Residents Vote! A Framework and Toolkit to Improve Resident Voting Rates

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ABSTRACT

Background Elections substantially impact health care, yet physicians vote less frequently compared to the general population. Engaging residents and fellows in elections, during training when professional identities are formed, may improve physician voting rates.

Objective To examine the feasibility and acceptability of a centralized, institution-wide approach to improve graduate medical education (GME) trainee awareness, registration, and participation in the electoral process.

Methods Our framework was implemented in academic year 2023-2024, leading up to the 2024 Michigan presidential primary election. It included: voter registration instruction during resident orientation; emails with election deadlines and nonpartisan voting information; distribution of wearable buttons displaying QR codes linking to information on voter registration, early voting, and mail-in ballots; and informational sessions with legislative experts. We created an open-access GME toolkit for other institutions. We measured trainee voting rates using a single text message question on election day.

Results Of 1041 trainees, 115 (11%) attended 4 informational sessions; informal feedback was positive. One hundred twenty-three of 826 trainees (15%) responded to the text message question: 35 of 81 (43%) eligible voters reported having voted or planning to do so that day (statewide rate=23%). No additional funding was required. The institutional GME office provided support for operationalization and wearable buttons. Henry Ford Health Government Affairs supported the informational sessions (held during routine didactic time).

Conclusions A series of interventions to improve GME trainees' participation in elections appeared to enhance participation in a primary election with low effort and apparent acceptability. An online toolkit with reference data, tips, and tools was created to allow others to replicate this effort.

Introduction

Elections have a substantial impact on health care, affecting our patients, communities, and educational environments.[1] However, physician voting rates are 6 to 14 percentage points lower than the general population and further lag other professionals.[2-5] This low turnout rate may impact the ability of medical professionals to influence health policy, especially as recent court decisions constrain regulatory experts' authority.[6]

Graduate medical education (GME) training is an important time for physicians' professional identity formation.[7] Involving residents and fellows in the electoral process and emphasizing the role of their advocacy may facilitate lifelong involvement, and this may impact governmental policy and patient care. Prior investigations have found that trainees are highly motivated to vote, yet they experience unique barriers to voting, such as scheduling conflicts beyond their control and being unregistered after having recently moved to a new voting jurisdiction for training.[8-12] We found only one study on reducing these barriers, which used peers to encourage resident voter registration in a single program.[13]

To remove barriers and emphasize voting as part of a physician's professional identity, we examined the feasibility and acceptability of a centralized, institution-wide approach to improve GME trainee awareness, registration, and participation in the electoral process.

Methods

Our framework was developed and implemented at Henry Ford Health (HFH), an integrated health system in southeastern Michigan. All trainees (843 residents and 198 fellows in accredited GME programs) were invited to participate. HFH Government Affairs (GA) provided expert speakers for informational sessions (described below) and ensured that all content was nonpartisan. Individual framework components (FIGURE 1) were developed based on authors' expertise in GME administration, advocacy, and GA. We follow the DoCTRINE guidelines to report this innovation (online supplementary data).[14]

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Editor's Note: The online supplementary data contains the DoCTRINE guidelines used in this study.

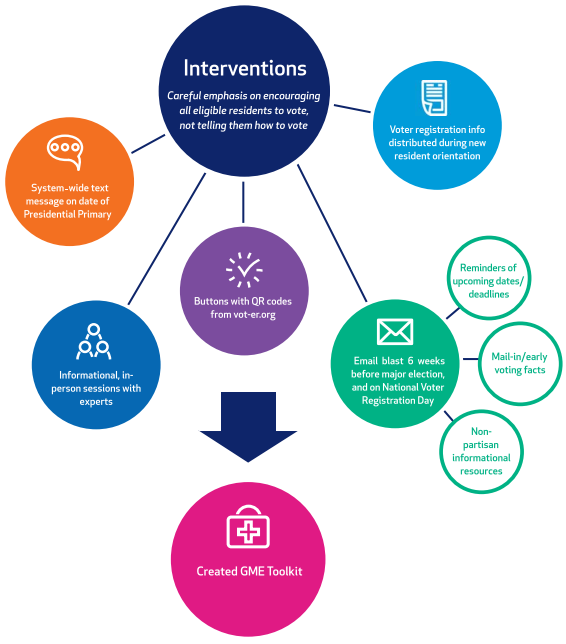

FIGURE 1
Summary of Interventions Designed to Improve Resident and Fellow Participation in the Electoral Process

FIGURE 2
Wearable Buttons Distributed to All Trainees Who Attended Informational Sessions

Note: The QR code leads to a website hosted by Vot-ER where users can check their voter registration, register to vote, request a mail-in ballot, and learn about voting in their state.

During June 2023 GME orientation, all new HFH trainees (N=240) were instructed on how to register to vote in their current jurisdiction and how to join the permanent absentee ballot list. On National Voter Registration Day (September 19, 2023), an email was sent to all trainees with deadlines to register to vote and request mail-in ballots. The emails also included links to nonpartisan information on candidates and issues and encouraged residents to use mail-in and early voting. Another similar email was sent 6 weeks prior to the Michigan presidential primary election (February 27, 2024).

We created 2.25-inch campaign-style wearable buttons with a QR code from Vot-ER (FIGURE 2).[15,16] Scanning the QR code led to a website where users could check their voter registration, register to vote, request a mail-in ballot, and learn about voting.[17] Considering trainees' busy schedules and the amount of information they must absorb, we felt that persistent contact could serve as "cues to action" that would aid in changing behavior.[18] The buttons were distributed to all trainees who attended an informational session prior to the primary election. Each of these sessions featured expert speakers from GA who covered political and legislative processes, the role of GA in advocating for the health system, opportunities for physician participation in advocacy, and important topics for the upcoming election. Careful emphasis was on encouraging all eligible residents to vote, not telling them *how* to vote. The sessions were scheduled at each GME primary site for the institution, replacing regularly scheduled didactics for the largest program. All residents at the site were invited to attend, and lunch was provided.

The primary outcome was whether trainees voted, which was assessed using the existing GME weekly text message feedback system. This system sent a weekly question via text message to all trainees at HFH, to a phone number of their choice, except to those who opt out; responses are anonymized. On election day, we used this system to ask trainees whether they voted (TABLE).

To help other institutions replicate this project, we created the Residents Vote! GME Toolkit.[19] Feedback from a nationwide group of GME leaders at the Association of American Medical Colleges (AAMC) GME Leadership Development Certificate Program was incorporated into the final toolkit.

This project was determined to be nonhuman subjects research by the Henry Ford Health Institutional Review Board.

Results

We conducted 4 informational sessions between January 18, 2024, and February 7, 2024. One hundred fifteen of 1041 (11%) trainees attended the sessions, which required a total of 5 hours of time from 1 faculty and from 2 GA personnel. Each session had food provided by GA and a $50 gift card drawing.

TABLE
Voting Participation Text Message Question and Results

Response	n (%)
Question: Did you vote in today's election (Michigan 2024 Presidential Primary)?	
Yes!	14 (11)
Not yet, will do later today	21 (17)
Not eligible to vote	42 (34)
No	46 (37)
Total responses[a]	123/826 (15)

[a] Received by 826 Henry Ford Health residents and fellows on February 27, 2024. Sent as part of an existing graduate medical education process where all trainees receive one question a week via text message, asking for their anonymous feedback. Some trainees previously opted out from receiving text messages, and trainees in small programs do not receive the weekly question to maintain anonymity.

As of May 17, 2024, the button QR code had been scanned 22 times (cost for 1000 buttons: $450, paid by GME office).[20] The text message question was sent to 826 trainees (cost: $20), and 123 responded (15%). Responses to the text message question are shown in the TABLE. Excluding trainees who were ineligible to vote (n=42) and counting those who affirmed that they already voted or would vote by the times polls closed (n=14 + 21), text survey respondents reported a 43% (35 of 81) voting rate for the 2024 Michigan presidential primary election. This compares favorably to the statewide rate of 23%.[21,22]

The Residents Vote! GME Toolkit[19] is an online open-access resource that was created by the authors and took approximately 10 hours to develop. It provides references to published data, advocacy resources, and tips for GME leaders to engage with institutional GA and legal offices. It includes an email template generator to introduce the initiative to senior institutional leadership, and language to send to all trainees prior to elections. The toolkit allows institutions to use their own Vote-ER code to track their impact.

We received informal positive feedback from multiple trainees at the informational sessions and from GME leaders at the AAMC program.

Discussion

This multistep intervention, including orientation materials, informational sessions, materials to facilitate registration, and voting reminders, was implemented institution-wide with low resources and costs, and appeared acceptable to trainees.

The multistep approach was designed to deliver information over time and, given trainees' busy schedules, to reach trainees at different points during the year, from new trainee orientation through election day. Wearable buttons and text messages could act to remind those who may have deprioritized voting among other daily activities. Although many trainees view voting as an important civic duty and are intrinsically motivated to participate, in this intervention few attended the informational sessions and few responded to the text message queries.[8-11] As residents and fellows are accustomed to receiving frequent emails and other information, voting reminders may become part of information overload, or "noise." It is not known if the residents who reported voting in our project would have voted in the absence of this program, although we suspect far fewer would have voted. Repetition of this approach, over each year of training and starting in medical school, may be needed to substantially change resident and fellow voting behaviors. The benefit of introducing voting as professionalism during training may be that behaviors learned during residency often persist decades into the future.[7]

Our program was developed around the 2024 presidential primary election and continued in the run-up to the 2024 general election. In June 2024, all new residents received voter registration forms and wearable buttons. The GME toolkit[19] was used to create an email sent to all trainees on National Voter Registration Day in September 2024. Program coordinators also had wearable buttons to give to trainees. A systemwide voter information push was launched by GA with educational sessions open to all employees as well as GME trainees. We plan for voter and election awareness to be an ongoing effort.

This intervention was developed for a large institution with active GA leadership (GA is our advocacy arm, sometimes referred to as "government relations" at other hospitals and universities) and thus may be less feasible in other settings. Participation in the informational sessions, QR scanning, and text message outcome assessment was voluntary; thus, the generally positive feedback from trainees may not be generalizable to the entire GME population. Without prior years' information regarding trainee voting or data on actual voting by trainees in this election, the effect of this intervention on voting is unknown. In addition, this study was conducted around the 2024 presidential primary election, and support of leadership and trainee participation may vary in other elections.

We will continue this initiative for future elections and will work on improved data collection to better characterize the effectiveness of each intervention. Accurate measurement of trainee voting rates is a key metric that we continue to explore, and we would welcome ideas from the GME community. For example, it may be possible to get public records on individual trainee voting histories, though it would require

additional resources and may be perceived as intrusive. We also hope to distribute the toolkit[19] widely to allow others to implement this framework, and we welcome any suggestions for additional content.

Conclusions

We implemented an institution-wide, multistep framework, including new trainee orientation materials, informational sessions, texts, and other reminders, to improve our residents' and fellows' voter registration and participation in local and national elections. The interventions were low resource, appeared acceptable to trainees, and are sustained. From this work, an online open-source toolkit was developed to allow other institutions to replicate this effort.

References

1. Milligan M, Jones D. Voting and the role of physicians. *Acad Med*. 2017;92(9):1220-1221. doi:10.1097/ACM.0000000000001845
2. Grande D, Asch DA, Armstrong K. Do doctors vote? *J Gen Intern Med*. 2007;22(5):585-589. doi:10.1007/s11606-007-0105-8
3. Solnick RE, Choi H, Kocher KE. Voting behavior of physicians and healthcare professionals. *J Gen Intern Med*. 2021;36(4):1169-1171. doi:10.1007/s11606-020-06461-2
4. Lalani HS, Johnson DH, Halm EA, Maddineni B, Hong AS. Trends in physician voting practices in California, New York, and Texas, 2006-2018. *JAMA Intern Med*. 2021;181(3):383-385. doi:10.1001/jamainternmed.2020.6887
5. Ahmed A, Chouairi F, Li X. Analysis of reported voting behaviors of US physicians, 2000-2020. *JAMA Netw Open*. 2022;5(1):e2142527. doi:10.1001/jamanetworkopen.2021.42527
6. *Loper Bright Enterprises v. Raimondo*, 603 U.S. 369 (2024).
7. Asch DA, Nicholson S, Srinivas S, Herrin J, Epstein AJ. Evaluating obstetrical residency programs using patient outcomes. *JAMA*. 2009;302(12):1277-1283. doi:10.1001/jama.2009.1356
8. Joyce K, Irvin E, Vohra T, Champagne S, Goyal N. Voting is a public health issue: addressing voter participation and engagement among trainees. *Acad Emerg Med*. 2021;28(suppl 1):91. doi:10.1111/acem.14249
9. Smola C, Shah N, Monroe K. Examining pediatric residency voting practices. *South Med J*. 2021;114(1):13-16. doi:10.14423/smj.0000000000001191
10. Lalani HS, Hong AS, Siddiqui R. Barriers to voting in 2020 among resident physicians. *J Gen Intern Med*. 2021;36(1):254-255. doi:10.1007/s11606-020-06308-w
11. Solnick RE, Jarou ZJ, Zogg CK, Boatright D. Political priorities, voting, and political action committee engagement of emergency medicine trainees: a national survey. *West J Emerg Med*. 2023;24(3):469-478. doi:10.5811/westjem.59351
12. Kozusko SD, Lopez J, Sheck CG, Greco GA. Political advocacy from plastic surgery trainees in the United States. *Plast Reconstr Surg Glob Open*. 2021;9(5):e3590. doi:10.1097/GOX.0000000000003590
13. Arteaga DN, Hong AS, Lalani HS. Trainee-led intervention to motivate resident physician voter registration. *JAMA Intern Med*. 2024;184(2):216-218. doi:10.1001/jamainternmed.2023.6436
14. Blanco M, Prunuske J, DiCorcia M, Learman LA, Mutcheson B, Huang GC. The DoCTRINE Guidelines: Defined Criteria To Report INnovations in Education. *Acad Med*. 2022;97(5):689-695. doi:10.1097/ACM.0000000000004634
15. Vot-ER. About Vot-ER. Accessed May 17, 2024. https://vot-er.org/about/
16. Grade MM, Reardon AWT, Ha YP, Steinhart A, Martin AF. The healthy democracy kit: design, implementation, uptake, and impact of a novel voter registration toolkit for healthcare settings. *BMC Public Health*. 2023;23(1):962. doi:10.1186/s12889-023-15800-x
17. Vot-ER. Henry Ford Health. Accessed December 11, 2024. https://vote.health/henryford
18. Skinner CS, Tiro J, Champion VL. The health belief model. In: Glanz KR, Barbara K, Viswanath K, eds. *Health Behavior: Theory, Research, and Practice*. 5th ed. Wiley; 2015:75-94.
19. Residents Vote! GME Toolkit. Accessed December 11, 2024. https://vote.meded.app/gmetoolkit/
20. Vot-ER. Track your impact. Accessed May 17, 2024. https://vot-er.org/impact/
21. Michigan Voter Information Center. 2024 Michigan election results. Updated March 19, 2024. Accessed May 17, 2024. https://mvic.sos.state.mi.us/votehistory/Index?type=C&electionDate=11-5-2024
22. Michigan Voter Information Center. Voter registration statistics. Accessed May 17, 2024. https://mvic.sos.state.mi.us/VoterCount/Index

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