

Health Policy Brief

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Better Health, Greater Social Cohesion Linked to Voter Participation

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“There is evidence that health policies better reflect the needs of the population when that population votes.”

SUMMARY: This policy brief describes voter registration and participation among California adults, using data from the 2017–2018 California Health Interview Survey (CHIS). Better health status, lower levels of psychological distress, and better access to health care were related to higher levels of voter participation. Higher levels of voter registration and participation were reported among those living in neighborhoods perceived as safe and as having high social cohesion. Among citizens, Asians and those with limited English proficiency were more likely to report that they were not registered to vote because they did not know how or where to register. Individuals who lacked a high school degree, whose incomes were

below the poverty level, who were Latino/a, or who were non-native English speakers but spoke English very well or well were more likely to report a lack of eligibility as the main reason for not being registered to vote. Strategies to increase voter engagement could help ensure that voters better represent the diverse residents of California and could also promote policies that better meet the health needs of these populations. Policymakers, state and local governments, and community organizations can help promote voter engagement by providing civic education paired with preregistration opportunities in high schools, supporting integrated voter engagement efforts, and promoting neighborhood cohesion.

Voter participation is an important aspect of civic engagement, and research suggests that a link exists between civic engagement and health.¹ Health may affect activities like voting either directly (for example, by being a barrier to casting a ballot) or indirectly (by contributing to greater social isolation or reduced interaction with organizations such as churches or community groups, which can lead to reduced likelihood of voting).² In addition, there is evidence that health policies better reflect the needs of the population when that population votes.³ Thus, civic and political participation may indirectly impact health by influencing the policies that are enacted, which in turn influence health.⁴ In addition, socioeconomic barriers such as educational attainment can impact both health and the likelihood of voting.

There are well-documented differences in voter participation, especially by age, race and ethnicity, education, and income.^{5,6} Younger adults and people of color have lower levels of voter participation. Those with lower levels of education and lower incomes also participate less than those with higher levels of education and income. These groups are underrepresented among voters, making it less likely that their needs will be heard and addressed.⁷

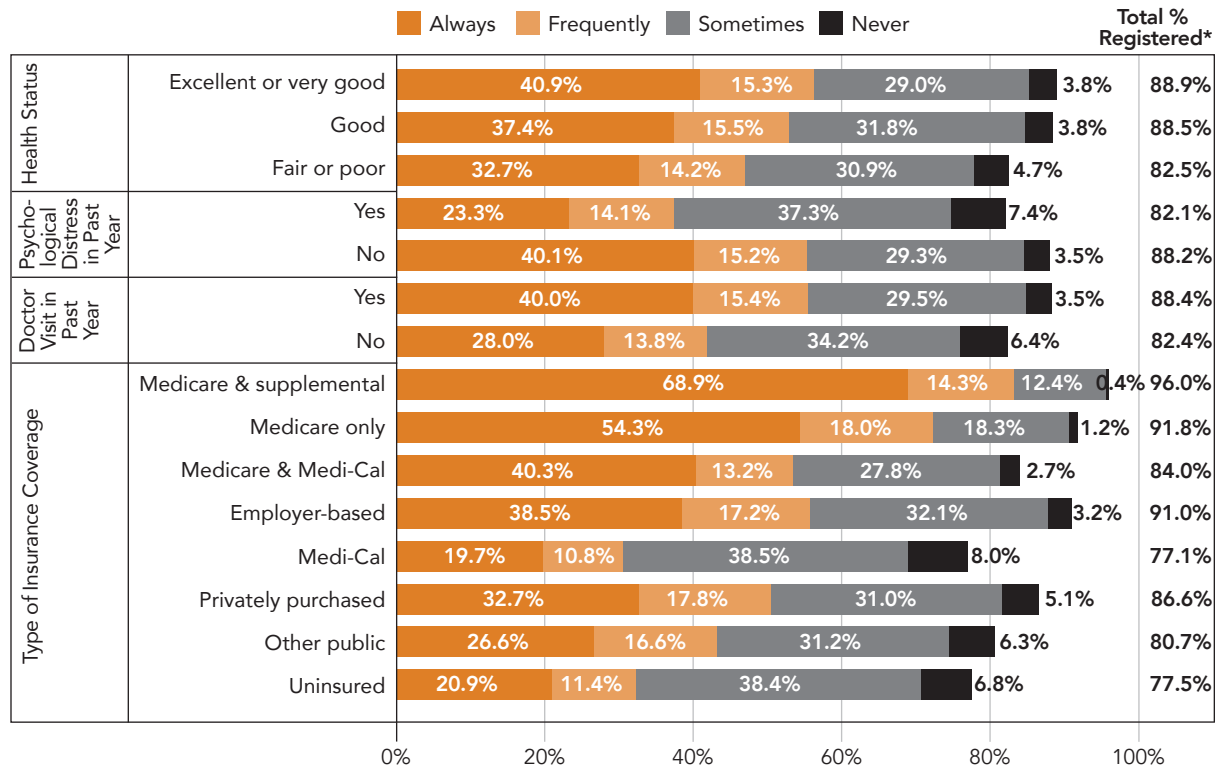
This policy brief uses data from the 2017–2018 California Health Interview Survey (CHIS) to describe voter engagement (self-reported voter registration and frequency of voting) among California adults, examining the association of voter engagement with health status, psychological distress, insurance coverage, and number of doctor visits in the



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Exhibit 1

Self-Reported Voter Registration and Frequency of Voting by Health Indicators, U.S. Citizens Ages 18 and Over, California, 2017–2018



*Due to rounding, totals may not match exact sum of percentages.

Source: 2017–2018 California Health Interview Survey

“Voter registration and participation were lower among adults with worse health.”

past year. It also examines variations in voter engagement indicators by neighborhood characteristics and describes some of the reasons reported for not being registered to vote. Measures are described in more detail under “Data Source and Methods” at the end of this policy brief. Please note that all data presented in this brief were collected in 2017 and 2018, prior to the COVID-19 pandemic.

Self-Reported Voter Registration and Participation in California

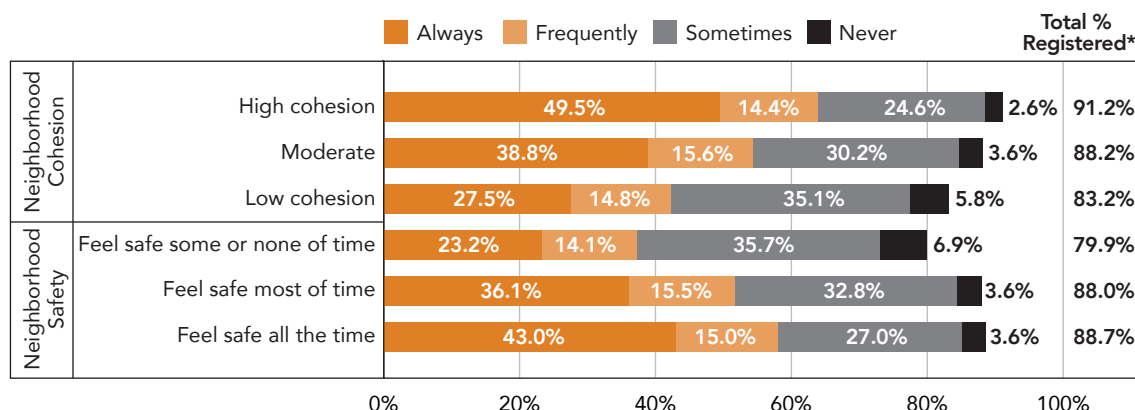
Among U.S.-born and naturalized citizens ages 18 and older in California, 87.5% reported being registered to vote, and 12.4% said they were not registered (data not shown). Among registered voters, 44% reported that they always vote in presidential, state, and local elections; 17% said they frequently vote; 34% reported sometimes voting; and 5% reported that they never vote.

Those With Worse Health Underrepresented Among Voters

Voter registration and frequency of voting varied by level of physical and mental health (Exhibit 1). Among U.S. citizens, 32.7% of adults who rated their health as fair or poor reported always voting, compared to 40.9% of adults who rated their health as excellent or very good. Among adults who had experienced serious psychological distress in the past year, 23.3% reported always voting, compared to 40.1% of those who had not experienced that distress. Voter registration and participation were also lower among adults with worse access to health care (Exhibit 1). About one-fifth (20.9%) of uninsured adults reported always voting, compared to more than one-third (38.5%) of those with employer-based insurance and more than half of those with Medicare (54.3%) or Medicare plus supplemental insurance (68.9%). In addition, adults covered by Medi-Cal—a population that includes large proportions of low-income

Self-Reported Voter Registration and Participation by Neighborhood Characteristics, U.S. Citizens Ages 18 and Over, California, 2017–2018

Exhibit 2



*Due to rounding, totals may not match exact sum of percentages.

Source: 2017–2018 California Health Interview Survey

adults and those with disabilities—had the lowest proportion (19.7%) among those who reported always voting.

Voter Engagement Related to Perceptions of Neighborhood Cohesion and Safety

Neighborhood cohesion is an indicator of connectedness and unity among neighbors. It is measured by the extent to which people in a neighborhood trust one another, are willing to help others, share values, and get along with neighbors. Adults who live in neighborhoods with high levels of cohesion reported higher rates of voter registration and participation (Exhibit 2). Nearly half (49.5%) of adults living in neighborhoods with high levels of cohesion reported always voting, compared to just over one-quarter (27.5%) of adults in neighborhoods with low cohesion.

The extent to which people feel safe in their neighborhoods can impact community residents in a number of ways, including promoting or hindering civic engagement. Voter registration and participation were higher among those living in neighborhoods they perceived as safe (Exhibit 2). Less than one-quarter of adults who perceived their neighborhoods as mostly unsafe reported that they always voted (23.2%), compared to 36.1% of those who reported feeling safe most of the time and 43.0% of those who said they feel safe all the time.

Voter Registration and Participation Lower Among Young Adults and Those with Lower Socioeconomic Status (SES)

Among California adults who are U.S.-born or naturalized citizens, self-reported voter registration and voter participation varied by age, race/ethnicity, socioeconomic status (SES), and English proficiency (data available in online Appendix: <https://healthpolicy.ucla.edu/publications/Documents/Images/VoterParticipation-Appendix-sep2020.pdf>). The proportions of those who reported being registered to vote and who said they always voted were lower among young adults, Asian adults, Latino/a adults, African American adults, those with lower levels of education and income, and those who are non-native English speakers.

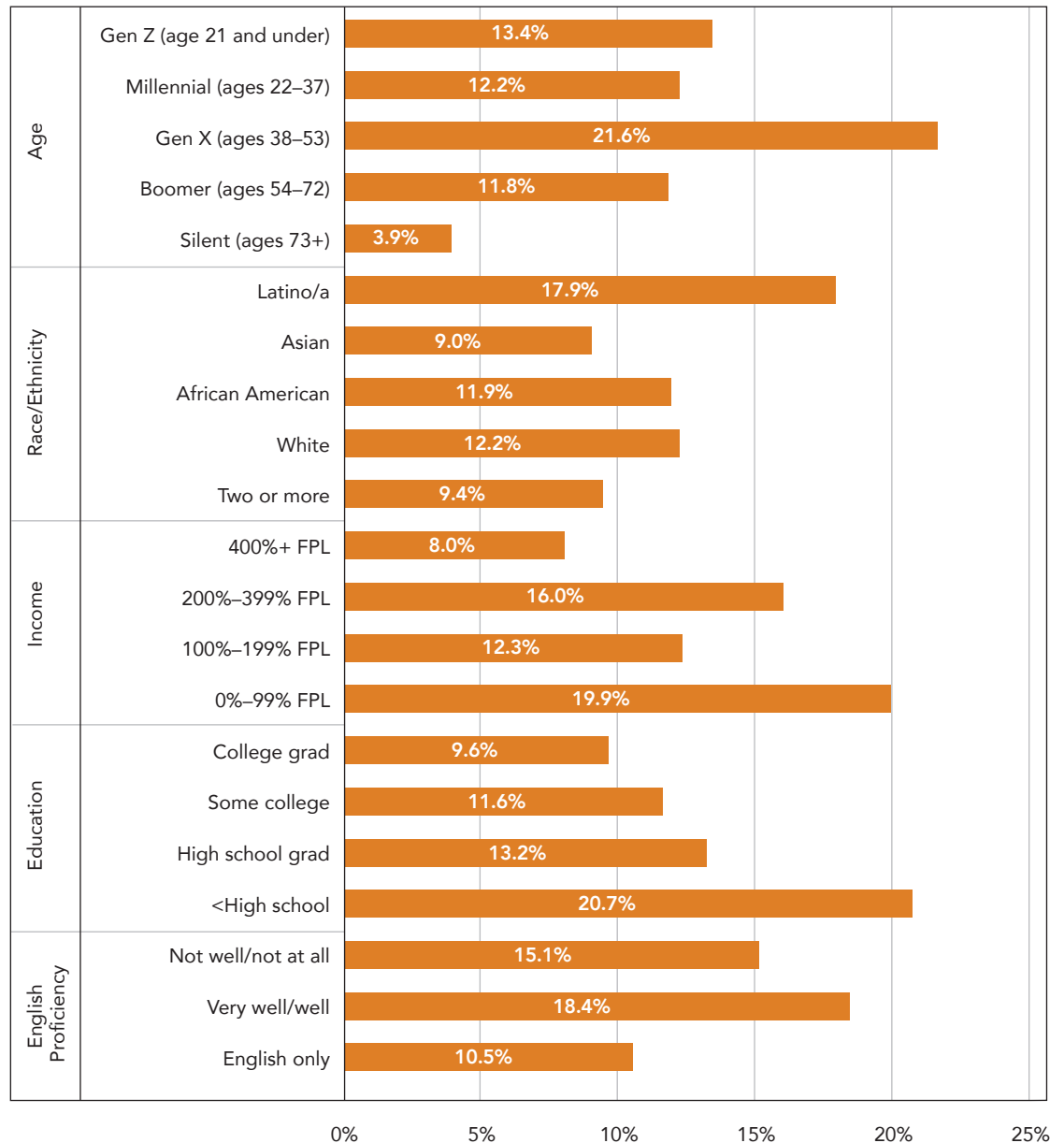
More Than 400,000 California Adults Who Are Likely Eligible to Vote Believe They Are Not Eligible

Among U.S. citizens ages 18 and older who are not registered to vote in California, 14% said their main reason for not being registered to vote was that they are not eligible, and 5% gave the reason of not knowing how or where to register. The 14% figure represents an estimated 442,000 adult citizens who reported they were not eligible to vote. In California, all adult residents can register to vote if they are citizens, not currently in state or federal prison or on parole for the conviction of a felony, or

“Less than one-quarter of adults who perceived their neighborhoods as mostly unsafe reported that they always voted.”

Exhibit 3

Percentage Reporting “Not Eligible” as Main Reason Not Registered to Vote by Demographic Characteristics, U.S. Citizens Ages 18 and Over Not Registered to Vote, California, 2017–2018



Source: 2017–2018 California Health Interview Survey

“More than 400,000 California adults who are likely eligible to vote believe they are not eligible.”

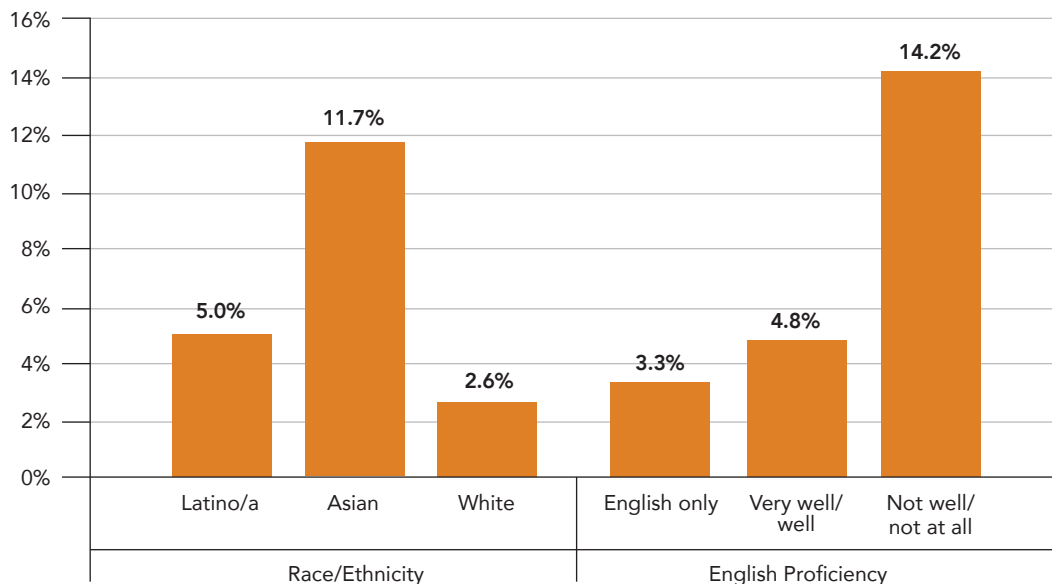
have not been declared mentally incompetent. It is likely that most of these 442,000 respondents mistakenly reported ineligibility to vote and are, in fact, eligible.⁸

Proportion Reporting Not Being Eligible to Vote High Among Non-Native English Speakers and Those With Low SES

The proportion of adults who reported not being eligible to vote as their main reason for

not being registered varied by demographic characteristics (Exhibit 3). Among citizens not registered to vote, the proportions who reported not being eligible were particularly high among Latino/a adults (17.9%), those with incomes below the poverty line (19.9%), those without a high school degree (20.7%), non-native English speakers (15.1% among those speaking English “not well/not at all” and 18.4% among those speaking “very

Percentage Reporting “Don’t Know How or Where to Register” as Main Reason Not Registered to Vote by Race and English Proficiency, U.S. Citizens Ages 18 and Over Not Registered to Vote, California, 2017–2018



Note: Sample sizes were too small to present estimates for other racial/ethnic groups.

Source: 2017–2018 California Health Interview Survey

well/well”), and adults ages 38–53 (Gen X) (21.6%).

Percentage Reporting Not Knowing How or Where to Register Was High Among Asians and Non-Native English Speakers

Among U.S. citizens not registered to vote, Asian adults (11.7%) were more likely than white (2.6%) or Latino/a adults (5.0%) to say they were not registered because they did not know how or where to register (Exhibit 4). Those who speak English “not well” or “not at all” were the most likely to report their reason for not being registered to vote as not knowing how or where to register (14.2%, compared to 3.3% of native English speakers and 5% of U.S. citizens not registered to vote overall [data not shown]).

Conclusions and Recommendations

Millions of Californians who are eligible to vote are not registered to vote. In addition, more than 1 million adults who reported being registered said they had never voted in presidential, state, or local elections. Rates of reported registration and voting were lower

among citizens whose health status was poor, who had experienced psychological distress in the past year, and who had worse access to health care. Voter engagement was also related to neighborhood social characteristics. The proportion of citizens who reported they always vote in local, state, and presidential elections was higher among those living in neighborhoods where they feel safe all the time than among those in neighborhoods where they feel unsafe. The proportion who always vote was also higher among those living in neighborhoods they perceive as having high levels of social cohesion than among those living in neighborhoods with low cohesion.

It is important to note that while our findings provide evidence of relationships between voter engagement and these health indicators, the findings do not provide evidence of the direction of the relationship or the mechanisms through which they are related. There may be a cycle through which health and civic engagement influence each other. Our findings suggest that the health of both individuals and communities is related to

“Asian adults were more than three times as likely as white adults to say they did not know how or where to register.”

“If certain groups are underrepresented among voters ... the interests of those groups are less likely to be heard and addressed.”

voter engagement. Other research suggests that civic engagement impacts health-related policy, and that these policies can affect health. If certain groups are underrepresented among voters and those engaging in other civic activities, the interests of those groups are less likely to be heard and addressed; the result could be policies that put these groups at a disadvantage. However, efforts to improve civic participation of underrepresented groups (such as young adults, people of color, and those who have health issues) could lead to policies that better address the health needs of these groups. Policies that better address the health needs of people and their communities could contribute to improved population and community health, which could in turn promote greater civic participation.

Our findings also indicated that more than 400,000 Californians who are citizens reported they are not registered to vote because they believe they are not eligible. The following groups were more likely to give not being eligible to vote as the main reason for not being registered: those who are Latino/a, those without a high school degree, those with incomes below the poverty line, and non-native English speakers who speak English well. Asians and non-native English speakers who do not speak English well were more likely to report not knowing how or where to register as the main reason they are not registered to vote.

Strategies to increase participation in voting and other civic activities, particularly among underrepresented groups, could help ensure that voters better represent the diverse residents of California and could also promote policies that better meet the health needs of these populations. Such strategies could include:

- *Provide civic education paired with preregistration opportunities in high schools.* Youth who participate in civic activities are more likely to register, vote, and be civically active as adults.⁹

In California, 16- and 17-year-olds can preregister to vote. Incorporating civic education into the curriculum and pairing it with opportunities to preregister to vote could increase the proportion of young people who are registered to vote, while also promoting civic knowledge and interest in other civic activities at a crucial age. In addition, there are disparities in civic participation and opportunities to participate among youth.¹⁰ Ensuring quality civics coursework in schools that serve large numbers of low-income students and students of color could help address these disparities.

- *Support integrated voter engagement activities. Integrated voter engagement involves continuous efforts to promote participation between elections as well as during elections.* Such activities include voter registration efforts, education of both voters and candidates, get-out-the-vote activities, leadership development, and issue advocacy.¹¹ These ongoing efforts likely build not only voter participation but also civic engagement more broadly. Integrated voter engagement efforts also may help reach and educate the potential voters who reported that they do not know how or where to register and who mistakenly reported that they are not eligible.
- *Promote social cohesion in neighborhoods, as higher levels of social cohesion and perceived neighborhood safety were related to higher levels of voter participation.* Neighborhood safety and social cohesion are interrelated, and improving cohesion is likely to also improve safety. Community leaders, local governments, and community organizations can help build opportunities for neighborhood residents to interact and engage, fostering greater cohesion. In addition, the availability and use of amenities such as parks and libraries can help promote cohesion.

Data Source and Methods

This policy brief presents data from the 2017–2018 California Health Interview Survey (CHIS). Data presented in this brief were collected from 42,330 adults. Interviews were conducted in English, Spanish, Chinese (Mandarin and Cantonese), Vietnamese, Korean, and Tagalog. CHIS uses a complex survey design that requires analysts to use complex survey weights to provide accurate variance estimates and statistical testing. All analyses presented in this policy brief incorporate these survey weights.

As part of a series of questions about voter engagement, adults were asked whether they were registered to vote. If they were not, they were asked the main reason for their not being registered. CHIS gives a slightly higher estimate of the proportion of citizens who are registered to vote than the *Report of Registration* produced by the California Secretary of State (87.5% vs. 80.7%, respectively).¹² There are three likely reasons for this difference: a social desirability bias, in which some respondents reported being registered even though they are not; respondents believing erroneously that they were registered to vote; and a nonresponse bias, in which people who responded to the survey were actually more likely to be registered to vote.¹³

Adults who reported being registered to vote were asked whether they vote “always, sometimes, or never” in (1) presidential elections, (2) state elections, and (3) local elections. The voter participation/frequency of voting variable was constructed based on these three voting frequency questions. Perceptions of neighborhood safety were based on responses to the following question: “Do you feel safe in your neighborhood all of the time, most of the time, some of the time, or none of the time?” For the neighborhood cohesion measure, respondents were asked the extent to which they agreed that people in their neighborhood are willing to help each other, get along, and can be trusted (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree). Responses to these questions were averaged and then divided into the following categories: low cohesion (<3.0), moderate cohesion (3.0 to 3.32), and high cohesion (3.33 and above).

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Endnotes

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The California Health Interview Survey (CHIS) covers a wide array of health-related topics, including health insurance coverage, health status and behaviors, and access to health care. It is based on interviews conducted continuously throughout the year with respondents from more than 20,000 California households.

CHIS is a collaboration among the UCLA Center for Health Policy Research, California Department of Public Health, California Department of Health Care Services, and the Public Health Institute. For more information about CHIS, please visit chis.ucla.edu.

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- 12 California Secretary of State. 2020. *Report of Registration, October 1, 2019*. Sacramento, Calif. Accessed July 28, 2020. Available at: <https://elections.cdn.sos.ca.gov/vor/154day-presprim-2020/historical-reg-stats.pdf>. Please note that the CHIS sample does not include adults living in group quarters (e.g., nursing homes, prisons, or dorms). Therefore, estimates of the number and proportion of those eligible to vote and registered to vote may differ slightly from estimates based on actual voter registration records. The 12.4% of adult citizens who reported being not registered to vote includes less than 0.4% who reported not being sure whether they were registered to vote.
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