

# Supporting patients to shape social determinants of health through democratic engagement

Danyaal Raza MD CCFP MPH Chloe Brown MA Andrew D. Pinto MD CCFP FRCPC MSc

In this paper, we explore how primary care physicians and organizations can better support patients and communities to engage in our democracy and build healthy public policy. Democratic engagement and health are undoubtedly a new area for family medicine, but not without precedent.

In 1849, German pathologist Dr Rudolf Virchow stunned the medical establishment. Commissioned to investigate a typhus epidemic in Upper Silesia, a poor rural area of ethnic Poles, his recommendations included the extension of full and unlimited democracy in the region to improve health.<sup>1</sup> A century later in 1964, at the height of the civil rights movement, Dr Jack Geiger travelled to Mississippi. In an effort to fight against segregationist “Jim Crow” laws, he provided medical care to support the mobilization and registration of African American voters. This work led to the development of the community health centre movement.<sup>2</sup>

Democratic engagement is also present in Canada's health sector. A number of Canadian physicians, nurses, midwives, and other providers are working to influence public policy. In 2012, following cuts to the Interim Federal Health Program for refugees, Canadian Doctors for Refugee Care quickly formed and engaged in a sustained campaign of protest, research, and advocacy until the changes were reversed.<sup>3</sup> The Canadian Association of Physicians for the Environment is engaged in a campaign to support carbon pricing and phase out coal power to mitigate the health consequences of climate change.<sup>4</sup> Canadian Doctors for Medicare is pressing federal legislators to expand Medicare to include access to prescription drugs,<sup>5</sup> whereas the nascent Doctors for Protection from Guns is pushing the public and politicians to ban handguns and assault weapons in Canada.<sup>6</sup>

## Democratic engagement is associated with health

According to the Canadian Index of Wellbeing, democratic engagement happens when

citizens participate in political activities, express political views, and foster political knowledge; where governments build relationships, trust, shared responsibility, and participation opportunities with citizens; and where citizens, governments, and civil society uphold democratic values at local, provincial, and national levels.<sup>7</sup>

This could include voting, running for office, being involved in political parties, providing public or media commentary, meeting with policy makers, taking part in budget decisions, or discussing political issues among peers.

Democratic engagement varies across the population and is associated with socioeconomic status. Voters who are low-income or disadvantaged in other ways, such as in employment status or educational attainment, consistently have lower rates of voting than their high-income, privileged peers.<sup>8</sup> Hypotheses to explain this association have included insufficient time for engagement because of employment, lack of awareness, and feelings of disengagement from the broader political process.<sup>9</sup> Democratic engagement is also related to health status. Canadian data from the 2011 federal election show a positive association between self-rated health and national electoral participation.<sup>10</sup> The same phenomenon was seen between mental health and Canadian municipal elections.<sup>10</sup> State-level American election data showed that socioeconomic inequality in voter turnout is associated with poor self-rated health.<sup>11</sup> Studies from Britain,<sup>12</sup> Norway,<sup>13</sup> Sweden,<sup>14</sup> and Russia<sup>15</sup> found the same association between self-rated health and electoral participation; those who are in better health are more likely to vote. Those with disabilities,<sup>16,17</sup> depression,<sup>18</sup> alcohol use disorder, or dementia<sup>19</sup> are less likely to vote. Although these associations exist, the direction of voting and health is unclear and is likely bidirectional. Nonetheless, there are hypotheses with respect to causality. For example, in addition to the debilitating nature of the aforementioned conditions, they might also affect how individuals connect with society and, as a result, affect their engagement in political processes such as voting. Of interest, those with cancer have a strong positive association with voting. It has been hypothesized that cancer associations provide venues for social mobilization and political participation.<sup>19</sup>

These associations persist across the lifespan. Civic engagement during late adolescence and early adulthood are positively associated with higher income and educational attainment. In particular, voting and volunteering are especially favourably associated with good mental health and positive health behaviour.<sup>20</sup>

## Differential democratic engagement has consequences

Differences in political engagement result in policy that is focused on the interests of groups that are most engaged,

rather than groups with the greatest need.<sup>15,21,22</sup> In other words, policy makers and politicians are disincentivized to respond to communities that do not vote or engage in the political process.<sup>23</sup> Public policies that affect the social determinants of health, such as affordable housing, income security, and access to decent work, are all shaped by those voters who engage at a high rate.

### Primary care can support voter engagement

Given the link between health and political participation at both the individual and population levels, how can primary care organizations support more disadvantaged groups to engage? Social workers have called for the development, implementation, and evaluation of interventions that increase civic engagement opportunities among older adults.<sup>24</sup> Nursing scholars have called on their peers to be aware of patients' voting rights and to help exercise them.<sup>25</sup> Others have encouraged the facilitation of postal or proxy voting for those admitted to hospital and unable to vote in person.<sup>26</sup> The question remains: what is the role of family physicians?

Family physicians see patients as they suffer the economic and social consequences of poor health.<sup>27</sup> The College of Family Physicians of Canada calls on family doctors to serve as "a resource to their community, assess[ing] and respond[ing] to the needs of the communities or populations served by advocating with them as active partners for system-level change in a socially accountable manner."<sup>28</sup> On democratic engagement, the Canadian Association of Community Health Centres has affirmed

the fundamental role of Community Health Centres as civic agencies which not only provide high-quality healthcare services and programs, but also programs and initiatives that explicitly seek to improve Democratic Engagement as a key determinant of individual, family and population health.<sup>29</sup>

Like the American community health centre movement, the perspective of Canadian community health centres is informed by an explicit mandate to address social determinants of health, a perspective now gaining traction in primary care more broadly.<sup>30</sup>

Beyond declarative statements, primary care organizations aiming to improve democratic engagement can pursue education, intervention, collaboration, and evaluation. Health care organizations should develop training requirements and courses for interprofessional health care students to not only better understand the social determinants of health and democratic engagement, but to learn how to take action. Successful interprofessional courses have a real effect.<sup>31</sup> New courses should provide training in practical community-based action.<sup>32</sup>

What could interventions look like on a local level? In New York, NY, 2 university-affiliated family medicine clinics undertook a clinician-led voter registration drive to

increase the participation of communities often underrepresented in the electoral process. Interdisciplinary health personnel were recruited as volunteers and trained. Then they ran a 2.5-month voter registration booth in all areas of the health centre that focused on providing non-partisan voting law information and registering patients to vote. Among patients who were eligible to vote but were not registered, 89% registered to vote, most of whom were aged younger than 40 years or were first-time voters.<sup>33</sup>

Primary care organizations can be involved in further research to examine how participation in elections is linked to social isolation, poverty, education, and health outcomes. Barriers to voting for disadvantaged people who have contact with health services could be reduced by hosting polling booths in clinics or hospitals. Health care organizations have already hosted "voter pop-ups" that help demystify the voting process through simulation and explanation.<sup>34</sup> During elections, organizations could collaborate to host non-partisan town hall meetings for candidates to share their positions on health care and social determinants of health. Similarly, health organizations could release health-focused, non-partisan platform scorecards, something many health-focused groups are beginning to do.<sup>35-37</sup>

Between elections, primary care organizations could encourage patients to engage in deputations to municipal, provincial, territorial, and federal levels of government, or in participatory budget processes. Training could be provided for patients to connect with local legislators such as city councillors, elected provincial representatives, or Members of Parliament.

### Discussion

Primary care organizations and family physicians are increasingly being asked to do more, as our understanding of the social determinants of health improves. They cannot take on these new tasks alone and should not work in isolation. Canada is fortunate to have a vibrant community focused on democratic engagement, including the Democratic Engagement Exchange at Ryerson University in Toronto, Ont; Inspire Democracy; and Elections Canada.<sup>38</sup> There are also many active local organizations. The Dartmouth North Community Food Centre in Nova Scotia tripled local voter turnout in 2016 through an 8-week campaign that included practice pop-up voting stations, a candidate meet-and-greet, and community voting day parade.<sup>39</sup>

As this represents a new area of work for primary care, collaborating with local organizations will be critical for health care organizations to build trust with the community and operate sustainably. For example, the St Michael's Hospital Academic Family Health Team in Toronto has built a Health Justice Program in partnership with local legal aid clinics.<sup>40</sup> This concept was imported from the United States, where physicians and lawyers first teamed up to take advantage of their respective areas of expertise and relationships with patients and clients.<sup>41</sup>

Clinics should experiment with such targeted interventions and assess their effectiveness to establish a body of practical experience from which we can build on lessons learned and create broader guidelines. This can go beyond elections and political platforms to include community organizing. It will not be a panacea for policy change, as social change is often achieved outside the conventional activities of democratic engagement, such as voting or meeting with elected representatives. Nonetheless, as our understanding of social determinants of health expands, we are only just starting to touch on the underlying drivers of health—the “determinants of the determinants.”

**Dr Raza** is a family physician in the Department of Family and Community Medicine at St Michael's Hospital in Toronto, Ont, and Assistant Professor in the Department of Family and Community Medicine at the University of Toronto. **Ms Brown** is a medical student at the University of Toronto. **Dr Pinto** is a family physician and public health and preventive medicine specialist in the Department of Family and Community Medicine at St Michael's Hospital, the founder and director of the Upstream Lab at the MAP Centre for Urban Health Solutions in the Li Ka Shing Knowledge Institute at St Michael's Hospital, Associate Professor in the Department of Family and Community Medicine and Associate Professor (status only) in the Institute for Health Policy, Management and Evaluation and the Division of Clinical Public Health at the Dalla Lana School of Public Health, and Associate Director for Clinical Research at the University of Toronto Practice-Based Research Network.

#### Competing interests

**Dr Raza** is Volunteer Chair of the Board of Canadian Doctors for Medicare.

#### Correspondence

**Dr Danyaal Raza**; e-mail [danyaal.raza@utoronto.ca](mailto:danyaal.raza@utoronto.ca)

The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

#### References

- Virchow RC. Report on the typhus epidemic in Upper Silesia. 1848. *Am J Public Health* 2006;96(12):2102-5.
- Community Health Vote. Voter engagement at community health centers: continuing the legacy of freedom summer. *Community Health Vote* [blog]. 2014 Jun 30. Available from: <http://communityhealthvote.net/voter-engagement-at-community-health-centers-continuing-the-legacy-of-freedom-summer/>. Accessed 2019 Jan 25.
- Canadian Doctors for Refugee Care [website]. *The Issue*. Canadian Doctors for Refugee Care; 2014. Available from: <http://www.doctorsforrefugeecare.ca/the-issue.html>. Accessed 2019 Mar 23.
- Canadian Association of Physicians for the Environment [website]. *Climate health and policy*. Toronto, ON: Canadian Association of Physicians for the Environment; 2017. Available from: <https://cape.ca/campaigns/climate-health-policy/>. Accessed 2019 Mar 23.
- Canadian Doctors for Medicare [website]. *Canadians deserve real action on national pharmacare*. Canadian Doctors for Medicare; 2019. Available from: [https://www.canadiandoctorsformedicare.ca/canadians\\_deserve\\_real\\_action\\_on\\_national\\_pharmacare](https://www.canadiandoctorsformedicare.ca/canadians_deserve_real_action_on_national_pharmacare). Accessed 2020 Jul 6.
- Doctors for Protection from Guns [website]. *Position statement*. Doctors for Protection from Guns; 2019. Available from: <http://www.doctorsforprotectionfromguns.ca/position-statement.html>. Accessed 2019 Mar 23.
- Canadian Index of Wellbeing. *Democratic engagement*. Waterloo, ON: University of Waterloo; 2016. Available from: <https://uwaterloo.ca/canadian-index-wellbeing/reports/2016-canadian-index-wellbeing-national-report/democratic-engagement>. Accessed 2020 Jun 29.
- Uppal S, LaRochelle-Côté S. Factors associated with voting. *Perspectives on Labour and Income* 2012;24(1). Statistics Canada Catalogue no. 75-001-XIE. Available from: <https://www150.statcan.gc.ca/n1/pub/75-001-x/2012001/article/11629-eng.htm>. Accessed 2020 Jun 29.
- Weeks D. Why are the poor and minorities less likely to vote? *The Atlantic* 2014 Jan 10. Available from: <https://www.theatlantic.com/politics/archive/2014/01/why-are-the-poor-and-minorities-less-likely-to-vote/282896/>. Accessed 2020 Jun 23.
- Couture J, Breux S. The differentiated effects of health on political participation. *Eur J Public Health* 2017;27(4):599-604.
- Kim D, Kawachi I. A multilevel analysis of key forms of community- and individual-level social capital as predictors of self-rated health in the United States. *J Urban Health* 2006;83(5):813-26.
- Denny KJ, Doyle OM. "... Take up thy bed, and vote." Measuring the relationship between voting behaviour and indicators of health. *Eur J Public Health* 2007;17(4):400-1. Epub 2007 Apr 30.
- Iversen T. An exploratory study of associations between social capital and self-assessed health in Norway. *Health Econ Policy Law* 2008;3(Pt 4):349-64.
- Kamrul Islam M, Merlo J, Kawachi I, Lindström M, Burström K, Gerdttham UG. Does it really matter where you live? A panel data multilevel analysis of Swedish municipality-level social capital on individual health-related quality of life. *Health Econ Policy Law* 2006;1(Pt 3):209-35.
- Reitan TC. Too sick to vote? Public health and voter turnout in Russia during the 1990s. *Communist Post-Communist Stud* 2003;36(1):49-68.
- Mattila M, Papageorgiou A. Disability, perceived discrimination and political participation. *Int Polit Sci Rev* 2017;38(5):505-19.
- Shields TG, Fletcher Schriener K, Schriener K. The disability voice in American politics: political participation of people with disabilities in the 1994 election. *J Disabil Policy Stud* 1998;9(2):33-52.
- Ojeda C. Depression and political participation. *Soc Sci Q* 2015;96(5):1226-43. Epub 2015 Jun 9.
- Sund R, Lahtinen H, Wass H, Mattila M, Martikainen P. How voter turnout varies between different chronic conditions? A population-based register study. *J Epidemiol Community Health* 2017;71(5):475-79. Epub 2016 Dec 13.
- Ballard PJ, Hoyt LT, Pachucki MC. Impacts of adolescent and young adult civic engagement on health and socioeconomic status in adulthood. *Child Dev* 2019;90(4):1138-54. Epub 2018 Jan 23.
- Blakely TA, Kennedy BP, Kawachi I. Socioeconomic inequality in voting participation and self-rated health. *Am J Public Health* 2001;91(1):99-104.
- Burden BC, Fletcher JM, Herd P, Jones BM, Moynihan DP. How different forms of health matter to political participation. *J Polit* 2017;79(1):166-78. Epub 2016 Nov 2.
- McElwee S. Why voting matters. Large disparities in turnout benefit the donor class. *Demos* 2015 Sep 16. Available from: <https://www.demos.org/research/why-voting-matters-large-disparities-turnout-benefit-donor-class>.
- Anderson KA, Dabelko-Schoeny HI. Civic engagement for nursing home residents: a call for social work action. *J Gerontol Soc Work* 2010;53(3):270-82.
- Regan P, Hudson N, McRory B. Patient participation in public elections: a literature review. *Nurs Manag (Harrow)* 2011;17(10):32-6.
- White C, Wyrko Z. Enabling voting for inpatients at geriatric rehabilitation hospitals. *GM* 2011;41(june):338-9. Accessed 2020 Jun 24.
- Raza D. Advocating for the advocate. *Can Fam Physician* 2011;57:1353 (Eng), e455-6 (Fr).
- Shaw E, Oandasan I, Fowler N, editors. *CanMEDS-Family Medicine 2017. A competency framework for family physicians across the continuum*. Mississauga, ON: College of Family Physicians of Canada; 2017. Available from: [https://www.cfpc.ca/uploadedFiles/Resources/Resource\\_Items/Health\\_Professionals/CanMEDS-Family-Medicine-2017-ENG.pdf](https://www.cfpc.ca/uploadedFiles/Resources/Resource_Items/Health_Professionals/CanMEDS-Family-Medicine-2017-ENG.pdf). Accessed 2020 Jun 23.
- Canadian Association of Community Health Centres [website]. *Democratic engagement and health*. Toronto, ON: Canadian Association of Community Health Centres; 2015. Available from: <https://www.cachc.ca/democratic-engagement/>. Accessed 2019 Mar 23.
- Collins PA, Resendes SJ, Dunn JR. The untold story: examining Ontario's community health centres' initiatives to address upstream determinants of health. *Healthc Policy* 2014;10(1):14-29.
- Pinto A, To M, Rucchetto A, Sharma M, Rouleau K. An interprofessional urban health elective focused on the social determinants of health. *Can Med Educ J* 2018;9(4):e127-34.
- Sharma M, Pinto AD, Kumagai AK. Teaching the social determinants of health: a path to equity or a road to nowhere? *Acad Med* 2018;93(1):25-30.
- Liggett A, Sharma M, Nakamura Y, Villar R, Selwyn P. Results of a voter registration project at 2 family medicine residency clinics in the Bronx, New York. *Ann Fam Med* 2014;12(5):466-9.
- Beebe J. *Vote pop up: a kit for community groups to demystify voting*. Toronto, ON: Samara Canada; 2017. Available from: <https://www.samaracanada.com/docs/default-source/Democracy-Talks/vote-popup-kit-by-samara-canada.pdf?svfnv=6>. Accessed 2020 Jun 24.
- College of Family Physicians of Canada [website]. *Election platforms*. Mississauga, ON: College of Family Physicians of Canada; 2019. Available from: <https://election2019.cfpc.ca/election-platforms/>. Accessed 2020 Jun 23.
- Dying With Dignity Canada [website]. *Election report card: where the federal parties rank on physician assisted dying*. Toronto, ON: Dying With Dignity Canada; 2015. Available from: [https://www.dyingwithdignity.ca/election\\_report\\_card](https://www.dyingwithdignity.ca/election_report_card). Accessed 2019 Mar 23.
- Health Providers Against Poverty [website]. *Poverty & health report card: an analysis of Ontario's 2018 party platforms for reducing social & health inequities*. Health Providers Against Poverty; 2018. Available from: <https://healthprovidersagainstopoverty.ca/2018/05/28/poverty-health-report-card-an-analysis-of-ontarios-2018-party-platforms-for-reducing-social-health-inequities/>. Accessed 2019 Mar 23.
- Wolfe SA. Democratic engagement is a core health issue. *Upstream* [blog]. 2015 Oct 15. Available from: <http://www.thinkupstream.net/chcengage>. Accessed 2019 Mar 23.
- Donovan M. 'Speak up. Show up.' campaign aims to boost voter turnout in Dartmouth North. *CBC News* 2016 Aug 26. Available from: <https://www.cbc.ca/news/canada/nova-scotia/speak-up-show-up-dartmouth-voting-campaign-1.3736870>. Accessed 2020 Jun 23.
- Drozdzal G, Shoucri R, Macdonald J, Radford K, Pinto AD, Persaud N. Integrating legal services with primary care: the Health Justice Program. *Can Fam Physician* 2019;65:246-8 (Eng), e129-31 (Fr).
- Nobleman RL. Addressing access to justice as a social determinant of health. *Health Law J* 2014;21:49-74.

This article has been peer reviewed. *Can Fam Physician* 2020;66:639-41

Cet article se trouve aussi en français à la page 644.