

From Ballots to Better Health

How Inclusive Democracy Shapes The Public's Health

Institute for
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Government

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Summary

- America's worsening public health is directly tied to the erosion of our democracy and loss of trust in government.
- Analysis shows that states with stronger democracies are significantly more likely to have expanded Medicaid and make decisions that improve health for everyday people.
- Strengthening democracy isn't just about elections — it's about improving public health and creating healthier communities where government works for everyone.

Introduction

[Over the past 30 years, health outcomes in the United States](#) have steadily declined, while most other countries in the Organization for Economic Co-operation and Development (OECD)¹ have seen improvements. At the same time, [trust in governmental institutions](#) has eroded, and [democracy](#) has weakened, making it harder to meet people's needs. These problems may seem separate, but research suggests that they are closely linked: public health depends on strong democratic institutions. To reverse these trends, policymakers, community leaders, and advocates must work together to build responsive governments that earn trust and promote civic participation.

Background

America's Worsening Public Health

Public health infrastructure in the United States has been steadily deteriorating over the past 20 years. A [2015 study](#) by the City University of New York School of Public Health found that public health funding rose from 1960 to 2002, but has declined significantly ever since. By 2014, investments in public health had dropped by \$40 billion nationwide. Even then, before public health investments declined even further, cuts were already showing up in worsening public health outcomes, such as outbreaks of measles and whooping cough.

Meanwhile, the implementation of the Affordable Care Act (ACA) in 2014 was originally a beacon of significant health care reform in America. Under the newly implemented ACA, millions of Americans [gained access to health insurance](#) coverage through Medicaid expansion and the new Marketplaces. Yet, rather than continued progress, political efforts to repeal or weaken the ACA were immediate, resulting in the infamous "[repeal and replace](#)" campaign of 2017. Compounding the efforts to stymie health insurance reforms was the push for [Medicaid work reporting requirements](#), a more stringent [public charge rule](#), and allowing [short term insurance plans](#) known as "Junk Insurance" that don't have to comply with consumer protections to compete with regular health insurance plans, during the first Trump Administration.

The COVID-19 pandemic revealed the consequences of this long term divestment from public health. Underfunded public health systems struggled to [deliver testing, vaccines, and accurate information](#) at the scale and speed required

¹ Typically considered comparable countries for population health comparisons

by the crisis, while years of partisan battles fueled skepticism toward public health agencies. This erosion of trust, exacerbated by inconsistent messaging and politicization of health guidance, sowed doubt in public health authorities.

Two Decades of Democracy In Decline

Paralleling the decline in public health, there have been notable steps taken to weaken democratic institutions in the United States over the last two decades. According to the [State Democracy Index](#),² the majority of states have weaker democracies now than they did in 2000. While some improvements were made in state democratic practices between 2018 and 2023, the average democracy score across all states is still significantly below scores between 2000 and 2009.³ Alongside this downward trend at the state level, several key Supreme Court decisions over the past 20 years have chipped away at democratic institutions. For example, in 2013, *Shelby County v. Holder* struck down Section 4 Voting Rights Act of 1965.^{4&5} Recent reports indicate that since *Shelby County*, [1 in 5 election day polling places have closed](#) and [racial differences in voter participation](#) have widened.

How are Health & Democracy Related?

In 2008, before these declines, a study found that newly eligible [Medicaid beneficiaries](#) who gained coverage through a state lottery experiment, were more likely to vote than those who did not. Today, however, Medicaid beneficiaries, who are more likely to face barriers to accessing healthcare and participating in elections, are now [less likely to be registered to vote](#).

Research increasingly shows that countries, states, and counties with greater opportunities for civic engagement and more inclusive and representative democratic systems have better health outcomes. Public health organizations now explicitly name civic engagement as [an important social determinant of health](#). At an individual level, voting is also a form of civic participation which has been linked to better health by strengthening social cohesion, which has been shown to be linked to community resiliency and better health outcomes. More importantly, however, voting is also a key way to influence policies that can have an impact on community health. Voters elect representatives that are tasked with enacting policies that influence healthcare and the social drivers of health, everything from affordable housing to environmental protections to pharmaceutical regulations and beyond. Ballot measures and referendums related to health or the conditions that influence it, such as reproductive health care access, can also directly impact health care access. In these ways, more inclusive electoral systems can make governing bodies more responsive to community health needs.

Furthermore, the [Health & Democracy Index](#) shows that states with more inclusive voting policies are healthier. Several [recent studies](#) have also found correlations between state voting policies that either promote or hinder participation and a variety of health outcomes, including health insurance access, COVID outcomes, overall health, working-age mortality, life expectancy, and infant mortality. While these studies are focused on the electoral policy environment and health outcomes, they did not directly examine the relationship between these voting conditions and how/if they are connected to health policies. In 2019, the Center for American Progress [published a report that](#) showed Medicaid expansion efforts had been stalled in states with gerrymandered electoral maps. In order to explore this trend further, we analyze the pattern between state electoral policy environments, using the Cost of Voting Index, and Medicaid expansion status.

² The State Democracy Index is a measure using a combination of 54 indicators that capture how free, fair and accessible electoral institutions are across all 50 states or "the extent to which all members of the polity have equal ability to influence policy outcomes through elections."

³ Grumbach J, Bitton F. State Democracy Index 2.0 Report*; 2024. Accessed July 24, 2025.

<https://democracypolicylab.berkeley.edu/wp-content/uploads/2024/12/SDI-2.0-Report.pdf>

⁴ Section 4 of the Voting Rights Act, commonly referred to as the preclearance clause, required jurisdictions with a documented history of denial of the right to vote based on race have all new voting practices approved by the US Department of Justice before taking affect

⁵ 570 U.S. 529 (2013)

Analysis

We explored the correlation between the state-level policies influencing democracy and Medicaid expansion. Using the mean state democracy index scores from 2010-2018 for each state, we first categorized states into three categories (weak democracy states, n = 16; medium democracy states, n = 17; and strong democracy states, n = 17). Similarly, we used [Medicaid expansion status](#) to split states into those that had [expanded Medicaid eligibility](#) by 2020 (n = 34) and those that had not expanded Medicaid eligibility by 2020 (n = 16). Figure 1. shows that 100 percent of states with strong democracies had expanded Medicaid by 2020, while only 37.5 percent of states with weak democracies had expanded Medicaid during the same time period (chi = 14.92, p = 0.001).

However, these findings could be due to external factors that are not accounted for in a simple categorical analysis. Therefore, using the mean state democracy index scores from 2010-2018 for each state as the primary independent variable; Medicaid expansion as the dependent variable; and state political environments (i.e. state legislative trifectas⁶ and state partisan bias⁷), median household income, and the percent of adults with at least a college degree, as covariates, we further explored the relationship between Medicaid expansion and state democracies. Descriptive statistics for each of these variables are included in Table 1.

Figure 1. Medicaid Expansion and the Strength of State Democracies

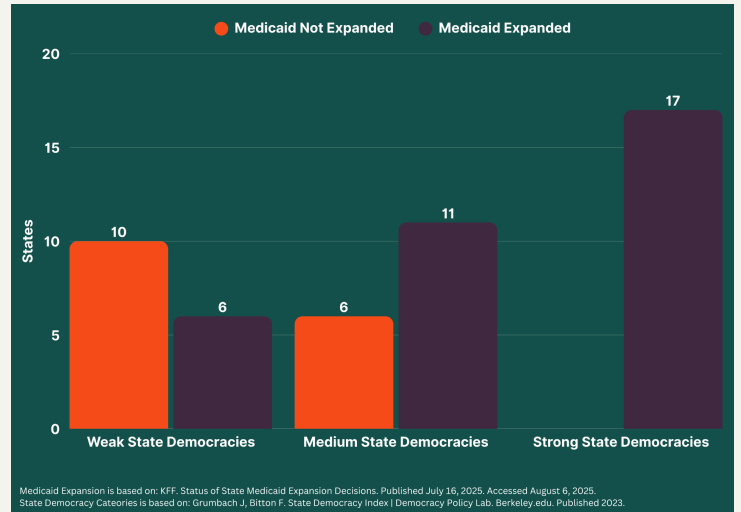


Table 1. Descriptive Statistics

Variable	Mean	SD	Minimum	Maximum	N
Medicaid Expanded States					34
Medicaid Not Expanded States					16
State Democracy Index	-0.13	1.00	-2.67	1.39	50
State Trifecta Index	-0.29	0.72	-1.00	1.00	50
Republican Advantage	3.56	10.71	-16.00	25.00	50
Median Household Income	\$64,529.24	\$10,525.06	\$46,511.00	\$87,063.00	50
Percent of Adults With At Least A College Degree	32.00%	5.25%	21.30%	44.50%	50

A multivariate logistic regression was used to further examine the relationship between the strength of state democracies and Medicaid expansion while adjusting for state political environments, median income, and education (Table 2). This analysis found that states with one point stronger democracies had a 3.72 times higher odds of having expanded Medicaid by 2020 when all other variables were held constant.

⁶ Based on [NCSL's legislative composition reports from 2014, 2016, and 2018](#), states were assigned a -1 if they had a republican controlled trifecta, a 0 if the state was divided, and a 1 if the state had a democrat controlled trifecta. Chronbach's alpha showed that each of these bi-annual metrics were highly correlated and so they were combined into a single index score.

⁷ This analysis used the [2021 Cook Partisan Voting Index](#) which incorporates the state partisan voting lean from the 2016 and 2020 presidential elections. We used the republican advantage as the partisan bias measure.

Table 2. Multivariate Logistic Regression Results

Variable	Odds Ratio	Standard Error	95% Confidence Error	
State Democracy Index	3.72*	2.31	1.11	12.54
Legislative Party Control	126.91**	184.57	7.34	2194.81
Republican Advantage	0.83	0.09	0.67	1.02
Median Household Income	1.00*	< 0.01	1.00	1.00
Percent of Adults With At Least A College Degree	0.44**	0.14	0.24	0.82

N = 50

Wald Chi² = 18.62

Pseudo R² = 0.60

* p < 0.05, ** p < 0.01

While this analysis does not aim to assert causation, these findings do point to a relationship that warrants further study. The analysis above demonstrates a relationship between Medicaid expansion and the strength of state democracies while adjusting for a few potential covariate variables, but cannot assert the causality of that relationship. While this analysis does not explore the causal mechanisms underlying this relationship, it suggests states that have stronger democracies are more likely to have expanded Medicaid eligibility, which further validates research showing the relationship between voter participation, electoral policies, and health outcomes. In fact, these findings underscore that a representative democracy, where all eligible voters have equal opportunities to influence governmental decisions, is related to the likelihood that states will adopt critical health policy initiatives. Researchers should examine the potential mechanisms behind this pattern more closely.

This analysis does control for several potential covariates, including two measures for state political environments. However, these political covariates are imperfect and do not account for all political factors that could influence this relationship. For example, we could not differentiate between states with a split trifecta with a Democratic governor vs a split with a Republican governor. This may influence the findings because some states have used executive authority to expand Medicaid eligibility or the executive branch have implemented regulations to stifle expansion efforts. However, even with these limitations, the findings show a clear relationship between the strength of democracy and important health policy reforms.

Conclusion

American democracy and the public's health are deeply interconnected. States with more inclusive and accessible democratic systems are significantly more likely to adopt policies, such as Medicaid expansion, that directly impact health outcomes and public health priorities. Healthy communities require a democracy where participation is powerful and possible and where trust is built through responsive governance. As our democratic institutions face unprecedented challenges, policymakers, advocates, and the entire public health sector must work together to rebuild trust in institutions, protect and expand access to the ballot box, and ensure that government is delivering to meet the needs of everyday Americans – demonstrating that democracy can and will deliver for the people it serves.

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Gnora Mahs is a public health leader whose work has been focused on strengthening health professional's capacity to serve as champions for a more inclusive and representative democracy. After graduating from Ohio Wesleyan University, she began her professional career as a community organizer, focusing on grassroots movements for health equity initiatives and voting rights in Oregon. Gnora earned her graduate degrees from the George Washington University's Milken Institute School of Public Health in the Department of Health Policy and Management, where she was awarded a University Fellowship. Her published research has focused on the relationship between voting, electoral policies, and health.



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Marisa Bremer leads the "Democracy that Delivers" portfolio, helping states implement policies that reduce administrative burdens and increase government responsiveness. Previously, she worked as a consultant focused on safeguarding American democracy and ensuring ballot access for all eligible voters. Marisa has also served as a field organizer in Pennsylvania, Iowa, and Arizona, and had a brief tenure on Capitol Hill working for Senator Kirsten Gillibrand. If given ten minutes of your time, Marisa will prove that her current home of Philadelphia, PA is the greatest city in the world.