



December 2, 2022

Rear Admiral Paul Reed, MD  
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  
Washington, DC

Via Regulations.gov  
Subject: Written Comments on Proposed Healthy People 2030 Objectives: Social Determinants of Health-NEW-07: Increase the proportion of the voting age citizens who vote.  
Comment Reference: 87 FR 64240

Dear Rear Admiral Paul Reed,

I am writing on behalf of the American Medical Women's Association in response to the Department of Health and Human Services' (HHS) Solicitation of Written Comments on Proposed Healthy People 2030 Objectives: Social Determinants of Health-NEW-07: Increase the proportion of the voting age citizens who vote.

The American Medical Women's Association strongly supports the addition of a new objective to Healthy People 2030 – Social Determinants of Health-NEW-07: Increase the proportion of the voting age citizens who vote.

As a multi-specialty association of women physicians, trainees, and allies, our mission is to advance women in medicine, advocate for equity, and ensure excellence in healthcare. Civic engagement is a means to achieve these goals.

Civic engagement is also a means to improve the social determinants of health identified in Healthy People 2030: economic stability, physical environment, social and community context; education and access to it; and healthcare quality and access.<sup>1</sup> There is a growing understanding of the importance for civic engagement to drive policy change that can benefit the health and well-being of individuals and communities. Encouraging civic engagement by strengthening the capacity of communities to do so will, in turn, improve such factors that affect health. As reported by the Civic Health Compact put out by the Civic Health Alliance, "there is significant evidence to corroborate the connection between civic engagement and health"<sup>2</sup> In June 2022, the American Medical Association formally recognized voting as a social determinant of health, and

<sup>1</sup> <https://health.gov/healthypeople/objectives-and-data/browse-objectives#social-determinants-of-health>

<sup>2</sup> <https://www.civichealthalliance.org/compact>. Accessed December 2, 2022.



the American Association of Medical Colleges in partnership with VOT-er has also promoted the importance of civic engagement within healthcare institutions.<sup>3,4,5</sup>

In an article published by the *American Journal of Public Health*, Drs. Ehlinger and Nevarez state that “Voting strengthens democracy and enhances health by giving people a role in the policy processes that affect all social determinants of health.”<sup>6</sup> That article points out several historical examples of how voting and legislation milestones have made significant changes in the health of the country. For example, women’s suffrage in 1920 led to a reduction in the maternal and infant mortality rates, particularly through the passage of the Sheppard-Towner Act of 1921 which improved prenatal and childcare.<sup>7</sup> AMWA advocated for the passage of this bill. Another example is the Voting Rights Act of 1965 and improvements in infant mortality racial health disparities, due to legislation to address those issues.<sup>8</sup>

The Healthy People framework is a roadmap for achieving national-level health goals over 10-year spans. Setting, measuring and tracking progress on these goals informs health improvement planning across federal agencies. We are pleased by ODPHP’s interest in promoting voter participation to a core objective in Healthy People 2030.

The evidence 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:

1. Have a reliable, nationally representative data source with baseline data no older than 2015;
2. Have at least 2 additional data points beyond the baseline during the decade;
3. Have effective, evidence-based interventions available to achieve the objective;
4. Be of national importance; and
5. Have data to help address disparities and achieve health equity.

<sup>3</sup><https://policysearch.ama-assn.org/policyfinder/detail/voting?uri=%2FAMADoc%2FHOD.xml-h-440.805.xml>. Accessed December 2, 2022.

<sup>4</sup><https://www.aame.org/advocacy-policy/voterregistration>. Accessed December 2, 2022.

<sup>5</sup><https://www.aamchealthjustice.org/news/polling/civic-engagement>. Accessed December 2, 2022.

<sup>6</sup> Ehlinger EP, Nevarez CR. Safe and Accessible Voting: The Role of Public Health. *Am J Public Health*. 2021;111(1):45-46. doi:10.2105/AJPH.2020.306011.

<sup>7</sup> Centers for Disease Control and Prevention. Achievements in public health, 1900–1999: healthier mothers and babies. 1999. Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm>. Accessed December 2, 2022.

<sup>8</sup> Collins WJ, Thomasson MA. The declining contribution of socioeconomic disparities to the racial gap in infant mortality rates, 1920–1970. *South Econ J*. 2004;70(4):746–776. doi: 10.2307/4135271.

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## Core Objective Criteria

### Reliable, Nationally Representative Data Source

Public data on elections are readily available from four federally managed databases: Current Population Survey (CPS), U.S. Census Bureau, the U.S. Bureau of Labor Statistics, and the Election Administration and Voting Survey (EAVS). All of 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 2 additional data points beyond the baseline during the decade.

### At Least 2 Additional Data Points Beyond the Baseline

All 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 both bolster or hinder voter participation. Increasing voter turnout requires both inclusive policies and robust community efforts to educate and mobilize eligible voters ahead of each election. Strategies include addressing structural and systemic barriers to voting (including racism), enabling inclusive voter registration, and raising awareness of the importance of civic participation.

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.<sup>9</sup> An analysis driven by the *Healthy Democracy Healthy People* in 2021 uses the COVI rankings to illustrate that diverse policies granting greater access to the ballot are positively associated with individual and community level health indicators.<sup>10</sup>

### National Importance of Voter Participation

Improving voter participation is crucial for advancing health and racial equity. Research has shown that civic and voter participation is strongly associated with health outcomes: states and

<sup>9</sup> Schraufnagel S, Pomante II MJ, Li Q. Cost of voting in the American States: 2020. *Election Law Journal: Rules, Politics, and Policy*. 2020;19(4):503-509. doi:10.1089/elj.2020.0666

<sup>10</sup> Health & Democracy Index. <https://democracyindex.hdhp.us/>.



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countries that have more accessible voting policies and higher levels of civic participation are healthier across multiple public health measures.<sup>11</sup> High levels of civic participation— including voter participation— help ensure that people in communities are connected to each other, improving neighborhood cohesion, health outcomes and community resilience.<sup>12</sup> Voters show better future mental and physical health compared with non-voters, even after adjusting for a range of other factors.<sup>13</sup>

*Have data to help address disparities and achieve health equity.*

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 marginalized populations. 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. People 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 influence decision making to advance health and racial equity, there continue to be intentional efforts to limit civic and voter participation that lead to ongoing health inequities.

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>14,15</sup> are disproportionately burdened by stringent voter identification laws,<sup>16</sup> and have fewer polling locations per capita than their white counterparts. American Indian voters face unique barriers to mail voting on reservations due to non-traditional addresses, homelessness, overcrowding, language barriers, and lack of broadband access and use

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<sup>11</sup> Nelson C, Sloan J, Chandra A. Examining Civic Engagement Links to Health: Findings from the Literature and Implications for a Culture of Health. *RAND Corporation*; 2019. Available at: [https://www.rand.org/pubs/research\\_reports/RR3163.html](https://www.rand.org/pubs/research_reports/RR3163.html)

<sup>12</sup> Ibid.

<sup>13</sup> Ballard PJ, Hoyt LT, Pachucki MC. Impacts of adolescent and young adult civic engagement on health and socioeconomic status in adulthood. *Child Dev*. 2018;00(0):1–17. Available at: <http://doi.wiley.com/10.1111/cdev.12998>.

<sup>14</sup> Chen MK, Haggag K, Pope DG, Rohla R. Racial Disparities in Voting Wait Times: Evidence from Smartphone Data. *Cornell Uni, Gen Econ*. October 31, 2020. <https://doi.org/10.48550/arXiv.1909.00024> Accessed November 2, 2022.

<sup>15</sup> Klain H, Morris K, Ayala R, Feldman M. Waiting to vote: racial disparities in Election Day experiences. *Brennan Center for Justice*. 2020. Available at: <https://www.brennancenter.org/our-work/research-reports/waiting-vote>. Accessed November 4, 2022.

<sup>16</sup> Jones RP, Cox D, Griffin R, Fisch-Friedman M, Vandermaas-Peeler A. American democracy in crisis: The challenges of voter knowledge, participation, and polarization. *PRRI*. August 8, 2019. Available at: <https://www.pri.org/research/American-democracy-in-crisis-voters-midterms-trump-election-2018>. Accessed November 4, 2022.



of PO boxes.<sup>17</sup> 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>18</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.<sup>19</sup> 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.<sup>20</sup> People with vision and cognitive impairments were especially likely to face obstacles during the 2020 election, which accounts for roughly 7 million eligible voters and 13.1 million eligible voters, respectively.<sup>21</sup>

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

#### Recommendation

The American Medical Women's Association encourages Healthy People 2030 to transition voter participation rates to a core objective. The evidence discussed above demonstrates that voter participation meets the criteria for inclusion as a core objective in the Healthy People framework.

Sincerely,

A handwritten signature in cursive script that reads 'Eliza Chin, MD'.

Eliza Chin, MD, MPH  
Executive Director  
American Medical Women's Association

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<sup>17</sup> Native American Rights Fund. Vote by mail in Native American communities. Available at: <https://www.narf.org/vote-by-mail/>. Accessed November 4, 2022.

<sup>18</sup> Ibid.

<sup>19</sup> Root D, Ives-Ruble M. Enhancing accessibility in U.S. elections. *Center for American Progress*. 2021. Available at: <https://www.americanprogress.org/article/enhancing-accessibility-u-s-elections/>. Accessed November 4, 2022.

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.