

# Life Course Indicator: Voter Registration

## The Life Course Metrics Project

As MCH programs begin to develop new programming guided by a life course framework, measures are needed to determine the success of their approaches. In response to the need for standardized metrics for the life course approach, AMCHP launched a project designed to identify and promote a set of indicators that can be used to measure progress using the life course approach to improve maternal and child health. This project was funded with support from the [W.K. Kellogg Foundation](#).

Using an RFA process, AMCHP selected seven state teams, Florida, Iowa, Louisiana, Massachusetts, Michigan, Nebraska and North Carolina, to propose, screen, select and develop potential life course indicators across four domains: Capacity, Outcomes, Services, and Risk. The first round of indicators, proposed both by the teams and members of the public included 413 indicators for consideration. The teams distilled the 413 proposed indicators down to 104 indicators that were written up according to three data and five life course criteria for final selection.

In June of 2013, state teams selected 59 indicators for the final set. The indicators were put out for public comment in July 2013, and the final set was released in the Fall of 2013.

### Basic Indicator Information

**Name of indicator:** Voter Registration (LC-59)

**Brief description:** Voter registration

**Indicator category:** Social Capital

**Indicator domain:** Service/Capacity

**Numerator:** Number of adults registered to vote

**Denominator:** Total eligible population

**Potential modifiers:** Age, race/ethnicity and gender

**Data source:** Current Population Survey (CPS)

**Notes on calculation:** Voter registration is derived from the answers to two questions, asked of voting age citizens: "In any election some people are not able to vote because they are sick or busy, or have some other reason, and others do not want to vote. Did (this person) vote in the election held on November (date varies)?" (if yes, counted in the numerator, and if no, asked the follow-up question) and "Was (this person) registered to vote in the November (date varies) election?" (if yes, counted in the numerator).

**Similar measures in other indicator sets:** None

## Life Course Criteria

### **Introduction**

Growing evidence suggests that social environments have an impact on health. Research on this relationship is focused on aspects of support and cohesion within the social environment. These concepts are often discussed as ‘social capital’ across populations. Social capital is the collection of features of social organization – such as civic participation, norms of reciprocity, and trust in others – that help facilitate cooperation for mutual benefit (Putnam, 2000). As such, social capital is a collective resource that benefits communities and can be distinguished from the individual health effects of social networks and support (Lochner et al., 1999). Social capital has been linked to various health outcomes, including self-rated health (Blakely 2001; Kawachi et al., 1999; Hyyppä and Mäki, 2001; Subramanian et al., 2002; Helliwell, 2003; Poortinga, 2006a and Poortinga, 2006b), cardiovascular and cancer mortality rates (Kawachi et al., 1997), suicide rates (Helliwell, 2003), and child mental health (Caughy et al., 2003).

Social capital is a hard concept to measure. Measures of civic engagement help as proxy measures that quantify levels of social capital within and across populations. Voter registration is a conventional proxy for measures of civic engagement (Mercyhurst Center, 2011). As a life course measure, voter registration will be an indicator of social capital within and across populations.

### **Implications for equity**

Regular voters, and therefore registered voters, are more likely to be White, older, and have a higher education than non-voters. The largest *positive* changes in registrations, and thus conceivably actual voting and increasing social capital, are likely to be from increasing enrollment of those who are traditionally not registered. Common characteristics of not-registered populations include: younger populations (most specifically those between the ages of 18-29), persons from minority ethnic groups, and persons with a high school level education or less. (Pew Research Center, 2006)

An important equity consideration when using voter registration data is *voter eligibility*. Some people are not permitted to vote because they are not citizens, have been committed to the penal system, mental hospitals, or other institutions, or because they fail to meet state and local resident requirements for various reasons. The eligibility to register is governed by state laws that differ from one another in many respects. Aside from non-citizens, those not eligible to vote are more likely to be non-White and male (Purtle, 2013). This bias will not be reflected in the indicator, which is based on registration by eligibility. However, the bias of how one becomes eligible should be considered when interpreting and presenting data on this indicator.

### **Public health impact**

The public health impact of increased voter registration, and concomitant increased voting, will have a long-term effect on policies that affect health and development. In the short term, it would most likely be detectable on very specific, high impact legislation and policies. Fujiwara found that increased enfranchisement of Brazil’s “less educated” resulted in a shift of “government spending towards health care, which is particularly beneficial to the poor” (Fujiwara, 2010). It is important to realize that an individual’s decision whether or not to vote is made at each election, and thus participation rates are inherently fluid.

In addition to policy changes resulting from election and voting outcomes, there are many potential public health impacts from increased social capital within and across populations. As summarized above, social capital has been linked to various health outcomes, including self-rated health (Blakely 2001; Kawachi et al., 1999; Hyyppä and Mäki, 2001; Subramanian et al., 2002; Helliwell, 2003; Poortinga, 2006a and Poortinga, 2006b), cardiovascular and cancer mortality rates (Kawachi et al., 1997), suicide rates (Helliwell, 2003), and child mental health (Caughy et al., 2003).

### **Leverage or realign resources**

Similar to the explanation of public health impact (above), increases in voter registration that result in increased voting may have short term impacts on very specific legislation and policies. Specific legislation does have the potential to impact long-term realignment of resources and is determined at specific voting events, which may be influenced by voter registration.

As a MCH life course indicator, voter registration can attract new partnerships into public health practice, including community organizers, social justice groups, civic groups such as the League of Women Voters, and civil rights advocates who are the traditional champions of voter registration initiatives. These new partners may have more human than financial resources, but are likely to welcome the involvement of new partnerships with public health. Another interesting opportunity for leveraging partnerships that can be acted on in relation to this indicator involves the new rules of the Affordable Care Act that require health exchanges to adhere to National Voter Registration Act and provide information on voter registration (Sink, 2013). Voter registration information integrated into exchange enrollment provides a new opportunity to increase civic engagement and empower community members.

### ***Predict an individual's health and wellness and/or that of their offspring***

Effects at the individual level are likely to be fairly limited and impossible to measure. Being registered to vote, however, implies a certain level of an individual's locus-of-control, aside from *not* being in a voting-ineligible group (Purtle, 2013; Sanders, 2001). In addition, the relationship between voting and social capital suggests associated links to individual health outcomes.

## **Data Criteria**

### ***Data availability***

Information on voting is collected by the Current Population Survey (CPS) in November of Congressional and Presidential election years. The CPS is a monthly survey of about 50,000 households conducted by the Bureau of the Census for the Bureau of Labor Statistics. The survey has been conducted for more than 50 years, is the primary source of information on the labor force characteristics of the U.S. population, and provides data on a wide range of issues relating to employment and earnings. The sample is scientifically selected to represent the civilian non-institutionalized population. The sample provides estimates for the nation as a whole and serves as part of model-based estimates for individual states and other geographic areas. The CPS data provide reliable estimates at the state level and for 12 of the largest metropolitan statistical areas. The sample size does not allow reliable estimates to be obtained at the county level. The Basic CPS monthly microdata file is usually made available to the public 30-45 days after data collection is complete. Data files for supplemental information are available anywhere from six to 18 months after data collection (U.S. Census Bureau, 2012).

Voting and Registration data have been collected biennially in the [CPS](#) since 1964. Over the years, changes have been made to the Voting and Registration supplement. The only constant is that in all iterations of the survey a separate question has been included regarding both voting and registration, which compensates for differences in registration eligibility across states. Results are weighted to "agree with independently derived population estimates of the civilian noninstitutionalized population of the United States and each state (including the District of Columbia)", controlling for age, race and sex (U.S. Census Bureau, 2011; further methodological details at [census.gov/hhes/www/socdemo/voting/about/index.html](http://census.gov/hhes/www/socdemo/voting/about/index.html)).

In recent years, voter-participation data were derived from replies to the following questions. Voting age citizens were asked:

*"In any election some people are not able to vote because they are sick or busy, or have some other reason, and others do not want to vote. Did (this person) vote in the election held on November (date varies)?"*

Respondents were classified as either "voted" or "did not vote." In most tables, this "did not vote" category includes those who reported "did not vote" or "do not know," as well as noncitizens and non-respondents. The data on registration were obtained by asking the following question to those who reported they "did not vote":

*"Was (this person) registered to vote in the November (date varies) election?"*

Longitudinal data on state-level voting and registration rates are available at [census.gov/hhes/www/socdemo/voting/publications/historical/index.html](http://census.gov/hhes/www/socdemo/voting/publications/historical/index.html), while updates to the biennial data are at [census.gov/hhes/www/socdemo/voting/](http://census.gov/hhes/www/socdemo/voting/).

Data are available on the U.S. Census Bureau website and do not require special permission to access.

### **Data quality**

The CPS is administered by the Census Bureau using a probability selected sample of occupied households annually. The CPS is a highly rigorous survey that uses extensive sampling schemes and weights to ensure accuracy (U.S. Census Bureau, 2006). The CPS has one of the highest response rates among government household surveys, consistently ranging from 91 to 93 percent (U.S. Census Bureau, 2012). To be eligible to participate in the CPS, individuals must be 15 years of age or over and not in the Armed Forces. People in institutions, such as prisons, long-term care hospitals, and nursing homes are ineligible to be interviewed in the CPS. Information on the quality of data specific to voting and registration is not available.

People who are not U.S. citizens are not eligible to vote. The voting-age population also includes a considerable number of people who cannot register to vote despite meeting citizen and age requirements. Some people are not permitted to vote because they have been committed to the penal system, mental hospitals, or other institutions, or because they fail to meet state and local resident requirements for various reasons. The eligibility to register is governed by state laws that differ from one another in many respects.

Registration is the act of qualifying to vote by formally enrolling on an official list of voters. People who have moved to another election district must take steps to have their names placed on the voting rolls in their new place of residence. The state of North Dakota has no formal registration requirement – voters merely present themselves at the polling place on election day with proof that they are of age and have met the appropriate residence requirements. Therefore, in North Dakota, people who are citizens and of voting age (and who meet the residence requirement), are automatically considered registered. [census.gov/cps/files/Source%20and%20Accuracy.pdf](http://www.census.gov/cps/files/Source%20and%20Accuracy.pdf).

### **Simplicity of indicator**

This indicator is simple to both calculate and to explain to various stakeholders. It does not require special data linkage on the part of the data user. However, describing the relationship between voter registration, social capital, and the life course approach is conceptually difficult to describe and understand.

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To learn more, please contact Caroline Stampfel, Senior Epidemiologist at [cstampfel@amchp.org](mailto:cstampfel@amchp.org) or (202) 775-0436.

**Association of Maternal & Child Health Programs**

2030 M Street, NW, Suite 350  
Washington, DC 20036  
(202) 775-0436 • [www.amchp.org](http://www.amchp.org)

