

November 30, 2022

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

RE: Proposed Healthy People 2030 Objectives – Social Determinants of Health-NEW-07, Increase the proportion of the voting age citizens who vote, 87 FR 64240

Dear Rear Admiral Reed:

On behalf of the Big Cities Health Coalition (BCHC), we write in response to the Solicitation of Written Comments from the Department of Health and Human Services on Proposed Healthy People 2030 Objective—Social Determinants of Health—NEW-07: Increase the proportion of the voting age citizens who vote. BCHC comprises health officials who lead 35 of the nation's largest metropolitan health departments. These departments collectively serve more than 61 million — or about one in five — Americans. Our members, like their colleagues across the country, work every day to keep their communities as healthy and safe as possible.

We share the HHS Office of Disease Prevention and Health Promotion (ODPHP)'s interest in promoting voter participation as a core objective in Healthy People 2030. We know that civic engagement is vital to building healthy, safe communities that promote and protect health. We therefore urge ODPHP to transition the measure from a research objective to a core objective as soon as possible.

Over the last few decades, public health research and efforts to address disparities and advance health equity have focused on the social determinants of health and on increasing access to quality health services among populations experiencing inequities and persistently poor health outcomes. The social determinants of health are the conditions and contexts in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, function,

quality-of-life, and life expectancy outcomes and risks. Policymaking is a critical vehicle for producing and protecting these contexts and conditions.

Within a fully functioning democracy, policy decisions are directly and indirectly determined through elections. Decisions made directly through elections include policies that communities vote on through ballot initiatives and referendums. Voters also decide on policy indirectly by delegating power to elected representatives who make policy through legislative and formal decision-making processes. However, despite community efforts to build power and to influence decision making to advance health and racial equity, there continue to be intentional efforts to limit civic and voter participation. In short, voter disenfranchisement perpetuates health inequities.

The evidence summarized below demonstrates that voter participation (the proportion of the voting age citizens who vote) meets the criteria for inclusion as a core objective in the Healthy People framework. 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, we have included citations to supporting evidence.

## **Core Objective Criteria**

# Reliable, Nationally Representative Data Source

Public data on elections are readily available from four federally managed databases: the Current Population Survey (CPS), U.S. Census Bureau, the U.S. Bureau of Labor Statistics, and the Election Administration and Voting Survey (EAVS). All these data sources meet the two data criteria for inclusion as a core objective in Healthy People 2030. They all have reliable, nationally representative data with baseline data no older than 2015 and have at least two additional data points beyond the baseline during the decade.

The Current Population Survey (CPS), U.S. Census Bureau, and the U.S. Bureau of Labor Statistics are data sources HHS uses to measure the proportion of the voting-age citizens who vote. CPS elections data has been included in the November supplement each election year since 1964 and therefore includes rich historical data. The primary strength of these data is their utility in drawing conclusions about disparities in voter participation based on race, gender, disability status, income, and other characteristics discussed in the survey instruments. One weakness of these data sets is that they rely on self-report and proxy-reported data, which is known to inflate the voter participation rates as compared to actual ballots counted. Additionally, while these datasets include state-level metrics, they do not include representative samples for many counties. Instead of solely relying on these self-reported measures, we propose using additional sources to reach a more accurate representation of voter participation across the country.

The EAVS is a national survey of county election offices conducted after general elections, which includes election office reports of voter registration, election infrastructure, and voter

participation.<sup>3</sup> Including this dataset may help ensure accurate reports of voter turnout are included in Healthy People 2030 tracking, and we suggest that HHS consider its efficacy.

Similarly, accurate statewide turnout results for both voting age (VAP) and voting eligible (VEP) populations are provided each election cycle by the US Elections Project, directed by Michael McDonald at the University of Florida.<sup>4</sup> One limitation of the EAVS is that it does not include any population estimates such as age, sex, race, or ethnicity for those who voted.<sup>5</sup> To ensure the most accurate voting data is used, Healthy People 2030 can seek to combine population estimates from CPS, U.S. Census Bureau, and the U.S. Bureau of Labor Statistics to determine weights for relevant demographic data with the county elections reports from the EAVS and statewide turnout from the US Elections Project.

Each of these data sources meet the two data criteria for inclusion as a core objective in Healthy People 2030. The EAVS includes baseline data from 2016, 2018, 2020, and soon will have 2022 data available, with most counties across the country consistently submitting the survey instrument. The CPS, U.S. Census Bureau, the U.S. Bureau of Labor Statistics, all include annual questions in their national population surveys about voter participation.

# Effective, Evidence-based Interventions to Improve Voter Participation

Establishing evidence-based strategies to increase voter participation has been a focus of political scientists for decades. There is a growing body of evidence about policies and practices that can bolster or hinder voter participation. Despite record voter turnout in the 2020 election, approximately one-third of eligible Americans did not cast a ballot. Increasing voter turnout requires both inclusive policies and robust community efforts to educate and mobilize eligible voters ahead of each election.

Policies that enable voter participation are described in the Cost of Voting Index (COVI), developed by political science researchers at Northern Illinois University in 2016. The COVI analyzes the relative "cost" of voting in each state in terms of time and effort associated with casting a vote. States with a lower COVI Index have less restrictive voting policies and are associated with increased voter participation. An analysis driven by Healthy Democracy Healthy People in 2021 uses the COVI rankings to illustrate that diverse policies granting greater ballot access are positively associated with individual and community-level health indicators.

### Addressing Structural and Systemic Barriers to Voting

The following policies would go a long way toward ensuring community members have a direct say on policy decisions that affect their health: increasing access to mail voting (which historically has not impacted partisan vote share); increasing the window for early voting; expanding available polling locations and hours of operation to accommodate nontraditional schedules; ending restrictive voter identification policies; and restoring the right to vote for those who are (or have previously been) incarcerated. On this last point: an estimated 6.1 million Americans are denied their voting rights due to policies that disenfranchise people with felony charges. These policies disproportionately affect Black Americans. Currently, only two states and Washington, D.C., allow people with felony convictions to vote, even while

incarcerated.<sup>16</sup> Additionally, voter identification laws have been shown to suppress voters from racial and ethnic minorities in both primary and general elections.<sup>17</sup>

#### **Enabling Inclusive Voter Registration**

The most common reasons people do not vote are not being registered and not understanding how to navigate the voting process. <sup>18, 19</sup> Eligible people are successfully registered to vote when they are offered active voter registration services. <sup>20</sup> This includes being asked if they want to vote or to update their registration, receiving assistance as they complete the voter registration process, and ideally having their completed registration application collected and transmitted to the appropriate election officials or, if that is impractical, receiving a stamped envelope in which they can submit their voter registration application. Government agencies including big city health departments can aid in active voter registration efforts by accepting designation as voter-registration agencies under the National Voter Registration Act of 1993 (NVRA). Section 7 of the NVRA requires that: "Any office in a covered State that provides either public assistance or state-funded programs primarily engaged in providing services to persons with disabilities must offer voter-registration services. Armed Forces recruitment offices must also provide voter registration services. In addition, a State must designate other offices in the State as voter-registration agencies."<sup>21</sup>

One way the voter registration process can be streamlined is through Automatic Voter Registration (AVR) programs. AVR allows eligible voters to be automatically registered when they interact with the state Department of Motor Vehicles (DMV) through data sharing between the DMV and the state's voter registration system. AVR removes barriers to registration for eligible voters, which is a first step in increasing voter participation. According to the Brennan Center for Justice, states that have enacted AVR saw up to a 94 percent increase in voter registrations.<sup>22</sup>

AVR is not appropriate in all settings. When AVR is not plausible or appropriate, community health programs and state agencies can ensure members of the public can update their voter registration by including voter registration in all external operations. This involves providing the necessary paperwork and contact information for local elections offices and educating voters on how to exercise their voting options. Additionally, states can provide more opportunities to register to vote by enacting policies like same-day and Election Day voter registration.

### **National Importance of Voter Participation**

Measuring voter turnout as a core objective in the Healthy People framework is key to better tracking inequities in civic and voter participation and identifying actions and policies that will improve participation and health outcomes. While we know that voter participation is a key indicator of social cohesion and contributes to community social capital, <sup>23</sup> we do not effectively track and aspire to improve voter participation in public health research and practice. To effectively advance health equity, Healthy People must acknowledge the deep history of structural racism, ableism, and xenophobia that has been used to systematically restrict voter access. Healthy People must also recognize the importance of voting as a matter of public health and equity.<sup>24</sup>

Research has shown that civic and voter participation are strongly associated with health outcomes: states and countries that have more accessible voting policies and higher levels of civic participation are healthier across multiple public health measures.<sup>25</sup> High levels of civic participation – including voter participation – help ensure that people in communities are connected to each other, thus improving neighborhood cohesion, health outcomes and community resilience.<sup>26</sup> Voters show better mental and physical health compared with non-voters, even after adjusting for a range of other factors.<sup>27</sup>

Ahead of the 2020 elections, many states implemented policies and programs that led to more inclusive access to voting opportunities. These included expanding and promoting mail voting and early voting options.<sup>28</sup> This resulted in historical voter turnout rates with 159 million people voting. Despite record voter turnout in the 2020 election, approximately one-third of eligible Americans still did not cast a ballot. Additionally, disparities in voter turnout persist despite overall increases in voter participation.<sup>29</sup> Historically, voter turnout is lower for Black, Latino, Asian American, Pacific Islander, and American Indian people than for their white counterparts; turnout is also lower among younger voters and voters with lower education levels.<sup>30,31,32,33</sup>

#### Data to help address disparities and achieve health equity

As discussed earlier, research shows that states with better access to voting have better health. For example, those states that have less restrictive access to voting see disparities shrink for maternal mortality.<sup>34</sup> Black, Latino, and American Indian voters face heightened barriers when it comes to voting and participating in our democracy. Black, Latino, and American Indian voters are more likely to experience longer polling lines,<sup>35,36</sup> are disproportionately burdened by stringent voter identification laws,<sup>37</sup> and have fewer polling locations per capita than their white counterparts. American Indian voters face unique barriers to voting by mail from reservations due to non-traditional addresses, homelessness, overcrowding, language barriers, and lack of broadband access and use of PO boxes. Additionally, 15 percent of Black voters and 14 percent of Latino voters had trouble finding their polling locations compared to only five percent of white voters.<sup>38</sup>

Voters with disabilities 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. In 2020, 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. People with vision and cognitive impairments – who account for roughly 7 million eligible voters and 13.1 million eligible voters, respectively – were especially likely to face obstacles during the 2020 election.<sup>39</sup>

These structural barriers to political participation and power keep communities most impacted by inequities from effectively influencing critical decision-making processes. To address these disparities, Healthy People must focus on improving voter participation and access over the next decade.

In closing, BCHC encourages Healthy People 2030 to transition voter participation rates to a core objective. The evidence discussed above clearly demonstrates voter participation meets the criteria for inclusion as a core objective in the Healthy People framework.

We thank HHS for considering adding "increase the proportion of the voting age citizens who vote" as a core objective. Please do not hesitate to contact me (<u>juliano@bigcitieshealth.org</u>) if we can be of further assistance.

Sincerely,

Chrissie Juliano, MPP
Executive Director

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<sup>&</sup>lt;sup>3</sup> EAVS faq. U.S. Election Assistance Commission. Available at: <a href="https://www.eac.gov/research-and-data/eavs-faqs#What-is-the-Election-Administration-and-Voting-Survey">https://www.eac.gov/research-and-data/eavs-faqs#What-is-the-Election-Administration-and-Voting-Survey</a>. Accessed November 4, 2022.

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