

The Lifecourse Podcast – Episode 19

Turning out to vote: what does it have to do with our health?

SUMMARY KEYWORDS

Association, vote, voting, health, people, self-rated health, everyday activities, recognise, election, voter turnout, limitations, healthy, important, birth cohorts, age, Thierry, stronger, cohort, reporting, older adults.

SPEAKERS

Christine Garrington, Thierry Gagné

Christine Garrington 00:01

Welcome to The Lifecourse Podcast from the ESRC International Centre for Lifecourse Studies at UCL. I'm Chris Garrington. In today's episode, we're asking whether there's a link between the state of someone's health and whether or not they vote in elections. My guest is Dr. Thierry Gagné, who's been researching this using data from two British birth cohort studies.

Thierry Gagné 00:21

The idea that everyone should be healthy is not enough of a selling point anymore, when trying to advocate for public policies towards like disease prevention and health promotion. And public health researchers are trying to find a new arguments or new ways to think how we should make this argument compelling. The most common one is economics. So saying that smoking, mental health, like costs billions of pounds every year, some of the smarter researchers are able to show new ways through other non health related but not health outcomes how public health is important, right. And so one example would be voter turnout. And the first time I was exposed to this argument was, there was this paper that came out about 3-4 years ago. And that looked at differences in mortality between white and black Americans. So what they found is that even though it would not have defined national elections in the US, it would have probably shifted state level elections, if there were no inequalities, and there would be as many black as white Americans that were alive. And especially because more than 90% of them vote for the Democratic Party in the US. So with these two things, that voter turnout might be relevant as a pro public health argument. I figured, well, I'm in the UK, we have access to these nice data sets. And what about I just contribute to this field?

Christine Garrington 01:51

Yeah, interesting. Well, so what do we know already then about how being in poor health affects whether or not people do turn out and vote.

Thierry Gagné 02:00

So we know that self rated health is likely to be associated with voter turnout, a number of countries, Western countries, including the United Kingdom, we know that this extends to physical and mental disabilities, and also likely certain mental conditions like depression. What we don't know, first is is it causal? Is it something else that explains this association? Is it something about the unhealthy and the healthy people are? That stat explains this association. The second one is we don't know how robust or how stable it is like, is it different across countries or, like between different political system or within countries across electoral contexts, that in one election, this assertion would be stronger or whatnot. The third one is also like the mechanisms through which if we accept that the those who are less healthy vote less then why is that so? Is it because people are on crutches and have a hard time going out and voting? Or is it more complex? So these are the three things that we still in 2020 still need to go on and study.

Christine Garrington 03:13

Yeah, understood. So what did you want to look at specifically, and why then in your piece of research?

Thierry Gagné 03:18

Right, so because I care about the life course, and also shown equalities change over different life periods. One of the key aspects that I found was lacking in the literature was looking at how the same association between health and voting can change with age. So by following the same people over time, and also because surveys that collect information, both on health and voting are rare. A lot of the evidence out there is based on cross sectional studies that have a lot of methodological limitations. So the two points, were just looking at age differences, so at the age of 20, or the age of 50, is that association the same. And if we use good datasets and good methods, can we replicate that association using the most robust method we could use.

Christine Garrington 03:19

So on that note, you've mentioned the importance of rich data, the importance of good data, where did you get your information from?

Thierry Gagné 04:13

I use data from two British birth cohorts, the 58 National Child Development Study and the 1970 British Cohort Study. So in one week in 58, and in 70, doctors and nurses recruited parents of almost all the babies born in a single week, so about 17,000 each time. Scientists has been lucky that funding agencies have supported that we followed these babies over the course of their life, and they've been followed let's every four to seven years. Then the 58 cohort, they've been followed up to the age of 55. When the 70 cohort, we follow them until 46 and 48. And in this project, I've used that until they were age 42. In their adulthood, we can go on multiple data points to see that if whether at the age of 23, 30, 40, 50, if the association between their health and whether they voted is the same, they're relatively very, very, very few data sets in the western world that have data, this kind of information and follow people over time that allows us to do these kinds, or answer these kinds of questions with the most robust methods.

Christine Garrington 05:20

What sorts of specific questions were people then asked, obviously, they were asked whether they voted things like that. But what more specifically than that, that made it possible for you to explore these links between whether they voted and what their health was like?

Thierry Gagné 05:35

The main outcome was, did you vote in the last election? One thing that was important for this project is that with the kind of methods that we use to parse out or at least to support whether it would tend toward causality and not just an association, we needed an information that was repeatedly asked over time. So especially for the health outcome, we were lucky that we were asking if someone has voted in the last election is pretty simple. But there's a lot of health measures that has been collected in these datasets. Unfortunately, they haven't been measured repeatedly over time. I've used two measures that were measured consistently over their lives. The first one was different measures related to self-rated health. So let's say compared to other people your age, how will you rate your health from very poor to excellent, and the other one was different, different questions related to limitations, or at least physical limitations in regard to everyday activities. Things like do you have trouble walking upstairs or things like that. And also because of the multidisciplinary nature of the questions that were asked over time in these cohorts I could also use questions like, I think in young adulthood, they were asked do you intend to vote in future elections? So you could also use this information to parse out even taking into account the fact that people might not want to vote beyond that is there an association between health and voting? So these are called control variables. So we can also account for a ton of these control variables. So that education, etc.

Christine Garrington 07:09

All of that background, and all of that sort of stuff is that all of that information is readily available.

Thierry Gagné 07:13

Their birthweight. Like most social surveys don't have information on these, like their birth circumstances but that's also an another layer of methodological quality.

Christine Garrington 07:25

Did you find that as you I think you anticipated that you would, that people who said their health wasn't good, were less likely to vote than their healthy peers. And was that the same across both of the cohorts that you looked at?

Thierry Gagné 07:38

Yeah, so that was our least surprising finding. So we found a consistent association between self-rated health so reporting that your health is poor or very poor, and your probability or your propensity to have voted in the last election. And I knew we found a great gradient, like association, so those who felt that their health was poorest at the lowest probability of voting, while those who graded it as fair instead of good or excellent also reported a lower probability. Also, one of the interesting findings is that this association was stronger in the 70 cohort, then in the 58 cohort, so in the younger cohort, so slightly stronger. One of the theories is that when people were born in 70 became adults that could vote, it was around the time, or just before the time that Tony Blair won the elections. So that started in the late 90s

and I think in the beginning of the 2000s. They experienced the first political or at least the first opportunities to vote in a context where people were getting disengaged from politics or bored out. And I think that in a context where voter turnout is low, and people are not expected to vote on because it's not an exciting election, that resources such as your physical capacity, your time or availability or resources like that matter more to actually whether you go out and vote, because there's not this societal excitement, I will make a difference or this is important I need to go out and vote. Resources such as health matter more. That might be part of the reason why in the 70 cohort health association was slightly stronger.

Christine Garrington 09:25

So the time and context were quite important as well. But what about those people who talked about being limited in their everyday activities, like you said, you know, the carrying shopping or the walking upstairs, those sorts of things? Was it the same story for them as well?

Thierry Gagné 09:38

So that was the first of two surprising findings is that we, we did not find a significant association when controlling for or accounting for other characteristic between reporting limitations in everyday activities and voting. We would need to do more research for being sure about this lack of association. First because the concept of reporting limitations in your everyday activities, changes with age. So at the age of 20 if your reporting limitations, probably that you're living with a larger disability, right? Because you're comparing yourself with people who are your age, right? A life period where most are very healthy. And in comparison, as people grow older and work-related problems, or health issues, what is expected, let's say the age of 50 changes. So at that age, you might be more likely to report having limitations in everyday activities. But they are not the same that what you would expect at the age of 20. So because of that, it might be that we underestimate with the question of do you have limitations in everyday activity, we might underestimate people who have larger limitations. So especially people with physical disabilities or things like that. So we might underestimate the magnitude of this association.

Christine Garrington 10:59

You also want to see the age played an important role in all of this? What did you find there?

Thierry Gagné 11:04

Yeah, so that was the second of our surprising findings. So when we started this project, what we were getting a sense of is that this association was likely to increase with age and be larger in older adults that say, starting at the age of 50 and more. Because we figured that health was not enough, or health was a bigger limitation in the everyday life of older adults who needed health in order to be able to do the other things, to do everyday activities, including going out and voting. This was replicated in some of the early evidence that we found that, and also both for health studies, and also disability studies that found that in general, associations were much larger in older adult's samples. What we found following people between their 20s and their 50s, that we were finding very large associations towards the age of 20, or at least 23, and 30. And we didn't find as much large associations up to the age of 50. So what that means is that again, it's only one study, but it might follow a U shaped association, meaning that in young adulthood health is very important. Because in shaping your first voting experiences, maybe because it's not become an habit yet. And then it starts mattering again later, after the age of 60. When

health becomes a very important resources in whether you do everyday activities, or what kind of activities you do. So and it went against the hypothesis that we are at the beginning of the study, but in retrospect it makes sense. There's very, very few studies that have looked at health in young adults in general, because young adults are the healthiest and older adults are the unhealthiest.

Christine Garrington 11:08

So what for you, then Thierry, would you say are the key takeaways from this? And how can the information that you've found out help those who would really like to see voter turnout improve, especially among disadvantaged groups of people who are in poorer health?

Thierry Gagné 13:13

So the first one is that health is a resources that is likely to be required to go out and vote. So it's unlikely to be explained by background variables that the unhealthy and healthy in our society are fundamentally different. And that that something else might explain this association, we have to recognise that it's is as a fact, we cannot say, oh, it's something else. So the second takeaway would be that, if we agree that it's a causal association, it's not explained by something else, we have to recognise that if in our society, there's health inequalities, and that there's systematic differences across social groups, where the social disadvantage are more likely to be unhealthy, then we have to recognise that health is a mechanism through which those who are socially disadvantaged are less likely to vote. And that health contributes to reproduce social inequalities in political representation. So the third takeaway is that health is not only affecting the voting, or the political behaviours or outcomes of older adults, but also the young. And I think it's especially important because voting is very habit base. So that someone who starts voting get mostly gets on keep to keep on voting over their life course, if someone was young and is an elfia, at this point, doesn't start voting probably that he won't be voting not only in that election, but for the rest of their lives in the fourth one would be that there's already I think, good work that has been done to recognize that a severe limitations and disabilities are a strong barrier to voter turnout and reserve station, and that there's already done government on work that has been done to try to understand these barriers and try to remove them. But we also have to recognise that everyone who is not the healthiest is less likely to vote. And that a question of how do we address health and how do we address barriers to voting should not be only about the one person, and at the least every month should be understood as to address the spectrum or the distribution of everyone and were not the most healthy in our society. So if that voting is a truly democratic enterprise,

Christine Garrington 15:27

Thanks for listening to this episode of The Lifecourse Podcast, which was presented by me Chris Garrington. Health on voting over the course of adulthood evidence from two British birth cohorts is researched by Thierry Gagne, Ingrid Schoon and Amanda Sacker and is published in SSM Population Health.