

Rocking the vote from rocking chairs

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For seniors, voting can be difficult: standing with a walker or cane in the voting booth, struggling to read the tiny print on the ballot or trying to punch the tiny button to vote for the intended. Despite the desire to vote, the typical voting process leaves many seniors disenfranchised, particularly for residents of long term care facilities.

A Penn Medicine study of a process called mobile polling – where election officials register voters onsite, then bring voting ballots to long term care residents and provide voter assistance as needed – found that nursing home residents, staff and election officials all agreed that mobile polling is better than current voting methods. Not only did the mobile polling efforts guarantee residents their right to vote, but according to the nursing home staff, it also brought dignity to residents. The study appears in the current issue of the *Election Law Journal*.

"Elections are close. Voting matters, especially in long term care facilities where there are often hundreds of voters eligible to and interested in voting," said Jason Karlawish, MD, Associate Professor of Medicine and Medical Ethics. "Mobile polling effectively provides nursing home residents with assistance but without bias."

Study co-investigator Charlie Sabatino, Director of the American Bar Association's Commission on Law and Aging explained that "Mobile polling is standard in other countries that have been studied, but has not been widely adopted in the United States, despite close elections where every vote counts as well as recent recommendations from the American Bar Association to improve voting practices in long-term care settings."



The study was conducted in the state of Vermont during the 2008 general election, with participation from the Secretary of State of Vermont, Deborah Markowitz, who oversees voting policies and procedures. Medicare-designated <u>nursing homes</u> with more than 40 residents were eligible to participate in the study; a total of 24 nursing homes were randomly assigned to the mobile polling intervention (9 facilities) or performed voting as usual (15 facilities). Researchers were unable to precisely assess the impact of mobile polling on the number of residents who voted, because they were unable to obtain lists of residents from most of the long-term care facilities, even at the request of Vermont's Secretary of State.

According to survey results, nursing home staffers reported being uncomfortable when tasked with the role of helping residents vote using traditional voting methods, especially given concerns for assisting voters too much. The mobile polling system, however, "took a lot of pressure off," according to staff member reports.

To help election officials determine whether individual residents needed assistance, the research team developed a procedure to provide appropriate and effective assistance. For instance, election officials could read the ballot to residents, and if the resident asked questions, the election official only responded with answers written on the ballot (i.e. if a state doesn't list candidates by party, election officials said that the ballot does not contain information about party affiliation so they could only read the candidates' names, before the resident placed their vote).

According to researchers, mobile polling should be considered on a state-by-state, county-by-county basis, auditing existing practices to determine whether mobile polling can be integrated effectively. Election officials need to be willing to perform mobile voting, provide staff to go to nursing homes. In addition, states and nursing homes need to work together to obtain and match resident lists to registered voter lists.



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