

**AN EVALUATION OF THE EFFICACY OF COMMUNITY
CLINIC-BASED INTEGRATED VOTER ENGAGEMENT DURING
CALIFORNIA'S 2020 PRIMARY ELECTION**

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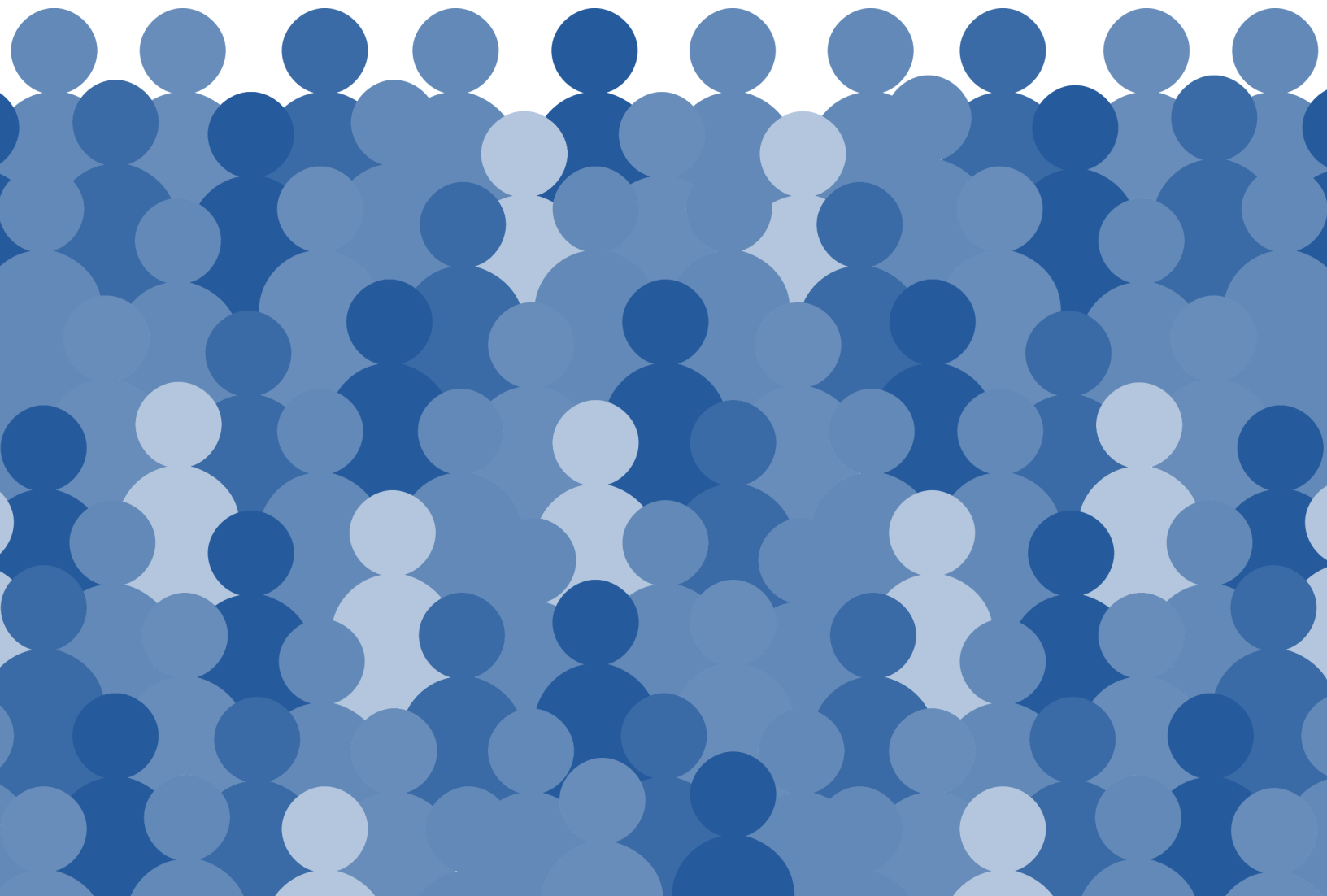


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INTRODUCTION

Our analysis indicates that AltaMed’s outreach efforts are very effective at mobilizing communities, and that their phone and canvassing program was very successful in mobilizing the low-propensity voters they contacted.

Over the past five years and election cycles, AltaMed has begun implementing and scaling its My Vote. My Health.™ Integrated Voter Engagement Program with the purpose of leveraging AltaMed’s community health center infrastructure to increase civic participation and expand voter turnout. And, by extension, AltaMed is seeking to help shape health policy, and advance equity in health care access. Their approach leverages the trusted messenger role of AltaMed’s doctors, nurses, and health care staff to have greater impact on its patients.

Research shows that healthcare providers are among the most trusted messengers in low-income communities of color, giving them unique opportunities to help low-propensity voters overcome barriers to voting, improve their own health, and engage in actions that address Social Determinants of Health (SDoH) in their neighborhoods.

By using its community health centers as hubs for civic engagement the program seeks to mobilize traditionally underrepresented and marginalized voting-eligible individuals.

For the March 3, 2020 California Primary Election, AltaMed launched a statewide My Vote. My Health.™ integrated voter mobilization and get-out-the-vote effort in partnership with peer Federally Qualified Health Centers (FQHC’s), including San Ysidro Health in San Diego County and La Clínica de La Raza in Alameda County. The program included a combination of election education information in the health centers as well as door-to-door canvassing and phone banking within a five-mile radius of their respective clinic sites. The program was conducted throughout communities in East Los Angeles, Southeast Los Angeles, Oakland, parts of Orange County where outreach focused on the cities of Anaheim and Santa Ana, and parts of South San Diego County where outreach was done in Chula Vista, National City and San Ysidro.

During the March primary cycle, AltaMed also partnered with UCLA’s Latino Policy and Politics Initiative to design a randomized experiment with treatment, placebo and control groups to measure the effectiveness of their GOTV campaign. This project was generously funded by The California Endowment, a statewide charitable foundation focused on expanding access to affordable, quality health care for underserved individuals and communities, and promoting fundamental improvements in the health status of all Californians.

This report outlines the findings from this experiment. Our analysis indicates that AltaMed’s outreach efforts are very effective at mobilizing communities, and that their phone and canvassing program was very successful in mobilizing the low-propensity voters they contacted. This report will detail how the experiment was conducted, and the effects of both the phone and door to door canvassing efforts. In addition to analyzing the My Vote. My Health.™ campaign as a whole, we have also analyzed the results by region.

AltaMed’s work on voter engagement fills a critical gap in voter outreach that most political campaigns do not meet.

AltaMed’s work on voter engagement fills a critical gap in voter outreach that most political campaigns do not meet. Due to having limited resources, new voters and low propensity voters are not targeted by political campaigns at the same rate that high propensity voters are.¹ Rather than expanding the number of voters in an election and bringing new faces into the fold, campaigns focus on persuading existing voters. By targeting low propensity voters, AltaMed is increasing the size of the electorate and helping transform low propensity voters into voters that campaigns will target in future elections. This work is critical to repairing the cycle of under-mobilization in minority and working-class communities who often face the greatest social and economic challenges.

Our findings for our regional analysis indicate that the door-to-door canvassing was most effective in Anaheim and Santa Ana in Orange County. Among respondents who were in the control group, turnout was 33.85%. Those in the treatment group who were successfully contacted had a turnout rate of 46.57%, producing a 12.72% increase in turnout compared to the control group. While Orange County experienced the largest increase in turnout, individuals who were successfully treated by canvassers in all regions where their outreach efforts were conducted experienced an increase of 7.4 - 12.72% when compared to the control group. We found similar results for the phone banking efforts. Voters who were successfully treated experienced between a 10.94% and 12.82% increase in turnout when compared to the control group.

Those in the treatment group who were successfully contacted had a turnout rate of 46.57%, producing a 12.72% increase in turnout compared to the control group.

Our findings from the phone canvassing found a 12.02% increase in turnout when comparing the treatment group to the control group. To contextualize these findings, we looked to a meta-analysis of phone banking experiments by Gerber and Green.² Their meta-analysis indicates that live phone banking is effective if the caller can make a connection with the voter. Most studies range anywhere from a 1.3 - 5% increase in turnout, with the most effective study producing a 7% increase in turnout. Similarly, door to door canvassing produces between a 2-14% increase in turnout, with larger effects generally occurring among low propensity voters. AltaMed’s canvassing efforts are on par with the low propensity voter studies, with a 9.55% increase in turnout. These findings indicate that AltaMed’s efforts at voter outreach are successful at increasing turnout among a critical voting bloc. If they continue to engage in outreach efforts in future elections, we expect to find similar results.

¹ Barreto, Matt A. “The Cycle of Undermobilization of Minority Voters.” *Journal of Race, Ethnicity and Politics* 3, no. 1 (2018): 185.

² Green, Donald P., and Alan S. Gerber. *Get out the vote: How to increase voter turnout*. Brookings Institution Press, 2019.

EXPERIMENT DESIGN

We started our experiment by randomizing precincts into one of three possible conditions - treatment, placebo, or control group. Eighty percent of our precincts were randomly assigned to the treatment group, while 10% were assigned the placebo group and 10% were assigned the control. While the analysis of the GOTV efforts is done at the individual level, the randomization was done at the precinct level so that canvassers could easily go through neighborhoods without having to switch between different scripts. AltaMed - hired 80 promotoras, 60 who worked canvassing target precincts and 20 who engaged in phone banking in an effort to target low propensity voters, thus our universe is low propensity voters across all three conditions.

Table 1: Size of groups across both GOTV efforts

	N
CONTROL	42,822
PLACEBO	20,860
TREATMENT	230,792

Since the randomization was conducted at the precinct rather than the individual level, the number of people in each condition that were targeted varies, and the percent of respondents in each condition is slightly off the targets. **Table 1** displays the number of people that are low propensity voters that AltaMed attempted to contact in the placebo and treatment conditions by both phone banking and canvassing. Outreach efforts for the placebo condition were done throughout the experiment, but with less manpower than the control group, so the placebo condition accounts for 7% of our total universe, while the treatment condition makes up 78% of the total universe. The control group makes up the final 14%. Individuals in the control group are low propensity voters that live in the precincts that received no outreach efforts. Voters who moved prior to the election were removed from our analysis.

OUTREACH SCRIPTS

AltaMed uses a 5-touch non-partisan model when contacting voters and engaging with community members. This model is based on the premise that repeated contact will facilitate in informing and persuading voters. The five touches are outlined in **table 2**. Canvassers and phone bankers involved in outreach efforts were trained to have semi structured conversations with respondents. Individuals in the treatment group are asked if they knew that the election was coming up, and asked what issue was most important to them. Canvassers then connected the issue to the primary election, and stated that this issue and many others are decided by elected officials, which is why it is important that they vote. Respondents are then asked if they will vote in the March election. They are then given information about early voting, asked if they would talk to members of their household about voting, if they need a ride to a polling location, and if they need more materials about the candidates or other issues on the ballot. For a full version of the script please see the **appendix**

Table 2: AltaMed’s Five Touch Model

5 TOUCH MODEL	
TOUCH 1	Call low propensity voters ask what issues are important to them.
TOUCH 2	Canvass low propensity homes.
TOUCH 3	Mail voting reminders.
TOUCH 4	Text low propensity voters.
TOUCH 5	Call and remind them of their polling location and coordinate transportation when necessary.

Individuals in the placebo group follow a similar structure to the treatment group. Canvassers and phone bankers were trained to have semi structured conversations with respondents, but were instructed not to mention the election and instead focus the conversation around healthcare. Respondents were asked if they knew about AltaMed’s clinics in the area, if they have used AltaMed’s services in the past, and if they would like to receive more information about their clinic and the services they provide. For respondents who were interested in receiving more information, AltaMed had staff from their offices call respondents with more information. For a full version of the script please see the **appendix**.

Outreach efforts ran from February 3rd through election day on March 3rd.

JOINT ANALYSIS

We begin with a joint analysis of the GOTV efforts. This includes people who AltaMed attempted to contact either by phone or by canvassing. **Table 2** provides the raw number of these individuals broken down by whether or not they voted in the 2020 primary election.

Table 3: Contact Attempts Numeric

	DID NOT VOTE	VOTED
CONTROL	28,051	14,771
PLACEBO	13,359	7,501
TREATMENT	148,328	82,464

Table 4: Contact Attempts Percentages

	DID NOT VOTE	VOTED
CONTROL	65.51	34.49
PLACEBO	64.04	35.96
TREATMENT	64.27	35.73

Table 3 displays the percentages of people who voted across conditions. We find that 34.49% of people in the control group voted in the March election compared to 35.96% of people in the placebo group and 35.73% in the treatment group.

When comparing the control and treatment group we find a 10.41% increase in turnout.

To better assess AltaMed’s impact on turnout in the 2020 election, we subset the treatment and the placebo groups to individuals who were successfully contacted either by phone or canvassing. We find that AltaMed’s

outreach efforts were extremely successful in increasing turnout. In the control group 34.49% of individuals voted, compared to 37.82% in the placebo group and 44.9% in the treatment group. Comparing the treatment group to the placebo group we find a 7.08% increase in turnout, which tells us that it is not only the outreach that is being done, but the messaging that is effective in getting voters to turn out. When comparing the control and treatment group we find a 10.41% increase in turnout. The next section of this analysis will look into the specific methods of contact to measure the effectiveness of the phone banking and canvassing operations

Table 5: Successful Contacts Numeric

	DID NOT VOTE	VOTED
CONTROL	28,051	14,771
PLACEBO	1,708	1,039
TREATMENT	17,474	14,239

Table 6: Successful Contact Percentages

	DID NOT VOTE	VOTED
CONTROL	65.51	34.49
PLACEBO	62.18	37.82
TREATMENT	55.1	44.9

PHONE BANKING

When we focus on respondents who were successfully contacted in the placebo and treatment groups, we find that AltaMed's outreach efforts were incredibly successful.

Here we describe our analysis of the phone banking efforts. **Table 6** displays the raw numbers of everyone AltaMed intended to contact in the placebo and treatment conditions. Individuals are grouped by their condition and their vote history for the March election. These numbers include individuals who were not successfully reached by telephone. **Table 7** presents the percentages across condition, with each row summing to 100%. Looking at **table 7**, when comparing the treatment group to the control group, we find a 2.3% increase among those who voted. However, when comparing the placebo to the treatment group, we find the effect of the treatment message to be much smaller with a 0.3% increase in voting.

Table 7: Raw Numbers for Phone Banking

	DID NOT VOTE	VOTED
CONTROL	28,037	14,758
PLACEBO	11,535	6,642
TREATMENT	96,668	56,313

Table 8: Percentages for Phone Banking

	DID NOT VOTE	VOTED
CONTROL	65.49	34.51
PLACEBO	63.5	36.5
TREATMENT	63.2	36.8

When we shift our focus from intent to treat and instead focus on respondents who were successfully contacted in the placebo and treatment groups, we find that AltaMed's outreach efforts were incredibly successful. AltaMed's canvassing efforts attempted to contact 18,177 people in the placebo group, and

successfully contacted 2,211 for a 12% success rate. In the treatment group, they attempted to contact 152,981 low propensity voters and contacted 14,466 for a 9% success rate.

Looking at **table 9**, in the control group, 34.49% of low propensity voters voted in the 2020 primary election while 65.5% did not. Among those that were successfully contacted in the placebo group, 38.04% of low propensity voters voted. In the treatment group, 46.51% of voters who were successfully contacted voted in the March election. Comparing the placebo group to the treatment group, we find that in the treatment group there is an 8.47% increase in voting. Comparing the treatment group to the control, we find a 12.01% increase in voting, which indicates that being successfully contacted by AltaMed by telephone is increasing turnout among low propensity voters.

Table 9: Raw Numbers Successful Contact Phone Banking

	DID NOT VOTE	VOTED
CONTROL	28,037	14,758
PLACEBO	1,370	841
TREATMENT	7,738	6,728

Table 10: Percentages Successful Contact Phone

	DID NOT VOTE	VOTED
CONTROL	65.50	34.50
PLACEBO	61.96	38.04
TREATMENT	53.49	46.51

CANVASSING

Examining the results from the canvassing efforts, **table 10** displays the raw numbers of everyone AltaMed tried contact in the placebo and treatment condition, and breaks these individuals down further by whether or not they voted in the primary election. These numbers include individuals who were not successfully reached by canvassers. When comparing the treatment group to the control group in **table 11**, we find no difference between the treatment and control group with turnout at 34% for both groups. However, when comparing the placebo to the treatment group, we find the outreach in the treatment group to be slightly more effective than the placebo. In the placebo 32.58% of individuals voted whereas in the treatment group 34.16% voted. Looking at the intent to treat groups, we do not see the real success of AltaMed's canvassing program.

Table 11: Attempted Knocks Raw Numbers

	DID NOT VOTE	VOTED
CONTROL	28,075	14,794
PLACEBO	1,910	923
TREATMENT	53,454	27,733

Table 12: Percentages for Canvassing

	DID NOT VOTE	VOTED
CONTROL	65.49	34.51
PLACEBO	67.42	32.58
TREATMENT	65.84	34.16

AltaMed attempted to contact 2,833 people in the placebo group and successfully contacted 567 for a success rate of 20%. In the treatment group, canvassers attempted to contact 81,187 and successfully contacted 18,478 for a success rate of 23%.

When we isolate those that were successfully contacted in the treatment and placebo groups, a different pattern emerges. Among respondents in the control group 34.51% voted, compared to 37.74% in the placebo group. 44.06% of those successfully contacted in the treatment group voted in the March election. The treatment group experienced a 9.55% increase in voting than those in the control group and a 6.32% increase in voting when compared to the placebo group. These results can be found in **table 13** of this report. The results from both the canvassing and phone banking efforts indicate that AltaMed’s strategy of targeting low propensity voters is succeeding in getting them to turn out in elections.

Table 13: Successful Contact Placebo and Treatment

	DID NOT VOTE	VOTED
CONTROL	28,075	14,794
PLACEBO	353	214
TREATMENT	10,336	8,142

Table 14: Successful contact Placebo and Treatment

	DID NOT VOTE	VOTED
CONTROL	65.49	34.51
PLACEBO	62.26	37.74
TREATMENT	55.94	44.06

REGIONAL ANALYSIS

We have analyzed the effects of both the phone banking campaign and canvassing efforts by the target areas. Across all regions we found evidence of the success of AltaMed’s outreach program.

AltaMed’s efforts were spread out across four different target regions in California; Southeast Los Angeles, Oakland, Santa Ana and Anaheim in Orange County, and South San Diego County (Chula Vista, National City and San Ysidro). These are communities in which AltaMed, and their partner clinics have a presence in the community. We have analyzed the effects of both the phone banking campaign and canvassing efforts by the target areas. Across all regions we found evidence of the success of AltaMed’s outreach program. The largest treatment effects for the phone banking efforts were found in Oakland while the strongest treatment effect for door to door canvassing was found in Santa Ana and Anaheim. While these two campaigns appear to be the most successful, the rest of the target areas are not far behind. Those who were successfully treated in the phone banking experiment experienced between a 7.4% and 12.72% increase in turnout when compared to their region’s control group. Among the canvassing we saw a 10.94% to 12.82% increase in turnout when compared to the control group.

Table 14 displays the results for the attempted contacts by condition for both phone banking and canvassing by region. These results are small in size, but that is because there are a number of voters who AltaMed intended to contact in the treatment and placebo groups that were not successfully treated due to not answering their phone or their doors.

In Southeast Los Angeles, 34.46% of those in the control group voted, whereas in the placebo 36.84% (phones) and 33.58% (canvassing) voted. Among those AltaMed intended to treat, 36.55% who they attempted to contact by phone voted, while 33.47% of those they attempted to contact by canvassing voted. These results

indicate that there is no difference between the treatment and the placebo group. However, we do find a 2.26% increase in voting among those in the phone banking treatment group.

In Oakland, we again find small differences between the control, placebo and treatment group. For phone banking there is a 1.09% increase between the treatment and control, and no real difference between the placebo and treatment groups. When looking at the canvassing results, in Oakland, a larger percentage of the control and placebo groups voted than the intent to treat group.

Santa Ana and Anaheim has some consistent effects in the intent to treat categories. Among phone banking respondents, in Santa Ana and Anaheim 33.85% of those in the control group voted, whereas in the placebo 35.86% and 36.18% of the treatment group voted. For respondents in the canvassing condition 34.47% of those in the placebo group votes while 36.18% of respondents they intended to treat voted.

In South San Diego County 32.37% of the control group voted while 37.35% (phone banking) and 35.79% (canvassing) of the treatment voted.

Table 15: Attempted Contacts

PHONE BANKING ATTEMPTED CONTACT			CANVASSING ATTEMPTED CONTACT		
SOUTHEAST LOS ANGELES			SOUTHEAST LOS ANGELES		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	65.54	34.46	CONTROL	65.54	34.46
PLACEBO	63.16	36.84	PLACEBO	66.42	33.58
TREATMENT	63.45	36.55	TREATMENT	66.53	33.47
OAKLAND			OAKLAND		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	61.22	38.78	CONTROL	61.22	38.78
PLACEBO	60.97	39.03	PLACEBO	60	40
TREATMENT	60.13	39.87	TREATMENT	66.7	33.3
SANTA ANA & ANAHEIM			SANTA ANA & ANAHEIM		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	66.15	33.85	CONTROL	66.15	33.85
PLACEBO	64.14	35.86	PLACEBO	65.53	34.47
TREATMENT	63.82	36.18	TREATMENT	64.88	35.12
S SAN DIEGO COUNTY			S SAN DIEGO COUNTY		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	67.63	32.37	CONTROL	67.63	32.37
PLACEBO	65.24	34.76	PLACEBO	71.67	28.33
TREATMENT	62.65	37.35	TREATMENT	64.21	35.79

Table 15 presents the results by condition for successful contacts by region. Here we are more clearly able to see the direct results of AltaMed's outreach efforts. In Southeast Los Angeles for instance, 47.02% of those successfully treated by receiving a phone call voted in the March election. This is a 6.23% increase when comparing the treatment group to the placebo group, and a 12.56% increase when comparing the control group to the treatment group. When examining the canvassing results for Southeast Los Angeles we find that 43.33% of those successfully contacted voted in the March election. This is a 4.92% increase when comparing the treatment group to the placebo group, and an 8.76% increase when comparing the control group to the treatment group.

Table 16: Successful Contact

PHONE BANKING SUCCESSFUL CONTACT			CANVASSING SUCCESSFUL CONTACT		
SOUTHEAST LOS ANGELES			SOUTHEAST LOS ANGELES		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	65.54	34.46	CONTROL	65.54	34.46
PLACEBO	59.21	40.79	PLACEBO	61.7	38.3
TREATMENT	52.98	47.02	TREATMENT	56.78	43.22
OAKLAND			OAKLAND		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	61.22	38.78	CONTROL	61.22	38.78
PLACEBO	58.85	41.15	PLACEBO	NA	NA
TREATMENT	49.1	50.9	TREATMENT	53.82	46.18
SANTA ANA & ANAHEIM			SANTA ANA & ANAHEIM		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	66.15	33.85	CONTROL	66.15	33.85
PLACEBO	64.74	35.26	PLACEBO	60.12	39.88
TREATMENT	55.23	44.77	TREATMENT	53.43	46.57
S SAN DIEGO COUNTY			S SAN DIEGO COUNTY		
	DID NOT VOTE	VOTED		DID NOT VOTE	VOTED
CONTROL	67.63	32.37	CONTROL	67.63	32.37
PLACEBO	68.8	31.2	PLACEBO	66.39	33.61
TREATMENT	54.81	45.19	TREATMENT	58.15	41.85

In Oakland 50.9% of those successfully contacted by phone voted in the March election. In the placebo group, 41.15% voted, which tells us that turnout was 9.75% higher in the treatment group than the placebo group. When comparing those successfully treated to the control group, we find that there is a 12.12% increase in voting between the control and the treatment group for the phone banking efforts. Among those who were successfully canvassed in Oakland, 46.18% voted. Compared to the 38.78% who voted in the control group, turnout was 7.4% higher among those in the treatment group. There is no placebo comparison group for Oakland due to the low successful contact numbers for the placebo group.

In Santa Ana and Anaheim 44.77% of those successfully treated by phone voted, this is a 9.51% increase in turnout when compared to the placebo group, and a 10.92% increase in turnout when compared to the control group. We find similar effects for the canvassing efforts. In Santa Ana and Anaheim 46.57% of those successfully canvassed voted in the March election compared to 39.8% in the placebo and 33.85% who voted in the control group. This is a 12.72% increase in voting in the treatment group when compared to the control.

The results from the South San Diego County tell a similar story. In the control group 32.37% of the control group voted compared to 31.20% of those successfully contacted by phone in the placebo group, and 45.19% in the treatment group. This indicates a 12.82% increase in turnout when comparing the treatment group to the control group, and a 13.99% increase between the placebo and the treatment group. For the door canvassing, in South San Diego County 32.37% of those in the control group voted, compared to 33.61% of those successfully contacted in the placebo group, and 41.85% in the control. This is a 9.48% increase in turnout when comparing the treatment group to the control.

ANALYSIS BY CONTACT ATTEMPTS

This final section of the analysis examines the effectiveness of multiple contact attempts per respondent. These contacts may be multiple phone calls or door knocks or may be a combination of both phone calls and canvassing efforts. We find that people with multiple contacts are more likely to vote when compared to those who only received 1 contact. Respondents who received three or more successful contacts experienced an 8.1 increase in voting compared to those who were only contacted once in the treatment group. Comparing the control group to those who were contacted in the treatment group two instances we find a 13.67% increase in turnout, and when we compare three contacts in the treatment group to the control group, we find a 17.87 increase in turnout.

Table 17: Successful Contact Raw Numbers

	DID NOT VOTE	VOTED
CONTROL	28,051	14,771
PLACEBO 1 CONTACT	1,683	1,018
PLACEBO 2 CONTACT	25	20
PLACEBO 3 OR MORE	0	1
TREATMENT 1 CONTACT	14,463	11,368
TREATMENT 2 CONTACT	2,577	2,394
TREATMENT 3 OR MORE	434	477

Table 18: Successful Contact Percentages

	DID NOT VOTE	VOTED
CONTROL	65.51	34.49
PLACEBO 1 CONTACT	62.31	37.69
PLACEBO 2 CONTACT	55.56	44.44
PLACEBO 3 OR MORE	NA	NA
TREATMENT 1 CONTACT	55.99	44.01
TREATMENT 2 CONTACT	51.84	48.16
TREATMENT 3 OR MORE	47.64	52.36

IMPACT OF GOTV PROGRAM

If AltaMed had funding to expand their program statewide, more than 650,000 additional Latinos would have voted in the March 2020 primary.

Examining the impact of AltaMed's My Vote. My Health.™ program, we are heartened by the strong impact of their GOTV messaging both through phone banking and door to door canvassing. Leveraging the experimental design of this project, we can make several generalizations as to the success of this program throughout the counties and state. We would expect that this program would be equally successful if it were expanded to cover low propensity voters across more precincts and counties.

Table 19: Anticipated Total Votes Cast by Latinos, by County and Statewide

	ALAMEDA	LOS ANGELES	ORANGE	SAN DIEGO	All CA
LATINO REG VOTERS	132,535	1,942,14	343,028	432,824	5,454,032
NO OUTREACH	51,397	669,262	116,115	140,105	1,881,096
SUCCESSFUL OUTREACH	67,460	913,195	153,574	195,593	2,536,670
GAIN	16,063	243,933	37,458	55,488	655,575

Using Political Data Incorporated's (PDI) estimates of the percent of registered Latinos in each county, we extrapolated the effects of this project were it to be conducted among all Latinos in the counties. Row 1 in table 18 displays PDI's Latino registered voter estimates by location. Using the percent of voters in the control condition that voted, we estimated the number of Latino votes we would expect if there were no outreach efforts in that county. Row three in **table 18** displays our estimates where all Latinos in the county are contacted through AltaMed's phone banking outreach. We find that there would be significant and meaningful gains particularly in Los Angeles and San Diego counties if AltaMed were to expand their program and successfully contact all Latino voters. If this were expanded beyond just Latino voters, we would expect an even larger increase. These potential increases would be large enough to change the outcome of many local, state and federal elections.

APPENDIX

ALTAMED 2020 PRIMARY TREATMENT SCRIPT

Hi, is _____ home? My name is _____ and I'm calling on behalf of AltaMed, a community healthcare provider about the elections. Did you know that our Primary election is early this year? It's on March 3rd. We want to make sure everyone gets a chance to vote because there are a lot of important choices to make, everything from the Presidential race to other state and local races.

What's an issue that's important to you? *(let them respond – if they say they don't know – share a sentence about an issue that's important to you, and you can suggest issues – like healthcare, education, job creation, immigration, etc.)*

Acknowledge what they say – for ex. – I care a lot about our children's education too or lots of people are very concerned about having quality healthcare coverage or immigration is one of the most critical issues right now.

Make the connection between their issue and elections – Elected officials at the local, state and federal level make the laws that impact all of us every day. Things like *(insert the issue they mentioned)*, wages, education, taxes, healthcare coverage, almost anything one could name is impacted by who is elected. That's why voting in the March 3rd election is so important.

1. **Can we count on you to join your neighbors and vote in the March 3rd election?** *(code their response)*

IF YES AND POLL VOTER

2. That's great! Do you know that for the first time we have early voting? That means that starting on Saturday, February 22 you can vote at any one of hundreds of Vote Centers across LA. There won't be polling places anymore and Election Day will last for 11 days. You can see the list of where all of the Vote Center locations and hours are at lavote.net *(move to next question)*

IF YES AND PAV

You should have received your ballot in the mail or will soon. You don't have to vote on every single item, you can choose what you want to focus on. When you fill out your ballot, please make certain to sign the back of the envelope so your vote will count. You can have your letter carrier pick it up from your mailbox or drop it into one of the ballot drop boxes around the County and you won't even need a stamp because the return envelope is already postage paid. Are you able to fill out your ballot and mail it back today or tomorrow?

You can also take it into one of the Vote Centers which will be open starting on February 22nd. There won't be polling places anymore and Election Day will last for 11 days. You can see the list of where all of the Vote Center locations and hours are at lavote.net *(move to the next question)*

Because it really is important that everyone votes, can we count on you to talk to other voters in your household and make certain they vote in this election too? (code their response)

3. Great! We want to help people who might need transportation. **Will anyone in your household need a ride to one of the Voting Centers?** (code their response)

4. **And have you ever used AltaMed for healthcare services before?** (code their response)

Now that we've talked, on a scale of 0-10, with 10 being the highest, how likely would you say you are to vote in this important election? **[listen]** Great! We're collecting reasons why people say they will vote. What made you say [#] rather than a 0 or 1?

That's a great reason! Thanks very much for your time today and for being a voter and encouraging others in your household to vote. Have a good day / evening.

If they want more information about what's on the ballot:

All voters will get a voter guide from the state that will have information on candidates and ballot measures.

There are also a couple of websites you can go to:

Calvoter.org and easyvoterguide.org. Both are non-partisan and have information about what will be on the March ballot.

Thanks for your time and thanks for being a voter!

Control Condition

Script for interested individuals in selecting AltaMed as their health care provider.

Hi, is _____ home? My name is _____ and I'm calling on behalf of AltaMed, a community healthcare provider.

1. **Did you know that we have a clinic in your area?**

We think it is important for everyone in the community to have their yearly checkups and to be on top of their health.

2. **Have you ever used AltaMed for healthcare services before?** (code their response)

3. **Do you currently have a healthcare provider or would you be interested in learning more about AltaMed and our clinics?**

If no and interested,

It is great to hear you are interested in receiving more information about AltaMed. We offer primary care, women's health, dental and seniors care. We can assist you with getting health insurance and selecting AltaMed as your health care provider. One of our Certified Enrollment Counselors (CEC) will be able to help you and set up an appointment.

May I have your contact number and best time to reach you?

Our staff will call you and ask a few questions to see if you are eligible for any programs we offer in the community and help you select AltaMed as your healthcare provider.

If not interested in receiving a call from our staff. You can call 1-877-462-2583 and you can request an appointment at your convenience.

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