Voter Registration and Participation Resolution

*Call for the Minnesota Public Health Association (MPHA) to support policy and advocacy efforts to increase voter registration and voting participation, which leads to healthier communities.*

MPHA Members approved by electronic vote on September 22, 2022

Whereas, the Robert Wood Johnson Foundation’s *Culture of Health* action framework and the American Public Health Association Healing Through Policy Initiative have identified voting participation and voting rights protection as important measures of health and racial equity 1,2 and

Whereas, high levels of community engagement help people recognize their own agency and ensure they are connected with each other, which improves neighborhood cohesion, health outcomes, and community resilience3; and people who value community health are more likely to translate those values into civic engagement; which includes involvement in civic organizations, participation in advocacy and voting, and other actions to change laws or policies, bring about systemic change and produce healthy communities3; and

Whereas, a positive relationship exists between civic engagement and physical and mental health, health behaviors, and well-being3,4; while social isolation, marginalization, lack of trust in institutions, poor health, and the burden of chronic disease result in lower voting participation rates and less civic engagement. This creates a reinforcing feedback loop where people who have good health participate more, reinforcing their good health, and people with poor health participate less, reinforcing their poor health.3,4,5;and conversely, participation in voting is more likely among those who enjoy good health6; and

Whereas, a study of 44 countries, including the United States, found that voter participation is associated with better self-reported health, even after controlling for individual and country characteristics,7;

Whereas, regardless of political party, a plurality of likely voters consider health care issues extremely important, with voters’ values, beliefs, and concerns about issues such as health care costs, insurance coverage, and benefits influencing both candidates’ campaigns and legislators’ votes; and policy issues about health and health care influencing a majority of voters’ choices when voting for candidates8, and ballot initiatives3; and

Whereas, public health can be politicized, such as the compromising of public safety during the COVID-19 pandemic by state legislators enacting partisan measures that limit the power of governors, local elections officials, and the authority of public health officials in at least 26 states9; and

Whereas, public health considerations should be the guiding factor in health policy decisions, individual legislators within political systems craft legislation that affects population health, opening the possibility for political ideologies and partisan agendas to influence essentially apolitical public health interventions or guidelines 10,11,12; and

Whereas, public policies can affect voter participation, such as increased voter turnout associated with increased Medicaid enrollment as a result of the Affordable Care Act’s Medicaid expansion13; and

Whereas, because of the COVID-19 pandemic, primaries were postponed, election laws were changed, and emergency powers were invoked in dozens of states to give election administrators more time and resources to conduct elections safely, yet high levels of civic engagement continue to be threatened by the ongoing COVID-19 pandemic and an increase in legislation and policies restricting access14; and

Whereas, people experience barriers to registering to vote and casting a ballot for many reasons, including many that intersect with barriers to receive healthcare. These reasons include the lack of identification documents15, frequent changes in home address16, limited English proficiency17, misconceptions about the rights of people with disabilities to vote and issues of accessibility 18,a combination of poor health and low income19, and voter registration office closures due to emergencies like COVID-1920; and

Whereas, voters of color and American Indians and Alaska Natives face heightened barriers when it comes to voting and participating in our democracy.21 Voters of color are more likely to experience longer polling lines, are disproportionately burdened by stringent voter identification laws, and have fewer polling locations per capita than their white counterparts. American Indian voters also face unique barriers to voting by mail on reservations22; and

Whereas, the Cost of Voting Index ranks Minnesota #15 among the states on accessibility to voting, and in 2020 83% of those eligible to register to vote did register, and 80% of those registered cast a ballot23; and

Whereas, Minnesota Statute 201.162 requires that state agencies, as well as community-based public agencies and non-profit corporations that contract with a state agency to carry out obligations of the state agency, shall provide voter registration services for employees and the public24; and

Whereas, disparities exist with a negative correlation between those enrolled in Medicaid and voter registration. Currently, 13 states have laws that allow Medicaid-based registration which combats these disparities 25;

Whereas, civic participation and voter registration were included as measurable objectives with the Social Determinants of Health - Healthy People 2020 and voting metrics were initially omitted from the Healthy People 203026,,27; and

Whereas, an easier transition in the development of a voting habit, and an interest in politics more broadly, happens through the presence of resources5; and

Therefore, be it resolved, the Minnesota Public Health Association (MPHA) shall:

1.     Support legislation, policies, and practices that encourage state and local agencies who administer health and social service programs to integrate voter registration opportunities for applicants who are U.S citizens, eligible to vote, and at least 18 years old on Election Day.

2.     Support legislation, policies and practices that encourage all health-related organizations, including public health, health systems and health plans, to include voter registration and education in their programs and services.

3.     Support efforts that make compliance with Minnesota Statute 201.162 by state agencies, community-based public agencies, and nonprofit corporations a routine practice; and

4.     Support policies and practices that allow for those who are 16 and 17 years old to pre-register to vote, when they will reach voting age and then be eligible to vote.

5.     Support policies and initiatives that increase voter registration and voting for American Indians/Alaskan Natives and people of color.

6.     Support policies and practices that allow people with disabilities to fully participate in the political process, including ensuring the accessibility of polling locations and through promoting the availability of accessible voting technology. 28

7.     Support policies and practices that increase the number of eligible Minnesotans who both  register to vote and cast a ballot in elections and increase awareness of these policies and practices, through the creation of an even lower cost to vote by making elections more accessible across the state, including considerations for people with varying literacy and/or abilities. These include:

a.     automatic and same day registration;

b.     early voting;

c.     vote-by-mail;

d.     no-excuse absentee voting;

e.     convenient voting locations and hours

f.      physical accessibility of polling sites, and assistance with equipment, languages, and awareness of assistance methods for casting a ballot.

8.     Oppose policies and practices that create barriers - or discourage, suppress, or restrict the ability of eligible voters to either register to vote and/or cast a ballot in free and fair elections. These include but are not limited to:

a.     partisan or otherwise biased redistricting

b.     requiring identity verification or other additional documentation requirements at the polls after the person has already established their eligibility to vote

c.     unnecessary registration deadlines

d.     prohibiting online registration

e.     requiring an approved excuse for early voting

f.      minimizing poll locations or hours of operation

g.     restricting voting by mail

h.     disallowing nourishment in voting lines

i.      policies and initiatives that reduce voter participation of American Indians/Alaska Natives and people of color

9.     Support the inclusion of civic participation and voter registration as a measurable objective for public health agencies and initiatives, including the Healthy People-2030 initiative.

10.  Encourage its members and other stakeholders to promote the health of communities by reminding them of upcoming elections and to vote in every election in which they are eligible to vote, while making the connection of how voting impacts their health and improves health equity, and

11.  Provide members and other stakeholders with opportunities to learn about issues that will shape policy and encourage members and other stakeholders to support elections and to be civically engaged, by serving as election workers or volunteers and by participating in town halls and other public meetings.

12.  Provide its members and other stakeholders with information on how public health experts can play a larger role in helping election administrators manage safe options for voters to cast their ballots; including voters who may have active COVID-19 infections, those who are particularly vulnerable to a host of other health concerns, or those who are not familiar or comfortable with absentee or vote-by-mail options.

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