

Letters

RESEARCH LETTER

Trends in Physician Voting Practices in California, New York, and Texas, 2006-2018

From 1996 to 2002, eligible physicians voted approximately 9 percentage points less than the general population.¹ Since then, physician voter engagement has not been reported. We investigated physician voter participation, voter registration, and voter turnout from 2006 through 2018 in California, New York, and Texas, which are states with the largest number of physicians.



Supplemental content

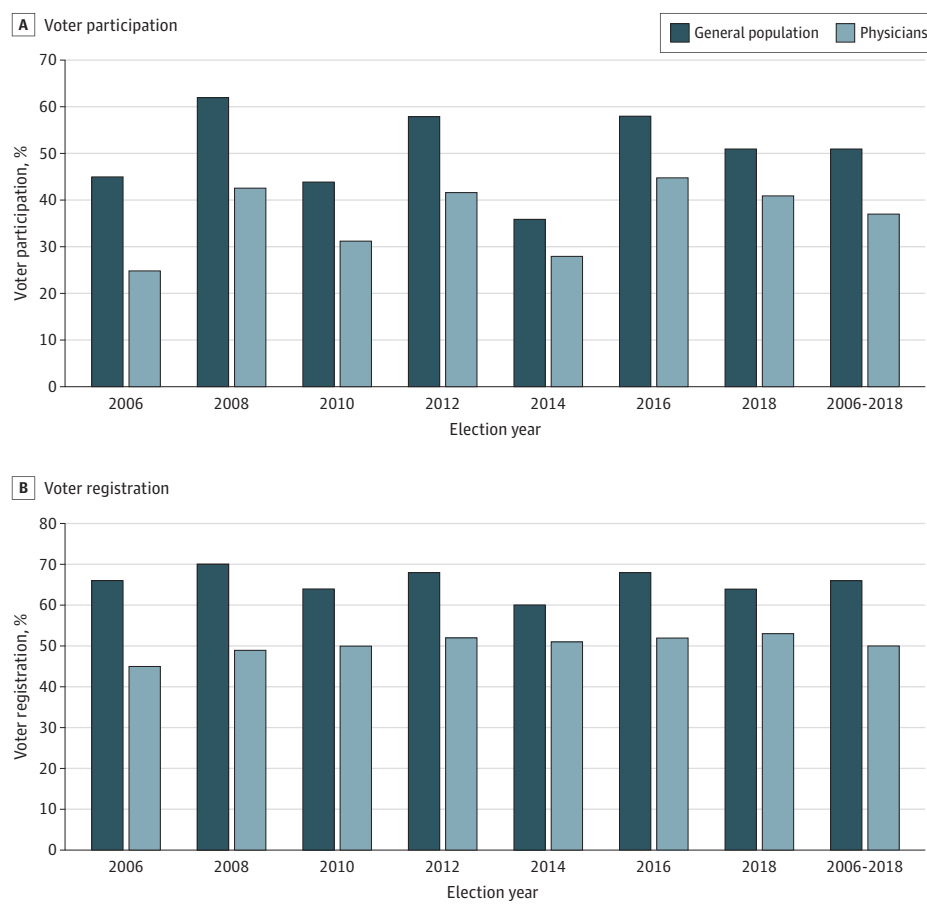
Methods | We merged the National Provider Identifier (NPI) registry with state voter files from L2, a nonpartisan political data corporation,² and identified physicians registered to vote in general elections by using a matching process based on names, NPI enumeration dates, dates of birth, and occu-

pational data from commercial reports. We identified the number of active physicians using state workforce profiles from the Association of American Medical Colleges. We obtained general population voting data and determined eligibility using the Voting and Registration Supplement to the Current Population Survey³ by the US Census Bureau and Bureau of Justice Statistics.⁴

The primary outcome was voter participation (ie, the proportion of physicians who voted among those eligible to register) compared with the general population using χ^2 test analysis. The secondary outcomes were voter registration and voter turnout (ie, the proportion of registered physicians who voted). We modeled voter turnout using logistic regression, adjusting for age, sex, race/ethnicity, education, income, household size, and conducted sensitivity analyses. We used marginal effects to convert odds ratios into adjusted percentages. We estimated pooled and election year results.

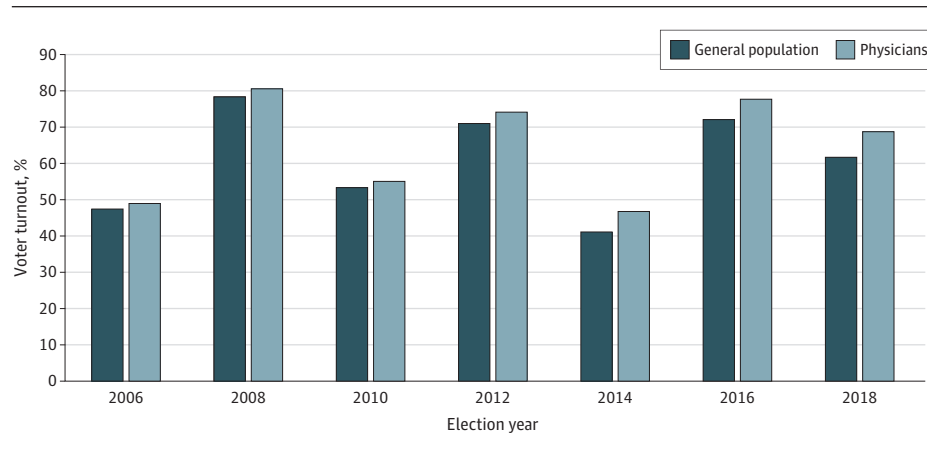
This study was considered exempt by The University of Texas Southwestern Medical Center Institutional Review

Figure 1. Differences in Voter Participation and Voter Registration Between Physicians and the General Population in California, New York, and Texas During General Election Years, 2006-2018



The analysis of state workforce profiles are based on information from the Association of American Medical Colleges, the Voting and Registration Supplement to the Current Population Survey by the US Census Bureau, and state voter files linked to physicians identified in the National Provider Identifier directory. All comparisons of general population to physicians in each year were statistically different at $P < .001$.

Figure 2. Differences in Adjusted Physician Voter Turnout Compared With the General Population During General Election Years, 2006-2018



This analysis is based on state voter files linked to physicians identified in the National Provider Identifier directory and is marginally adjusted for age, sex, race/ethnicity, education level, income level, and household size. All comparisons of general population to physicians in each year were statistically different at $P < .001$.

Board, and informed consent was not required owing to use of publicly available information. Voter file matching and analysis details are available in the [Supplement](#).

Results | We identified 112 032 physicians registered to vote in 2018: 50 854 in California, 39 046 in New York, and 27 578 in Texas. A total of 73 893 physicians (66%) were male; 51 570 (46%) were White, 9837 (9%) were Hispanic, and 3001 (3%) were African American. A total of 45 133 (40%) were baby boomers (individuals born between 1946 and 1964), and 39 668 (36%) were generation X (individuals born between 1965 and 1979). Primary care was the largest specialty with 49 550 (44%) physicians.

Physician voter participation and registration were lower than the general population for all elections from 2006 through 2018 ($P < .001$; see [Figure 1](#) for supporting data). Pooled physician voter participation was 14 percentage points lower than the general population (486 671 [37%] vs 182 982 000 [51%]; $P < .001$), driven primarily by differences in pooled voter registration (670 489 [50%] vs 236 244 000 [66%]; $P < .001$).

Unadjusted physician voter turnout was higher than the general population for all election years (2018: 83 890 [75%] vs 22 168 398 [62%]; $P < .001$; and 2006: 40 995 [54%] vs 14 799 137 [48%]; $P < .001$), and adjusting narrowed the gap to 1 to 7 percentage points higher than the general population (2018: 76 243 [69%] vs 22 175 064 [62%]; $P < .001$; and 2006: 37 416 [49%] vs 14 804 302 [48%]; $P < .001$; [Figure 2](#)). Findings remained consistent after adjusting for political party.

Discussion | From 2006 through 2018, voter participation among eligible physicians in California, New York, and Texas was 14 percentage points lower than the general population. This is similar to research from 1996 through 2002.¹ Half of eligible physicians were not registered to vote, even though wealthier, more educated voters generally have at least 50% higher registration rates.⁵ However, after adjusting for characteristics of physicians that are associated with turnout, reg-

istered physicians had narrower but still significantly higher turnout than the general population. The reason for this pattern of physician voter engagement is unclear, but low participation may be because of the fear of seeming political while practicing medicine, in addition to other administrative and psychological barriers.⁶ It is unclear if unregistered physicians would have comparable voter turnout if they were to become registered.

Limitations of this study include potential mismatch of physicians from the NPI registry to state voter files, residual confounding owing to unmeasured factors, and uncertain generalizability to other states. Future efforts to improve physician voter participation should explore the influence of both increasing voter registration and election turnout.

Hussain S. Lalani, MD, MPH

David H. Johnson, MD

Ethan A. Halm, MD, MPH, MBA

Bhumika Maddineni, MPH

Arthur S. Hong, MD, MPH

Author Affiliations: Department of Internal Medicine, The University of Texas Southwestern Medical Center, Dallas (Lalani, Johnson); Division of General Internal Medicine, Department of Internal Medicine, The University of Texas Southwestern Medical Center, Dallas (Halm, Hong); Department of Population and Data Sciences, The University of Texas Southwestern Medical Center, Dallas (Halm, Maddineni, Hong).

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Corresponding Author: Arthur S. Hong, MD, MPH, The University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas TX, 75390-9169 (arthur.hong@UTSouthwestern.edu).

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Concept and design: Lalani, Johnson, Hong.

Acquisition, analysis, or interpretation of data: All authors.

Drafting of the manuscript: Lalani, Johnson, Maddineni.

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