Health, Politics, and Policy: Exploring the Interplay of Health Status on Voting Behavior and Policy Knowledge Across Political Parties in the United States

Zoey Peters
University of Mississippi

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HEALTH, POLITICS, AND POLICY: EXPLORING THE INTERPLAY OF HEALTH STATUS ON VOTING BEHAVIOR AND POLICY KNOWLEDGE ACROSS POLITICAL PARTIES IN THE UNITED STATES

Zoey Lynn Peters

A thesis submitted to the faculty of The University of Mississippi in partial fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

Oxford, MS
May 2024

Approved By:

______________________________
Advisor: Dr. Hannah Allen

______________________________
Reader: Dr. Ruaa Al Juboori

______________________________
Reader: Dr. Julie Wronski
DEDICATION

This thesis is dedicated to my father Matthew Lawrence and my Aunt Kimberly Lawrence. Thank you for all the support throughout my entire life and throughout my college years. I could not have made it this far without either of you. I would also like to thank some of the professors who have impacted me during my undergraduate years and shaped who I am and what I want to do with my life. Thank you, Dr. Lauren Ferry, Dr. Robert Brown, Dr. Robert English, Dr. Kaoru Ochiai, and Dr. Jonathan Klingler for the lasting impact each of your courses had on me. I would also like to thank all my Luckyday advisors and the Luckyday Scholarship program for their support. Thank you, Dr. Hannah Allen, Dr. Ruaa Al Juboori, and Dr. Julie Wronski.
ACKNOWLEDGEMENTS

I would like to thank my thesis advisor Dr. Hannah Allen for her constant support throughout my thesis project. She has been extremely patient and encouraging and without her support and guidance I could not have done this. I would also like to thank all the amazing professors in the political science department whose courses guided me to pick this topic and have influenced the direction of my career.
ABSTRACT

ZOEY LYNN PETERS: Health, Politics, and Policy: Exploring the Interplay of Health Status on Voting Behavior and Policy Knowledge Across Political Parties in the United States

(Under the direction of Dr. Hannah Allen)

Background. Citizens actively engaging with their politics and government is crucial for the survival of our democracy. Voting and policy knowledge are two significant indicators of citizen engagement and there are many factors that can affect whether people will vote or stay informed on relevant policy. The healthcare system in the United States is a constant topic of controversy in American politics and it impacts every citizen. To have control over the kind of healthcare system with which they live, citizens must engage in their political processes by voting and staying engaged in order to influence the policy that directly affects them. The aims of this study were to 1) assess the association between health status and political participation (voting behavior and policy knowledge) among adults ages 26 and older, and 2) examine whether the association between health status and political participation among adults aged 26 and older differs between political parties.

Methods. N=100 adults residing in the United States and aged 26 and older completed an anonymous online survey in the Fall of 2023. The survey gathered data on demographic characteristics, health status, party affiliation, voting behavior, and policy knowledge. Participants were asked to rate their general health on a five-point scale from poor to excellent. Participants indicated whether they had voted in the last U.S. presidential election in 2020 and if
they intended to vote in the upcoming U.S. presidential election in 2024. Participants also responded to three items on a five-point Likert scale from strongly disagree (1) to strongly agree (5) related to their health policy knowledge.

**Results.** While there was no significant association between health status and voting behavior, there was a significant negative association between health status and the belief in the need for healthcare reform in the overall sample and among Democrats. There was a negative association between health status and the perceived importance of staying informed on health policy issues among Republicans that was approaching statistical significance. Among Democrats, there was a positive association between health status and satisfaction with the affordability of healthcare in the U.S. that was approaching statistical significance.

**Conclusion.** This study reveals key associations between health status and political engagement among U.S. adults aged 26 and older. While no significant correlation was found between health and voting behavior, variations emerged in policy knowledge and attitudes toward healthcare reform, particularly within distinct political affiliations. The findings point to diverse perspectives within political parties based on health status. Further research is needed to explore additional influencing factors and potential changes over time.
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CHAPTER I: LITERATURE REVIEW

Introduction – Background/Context

Political engagement involves participating in politics and government in a multitude of different ways, such as voting or having knowledge of relevant laws and policies. For democracy to properly function, citizens must be politically engaged. Voting and maintaining knowledge of political processes and events are just two examples of how people can engage with their political system.

Currently, American democracy is being challenged in an unprecedented way, including a rising disenchantment and the assent of populist movements testing its strength (Foa et al., 2017). The democratic deconsolidation, which is the threat to the stability and legitimacy of our government, is occurring due to several factors including overall public dissatisfaction with government performance (Foa et al., 2017). Democratic deconsolidation is a term used to describe a phenomenon that occurs in democracies which were once widely accepted but begin to decline due to factors like a lack of public support for democracies and in increase in openness to ideas such as authoritarianism. With this as the backdrop for the current American political landscape, this study seeks to contribute to the discussion by examining how individuals’ health influences their political participation and attitudes, providing perspective on the factors affecting civic engagement within the contemporary democratic landscape.

There are various reasons people are limited in their ability to vote or be politically informed. People may be limited due to financial constraints, lack of interest, or health, as a few
examples. This study is interested in looking at how overall health impacts individuals’ political engagement and their attitudes toward the healthcare system in the United States. The prior research literature on this topic discussed in this chapter describes how health is linked to citizens’ ability to engage with their government. This study aims to expand on this current literature by diving deeper into the role political party can play in the association between health and political engagement.

People’s health influences many aspects of their lives, including how knowledgeable and involved they are in politics (Burden et al., 2017). A recent example is the COVID-19 pandemic and the effects it had on global health, while also drawing our attention to political decision-making regarding our health status and behavior. Though the existing body of research on links between health and political engagement is still relatively limited, one notable finding is that different aspects of health seem to operate differently on various forms of political participation. A study by Burden et al. (2017) found that general functioning and physical functioning are associated with voter turnout, but not with campaign contributions. A later study reaffirmed these findings when it was found that no matter how health was measured, poor health diminished individuals’ likelihood to vote (Stockemer et al., 2019).

Voting and Health

Voting is one area of political participation that, from the existing literature, has shown strong correlations to health. For practical reasons, an individual in poor health is limited in their ability to vote due to the physicality of the action of getting out to go vote. Poor health can also limit individuals’ energy and attention to elections and politics (Brown et al., 2020). Those in better health may be better able to get to a voting center and may have more energy to find information on elections and voting in general. In addition, areas with high voter inequality have
been found to report worse levels of health compared to areas with less voter inequality (Blakely et al., 2001). Voter inequality is unequal political participation among different socioeconomic groups within a state, leading to variations in representation and influence in the political process. This particular study by Blakely et al. (2001) controlled for socioeconomic inequalities, with the results showing poorer areas experiencing more voter inequality and worse self-reported health statuses. Research has also been conducted showing strong associations between voter participation, health status, and subsequent gaps in voter participation resulting in electoral outcomes (Brown et al., 2020). It is important to note that while various components make up what it means to be politically engaged, voting is a great way to see citizens’ interests.

Beyond the ability of citizens to vote, health status may be linked to citizens’ political efficacy, or a citizen's feelings that their engagement in politics will actually make a difference. One study distinguished between internal and external political efficacy - internal being people’s perceptions of their abilities to take part in politics, and external being the extent to which they believe policymakers are responsive to citizens' needs. Results showed that poor health depresses both internal and external political efficacy (Shore et al., 2019). Though this particular study was conducted using data from European countries, it is still relevant as it is consistent with the trends of these topics in the United States, and many of the government structures in the study are similar to the democratic government of the U.S. The fact that European countries’ political systems experience similar relationships between health and political participation show the global reach of research in this area.

Another important aspect of political engagement to consider is the extent of the public’s knowledge on policies and laws specifically related to health. In order to understand what the government is doing in regard to health policy, one must have a basic understanding of health
Health literacy, or understanding what resources are available to you and how to make informed decisions about health, is vital as citizens try to understand healthcare policies that are up for debate. Though the relationship between health literacy and political engagement is likely bidirectional, one study found that voting, volunteering, and library use are associated with higher health literacy levels (Rikard et al., 2016). The partnership between health literacy and political engagement is integral to fostering an informed citizenry. As individuals enhance their health literacy, they are better equipped not only to navigate healthcare decisions but also to critically evaluate and contribute to healthcare policymaking. This dual empowerment reinforces the democratic principle of engaging people to shape the policies that directly impact their well-being. Disparities in health literacy based on objective social indicators prompt a broader societal conversation about addressing systemic issues that contribute to uneven health literacy levels (Rikard et al., 2016).

Health status may also have important links to political ideology. One study that looked at childhood health and adult political ideology found that individuals who were healthy as children were more likely to express conservative ideology as older adults (Kannan et al., 2022). Associations like these are important to understand considering the Democrat and Republican parties having different priorities when it comes to healthcare policy. Healthcare policy priorities differ between the Democratic and Republican parties, with Democrats tending to advocate for expansion of Medicaid and Medicare programs and Republicans who are overall averse to increased taxes, which is a necessary condition for expansion of federally and state funded healthcare programs. Someone with more healthcare needs may be more likely to align themselves with a political party that is prioritizing healthcare policy and reform, and vice versa.
Differences in health status may also lead to a difference of attitudes towards policy on healthcare, which may impact voter turnout. One study found that as Medicaid enrollment declined due to retrenchment, the significant reduction of funds to a Medicaid expansion program, voter turnout decreased (Haselswerdt and Michener, 2019). The retrenchment resulted in a drastic reduction in the scope of the Medicaid program in Tennessee, transforming it from one of the most expansive to one of the most limited in the nation. The consequences of cutbacks to this Medicaid program were severe, immediate consequences included populations with chronic conditions and severe mental illness struggling to find affordable coverage after their disenrollment. Broader, more long-term implications in this case showed negative effects on voter turnout and increasing partisan vote choice. This study is one example of how healthcare policy can negatively impact voter turnout. Rather than voter turnout increasing as people used their vote to change policy, people appeared discouraged from voting and perhaps felt like their vote did not matter. Additionally, a loss of Medicaid coverage may have impacted the health of individuals, which prior research has shown can be associated with less political engagement.

**Partisanship and Policy Knowledge**

Knowledge about healthcare policy may also differ by political party. Party identification has been found to be a significant predictor of knowledge about components contained within healthcare legislation, whereas educational level was not (Hindman et al., 2012). This same study by Hindman et al. (2012) found that gaps in knowledge between Democrats and Republicans grew significantly over time. The study showed that over a short span of time, Republicans appeared to know less about components of healthcare law than they had just a couple of months earlier. Whereas Democrats’ knowledge of policy showed and opposite trend, increasing over that same period. It appeared that belief about policy knowledge, rather than
actual policy knowledge, accumulated over time as partisanship was increasing (Hindman et al., 2012). These findings contribute to the idea that different political parties will have different preferences and knowledge about healthcare policies, and party affiliation is a key determinant of individuals’ perspectives on such issues. This research further sheds light on the complex interplay between political polarization, policy knowledge, and healthcare.

The existing research on this topic suggests that there is a relationship between health and political engagement, with potentially important differences by political party. This study aims to expand on this literature by exploring the relationship between health status and both voting behavior and health policy knowledge in a more recent sample from 2023, as research needs to be continuously conducted based on a constantly changing political landscape. Initially, the aims of this study included investigating health insurance status as another predictor, but the overwhelming majority of participants were insured.

Accordingly, the current study has two main aims:

1. Assess the association between health status and political participation (e.g., voting behavior and policy knowledge) among U.S. adults ages 26 and older.
2. Examine whether the association between health status and political participation among U.S. adults aged 26 and older differs by political party.

We hypothesize that U.S. adults ages 26 and older who report a good health status are more likely to vote and be informed on policy knowledge than adults who report a poor health status. Additionally, it is hypothesized that the association between health status and political participation will be stronger among individuals in the Democratic party as compared to the Republican party.
Figure 1. Conceptual Model
CHAPTER II: METHODS

Data Collection and Procedures

In Fall 2023, an online survey was sent to faculty and staff at the University of Mississippi via direct email as well as posted on Twitter and Facebook for outreach to a more general population. Recruitment emails and announcements included study details and a link to the web-based survey. Data collection was open for approximately one month. Prior to beginning the study, participants were provided informed consent information and indicated that they agreed to participate. The study was approved by the University of Mississippi’s Institutional Review Board.

A total of \( n = 111 \) people responded to the survey (see Figure 2). \( N = 11 \) respondents did not meet eligibility criteria, which included being 26 years old or older and currently residing in the United States. The final analytic sample included \( n = 100 \) individuals.

**Figure 2.** Participant flow diagram
Measures

**Demographic characteristics.** Standard questions were used to collect data on age, sex, race/ethnicity, marital status, parental status, education level, and annual household income. Race/ethnicity was dichotomized into non-Hispanic white and other race/ethnicity groups.

**Health and health insurance status.** Participants were asked to rate their general health on a five-point scale from poor to excellent, which was analyzed as a continuous variable. Participants indicated if they currently had health insurance and what the primary source of their health insurance was.

**Party affiliation.** Participants indicated if they generally think of themselves as a Republican, Democrat, or something else.

**Voting behavior.** Participants indicated whether they had voted in the last U.S. presidential election in 2020 (yes, no, I don’t remember) and if they intended to vote in the upcoming U.S. presidential election in 2024 (yes, no, I don’t know yet). Variables were treated as dichotomous variables during analysis because all participants responded yes or no.

**Policy knowledge.** Participants responded to three items on a five-point Likert scale from strongly disagree (1) to strongly agree (5) related to their health policy knowledge (e.g., “I keep up to date on policy issues related to health and healthcare”). Participants responded to three items on a five-point Likert scale from very dissatisfied (1) to very satisfied (5) regarding their level of satisfaction with the quality, affordability, and availability of healthcare in the U.S. Each of these six items was analyzed as a separate continuous outcome. A final descriptive question asked participants their opinion on the U.S. healthcare system today (in a state of crisis, has major problems, has minor problems, does not have any problems).
Statistical Analysis

All data was analyzed using SPSS software, and the alpha level was set at 0.05. Descriptive statistics were calculated for all variables of interest. Two logistic regression models were to test the associations between health status and 1) voting in the 2020 presidential election and 2) intent to vote in the 2024 presidential election. Six linear regression models were run testing the associations between health status and all six items related to policy knowledge. All regression models controlled for age, sex, race/ethnicity, marital status, parental status, education, and income. All regression models were run again in subsamples of participants who identified as Republican (n=24) and Democrat (n=62) to test for differential effects.
CHAPTER III: RESULTS

As seen in Table 1, the sample was 79% female and 86% non-Hispanic white. The majority of the sample was married (60%), did not have children living at home (62%), had a bachelor’s degree or higher (88%), and had an annual household income of $75,000 or more (75%). The mean age was 44 years old.

Table 1. Participant characteristics (n=100)

<table>
<thead>
<tr>
<th></th>
<th>n (%) or Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (26-85)</strong></td>
<td>44.2 (13.1)</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic white</td>
<td>86 (86.0)</td>
</tr>
<tr>
<td>Other race/ethnicity</td>
<td>14 (14.0)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>21 (21.0)</td>
</tr>
<tr>
<td>Female</td>
<td>79 (79.0)</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>60 (60.0)</td>
</tr>
<tr>
<td>Widowed</td>
<td>5 (5.0)</td>
</tr>
<tr>
<td>Divorced</td>
<td>12 (12.0)</td>
</tr>
<tr>
<td>Separated</td>
<td>4 (4.0)</td>
</tr>
<tr>
<td>Never married</td>
<td>14 (14.0)</td>
</tr>
<tr>
<td>Living with a partner</td>
<td>5 (5.0)</td>
</tr>
<tr>
<td><strong>Parental Status</strong></td>
<td></td>
</tr>
<tr>
<td>Has children living at home</td>
<td>38 (38.0)</td>
</tr>
<tr>
<td>Does not have children living at home</td>
<td>62 (62.0)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Did not finish high school</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>High school diploma</td>
<td>3 (3.0)</td>
</tr>
<tr>
<td>Attended college but did not complete degree</td>
<td>6 (6.0)</td>
</tr>
</tbody>
</table>
Over half of the sample rated their health as very good or excellent (60%), and only 1% rated their health as poor (see Table 2). All but one participant currently had health insurance, and the majority of participants had insurance through their employer (86%). Most participants voted in the 2020 presidential election (91%) and intended to vote in the 2024 election (95%). About a quarter of the sample (24%) identified as Republican, 62% identified as Democrat, and 14% identified as something else.

The majority of participants indicated that they stay updated on healthcare policy, believe it is important to stay updated on healthcare policy, and that the U.S. needs federal healthcare reform. There were low levels of satisfaction with the quality, affordability, and availability of healthcare in the U.S. The majority believed the U.S. healthcare system has major problems (67%) or is in a state of crisis (27%).

Table 2. Study variables of interest (n=100)

<table>
<thead>
<tr>
<th>Health Status</th>
<th>n(%) or Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor (1)</td>
<td>1 (1.0)</td>
</tr>
<tr>
<td>Fair</td>
<td>10 (10.0)</td>
</tr>
<tr>
<td>Good</td>
<td>29 (29.0)</td>
</tr>
<tr>
<td>Very good</td>
<td>48 (48.0)</td>
</tr>
<tr>
<td>Excellent (5)</td>
<td>12 (12.0)</td>
</tr>
<tr>
<td>Table 3</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Mean (1-5)</strong></td>
<td>3.6 (0.9)</td>
</tr>
<tr>
<td><strong>Current Health Insurance</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>99 (99.0)</td>
</tr>
<tr>
<td>No</td>
<td>1 (1.0)</td>
</tr>
<tr>
<td><strong>Primary Source of Health Insurance</strong></td>
<td></td>
</tr>
<tr>
<td>Employer/spouse’s employer</td>
<td>85 (85.9)</td>
</tr>
<tr>
<td>Medicaid/Medicare/VA/Tricare</td>
<td>6 (6.1)</td>
</tr>
<tr>
<td>Healthcare exchange</td>
<td>5 (5.1)</td>
</tr>
<tr>
<td>Another source</td>
<td>3 (3.0)</td>
</tr>
<tr>
<td><strong>Presidential Election 2020 Vote</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>91 (91.0)</td>
</tr>
<tr>
<td>No</td>
<td>9 (9.0)</td>
</tr>
<tr>
<td><strong>Presidential Election 2024 Intent to Vote</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>95 (95.0)</td>
</tr>
<tr>
<td>No/I don’t know yet</td>
<td>5 (5.0)</td>
</tr>
<tr>
<td><strong>Party Affiliation</strong></td>
<td></td>
</tr>
<tr>
<td>Republican</td>
<td>24 (24.0)</td>
</tr>
<tr>
<td>Democrat</td>
<td>62 (62.0)</td>
</tr>
<tr>
<td>Something else</td>
<td>14 (14.0)</td>
</tr>
<tr>
<td><strong>Health Policy and Reform</strong></td>
<td></td>
</tr>
<tr>
<td><em>I (strongly disagree) to 5 (strongly agree)</em></td>
<td></td>
</tr>
<tr>
<td>I keep up to date on policy issues related to health and healthcare.</td>
<td>3.8 (0.9)</td>
</tr>
<tr>
<td>I think it is important to keep up to date on policy issues related to health and healthcare.</td>
<td>4.1 (0.8)</td>
</tr>
<tr>
<td>The U.S. needs federal healthcare reform.</td>
<td>4.3 (0.9)</td>
</tr>
<tr>
<td><strong>Satisfaction with U.S. Healthcare</strong></td>
<td></td>
</tr>
<tr>
<td><em>I (very dissatisfied) to 5 (very satisfied)</em></td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>2.9 (1.0)</td>
</tr>
<tr>
<td>Affordability</td>
<td>1.6 (0.7)</td>
</tr>
<tr>
<td>Availability</td>
<td>2.6 (1.1)</td>
</tr>
<tr>
<td><strong>State of Healthcare</strong></td>
<td></td>
</tr>
<tr>
<td>In a state of crisis</td>
<td>27 (27.0)</td>
</tr>
<tr>
<td>Has major problems</td>
<td>67 (67.0)</td>
</tr>
<tr>
<td>Has minor problems</td>
<td>6 (6.0)</td>
</tr>
<tr>
<td>Does not have any problems</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>

Table 3 shows the results of logistic and linear regression models testing the associations between health status, voting behavior, and health policy knowledge. No significant associations were found between health status and voting behavior in the overall sample. We were unable to run these regression models when the sample was stratified by political party due to low sample size and a lack of variability in responses. There was a significant negative association found
between health status and need for healthcare reform, such that participants with worse health were more in favor of healthcare reform. When the sample was stratified by political party, this association remained significant only for Democrats.

There were two associations approaching statistical significance that are worth noting. Health status was negatively associated with thinking it’s important to keep up with healthcare policy, but only among Republicans. Health status was positively associated with satisfaction with the affordability of U.S. healthcare, but only among Democrats.

**Table 3.** Results of logistic and linear regression models on the associations between health status, voting behavior, and health policy knowledge and opinions

<table>
<thead>
<tr>
<th></th>
<th>Presidential Election 2020 Vote</th>
<th>Presidential Election 2024 Intent to Vote</th>
<th>I keep up to date on policy issues related to health and healthcare.</th>
<th>I think it is important to keep up to date on policy issues related to health and healthcare.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Whole sample (n=100)</td>
<td>Republican (n=24)</td>
<td>Democrat (n=62)</td>
<td>Whole sample (n=100)</td>
</tr>
<tr>
<td><strong>AOR (95% CI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health status</td>
<td>0.80 (0.27, 2.42)</td>
<td>N/A</td>
<td>N/A</td>
<td><strong>B</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health status</td>
<td>0.60 (0.15, 2.40)</td>
<td>N/A</td>
<td>N/A</td>
<td><strong>B</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health status</strong></td>
<td>-0.08</td>
<td>0.07</td>
<td>-0.16</td>
<td><strong>B</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health status</strong></td>
<td>-0.13</td>
<td>-0.30*</td>
<td>-0.10</td>
<td><strong>B</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### The U.S. needs federal healthcare reform.

<table>
<thead>
<tr>
<th></th>
<th>Whole sample</th>
<th>Republican</th>
<th>Democrat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>-0.22**</td>
<td>-0.03</td>
<td>-0.24**</td>
</tr>
</tbody>
</table>

*Note.* AOR=adjusted odds ratio; CI=confidence interval. Analyses control for age, sex, race/ethnicity, marital status, parental status, education, and income. We were unable to run stratified analyses for voting behavior due to low sample size and lack of variability in responses.

### Satisfaction with the quality of healthcare in the U.S.

<table>
<thead>
<tr>
<th></th>
<th>Whole sample</th>
<th>Republican</th>
<th>Democrat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>-0.03</td>
<td>0.21</td>
<td>0.03</td>
</tr>
</tbody>
</table>

### Satisfaction with the affordability of healthcare in the U.S.

<table>
<thead>
<tr>
<th></th>
<th>Whole sample</th>
<th>Republican</th>
<th>Democrat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>0.11</td>
<td>0.28</td>
<td>0.18*</td>
</tr>
</tbody>
</table>

* *p<0.10 (approaching statistical significance)  
** **p<0.05 (statistically significant)
CHAPTER IV: DISCUSSION

The current study examined the relationship between health status, voting behavior, and health policy knowledge and opinions, with an examination of differences among political parties. Our findings align with existing literature indicating a relationship between health and political engagement (Burden et al., 2017). The findings shed light on the nuanced interplay between health and political variables among adults aged 26 and older, focusing on voting behavior, policy knowledge, and healthcare satisfaction within the context of political party affiliation.

A majority of our sample reported that they did keep up with issues related to healthcare policy in the U.S. and that they felt it was important to do so, but a majority of people also reported low levels of satisfaction with the quality, affordability, and availability of healthcare in the U.S. A majority of our sample also believed the U.S. healthcare system has major problems or is in a state of crisis. These descriptive statistics tell us, at least from our sample, that people are informed of what is going on and they are overall unsatisfied with the state of the healthcare system in our country.

**Aim #1. Assess the association between health status and political participation (voting behavior and policy knowledge) among adults ages 26 and older.**

Our study aimed to investigate the relationship between health status and political engagement, focusing on voting behavior and policy knowledge among adults aged 26 and older. Contrary to our initial hypothesis, our analysis did not reveal a significant
association between health status and voting behavior. This may be due to a lack of variability in responses, as the majority of the sample voted in the 2020 presidential election and planned to vote in the 2024 presidential election. This finding does align with the literature on the evolving dynamics of voter behavior, particularly in the context of the COVID-19 pandemic (Yoder et al., 2021). The unprecedented increase in mail-in voting may have mitigated any direct influence of health status on voting behavior, enabling individuals of varying health statuses to participate in the election.

However, our study did uncover a significant negative association between health status and the belief in the need for healthcare reform across the entire sample and Democrats. This result suggests that better health status is associated with lower agreement that federal healthcare reform is needed. One plausible explanation for this is that personal experiences within the healthcare system may shape individuals’ attitudes toward reform efforts (Soroka et al., 2013).

**Aim #2. Examine whether the association between health status and political participation (voting behavior and policy knowledge) among adults aged 26 and older differs between political parties.**

We hypothesized the association between health status and political participation (voting behavior and policy knowledge) among adults aged 26 will differ significantly between political parties, with individuals affiliated with one party showing a stronger positive relationship between health and political participation compared to individuals affiliated with the other party. The negative association between health status and the belief in the need for federal healthcare reform was observed in the whole sample and among Democrats, highlighting the complex relationship between health and political
ideology. Healthier individuals may be less inclined to advocate for significant healthcare system changes, challenging conventional assumptions about the universal desire for reform. Furthermore, this negative association between health status and the belief in the need for federal healthcare reform among Democrats goes against an assumption in contemporary American politics that healthcare reform is a key point of interest for Democrats. The health of an individual Democrat, as we see here by this negative association, may contribute to the amount of importance they place on healthcare reform proposals. Future research should continue to untangle this association.

The study's nuanced findings highlight the complex nature of health's association with political engagement. The negative association between health status and the perceived importance of policy knowledge among Republicans suggests potential variations in policy priorities and information-seeking behaviors within this group. Specifically, poor health was associated with more importance of staying informed on health policy issues among Republicans.

Our study found that among Republicans, the worse their health, the more likely it was to keep up with policy. As a political party, healthcare reform may not be a traditional key issue for Republicans, but individuals with negative health see the benefits of reform because they have had a personal negative experience with health. Heightened personal stake may lead someone in poor health to pay more attention to policy that directly affects them, this is one possible explanation for the association that emerged. Another possible explanation for this finding may be that those Republicans in poor health, in seeking information on solutions to their health issues, were directed to information about relevant policy issues, and continued to keep up with those policies. A third possible explanation
could be a correlation between health status and the amount of time spent consuming media, which in turn could increase exposure to policy-related information. For example, individuals with poor health might spend more time at home and therefore might more television or online media where they are likely to encounter discussions on policy. Each of these situations could explain our study’s finding that Republicans in worse health are more likely to keep up with health policy and future research should investigate each of these possible explanations.

**Strengths and Limitations**

A notable strength of the study is its focus on health status as a potential determinant of political engagement, contributing to the literature on this topic. The inclusion of both Democrats and Republicans provides a more comprehensive understanding of these relationships within each political group. This study provides further insight into how health status may be linked to voting behavior and knowledge of health care policy issues. This is an important relationship to unpack due to the direct relationship policy knowledge and voting have on the policy that is implemented, and in turn how that implemented policy impacts citizens’ access to healthcare and health. The focus on healthcare policy also sheds light on how different people of different parties feel about healthcare in our country, and public opinion data is useful when studying issues related to policy.

However, limitations should be acknowledged. The reliance on self-reported health status and the limited demographic diversity of the sample, primarily consisting of University of Mississippi faculty and staff, may impact the generalizability of the findings. The reliance on self-reported health is limiting due to its subjectivity, on the given day a
participant may have taken the survey, they may have been sick with a cold and reported their health as poor even though they generally are a healthy person, for example. Additionally, assessing one’s self reported health may cause comparison the health of individuals around you which does not give an accurate representation of a participant’s health status. Asking questions about the frequency of doctor’s visits or whether or not people regularly go to checkups with a primary care physician is something future research should include to more accurately assess self-reported health.

The sample was not equally distributed by race or sex, which again may be due to many participants being faculty and staff from the University of Mississippi. The initial approach for conducting this study was to include a diverse sample of adults over the age of 26 with and without health insurance Looking back, this was an oversight, as over 90% of Americans have health insurance. This initial oversight led to a shifting in aims for the current study, which led to certain data collected not being used as there was a lack of variability in responses. Additionally, the cross-sectional nature of the study restricts the ability to establish causation or capture dynamic changes over time. It is important to note that other factors not explored in this study may play a significant role in shaping voting behavior and political engagement.

**Implications for Research and Programming**

The study's findings suggest avenues for future research to delve deeper into the interaction between health and political engagement. Future research should explore additional factors that may influence the relationship between health and voting behavior and policy knowledge, such as socioeconomic status or other demographic characteristics. This could enhance our understanding of these complex relationships. Longitudinal
studies could offer insights into the evolving nature of health's impact on political attitudes across the lifespan.

   Practically, the study highlights the need for tailored communication strategies on healthcare issues, considering the varied perspectives within political parties based on health status. Understanding these nuances can inform more effective public health and political campaigns as well as policy advocacy efforts.

   In conclusion, this research contributes valuable insights into the interconnections between health and political engagement. The majority of the sample felt that the healthcare system needed major change and that it was important to stay informed about healthcare. Both politicians and public health professionals should emphasize the link between health and politics in their work and welcome input from the U.S. public on healthcare change. Despite limited statistical significance, these findings are notable and future research should continue to explore the relationships between health status, voting behavior, and health policy knowledge and opinions.
LIST OF REFERENCES


APPENDICES

APPENDIX A: CITI Certification

This is to certify that:

**Zoey Peters**

Has completed the following CITI Program course:

**Human Research**
(Curriculum Group)
**Group 4A SBR Undergraduate Students at the University of Mississippi.**
(Course Learner Group)
**1 - Basic Course**
(radius)

Under requirements set by:

**University of Mississippi - Oxford**

Verify at www.citiprogram.org/verify?wr2de01b1-399a-47f5-a5d6-443198018d2f-58531409
APPENDIX B: IRB DOCUMENTS

IRB Application

The University of Mississippi
Office of Research and Sponsored Programs
Division of Research Integrity Security and Compliance – Institutional Review Board
100 Barr Hall – University, MS 38677
irb@olemiss.edu

APPLICATION FOR EXEMPTION

Purpose: Many studies qualify for an abbreviated review, according to the federal regulations and university policy.

- Part I of this form screens for a brief review.
- Part II of this form completes the abbreviated IRB application.
- Part III of this form gives instructions for obtaining the required assurances.
- The IRB makes the final determination on whether you must fill out a full application.

Always download the most recent version of this form: http://www.research.olemiss.edu/irb/protocol/forms.

Prepare and send application form as a Word document. Upload the completed form and attachments (and pdf of email assurance if PI is a student) at https://research.olemiss.edu/irb/submit.

Note: Some class project studies may qualify for a classroom waiver of IRB Application. Instructors: see form here.

PART I — Screening

1. Do any of the following apply to your study?

<table>
<thead>
<tr>
<th>Research Methods:</th>
<th>☐ Yes ☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Treatment study</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Exercise</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>X-rays</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Collection of blood, urine, other bodily fluids, or tissues</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Use of blood, urine, other bodily fluids, or tissues with identifiers</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Use of drugs, biological products, or medical devices</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Use of drugs, biological products, or medical devices</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Use of data collected in the European Economic Area (EEA)*</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Targeted Subjects:</th>
<th>☐ Yes ☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prisoners</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elements of Deception:</th>
<th>☐ Yes ☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The study uses surreptitious videotaping</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>The study gives subjects deceptive feedback, whether positive or negative</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>The study uses a research confederate (i.e., an actor playing the part of subject)</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

If you checked Yes to any of the above, STOP HERE and fill out the FULL IRB APPLICATION FORM.
2. **Questionnaire or Survey?** (include questionnaire or survey as an attachment)
   - Yes ☒
   - No ☐

   If Yes, answer 2a and 2b.
   If No, proceed to 3.

   **a. Anonymous?**
   - Yes ☒
   - No ☐

   **b. Sensitive Information?**
   - Yes ☐
   - No ☒

   If you answered No to 2a AND Yes to 2b, STOP HERE and fill out the FULL IRB APPLICATION FORM.

*Anonymous or Confidential?* Anonymous means (1) the recorded data cannot associate a subject with his/her data, and (2) the data cannot identify a subject. *Examples:* surveys with no names but with demographic data that can identify a subject (e.g., the only African-American in a class) are not anonymous.

*Sensitive Information?* Sensitive information includes but is not limited to (1) information that risks damage to a subject’s reputation; (2) information that involves criminal or civil liability; (3) information that can affect a subject’s employability; and (4) information involving a person’s financial standing. *Examples:* Surveys that ask about porn use, illegal drug or alcohol use, religion, use of alcohol while driving, AIDS, cancer, etc. contain sensitive information.

*European Economic Area - Collection of data in the European Economic Area (the 28 states of the European Union and Iceland, Liechtenstein, Norway, and Switzerland). Special considerations apply -if data are not 100% anonymous. See [GDPR Guidance](#) for more information*

---

### CATEGORIES FOR EXEMPT REVIEW

3. The **ONLY** involvement of human subjects will be in the following categories (check all that apply)

**PLEASE READ CAREFULLY: MUCH CHANGED WITH NEW REGULATIONS, JANUARY 2019**

- ☐ 1) **Educational Research:** Research conducted in established or commonly accepted educational settings, involving normal educational practices. Research is not likely to adversely impact students’ opportunity to learn required educational content or the assessment of educators who provide instruction. This includes most research on regular and special education strategies, and research on the effectiveness of, or the comparison among instructional techniques, curricula, or classroom management methods.

- ☒ 2) **Surveys, Interviews, Educational Tests (cognitive, diagnostic, aptitude, achievement), Observation of Public Behavior (including video or auditory recording). AT LEAST ONE OF THE FOLLOWING MUST BE CHECKED**
  - ☒ (i) Information recorded by the investigator cannot readily identify the subject (either directly or indirectly)
  - ☐ (ii) Disclosure of subjects’ responses outside the research could NOT reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, educational advancement, employability, or reputation
  - ☐ (iii) Information recorded by the investigator includes identifiers and the investigator specifies strong security measures to protect the data (e.g., encryption for electronic data; multiple locks for paper data). Minors are NOT permitted under this sub-category
  - ☒ Public observation involving minors with no investigator interaction. Minors are ONLY permitted under these conditions.

- ☐ 3) **Benign Behavioral Interventions (BBI):** Research involving interventions in conjunction with collection of information from an adult subject through verbal or written responses (including data entry) or audiovisual recording, if the subject prospectively agrees to the intervention and information collection.
● BBI is limited to communication or interpersonal contact; cognitive, intellectual, educational, or behavioral tasks; manipulation of the physical, sensory, social or emotional environment

● Intervention Requirements:
  o brief duration (maximum intervention = 3 hours within one day; data collection may extend more hours & over days)
  o painless/harmless (transient performance task-related stress, anxiety, or boredom are acceptable)
  o not physically invasive (no activity tracker, blood pressure, pulse, etc.)
  o unlikely to have a significant adverse lasting impact on subjects
  o unlikely that subjects will find interventions offensive or embarrassing
  o no deception / omission of information, such as study purpose, unless subject prospectively agrees

At least one of the following must be checked

☐ (A) Recorded information cannot readily identify the subject (either directly or indirectly)

☐ (B) Any disclosure of subjects’ responses outside the research could NOT reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, educational advancement, or reputation

☐ (C) Information is recorded with identifiers and the investigator specifies strong security measures to protect the data (e.g., encryption for electronic data; multiple locks for paper data)

☐ 4) Biospecimen Secondary Research: Secondary Research for which consent is not required: use of identifiable information or identifiable biospecimens that have been or will be collected for some other ‘primary’ or ‘initial’ activity, if ONE of the following is met: (i) biospecimens or information is publicly available; (ii) information recorded by the investigator cannot readily, directly or indirectly identify the subject, and the investigator does not contact the subject or re-identify the subject; (iii) collection and analysis involving investigator’s use of identifiable health information when use is regulated by HIPAA; or (iv) research information collected by or on behalf of the federal government using government-generated or -collected information obtained for non-research activities.

☐ 5) Research and Demonstration Projects on Federal Programs: The study is conducted pursuant to specific federal statutory authority and examines certain federal programs that deliver a public benefit [call IRB for details if you think your study may fit].

☐ 6) Food Tasting/Evaluation: Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.
### PART II – Abbreviated Application

4. Project Title: Health and Political Engagement Study

5. Principal Investigator: ☒ Ms. Zoey Peters  
   Department: Political Science  
   Work Phone: 662-915-7401  
   E-Mail Address: zpeters@go.olemiss.edu  
   Dept Chair’s email (for cc of approval): jbruce@olemiss.edu  
   Home or Mobile Phone: 408-382-1918

6. Funding Source:
   Is this project funded? ☒ Yes  
   If Yes, is the funding:  
   - ☐ Internal : Source: Click to enter  
   - ☐ External : Pending/Agency: Click to enter  
   - ☐ Awarded/Agency: Click to enter  
   PI(s) on external funding: Click to enter

---

<table>
<thead>
<tr>
<th>If Principal Investigator is a student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate student:</td>
</tr>
<tr>
<td>☐ Dissertation</td>
</tr>
<tr>
<td>☐ Other graduate project</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Research Advisor: HANNAH ALLEN (required for student researchers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department: HEALTH, EXERCISE SCIENCE, AND RECREATION MANAGEMENT</td>
</tr>
<tr>
<td>Work Phone: 662-915-5521</td>
</tr>
<tr>
<td>E-Mail Address: <a href="mailto:HKALLEN1@OLEMISS.EDU">HKALLEN1@OLEMISS.EDU</a></td>
</tr>
<tr>
<td>Home or Cell Phone: 484-753-1612</td>
</tr>
</tbody>
</table>
7. List ALL personnel involved with this research who will have contact with human subjects or with their identifiable data. All personnel listed here must complete CITI training OR the Alternative to CITI/ Abbreviated CITI (ACITI) training before this application will be processed*.

<table>
<thead>
<tr>
<th>PERSONNEL NAME</th>
<th>PERSONNEL EMAIL (REQUIRED)</th>
<th>FACULTY OR STAFF</th>
<th>GRADUATE STUDENT</th>
<th>UNDERGRAD STUDENT</th>
<th>ROLE ON PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI Zoey Peters</td>
<td><a href="mailto:zpeters@go.olemiss.edu">zpeters@go.olemiss.edu</a></td>
<td>Click to select</td>
<td>☑</td>
<td>☐</td>
<td>Primary Investigator</td>
</tr>
<tr>
<td>Advisor Hannah Allen</td>
<td><a href="mailto:Hkallen1@olemiss.edu">Hkallen1@olemiss.edu</a></td>
<td>Faculty</td>
<td>☐</td>
<td>☐</td>
<td>Co-Investigator</td>
</tr>
</tbody>
</table>

If space is needed to list additional project personnel or non-UM personnel, submit Appendix A.

*See Exempt Human Research Policy for training exceptions
Research Methodology/Procedures

8. Check all procedures below that apply to your study:

☐ Pre-existing data or biological samples

- **Source of data:** [Click to enter text](#).

- Do data/samples have identifiers? ☐ Yes* ☐ No

  * PHI will require a full form application and a HIPAA waiver authorization request.

  * Minors are **NOT permitted** under this sub-category.

* **Describe how data will be secured** (e.g., encryption for electronic data; multiple locks for paper data).

  [Click to enter text](#).

  Will physical copies of identifiable data be kept? ☐ Yes* ☐ No

  If yes, please list the data storage location (office/room number): [Click to enter text](#).

  * For identifiable data that will be physically stored (locked drawer, file cabinet etc.) posted restricted access signage is required. See our Restricted Access signage template [here](#).

☐ Observation

☐ Oral history- Use and attach the required [release form](#) if you plan to disseminate quoted comments or taped content from histories, interviews, and/or groups. (This covers you and UM legally – Not for IRB purposes)

☐ Interview- Attach interview questions.

☐ Focus group- Attach topic and questions.

☒ Questionnaire or survey* - Attach questionnaire or survey

If online, list platform (e.g., Qualtrics): *If using Qualtrics for anonymous surveys, see guidance [here](#).

Qualtrics
☐ The study has misleading or deceptive*
(1) study descriptions;
(2) procedure explanations; and/or
(3) survey instructions/rationales.

*In the abstract, provide complete details and a rationale for employing misleading/deception information. Include Appendix D in your attachments.

<table>
<thead>
<tr>
<th>9. Consent Procedures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Oral - Attach script* ☒ Information Sheet/Cover Letter - Attach* <strong>No subject signatures required.</strong></td>
</tr>
<tr>
<td>☐ Not applicable, Explain <a href="#">Click to enter text.</a></td>
</tr>
</tbody>
</table>

*For both oral consent and the information sheet see our ‘Sample Information Sheet’ [example here](#): under Templates. This template is for exempt protocols only and ensures that all elements of consent are addressed.

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**Project Summary**

10. Briefly summarize your project using non-technical, jargon-free language that can be understood by non-scientists.

See [http://www.research.olemiss.edu/irb-forms](http://www.research.olemiss.edu/irb-forms) for abstract examples.

Give a brief statement of the research question supporting the reasons for, and importance of, the research: The purpose of this study is to examine the association between health and political engagement among U.S. adults ages 26 and older. There are three aims. The first is to assess the association between health insurance status and political engagement (voting behavior and policy knowledge) among adults ages 26 and older. The second aim is to assess the association between health status and political engagement among adults 26 and older. And the third aim is to examine whether the association between health (health insurance status and health status) and political engagement (voting behavior and policy knowledge) among adults ages 26 and older differs between political parties.

Describe the ages and characteristics of your proposed subjects. Participants must be 26 years and older and currently reside in the United States.
For studies using only adult subjects, state how you will ensure they are 18+: ☐ Not applicable ☒ First question on survey/interview

☐ Other: Click to enter text.

RECRUITMENT PROCEDURES:

a. How will you recruit subjects? Check all that apply:
☐ Sona System
☐ Class announcements
☐ Letters to parents/guardians

[Recruitment materials must state “This study has been reviewed and determined to be Exempt by UM’s Institutional Review Board (IRB).]

☐ E-mail – specify groups: Click to enter text.
☐ Radio/TV/newspaper ads
☒ UM bulletin boards, where: UM Today
☒ Other: Social Media Platforms including: Facebook, Instagram, Twitter, and Reddit.
[List all recruitment sites.]

Briefly describe the research design AND carefully explain how your study will meet each of the requirements of the category criteria you checked on Page 2: We are conducting an online survey using Qualtrics of adults ages 26 and older who currently reside in the United States. We will share the survey link through different social media channels using university accounts (e.g., Ole Miss Public Health, Department of Political Science) on platforms including Facebook, Instagram, and Twitter. Additionally, we will share the survey on Reddit pages dedicated to research study participant recruitment. Additional recruitment strategies include providing an anonymous survey link through a UM Today announcement for University of Mississippi faculty and staff. Information regarding consent will be provided online prior to the beginning of the survey. Participants will have the opportunity to review the informed consent information and then indicate that they voluntarily consent to participate. They will be informed that they may print the consent form or contact the Principal Investigator for a copy. For all participants, email addresses will be used for recruitment purposes only, will never be linked to their individual survey responses, and will be permanently deleted from all study records, thereby making the survey data effectively anonymous. All data will be stored using password-protected files and computers. No one but the research team will have access to collected data, and once all survey responses have been downloaded to a computer, all online responses will be deleted.

Give a detailed description of the procedure(s) subjects will undergo (from their perspective):

As a participant in this study, you will be asked to complete a brief, anonymous online survey on the following domains of interest: demographic information, health insurance status, health status, voting behavior, policy knowledge, and political party affiliation. The survey should take about 5-10 minutes. You will receive information about the study and a link to participate via postings on various social media sites or through a UM Today announcement. Contact information for the primary researchers will be provided, and the first page of the survey will be an informed consent form. All survey responses will be anonymous.

11. Appendix Checklist:

A. Additional Personnel not listed on first page of application?
☒ No ☐ Yes – complete Appendix A

B. Will the research be conducted in schools or child care facilities?
☒ No ☐ Yes – complete Appendix B

C. Does your research involve deception or omission of elements of consent?
☒ No ☐ Yes – complete Appendix D
D. Will your research be conducted outside of the United States?
☒ No ☐ Yes – complete Appendix E

E. Will your research involve protected health information (PHI)?
☒ No ☐ Yes – complete Appendix F if applicable
12. Attachments Checklist:

Do you have:

a) Advisor assurance – required for student research protocols
   ☒ Yes ☐ Not Applicable

b) Survey or questionnaires?
   ☒ Yes ☐ Not Applicable

c) Interview questions?
   ☐ Yes ☒ Not Applicable

d) Focus group questions?
   ☐ Yes ☒ Not Applicable

e) Recruitment email, announcement, or script?
   ☒ Yes ☐ Not Applicable: No subject contact

f) Information sheet or oral script?
   ☒ Yes ☐ Not Applicable: No subject contact

g) Debrief statement and re-consent
   ☐ Yes ☒ Not Applicable

h) Permissions for locations outside the University? *
   ☐ Yes ☒ Not Applicable

*If giving a survey, whether on or off campus, please ensure the person giving permission (e.g., the teacher of a class) has an explicit opportunity to see the survey before they give their permission for its distribution.

13. If using class points as incentives, are there alternative assignments available for earning points that involve comparable time and effort?
   ☐ Yes ☒ Not Applicable

14. If using an anonymous survey through Qualtrics and giving incentives in a separate survey, have you read and conducted the testing of the surveys according to the procedures here?
   ☐ Yes ☒ Not Applicable
# PART III: ASSURANCES

## Conflict Of Interest And Fiscal Responsibility

Do you or any person responsible for the design, conduct, or reporting of this study have an economic interest in, or act as an officer or a director of any outside entity whose financial interests may reasonably appear to be affected by this research?

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please describe any potential conflict of interest. <a href="#">Click to enter text.</a></td>
<td></td>
</tr>
</tbody>
</table>

Do you or any person responsible for this study have existing financial holdings or relationships with the sponsor of this study?

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☒ No</th>
<th>☐ Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, please describe any potential conflict of interest. <a href="#">Click to enter text.</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Principal Investigator Assurance

**PRINCIPAL INVESTIGATOR’S ASSURANCE**

I certify that the information provided in the application is complete and correct. As Principal Investigator, I have the ultimate responsibility for the protection of the rights and welfare of the human participants, conduct of the research, and the ethical performance of the project. I will comply with all UM policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of participants in human research, including, but not limited to the following:

- Informed consent will be obtained from the participants, if applicable and appropriate;
- Any proposed modifications to the research protocol that may affect its designation as an exempt (brief) protocol application will be reported to the IRB for approval prior to being implemented.
- Adverse events and/or unanticipated problems will be reported to the IRB as required.

I certify that I, and all key personnel, have completed the required initial and/or refresher CITI or CITI Alternative courses in the ethical principles and regulatory requirements for the protection of human research participants.

<table>
<thead>
<tr>
<th>Zoey Peters</th>
</tr>
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<tbody>
<tr>
<td>10/2/2023</td>
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Typed signature/name of Principal Investigator  

### RESEARCH ADVISOR’S* ASSURANCE (REQUIRED FOR STUDENT PROJECTS)

*The research advisor must be a UM faculty member with current CITI training. The faculty member is considered the responsible party for the ethical performance and regulatory compliance of the research project.

Email your Advisor with the following:

1. Email subject line: “IRB Advisor Approval Request from (your name)”
2. Your IRB submission materials as attachments
3. Copy and paste the statements below into the body of the email
4. Save the reply email from your Advisor as a pdf and submit via the online portal along with your IRB submission materials. **Protocol review cannot begin without an advisor assurance for student PIs.**
Please review my attached protocol submission. Your reply email to me will constitute your acknowledgement of the assurances below.

Thank you,
[type your name here]

As the Research Advisor, I certify that the student investigator is knowledgeable about the regulations and policies governing research with human participants and has sufficient training and experience to conduct this particular research in accordance with the approved protocol.

I agree to meet with the investigator on a regular basis to monitor research progress.

Should problems arise during the course of research, I agree to be available, personally, to supervise the investigator in solving them.

I will ensure that the investigator will promptly report incidents (including adverse events and unanticipated problems) to the IRB.

If I will be unavailable, for example, on sabbatical leave or vacation, I will arrange for an alternate faculty member to assume responsibility during my absence, and I will advise the IRB by email of such arrangements.

I have completed the required CITI course(s) in the ethical principles and regulatory requirements for the protection of human research participants.

*Please upload your materials to the online portal using the following file naming system:

Lastname advisor assurance  ex. Smith advisor assurance.pdf

Lastname IRB exempt application  ex Smith IRB exempt application.doc

Lastname recruitment script

Lastname information sheet

Lastname appendix A-F

Lastname survey/interview/group materials

* Please upload the application and information sheet as word documents.

The online submission portal can be found at: [https://research.olemiss.edu/irb/submit](https://research.olemiss.edu/irb/submit)
Consent Form

CONSENT TO PARTICIPATE IN RESEARCH

Title: Health and Political Engagement Study

Principal Investigator
Zoey Peters
Department of Political Science
134 Deupree Hall
University of Mississippi
zpeters@go.olemiss.edu

Co-Investigator
Hannah K. Allen, PhD
Department of Health, Exercise Science, &
Recreation Management
225 Turner Center
University of Mississippi
hkallen1@olemiss.edu

Description
The purpose of this research study is to better understand the link between health and political engagement among adults in the U.S. You will be asked to complete an anonymous online survey that asks about individual characteristics, health status, voting behavior, and policy knowledge.

Cost and Payments
The survey should take about 5-10 minutes to complete. No compensation will be provided for participation in this research study.

Risks and Benefits
We do not anticipate any major risks or discomforts involved in participating in this research study, however there may be some discomfort when answering questions about your health status and political issues. It is important to know that all responses will not be linked to any identifying information, and you may choose to skip any question you are not comfortable answering. There are no direct benefits to participating in this study. However, we hope that this research will contribute to our knowledge of how health and politics are associated.

Confidentiality
Your responses will be anonymous. You will be assigned a unique ID number, and all data will be stored using password-protected files on a password-protected computer. No one but the research team will have access to collected data, and once all survey responses have been collected and downloaded to a computer, all online responses will be deleted. If we write reports or articles about the findings from this project, your identity will be protected to the maximum extent possible.

Right to Withdraw
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.
If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the principal investigators:

Zoey Peters  
Department of Political Science  
134 Deupree Hall  
University of Mississippi  
zpeters@go.olemiss.edu

IRB Approval  
This study has been reviewed by The University of Mississippi’s Institutional Review Board (IRB). If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

Statement of Consent  
Your consent indicates that you are at least 18 years of age, you have read this consent form or have had it read to you, your questions have been answered to your satisfaction, and you voluntarily agree to participate in this research study. You may print a copy of this consent information for your records.

If you agree to participate, please indicate so by answering the question below.

I have reviewed the informed consent information and consent to participate in this study.  
- Yes, I agree/consent to participate  
- No, I do NOT agree/consent to participate
Thank you for taking the time to participate in this study on health and political engagement among adults in the U.S. Please take a moment to review the informed consent information below. If you would like to keep a copy of this information, please print the informed consent form directly from this webpage or request a copy from the Principal Investigator.

[INSERT INFORMED CONSENT INFORMATION]

Your consent indicates that you are at least 18 years of age, you have read this consent form or have had it read to you, your questions have been answered to your satisfaction, and you voluntarily agree to participate in this research study. If you agree to participate, please indicate so by answering the question below.

1. I have reviewed the informed consent information and consent to participate in this study.
   - Yes, I agree/consent to participate
   - No, I do NOT agree/consent to participate (if selected, end survey)

Eligibility Screener

2. What is your current age (in years)? __________ (if less than 26, end survey)

3. Are you currently living in the United States?
   - Yes
   - No (if selected, end survey)

Demographic Information

The following section will ask you to provide basic information about yourself. Remember that your responses are anonymous.

4. What is your race/ethnicity? Select all that apply.
   - African American/Black
   - American Indian or Alaskan Native
   - Asian American/Asian
   - Hispanic/Latin(x)
   - Native Hawaiian or Pacific Islander
   - Middle Eastern, Arab, or Arab American
   - White
   - Self-identify (please specify): __________

4. What sex were you assigned at birth, such as on an original birth certificate?
   - Male
   - Female

5. What is your gender identity?
   - Male
   - Female
   - Trans male/Trans man
6. Which of the following describes your current relationship/marital status?
   ● Married
   ● Widowed
   ● Divorced
   ● Separated
   ● Never married
   ● Living with a partner

7. Do you have children under the age of 18 living in your home?
   ● Yes
   ● No

8. What is the highest level of education you have completed?
   ● Did not finish high school
   ● High school diploma
   ● Attended college but did not complete degree
   ● Associate’s degree or trade/technical training
   ● Bachelor’s degree
   ● Master’s degree
   ● Doctoral or professional degree

9. What is your current annual household income?
   ● $0-$9,999
   ● $10,000-$24,999
   ● $25,000-$49,999
   ● $50,000-$74,999
   ● $75,000-$99,999
   ● $100,000-$149,999
   ● $150,000 or more

**Health and Health Insurance**

*The following section will ask questions about your health. Remember that your responses are anonymous.*

10. In general, how would you rate your health?
    ● Excellent
    ● Very good
    ● Good
    ● Fair
    ● Poor

11. Do you currently have health insurance?
    ● Yes *(if selected, go to #12)*
    ● No

12. What is your primary source of health insurance?
    ● I have health insurance through my employer (or my spouse/partner’s employer)
- I have health insurance through Medicaid, Medicare, or VA/Tricare
- I have health insurance that was purchased from the exchange or an insurance carrier directly
- I have health insurance through another source
- I have health insurance, but I don’t know the primary source

**Political Engagement**

The following questions ask about your past and future political engagement as well as your opinions on the healthcare system. Remember that your responses are anonymous.

13. There are many different political parties in the U.S., and political party affiliation can fluctuate over time or vary based on certain issues. Generally speaking, do you usually think of yourself as a Republican, a Democrat, or something else?
   - Republican
   - Democrat
   - Something else

14. Did you vote in the last U.S. presidential election in 2020?
   - Yes
   - No
   - I don’t remember

15. Do you intend to vote in the upcoming U.S. presidential election in 2024?
   - Yes
   - No
   - I don’t know yet

16. Please indicate how much you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I keep up to date on policy issues related to health and healthcare.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think it is important to keep up to date on policy issues related to health and healthcare.</td>
<td></td>
<td></td>
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<tr>
<td>The U.S. needs federal healthcare reform.</td>
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</table>

17. Please indicate how satisfied or dissatisfied you are with the following.
The quality of healthcare in the U.S.

The affordability of healthcare in the U.S.

The availability of healthcare in the U.S.

18. Which of these statements do you think describes the U.S. healthcare system today?
   - It is in a state of crisis
   - It has major problems
   - It has minor problems
   - It does not have any problems

Thank you for taking the time to participate in this survey!
Recruitment Messages

Health and Political Engagement Study
Social Media Recruitment Message

Participants needed! We are conducting a research study on the links between health and political engagement among U.S. adults. You are invited to participate in an anonymous online survey that should take about 5-10 minutes to complete.

Click the link below to start the survey- we appreciate your participation!

https://tinyurl.com/HealthPoliticsStudy

This research has been reviewed by the University of Mississippi Institutional Review Board. Please email Zoey Peters at zpeters@go.olemiss.edu with any questions.

Health and Political Engagement Study
UM Today Announcement Details

Title: Survey on Health and Political Engagement Among U.S. Adults

Summary: Faculty and staff are invited to take a brief, anonymous survey on their health and political engagement. Only 5-10 minutes to complete!

Full Details: As part of a research project on better understanding the links between health and political engagement in the U.S., you are invited to participate in a brief, one-time online survey that should take about 5-10 minutes to complete.

Participation is voluntary, and all of your responses will be kept completely anonymous. Data collection will close on [INSERT DATE] so be sure to click this link now to start the survey!

This research has been reviewed by the University of Mississippi Institutional Review Board.

Survey Link: [INSERT SURVEY LINK]

IRB Approval
IRB Exempt Determination of Protocol #24x-078

irb@olemiss.edu <irb@olemiss.edu>

Fri 10/13/2023 3:06 PM

To: zpeters@go.olemiss.edu <zpeters@go.olemiss.edu>
Cc: Hannah Allen <khallen1@olemiss.edu>

PI:

This is to inform you that your application to conduct research with human participants, "Health and Political Engagement Study" (Protocol #24x-078), has been determined as Exempt under 45 CFR 46.101(b)(#2). You may proceed with your research.

Please remember that all of The University of Mississippi’s human participant research activities, regardless of whether the research is subject to federal regulations, must be guided by the ethical principles in The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research.

It is especially important for you to keep these points in mind:

- You must protect the rights and welfare of human research participants.

- Certain changes to your approved protocol must be reviewed and approved before initiating those changes. These changes include the addition of a vulnerable subject group (children, persons with disabilities, and prisoners), as well as the addition of research materials, such as the addition of surveys or interview questions and test articles, the addition of the use of deception, or any changes to subject confidentiality. Personnel amendments for exempt protocols are no longer required. Instead, PIs are responsible for keeping an up to date record of all active personnel and for ensuring that personnel have completed the necessary training to be on their protocol.

- You must report promptly to the IRB any injuries or other unanticipated problems involving risks to participants or others.

- If research is to be conducted during class, the PI must email the instructor and ask if they wish to see the protocol materials (surveys, interview questions, etc) prior to research beginning.

If you have any questions, please feel free to contact the IRB at irb@olemiss.edu.

IRB Feedback survey

Tell Us How We Did!

- Unless you’ve given feedback this calendar year, please take this 30-second, 6 item anonymous survey

http://uomississippi.qualtrics.com/jfe/form/SY_0vs6sG3Oi3dyBtH

IRB Administrative Office
Research Integrity and Compliance
Office of Research and Sponsored Programs
The University of Mississippi
100 Barr Hall
University, MS 38677-1848
irb@olemiss.edu | www.olemiss.edu

Please Note:

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