EVMS Emergency Medicine Journal Club
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Reviewer: Ryan Miller

Citation: Stanicki B, Expanding voter registration to clinical settings to improve health equity. Health Serv Res. 2023 Oct;58(5):970-975. Epub 2023 Aug 14. PMID: 37580058; PMCID: PMC10480081.

Background:

Article background:
In 2022; the AMA added voting to the list of social determinants of health "and significantly contributes to the analyses of other social determinants of health as a key metric".
In 1993, the National Voter Registration Act; section 5 added all DMV locations as registration sites. Section 7 of this bill also included all offices in the state that provide public assistance; and all offices in the State that provide state-funded programs primarily engaged in provided services to persons with disabilities.
This was expanded upon in 2022 under EO14019.
As such hospitals and healthcare facilities fall under this umbrella.
In a study on National study of non-urgent emergency department visits and associated resource utilization; it was found ED's treat disproportionately high levels of non-hispanic Black patients and patient's with either no insurance or Medicare.
It has also been shown that families making $35K or less are 6x more likely to visit the ED for non-emergent care when compared to those making $100K or greater.
Authors conclude that this suggests the ED as a stop gap to structural racism and barriers to care in healthcare, and that this position uniquely makes the ED as a place where political power, and subsequently improved health equity can be obtained.
Similarly households earning under $30K have significantly lower rates of voter registration compared to those making $75K >.
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Methodology (*Study design*):
- Editorial/Opinion

- **took location data from PennDOT, the city of Philadelphia, and American board of hospital directory.**
- **Road network was obtained from Humanitarian OpenStreetMap.**
- **Registrations were GeoCoded using google rooftop precision API. C**
- **Census block center points were coded into the database with centroid**
- **Shortest route algorithm was used to determine route and stance from census block.**

Date was analyzed with ANOVA to determine mean and weighted mean distance traveled from census block points to nearest registration location.
HSD was used to determine which groups significantly differed from others.
Primary Outcome:
Goal is to make the case that expanding voter registration access to the Emergency Department, and other healthcare centers is a way to expand political power of

underrepresented populations and in turn, improve the health and well being of our communities.
And, that Emergency departments as community healthcare sites are a good location to do so due to:

- relational conditions: sharing a past and future; lacked by DMV
- Care specific to the needs of the community
- greater trust exists between physician/Healthcare than say door knockers, unions, businesses, etc.

Discuss programs that exist:

- **Vote ER**
- **MGH Votes**
- **Bronx: 89% of eligible voters registered at 2 FQHC**
- **44% of voters who registered in clinics voted in the midterm election in 2018.**

Secondary Outcome:
Independent analysis which showed that adding healthcare facilities as voter signs can reduce costs associated with voter registration, particularly with marginalized populations by:

- Reduction in travel costs
- Reduction in necessary service area for registration sites reduces site congestion

Results:
Using hospitals alone or including hospitals and DMVs as potential registration locations decreases distance to location and number of individuals that reside closest to that registration location.

- **50% reduction in distance traveled if DMV vs Hospitals individually**
- **5% is utilizing both hospitals and DMVs.**
- **Service area size and population decreased by 66% and 75% respectively if comparing DMV vs hospitalist individually and DMVs only to DMV and hospitals.**

White and non-white experienced similar decrease in distance traveled.
Strengths:
I think the editorial portion of this paper does well to make the case for voting as a social determinant of health equity.
I think it lists a few instances where this is the case:
- increased COVID death in places with highly restrictive voting laws.
- Missing voters 2/2 excess mortality and disenfranchised due to felony/incarceration contributing to early death reduced voting age population of African Americans by 1.7 million in 2004.
Also makes the case well that the DMV as a place which fails to capture 14% of people in the US. Additionally, DMV restrictive hours in setting of people working several jobs and Alabama closed 31 DMV offices due to budget cuts.
I think the analysis in the appendix took a relatively straightforward approach to looking at distance to DMV and population served.

Limitations:
I think the analysis in the appendix is not overly impactful, but makes an obvious point.

My Clinical Bottom Line:

- **We should be thinking constantly about how the ED and broader healthcare system can serve the community it exists in, and the depth at which the extensive resources of large healthcare systems can carry this out.**

- **Various marginalized groups with historically poor voter turnout for any number of reasons are also likely to utilize the healthcare system and in particular the emergency department.**

- **In conjunction with the above statement, and changes in the legal framework of what can be classified as a voter registration site, it is possible to improve access to registration by both number of persons served per site and distance traveled to register, especially for those who typically would be non-voters.**

- **Voting increases health equity by providing electing leaders with better insight into the needs and wants of the community.**