

December 2, 2022

Office of Disease Prevention and Health Promotion
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Submitted via email to HP2030Comment@hhs.gov

The Association of American Medical Colleges (AAMC) and the AAMC Center for Health Justice (the Center) appreciate the opportunity to provide comments on the Department of Health and Human Services (HHS) Healthy People 2030 proposed core objective: *Social Determinants of Health (07) — Increase the proportion of the voting age citizens who vote* (subsequently referred to as “voting”). The AAMC firmly supports the mission and vision of the Healthy People initiative which is to “promote, strengthen, and evaluate the nation’s efforts to improve the health and well-being of all people.”¹ This mission is especially critical now, during a time when national life expectancy continues to decrease with a correlated increase in racial and ethnic disparities.² As reflected below, it is also central to AAMC’s mission to “[...]improve] the health of people everywhere through medical education, health care, medical research and community collaborations” and the Center’s vision to ensure that “[...]all communities have an opportunity to thrive.”³

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 156 accredited U.S. medical schools; 14 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and nearly 80 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC’s U.S. membership and expanded its reach to international academic health centers.

The goal of the Center, founded in 2021, is for all communities to have an opportunity to thrive — a goal that reaches well beyond medical care. Achieving health equity means addressing the common roots of health, social, and economic injustices and implementing policies and practices that are explicitly oriented toward equal opportunity for health and wellbeing. The Center for Health Justice partners with public health and community-based organizations, government and health care entities, the private sector, community leaders, and community members to build a case for health justice through research, analysis, and expertise. For more information, visit www.aamchealthjustice.org.

¹ Healthy People 2030 Framework, <https://health.gov/healthypeople/about/healthy-people-2030-framework> (Accessed Nov. 22, 2022).

² National Center for Health Statistics, Centers for Disease Control, Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm (Accessed Nov. 22, 2022).

³AAMC About Us and Key Facts, <https://www.aamc.org/about-us>; also see: AAMC Center for Health Justice, Who We Are and What We Do, <https://www.aamchealthjustice.org/who-we-are-and-what-we-do> (Accessed Nov. 22, 2022).

Support for New Proposed Objective on Voting

The AAMC expressed support for the Healthy People initiative in response to the request for comments on the proposed developmental and research objectives for Healthy People 2030.⁴ We have also supported these efforts through participation on the *Healthy People Curriculum Task Force*, consisting of health professions education associations from across the US, established to “encourage individual and population-oriented prevention and health promotion education to support Healthy People objectives.”⁵

We commend HHS, the Healthy People Federal Interagency Workgroup, and federal subject matter experts for identifying voting as the next core objective to be included in the Healthy People 2030 framework and agree that increasing voting participation is a high priority issue.”⁶ We also recognize the immediate need to prioritize research on the relationship between civic engagement, health, and health equity, especially given this objective “doesn’t yet have evidence-based interventions developed to address it [...] or may not have reliable baseline data available.”⁷

The Center has also recognized the link between civic engagement and health. Our recent public polling activities,⁸ described further below, have explored how U.S. adults consider their own level of civic engagement and the role of healthcare institutions in promoting civic engagement. Further, the AAMC has collaborated with other nonprofit organizations to engage physicians and health care organizations to increase voter registration.⁹

Since the previous iteration of Healthy People in 2020 the framework has been expanded to focus on the broader goal of promoting the “health and wellbeing” of the community and not just individual “health.” Notably, this framework now also includes objectives centered around health equity, health disparities, health literacy, and the social, physical, political, and economic determinants of health and well-being.¹⁰ **We support the reframing of the Healthy People framework and encourage continued efforts to collect national, state, and local/community data. Below we offer brief recommendations, including relevant resources to support HHS in its deliberations on the proposed new objective.**

Research Considerations

While it is evident from existing research that civic participation and voting improves population health and well-being, according to the recent poll conducted by the Center on civic engagement only 56% of U.S. adults considered themselves “civically engaged.” Adults with higher incomes (≥\$100k) and a bachelor’s degree or higher were more likely to report being civically engaged.¹¹ Further, results from this poll that are especially relevant to the new proposed objective on increased voter participation, “44% of U.S. adults who self-identified as ‘disengaged’ reported that they would be more likely to engage if they had the time (21%), held strong beliefs about something (21%), or, most crucially, knew their participation would make a difference (41%). For the 19% of adults in [the] sample who did not vote in the 2020 presidential election, top responses to what would increase their likelihood of voting in future elections were if they liked the candidates (28%), if they could vote by mail (18%), or if voting locations

⁴ AAMC Comments, Solicitation for Written Comments on Proposed Objectives for Healthy People 2030 (January 17, 2019) <https://www.aamc.org/media/11536/download?attachment>.

⁵ *Id.*

⁶ Healthy People 2030 Objectives, Increase the Proportion of the Voting-Age Citizens who Vote, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context/increase-proportion-voting-age-citizens-who-vote-sdoh-r02> (Accessed Nov. 22, 2022).

⁷ *Id.*

⁸ AAMC Center for Health Justice, Civic Engagement: A Vital Sign for Health and Democracy, <https://www.aamchealthjustice.org/news/polling/civic-engagement>.

⁹ See “Fact Sheet for Nonpartisan Voter Registration at Health Care Institutions,” <https://www.aamc.org/voterregistration>, and available at: <https://www.medpagetoday.com/opinion/second-opinions/100817>.

¹⁰ Healthy People 2030 Framework, *Supra* Note 1.

¹¹ *Supra* Note 8. For the purposes of this survey, civic engagement included “voting, donating money, and contacting an elected official” with voting being the most reported activity.

were closer to where they worked or lived (11%).” These results are only a snapshot of the findings but demonstrate the need for additional research to inform policy solutions that would benefit and encourage (re)engagement in civic life (e.g., civics education, paid time off to vote).¹²

As HHS, the Federal Interagency Workgroup, and the Social Determinants of Health Workgroup continues its deliberations, including building a robust evidence base to establish voting as a core objective, we recommend consideration of the following:

- In addition to the benefits of civic participation, the Healthy People workgroups should explore the unintended consequences that result from participation in political activities (e.g., increased polarization, threat of political violence). For example, this should include a better understanding of the way in which “existing power structure[s] might negatively influence one’s own productivity and/or personal relationships, which may in turn lead to a poor subjective health status.”¹³
- The identification of historical and current social and structural barriers in the electoral process, including those that promote systemic and structural racism, are especially important as more states enact restrictive voting laws (e.g., voter ID laws, felony disenfranchisement laws) disproportionality impacting people from historically and intentionally excluded communities.¹⁴
- Consideration should also be given to the importance of building public trust which was indicated in the Center’s Poll as an “important strategy” for civic engagement (also see, the Center’s *Principles of Trustworthiness* which provides guidance on the steps organizations can take to build public trust.¹⁵). Notably, one outcome of this work has been the recognition that when institutions support civic engagement (e.g., voter registration, civic education), there is a commensurate increase in trust among certain racial and ethnic groups.
- The role organizations (e.g., health organizations, non-partisan organizations) can play to facilitate civic engagement is an issue that was raised in the Center’s Civic Engagement Poll and should also be included in Healthy People’s plan for additional research on the proposed objective. For example, this might be through the development of civic education tools and resources to promote voter participation (e.g., see *AAMC Fact Sheet for Nonpartisan Voter Registration at Health Care Institutions*¹⁶).
- In the request for feedback on the new proposed objective, HHS indicates that it plans to solicit public input throughout the decade to “ensure the initiative reflects current public health priorities and areas of public interest.”¹⁷ We appreciate the opportunity to help formalize this new objective and urge HHS to create additional opportunities for *regular* and diverse public feedback (e.g., virtual workshops, in person convenings) on the evidence-based interventions and baseline data needed to

¹² Supra Note 8.

¹³ Civic Participation and Self-rated Health: A Cross-national Multi-level Analysis Using the World Value Survey, *J Prev Med Public Health* (January 27, 2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4322515/pdf/jpmph-48-1-18.pdf> (Accessed Nov. 22, 2022).

¹⁴ Brennan Center for Justice, *The Impact of Voter Suppression on Communities of Color*, <https://www.brennancenter.org/our-work/research-reports/impact-voter-suppression-communities-color> (Accessed Nov. 22, 2022).

¹⁵ AAMC Center for Health Justice, *Principles of Trustworthiness*, <https://www.aamchealthjustice.org/resources/trustworthiness-toolkit> (Accessed Nov. 22, 2022).

¹⁶ AAMC Fact Sheet for Nonpartisan Voter Registration at Health Care Institutions <https://www.aamc.org/advocacy-policy/voterregistration> (Accessed Nov. 22, 2022).

¹⁷ HHS Solicitation of Public Comment, <https://health.gov/news/202210/healthy-people-2030-seeks-public-input-proposed-new-objective> (Accessed Nov. 22, 2022).

successfully move voting from the current “research status” to a “core Healthy People 2030 objective.”¹⁸

Data to Support New Objectives

The Center agrees with HHS that the collection and use of accurate data, including the development of tools and mechanisms to share those data across various sectors (e.g., public health, medicine, housing, transportation) to promote meaningful change is an important aspect of the development of any core objective and is willing to lend its expertise to support HHS in this endeavor.¹⁹

In 2020, the National Academies of Sciences Engineering and Medicine (Academies) recommended civic engagement and voting as a priority area among the “leading health indicators (LHIs)” for Healthy People 2030, noting that “[w]ith an appropriately balanced set of LHIs, Healthy People 2030 represents a tremendous opportunity to be more forward-looking and responsive to social, environmental, and economic factors that are intertwined with population health.”²⁰ We concur and believe the addition of voting as a new objective is a tremendous opportunity to better understand the causal relationship between civic participation and health, including the political determinants of health which some contend “[...] are the main drivers of health inequities in the U.S. but also the least understood.”²¹ For instance, numerous studies have explored the impact of civic engagement on health, demonstrating a positive association between voting, community health, and health equity.²² Research has also highlighted the interconnection between an individual’s political voice and the corresponding political response to citizens’ needs which influences resource allocation and informs public policy.²³

The Healthy People 2030 website provides users with evidence-based resources and tools to advance its objectives. Given the relevance to the proposed objective, one resource that should be added to this repository is the *Seven Vital Conditions for Health and Well-Being* framework.²⁴ This framework was developed by the Well Being in Nation (WIN) Network and brings together key determinants of health to help identify community investments and leverage community change. One of the seven vital conditions is *Belonging and Civic Muscle* which “measures factors contributing to fulfilling relationships and social support, as well as active participation in one’s community and freedom from stigma and discrimination.”²⁵ The WIN Network has also compiled a publicly available library of resources, including a comprehensive report (*Thriving Together: A Springboard for Equitable Recovery & Resilience in Communities Across America*) which utilizes the *Seven Vital Conditions for Health and Well-Being*, and includes specific recommendations on how to promote civic participation. For example, in the section on *Developing a Measurement Strategy: Measuring for Outcomes, Improvement, and Systems Transformation*, the authors note the importance of building civic muscle and community belonging:

¹⁸ *Id.*

¹⁹ As one example of this expertise, the Center’s Health Equity Inventory tool was funded by HHS, the Agency for Healthcare Research and Quality (AHRQ), and the Centers for Disease Control and Prevention (CDC) and developed to assist hospitals with the coordination of their community health and community engagement activities. See Data for Health Equity, <https://www.aamchealthjustice.org/our-work/data-health-equity> (Accessed Dec. 2, 2022).

²⁰ National Academies of Sciences, Engineering, and Medicine, <https://www.nationalacademies.org/news/2020/01/healthy-people-2030s-leading-health-indicators-should-track-health-effects-of-climate-change-residential-segregation-civic-engagement> (January 22, 2020), (Accessed Nov. 22, 2022).

²¹ Health Affairs, Voting And Civic Engagement Rights Are Eroding: What Does It Mean For Health And Equity? (March 9, 2022).

²² *Supra* Note 13. Also see: Healthy People 2030 Civic Participation, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/civic-participation> (Accessed Nov. 22, 2022).

²³ *Id.* (Note 13).

²⁴ Vital Conditions for Community Health and Well-Being Framework, <https://www.communitycommons.org/entities/e7e69344-04b2-4bd7-90b3-a00549c0ff70> (Accessed Nov. 22, 2022).

²⁵ Well Being in the Nation Network, <https://wellbeingtrust.org/wp-content/uploads/2019/07/WIN-Network-One-Page-1.pdf> (Accessed Nov. 22, 2022).

“[t]he sense of belonging and civic muscle within a community can support recovery, resilience, and transformation. Measures to assess belonging and civic muscle might include measures of social connection, cohesion, and capital; loneliness and social isolation; financial stress and well-being; trust in community and government; discrimination, tolerance, and hate; and volunteerism and voting, among others.²⁶

The report also provides comprehensive recommendations and research on building civic capacity, including developing “big ideas” that can lead to large systemic shifts.²⁷ In addition to including these resources in the Healthy People library, we recommend collaboration with the report’s supporting organizations and federal partners as it implements the recommendations to strengthen the seven vital conditions, namely: “[e]stablish a Center of Excellence in Cultivating Community Well-Being to provide technical assistance and training focused on increasing connections between federal agencies and communities working to improve the vital conditions for health and well-being, prioritizing supports for groups that have been economically and socially marginalized and under resourced communities.”²⁸

The political, economic, and socio-cultural landscape changes quickly and will certainly be a different environment in one year let alone the next decade. For Healthy People to remain adaptable, relevant, and make meaningful progress, there must be opportunities for consistent multi-sector feedback including building collaborations with diverse individuals, communities, and respected organizations doing this work (e.g., see Academies Roundtable, *Voting and Health: Evidence and New Tools for Action*²⁹).

Civic engagement is an important issue for the AAMC and the AAMC Center for Health Justice. We would be happy to provide additional information on any of the recommendations, including the results from the Center’s recent Civic Engagement Poll. For questions, please contact me or my colleagues Daria Grayer (dgrayer@aamc.org) or Heather Pierce (hpierce@aamc.org).

Sincerely,



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cc: David J. Skorton, MD, AAMC President and Chief Executive Officer

²⁶ Thriving Together, <https://thriving.us/>, also see: <https://thriving.us/wp-content/uploads/2020/07/Springboard-Full-Content-For-Screen-pdf> (Accessed Nov. 22, 2022).

²⁷ *Id.*

²⁸ “Thriving Together [...] is a project of the Well Being Trust, coordinated with Community Initiatives and ReThink Health. This project, conducted between May and June, 2020 is an evolving work. Support for this project was provided by the CDC Foundations. So far, it includes the views and opinions of more than 100 contributors, which do not necessarily reflect the official position of any individual or organization. It is now ready to evolve with your input. For more information or to provide input, connect with us at input@thriving.us.” Supra Note 26.

²⁹National Academies, *Voting and Health: Evidence and New Tools for Action* (August 2021) <https://www.nationalacademies.org/event/08-31-2021/voting-and-health-evidence-and-new-tools-for-action>; Also see: National Academies, *Civic Engagement and Civic Infrastructure to Advance Health Equity: A Workshop* <https://www.nationalacademies.org/our-work/civic-engagement-and-civic-infrastructure-to-advance-health-equity-a-workshop> (Accessed Nov. 22, 2022).