

# TOWARD A HEALTHY DEMOCRACY

## Evaluating Vot-ER's efforts to increase voting access through healthcare-based civic engagement

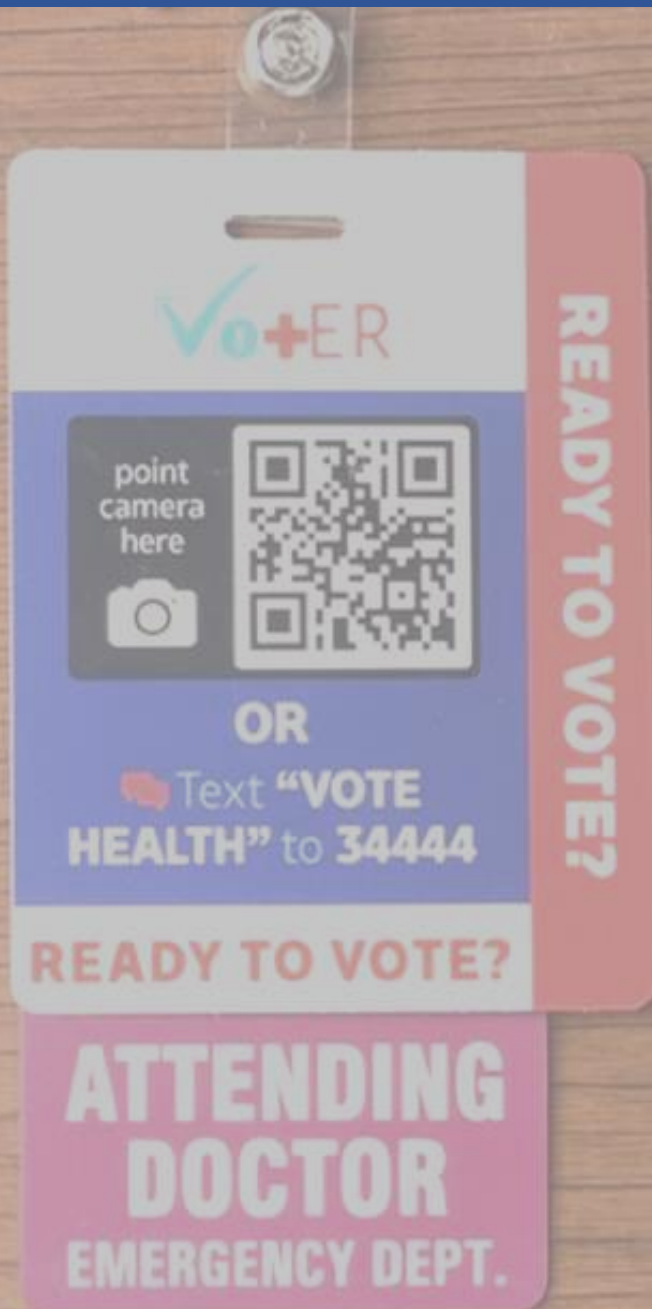
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## Executive summary

### Introduction

Vot-ER is a nonpartisan nonprofit organization that seeks to improve civic engagement by normalizing and empowering discussions of voter readiness in healthcare settings. Increased voting access and democratic participation is linked to improved individual and community wellbeing, and Vot-ER seeks to create a more equitable society by engaging the health professions workforce in the mission of improving patient civic health.

Vot-ER began in 2019 primarily as a program that placed physical voter registration kiosks within emergency rooms, but their strategy shifted dramatically when COVID-19 threatened traditional registration mechanisms nationwide. The organization adopted a number of low-touch high-tech voter registration and vote-by-mail mechanisms, mainly physical and digital lanyards that included unique QR codes, text links, and URLs, which were deployed across the country to interested health professionals. They focused heavily on grassroots organizing techniques to build coalitions of stakeholders interested in promoting civic health across the healthcare system.

### Problem Statement and Methodology

Vot-ER sought analysis and recommendations regarding their (1) organizational effectiveness and (2) progress toward their dual missions of improving voter readiness and shifting health provider consciousness on the importance of civic health.

To analyze these questions, authors of this report utilized qualitative interviews with internal Vot-ER staff and external partners as well as

quantitative data including a nationwide survey of Vot-ER users and de-identified voter data from the organization's partner platforms, TurboVote and Vote.org.

### Findings

#### 1) *Organizational effectiveness*

- Vot-ER's strengths lies in supportive and motivating internal culture
- Their impressive and swiftly generated large scale of operations was due largely to remaining true to Vot-ER's unique lane in the civic health space
- Continued promotion of relationship-building, organizing principles, and behavioral psychology will yield further positive results.
- Encouraging real-time feedback for users and incorporation of innovative technology can further both internal organizational efficiency and external uptake.

#### 2) *Increasing voter readiness and shifting health provider consciousness*

- Civic health interventions within healthcare spaces are possible and scalable.
- Healthcare providers who used Vot-ER tools and those they helped register are more racially diverse, female and younger than the broader healthcare workforce and general population, respectively.
- The income distribution of those engaged through Vot-ER is more representative of the general population than the typical voting electorate.
- Provider engagement with Vot-ER (i) increased their own knowledge of social determinants of health and the importance of civic health, (ii) improved metrics of provider wellbeing, and (iii) inspired further involvement in civic engagement by both providers and their colleagues.



## Recommendations

Going forward, Vot-ER should focus its efforts across four fronts:

- 1) **Maintaining its healthcare place-based approach and nonpartisan mission**
- 2) **Prioritizing gaining further support for engaging with patient civic health from healthcare institutions and hospital leadership**
- 3) **Scaling its focus on organizing tactics to increase uptake and normalization of civic health**
- 4) **Investing in technological and workforce infrastructure for improved data-gathering and analysis**

By focusing on these four elements, Vot-ER will be able to harness the momentum it has gained as a young organization, maintain its unique lane in the civic engagement space, improve its internal data management capabilities, and normalize the notion of nonpartisan healthcare-based voter registration.



## Introduction

### Current landscape of voter registration spaces in the United States

Civic participation is central to a healthy democracy. Voting is the most direct way to practice this participation and influence policy across levels of government. Current voting processes vary widely across the states, with each implementing their own rules and restrictions around topics such as registration mechanisms, early voting dates, and voter identification requirements. Historically, registration and mobilization efforts have been left to a variety of actors, from government-sponsored awareness campaigns, to partisan interest groups, to nongovernment organizations, and beyond. However, when the COVID-19 pandemic struck in 2020 during the heart of a US presidential election, these traditional mechanisms of voter mobilization became increasingly difficult to maintain and created a challenge for those hoping to encourage democratic participation.

### Health, healthcare, and civic health

Health care spaces, whether in hospital rooms, outpatient clinics, pharmacies, or elsewhere, have rarely been viewed as opportunities for civic engagement. Despite a well-established correlation between voting access and improved health outcomes, regular assessment of voter readiness in medical spaces is rare<sup>1</sup>. Previous small-scale studies have demonstrated both the feasibility and effectiveness of physician-led interventions to improve patient civic

engagement, or in this space, *civic health*, and Vot-ER sought to test this nationwide<sup>23</sup>.

### A brief history of Vot-ER

#### Vision

*Create healthy communities powered by an inclusive democracy*

#### Mission

*Vot-ER is working to exponentially scale voter access within America's healthcare system. We provide the tools, training, and community to support a growing movement that amplifies the voices of patients, families, & healthcare professionals in America's democracy.*

Vot-ER ([vot-er.org](http://vot-er.org)) and its leadership saw this gap in late 2019 and decided to act. Their theory of change, seen below (Figure 1), draws a direct connection between nonpartisan civic engagement in healthcare and improved patient outcomes.

The goals of the organization primarily center around two themes:

1. ***Directly improving patient civic health***: by focusing on voter readiness, the organization hopes to include more people in the democratic process thus improving the health and wellbeing of all, including those disproportionately left out of the democratic process such as the young, lower income, and Black, Indigenous, and people of color (BIPOC) populations.

<sup>1</sup> Brown, C.L., Raza, D. & Pinto, A.D. Voting, health and interventions in healthcare settings: a scoping review. *Public Health Rev* 41, 16 (2020). <https://doi.org/10.1186/s40985-020-00133-6>

<sup>2</sup> Liggett A, Sharma M, Nakamura Y, Villar R, Selwyn P. Results of a voter registration project at 2 family medicine residency clinics in the Bronx, New York. *Ann Fam Med*. 2014;12(5):466-469. doi:10.1370/afm.1686

<sup>3</sup> Lickiss S, Lowery L, Triemstra JD. Voter Registration and Engagement in an Adolescent and Young Adult Primary Care Clinic. *J Adolesc Health*. 2020 Jun;66(6):747-749. doi: 10.1016/j.jadohealth.2019.11.316. Epub 2020 Jan 25. PMID: 31987722.

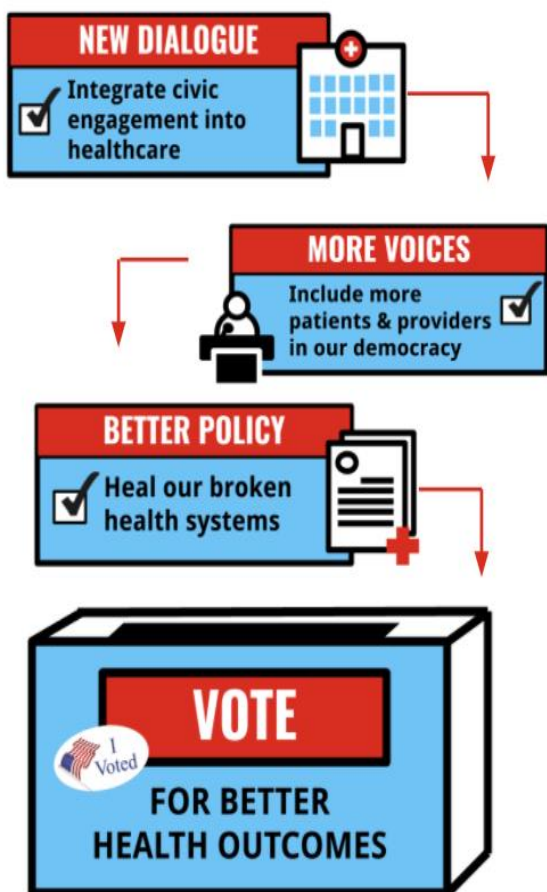
2. *Shifting health professionals' consciousness*

the organization seeks to normalize inquiry about patient civic health, including voter readiness, during patient interactions by physicians and other health professionals. By viewing such interventions as appropriate and effective, Vot-ER believes we can improve not only the health of patients but also that of the providers through improved sense of agency and actionable interventions against the social determinants of patient health.

**Programs, initiatives, and organizational structure**

While Vot-ER began as an organization that promoted the use of physical touch-screen voter registration kiosks in hospital emergency rooms (which is where it got its name), this strategy quickly became infeasible once the pandemic struck. The response was a shift to multiple programs and initiatives focused on spreading broad awareness of the connection between civic engagement and physical health, normalizing individual and institutional approval of healthcare spaces as voter preparation sites, and promoting nonpartisan mobilization of healthcare workers nationwide to help patients vote safely. Vot-ER uses a combination of various organizing strategies including urgency, relation-based, and gamification across its programs and initiatives to activate users and achieve its mission.

Figure 1: Vot-ER Theory of Change



A brief description of the various programs and initiatives, as well as an accompanying timeline of their rollout, is provided for context going forward:

- a. *Healthy Democracy Kits*: single order physical kits that included a text link, URL, and QR code that connected the user to their state registration or vote-by-mail website
- b. *Bulk Digital Orders*: customized and trackable digital or physical kits, where the digital copy was provided free of charge and available for local printing and laminating by interested teams

Figure 2: Sample Digital Materials



- c. *Site-based orders*: customized and trackable posters ordered by providers or sites to put up in waiting rooms and exam rooms, provided free of charge (see Figure 2)
- d. *Healthy Democracy Campaign*: bracket-style competition between 80+ medical schools, utilizing combination of Vot-ER tools to earn points for each voter assisted in registering or voting by mail
- e. *Civic Health Month* ([civichealthmonth.org](http://civichealthmonth.org)): coordinated effort to bring together dozens of national medical organizations, healthcare institutions, and providers during the month of August to push for normalization of nonpartisan civic engagement in these spaces

Like its programs and initiatives, Vot-ER's organizational structure has shifted significantly over its tenure. Started by a single provider at Massachusetts General Hospital, the program grew to include a team of dozens of staff, interns, and volunteers. The structure is organized primarily by program, with the addition of cross-cutting organizing, communications, digital program, and data management teams.

### Timeline of major organization programs and initiatives

- November 22, 2019: First **kiosk** launched at Massachusetts General Hospital
- March 11, 2020: WHO declares COVID a pandemic, shifting Vot-ER strategy
- April 4, 2021 First **Healthy Democracy Kit** shipped
- July 15, 2020: Healthy Democracy **Medical School Campaign** pilot initiated
- August 1, 2020: **Civic Health Month** and regular season Healthy Democracy Campaign launches
- November 4, 2020: National election

## Problem Statement

Vot-ER requested analyses and recommendations regarding the following elements of their work:

1. **Organizational effectiveness:** How effective is the current internal organizational structure of Vot-ER and their accompanying programs and initiatives?
2. **Mission progress:** How well did Vot-ER accomplish its goals of (a) improving patient civic health via increased voter readiness and (b) shifting health professionals' consciousness regarding the importance of addressing patient civic health in clinical interactions?

## Methodology

To assess how well Vot-ER reached its target populations, we relied on a mix of qualitative and quantitative evidence. As with many other civic engagement organizations, Vot-ER's initiatives and programs ultimately aim to increase voter participation. Additionally, Vot-ER's approach, which includes community-based organizing and awareness campaigns, may also have positive effects that are not measured accurately using traditional quantitative approaches. While these efforts are ultimately intended to increase voter participation, shifts in behaviors may lag behind shifts in beliefs.

### Qualitative data

Vot-ER's theory of change involves engaging individuals who have traditionally been underrepresented and convincing them that their vote and voice can make a difference. The young, low-income, persons of color that comprised Vot-ER's original target demographic were identified as such because they were also more likely to use the emergency room as a form of primary care. However, as Vot-ER expanded and the COVID-19 global pandemic changed the way in which it could operate, a need for further understanding of how the organization could best make an impact with its target population emerged.

To address these questions, we relied on three main sources: internal interviews, expert interviews, and provider-user surveys.

1. *Internal interviews:* we conducted interviews with Vot-ER staff in two waves. First, in November, we interviewed the senior leadership team who reflected on the 2020 initiatives and outlined strategic goals they had for the organization going forward (see



Appendix A for key informant questionnaire). Following this initial set of interviews, we conducted further interviews with leaders of Vot-ER sub-teams (e.g., communications, research, specific campaigns) as well as other staff and volunteers who contributed to the campaign. During these interviews, we were interested in learning more about the operations of specific campaigns and areas of opportunity for Vot-ER going forward. In total, we interviewed approximately 15 stakeholders who either work or volunteer for Vot-ER.

2. *Expert interviews*: as we explored how to measure Vot-ER's success in achieving its mission, we consulted a number of external partners. More specifically, in gauging Vot-ER's progress in changing beliefs about voting behaviors, we interviewed a number of organizing, movement-building, and activism experts. Using their feedback and expertise, we generated a framework for understanding the leading and lagging indicators of behavior change. This framework was especially pertinent as we considered how Vot-ER was impacting both patient and healthcare worker beliefs about discussing voting behaviors in medical settings.
3. *Healthcare worker user survey*: in 2020, Vot-ER engaged a variety of healthcare providers, including physicians, nurses, hospital staff, administrators, and medical students. In order to understand their experience with Vot-ER products and gauge their experience during the 2020 election cycle, we crafted a mixed-methods survey that asked for, in part, qualitative feedback on their experience with Vot-ER tools. This survey was sent to the roughly fifteen

thousand healthcare professionals who had opted into Vot-ER's email distribution list. Of these, 483 providers completed the survey for a response rate of roughly 3 percent. The All User survey questionnaire can be found in Appendix B.

### Quantitative data

To help direct voters to the appropriate resources for their state, Vot-ER partnered with three routing organizations: TurboVote, Vote.org and Vote America. These platforms connected voters who used Vot-ER's digital resources with information on how to register and request an absentee ballot online. Through these organizations, we acquired data on the voters who were directed to these resources via Vot-ER.

Vot-ER partners with several organizations in order to more easily distribute voting information and resources. These partners aggregate voting resources (e.g., voter registration websites and eligibility information) and make it easier for individuals to access the requisite forms in order to vote. Vot-ER's role in this process is to direct interested potential voters to these resources. For example, in using the Healthy Democracy Kits, participating healthcare providers request their patient to scan a digital QR code attached to the printable badge; these QR codes then provide a traceable link to voting information through these partner aggregators. Vot-ER is able to create separate QR codes for various campaigns, which partner organizations use to track how prospective voters arrived at their sites.

The data from these partners provides a robust view into the background of the individuals that Vot-ER interacted with during the 2020 election

cycle. For the purpose of analysis, we focused on data from two partners in particular:

- *TurboVote*: Vot-ER worked with TurboVote primarily for voter registration campaigns. Using TurboVote resources, prospective voters were able to check their registration status and eligibility, register to vote (if not already registered), and look up key dates for their elections.
- *Vote.org*: Vote.org served as the primary means through which Vot-ER voters registered for absentee ballots. Using Vote.org resources, interested voters could find a consolidated list of requirements for vote-by-mail and request a ballot. In a year of unprecedented absentee and mail voting due to the COVID-19 pandemic, Vot-ER directed individuals to Vote.org for a streamlined place to retrieve all information related to these processes.

For each partner, we received a de-identified dataset that included census tract data for each voter who used their resources. For the Vote.org data, we also received information on age and self-reported race and gender for a subset of voters who chose to identify.

We use the quantitative data to understand Vot-ER's progress against its stated mission of reaching younger, low-income persons of color. While this metric underlies Vot-ER's ultimate goal in raising civic awareness, we use this data to understand the power of Vot-ER's efforts at baseline, after only one election cycle.

## Findings

### Organizational Effectiveness

As a newly formed and rapidly expanding organization, much of Vot-ER's employment structure and culture was formed in the moment. The leaders set priorities early on to be a team focused not only on external culture change but internal support and inclusion. The interviews with senior leaders as well as key employees uncovered areas of organizational and program success, opportunities for improvement, and proposals for building on their strong foundation going forward.

### Employee environment

*"Vot-ER's team connection and culture make it easy to say and do the hard things."*

- Vot-ER employee

Vot-ER promotes a work environment that enables agile response to shifting external factors. The culture was based on a strong system of support with a largely horizontal leadership structure facilitated by purposeful inclusion of the theories of organizing and mobilizing both within Vot-ER and in their various programs. Employees cited that the structure of consistent feedback, open lines of communication, and focus on leadership development at all levels of staffing made them feel both supported and productively challenged. Interviewees spoke highly of the culture of flexibility within the scope of their role and ability to take initiative to drive success. They also noted that the combination of skill sets and education-levels within the organization created a non-elitist mix of talent that promoted innovation while fostering expertise.

### Suggestions for further success

Areas for improvement focused primarily on process-related changes within Vot-ER, which included:

1. **Formalized onboarding and training for each role:** although well-supported once seasoned in their roles, new hires can at times feel underprepared. Most recognized this was due to the shifting and nimble nature of the organization and simply recommended repeat and more comprehensive strategies for providing overviews with regards to Vot-ER programs, initiatives, and scope as it relates to their individual roles. Formalizing a systematic training module may help with this recommendation.
2. **Increased transparency in compensation across the organization:** Vot-ER is made up of both paid and unpaid staff, which is made clear from the onset and recognized largely as a strength given it enables multifold increase in capacity despite a relatively restrictive budget. Though some recognized the inherent difficulties with equity in unpaid positions, they felt this could be mitigated in part by more upfront conversations about compensation or lack thereof and the reasons for this system as it exists currently. Respondents recognized the need for the mixed workforce and simply highlighted the importance of proactive disclosure of the structure and its paid and unpaid roles.
3. **Clearer expectations of commitment hours and workload:** employees at Vot-ER felt universally tied to the mission of the organization. This was seen as a deep strength of the organization and largely responsible for its success in such a short

time frame. Respondents also noted that this passion can lead to a sense that the work was “never finished.” In addition, the switch to remote work made it more difficult to segregate dedicated leisure time and created a sense that staff, as one person said, “could always be doing more.” This was not seen as the fault of Vot-ER leadership but is an area that proactive clarification and boundary-setting may help mitigate.

4. **Improved internal resources:** given the flux and dynamic nature of Vot-ER's organizational strategy, a central resource such as an employee directory, organized by team and responsibility, would assist some in navigating their projects and collaborating more efficiently with other team members.

### Structural Successes

When asked about Vot-ER's accomplishments during their tenure, respondents had many positive highlights as it relates to the mission of the organization:

1. **Swiftly and effectively building and maintaining Vot-ER's lane:** Vot-ER occupies a unique space as an organization devoted to increasing voter readiness in healthcare spaces using a nonpartisan approach. By remaining true to this function, Vot-ER sparked numerous earned media offerings, expanded its reach, and continues to maintain multiple potential lanes to affect change going forward.
2. **Promoting relationship-building, organizing, and behavioral psychology as core tenets:** much like its internal focus on relationships and mentorship, Vot-ER focused heavily on developing relationships both with and between its health provider

users. This was particularly evidenced via its organizing team but was a throughput from interviews across segments of the organization. The focus on behavioral psychology and gamification helped produce results and build a sense of community amongst users and within the teams.

3. ***Encouraging real-time feedback for users and incorporating innovative technology:*** one of the innovations in Vot-ER's work is its use of technology within the voter registration and mobilization space. Their badges and display materials, both digital and physical, displayed text links, URLs, and QR codes to allow multiple convenient mechanisms of engagement. In addition, the website offered various tracking mechanisms to gamify and prompt friendly competition amongst medical schools, clinical sites, and states. While limited data exists as of yet on the effect of these innovations, qualitative support exists both from users and staff that they were largely a success. Vot-ER should evaluate how or whether each of these innovative technologies serves the mission and streamline based on impact. However, overall sentiment was that these elements of our work are strengths that should be maintained going forward.

### Areas for further improvement

1. ***Clarify and maintain focus:*** the tension between assisting in helping as many voters as possible versus focusing on the spaces and underserved populations core to Vot-ER's mission was felt by many respondents. They supported maintaining attention and intention in the purpose of each program or initiative and ensure any new effort reflects the vision of the organization, with a constant eye on remaining nonpartisan.
2. ***Increase ability to evaluate and measure success:*** given the speed in growth since its inception, much of the data Vot-ER relied on was provided via external partners. Respondents felt a need for more real-time mechanisms of measuring who is being helped by Vot-ER tools and where. Similarly, improved metrics on the goal of shifting health providers' consciousness would better enable staff to have a real-time snapshot of how the organization is progressing toward its goals.
3. ***Streamline internal data management and technical support system:*** similar to the evaluation strategy, the internal technical system was largely constructed in real-time given the time pressures on the organization to expand. Now that the team is established and has more time for reflection, there may be value in creating a streamlined system with centralized data and documents indexed to a directory to avoid duplicate work or lost resources. Relatedly, expanding the data team may help reduce individual responsibility and ensure there is necessary skill redundancy in the case of employee turnover. Additionally, with each new tool, Vot-ER should evaluate how or whether the data is informing their decision-making and whether it is necessary or additive. As one respondent phrased the suggestion, Vot-ER should aim to build the data in a way that is "valuable, usable, scalable, and repeatable."
4. ***Distribute and localize the work:*** as civic health becomes normalized as an appropriate and necessary component of healthcare interactions, Vot-ER may be able to decentralize the work in a way that gives local partners ownership of the work,



shifting Vot-ER into a supporting role. This may have the secondary benefit of both reducing burden on the organization and also helping to allow local users to focus on the civic engagement needs of their communities. The goal in this sense would be to have hospitals and health spaces as centers for local nonpartisan civic engagement where they could help, for instance, to reduce the disparate participation rates between national and local elections. This requires early and sustained investment by the organization but may lead to improved long term progress toward its mission.

## Voter Readiness

Core to Vot-ER's mission is helping reluctant individuals understand their impact as voters and grasp opportunities to change the political landscape. The operations of Vot-ER, from being a place-based organization to engaging physicians and medical professionals in the conversation, all strive to engage individuals who may feel as though the American system of democracy does not serve them.

In conjunction with other civic participation organizations, Vot-ER not only seeks to reduce the friction of the voting process (e.g. by centralizing information or reducing steps needed to register to vote) but also empower otherwise under-voting populations through discussion with trusted medical professionals, many of whom often witness the toll that poverty, racism and other social determinants has taken on their patients' health.

We analyze the voters who, through Vot-ER, either registered to vote or requested absentee ballots. Of this population of voters, we

conducted analyses based on information available.

- For mail voters who used Vote.org resources through Vot-ER campaigns, we analyzed the race, age, and socioeconomic status, which are the populations that Vot-ER is most interested in supporting. If voters were unregistered, they could use the platform to register to vote, as well as receive an absentee ballot.
- For prospective voters who used TurboVote resources through Vot-ER's campaigns, we analyzed the socioeconomic information that was associated with the census tracts where prospective voters lived.

In order to approximate the socioeconomic status of voters, the team at Vot-ER converted voter address data into census tracts in order to anonymize individual voters. We then used these in conjunction with the Census Bureau's American Community Survey to estimate the median income in the de-identified census tracts. The census tracts were matched to the ACS estimates for median individual income from 2015-2019, averaged to smooth over any single-year idiosyncrasies.

## Composition of data

Overall, our two datasets contained information on approximately 18,200 unique voters. Within the Vote.org dataset of voters who connected through Vot-ER to request a mail ballot, 6,689 voters provided their information. Of these, 6,335 provided addresses that led to viable census tracts. Others may have provided incomplete addresses or used Vote.org resources for other purposes, such as looking up deadlines. If a Vot-ER user provided a viable address matched a census tract, we used this information

for socioeconomic modeling purposes. Separately, a file of 6,244 voters was provided for the purposes of race, gender, and age analysis. While these two datasets contained information about the same set of voters, we managed and analyzed them separately to prevent any personally identifiable information from potentially being uncovered.

Of the TurboVote set of voters that connected through Vot-ER to register to vote, this dataset contained 12,234 unique voters. Of these voters, 11,108 provided address information that matched to a census tract, which we used for demographic analysis. Through TurboVote’s services, we were able to identify whether voters registered to vote using TurboVote, initiated the process, or were ineligible to vote and therefore terminated the process. For subsequent analyses, we considered those who registered as well as those who initiated the process as “using Vot-ER” to register to vote. We feel comfortable making this assumption about the latter group due to TurboVote’s data collection process; when a potential voter visits TurboVote’s website, they are able to fill in all registration details until the final page, when they are redirected to a government registration site. Given the effort undertaken to fill out the TurboVote information, we assume that these voters would not have exited the process at the last moment. Within the dataset, 23 individuals were identified by TurboVote as being ineligible to vote, and they were excluded from the analysis.

**Summary statistics**

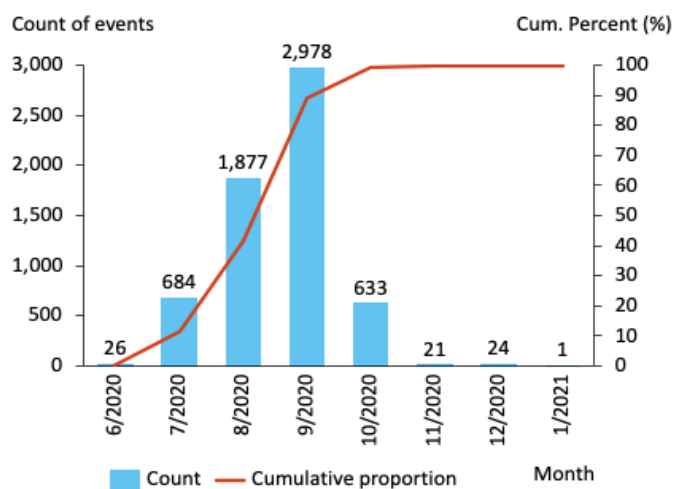
Given the more robust information contained within the Vote.org dataset of potential voters who requested an absentee ballot, we first ran several background analyses to understand the composition of the Vot-ER voter base.

Of the individuals who were connected to Vote.org resources through Vot-ER, the vast majority were requesting absentee ballots. Of the approximate 6,200 voters who used Vote.org resources, 99 percent were registering for absentee ballots (Figure 3). These ballots were also requested in the months leading up to the 2020 general election, with a spike in September 2020 (Figure 4).

**Figure 3: Overview of voters using Vote.org resources through Vot-ER**

Event type	Count	Proportion
Absentee	6206	99%
Register	38	1%
<b>Total</b>	<b>6244</b>	<b>100%</b>

**Figure 4: Cumulative timeline of absentee ballots requested**



***Analysis of voters’ demographic characteristics***

Of the ~6,200 voters that Vot-ER interacted with, we were able to assess the voters’ age, as well as the gender and race for the roughly 20 percent who chose to identify. Gender and race were not required fields for completion of the absentee ballot request, and some voters elected not to identify. Understanding that this subset of data may not be representative of the broader population, we nonetheless analyzed the data to identify macro-level trends within Vot-ER users.

***Gender: Vot-ER’s population is significantly more likely to identify as female.***

Given Vot-ER’s emphasis on reaching out to an under-voting population, we consider the voters’ gender, race, and age. First, voters who came through Vot-ER tended to be disproportionately female-identifying, with roughly 72 percent of the 1,185 respondents identifying as such (See Figure 5). This is a similar proportion to the health provider breakdown reported in the subsequent section on shifting consciousness. The fact that a majority of users and voters are female may have interesting implications for conversations around civic health. Considering that women make up to eighty percent of the health decisions for their children and families, it is not surprising that women may be more likely to be approached by a healthcare worker wearing a Vot-ER badge.<sup>4</sup> However, it is also consistent with the hypothesis that by providing physicians and patient-facing healthcare workers with a “nudge” regarding voting, Vot-ER can help reduce some of the friction of registering to vote and requesting an absentee ballot. While not directly causal, the large proportion of female

voters who use Vot-ER’s services offers promising evidence that having physicians “make the ask” is not off-putting to those making household healthcare decisions.

**Figure 5: Voters by self-reported gender**

Gender	Count	Proportion
Female	851	72%
Male	321	27%
Non-binary	13	1%
<b>Total</b>	<b>1185</b>	<b>100%</b>

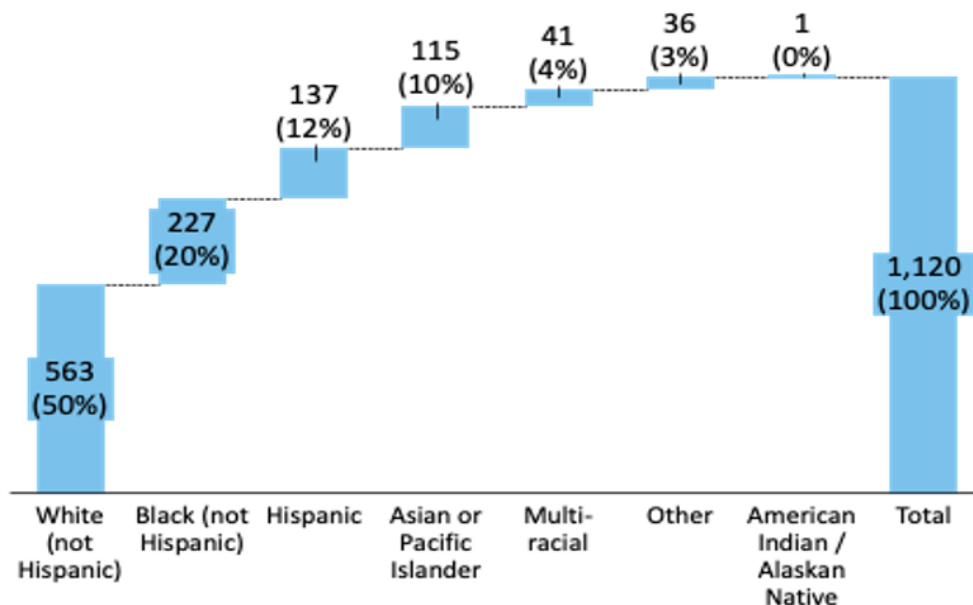
***Race/ethnicity: Vot-ER’s population is relatively diverse compared with the general population.***

Of the 1,120 individuals who identified their race/ethnicity when filling out their voter information, roughly 50 percent identified as White, 20 percent identifying as Black, and the remaining 30 percent identifying as other persons of color. Relative to the general electorate in 2020, minorities make up a substantially larger portion of the population that Vot-ER has reached. While not a perfect comparison, early data from the 2020 election shows that roughly one-third of the electorate identified as Hispanic, Black or Asian, and the remaining 66 percent identified as White.<sup>5</sup>

<sup>4</sup> Matoff-Stepp S, Applebaum B, Pooler J, Kavanagh E. Women as health care decision-makers: implications for health care coverage in the United States. *J Health Care Poor Underserved*. 2014 Nov;25(4):1507-13. doi: 10.1353/hpu.2014.0154. PMID: 25418222.

<sup>5</sup> Cilluffo, Anthony, and Richard Fry. “An Early Look at the 2020 Electorate.” *Pew Research Center’s Social & Demographic Trends Project*, Pew Research Center, 9 Feb. 2021, [www.pewresearch.org/social-trends/2019/01/30/an-early-look-at-the-2020-electorate-2/](http://www.pewresearch.org/social-trends/2019/01/30/an-early-look-at-the-2020-electorate-2/).

**Figure 6: Self-reported race/ethnicity**



This dimension is especially significant to Vot-ER, as studies have shown that African Americans are more likely to access healthcare through the Emergency Department and more likely to state that the ED is their usual place of care.<sup>6</sup> While Vot-ER has expanded its offerings to many healthcare specialties and settings, a large proportion of the healthcare workers participating are practicing Emergency Medicine physicians. (See Figure 6). In terms of supporting Black voters, this place-based approach may offer a new lens on reaching out to historically underrepresented populations.

***Age: Vot-ER population skews younger relative to the average voting population.***

Unlike the race and gender questions, all voters who used Vote.org to request their absentee ballot or register to vote were required to submit their age. Of the approximate 6,000 individuals

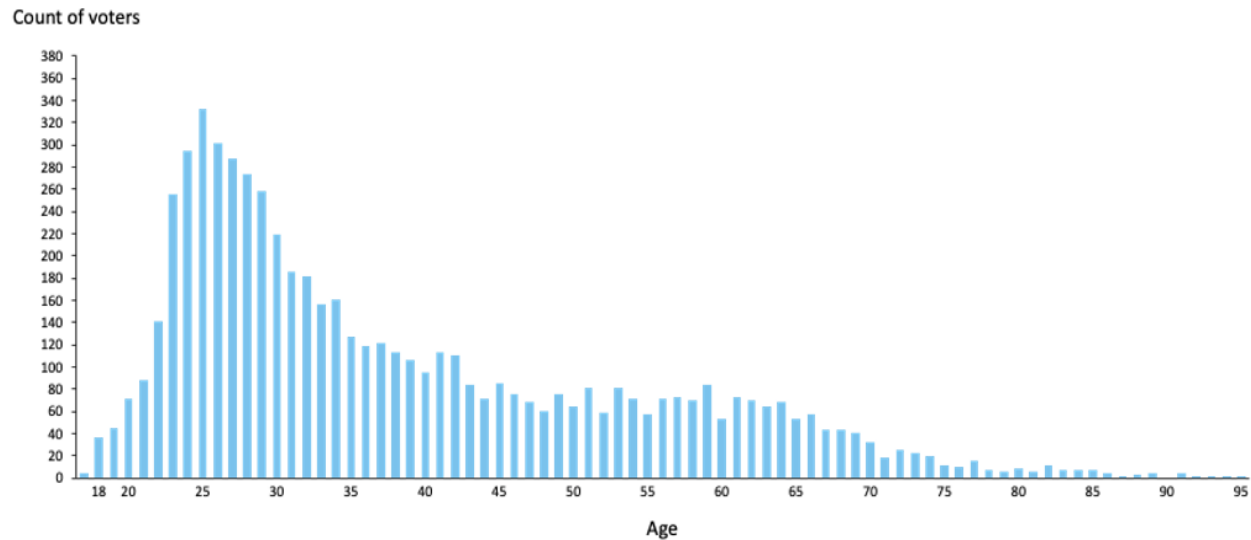
who came through Vot-ER, 62 percent were under the age of 40. This is substantially younger than the comparable population of voters who participated in the general election, of which early results indicate roughly 37 percent identified as “Millennials” or “Generation Z” (born after 1981).<sup>7</sup>

While young voters made up a larger proportion of the voters in the 2020 election in general, continuing this enthusiasm is a core part of Vot-ER’s mission. In working with medical professionals, Vot-ER has launched a number of campaigns in medical schools; initial evidence suggests that these programs should continue.

<sup>6</sup> Brown, Lindsay E et al. “Factors influencing emergency department preference for access to healthcare.” *The western journal of emergency medicine* vol. 13,5 (2012): 410-5. doi:10.5811/westjem.2011.11.6820

<sup>7</sup> Cilluffo, Anthony, and Richard Fry. “An Early Look at the 2020 Electorate.” *Pew Research Center’s Social & Demographic Trends Project*, Pew Research Center, 9 Feb. 2021, www.pewresearch.org/social-trends/2019/01/30/an-early-look-at-the-2020-electorate-2/.



**Figure 7: Age of Vot-ER users**

***Socioeconomic status: Vot-ER's income distribution is representative of the overall American public and markedly lower than that of the voting electorate.***

Using census tract data, we studied the distribution of individual incomes across the tracts in which Vot-ER users live. We did this analysis separately for both the population of voters who used Vot-ER resources to access registration information as well as those who accessed mail voting information. While this data is approximate, as neither of the voting registration or ballot request websites collect income information, the census tracts offer a more precise indicator than zip codes or other information given.

As additional context, core to Vot-ER's mission is outreach to the traditionally under-voting populations. There is a wealth of evidence to suggest that the American electorate skews towards the higher-income demographic in the

United States, a problem that is only growing worse over time.<sup>8</sup> During the 2016 election, 56 percent of non-voters reported household incomes of less than \$30,000 annually; in comparison, only 28 percent of voters reported incomes in the same bracket.<sup>9</sup> This stark divide underscores the need for increased participation among lower-income groups. In other words, the American electorate is not representative of the American population.

Vot-ER's mission is to use the medical setting as a place to begin closing this gap within the American electorate. To better understand the impact of Vot-ER's campaigns and programming, we used the census tract information to approximate the socioeconomic status for Vot-ER voters. For the approximate 11,000 prospective voters who accessed voter registration resources via Vot-ER, the census-approximate median income was \$35,690 with an average income of \$38,293. For the ~6,300 voters who accessed mail voting resources via Vot-ER, the census-approximate median income

<sup>8</sup> Akee, Randall, et al. "Voting and Income." *Econofact*, 24 Sept. 2020, econofact.org/voting-and-income.

<sup>9</sup> "An Examination of the 2016 Electorate, Based on Validated Voters." *Pew Research Center - U.S. Politics & Policy*, Pew Research

Center, 22 Sept. 2020, www.pewresearch.org/politics/2018/08/09/an-examination-of-the-2016-electorate-based-on-validated-voters/.

was \$37,201 with an average income of \$40,024. In context, these estimates are in line with the median U.S. individual income of \$35,977 in 2019, according to the U.S. Census Bureau.<sup>10</sup>

While the income distribution of the Vot-ER population appears similarly to the income distribution of the U.S. more broadly, this represents a marked shift from the demographics of the American electorate, which has historically skewed higher income at all levels of participation. Furthermore, this initial analysis prompted further investigation into specific programmatic elements of Vot-ER's operating model. The income brackets provided further information on the variability in demographics of Vot-ER's various programs. For example, in examining the income brackets of Vot-ER registrants who were reached via email versus other outreach methods (e.g. through the Healthy Democracy Kits or other on-the-ground methods), the on-the-ground email methods reached a greater proportion of individuals with incomes under the U.S. median (54 percent, compared with 46 percent of the email methods). This data is consistent with Vot-ER's model as a place-based organization that seeks to serve under-voting members of the community. However, it also highlights a key tension that organizations such as Vot-ER face in targeting resources. While email campaigns may not be the most direct way to reach Vot-ER's ultimate target population, they are low-cost, resource-efficient, and spread the word about voting, which, in conjunction with other programs, may lead to an outsized impact.

While this analysis is preliminary and approximate as we do not have data on the actual voters' incomes, it provides evidence that Vot-

ER's efforts in the 2020 election reached an electorate that appears more socioeconomically representative of the country than the historical traditionally voting population. Further analysis should be conducted on Vot-ER's programming to parse out the impact of outreach methods on low-income populations and to understand where to focus resources. Considering Vot-ER's strengths in community organizing and the place-based model, these analyses should be conducted and tested in conjunction with Vot-ER's on-the-ground resources.

*Further analysis on socioeconomic status: additional analyses should seek to further refine upon estimations and uncover implications for operational procedures.*

As outreach to low-income voters is a critical factor in Vot-ER's operational considerations, further study in this area would be helpful. Among these analyses, we would recommend doing further deep dives into the household income levels of various programs. As the census tract data provided rich insight into the socioeconomic statuses of Vot-ER voters based on their residences, further understanding can be gleaned by layering this data with other information on Vot-ER campaigns and initiatives. In the future, we hope that Vot-ER will also have opportunities to work with partners to collect additional data on parameters of interest, so long as they do not interfere with voter processes.

<sup>10</sup> "Real Median Personal Income in the United States." FRED, 16 Sept. 2020, fred.stlouisfed.org/series/MEPAINUSA672N.

## Shifting Consciousness

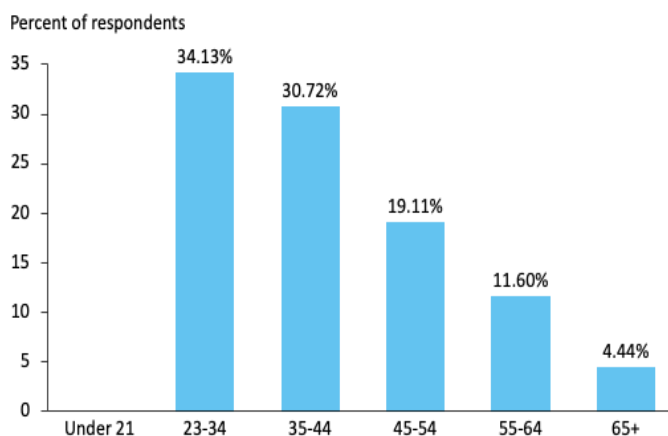
### Overview

Apart from directly improving voter readiness, Vot-ER seeks to normalize healthcare spaces and health professionals as central to the work of improving our nation's civic health. Until very recently, these spaces were considered largely off-limits for such interventions, and Vot-ER nonetheless mobilized tens of thousands of health workers and students to do the hard work of culture change both for themselves, their colleagues, patients, and broader communities. The Vot-ER All-User Survey helped evaluate this shift by providing insight into who engaged with the organization, their motivations for doing so, their experiences engaging with the work, and the perceived impact of their participation. Complete result statistics for the survey are provided in Appendix C.

### Provider Demographics

Survey respondents skewed young, with the exception of those below the age of 21, over a third of users were between age 21-34, and over 60% under 45 (Figure 8). Despite the fact that over 41% of physicians nationwide are over the age of 55, only 15% of survey respondents fall into this category.<sup>11</sup> There may be many reasons for this distribution, which we are less equipped to postulate on in this report but that may be worth further evaluation.

**Figure 8: Age of providers**



There was an overrepresentation by female-identifying (71%) and white (71%) respondents compared to the general population, with representation from 34 states. The gender demographics closely mirror the previously reported breakdown of the Vote.org user data, which is an interesting parallel that warrants future investigation (Figure 5). When examining racial/ethnic responses, we see that while 11% of survey respondents identified as Black or African American, an underrepresentation of the general population, this represents more than double the national average of the Black/African American physician workforce (5%).<sup>12</sup> We see the reverse trends with Asian (7.9%) respondents who are under-represented compared to the national physician workforce (17.1%).<sup>13</sup>

With respect to professional roles, 65% identified as a medical doctor, with significant representation from other occupations including social workers, registered nurses, nurse practitioners, physician assistants, pharmacists, hospital administrators, various health professions students, and others. For medical

<sup>11</sup> <https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-age-and-specialty-2017>

<sup>12</sup> <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>

<sup>13</sup> <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>



## Serving our target groups

- 68% state their patients are primarily members of underserved populations

doctors, the top two specialties represented were Pediatrics (27%) and Emergency Medicine (26%), both strong overrepresentations from their national physician workforce averages of 6.5% and 4.7%, respectively.<sup>14</sup> Nearly half of users were primarily employing Vot-ER tools in the outpatient setting, often primary care clinics or community health centers (Figure 9). As discussed in describing Vot-ER's history, while initially an emergency room-focused program, it has since diversified, and this setting now represents less than a third of users. Relevant to Vot-ER's mission of reaching the underserved, over two-thirds of respondents (65%) agreed or strongly agreed that the "patients [they] interact with are primarily members of underserved populations." Additionally, in order to get a sense of how new the idea of civic engagement was for Vot-ER users, we asked whether respondents agreed that their use of Vot-ER tools marked the first time they have helped someone outside their immediate family or friends vote, to which over 50% agreed. This

<sup>14</sup><https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-largest-specialties-2017>

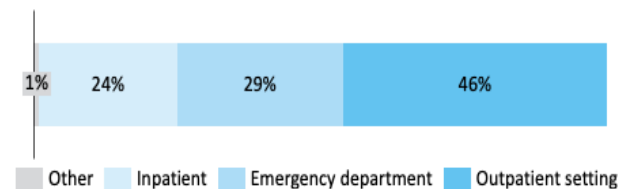


## Newly and increasingly civically engaged

- >85% feel generally more civically engaged in 2020 than prior years
- 51% state participation in Vot-ER marked the first time I have helped someone outside my immediate family or friends vote.

highlights that Vot-ER was an easy first entry-point into this work and may help foster motivation among populations previously unreached by other civic engagement organizations.

**Figure 9: Primary Site of Vot-ER Engagement**



## Motivations, mechanisms, and continuity of engagement

Respondents were asked to rank their motivations for engaging with Vot-ER, with the top reasons for engagement included (1) witnessing inequity, (2) the national elections, and (3) COVID-19. This insight offers potential



opportunity for both mobilization and education of users, given that while many of the motivations remain, some, including COVID-19, may fade in the future. Maintaining engagement will be key going forward and fostering continued interest will hinge on both building existing motivations and igniting new interest, particularly as it relates to longitudinal engagement on local issues, midterm elections, and other elements of civic health beyond national moments. In contrast to motivations for engagement, respondents were asked their main barrier to using Vot-ER's resources and materials frequently. Fifty-four percent responded that limited time was their biggest barrier, with 19% citing lack of institutional support, 13% citing COVID-19 restrictions, and 14% writing in an alternate response. This sentiment of time as a limitation was also found in a separate question that found 44% of respondents felt that, in their role, they did not have "adequate time to talk with patients about voting." Interventions to reduce these barriers going forward may further improve likelihood of more robust and continued engagement.

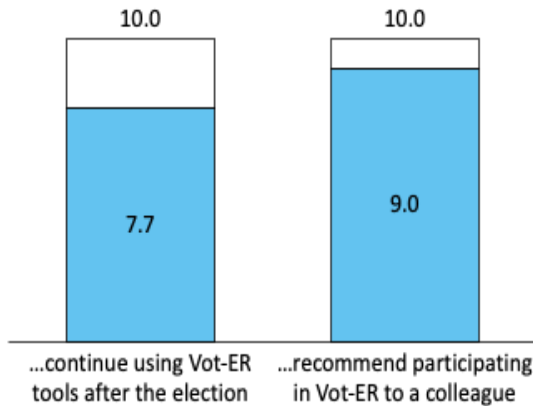
Vot-ER offered numerous resources to their users including physical and digital badge kits, printable resources and posters, tips and tools for online engagement, and other tailored strategies. Respondents were asked which of these resources they interacted. The primary tool utilized by upwards of 90% was the physical Healthy Democracy Kits. Nearly a third made use of posters and other printed materials and a similar proportion utilized the email signature toolkit (25%). Fewer respondents engaged with the telehealth (6%) or texting (3%) resources. This is likely unsurprising to the leadership given it seems these techniques were employed less broadly and only under certain circumstances and to certain users. Relatedly,

approximately 20% of respondents made use of the website dashboards to monitor their progress, though further segregation of which elements of the dashboards and by which type of user was not elicited.

Important to the spread and normalization of civic health is continuity of use of relevant tools and the natural spread of their use to others. Notably, on a scale of 1-10, respondents rated their likelihood to continue use of Vot-ER's tool a 7.7 (Figure 10). They were even more likely to recommend use of the kit to colleagues (8.97/10). Relatedly, respondents reported that they asked an average of 43% of patients and 56% of their colleagues about voting after receiving their Vot-ER resources (Figure 11). The idea of natural uptake is also supported by the over 40% of respondents who agreed that their "participation in Vot-ER led their organization to be civically engaged in other ways," demonstrating the inroads to broader change Vot-ER tools offer to the spaces in which they are used. Similarly, over 70% of respondents also agreed or strongly agreed with the statement "I would be interested in scaling up or involvement in Vot-ER in future years in my institution." And greater than 60% were interested in "getting practical training in community organizing with the goal of furthering civic engagement work in health." All these data show a strong use of the tools and commitment to the broader goals of Vot-ER. They also demonstrate a natural spread of information regarding Vot-ER outside of direct outreach by the organization. Retrospectively, this may help explain how the organization was able to scale rapidly with relatively few staff and minimal branding budget. Relatedly, it is interesting that, despite relatively less focus on registration of healthcare workers themselves, the data supports that users are more likely to

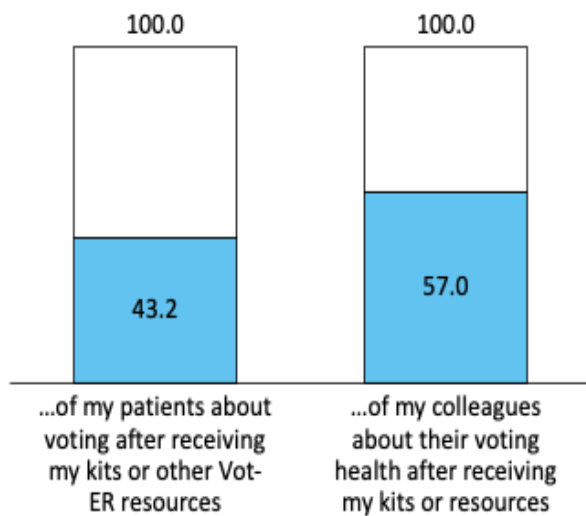
ask their colleagues about voting habits than their patients. This is potentially due to factors such as repeated exposure and familiarity with colleagues as opposed to patients but further exploration is warranted in order to improve likelihood of users engaging with civic health in both circumstances.

**Figure 10: Continuity of provider use**



On a scale of 1-10 (1=least likely, 10=most likely), I am likely to:

**Figure 11: Scope and scale of provider use**



On average, I asked \_\_\_\_\_ percentage...

**Changing minds: measuring the culture change**

The survey focused heavily on the perceived impact using Vot-ER's tools in the clinical setting had on the user themselves. Participants were asked to rate their level of agreement with numerous statements from strongly disagree to strongly agree, with a summary of the results presented here.

- *Greater than eighty percent* of respondents agreed or strongly agreed that participating with Vot-ER: (a) increased the users' personal sense of agency (88%), (b) inspired the user to become more involved in civic engagement beyond voter registration and mail in ballots (82%), and (c) made the user more hopeful in their work (82%).
- *Greater than seventy percent* of respondents agreed or strongly agreed that participating with Vot-ER: (a) increased users' sense of connection to other healthcare providers (79%), (b) increased user knowledge about the links between voting health and voting (74%), (c) changed the way I view my role in healthcare (74%), and (d) expanded the way the user thinks about their patients' health (71%).
- *Greater than sixty percent* of respondents agreed or strongly agreed that participating with Vot-ER: increased my awareness of the inequities within our current healthcare system (62%).
- *Greater than fifty percent* of respondents agreed or strongly agreed that participating with Vot-ER: increased my knowledge about the social determinants of health (59%), and helped protect the user from workplace burnout (51%).

Of note, in addition to strong agreement by greater than 50% to the ten positive statements



**INCREASED KNOWLEDGE OF THE IMPORTANCE OF CIVIC HEALTH AND THE CONNECTIONS TO SOCIAL DETERMINANTS OF HEALTH**



**IMPROVED PROVIDER METRICS OF WELLBEING AND WORK SATISFACTION**



**INSPIRED FURTHER INVOLVEMENT BOTH FOR USERS AND THOSE AROUND THEM**

posed regarding impact of participation, no statement received a sum of more than 12% of disagreement or strong disagreement. This indicates that not only was there a strong positive experience among most users but very minimal overall negative response to these elements of the work.

## Recommendations

### Maintain place-based approach and nonpartisan mission

Vot-ER's success comes from its unique ability to maintain and motivate a new space of civic engagement: healthcare. Given the unique constellation of circumstances, including but not limited to COVID-19, a renewed focus on American inequity, and a galvanizing national election, the organization filled a need sought both by patients and providers. The strength of the organization is enshrined in its ability to connect patient and community health with civic action. Their dual mission to both increase voter readiness and motivate culture change within medicine hinge on remaining focused on their

space and place-based approach. Doubling down on these efforts should be core to their future efforts. Vot-ER can increase their longitudinal presence by motivating users to act locally and address the issues important to them personally and to the patients they serve. This may include investment in innovations such as increased personalization of the tools to allow certain sites to track their success or other resources that highlight the ties between personal wellbeing and civic health. The more Vot-ER can create team-based motivations, the more they will be able to foster the idea that civic health is not just efforts of numerous individuals but a frameshift in what constitutes healthcare interactions.

Core to both the mission and widespread adoption of Vot-ER is their focus on maintaining nonpartisanship. While users largely recognized nonpartisanship as core to the organization, there remains hesitancy by some. Advertising the nonpartisan nature is essential in order to gain new users, remove institutional barriers, and further normalize taking action to improve civic health. Ensuring that each potential new user is aware of the steps Vot-ER takes to remain

nonpartisan and the tools at their disposal to ensure legal and ethical compliance is key to removing some of the hesitancy amongst some users and institutions.

### **Invest in institutional support**

Nearly one in five survey respondents cited lack of institutional support as their main barrier to their further use of Vot-ER tools. In their initial growth period, Vot-ER rightfully focused largely on grassroots organizing and uptake by individual providers, with the exception of Civic Health Month. Now that the initial proof concept has been well established and a user base created that totals in the tens of thousands, increased focus should be put on addressing the issues preventing more uptake amongst the leadership of various departments, hospital administration, and professional organizations. This will in turn alleviate the downstream hesitancy among providers. One example of this is the positive outlier case study of the American Academy of Pediatrics, which, per respondents, had early and forceful adoption and promotion of civic health and Vot-ER throughout the organization. They encouraged use of Vot-ER in their communications, which may have contributed to the disproportionate use of Vot-ER tools by pediatricians nationwide. Focusing on replicating this embrace across various healthcare institutions will yield multifold results downstream. With evidence of its impact on users and patients now established, Vot-ER should increase outreach to institution-level actors nationwide to further normalize participation and remove hesitance by individual users.

### **Scale up organizing tactics**

Nearly all Vot-ER staff we interviewed discussed the organization's strength in organizing and on-the-ground operations. Staff

on the organizing team mentioned that the emphasis on storytelling and connecting with individual healthcare providers was especially meaningful, both for making relationships on behalf of Vot-ER and also for their personal development. The focus on on-the-ground movement-building permeates Vot-ER's culture, including during all-staff meetings, where staff are invited to tell their stories as a way to practice these outreach techniques while getting to know the geographically dispersed team. These organizing strategies have been a crux of Vot-ER's overall approach in the 2020 general election and subsequent Georgia run-offs, and have proven to be adaptable to a virtual context in the midst of the pandemic.

While organizing has been identified as core to Vot-ER's value proposition for both staff and users, as the team looks towards operations in other elections and non-pandemic contexts, scaling these tactics may present a challenge. Staff interviewed suggested that the grassroots approach and "starting from the ground" helped medical professionals involved in the effort feel more connected to the cause, but these physicians and healthcare staff were often met by resistance at higher administrative levels.

### **Invest in infrastructure for data and analysis**

Through many discussions with Vot-ER staff and users, the strength of the organization's reach and ability to impact behaviors and generate excitement for civic participation has been a central theme. While initial data from Vot-ER's partner organizations has offered promising evidence that Vot-ER is successful at reaching its target populations, the organization should consider investing in a more comprehensive data and knowledge management system. Given Vot-ER's rapidly expanding size and the national nature of the work, having a

more robust tracking system will help Vot-ER become more agile and responsive in its operations and programming.

Examples of data that Vot-ER should collect include both leading indicators and evidence of success in reaching the ultimate target population of low-income, minoritized, and younger voters. Leading indicators may include more real-time and regular surveying of doctors and healthcare professionals using Vot-ER resources, including their impressions of Vot-ER and the practice of discussing voting behaviors with their patients. Further analysis of socioeconomic data should be conducted in order to understand the role of various programs in influencing voting behavior and attitudes of low-income voters, and Vot-ER should consider making this analysis a regular part of its program evaluation and feedback cycle.

While the ultimate impact of Vot-ER's work on voting behavior may focus on election year outcomes, the short-term impacts of such organizing work should not be underestimated. In order to do so, continued feedback and data will be needed.

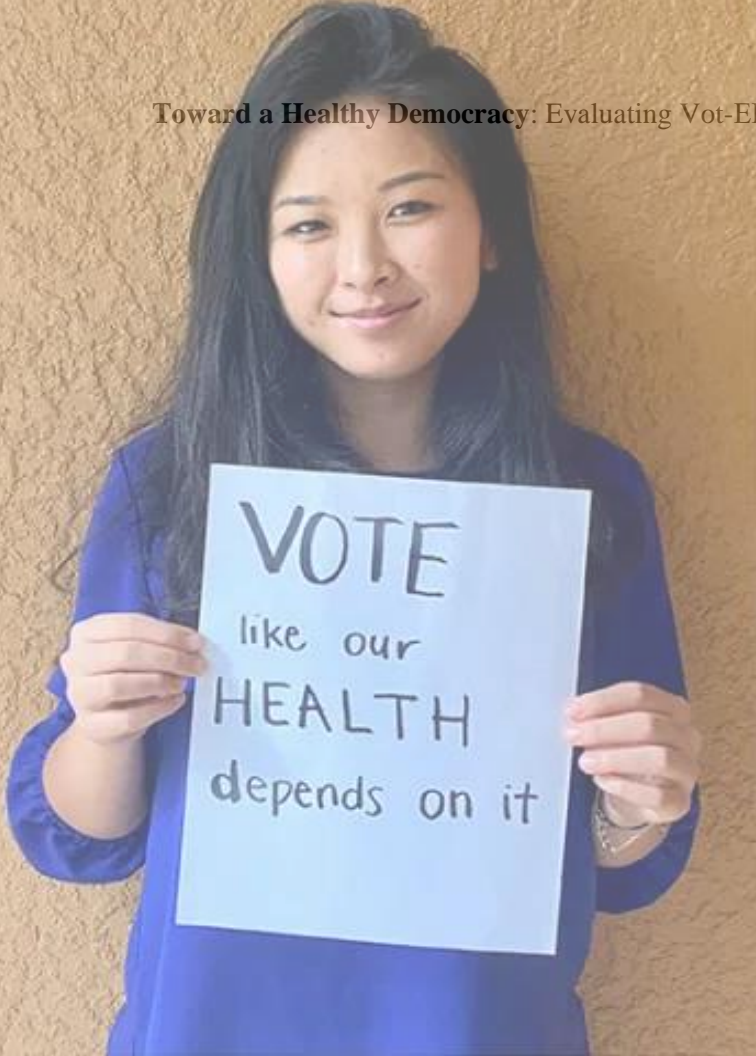
## Conclusion

Coming together in the face of a presidential election year in the midst of a global pandemic, Vot-ER experienced considerable challenges in a relatively new space. As an organization, Vot-ER developed a unique model of on-the-ground organizing, place-based advocacy, and mobilization of medical professionals to reach those disproportionately left out of the civic process, including the young, low income, and people of color. By engaging healthcare providers, Vot-ER is able to develop a culture of responsibility that goes beyond target

populations. Coupled with a robust organizing arm staffed by passionate employees aligned to the mission, Vot-ER seeks to shift the notion of what constitutes healthcare.

Initial evidence suggests that Vot-ER has been successful in reaching underserved populations and in influencing attitudes of the healthcare professionals who use Vot-ER resources. As Vot-ER matures and considers where to invest its energy next, it should seek to further measure the shifts in voting behavior and attitudes created by engaging with its tools. With a robust culture of continuous feedback and improvement, we are confident that as we emerge from a global pandemic, Vot-ER will be able to refine its approach and ensure that its operating model remains successful and relevant in ever-changing social contexts.





## Appendices

### Appendix A: Key Informant Interview Guide

The following questions represent the types of questions asked to Vot-ER internal and external stakeholders. Not all interviewees were asked these questions.

#### Historical reflection

- What do you think are the most (least) successful VotER programs and initiatives?
- What do you think are the strengths and weaknesses of VotER relative to other civic engagement organizations?
- How do we currently define “civic engagement?” How should we define “civic engagement?”
- What do you think was the most successful piece of your role specifically at VotER? Least successful? Why?
- How supported did you feel in your role? What could VotER have done differently to make you feel better supported?
- How well do you think you were situated to help VotER reach their target populations?

#### Future aims

- What is the target population(s) of VotER? What is the long-term mission?
- What would constitute success in outreach to these populations?
- How, if at all, would you want to shift the focus of VotER from current?
- How do you want to be different from other civic engagement organizations?
- How do you envision VotER in election years vs. non-election years?
- What is one resource you wish you had to help you improve your ability to succeed in your role?
- What do you envision for the future of VotER if you were in charge of the organization? What elements would you keep, which would you get rid of?
- Are there any case studies / stories of success that we should focus on?

#### Organizational/structural priorities and evaluation

- Given what you see VotER doing in the future, what do you think are the most (least) effective programs that we are currently running?
- How do you feel about the current structure / operating model? (e.g. volunteer model vs. more centralized operating model)
- What changes in organizational structure would you like to see to VotER?

## Appendix B: Vot-ER User Experience Survey Questionnaire

On a scale of 1-10 (1= least likely, 10 = most likely), I am likely to:

... continue using Vot-ER's tools after the election ▼ 1 ... 10

... recommend participating in Vot-ER to a colleague ▼ 1 ... 10

On average, I asked \_\_\_\_\_ percentage...

... of my patients about voting after receiving my kits or other Vot-ER resources.

... of my colleagues about their voting health after receiving my kits or resources.

To what extent do you agree with the following: (Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree)

- I feel more civically engaged in 2020 than prior years.
- In my role, I have adequate time to talk with patients about voting.
- Patients I interact with are primarily members of underserved populations
- My participation in Vot-ER marked the first time I have helped someone outside my immediate family or friends vote.
- Participation in Vot-ER led my organization to be civically engaged in other ways, e.g. social media blasts, letting our team off on election day, paper forms for voter registration etc.
- I used the Vot-ER website dashboards to monitor progress
- I would be interested in getting practical training in community organizing with the goal of furthering civic engagement work in healthcare.
- I would be interested in scaling up our involvement in Vot-ER in future years in my institution.

What were your top reasons for engaging with Vot-ER's work? [Please rank from most to least influential (1 = most)]

- \_\_\_\_\_ COVID-19 pandemic
- \_\_\_\_\_ Social and racial inequities
- \_\_\_\_\_ Civic engagement
- \_\_\_\_\_ The national election
- \_\_\_\_\_ Local community issues
- \_\_\_\_\_ Desire to effect change
- \_\_\_\_\_ Other (write in)

What was your biggest barrier to using Vot-ER's resources and materials frequently? (Select one)

- Lack of institutional support
- Limited time
- COVID-19 restrictions
- Other (write in)

What tools did you use to help patients? (select all that apply)

- Physical Healthy Democracy badge and/or lanyard that Vot-ER mailed to you
- Kits that Vot-ER customized to your institution that you used digitally
- Kits that Vot-ER customized to your institution that you printed or got from a vendor
- Posters and other printed materials
- Adding the Vot-ER email signature to your email

- Texting patients about voting using Vot-ER's language or tools
- Using Vot-ER telehealth tools e.g. scripts or Zoom backgrounds
- Sending an email that Vot-ER drafted to your organization or department
- I did not use any Vot-ER tools
- Other ( free text)

**In which state do you currently reside?**

**What is your age?**

- Under 21
- 21-34
- 35-44
- 45-54
- 55-64
- 65+

**What is your gender?**

- Cisgender Male
- Cisgender Female
- Transgender Male
- Transgender Female
- Non-binary
- Gender not listed here (feel free to specify)
- Prefer not to answer

**Which of the following races do you consider yourself to be? (select all that apply)**

- White or Caucasian
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other (specify)
- Prefer not to answer

**What is your current professional role?**

- Administrative
- DO - Attending
- DO - Resident
- MD - Attending
- MD - Resident
- Medical or other health professions student
- NP
- PA
- Pharmacist

- RN
- Social Worker
- Other (free text)

**If you are part of a medical specialty, please note which of the following best applies:**

- Internal Medicine (if applicable insert sub-specialty in free text)
- Surgery (if applicable insert sub-specialty in free text)
- Emergency Medicine
- Psychiatry
- Family medicine
- Pediatrics (if applicable insert sub-specialty in free text)
- OBGYN
- Anesthesiology
- Radiology
- Ophthalmology
- Dermatology
- Other (free text)
- NA

**What is your primary site of engagement with patients (if applicable)?**

- Primary care, community health center, or other outpatient setting
- Emergency Department
- Inpatient
- Hospital administration
- Other (free text) \_\_\_\_\_
- NA

**Participating in Vot-ER has: (Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree)**

- ... increased my knowledge about the links between health and voting
- ... increased my knowledge about the social determinants of health
- ... increased my awareness of the inequities within our current healthcare system
- ... increased my sense of connection to other healthcare providers
- ... increased my personal sense of agency
- ... made me more hopeful in my work
- ... helped protect me from workplace burnout
- ... changed the way I view my role in healthcare
- ... expanded the way I think about my patients' health
- ... inspired me to become more involved in civic engagement beyond voter registration and mail in ballots



### Appendix C: Vot-ER All User Survey Bulk Results

**QUESTION: To what extent to you agree with the following:**

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Patients I interact with are primarily members of underserved populations	38.01%	30.53%	16.82%	11.84%	2.80%	321
My participation in Vot-ER marked the first time I have helped someone outside my immediate family or friends vote.	22.53%	29.63%	8.33%	26.85%	12.65%	324

**QUESTION: What were your top reasons for engaging with Vot-ER’s work? [Please rank from most to least influential (1 = most)]**

Field	Mean	Std Deviation	Variance	Count
Social and racial inequities	2.22	1.21	1.46	291
The national election	2.36	1.38	1.91	291
COVID-19 pandemic	3.74	1.56	2.44	291
Desire to effect change	3.75	1.62	2.63	291
Civic engagement	3.92	1.43	2.06	291
Local community issues	5.24	1.13	1.27	291
Other (write in)	6.77	1.02	1.05	291

**QUESTION: What was your biggest barrier to using Vot-ER’s resources and materials frequently? (Select one)**

Answer	%	Count
Limited time	54.28%	165
Lack of institutional support	18.75%	57
Other (write in)	14.47%	44
COVID-19 restrictions	12.50%	38
Total	100%	304

**QUESTION: To what extent to you agree with the following:**

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
In my role, I have adequate time to talk with patients about voting.	8.98%	21.98%	23.22%	34.98%	10.84%	323

**QUESTION: On a scale of 1-10 (1= least likely, 10 = most likely), I am likely to:**

Field	Mean	Std Deviation	Variance	Count
... recommend participating in Vot-ER to a colleague	8.97	1.88	3.53	288
... continue using Vot-ER's tools after the election	7.7	2.62	6.88	299

**QUESTION: On average, I asked \_\_\_\_\_ percentage...**

Field	Mean	Std Deviation	Variance	Count
... of my colleagues about their voting health after receiving my kits or resources.	56.98	32.69	1068.5	294
... of my patients about voting after receiving my kits or other Vot-ER resources.	43.18	29.52	871.72	297

**QUESTION: To what extent to you agree with the following:**

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
I would be interested in scaling up our involvement in Vot-ER in future years in my institution.	29.85%	44.92%	18.15%	6.15%	0.92%	325
I would be interested in getting practical training in community organizing with the goal of furthering civic engagement work in healthcare.	27.64%	41.30%	18.32%	11.18%	1.55%	322
Participation in Vot-ER led my organization to be civically engaged in other ways, e.g. social media blasts, letting our team off on election day, paper forms for voter registration etc.	14.55%	26.32%	30.03%	23.53%	5.57%	323

**QUESTION: To what extent do you agree with the following:**

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
... increased my personal sense of agency	48.47%	40.80%	7.98%	1.53%	1.23%	326
... inspired me to become more involved in civic engagement beyond voter registration and mail in ballots	42.68%	39.63%	12.20%	3.96%	1.52%	328
... made me more hopeful in my work	39.26%	42.02%	13.80%	3.68%	1.23%	326
... increased my sense of connection to other healthcare providers	38.27%	40.74%	15.12%	4.32%	1.54%	324
... increased my knowledge about the links between health and voting	36.28%	37.50%	18.60%	5.79%	1.83%	328
... expanded the way I think about my patients' health	32.92%	38.15%	21.54%	5.54%	1.85%	325
... changed the way I view my role in healthcare	31.69%	41.23%	19.69%	6.15%	1.23%	325
... increased my awareness of the inequities within our current healthcare system	27.74%	34.15%	27.13%	9.15%	1.83%	328
... increased my knowledge about the social determinants of health	24.92%	34.15%	29.23%	9.85%	1.85%	325
... helped protect me from workplace burnout	20.55%	30.37%	38.34%	9.20%	1.53%	326



IT'S TIME TO TURN OUR HOPES  
FOR THE FUTURE OF HEALTHCARE  
INTO ACTION.  
ALL WE NEED IS     You    



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YOU HAVE JOINED