Advancing Health Equity through Protecting and Promoting Access to Voting

Policy Date: November 8, 2022
Policy Number: 20229

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 such as automatic and same-day registration, flexible voter ID requirements, felon reenfranchisement, and mail voting options enjoy higher levels of voter participation and stronger public health outcomes. Conversely, communities that face significant barriers to voting suffer worse health outcomes. These barriers can become self-reinforcing because people who are experiencing poor health are less likely to vote and have shorter life spans (and thus fewer opportunities to vote over time) than healthier people. Having an APHA policy statement on voting and health would encourage public health systems to address the political determinants of health and make headway on health equity. Achieving health equity requires ensuring that all people have a voice in the political process. Actions include supporting inclusion of voting and civic participation objectives in the Healthy People initiative, adopting policies to advance civic participation and public health, and integrating voter registration and civic engagement into public health work.

Relationship to Existing APHA Policy Statements

- APHA Policy Statement 20189: Achieving Health Equity in the United States
- APHA Policy Statement 202117: Advancing Public Health Interventions to Address the Harms of the Carceral System

This policy statement builds on the policies listed above focused on improving health and racial equity by strengthening civic and voter participation. It also updates and expands upon the archived APHA Policy Statement 8322: Voter Registration and the 1984 Elections. The way Americans vote has changed significantly since APHA's voter registration policy was adopted in 1983, but today it is even more relevant that public health professionals recognize that "many citizens, particularly members of high-risk

34 populations such as minorities and poor people as well as youth, need to be engaged [and recognize] the
35 necessity of exercising their franchise in local, state, and national elections."
36
37 Problem Statement
38 Health disparities are an intractable problem for public health. It is unacceptable that key health indicators
39 such as infant mortality, premature death rates, and disease burden are higher for people from racial and
40 ethnic minority populations, including Black and American Indian communities, than they are for the
41 general population. For example, Black infants born in the United States are 2.5 times more likely to die
42 before their first birthday than their White counterparts.[1] Over the past few decades, public health
43 research and efforts to address disparities and advance health equity have focused on the social
44 determinants of health and on increasing access to quality health services among marginalized
45 populations. The social determinants of health, the conditions in which we live, work, learn, pray, and
46 age, account for 30% to 50% of health outcomes.[2] These determinants are created within a political
47 context and are beyond the control of the individual.
48
49 Progress on health disparities will be limited if public health neglects to fully address the political
50 determinants of health, including civic and voter participation. Throughout this country's history, public
51 health and health equity initiatives have been advanced through community organizing and voter
52 participation. For example, advocates registered Black voters after the Civil War and elected
53 representatives who then created a division of medical services for newly freed slaves[3]; with women's
54 suffrage, child mortality rates declined by 8% to 15%[4]; the 20th-century Civil Rights Movement
55 spurred an expansion of voting rights and ushered in more inclusive policies in education, housing,
56 economic opportunity, and health care, including the establishment of Medicare and Medicaid; and in
57 2010 health care and health equity champions organized to pass significant national health reform
58 measures and others organized state-level ballot initiatives to ensure Medicaid expansion.[3] Since 2020,
59 there have been significant efforts to advance health and racial equity spurred by the unjust killings of
60 George Floyd, Breonna Taylor, Elijah McClain, and other victims of police violence and by the
61 inequitable conditions that were exacerbated during the COVID-19 pandemic. In addition to improved
62 health care, it has been clear for decades that access to healthy food and clean water, affordable housing,
63 health care, quality education, and other conditions vital to community health is created through policies
64 influenced by public and political will created by voters.
65
66 Current policy campaigns that aim to address health outcomes (such as access to reproductive health care
67 and funding for mental health services) and social determinants of health (such as housing policies,

68 transportation initiatives, and environmental regulations) require addressing the political environment.
69 Within a fully functioning democracy, policy decisions are directly and indirectly determined through
70 elections. Decisions made directly through elections include policies that communities vote on through
71 ballot initiatives and referendums. People also decide on policy indirectly by delegating power to elected
72 representatives who make policies through the legislative process.
73
74 Despite community efforts to build power and influence decision making to advance health and racial
75 equity, there continue to be intentional efforts to limit civic and voter participation that lead to ongoing
76 health inequities. Political leaders who falsely disputed the election results in 2020 have gone on to
77 sponsor voter suppression bills in many legislatures, with 19 states adopting restrictive voting laws as of
78 December 2021.[5] A salient example of restrictive voting laws is Texas's Senate Bill 1 (2021), which
79 controls how and when voters cast ballots. Specifically, this legislation prohibits localities from having
80 24-hour voting windows such as the one established in Harris County, which includes Houston (the
81 nation's most diverse city), during the 2020 election.[6]
82
83 The number of preemptive laws restricting the power of local governments and communities has also
84 increased, with significant public health impact. At least 26 states have passed laws limiting public health
85 authority in the last 2 years,[7] such as limiting what cities and counties can do to address the COVID-19
86 pandemic and restricting discussion of lesbian, gay, bisexual, transgender, queer, or questioning
87 (LGBTQ+) issues in public schools. In 2021, for example, Governor Brian Kemp signed an executive
88 order prohibiting local governments in Georgia from imposing mask and vaccine mandates in order to
89 control the COVID-19 pandemic.[8] In addition, Florida enacted a "Don't Say Gay" bill that went into
90 effect July 1, 2022, and forbids local public schools from teaching students about sexual orientation or
91 gender identity.[9]
92
93 Public health outcomes are linked to voting policies, with more inclusive policies consistently associated
94 with better health outcomes. The links between health and democracy are both direct and indirect. The
95 direct links are well known. For example, people vote on budgets and ballot initiatives that affect our
96 health, such as Medicaid expansion, reproductive health care, and clean air laws, and candidates for
97 public office routinely make people's health part of their campaigns because they know it is among the
98 top issues voters care about. For example, voters in Maine, Missouri, and Oklahoma approved expansion
99 of Medicaid eligibility through the ballot initiative process.[10] Links can also be indirect. The United
100 States Census Bureau helps guide congressional funding decisions and legislative representation
101 proportions for our communities at every level. When people fill out their census forms, they help

102 determine how much funding their communities receive for transportation, education, housing, and health
103 services and how many representatives they have in legislatures.[11] High levels of civic participation
104 help ensure that people in communities are connected to each other and see how their own agency affects
105 themselves and others. This improves neighborhood cohesion, health outcomes, and community
106 resilience.[12]
107
108 Recent research shows a consistent association between voting and health.[12] People who vote tend to
109 report better health than those who do not vote. Voters show better future mental and physical health than
110 nonvoters, even after adjustment for a range of other factors including age.[13] One way to assess this
111 association is by comparing health outcomes against the Cost of Voting Index (COVI), which was
112 developed by political science researchers at Northern Illinois University in 2016 and measures the
113 relative cost of voting in each state based on the time and effort associated with casting a vote.[14]
114 According to an analysis visualized in the Health and Democracy Index, states with lower COVI scores
115 have less restrictive voting policies and exhibit better health outcomes.[15] For example, Colorado has a
116 low COVI score, inclusive registration policies, no restrictive ID requirements, a vote-at-home option,
117 and voting rights restoration and ranks in the top 15 states in overall health outcomes. By contrast,
118 Tennessee has a high COVI score, restrictive voter registration policies, restrictive ID requirements, no
119 vote-at-home options, and no voting rights restoration and is ranked 41st in overall health outcomes
120 nationally.[15]
121
122 Over the past decade, there have been significant political efforts to undermine democracy and restrict
123 civic and voter participation. In 2013, the Supreme Court of the United States decided Shelby County v.
124 Holder, holding that the preclearance requirements of Section 4(b) of the Voting Rights Act of 1965 are
125 unconstitutional. This ruling eliminated the formula to identify areas where racial discrimination in voting
126 was more prevalent along with requirements for prior approval for new voting changes in those areas.[16]
127 Preclearance was successful at improving voting access in covered jurisdictions. After this ruling, states
128 that were previously covered by preclearance engaged in significant efforts to disenfranchise voters. For
129 example, within 24 hours of the decision, Texas announced implementation of stricter voter ID laws.
130 Between 2012 and 2018, more than 1,600 polling locations were closed, and states previously covered
131 have purged voter rolls at higher rates than those that were not covered.[17] In 2021, the Supreme Court
132 decided Brnovich v. DNC, holding that Arizona's out-of-precinct voting policy and ballot collection law
133 do not violate Section 2 of the Voting Rights Act, which prohibits the denial or abridgement of the right
134 to vote on account of race or color, and that the ballot collection law was not enacted with discriminatory
135 purpose.[18] While this ruling did not establish a general test for Section 2 challenges, it will make it

more difficult to use this section in future challenges to discriminatory voting laws. As access to democracy becomes more tenuous, it is incumbent on the public health community to protect the right to vote and promote policies that ensure an inclusive democracy for all as a pathway to better health.

Despite record voter turnout in the 2020 election, approximately one third of eligible Americans still did not cast a ballot.[19] In addition, disparities in voter turnout continue to persist even with overall increases in voter participation. Historically, voter turnout has been lower among Hispanic or Latino, Asian American, Pacific Islander, and American Indian people, as well as among younger voters and voters at lower educational levels.[20–22] A 2021 study conducted by the Center for Inclusive Democracy analyzed voter turnout in California and revealed that although turnout was up overall in 2020, the gap in turnout for the total population versus Latino and Asian American communities actually widened.[23]

People experience barriers to registering to vote and casting a ballot for many reasons, some of which intersect with barriers to receiving health care. These reasons include a lack of identification documents,[24] frequent changes of address,[25] limited English proficiency,[26] misconceptions about the rights of people with disabilities,[27] a combination of poor health and low income,[28] and voter registration office closures due to emergencies such as COVID-19.[29] For example, extensive ID requirements for registration can be a major barrier: 13% of Black eligible voters and 10% of Latino eligible voters lack photo identification, as compared with only 5% of White eligible voters. Individuals with lower incomes are also less likely to have photo identification: 12% of adults living in households with annual incomes below $25,000 lack photo ID, versus only 2% of those living in households with incomes above $150,000. These disparities in photo identification prevent eligible voters in disenfranchised communities from registering to vote.[30] In addition, one in four nonregistered voters after the 2016 elections cited “recently changing their address,” “forgetting to register,” “time constraints,” and “confusion over how to register” as their reasons for not voting.[31]

Black, Latino, and American Indian voters face heightened barriers in terms of voting and participating in democracy. These voters are more likely to experience longer polling lines, be disproportionately burdened by stringent voter identification laws, and have fewer polling locations per capita than their White counterparts. These barriers are often promoted under the guise of efficiency and security. For example, in a study of the 2016 elections, the researchers used anonymized smartphone locations to track waiting lines across 93,658 polling stations nationwide and found that voters in predominantly Black neighborhoods were 74% as likely to wait more than half an hour as voters in majority White

170 neighborhoods.[32] Long polling lines are related to a lack of election infrastructure investment, often
171 determined at the county level, which can result in consolidation of polling places, fewer poll workers,
172 and the use of outdated equipment. American Indian voters also face unique barriers to mail voting on
173 reservations as a result of nontraditional addresses, homelessness, overcrowding, language barriers, and
174 lack of broadband access and post office boxes.[33] In 2018, 9% of Black and Latino voters experienced
175 being told that they lacked the proper identification to vote, while only 3% of White Americans had the
176 same experience.[34] In addition, 15% of Black voters and 14% of Latino voters had difficulty finding
177 their polling locations, as compared with only 5% of White voters.[34] During the 2018 election, Latino
178 and Black voters were more likely than White voters to wait in long lines on election day. Latino voters
179 waited on average 46% longer than White voters, and Black voters waited 45% longer than White
180 voters.[35]
181
182 Voters with disabilities face numerous challenges to voting. Eligible voters with disabilities were 7
183 percentage points less likely to vote than eligible voters without disabilities in the 2020 election, even
184 after adjustment for age.[36] Voters with disabilities were also nearly twice as likely as nondisabled
185 voters to experience problems when voting, and one in nine voters with disabilities faced barriers
186 accessing ballot boxes.[36] People with vision and cognitive impairments were especially likely to face
187 obstacles during the 2020 election; these individuals accounted for roughly 7 million eligible voters and
188 13.1 million eligible voters, respectively.[36] Not only do people with disabilities face hurdles in casting
189 a ballot, they also are less likely to report being registered to vote.[36] While many states have adopted
190 new and innovative ways to increase voter registration through same-day registration, online options, and
191 automatic registration at the department of motor vehicles (DMV), these systems have not been
192 successful in fully registering the community of voters with disabilities.[36]
193
194 Communities that face challenges when casting their ballots also face the greatest health challenges. A
195 higher cost of voting value (as determined by the COVI[14]) is associated with worse individual and state
196 health outcomes, and this relationship is strong and statistically significant. Achieving health equity
197 requires that we focus on building an inclusive and representative democracy that addresses the root
198 causes of both voting and health disparities and the role of law and policy in creating and perpetuating
199 these disparities. Racial health disparities are pervasive throughout the United States, as evidenced by, for
200 example, higher rates of premature mortality and chronic disease. Mortality rates for most of the 15
201 leading causes of death are higher in Black communities than in White communities.[37] Nearly 100,000
202 Black people die prematurely each year due to health disparities.[37] In fact, research has shown that
203 many close state-level elections would have had different outcomes if the mortality profiles of voting-age

204 Black people matched those of White people.[38] Voting is a way to change laws and policies and
205 thereby change access to resources, power, and opportunity that shape the social determinants of health.
206 Voting, engagement, advocacy, policy, money, and technology are all factors in the political determinants
207 of health framework. If public health is truly going to advance health equity, the public health community
208 must pay greater attention to the political context in which disparities occur at all levels of government
209 and embrace its role in shaping these determinants by implementing strategies to remove barriers to
210 political and civic participation among the populations experiencing the greatest health disparities.
211 Removing barriers to voting and working to ensure inclusive voting systems are essential to advance
212 health equity and improve health and well-being for all, a concept recently recognized by the American
213 Medical Association in a policy statement supporting safe and equitable access to voting and recognizing
214 voting as a social determinant of health.[39]
215
216 Evidence-Based Strategies to Address the Problem
217 Voting shapes public health policy and health outcomes, but Black, Latino, Asian American, and
218 American Indian people; people with disabilities; and people from groups that have been historically
219 marginalized all experience barriers to participation in the electoral process, barriers that have been
220 exacerbated by the COVID-19 pandemic and ensuing legislation to curb both public health and election
221 authority. These are problems that can be addressed by monitoring civic participation as a leading health
222 indicator in our national health goals and prioritizing measurable objectives and research related to voter
223 registration and voter turnout, removing barriers to engaging in the electoral process, and recognizing, as
224 noted in APHA Policy Statement 8322, "that an informed voting public is necessary and obligatory for
225 adequate funding for public health" and that "APHA members can play an important role in educating the
226 public about the effects of funding cuts" and other policy measures on the health of the public.
227
228 There are four strategies the public health community can focus on to improve civic and voter
229 participation: (1) supporting inclusion of voting and civic participation objectives in the Healthy People
230 framework, (2) engaging and educating public health professionals and partners on the importance of
231 inclusive voting policies for community health, (3) encouraging voter registration as a key path to civic
232 participation, and (4) advocating for policies that make voting easier, more accessible, and inclusive.
233
234 Strategy 1—Supporting inclusion of voting and civic participation objectives in the Healthy People
235 framework: The national Healthy People framework is a roadmap for achieving national-level health
236 goals over 10-year spans. Measuring and tracking these goals deeply informs local and state-level health
237 plans, including through governments and hospital systems. For example, the Healthy People 2020 goal

238 "Adults meeting aerobic physical activity and muscle strengthening federal guidelines" achieved its 2020
239 target[40] and was prioritized by states via programs such as Let's Move! Rockbridge in Virginia to
240 promote healthy living and physical activity through collaborations with local businesses, government,
241 health care facilities, and the community.[41]
242
243 In 2010, in recognition of the importance of civic participation for health outcomes, the Healthy People
244 initiative introduced a social determinants of health topic area for Healthy People 2020 that included a
245 social and community context domain in addition to four others. Civic participation was identified as a
246 key issue within this domain, and two informational areas without targets were added: "Proportion of
247 persons eligible to participate in elections who register and who actually vote" and "Proportion of
248 persons eligible to participate in elections who are registered and report voting in the most recent
249 November election."[42] Healthy People 2020 included data from the Current Population Survey, the
250 U.S. Census Bureau, and the Department of Labor for both objectives, disaggregated by sex, race and
251 ethnicity, and age, every 2 years between 2010 and 2018.[42]
252
253 While civic participation was included in Healthy People 2020 and voter registration and participation
254 were included as measurable objectives in the social determinants of health topic area,[43] these
255 objectives were not initially included in Healthy People 2030. In 2017, leading up to the development of
256 Healthy People 2030, the National Academies of Sciences, Engineering, and Medicine Committee on
257 Informing the Selection of Leading Health Indicators for Healthy People 2030 was charged by the U.S.
258 Department of Health and Human Services Office of the Assistant Secretary for Health with assisting in
259 the development of leading health indicators for Healthy People 2030. The proposed list of 34
260 recommended indicators included "the proportion of the voting eligible population who voted in the last
261 election," with an objective to "Increase the proportion of the voting-eligible population who votes" (also
262 in Healthy People 2020). The committee noted that voter participation met the indicator selection criteria
263 in that it is measurable, it has both baseline and additional data points, "the evidence base for it is fairly
264 strong and growing, and it has considerable bearing on health equity and disparities given the robust
265 understanding of what shapes structural inequities."[44] Despite the committee's recommendation and
266 evidence supporting the relationship between voting and health, voter participation was not included as a
267 research objective in Healthy People 2030 until being reinstated in July 2022 on the basis of community-
268 driven efforts to reestablish the metric.
269
270 The Department of Health and Human Services should include civic participation as one of Healthy
271 People's leading health indicators, building on the framework established in Healthy People 2020, which

272 included metrics on voter registration and the portion of people who actually voted from U.S. Census
273 Bureau data and data from other government sources that track these trends. The National Academies of
274 Sciences, Engineering, and Medicine—the congressionally chartered experts who advise the government
275 on critical science issues—recommended including voting among 34 leading health indicators.[45]
276 Additional research illustrating the connection between civic and voter participation and health outcomes
277 is called for to inform policymakers. States and local organizations should mirror this effort and prioritize
278 improving and tracking civic and voter participation metrics as part of their public health planning
279 process.
280
281 Strategy 2—Engaging and educating public health professionals and partners on the importance of
282 inclusive voting policies for community health: Health professionals and their networks are a vital part of
283 civil society, something that becomes much clearer in times of crisis. It is necessary for the public health
284 sector to work collectively with partners and develop the tools needed to build capacity, broaden and
285 strengthen coalitions, and contribute to the creation and growth of inclusive democratic systems. The
286 American Public Health Association has a robust advocacy portfolio that includes working to advance
287 issues such as racial healing and transformation, climate change, gun violence prevention, smoking
288 cessation, and reproductive health access. These issues require an engaged electorate in order to see
289 progress on policy objectives.
290
291 Of course, doing so requires resources, including professionals' time, training, and dedicated support for
292 community outreach and engagement. In its 1983 policy statement Voter Registration and the 1984
293 Elections, APHA recognized the value of educating the public health workforce on the importance of
294 funding to support public health activities and how participation in the election could affect the future of
295 public health programs. This continues to be a salient issue today. In its May 2021 report Challenges and
296 Opportunities for Strengthening the US Public Health Infrastructure, the National Network of Public
297 Health Institutes identified financial resources as a key domain of our public health infrastructure and
298 noted that the chronic underfunding of public health can be countered by improving communication on
299 the value of the sector so that public health professionals and their partners can better advocate for
300 policies and funding.[46] Law is also a key domain, and in this same report the top two self-identified
301 training needs for the public health workforce were how to influence law and policy development and
302 how to understand the effects of law and policy on health.
303
304 These findings are reinforced by the 2017 Public Health Workforce Interests and Needs Survey, which
305 revealed that one of the top training needs of the public health workforce is how to develop a vision for a

306 healthy community.[47] To create a vision, the workforce needs to understand how the scaling back of
307 public health authority, restrictions on elections, and failure to invest in our public health infrastructure
308 shape public health and health equity and that voting is a way to advocate for more informed and
309 inclusive health policies.[48] This vision should include community partners and priorities and provide
310 opportunities for community leadership and engagement.
311
312 It is essential for public health professionals to intentionally build the public and political will necessary
313 to address public health challenges. State and local governments and organizations can promote civic
314 engagement year-round by promoting opportunities for community members to serve on advisory boards,
315 attend and provide testimony at town halls, participate in public meetings, engage in volunteer activities,
316 and advocate on salient issues. A strong public health system relies on providing opportunities for
317 community members to learn about policy issues that will shape our health and well-being and how to
318 take action. However, building this capacity will require dedicated funding, professional support for
319 public engagement, and a deeper understanding that this sort of service work and community building is a
320 key aspect of public health.
321
322 Strategy 3—Encouraging voter registration as a key path to civic participation: In order to encourage
323 civic participation, the public health community can support efforts to streamline voter registration
324 because it is in a position to engage voters who are often left off of voter rolls, including people who are
325 more likely to access public health services. Under the National Voter Registration Act, automatic voter
326 registration (AVR) allows eligible voters to be automatically registered when they interact with the state
327 DMV through data sharing between the DMV and the state's voter registration system. AVR removes
328 barriers to registration for eligible voters, which is a first step in increasing voter participation. According
329 to the Brennan Center for Justice, states that have enacted AVR have seen up to a 94% increase in voter
330 registrations.[49]
331
332 The success of AVR in DMV offices is a demonstration of the opportunity to expand this model to
333 additional government agencies, such as those that provide social services, to reach eligible voters who
334 might not interact with the DMV—especially older voters, younger voters, voters who move frequently,
335 and voters in urban areas who are less likely to drive. AVR should be expanded to incorporate other
336 agencies, including federal and state public health programs. A particular opportunity to advance health
337 equity through voter registration is the implementation of AVR within Medicaid. Nearly 60% of
338 Medicaid beneficiaries identify as Black, American Indian, Hispanic, and other groups of color,[50] and
339 15% have disabilities.[51] As referenced above, these same groups are underrepresented at the ballot

340 box.[20–22] In addition, state Medicaid agencies gather relevant information for voter registration, such
341 as name, date of birth, and current address, as part of their normal operations.
342
343 However, AVR is not appropriate in all public health settings. When AVR is not plausible or appropriate,
344 community health programs and state agencies can ensure that members of the public can update their
345 voter registration by including voter registration in all external operations, providing the necessary
346 paperwork, and educating them on how to exercise their voting options. Broad voter registration efforts
347 can be solidified through state and federal policies. For example, the Biden administration issued
348 Executive Order 14019 (Promoting Access to Voting) on March 7, 2021. This executive order requires
349 executive department and agency leaders to consider ways to "expand citizens' opportunities to register to
350 vote and to obtain information about, and participate in, the electoral process" through evaluation of
351 programs and provision of relevant information to the public about how to register to vote, request a vote-
352 by-mail ballot, and cast a ballot in upcoming elections.[52] One example of the impact of this order is the
353 Health Resources and Services Administration's recent voter registration guidance for Federally Qualified
354 Health Centers.[53] An example of a state taking action is Minnesota, where Statute §201.162 requires
355 government agencies and nonprofit organizations that contract with the state to provide voter registration
356 services for employees and the public.[54]
357
358 Strategy 4—Advocating for policies that make voting easier, more accessible, and inclusive: While voter
359 registration is a key step in ensuring that more people can participate in democracy, more needs to be
360 done to address access to the ballot because more accessible voting is associated with better individual
361 and state health outcomes.[12] The public health community can help ensure that all people have
362 equitable access to the ballot by advocating for policies that make it easier to vote. Policies such as
363 increasing access to mail voting (which research indicates has no impact on partisan turnout[55]),
364 increasing the window for early voting, expanding available polling locations' hours of operations to
365 accommodate nontraditional schedules, and ending restrictive voter identification policies would go a
366 long way toward that ensuring community members have a direct say in policy decisions that affect their
367 health. In addition, advocating for policies that make our democracy more inclusive such as restoring the
368 right to vote to people with felony convictions and allowing noncitizens to vote in local elections would
369 expand community representation in decision making on policies that affect community health. The
370 importance of these policies was recognized in Healing Through Policy: Creating Pathways to Racial
371 Justice**,** an initiative of the de Beaumont Foundation, APHA, and the National Collaborative for Health
372 Equity that launched in October 2021 to explore policies and practices that advance health, racial equity,
373 and justice.[56] Voting rights protection and expansion was included as a practical example in the

374 Healing Through Policy law brief, which noted that voter suppression is a form of structural racism that
375 influences policies directly affecting community health.[56]
376
377 An estimated 6.1 million Americans are denied their voting rights due to policies that disenfranchise
378 people with felony convictions. These policies disproportionately affect Black Americans.[57] Currently,
379 only two states and Washington, D.C., allow people with felony convictions to vote, even while
380 incarcerated.[58] In addition, voter identification laws have been shown to suppress voter turnout among
381 racial and ethnic minorities in both primary and general elections.[59] The public health community has
382 an opportunity to promote policies that increase participation and open the electoral process to members
383 of our communities who have experienced disproportionate barriers to civic and voter participation and
384 worse health outcomes.
385
386 Opposing Arguments
387 This policy statement relies on the assertion that having a more engaged and involved electorate is good
388 for public health and that inclusive democratic practices support positive community health outcomes.
389 Some may argue in opposition of these assertions by positing that only those who have expertise should
390 make policy decisions. They may argue that community health can improve only when well-educated
391 individuals make informed policy decisions that address health outcomes. However, this viewpoint is not
392 supported by historical or scientific evidence and neglects the reality that people are experts on their own
393 lived experience.
394
395 The narrative that asserts that only informed voters should participate in democracy is rooted deep within
396 the fabric and history of this country. In fact, as early as post–Civil War, White Southerners imposed
397 literacy tests and poll taxes to keep Black men from voting in elections because they were viewed as
398 inferior.[60] The narrative that some people are deserving while others are not persists within current
399 health policy debates. For example, those who support work requirements for Medicaid eligibility
400 sometimes argue that only those who are deserving—by being poor but still employed—should have
401 access to affordable health insurance.[61] This argument is deeply rooted in the individualistic framework
402 of our country's founding. It is argued that individuals can become deserving (of voting rights or access to
403 health insurance) by simply attaining a better education or gaining employment. Those who see health
404 and voting as individual choices may also value preserving treasured institutions over individual rights, so
405 they see policies that make accessing health and voting systems more complex as protecting the
406 respective institutions.
407

408 However, there is a more robust set of evidence that illustrates how health is not solely an individual
409 choice and that restrictive voting policies have an unequal impact on entire population groups. As noted,
410 the social determinants of health, the conditions in which we live, work, learn, pray, and age, account for
411 30% to 50% of health outcomes.[2] These conditions are not uniform across the population and do not
412 occur randomly; as discussed in previous sections, marginalized groups often experience worse health
413 outcomes tied to inequities across the social determinants of health.[1] Just as health disparities are driven
414 by external factors, disparities in access to voting are driven by similar social factors. Also as noted,
415 people experience barriers to registering to vote and casting a ballot for many reasons, including those
416 that intersect with barriers to receiving health care. Examples are a lack of identification documents,[25]
417 frequent changes in address,[26] limited English proficiency,[27] and misconceptions about the rights of
418 people with disabilities.[28] If public health is truly going to advance health equity, then the public health
419 community must pay greater attention to the political context in which disparities occur and implement
420 strategies to remove barriers to political and civic participation among the populations experiencing the
421 greatest health disparities. Removing barriers to voting and working to ensure inclusive voting systems
422 are among the strategies that are essential for advancing health equity and improving health and well-
423 being for all.
424
425 Action Steps
426 APHA encourages all public health and health care professionals to participate in the electoral process by
427 registering to vote, facilitating voter registration through programs and services and in health care spaces,
428 and educating and engaging the public about the importance of civic participation to community health.
429 APHA recommends the following action steps:
430
431 Strategy 1: Supporting Inclusion of Voting and Civic Participation Objectives in the Healthy People
432 Framework
433 ● The Department of Health and Human Services should prioritize measuring and tracking voter
434 and civic participation in the Healthy People framework by including voter registration and voter
435 turnout and other evidence-based measures of civic and voter participation as core objectives.
436 ● Federal, state, and local public health agencies should include civic and voter participation
437 metrics in state and community health improvement plans and processes.
438 ● Public health researchers and practitioners should evaluate the individual and community factors
439 that lead to high levels of civic and voter participation, explore the causal relationship between
440 civic participation and health outcomes, and the implications for health equity.

441 - Public health researchers and practitioners should examine how voting laws and policies are
442 determinants of health and monitor where voting laws and policies have changed to assess the
443 relationship between those changes and health outcomes over time.
444

445 Strategy 2: Engaging and Educating Public Health Professionals and Partners on the Importance of
446 Inclusive Voting Policies for Community Health

447 - Public health practitioners should educate colleagues and community partners on how civic and
448 voter participation affects health equity and community health.
449 - Public health practitioners should develop working relationships with people and groups
450 experiencing the greatest inequities in health and voting to identify and support strategies that
451 expand access to civic and voter participation.
452 - State and local health departments should design and support workforce training and education on
453 topics such as the social and political determinants of health, racism as a public health issue,
454 public health authority, and their role in promoting inclusive civic and voter participation.
455 - Public health practitioners should design and implement public outreach efforts and tools that
456 support and promote voting to reach people who are traditionally underrepresented in voter
457 turnout and who experience greater health disparities.
458 - State and local governments and public health organizations should promote civic participation
459 year-round with community groups, including opportunities to serve on advisory boards, attend
460 and provide testimony at town halls, participate in public meetings, engage in volunteer activities,
461 and advocate on salient issues.
462

463 Strategy 3: Encouraging Voter Registration as a Key Path to Civic Participation

464 - The federal government should continue to require federal agencies to expand access to voter
465 registration and election information, assist states under the National Voter Registration Act, and
466 modernize the systems used by the federal government to share information and forms (e.g.,
467 Vote.gov).
468 - State and local public health agencies should evaluate their ability to implement laws related to
469 voter registration and take steps toward implementation such as offering voter registration as a
470 regular part of programs and services or implementing automatic voter registration programs.
471 - Public health leaders should work with partners to advocate for the elimination of felony
472 disenfranchisement laws and restore the right to vote to people with felony convictions.
473

474 Strategy 4: Advocating for Policies That Make Voting Easier, More Accessible, and Inclusive

475 - Public health agencies and professionals should implement policies and practices that advance
476 health, racial equity, and justice through projects such as Healing Through Policy or similar truth,
477 racial healing, and transformation frameworks, including electoral reforms.
478 - Public health agencies and health systems should support civic participation among their
479 workforce by implementing policies that support voting and volunteering during elections and
480 allow for nonpartisan voter registration efforts.
481 - Public health agencies and practitioners should work collaboratively with multisector partners to
482 advocate for laws and policies that improve civic participation and educate policymakers on the
483 important link to better health outcomes.
484 - Public agencies and professionals should partner with community members, organizations, and
485 coalitions to promote inclusive voting policies such as Healthy Democracy Healthy People,
486 Voting is Social Work, and similar efforts.
487 - Policymakers should establish federal elections standards and necessary resources to increase
488 civic and voter participation such as national no-excuse absentee voting; a nationwide early vote
489 period; the use of secure drop boxes; automatic, same-day, and online voter registration;
490 increased incentives for poll workers; standards for polling place closures and consolidation; and
491 establishment of election day as a national holiday.
492 - In the absence of federal standards, states should evaluate legal barriers to voting, such as
493 restrictive voter identification laws, and enact laws that facilitate voter access and protect the
494 right to vote.

495 References

496 1. Satcher D, Higginbotham EJ. The public health approach to eliminating disparities in health. Am J
497 Public Health. 2008;98(3):400–403.
498 2. World Health Organization. Social determinants of health. Available at: https://www.who.int/health-
499 topics/social-determinants-of-health#tab=tab_1. Accessed November 3, 2022.
500 3. Dawes DE. The Political Determinants of Health. Baltimore, MD: Johns Hopkins University Press;
501 2020.
502 4. Miller G. Women's suffrage, political responsiveness, and child survival in American history. Q J
503 Econ. 2008;123(3):1287–1327.
504 5. Brennan Center for Justice. Voting laws roundup: December 2021. Available at:
505 https://www.brennancenter.org/our-work/research-reports/voting-laws-roundup-december-2021.
506 Accessed November 3, 2022.

507 6. Ura A. The hard-fought Texas voting bill is poised to become law. Here's what it does. Available at:
508 https://www.texastribune.org/2021/08/30/texas-voting-restrictions-bill. Accessed November 3, 2022.
509 7. Weber L, Barry-Jester AM. Over half of states have rolled back public health powers in pandemic.
510 Available at: https://khn.org/news/article/over-half-of-states-have-rolled-back-public-health-powers-in-
511 pandemic. Accessed September 22, 2021.
512 8. Office of the Governor. Gov. Kemp: entire legislative package to build safer, stronger Georgia passed
513 by general assembly. Available at: https://gov.georgia.gov/press-releases/2022-04-05/gov-kemp-entire-
514 legislative-package-build-safer-stronger-georgia-passed. Accessed November 3, 2022.
515 9. Diaz J. Florida's governor signs controversial law opponents dubbed "Don't Say Gay." Available at:
516 https://www.npr.org/2022/03/28/1089221657/dont-say-gay-florida-desantis. Accessed November 3, 2022.
517 10. Henry J. Kaiser Family Foundation. Status of state Medicaid expansion decisions: interactive map.
518 Available at: https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-
519 interactive-map. Accessed November 3, 2022.
520 11. U.S. Census Bureau. Why we conduct the Decennial Census of Population and Housing. Available at:
521 https://www.census.gov/programs-surveys/decennial-
522 census/about/why.html#:~:text=The%20results%20of%20the%20census. Accessed November 3, 2022.
523 12. Nelson C, Sloan J, Chandra A. Examining Civic Engagement Links to Health Findings from the
524 Literature and Implications for a Culture of Health. Santa Monica, CA: RAND Corporation; 2019.
525 13. Ballard PJ, Hoyt LT, Pachucki MC. Impacts of adolescent and young adult civic engagement on
526 health and socioeconomic status in adulthood. Child Dev. 2018;90(4):1138–1154.
527 14. Schraufnagel S, Pomante MJ, Li Q. Cost of voting in the American states: 2020. Available at:
528 https://www.liebertpub.com/doi/10.1089/elj.2020.0666. Accessed November 3, 2022.
529 15. Hunter D, Ayers J, Barba Brown J. Health & Democracy Index. Available at:
530 https://democracyindex.hdhp.us. Accessed November 3, 2022.
531 16. Shelby County v. Holder, 520 U.S. 529 (2013).
532 17. Brennan Center for Justice. The effects of Shelby County v. Holder. Available at:
533 https://www.brennancenter.org/our-work/policy-solutions/effects-shelby-county-v-holder. Accessed
534 November 3, 2022.
535 18. Brnovich v. Democratic National Committee, 594 U.S. ___ (2021).
536 19. McDonald MP. United States Elections Project. Available at: http://www.electproject.org/2020g.
537 Accessed November 3, 2022.
538 20. Joint Center for Political and Economic Studies. 50 years of the Voting Rights Act. Available at:
539 https://jointcenter.org/50-years-of-the-voting-rights-act-2. Accessed November 3, 2022.

540 21. Alexander D. Why young people don't vote, and why 2020 might be different. Available at:
541 https://hub.jhu.edu/2020/10/20/mobilizing-youth-voters-scott-warren/. Accessed November 3, 2022.
542 22. Wang T. Ensuring access to the ballot for American Indians & Alaska Natives: new solutions to
543 strengthen American democracy. Available at:
544 https://www.demos.org/sites/default/files/publications/IHS%20Report-Demos.pdf. Accessed November
545 3, 2022.
546 23. U.S. Census Bureau. Voting and registration in the election of November 2020. Available at:
547 https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-585.html. Accessed
548 November 3, 2022.
549 24. Carnegie Corporation of New York. 11 barriers to voting. Available at: https://www.carnegie.org/our-
550 work/article/11-barriers-voting/. Accessed November 3, 2022.
551 25. Barth S, Ensslin B. Contacting hard-to-locate Medicare and Medicaid members: tips for health plans.
552 Available at: https://www.chcs.org/media/PRIDE-Tips-for-Contacting-Hard-to-Locate-
553 Members_121014_2.pdf. Accessed November 3, 2022.
554 26. Shelly J, Forbes M. Language challenges and voting. Available at:
555 http://web.mit.edu/supportthevoter/www/files/2013/08/Language-Challenges-and-Voting-Forbes-and-
556 Shelly.pdf. Accessed November 3, 2022.
557 27. Sklar H, Nisen F. Best processes to reduce and eliminate accessibility barriers for voters with
558 disabilities. Available at: http://web.mit.edu/supportthevoter/www/files/2013/06/FOCE.12-DRC-Barriers-
559 and-Best-Processes-Voters-with-Disabilities.pdf. Accessed November 3, 2022.
560 28. Lyon G. The conditional effects of health on voter turnout. J Health Polit Policy Law.
561 2021;46(3):409–433.
562 29. Panetta G. Black Americans still face obstacles to voting at every step of the process. Available at:
563 https://www.businessinsider.com/why-black-americans-still-face-obstacles-to-voting-at-every-step-2020-
564 6. Accessed November 3, 2022.
565 30. Perez VM. Americans with photo ID: a breakdown of demographic characteristics. Available at:
566 http://www.projectvote.org/wp-content/uploads/2015/06/AMERICANS-WITH-PHOTO-ID-Research-
567 Memo-February-2015.pdf. Accessed November 3, 2022.
568 31. Knight Foundation. The untold story of American non-voters. Available at:
569 https://knightfoundation.org/wp-content/uploads/2020/02/The-100-Million-Project_KF_Report_2020.pdf.
570 Accessed November 3, 2022.
571 32. Chen MK, Haggag K, Pope DG, Rohla R. Racial disparities in voting wait times: evidence from
572 smartphone data. Available at: https://www.nber.org/papers/w26487. Accessed November 3, 2022.

573 33. Native American Rights Fund. Vote by mail in Native American communities. Available at:
574 https://narf.org/vote-by-mail/. Accessed November 3, 2022.
575 34. Vandermaas-Peeler A, Cox D, Fisch-Friedman M, Griffin R, Jones RP. American democracy in
576 crisis: the challenges of voter knowledge, participation, and polarization. Available at:
577 https://www.prri.org/research/american-democracy-in-crisis-voters-midterms-trump-election-2018/.
578 Accessed November 3, 2022.
579 35. Klain H, Morris K, Ayala R, Feldman M. Waiting to vote. Available at:
580 https://www.brennancenter.org/our-work/research-reports/waiting-vote. Accessed November 3, 2022.
581 36. Root D, Ives-Rublee M. Enhancing accessibility in U.S. elections. Available at:
582 https://www.americanprogress.org/article/enhancing-accessibility-u-s-elections/. Accessed November 3,
583 2022.
584 37. Levine RS, Foster JE, Fullilove RE, et al. Black-white inequalities in mortality and life expectancy,
585 1933–1999: implications for Healthy People 2010. Public Health Rep. 2001;116(5):474–483.
586 38. Rodriguez JM, Geronimus AT, Bound J, Dorling D. Black lives matter: differential mortality and the
587 racial composition of the U.S. electorate, 1970–2004. Soc Sci Med. 2015;136–137:193–199.
588 39. American Medical Association. Policy finder. Available at: https://policysearch.ama-
589 assn.org/policyfinder/detail/voting?uri=%2FAMADoc%2FHOD.xml-h-440.805.xml. Accessed
590 November 3, 2022.
591 40. Healthy People 2020. Leading health indicators: progress update. Available at:
592 https://www.healthypeople.gov/2020/leading-health-indicators/Healthy-People-2020-Leading-Health-
593 Indicators%3A-Progress-Update. Accessed November 3, 2022.
594 41. Healthy People 2020. At work in the community: Let's Move! Rockbridge. Available at:
595 https://www.healthypeople.gov/2020/healthy-people-in-action/story/healthy-people-2020-work-
596 community-lets-move-rockbridge. Accessed November 3, 2022.
597 42. Office of Disease Prevention and Health Promotion. SDOH-6.1 data details. Available at:
598 https://wayback.archive-
599 it.org/5774/20211121022823/https://www.healthypeople.gov/node/11550/data_details. Accessed
600 November 3, 2022.
601 43. Office of Disease Prevention and Health Promotion. Civic participation. Available at:
602 https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-
603 resources/civic-participation. Accessed November 3, 2022.
604 44. National Academies of Sciences, Engineering, and Medicine. Leading Health Indicators 2030.
605 Washington, DC: National Academies Press; 2020.

606 45. National Academies of Sciences, Engineering, and Medicine. Healthy People 2030's leading health
607 indicators should track health effects of climate change, residential segregation, civic engagement.
608 Available at: https://www.nationalacademies.org/news/2020/01/healthy-people-2030s-leading-health-
609 indicators-should-track-health-effects-of-climate-change-residential-segregation-civic-engagement.
610 Accessed November 3, 2022.
611 46. National Network of Public Health Institutes. Challenges and opportunities for strengthening the US
612 public health infrastructure. Available at: https://nnphi.org/wp-content/uploads/2021/06/NNPHI-E2A-
613 Kresge-Report-Web.pdf. Accessed November 3, 2022.
614 47. PH WINS. Public Health Workforce Interests and Needs Survey. Available at:
615 https://debeaumont.org/wp-content/uploads/2019/04/PH-WINS-2017.pdf. Accessed November 3, 2022.
616 48. Yagoda N. Addressing health disparities through voter engagement. Ann Fam Med. 2019;17(5):459–
617 461.
618 49. Morris K, Dunphy P. AVR impact on state voter registration. Available at:
619 https://www.brennancenter.org/our-work/research-reports/avr-impact-state-voter-registration. Accessed
620 November 3, 2022.
621 50. Henry J. Kaiser Family Foundation. Distribution of the nonelderly with Medicaid by race/ethnicity.
622 Available at: https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-by-
623 raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22. Accessed January
624 7, 2022.
625 51. Medicaid and CHIP Quality Measurement and Improvement Program. Medicaid and CHIP
626 beneficiary profile: characteristics, health status, access, utilization, expenditures, and experience.
627 Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile.pdf.
628 Accessed November 3, 2022.
629 52. Executive Order 14019 of March 7, 2021: Promoting Access to Voting. Federal Register. 2021;86:45.
630 53. Health Resources and Services Administration. Voter registration and health centers. Available at:
631 https://bphc.hrsa.gov/compliance/scope-project/voter-requirements. Accessed November 3, 2022.
632 54. Minnesota Statutes §201.162 (2021): Duties of State Agencies.
633 55. Thompson DM, Wu JA, Yoder J, Hall AB. Universal vote-by-mail has no impact on partisan turnout
634 or vote share. Proc Natl Acad Sci U S A. 2020;117(25):14052–14056.
635 56. American Public Health Association, de Beaumont Foundation, National Collaborative for Health
636 Equity. Healing through policy: creating pathways to racial justice. Available at: https://apha.org/healing-
637 through-policy. Accessed November 3, 2022.
638 57. Hunter D. Restoring the right to vote is a pathway to better health—a look at felon re-enfranchisement
639 and the 2020 election. Available at: https://www.networkforphl.org/news-insights/restoring-the-right-to-

640 vote-is-a-pathway-to-better-health-a-look-at-felon-re-enfranchisement-and-the-2020-election/. Accessed
641 November 3, 2022.
642 58. National Conference of State Legislatures. Felon voting rights. Available at:
643 https://www.ncsl.org/research/elections-and-campaigns/felon-voting-rights.aspx. Accessed November 3,
644 2022.
645 59. Hajnal Z, Lajevardi N, Nielson L. Voter identification laws and the suppression of minority votes. J
646 Politics. 2017;79(2):363–379.
647 60. National Archives. Black Americans and the vote. Available at:
648 https://www.archives.gov/research/african-americans/vote. Accessed November 3, 2022.
649 61. Galewitz P. Medicaid chief says feds are willing to approve work requirements. Available at:
650 https://khn.org/news/medicaid-chief-suggests-feds-are-willing-now-to-approve-work-requirements/.
651 Accessed November 3, 2022.
652