

**Case Study 2022**



**HEALTH JUSTICE  
COMMUNITY**

# **HOW VOT-ER ORGANISED THE PENNSYLVANIA HEALTHCARE COMMUNITY TO REGISTER VOTERS**

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**2022**

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## Case Study 2022

This case study is part of a series developed by [People Power Health](#) in collaboration with the [Leading Change Network's](#) Health Justice Community.

You can learn more about community organizing for health in our Health Justice Guide.

Our special thanks to the LCN Health Justice Community team members for their generosity in sharing their experiences creating meaningful impact to stop health inequities and bring health justice.

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Visit the [LCN Resource Center](#) to learn more about Community Organizing and find more organizing resources and case studies.

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# INTRODUCTION

## How Organized the Pennsylvania Healthcare Community to Register Voters

Each election year in Pennsylvania, millions of eligible voters either don't vote, or never register at all. In a state where election outcomes tend to be narrow, every vote really does count. During the 2020 presidential election, a small but motivated group of healthcare professionals recognized an opportunity to register patients to vote.

The group developed a network of physician organizers in Philadelphia and Harrisburg, primarily. Their goal was to organize, meet regularly, and support 10,000 people to register to vote. The team grounded their strategy in the work of Marshall Ganz, Harvard Kennedy School professor and long-time community organizer.

This effort was a dedicated experiment by Vot-ER, a national organization that works across all 50 states. Following the success of this pilot project, Vot-ER has infused the principles of organizing and Marshall Ganz throughout the organization's nationwide efforts.



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# ABOUT VOT-ER

Vot-ER integrates voter registration into the healthcare delivery system. The group was founded on the core belief that empowered voices and full participation in the democratic process lead to positive health outcomes.

More specifically, Vot-ER connects healthcare institutions and healthcare professionals with the tools, training, and community to register colleagues and patients to vote. The idea is to bring providers and patients together to promote civic engagement and create healthier communities across the United States.

Vot-ER views hospitals and community health clinics as central touchpoints in communities—much like schools, DMVs, and libraries—where citizens should consider their civic, physical, and mental health. In addition to providing a range of healthcare-specific resources to hospitals, clinics, and healthcare providers, Vot-ER also develops leaders through its Civic Health Fellowship. The group also builds community through the national Civic Health Month initiative, which takes place every August.

Vot-ER has been featured [in the New York Times](#) and many other local and national publications. The group works in more than 500 hospitals and clinics. They partner with more than 200 national partners, including the American Academy of Pediatrics and the American Nurses Association. In 2020, Vot-ER helped more than 48,000 patients, healthcare providers, and their colleagues start their journey toward casting a vote.



# FOUNDATIONAL PILLARS OF THE VOT-ER PENNSYLVANIA ORGANIZING CAMPAIGN

## Turning people's resources into power for change.

Within Vot-ER's national efforts, the organization also supported voter registration through state-specific staff in 2020. They built partnerships with major hospitals and catalyzed experiments. One of the experiments included an organizing-centric campaign in Pennsylvania. This campaign was one of Vot-ER's first dedicated pilots built on Marshall Ganz's guiding principle of organizing.

Vot-ER brought onboard a dedicated organizer in Georgia Travers to lead this effort. Travers knew that, to make good on its promise to build a network of almost one thousand Pennsylvania providers registering people to vote, the Vot-ER Pennsylvania Organizing Campaign needed to be clear about its constituency and their power to address the voter registration.



### People

The group comprised physicians throughout Philadelphia and Harrisburg, though it did expand across Pennsylvania. Mostly the team was composed of physicians and medical students in various stages of their careers—and in different areas of specialty.



### Power

Inherently, physicians have tremendous power to influence patients. On a daily basis, they help patients in Pennsylvania make critical healthcare decisions. According to Galluppolling, physicians are one of the most trusted professions in American society.



### Change

"We are organizing members of the medical community to mobilize their patients to vote. In 2016, the PA election was decided by 44,000 votes, and our goal is to develop a network of ~1,000 providers that each register 10 patients to vote, allowing 10,000 more votes to be cast. We will change the status quo by elevating the unheard voices of our patients and fellow citizens."



# A FOCUS ON PUBLIC NARRATIVE AND STORYTELLING

Finally, all team members shared a common belief: voting is one of best things that a patient can do to improve their health.

As this campaign and its constituents evolved during the leadup to the election, new opportunities for storytelling inevitably emerged. As it turned out, the doctors involved with this campaign had many compelling motivations for taking action.

One doctor referenced her experiences in the ER, where they'd worked with underrepresented people in need. Another doctor believed that voting is advocating not just for ourselves but for each other—that people who don't vote might be marginalized, dispossessed, but still capable of producing real change.

Still others weighed in on the tremendous impact that policy has on health outcomes. So much happens to the patient outside the hospital—and outside the control of doctors—that determines their health.

Finally, all team members shared a common belief: voting is one of best things that a patient can do to improve their health.

Indeed, each instance of public narrative and storytelling was a bonding moment. The more the team opened up to each other, the more the campaign seemed to open up and evolve. And it was these stories that catalyzed the relationship building that happened thereafter—and that secured the success of this campaign.

# THE POWER OF RELATIONSHIP BUILDING

To recruit physicians in support of this campaign and prepare them to do the same, the Vot-ER team relied on one-on-one meetings. These were personal calls with each doctor, during which the team set goals around recruitment, new registrations, and cadence for reporting progress.

“I was skeptical about my first one-on-one,” says Dr. James Latronica. “It was good. There was a healthy give and take. We entertained all ideas. It modeled the process so I could go out and conduct my own relationship-building exercises.”

The team found that these meetings created a mutual commitment to recruit other people and keep momentum going for the campaign. In addition, the team conducted regular “house meetings” that reinforced this commitment in public. At the end of these meetings, attendees were invited to identify anyone else who would like to host a meeting, or to commit to a one-on-one.





# THE LEADERSHIP TEAM

The Pennsylvania Organizing Campaign under Georgia's leadership began with the formation of an organizing committee, led by four physicians. As this project moved into its later phases, the team adopted a distributed "snowflake" leadership structure, with organizational sway decentralized across different individuals and their teams.

Nearly all of the core members signed on after encountering some form of Vot-ER outreach on their medical campus—a flyer and email, for example, or personal referral. Some participants, such as Dr. Warrick-Stone, ordered a voter registration badge after visiting the Vot-ER website. "I ordered five of them, because I thought, Oh I have some residents interested in voter registration," she says.



# THE LEADERSHIP TEAM



## Dr. James Latronica

When Dr. Latronica, Addiction Medicine Fellow at Penn State Hershey Medical Center, decided to put on his Vot-ER badge and begin registering patients to vote, he was primarily working in an opioid treatment program. He saw an opportunity to do his part during a presidential election year.

- Grandparents escaped Nazis in Slovenia to come to the U.S.
- Raised in a suburb of Cleveland
- Army, honorable discharge
- Advocate of evidence-based policy
- Passionate about addiction medicine and drug policy



## Zonía Moore

Having grown up in Pittsburgh to parents from Guyana and Barbados, Zonía is now a medical student at University of Pennsylvania. Her experiences and interests expand beyond medicine, to include photography, music, and activism.

- Interested in advocacy not politics
- Wants to help people gain agency over their healthcare
- Studies emergency medicine
- Focused on public health and social equity

# THE LEADERSHIP TEAM



## Dr. TaReva Warrick-Stone

For Dr. Warrick-Stone, Resident Physician at Thomas Jefferson University Hospitals, her experience in both family medicine and ER settings motivated her to work with Vot-ER.

“We're constantly having conversations with patients about lifestyle changes,” she says. “This was a chance to add voting into the mix and put control back in the hands of patients. Voting is a great way to self-advocate.”

- Born in Iowa, grew up in Seattle
- Raised with strong service ethic
- Worked at adult homeless shelter in Boulder
- Focus now is family medicine and homeless population



## Dr. Peter Puthenveetil

Dr. Puthenveetil, now an Emergency Medicine Physician at Thomas Jefferson University Hospitals, grew up in the Midwest. Like his father, Dr. Puthenveetil's politics have always been first and foremost pragmatic —“ideas change as the data changes.”

- Works with inner city families, mostly poor and minority
- Frustrated with the profitization and corporatization of medicine
- Interested in finding a path into new policy/political experiences

# THE STRATEGY & CAMPAIGN ROADMAP

The timing of this campaign was no coincidence. The U.S. was in the middle of a presidential election. Living in a perennial swing state, the Vot-ER Pennsylvania Organizing Campaign team was acutely aware not only of the importance of the election, but the critical role that Pennsylvania voters might play. It was this awareness at the center of the team's organizing statement:

## **Vot-ER Pennsylvania Organizing Campaign's Statement**

We are organizing members of the medical community to mobilize their patients to vote. In 2016, the PA election was decided by 44,000 votes, and our goal is to develop a network of ~1,000 providers that each register or remind 10 patients to vote, allowing 10,000 more votes to be cast. There are 2.4 million eligible voters in PA who are not registered, and 2.3 million registered who did not vote. We will change the status quo by elevating the unheard voices of our patients and fellow citizens.

# THE CAMPAIGN TIMELINE

The Vot-ER campaign timeline comprised three core phases across a compressed run up to the November election. In the lead up to Phase 1, Vot-ER staff reached out to doctors in Pennsylvania who had already ordered kits to solicit interest in participating in an optional community organizing pilot.

## Phase 1: Launch the Campaign

During Phase 1, the team of interested doctors got to know each other, aligned on core principles, and began the first wave of recruitment.

### Kickoff

The first step was to conduct a kickoff meeting with the core team members. This was a level-setting exercising, in which the team:

- Introduced physicians and their clinical settings
- Reviewed the basics of organizing
- Discussed barriers to registering patients to vote
- Identified people who might be interested
- Introduced the concept of “civic health”

However, the kickoff meeting was an opportunity to dig deeper. For instance, Dr. Puthenveetil and Dr. Warrick-Stone were a resident/attending combo at the same hospital, which provided strength in numbers at that location. And though Dr. Latronica was going to a new hospital, addiction medicine (his specialty) represented a prime environment for discussing voter registration. Finally, Zonía was a medical student (not seeing patients), so her strategy needed to be a little different.

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# THE CAMPAIGN TIMELINE

Discussing the strengths, weaknesses, and opportunities of the group was the first step in structuring a learning program for a busy, but highly engaged group. The kickoff was an amazing opportunity to launch a team by establishing purpose, norms, and roles.

### Progress Check

The kickoff meeting was followed by a progress check in early July. Here, the team started to share experiences, discuss challenges, and bond. At that point, for instance, Dr. Latronica had spoken to four colleagues, while Zonía had found three friends interested in receiving Vot-ER lanyards.

On the other hand, Dr. Puthenveetil worried that situations in the ER were too acute to talk about voting. Based on a few of her own interactions, Dr. Warrick-Stone expressed concern that patient interactions might take longer than the team initially thought.

### From Relationship Building to Specific Goals

Here, the team recognized the need to establish goals around structure and strategy. So they scrutinized the gap of unregistered voters in Pennsylvania. At the time, there were 2.4 million eligible voters yet unregistered. In 2016, the Pennsylvania presidential election was decided by just 44,000 votes. So the team set the goal of registering 10,000 voters for this campaign. This would be a win for democracy regardless of political affiliation.

## Coaching & Relationship Building

At this point, the team received more focused training on effective one-on-one meetings, namely:

- Capturing attention
- Ascertaining deep motivation and values
- Connecting values with Vot-ER Campaign
- Gauging resources
- Offering help

With respect to relationship building, the team reiterated a few more concepts:

- How to move the discussion from transactional to transformational
- "It's not sales" - show authentic interest in people's stories
- Willingness to change
- Giving space for people's own motivations



# THE CAMPAIGN TIMELINE

## Phase 2: Recruiting a Second Tier of Volunteers & Leaders

Given the compressed timeline of this campaign, the team recognized that a multi-tier organization might not be practical. Instead, they focused their energy on building out a viable second tier during Phase 2—a group as committed as the original committee to showing up and doing the work needed to reach their registration goals by November. This second tier would help create a “snowflake structure” in which leadership is decentralized across teams.



### First Statewide Meeting

During this first statewide meeting of organizers, turnout didn't match the volume of RSVPs. While the team was disappointed, there were lessons. “No one cares about the thing you care about as much as you do,” says Dr. Latronica. “Did we want more people to show? Yes. But we still cared just as much. And when we met again a week later, we were ready to move forward.”

Despite the challenges with the statewide meeting, the team was able to recruit over 35 people to join their teams and campaign. This was mainly done by a successful 1:1 and small meeting tactics.

# THE CAMPAIGN TIMELINE

### Finalized Strategy for Remainder of Campaign

During the last half of August 2020, the team scrutinized the strategy behind the Rosa Parks/Montgomery Bus Boycott. That symbol of community organizing and protest is an exemplar in enabling people to achieve shared purpose in times of uncertainty.

During the Montgomery Bus Boycott, protestors located their power: their feet. Not courts or elite money groups. So the team discussed its own power as a team. They discussed the mindset shift around going slow to go fast. These principles served the team well during the campaign's final push.

But the most important outcome of this conversation was the realization that second-tier volunteers would have to ground their strategy and tactics in local resources. For example, Dr. Warrick-Stone's team was focused on the medical residents, whose own strategy for recruitment was focused on the ground rounds and weekly meetings. Zonia's team on the other hand was mainly focused on digital strategies for recruitment.

### Second Tier Team Names and Objectives

As a concerted step toward building a second tier, the campaign leadership team decided to create team names. This was a symbolic step that paved the way for very specific team-based goals. These would center around concrete weekly goals for all three objectives (register voters, talk to others, leadership building), which the team would review during subsequent meetings.

These would be measurable goals, like registering 20 new voters a week for the remaining five weeks, or, training three of team members in at least three community organizing practices. At this point, Vot-ER's overall Pennsylvania efforts had reached 2,100 voters. It was time to put the snowflake model into practice during the final push.

# THE CAMPAIGN TIMELINE

## Phase 3: Keep the Momentum

At this point—about one month away from the November election—fatigue set in. Living in a swing state, both the campaign team and the broader Pennsylvania voter base were bombarded daily by political outreach. Additionally, physicians and medical students were facing the exhaustion and constantly shifting impact of responding to the global COVID-19 pandemic.

Team competition began to wane, as did engagement among the second tier. So the team decided to launch something new to re-energize the team.

### Second Statewide Meeting

The first step in reinvigorating the campaign was another statewide meeting. Unfortunately, attendance was again low. Still, the team did not lose sight of the end goal. “We just continued on,” says Dr. Latronica. “There was disappointment, but we were still registering people and still had time.”

### The Final Push

Despite the turnout of the second statewide meeting, the team was excited for the final push. They decided to build on the people that did show up, as well as already engaged members, to campaign for the “final push.”

Using feedback from the last statewide meeting, as well as new ideas from existing team members, the group focused on more relational outreach. Emails weren’t working. Instead, everyone decided to call five people each—to build empathetic bridges and come up with concrete steps to move forward.

New traction began to show, too. It was at this point, for example, that Dr. Warrick-Stone’s husband registered as a poll worker because he was so inspired by Vot-ER’s work.

Registrations continued to increase.

# TAKING ACTION

Throughout all three phases, each physician-led team found ways to make the most of their resources. For example, here's the innovative approach that Dr. Warrick-Stone took to recruiting other physicians:

**“At my hospitals, there are three resident programs: internal medicine; family medicine; and emergency medicine. So I presented at each of those three weekly conferences, told my story, and asked if anyone was interested in requesting a badge. I invited people to email, call, or text me for more info. My residency program director was very supportive. The director of the emergency department, too. And I was fortunate that one of my co-residents had already heard of Vot-ER. There were two or three people from each of those programs that reached out.”**

Remarkably, Zonía Moore rethought her path in medicine based on her experiences with this campaign. Ultimately, she decided on emergency medicine, not surgery, so she'd have more time for organizing. Zonía also was the co-captain of the University of Pennsylvania's Healthy Democracy Campaign team, which led a highly successful competition among medical students to prepare their colleagues and patients for the upcoming election.

Through the combined leadership of Zonía and her classmate, Yoonhee Ha, along with the backing of the Penn Medicine CEO office, the University of Pennsylvania's medical student team won Vot-ER's national Healthy Democracy Campaign.

Simultaneously, the Pennsylvania Organizing Campaign's work was supplemented by Vot-ER's inaugural Civic Health Month in August 2020. During this month, Vot-ER staff worked directly with the communications offices of Penn Medicine and Einstein Health to send system-wide communications about voter registration and vote-at-home ballots.

# OVERCOME THE CHALLENGES

**“The main challenge was securing time to meet. In retrospect, I would have kept the resident group and attending group separate...”**

Each phase of this campaign had its own challenges. Time was primary among them. “We had all of these doctors at different stages of their medical careers, with varying degrees of available bandwidth, trying to make time for voter advocacy,” says Dr. Puthenveetil. As such, it was nearly impossible to conduct weekly meetings. People couldn’t commit to the same time slot in such a short time frame.

Dr. Warrick-Stone elaborates on this sentiment. “The main challenge was securing time to meet. In retrospect, I would have kept the resident group and attending group separate. The residents had a lot more energy and motivation. As a resident, I didn’t feel like I could make those hard asks of the attending physicians as much as I could have my fellow residents. That slowed our group down a bit.”

Finally, a few of the lead physicians noted that the team built the strategy as they went along. “This prevented us from recruiting all the right people. Once the strategy was developed, the team was really effective at developing tactics to go after those strategies,” says Zonía.



# RESULTS OF THE CAMPAIGN

**9,800+**

voters reached through  
voter registration and  
vote at home

**35+**

**health professionals**  
actively leading voter  
registration efforts through  
the dedicated Organizing  
Campaign pilot

**MORE  
THAN 500**

health professionals  
directly informed about  
Vot-ER and the  
importance of civic  
engagement

By now, we know the results of the 2020 presidential election. In Pennsylvania, general election voter turnout was 76.5 percent—record turnout, compared to 2016. Once again, the margins were slim: about 80,500 votes decided the election.

Across Pennsylvania, Vot-ER's combined efforts reached at least 9,800 voters, who either started the process of registering, or requested their absentee ballot. Within these broader efforts, the impact of the Pennsylvania Organizing Campaign was profound and contributed to Pennsylvania being the leading state in Vot-ER's 2020 efforts.

"The number doesn't reflect the true impact," says Dr. Warrick-Stone. "I was a primary care physician talking about the importance of voting. We were having that conversation, and I think it made a difference."

Many patients who had conversations with their providers may not have taken the opportunity to check their registration, or request their ballot, during their visit, but may still have chosen to vote because of the trusted voice of their health professional.



# CLOSING THOUGHTS

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## *Even Small Contributions Require Deep Relationships*

At a fundamental level, this campaign was about registering people to vote. No partisan politics. No agenda. Just an invitation to participate in one's civic health. Because regardless of political affiliation, a voter does have some say over their individual healthcare.

It's just that not everyone can access this voting right, or knows when, where, and how to do so.

From this perspective, the 2020 Vot-ER campaign in Pennsylvania was a success. Yes, the physicians involved in this campaign, along with Vot-ER's broader network in Pennsylvania, helped to register more than 9,800 patients to vote. More importantly, perhaps, were the thousands upon thousands of conversations that occurred as part of this campaign. Conversations between physicians. Conversations between physicians and patients. Maybe even conversations between patients and other patients.

Did this organizing campaign, along with Vot-ER's other efforts in Pennsylvania, tilt the election in one direction or another? Hardly, but that wasn't the purpose. What it did do is to help normalize the civic aspect of a person's healthcare, whoever they are and wherever they come from. At least for the state of Pennsylvania in 2020.

Perhaps the next time a person walks into a Pennsylvania hospital, they'll leave with a better understanding of the power of their vote. And for certain, this dedicated Pennsylvania organizing pilot has inspired many changes to Vot-ER's programs, including the launch of a Civic Health Fellowship that trains dozens of health professionals each year in the same organizing tools used by the Pennsylvania Organizing Campaign team.

# ABOUT US

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People Power Health (PPH) is a group of community organizers, trainers, and coaches focused on bringing social movement and community organizing skills to healthcare professionals, caregivers, and healers.

People Power Health has repurposed the tools of traditional community organizing and movement building for the health care setting and provides coaching to build critical relationships, engage wider numbers of stakeholders, and create coalitions aligned for change. Approaches include building relationships, public narrative, and influence mapping, as well as customized coaching programs for teams and individuals involved in leading local social change initiatives in multiple domains related to health.

# CONTACT US

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## WEBSITE



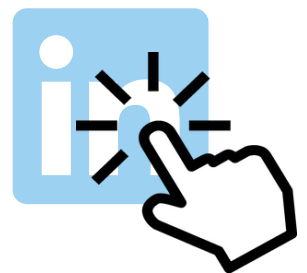
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