

# Office of Health Equity Healthy Communities Data and Indicators Project

**Short Title:** Voter registration and participation

Full Title: Percent of adults (18 years or older) who are registered voters; percent

of adults who voted in general elections

## 1. OHE Mandate Category.

Neighborhood Safety and Collective Efficacy

## 2. Why is this important to health?

## a. Description of significance and health connection.

Political participation can be associated with the health of a community through two possible mechanisms: through the implementation of social policies or as an indirect measure of social capital. Disparities in political participation across socioeconomic groups can influence political outcomes and the resulting policies could have an impact on the opportunities available to the poor to live a healthy life. Lower representation of poorer voters could result in reductions of social programs aimed toward supporting disadvantaged groups. Although there is no direct evidentiary connection between voter registration or participation and health, there is evidence that populations with higher levels of political participation also have greater social capital. Social capital is defined as resources accessed by individuals or groups through social networks that provide a mutual benefit.<sup>1-3</sup> Several studies have shown a positive association between social capital and lower mortality rates, and higher self- assessed health ratings.<sup>4,5</sup> There is also evidence of a cycle where lower levels of political participation are associated with poor self-reported health, and poor self-reported health hinders political participation.<sup>6</sup>

Civic engagement such as voting can have an effect on mental health, especially among young adults. Several studies have revealed that civic engagement can predict a decrease in depressive symptoms over time. This is due to the fact that civic engagement provides the potential to build social capital, offer purpose and meaning, or reduce physiological reactivity to daily stressors—all factors associated with decreasing depressive symptoms. Furthermore, voting provides the opportunity for individuals to have a stronger general connectedness with society and empowerment to be civically involved. Findings also suggested that young adults with depressive symptoms were less likely to vote. Depressed individuals tend to be more socially isolated, which can have implications for voting as people are more likely to vote when others in their social network vote. In addition, voting is positively associated with higher income and education levels later in adulthood,



and with lower levels of risky health behaviors (e.g., fast food consumption, cigarette smoking, binge drinking, marijuana use).<sup>7,8</sup>

Political participation is directly related to the socioeconomic and demographic characteristics of individuals. Lower levels of participation are observed in groups with low income and low education levels. 9,10 The most common reasons for non-participation in the 2016 elections included disapproval of candidate choices, busyness, illness, transportation, inconvenient polling location or hours, not knowing where to vote, identification concerns, and issues with registration. Nationally, African Americans and Latinos were more likely to experience issues with long lines at polling locations and lack of ID compared to Whites. 11 The population eligible to register to vote in California includes residents who are U.S. citizens and 18 years of age or older on Election Day. People in prison, on parole, serving a state prison sentence in county jail or a sentence for a felony, on post release community supervision, or that have been found mentally incompetent by a court are not eligible to register to vote. 12

## b. Summary of evidence.

The evidence supporting a relationship between voter participation and health is largely indirect. The relationship appears to be mediated by social capital, for which there are multiple longitudinal community studies, including several from California, that show a positive association with health outcomes.

#### c. References.

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- 2. Gilbert KL, Quinn SC, Goodman RM, Butler J, Wallace J. A meta-analysis of social capital and health: a case for needed research. J Health Psychol. 2013; 18(11): 1385-1399.
- 3. Braveman PA, Egerter S, Woolf SH, Marks JS. When do we know enough to recommend action on the social determinants of health? Am J Prev Med. 2011; 40(1S1): S58-S66.
- 4. Berkman LF, Syme SL. Social networks, host resistance, and mortality: a nine-year follow-up study of Alameda county residents. Am J Epidemiol. 1979; 109(2): 186-204.
- 5. Kim S, Kim CY, You MS. Civic participation and self-rated health: a cross-national multi-level analysis using the world value survey. J Prev Med Public Health. 2015;48(1):18-27.

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- 6. Arah OA. Effect of voting abstention and life course socioeconomic position on self-reported health. J Epidemiol Community Health. 2008;62(8):759-760.
- 7. Wray-Lake L, Shubert J, Lin L, Starr LR. Examining associations between civic engagement and depressive symptoms from adolescence to young adulthood in a national U.S. sample. Applied Developmental Science. 2017; 23(2): 119-131.
- 8. Ballard PJ, Hoyt LT, Pachucki MC. Impacts of Adolescent and Young Adult Civic Engagement on Health and Socioeconomic Status in Adulthood. Child Development. 2018; 90(4): 1138-1154.
- 9. Hero RE, Tolbert CJ. A racial/ethnic diversity interpretation of politics and policy in the states of the U.S. Am J Political Science. 1996; 40(3): 851-871.
- 10. Kawachi I. Social capital and community effects on population and individual health. Ann N Y Acad Sci. 1999; 896: 120-130.
- 11. Stewart C. 2016 Survey of the Performance of American Elections. <a href="https://dataverse.harvard.edu/file.xhtml?persistentId=doi:10.7910/DVN/Y38VIQ/2">https://dataverse.harvard.edu/file.xhtml?persistentId=doi:10.7910/DVN/Y38VIQ/2</a> NJDL9; Accessed September 9th 2020.
- 12. California Secretary of State, Voter Registration, http://www.sos.ca.gov/elections/elections vr.htm; Accessed September 9th 2020.

### 3. What is the indicator?

#### a. Detailed Definitions.

Two indicators are included 1) Percent of adults (18 years or older) who are registered voters among those eligible. 2) Percent of adults who voted in general elections among those who registered.

#### b. Stratification.

- 1) Voter Registration: registered of those eligible (registered ÷ eligible)
- 2) Voter Participation: voted of those registered (voted ÷ registered)

## c. Data Description.

- <u>Data sources</u>: Statewide Database, University of California Berkeley School of Law, Center for Research, <a href="https://statewidedatabase.org/">https://statewidedatabase.org/</a>. California Secretary of State, Elections Division, Reports of Registration, <a href="https://sos.ca.gov/elections">https://sos.ca.gov/elections</a>. U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates, Table DP05 Demographic and Housing Estimates, <a href="https://data.census.gov/cedsci/">https://data.census.gov/cedsci/</a>.
- ii. Years available: 2016, 2018 (general elections)
- iii. Geographies available: census tracts, cities/towns, counties, regions (derived),

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#### and state

Estimates of the number of people who are eligible to vote were obtained from the Secretary of State's Reports of Registration (15 days prior to a general election) for counties and the state. According to the methodology from the Secretary of State's Elections Division, eligible population was obtained by subtracting from the total population counts published by the Department of Finance, the population that is 17 years or below, non-citizens, felons in prison, and supervised felon parolees. Complete enumeration data at the Census block level on the number of people 18 years and over who registered to vote and who voted in the general elections was obtained from the Statewide Database. Data were aggregated into Census tracts, cities/towns, counties, and the state.

Regional estimates of voter registration and voter participation were derived from county estimates. Relative risk in relation to state average were calculated. Regions were based on counties of metropolitan transportation organizations (MPO) regions as reported in the <u>2010 Regional Progress Report</u>. Standard errors, relative standard errors, and 95% upper and lower confidence intervals were calculated. Information on the population 18 years and over or voting age population (VAP) for the state, counties, cities/towns and census tracts was obtained from ACS for all years available and is included for those interested.

#### 4. Limitations.

No race/ethnicity information is available for this indicator. Eligible population data is only available at the county and state levels. Registration and voting are only indirect measures of social capital, which has been found more directly associated with health status.

## 5. Projects using this indicator.

- a. Center for Inclusive Democracy (CID), USC Price School of Public Policy: <a href="https://cid.usc.edu/">https://cid.usc.edu/</a>.
- b. Baltimore Neighborhood Indicators Alliance, Vital Signs 10, Jacob France Institute: http://www.bniajfi.org/.
- c. California Healthy Places Index: <a href="https://healthyplacesindex.org/">https://healthyplacesindex.org/</a>
- d. United States Election Project: http://www.electproject.org/home
- e. Race Counts: https://www.racecounts.org/issue/democracy/

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