health & Democracy Index

- Compares 12 public health indicators and voter turnout to the restrictiveness of voting policies in each state.
- States with more voting access and greater civic participation have better health outcomes
- When communities vote they influence policy decisions that have a big effect on their health.

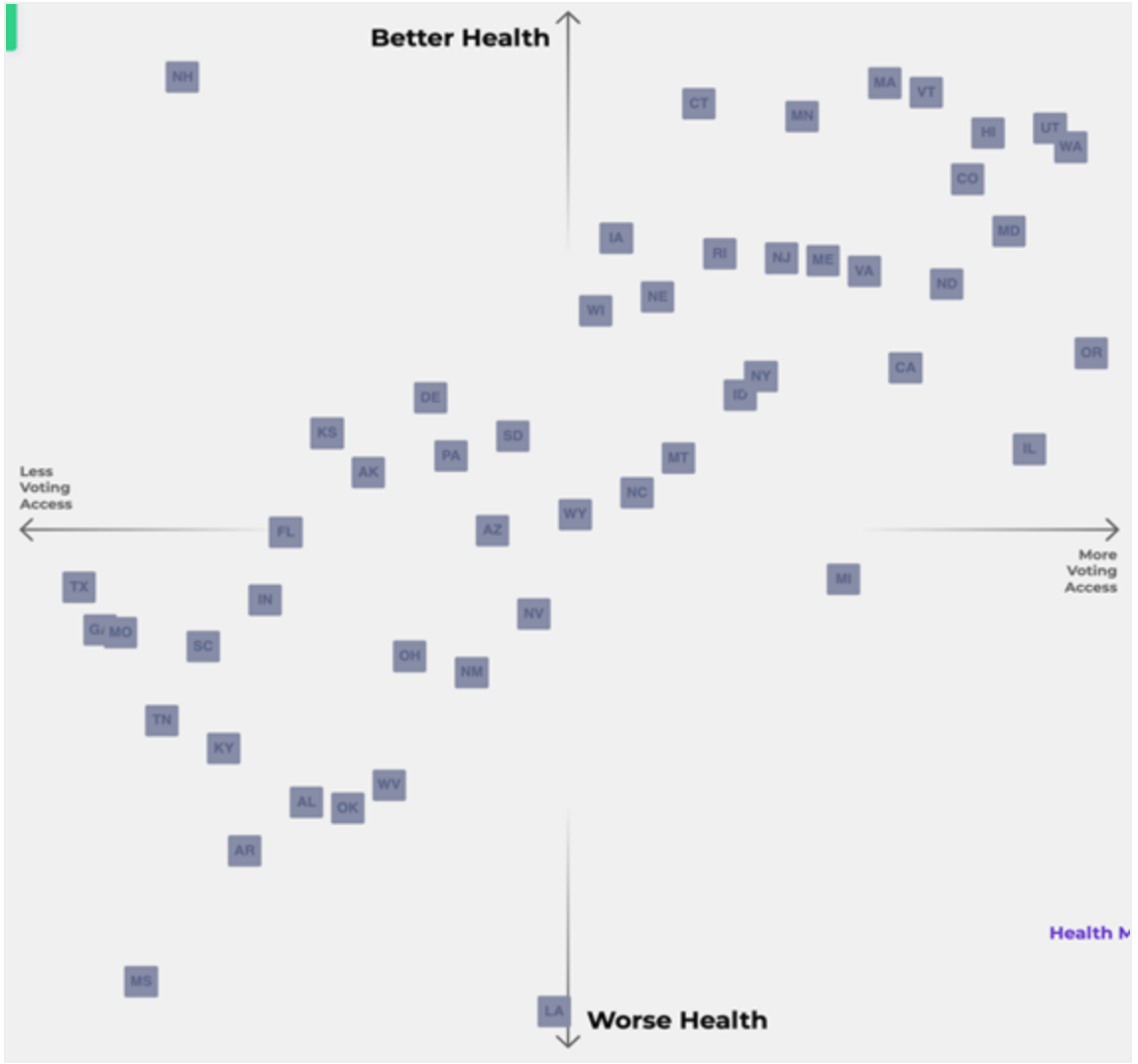
Source: Health & Democracy, Reprinted with permission

Health & Democracy Index

OVERALL FINDINGS:

More Voting Access, Better Health Outcomes

States with more inclusive voting policies and greater levels of civic participation are healthier.



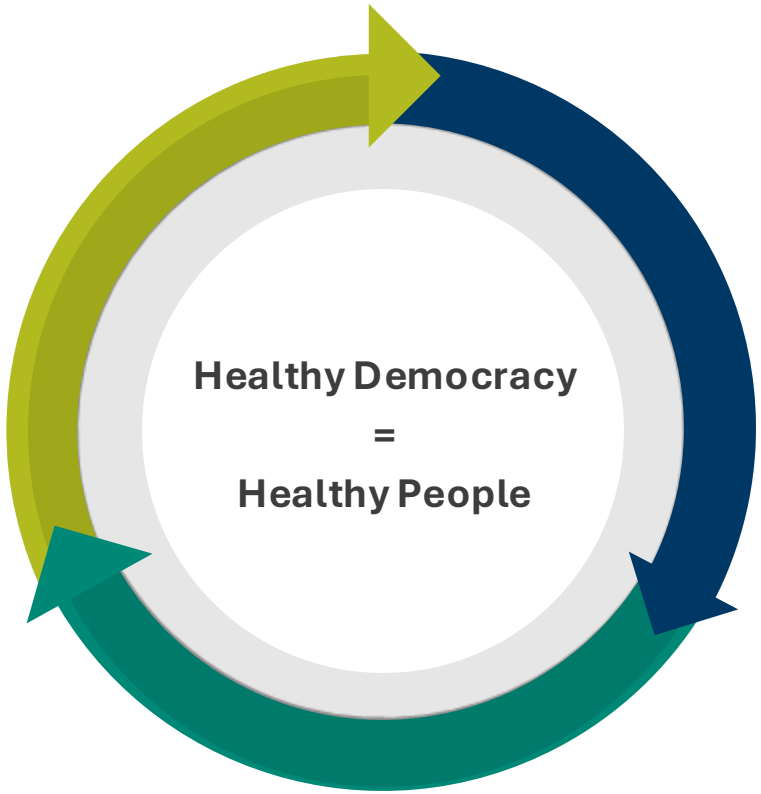
Source: Health & Democracy, Reprinted with permission

Executive Order Tracker

- Monitor federal policy changes that may affect public health
- Apply a Health in All Policies lens to identify health impacts beyond traditional health policy
- Identify EOs with implications for health equity and historically marginalized communities
- Track cross-sector impacts on the conditions that shape health
- Flag emerging issues for public health practitioners, advocates, and policymakers

Health & Democracy Are Interdependent

Higher civic and voter participation



More power to influence policy

Better health outcomes

Source: Health & Democracy, Reprinted with permission

Who bears the burden?

Barriers to voting are both historical and structural and are often the same barriers limit access to care.

Communities of Color

Polling place closures, purges, strict ID rules, and documentation requirements; disparities in access to identification, records, government services. These are also communities with highest rates of preventable illness and premature death.

People with Lower Income or Who Rely on Medicaid

Already navigating friction in every public system: address changes; ID barriers; and logistical constraints around childcare, time off from work, and transportation. The same paperwork gaps that delay care also block the ballot.

Naturalized Citizens

More than 23 million citizens who are fully eligible but face heightened scrutiny, verification errors, and wrongful flagging that can stall or cancel a registration.

Women, LGBTQ+ Individuals

Name changes create mismatches between birth certificates and registration records. Roughly 69 million women and 4 million men lack a birth certificate matching their current legal name.

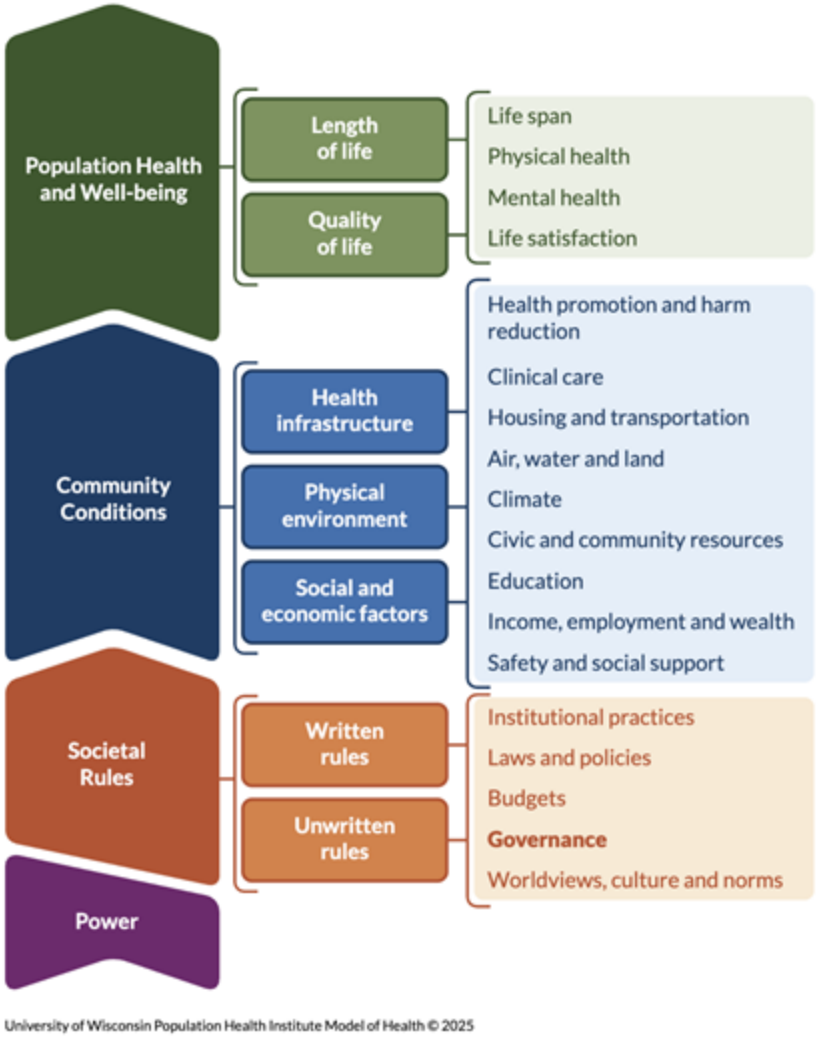
Indigenous Communities

Limited ID-issuing infrastructure, nonstandard or missing residential addresses, long distances to polling places, and tribal IDs rejected even when legally valid. The same geographic isolation limits access to care.

Rural & Elderly Voters

Fewer polling places across greater distances, higher reliance on mail ballots, less ability to travel for an ID, and higher rates of disability and chronic illness that make in-person voting harder.

Civic Life Is Health Infrastructure



Source: University of Wisconsin Population Health Institute Model of Health © 2025

How Votes Shape Public Health Systems

Legal Authority

What health departments and institutions are empowered to do (and limits on those powers)

Resources & Funding

Budgets, grants, staffing levels, and infrastructure investment that determine capacity to act (and impose constraints)

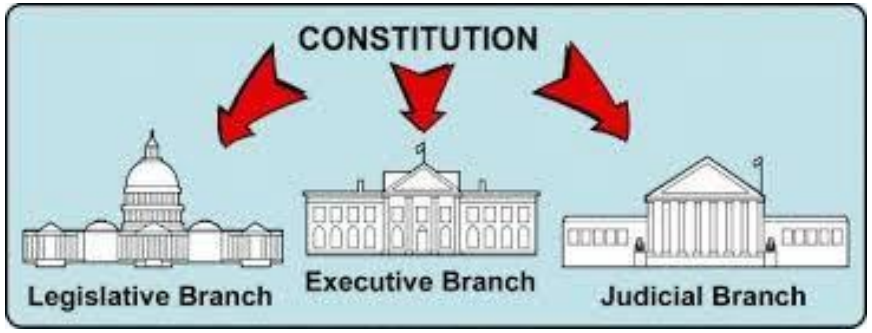
Processes & Procedures

Community engagement and other ways the public experiences public health (e.g.., forms, clinic interactions, etc.), budgeting, rulemaking, administrative layers to navigate before acting

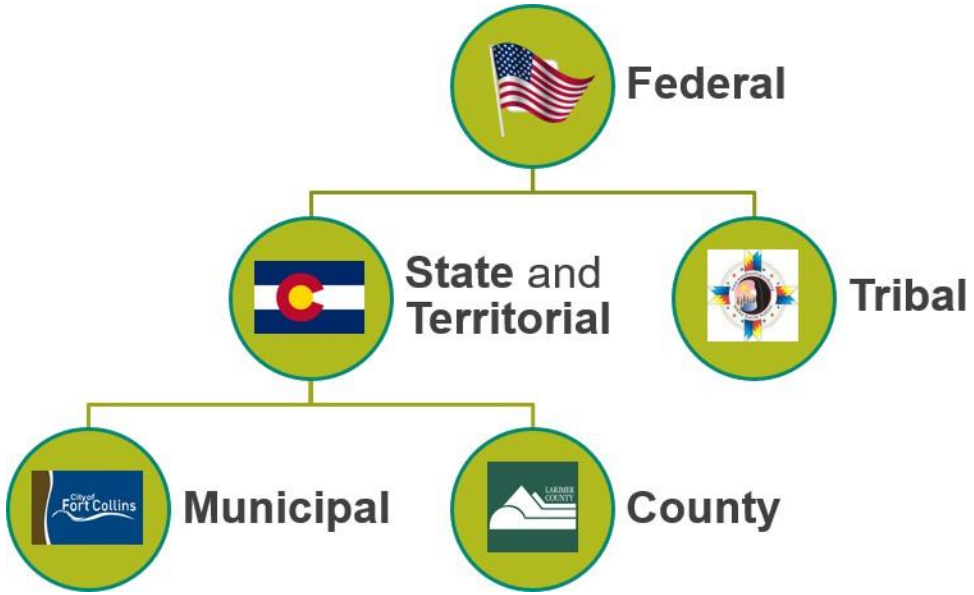
Decision-Making Power

Who appoints health officials or governing board members, who sits on advisory boards, who must be consulted — and who has final say

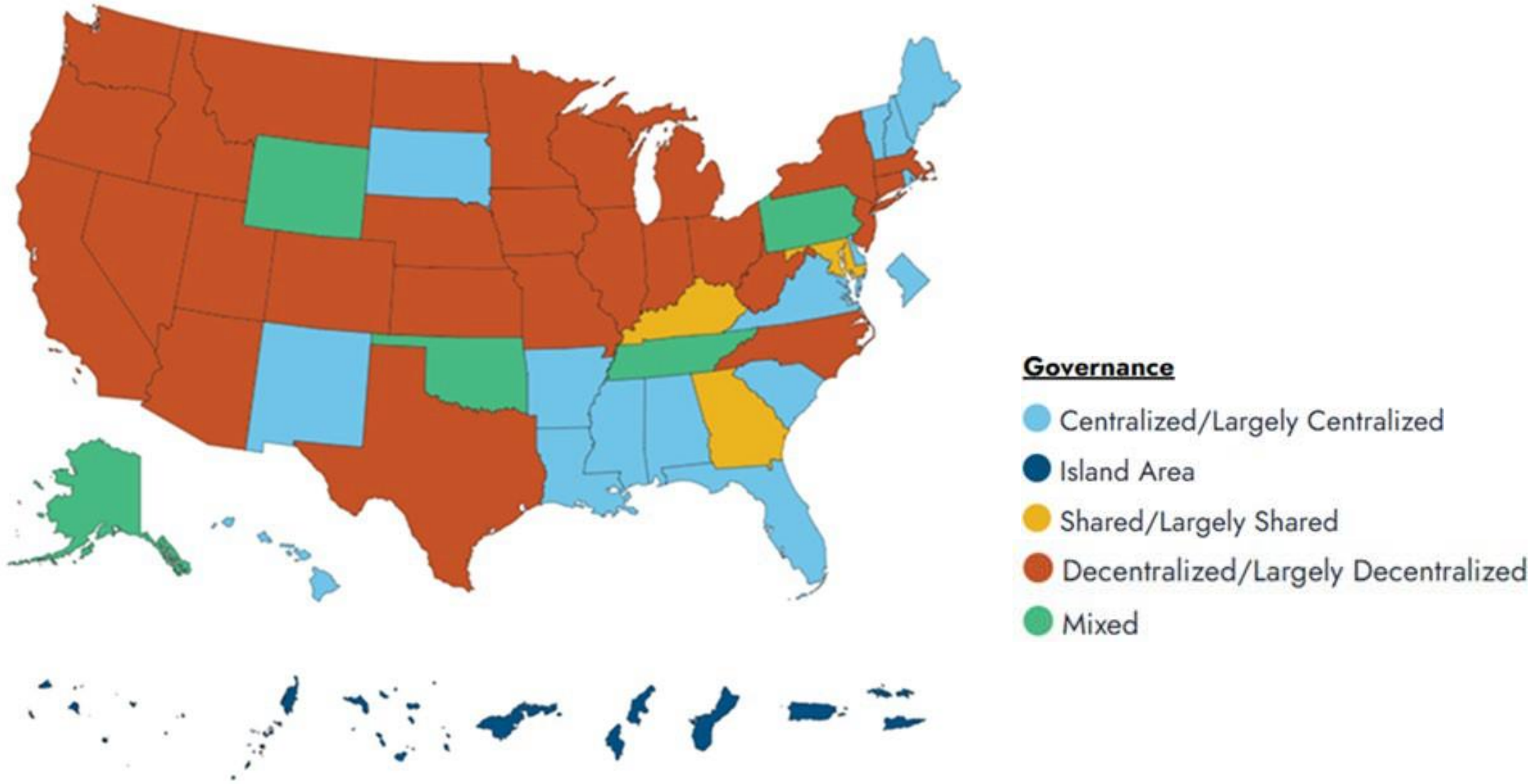
Legal Authority



Source: NMSU Library Guide

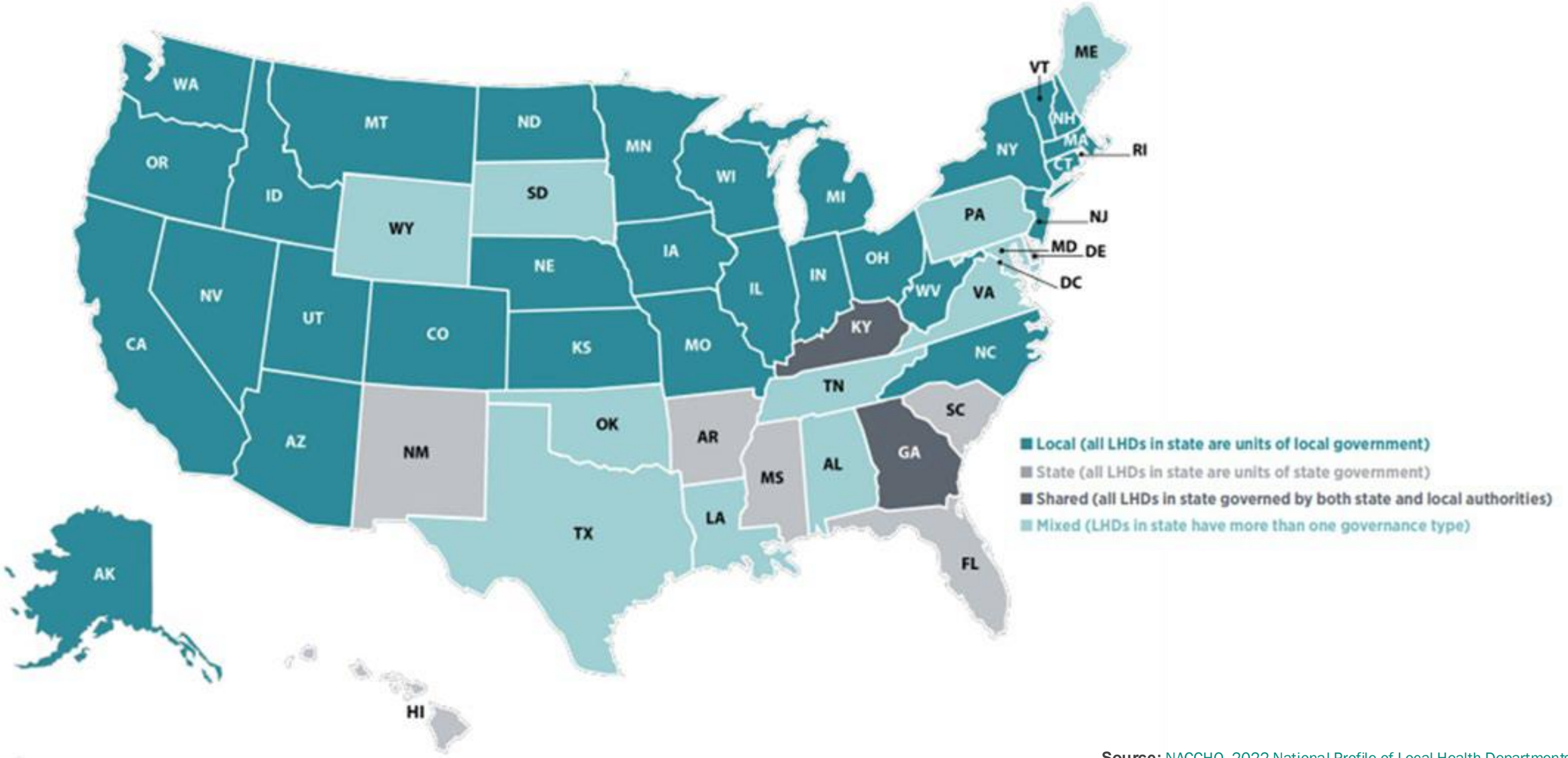


Governance of State and Island Area Health Agencies



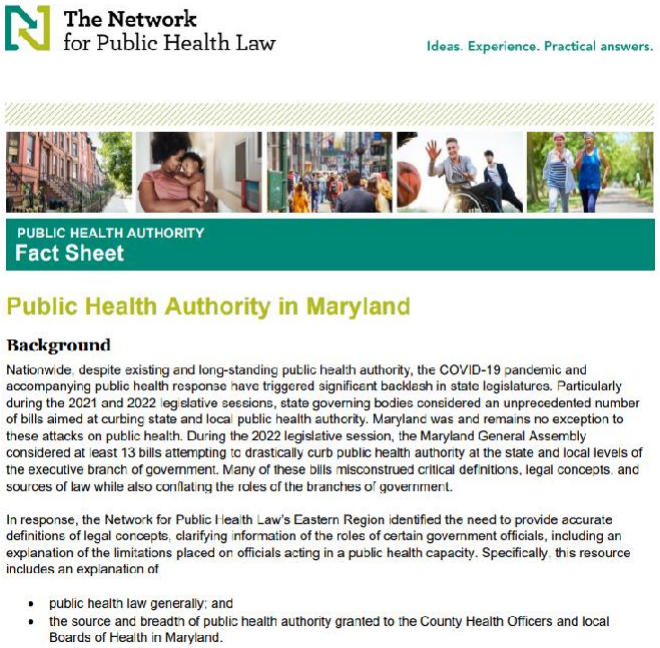
Source: ASTHO, 2022 Profile of State and Territorial Public Health

Governance of Local Health Departments



Source: NACCHO, 2022 National Profile of Local Health Departments

State-specific Legal Authority


The Network for Public Health Law

Ideas. Experience. Practical answers.

PUBLIC HEALTH AUTHORITY
Fact Sheet

Public Health Authority in Maryland

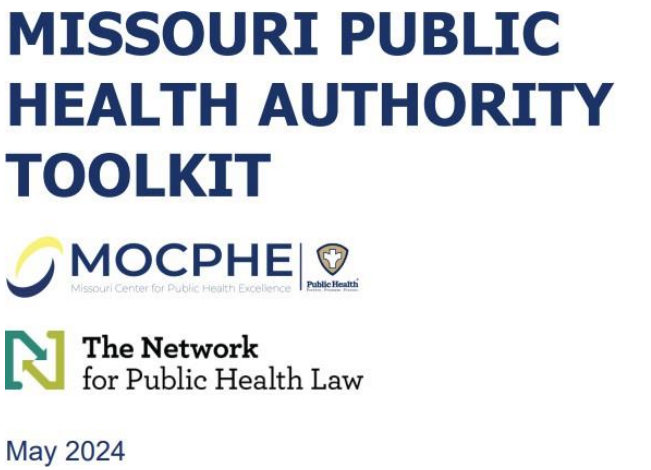
Background

Nationwide, despite existing and long-standing public health authority, the COVID-19 pandemic and accompanying public health response have triggered significant backlash in state legislatures. Particularly during the 2021 and 2022 legislative sessions, state governing bodies considered an unprecedented number of bills aimed at curbing state and local public health authority. Maryland was and remains no exception to these attacks on public health. During the 2022 legislative session, the Maryland General Assembly considered at least 13 bills attempting to drastically curb public health authority at the state and local levels of the executive branch of government. Many of these bills misconstrued critical definitions, legal concepts, and sources of law while also conflating the roles of the branches of government.

In response, the Network for Public Health Law's Eastern Region identified the need to provide accurate definitions of legal concepts, clarifying information of the roles of certain government officials, including an explanation of the limitations placed on officials acting in a public health capacity. Specifically, this resource includes an explanation of

- public health law generally; and
- the source and breadth of public health authority granted to the County Health Officers and local Boards of Health in Maryland.

Source: Public Health Authority in Maryland


MISSOURI PUBLIC HEALTH AUTHORITY TOOLKIT

MOCPHE
Missouri Center for Public Health Excellence

The Network for Public Health Law

May 2024

Source: Missouri Public Health Authority Toolkit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Ideas. Experience. Practical answers.

PUBLIC HEALTH AUTHORITY
Fact Sheet

Key Public Health Service Requirements of State and Local Health Departments in Tennessee

Overview

State and local health departments are a primary lifeline for people across the United States. A state's public health powers are derived, largely, from those sovereign powers reserved through the Tenth Amendment of the United States Constitution. U.S. Const., Am. X. These powers then extend to local governments through a state's delegation of authority. Public health officials carry out duties prescribed through these powers.

Public health systems can provide key health services, guided by the Essential Public Health Services framework, which emphasizes ten essential public health services "[t]o protect and promote the health of all people in all communities." Under this framework, the three core functions of public health agencies are assessment, policy development and assurance.

Source: Key Public Health Service Requirements of State and Local Health Departments in Tennessee

Formation Routes and Governance for Local Public Health Agencies

TYPE OF LOCAL PUBLIC HEALTH AGENCY[13]	FORMATION ROUTE	LOCAL GOVERNING BODY	LEADERSHIP / HEALTH OFFICIAL[14] AND JURISDICTION[15]
Public Health Center governed by Board of Trustees	County commission shall submit to voters the question of whether to establish a public health center if the commissioners have received a petition signed by at least ten percent of county voters requesting that an annual property tax be levied to fund a health center.[16]	Governed by board of trustees, which operates independently of county commission.[17] After establishing a public health center, the county commission appoints the first five trustees. Trustees elected on staggered basis thereafter.[18]	Board of trustees appoints LPHA personnel.[19] If board of trustees appoints a public health center director, county commission must appoint the director as county health officer.[20] A county health officer must enforce MDHSS regulations throughout the county except in cities that have their own health officer who must enforce MDHSS regulations.[21]
County Health Department / Unit governed by County Commission	In non-charter first class counties (except those containing part of a city with a population greater than 300,000), county commission may levy property tax to operate county health center as a department of county government.[22]	Governed by county commission and operated as a department of county government.	County commissions are authorized, but not required, to appoint a county health officer.[23] A county health officer must enforce MDHSS regulations throughout the county except in cities that have their own health officer who must enforce MDHSS regulations.[24]
Public Health Agency established by Charter	Public health agency established by terms of county[25] or city[26] charter.	Governing body determined by terms of charter.[27]	Health officer appointment process, role, and jurisdiction determined by charter.[28] A charter county's authority within incorporated areas of the county depends on the charter.[29]

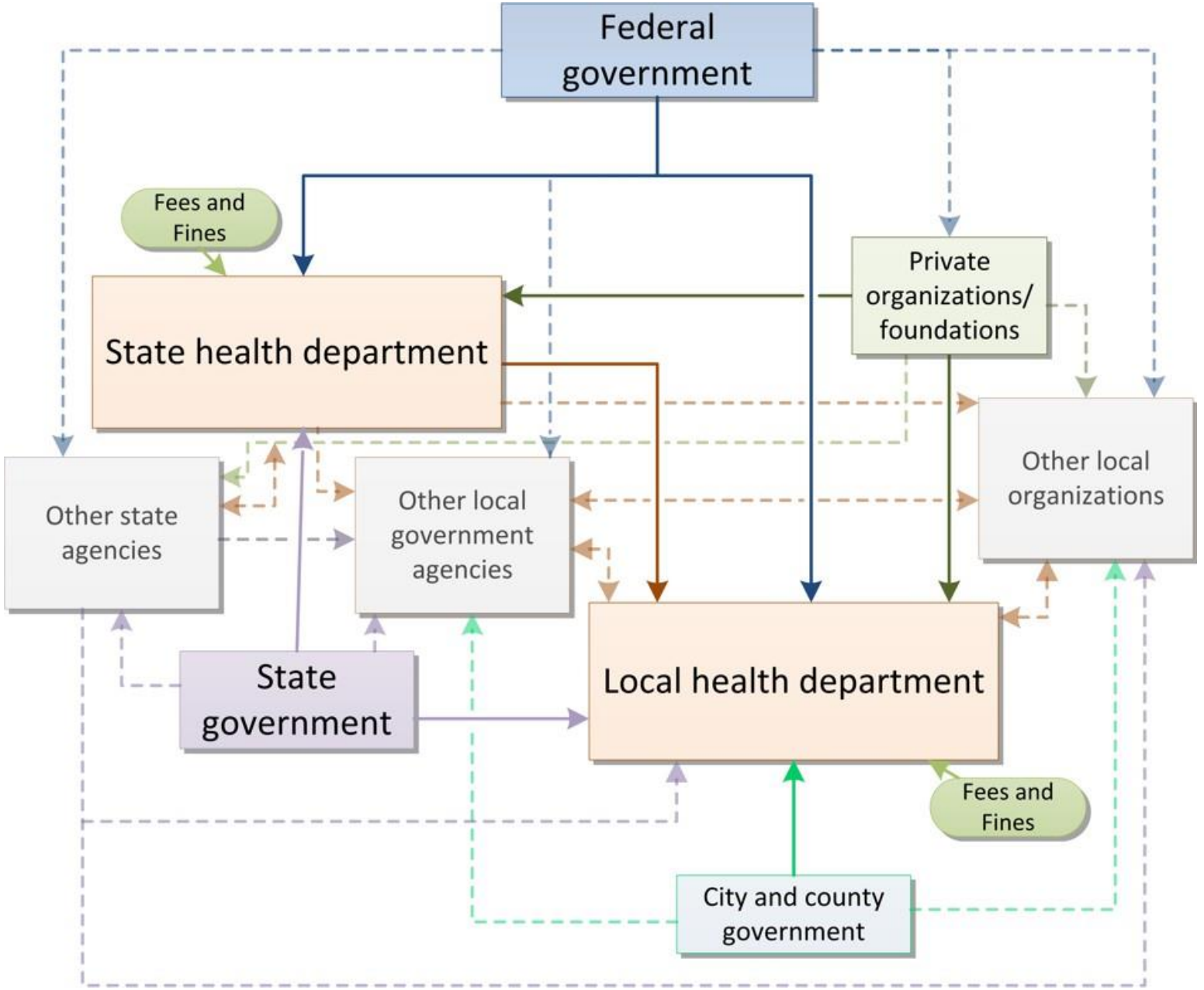
Source: Missouri Public Health Authority Toolkit

General Authority – County Health Officers

AUTHORITY / ACTION	LAW	COMMENTS
Authority to Enforce MDHSS Rules and Regulations	Mo. Rev. Stat. § 192.280	County health officers must enforce MDHSS rules and regulations throughout their respective counties, except in incorporated cities which maintain a health officer. If a county health officer fails to fulfill responsibilities under this section, they shall be deemed guilty of a misdemeanor and MDHSS may declare the office of county health officer vacant.[7]
Duty to Fulfill Contractual Obligations with MDHSS	19 CSR 10-1.010 (4)	County health departments must fulfill any contractual obligations with MDHSS to provide direct public health services.
Authority to Implement and Enforce Local Orders, Ordinances, Rules, and Regulations	Mo. Rev. Stat.§ 192.290	Nothing limits the right of local authorities to make ordinances, rules, and regulations not inconsistent with the rules and regulations prescribed by MDHSS which may be necessary for the particular locality.
	Mo. Rev. Stat. § 192.300	County commissions and county health center boards may make and promulgate orders, ordinances, rules, or regulations, as will enhance the public health, and prevent the entrance of infectious, contagious, communicable, or dangerous diseases into the county.
Limits on County Legislative Authority	Mo. Rev. Stat. § 192.300	Any county orders, ordinances, rules, or regulations shall not conflict with any MDHSS rules or regulations.
	Mo. Rev. Stat. § 192.310	A county's public health orders, ordinances, rules, or regulations do not apply to cities with a population greater than 75,000 which maintain their own health department.
	Mo. Rev. Stat. § 67.265	Local public health authority is limited by Mo. Rev. Stat. § 67.265, which sets durational limits and grants local governing bodies authority related to orders that close or place restrictions on places of public or private gathering, including authority to terminate such orders.

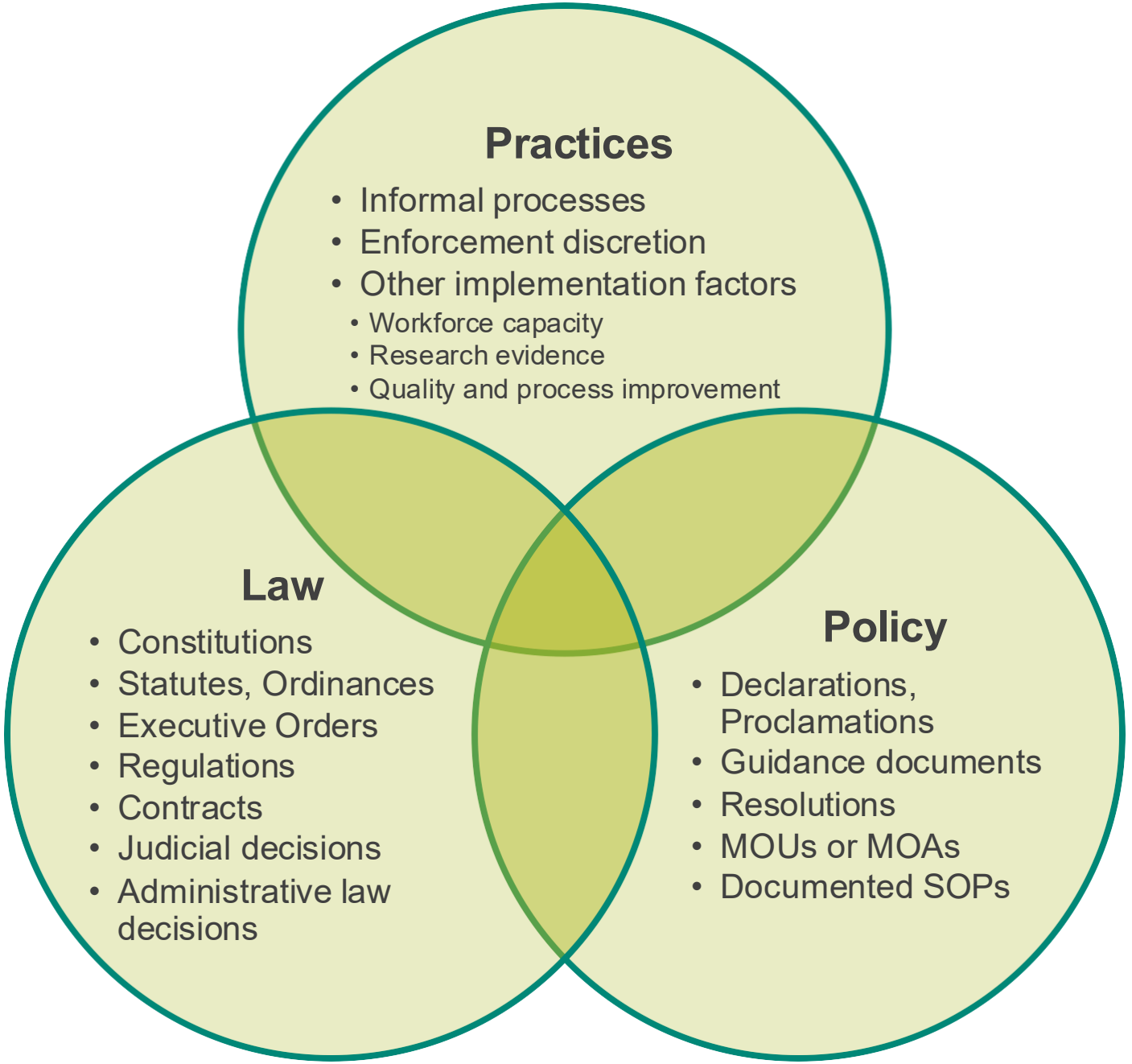
Source: Missouri Public Health Authority Toolkit

Resources & Funding



Source: Appendix E, For the Public's Health: Investing in a Healthier Future (IOM 2012)

Processes & Procedures



Sources: Public Health Law 101, Network Fact Sheet, PHLC Fact Sheet, Public Health Law Academy, Bekemeier et al. 2013, Carlson et al. 2015

Public Health Voices on *Callais*

Fact Sheet: What Public Health Should Know About Voting Rights in 2026

The Network for Public Health Law

Webinar: Community Health Grand Rounds Series: Does Louisiana v. Callais Affect Health? (Yes!)

LOUISIANA PUBLIC HEALTH INSTITUTE

Webinar: Defending Democracy in the 2026 Midterms: What Public Health Needs to Know

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

Unpacking Callais: Voting Rights as Upstream Infrastructure

Southern Poverty Law Center • August 27, 2026

What is the Voting Rights Act?

What did *Louisiana v. Callais* change and what else is on the horizon?

How can public health join the voting rights movement?

Overview

The Voting Rights Act of 1965 (VRA)

Why? Jim Crow disenfranchisement (1870s to 1960s) despite the 15th Amendment prohibiting government from denying the right to vote based on race.

Post-Civil War, states developed policies to block Black Americans from voting:

- Poll taxes
- Literacy tests
- Grandfather clauses
- Intimidation
- Restrictive registration rules

Proactive Core VRA Protections

- **Section 2.** Prohibits voting policies that deny or abridge the right to vote based on race, either intentionally or with discriminatory effects, and allows for court challenges to discriminatory policies. **Severely weakened by *Louisiana v. Callais* despite 1982 VRA amendments.**
- **Sections 4 and 5.** Establishes the formula for which jurisdictions must receive preclearance before changing voting policies. **Gutted by *Shelby County v. Holder* in 2013.**

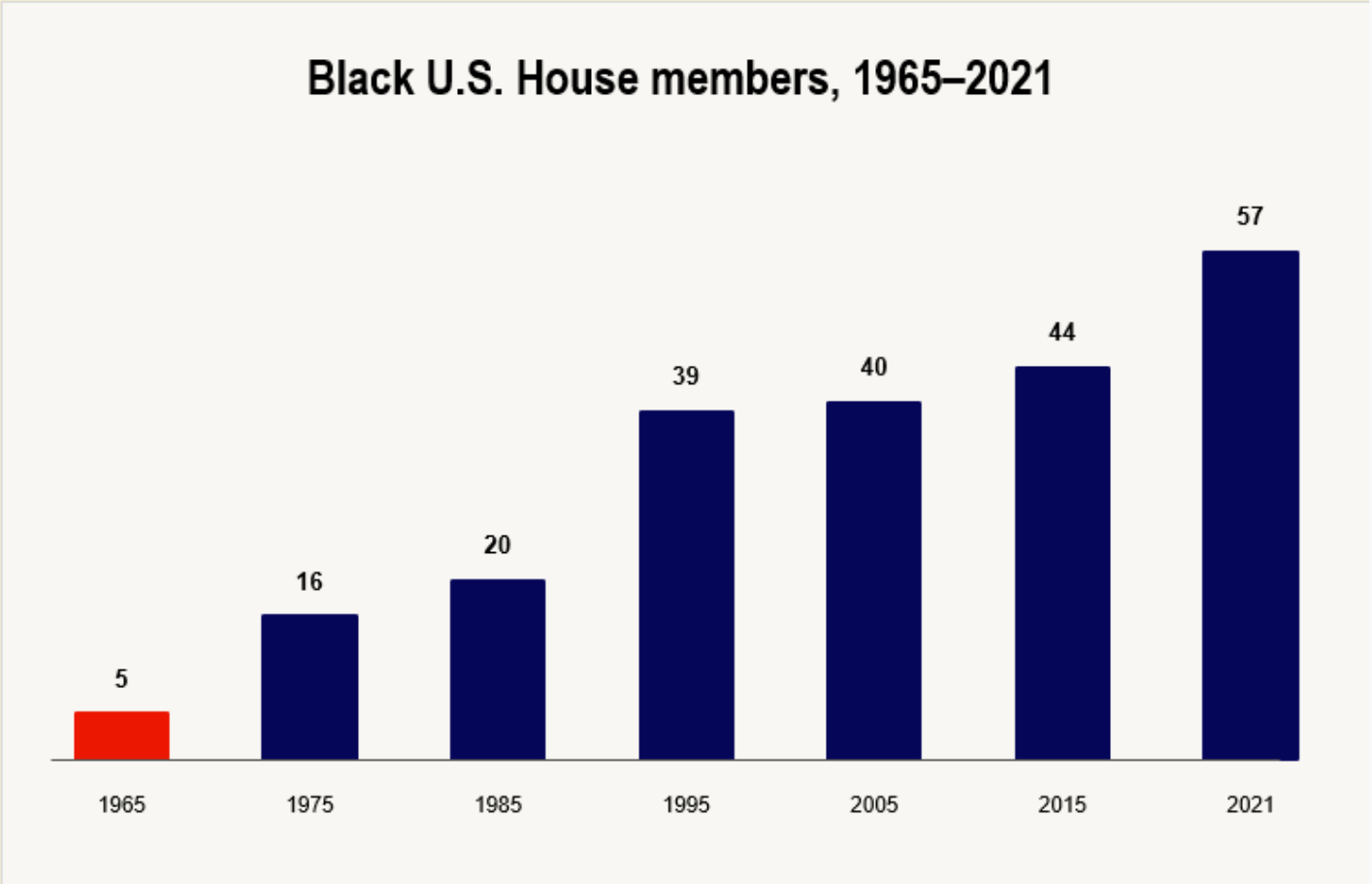
https://www.splcenter.org/learning-for-justice/why-the-1965-voting-rights-act-is-crucial-for-democracy/

Hard-Won Gains in Representation Post-VRA

Past to Present:

5 Black U.S. House members at the start of 1965

57 Black U.S. House members at the start of 2021



Sources: Pew Research Center / Brookings Vital Statistics on Congress.

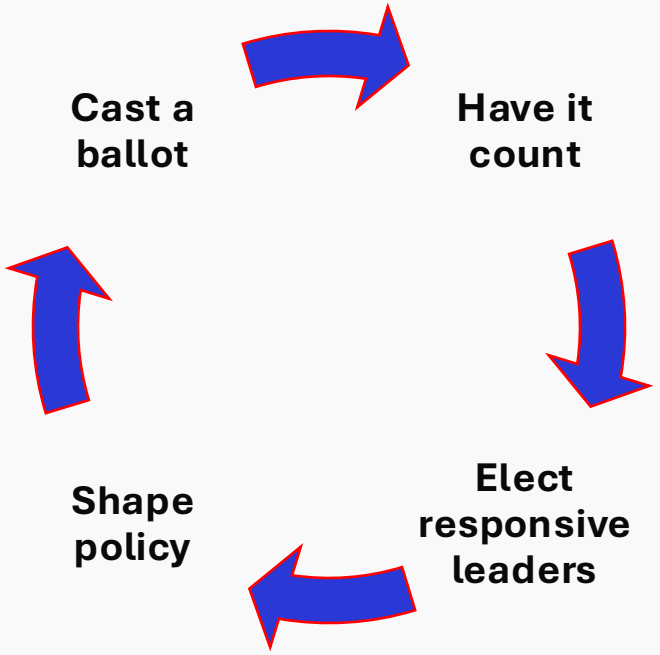
Section 2 of the VRA

Ballot Access

Rules and practices that affect registration, information, assistance, polling places, early voting, and mail voting.

Vote Dilution

Districting or election structures that weaken a protected community's ability to elect candidates of choice.



What *Callais* Changed Under the VRA

Before

Section 2 was a core tool against **vote dilution** in redistricting.

April 29, 2026 Decision

A 6-3 Court sharply limited race-conscious remedies in redistricting.

Risk

States reduce Black and Brown voting power through new maps.

Bottom line (for the public): When voting power is diluted or access is narrowed, communities don't have a clear remedy to right that wrong.

Bottom line (for public health): When voting power is diluted or access is narrowed, communities have less powers to influence systems (that shape health).

https://www.splcenter.org/learning-for-justice/why-the-1965-voting-rights-act-is-crucial-for-democracy/

Post-*Callais* Map Changes

Adopted new congressional maps; delayed candidate filing to accommodate new maps; litigation continues

(May 4, 2026)

Florida

Tennessee

(May 7, 2026)

Adopted new congressional maps; reopened candidate filing to accommodate new maps

Adopted new congressional maps; postponed primaries

(May 29, 2026)

Louisiana

Alabama

(June 2, 2026)

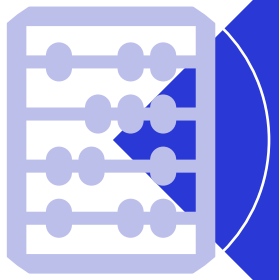
U.S. Supreme Court approved State reversion to a 2023 map that had previously been deemed a racial gerrymander

Sources: U.S. Supreme Court, Louisiana v. Callais; NCSL Mid-Decade Redistricting Tracker; Reuters on Louisiana map changes.

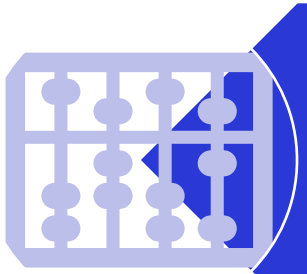
Post-*Callais*: Black & Brown Voter Representation Diluted

Majority-minority districts are at risk and voters of color face diluted voting power and loss of representation.

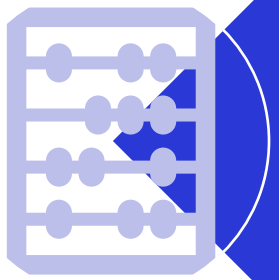
A loss of representation means a loss of political power to inform, develop, and enact policy.



148 of 435 House districts were majority-minority as of the 2024 election



74% of Black representatives and **84% of Hispanic** representatives serve majority-minority districts



Overall, **75%** of representatives of color were elected by majority-minority districts

Sources: Brookings, “Callais decision threatens to stall diversity gains in House”; U.S. Supreme Court, Louisiana v. Callais.

Other Voting Rights Issues to Watch

Mail Ballot Access

Whether voting is feasible

- Applications
- Deadlines
- IDs
- Drop boxes

Election Administration

Whether "the system" can be trusted

- Late rule changes
- Mass challenges
- Certification disputes

Inviting Public Health to Join the Voting Rights Movement

Document: Listen and record community member stories about barriers, confusion, access needs, and policy impacts. That same information can inform community-driven health and wellness initiatives.

Educate: Share nonpartisan voter information (e.g. voter registration, issue education, candidate forums) through trusted health and community messengers and channels.

Support Access: Help people make plans and facilitate partnerships around registration checks, registration and voting deadlines, election days, voting methods, polling places & hours, language or disability access, and transportation options.

Advocate: Support solutions grounded in what communities experience. Promote civic engagement opportunities.

866-OUR-VOTE

When election hardships arise, use the nonpartisan assistance line

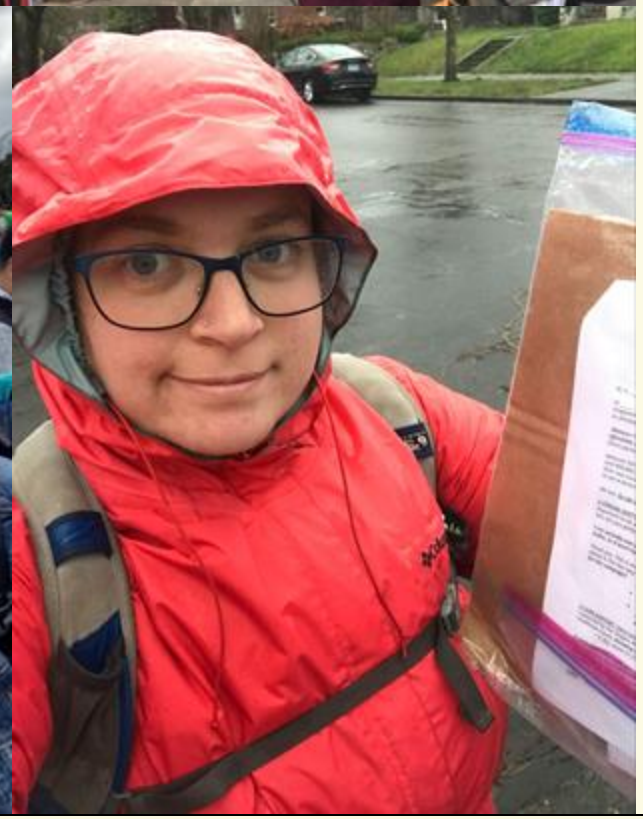
(866-687-8683)

SPLC

HEALTH & DEMOCRACY

How is Democracy Related to Health?

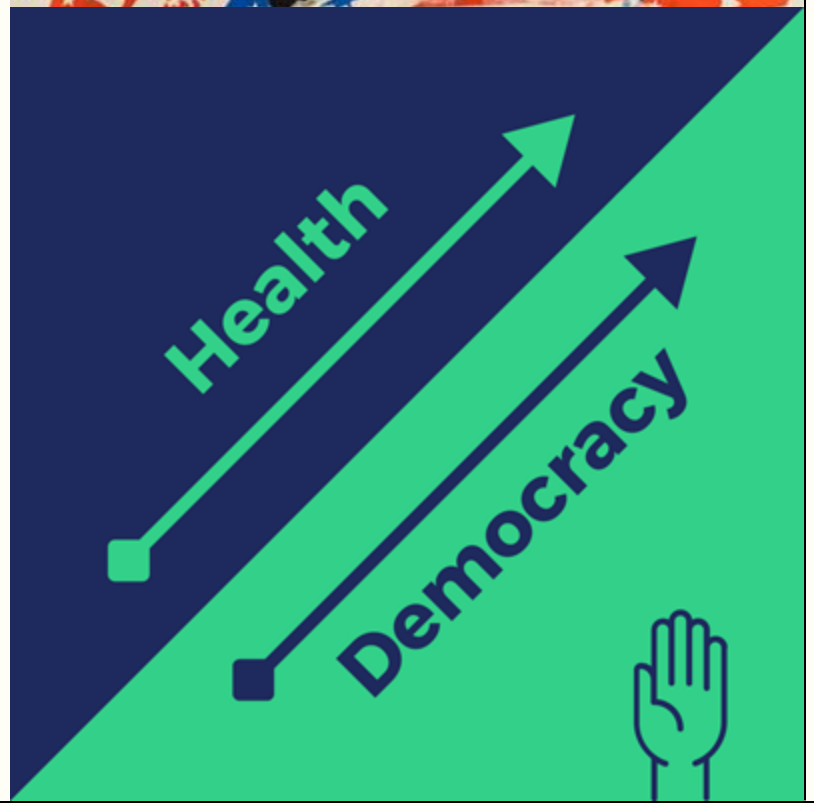
My Story



HEALTH IS ALWAYS ON THE BALLOT

HEALTH & DEMOCRACY

- Public Safety & Violence prevention
- Health care access
- Early childhood investments
- Climate resiliency
- Pandemic & infectious disease prevention
- Maternal and Infant Health
- Reproductive Health
- Public Health Authority
- Housing, water, food, education, transportation, civil rights



WE MUST BUILD POWER

HEALTH& DEMOCRACY

Inside Purdue Pharma's Multimillion-Dollar Payouts to Politicians and Pill-Pushers

We uncovered a spreadsheet revealing little-known spending that helped sell opioids.

JULIA LURIE AND RYAN LITTLE OCTOBER 8, 2021

on

Get your news from a source that's not owned and controlled by oligarchs. Sign up for the free Mother Jones Daily.

Before it was dissolved this fall, Purdue Pharma made billions selling the painkillers behind the overdose crisis while giving millions to patient advocacy groups, doctors' organizations, and academia—spending that effectively served as an OxyContin marketing blitz.

Yet the details of this largesse have long been murky. Congressional and media investigations have named only a handful of recipients, and a more comprehensive view of Purdue's payouts didn't exist—until now.

2020 BROUGHT PUBLIC HEALTH & ELECTIONS TOGETHER

HEALTH & DEMOCRACY

PUBLIC HEALTH IS…

HEALTH& DEMOCRACY

"... Public Health is what we… do **collectively** to assure the conditions in which (all) people can be healthy"

Institute of Medicine (1988), Future of Public Health

HISTORY: ELECTORAL EXPANSION IMPROVES HEALTH

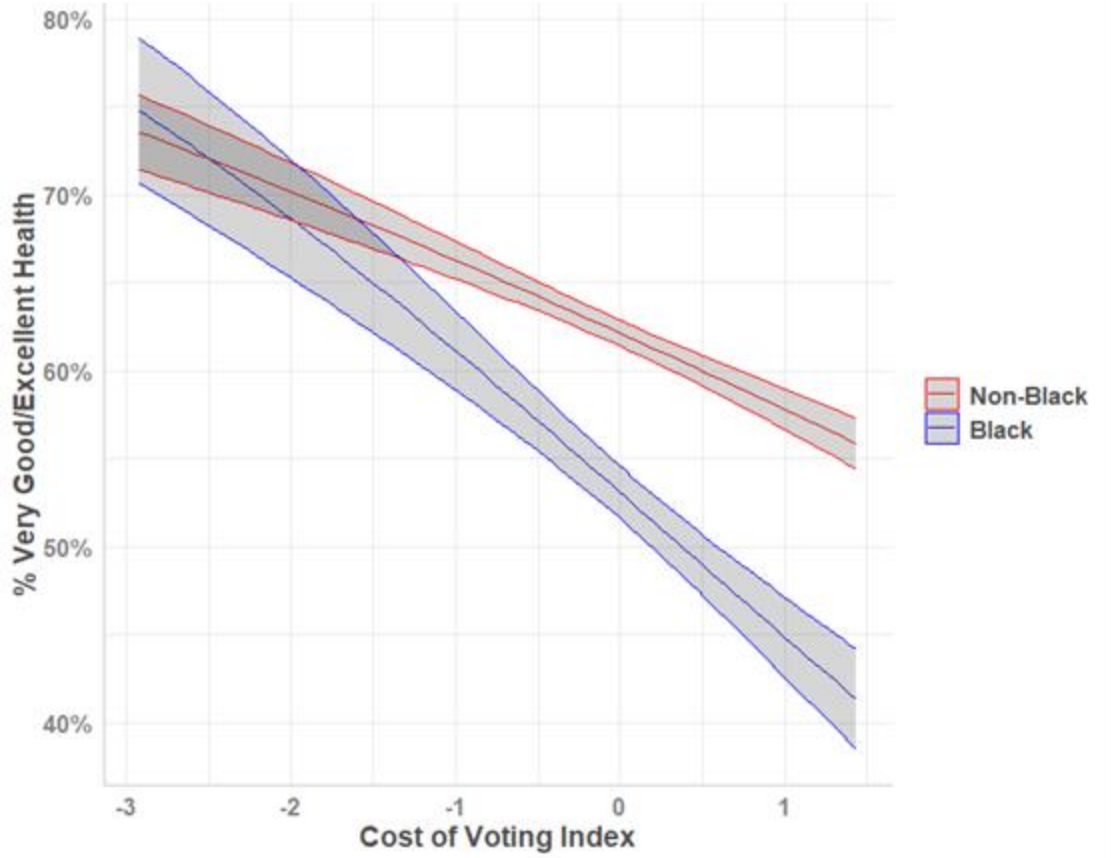
HEALTH & DEMOCRACY

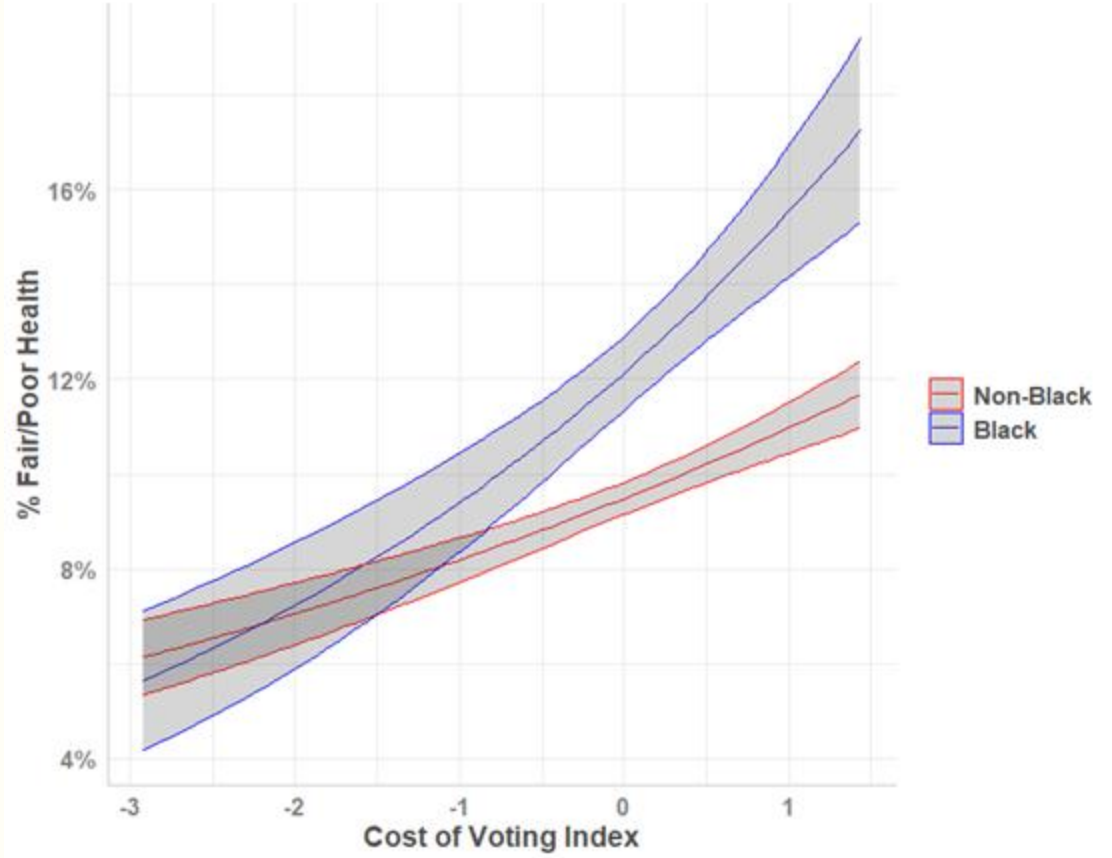
Expansion of Voting Access	Health Improvement
Women's Suffrage	Child mortality rates declined (Miller, 2008)
Civil Rights Movement	More inclusive policies in education, housing, economic opportunity, and health care including Medicare and Medicaid (Dawes, 2020)
Voting Rights Act of 1965	Reductions in Black infant deaths in Southern counties subject to preclearance (Rushovich et. al, 2024)

All steps forward were contested "continuous struggle for power…"

RESTRICTIVE POLICIES AND THE HEALTH OF BLACK AMERICANS

HEALTH& DEMOCRACY





Schraufnagel, S., D. Hunter, R. Durbin, and G. Mahs. 2025. "Restrictive State Electoral Environments and the Health of Black Americans." Social Science Quarterly106, no. 5: 106, e70077. https://doi.org/10.1111/ssqu.70077

RECENT PEER REVIEWED RESEARCH

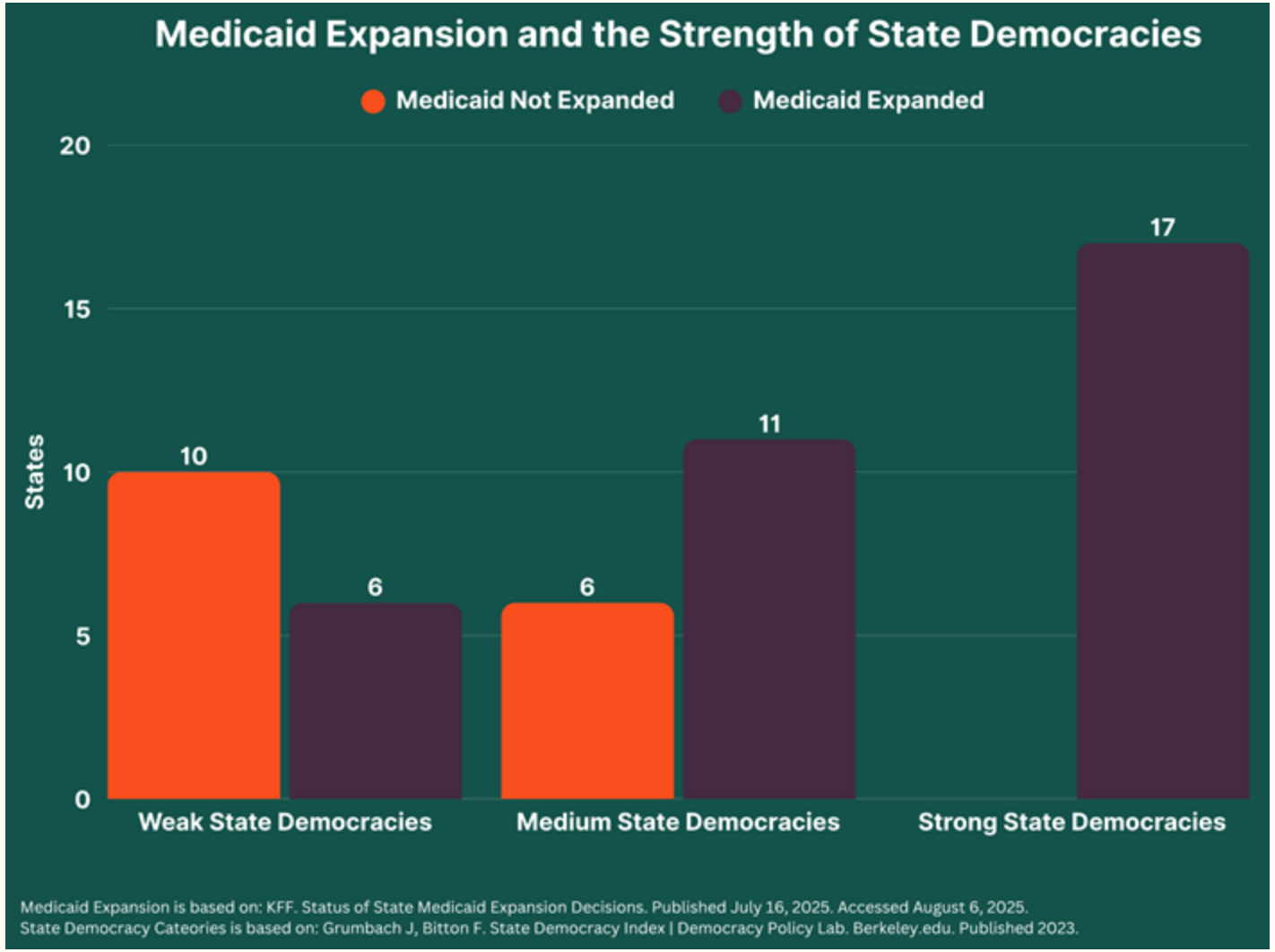
HEALTH& DEMOCRACY

- States where it is **easier to vote** are more likely to have:
  - better rates of **state-level self-reported health** across time (1996-2020); Schraufnagle, 2023
  - **lower uninsured** rates; Pabayo et al., 2021
  - counties had **lower pre-vaccine COVID** case and mortality rates; Pabayo et al., 2022
  - Lower working age **mortality** rates; Montez et.al., 2023
- Civic engagement (voting, volunteering, and activism) among adolescents and young adults is positively associated with **better future income, education levels and mental health** compared to non-voters; Ballard et al., 2019

STRONG DEMOCRACIES SUPPORT KEY HEALTH REFORMS

HEALTH& DEMOCRACY

States with **stronger democracies** were more likely to have ***expanded Medicaid eligibility*** by 2020, regardless of partisan-lean, median household income, and educational attainment.



Mahs, Gnora, and Marisa Bremer. *From Ballots to Better Health How Inclusive Democracy Shapes the Public's Health*. 2025.

HEALTH& DEMOCRACY

What Can Public Health DO?

WE HAVE POWER

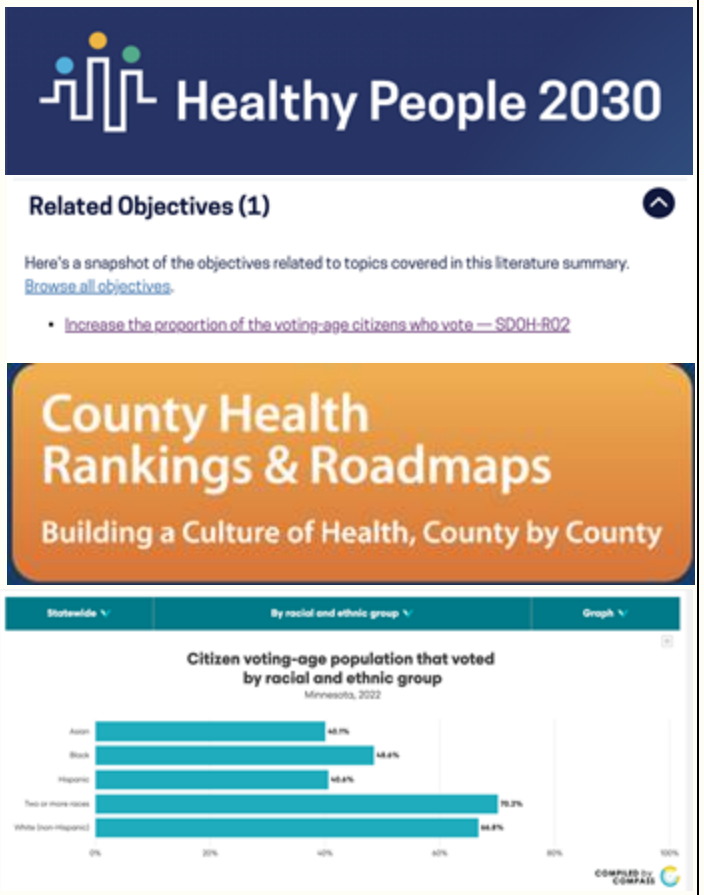
HEALTH & DEMOCRACY

- Largest workforce and accounts for at least 22 million workers which represents about 14% of all workers in the United States.
- Health Professionals are trusted messengers in their communities and with policymakers
- Health organizations represent thousands of members and institutions working to advance health

SYSTEMS CHANGE AT EVERY LEVEL

HEALTH& DEMOCRACY

- **Organization level:** adopt policies to change the narrative and context for advocacy– Ex. SOPHE, AMA, APHA
- **State and local level:** join efforts to promote state and local policies expanding voting access and incorporating measures of civic participation into health goal setting (ex MN, MI)
- **National level:** to promote voter registration and participation using administrative levers- HealthCare.gov, Healthy People 2030, County Health Rankings and Roadmaps.



SHIFTING ORGANIZATIONAL POLICIES

PASS ORGANIZATIONAL POLICY STATEMENTS

HEALTH & DEMOCRACY

SOPHE

Voter Registration and Participation Resolution

Call for SOPHE to support policy and advocacy efforts to increase voter registration and voting participation, which leads to healthier communities.

Adopted by the SOPHE Board of Trustees
May 17, 2022

AMA PolicyFinder

voting Search

Public Health

Support for Safe and Equitable Access to Voting H-440.805

Topic: Public Health
Meeting Type: Annual
Action: Appended
Council & Committees: NA

Policy Subtopic: NA
Year Last Modified: 2022
Type: Health Policies

1. Our American Medical Association supports measures to facilitate safe and equitable access to **voting** as a harm-reduction strategy to safeguard public health and mitigate unnecessary risk of infectious disease transmission by measures including but not limited to:
   a. extending polling hours
   b. increasing the number of polling locations
   c. extending early **voting** periods
   d. mail-in ballot postage that is free or prepaid by the government
   e. adequate resourcing of the United States Postal Service and election operational procedures

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Advancing Health Equity through Protecting and Promoting Access to Voting

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Date: Nov 08 2022 | Policy Number: 20229
Key Words: Health Equity, Civil Rights, Health Disparities, Social Determinants of Health

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Abstract

The existence of health disparities is an intractable public health problem. It is unacceptable not only that infant mortality, premature death rates, and disease burden are higher for racial and ethnic minorities such as Black and American Indian communities than they are for the general population but that these disparities persist despite decades of attention from public health. This is in part because while the public health system has begun to focus on the social determinants of health, there is a hesitancy and reluctance to engage in politics and address systems of power. States that make elections more accessible through policies

PROMOTE WORKFORCE CIVIC PARTICIPATION

HEALTH & DEMOCRACY

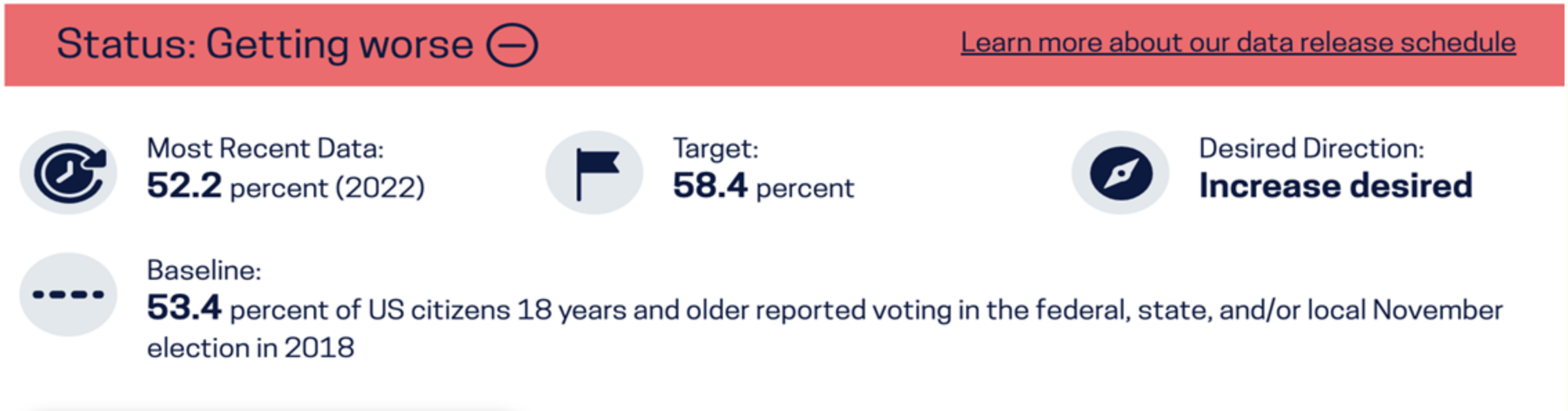
- Share nonpartisan voting information with your colleagues, coworkers, members, and community!
- Ensure your organization is voter friendly by shifting internal policies to give staff the flexibility and opportunities to participate

PROMOTING CIVIC PARTICIPATION AS AN OPPORTUNITY TO SUPPORT THRIVING COMMUNITIES

HEALTHY PEOPLE 2030

HEALTH & DEMOCRACY

Increase the proportion of the voting-age citizens who vote SDOH-07



MINNESOTA STATE HEALTH ASSESSMENT

HEALTH & DEMOCRACY

Civic participation

Participation in civic life takes many forms, including community-building activities, political and electoral participation, influencing policies and systems change, cooperating to improve working conditions, and more. Representation is also important because elected officials make decisions that form the systems and structures of society. Civic participation improves health by building social networks and trust and facilitates community coordination and cooperation.[363] In 2022, the American Medical Association declared voting to be a social determinant of health, and states with lower voter participation are associated with worse health outcomes.[364]

In 2022, the Healthy Minnesota Partnership identified civic participation as a state strength, citing specific examples like a community providing dental services for low-income community members, organizing for fair wages and good working conditions, and advocating for smoke-free environments.

Statewide data confirms that Minnesota has strong levels of civic participation.

- In 2021, 36.7% of Minnesotans aged 16 and older had volunteered in the past year.[366]
- In 2021, 61.8% of residents donated $25 or more to nonprofits and other charities.[367]
- In 2022, 382,000 people in Minnesota belonged to labor unions (15.2% of the total state workforce[368]), the 10th highest rate in the country.[369] People in Minnesota living in rural areas participate in unions at a higher rate than those living in urban and suburban areas.[370]
- In 2020, 75% of Minnesotans participated in the U.S. Census, a rate similar to previous years.[371]

Local and state government, community and statewide organizations, businesses, faith communities, informal networks, and others create civic infrastructure and opportunities to come together to create better health for everyone. Minnesota can continue to build civic infrastructure to provide opportunities for people to take action to stay connected and healthy.

IN 2022...

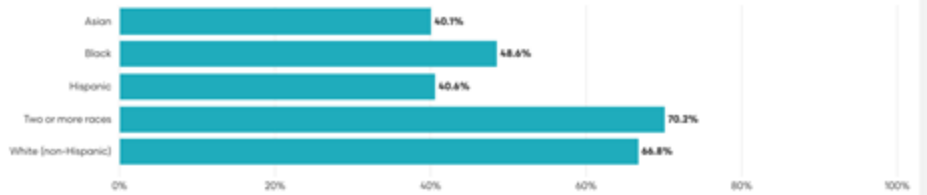
61% of eligible people in Minnesota voted, the highest rate of voter turnout in the nation.[365]

Learn more

MN Compass
Civic engagement
(https://diracto/kRBZ)

Statewide | By racial and ethnic group | Graph

Citizen voting-age population that voted by racial and ethnic group
Minnesota, 2022



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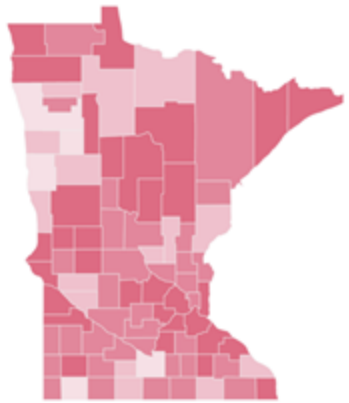
Citizen voting-age population that voted
By county, 2022



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Health & Democracy Peer Group (HDPG)

The Health & Democracy Peer Group (HDPG) brings together representatives of community-based organizations, health departments, and healthcare organizations interested in building trust in government and public health so they work for the people.

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ACTIVE PARTNERS FOR POLICY CHANGE

LEVERAGE HEALTH VOICES FOR CHANGE

HEALTH& DEMOCRACY

Health Professionals are trusted messengers in our communities. We can effectively support positive policy efforts by communicating about the ***impacts that policy has on the communities we serve***, especially with an eye on senior citizens, veterans, and people with disabilities, as well as us: health professionals

EXAMPLES OF POLICIES SUPPORTED BY A STRONG HEALTH VOICE

HEALTH& DEMOCRACY

- **Flexible Vote at Home Options**
  - No excuse absentee
  - All Mail Elections
  - Permanent Absentee Ballot Lists
- **Modernized Online Voter Registration**
  - Allow for digital signature uploads
  - Eliminate trips to election offices
- **On-Cycle Elections**
  - Hold local elections at the same time as national and state elections
  - Reducing voter fatigue

EXAMPLE TALKING POINTS FOR HEALTH VOICES

HEALTH& DEMOCRACY

Policy	Health Talking Point
Flexible Vote from Home	Flexible options to vote from home allows people who have chronic health conditions, mobility limitations, and/or who are aging to to fulfill their constitutional duty without risking their health or safety. Health professionals work long hours that often times do not match up with polling locations' hours of operations. Flexible voting options, with clear standards and oversight, would enable more health professionals to cast their ballots while maintaining confidence in the process.
Modernized Online Voter Registration	Aging adults and people with disabilities are less likely to have a current, valid DMV issued ID. OVR+ creates a process that would allow eligible voters without a DMV issued ID to register using the online system, including electronically uploading a picture of their signature. A fully digital, end-to-end process means that voters who struggle with mobility or independent living can register to vote from the comfort of their home without having to coordinate with a caregiver to print out a form or go to the post office.
On Cycle Elections	When states align their state and local elections with "on-cycle" federal elections it makes it easier for voters to cast a ballot. Health professionals work incredibly busy schedules and having to take time off from work to vote in separate state, local, and federal elections makes it harder for them to continuously cast their ballots.

WHAT CAN *YOU* DO?

HEALTH IS ALWAYS ON THE BALLOT– WHAT CAN YOU DO?

HEALTH& DEMOCRACY

- Make a voting plan for every election (especially local ones)
- Invite colleagues, friends, and family to make voting plan
- Promote opportunities for civic and voter participation in your workplace
- Invite your colleagues to learn more!

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HEALTH & DEMOCRACY

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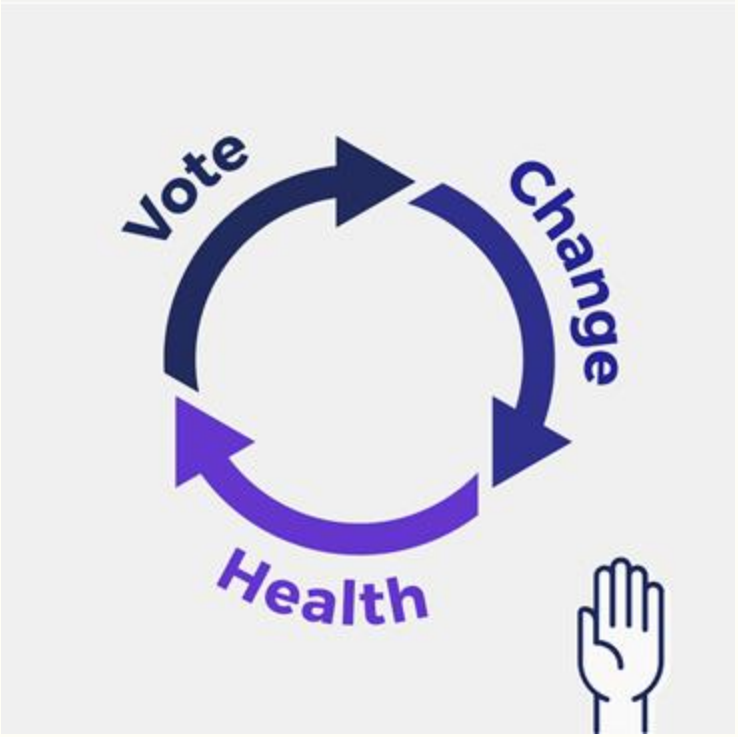

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Thank You

HEALTH & DEMOCRACY

Thank You

Q&A

About the Network for Public Health Law

The Network advances health equity and improves health outcomes by providing guidance on the effective use of laws and policies.

We work with:

- Public health officials and practitioners
- Policymakers
- Attorneys
- Community and Advocacy Organizations

We provide:

- Research and analysis
- Strategic consultation and guidance
- Knowledge-building and training

The Network for Public Health Law

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