



Can Health Centers Increase Voting among their Clients, Constituents and Staff?

A Report from the 2012 Election

Prepared by  **Nonprofit VOTE**

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Demographic Profile: Who Health Centers Reached

To gain a better understanding of the people the health centers reached, we looked at the demographic composition of two unique groups. The first group we call “CHC voters.” This group includes all of the people contacted by the health centers. The second group we call “all registered voters.” This group is comprised of all voters in our seven target states, according to the Catalist database.

The clients and constituents contacted by the health centers were dramatically lower income and more diverse than the general pool of registered voters in the seven states.

- Those in households earning less than \$25,000/year comprised 18% of CHC voters, but only 5% of the general population of all registered voters.
- African Americans made up about 39% of the CHC voters, but only 13% of all registered voters.
- Hispanic voters made up 22% of CHC voters compared to only 5% in the seven states.
- In addition, CHC voters were more likely to be women and were notably younger.

	All Voters Counts	% of Total	CHC Counts	% of Total
Gender				
Female	19,821,797	53%	4,341	68%
Male	17,352,475	47%	2,014	32%
Total	37,174,272	100%	6,355	100%
Race				
Asian & Other	1,285,717	4%	214	4%
Black	4,816,630	13%	2,520	39%
White	29,691,992	79%	2,310	36%
Hispanic	1,899,351	5%	1,436	22%
Total	37,693,690	100%	6,480	100%
Income				
Less than \$25k	2,014,453	5%	1,136	18%
\$25k - \$49k	13,993,625	37%	3,299	51%
More than \$50k	21,678,529	58%	2,044	32%
Total	37,686,607	100%	6,479	100%
Age				
18-29	6,908,490	18%	1,777	28%
30-59	20,185,434	54%	3,602	56%
60+	10,557,405	28%	1,059	16%
Total	37,651,329	100%	6,438	100%
Propensity				
0-29	3,666,001	10%	471	7%
30-70	8,457,355	22%	2,559	40%
71+	25,580,589	68%	3,307	52%
Total	37,703,945	100%	6,337	100%

CHC clients were -

4.4 times more likely to be Hispanic than those in the general population

3.2 times more likely to be low income earners than those in the general population.

3 times more likely to be black than those in the general population.

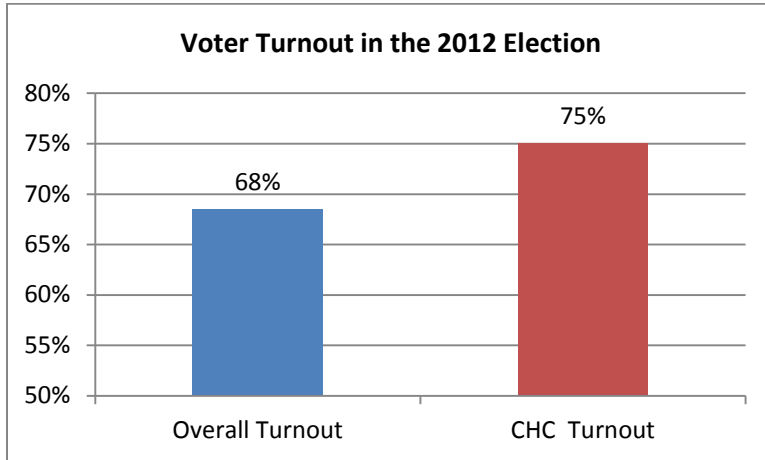
1.5 times more likely to be young people between the ages of 18 and 29 than those in the general population.

1.5 times more likely to be low propensity voters with scores under 70 than those in the general population.

Voter Turnout: CHC Voters Compared to All Registered Voters

Turnout of CHC Voters vs. All Registered Voters

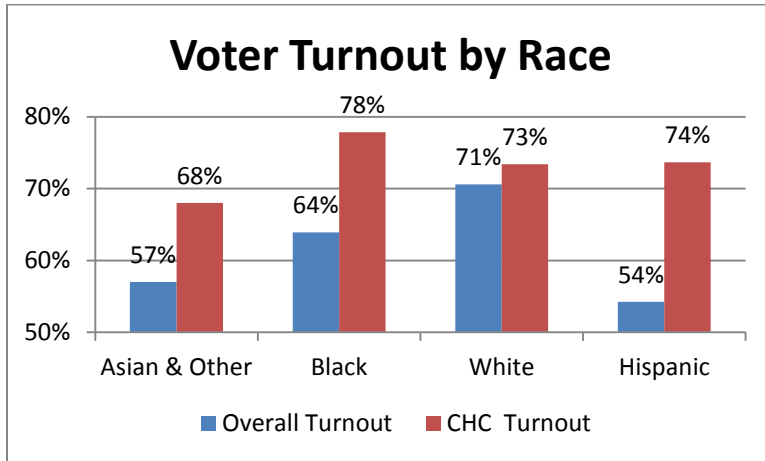
The CHC voters, in spite of being comprised of voters whose demographics would indicate a lower voting propensity, turned out at a rate seven points higher than the average turnout of all registered voters in the seven states.



	CHC Voted G2012	CHC Total Voters	CHC TO Rate	All TO Rate
All Voters in file	4,861	6,480	75%	68%
Race				
Asian & Other	146	214	68%	57%
Black	1,962	2,520	78%	64%
White	1,695	2,310	73%	71%
Hispanic	1,058	1,436	74%	54%
Income				
Less than \$25k	822	1,136	72%	53%
\$25k - \$49k	2,433	3,299	74%	64%
More than \$50k	1,605	2,044	79%	73%
Age				
18-29	1,202	1,777	68%	53%
30-59	2,748	3,602	76%	68%
60+	881	1,059	83%	79%
Propensity to Vote				
0-29	222	471	47%	12%
30-70	1,674	2,559	65%	42%
70+	2,868	3,307	87%	85%

Turnout by Race and Ethnicity

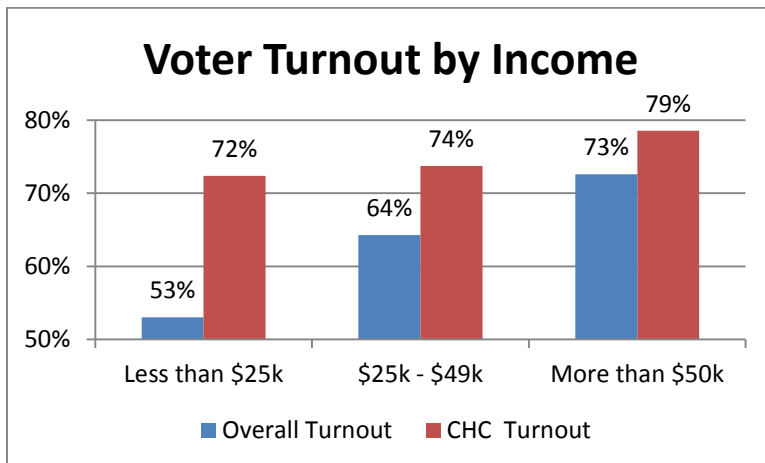
- The strongest turnout difference was among Latino voters. Latino CHC voters voted at a rate 20 points higher than all other Latino registered voters.
- African American voters also outperformed their counterparts in the general population, but by a margin of 14 points.
- The difference in turnout among voters contacted by health centers across race and ethnicity – no greater than four percentage points - were dramatically smaller than the larger turnout gaps seen here among all registered voters or in Census surveys.



Turnout by Income

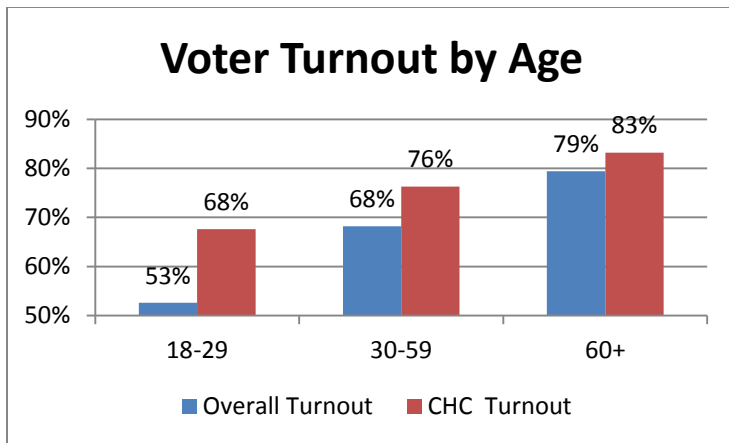
Voter turnout rises by income among both CHC voters and all voters, the same as reported in Census surveys of voter turnout.

- Health centers did the most to increase voter turnout among the lowest income voters – those in households earning \$25,000 or less. These particular CHC voters turned out at a rate 19 points higher than all other voters: 72% vs. 53%.
- Overall, the health centers substantially shrunk the income turnout gap among the voters they reached. CHC voters in all three income categories turned out at similarly high rates.



Turnout by Age

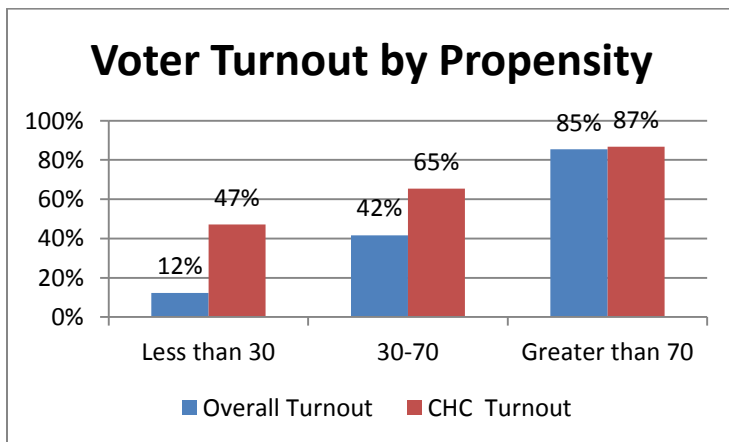
- Among the different age groups, health centers made the biggest impact among younger voters ages 18-29. Turnout among young voters contacted by health centers was 15 points higher than turnout among all other young voters: 68% vs. 53%.
- Young CHC voters matched the turnout rate among all older voters ages 30-59.
- As was the case with turnout by race or income, the turnout difference between younger and older voters flattened from 26 to 15 points.



Turnout by Propensity to Vote

In advance of the 2012 election, Catalist used voter turnout histories, demographic, and other information from the US Census and commercial sources to assign every registered voter a “voter propensity score” of zero to 100. A lower score indicates a lower propensity to vote and higher score a higher propensity to vote.

- Among CHC voters, both lower and middle propensity voters turned out to vote at rates well above that of voters with similar propensity scores in the general population.
- The intervention by health centers had its biggest impact on the lowest propensity voters most campaigns disregard. The CHC voters with scores under 30 were almost 4 times as likely to vote as their counterparts in the general voting population.



Methodology

To obtain the voting history and demographics of voters contacted by health centers through the Track the Vote program, including whether they voted in the 2012 general election, we matched their names and addresses to the Catalist database. Catalist is a national data management firm specializing in state-level political data that obtains monthly updates of state voter files from election officials. The voter file lists the names of every registered voter in the state, their voting and mailing address, birth date, voting history, and political jurisdictions. Catalist enhances the voter file with information on gender, race/ethnicity, estimated household income, and other demographic data from government and commercial sources.

Only valid matches appearing in the Catalist database and listed as registered voters eligible to vote in the 2012 election were included in our final tally of voters contacted.

Roughly 85% of the records submitted by participating health centers were successfully matched. Failure to match a record was most frequently due to incomplete address information, misspelled names and addresses, or mistakes made during data entry. Many voters had moved, changed names, or were dropped from their state voter file between the time they were contacted and when the match took place, six months after the election when states had updated their voter files with information from the 2012 election.

Comparison Dataset

The vast majority of our records came from seven states. For comparison data, we obtained counts and turnout rates from the Catalist database of all registered voters in the seven states broken down by the same demographics of gender, age, race/ethnicity, and income. The overall voter turnout rate of registered voters in the states (68%) closely matched that reported on state election websites (69%). The advantage of the Catalist data is that it is broken down by demographics and voter propensity scores, not available from state election offices.

The Track the Vote evaluation analyzed data on the demographics and voting histories of 6,480 voters contacted by health centers. These voters (hereafter called “CHC voters”) either registered to vote or signed a pledge to vote. For this analysis, we compared the demographics and voter turnout of the CHC voters with all of the registered voters in the seven states where 84% of the records came from: Arizona, Massachusetts, Michigan, Minnesota, New Jersey, North Carolina, and Ohio. The states are geographically and ethnically diverse, with varying rates of voter turnout. The demographics and turnout in these seven states closely reflect those of the country as a whole.

This analysis looks first at a demographic profile of the voters that health centers contacted. Who did the health centers reach at their locations or events? How does this profile compare to the profile of all registered voters in the seven states?

It then compares voter turnout of the CHC voters in the 2012 general election to all registered voters, as a whole and broken down by demographics, in order to answer the following questions: Did the CHC voters turn out to vote at comparable rates? Did community health centers have a particular impact on turnout among specific constituencies?

It concludes with a discussion of the findings and what they say about the ability of health centers to increase voter participation among their clients and constituents and the potential of agency-based voter engagement to mobilize citizens who traditionally do not show up at the polls on Election Day.

The analysis was done in partnership with CIRCLE: the Center for Information & Research on Civic Learning & Engagement at Tufts University's Jonathan M. Tisch College of Citizenship and Public Service.