

EVMS Emergency Medicine Journal Club

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Citation: Grade MM, Reardon AWT, Ha YP, Steinhart A, Martin AF. [The Healthy Democracy Kit: design, implementation, uptake, and impact of a novel voter registration toolkit for healthcare settings](#). BMC Public Health. 2023 May 26;23(1):962. doi: 10.1186/s12889-023-15800-x. PMID: 37237346; PMCID: PMC10213595.

Background: Voting has been found to be a social determinant of community health and well-being and helps to shape the distribution of power and resources within societies. The AMA declared voting as a “key metric” to community empowerment and health. Disengagement and political manipulation through gerrymandering and creating barriers to vote has negatively impacted community health and access to care. Attempts to level the playing field such as the 1993 Voter registration Act have fallen short. For example, voter registration at DMV’s was made available however, the most disenfranchised often have no reason to access the DMV and lack of access to voting or voter registration perpetuates health disparity. Could ED’s serve as a source for facilitating voter registration? Individuals living at or below the poverty line are 6 times more likely to use the ED for non-emergent conditions. The VOT-ER study was an attempt to implement a healthcare voter registration Healthy Democracy Kit (HDK) and assess its national uptake and impact prior to the 2020 United States (US) elections.

Methodology (Study design): Between May 19- November 3, 2020 604 unique institutions (Table 2) from 43 states and the District of Columbia placed 960 institutional HDK orders. HCWs and institutions used health democracy kits (a voter registration toolkit) involved a wearable badge and posters that had QR and text codes that direction patients to an online hub for voter registration and mail-in ballot requests. Overall goal was to assess the national uptake and impact of HDK prior to 2020 US elections. (7554 physicians, 2209 medical students, and 983 nurses participated).

- Individual HDK consisted of lanyard and badge | Institutional HDK included badges, posters, and digital files.
 - o Individuals provided a neural prompt “do you have a plan to vote safely in the upcoming election? If not, here are some resources.”
 - o Institutions displayed codes of posters in waiting areas, after-visit summaries, but neither institution or individual did registration directly it was on the patients to complete
- **Descriptive analysis** was done on individual and institutional HDK orders placed.
 - o Academic if they had a residency or affiliation with a medical school.
 - o ZIP codes were linked to institutions along with zip code level sociodemographic characteristics.

Primary Outcome: Increase voter registration and representation using the healthcare system as a means to register and provide information.

Secondary Outcome: increased advocacy from HCWs, increased voter representation especially on the minority aspect of voting. Expansion of technological approach to improve voter involvement.

Results: 27k new voters were registered, 17k mail in ballots were requested, 2k click-throughs to other pre-election resources. Very sparse participation in the south/Midwest but notably Florida had good participation around the Miami area, California had good participation as well. What is interesting about the layout is it seems to match out geopolitically and it also correlates with the patient population in the area (more disadvantaged populations). Overall improved voter registration noticed in the participants. Interestingly, The largest increase in individual HDK orders occurred during the month of August 2020, which coincided with the inaugural Civic Health Month (civichealthmonth.org), when over 100 civic engagement and healthcare partners promoted the importance of civic health across their institutions, and from 1 to 31 August, the cumulative total of individual HDKs ordered increased by 119% from 3,838 to 8,402 suggesting a favorable impact with community and health care worker advocacy.

Strengths: technological approach using QR code and text codes, simplicity, badge and poster design, near real time feedback for HCWs, ability for QR and text codes to stay active year-round. Vast majority of people have a phone to access this data.

Limitations: This was done during the peak of COVID, with this being the case I think it really limited the impact that this program could've had. Relying on the patients to actually complete the registration could be a challenge. Did not actually allow voter registration which would be an advantage to implementation. Limited based on the size although they did collect good data I think its limited based on each area of participation is vastly different. Most of the respondent institutions were academic centers or medical schools so generalizability is not defined.

My Clinical Bottom Line:

Very well thought-out approach to increasing voter registration and I think it is important especially given our patient population throughout the Sentara system that we work to provide similar opportunities. While boarding in the ED may be seen as a bad thing, I think in the right patients, it may provide an opportunity to reach out to them in terms of voter registration although, I do think medicine and politics should not mix, That stated healthcare workers are more trusted than others and this may be an opportunity to level the political playing field for the underrepresented.