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Evaluating AltaMed Voter Mobilization in Southern California, November 2018

A Report by the Center for Social Innovation

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March 8, 2019

Executive Summary

Project Scope

- **Timeframe:** November 2018 general election, with comparison to 2014 general election
- **Geography:** Los Angeles and Orange Counties
- **Target Voters:** Low-to-mid propensity Latino and African American voters
- **Outcome of interest:** Voter turnout
- **Levels of analysis:** Precinct-level and individual-level turnout

Data

- Individual-level voter file data, provided by Political Data Inc.
- Individual-level GOTV contacts via AltaMed, provided by AltaMed (does not account for GOTV contacts in clinics, including exposure to advertisements, voter guides, how-to-vote messages in waiting rooms and calls when placed on hold, and text messages)
- Daily summary of AltaMed's GOTV contacts from Sept. 4 to Nov. 6.

Methods

- Precinct-level statistical analysis of turnout by share of Latino population for each county.
- Precinct-level statistical regression estimate of the effect of AltaMed contact on voter turnout (percent change from 2014).
- Individual-level voter nearest neighbor coarsened exact match, with post-match covariate adjustment regression to estimate the effect of AltaMed contact on voter turnout.

Key Findings from Analyses

- From Sept 4 - Election day over 1.1 million AltaMed contacts attempted, including canvassing by walk and phone. About 29,900 successful contacts completed.
- For every one percent of total voters in a precinct that AltaMed contacted, the percent change in turnout from 2014 to 2018 increased by 8.3 percentage points.
- The average rate of AltaMed contact across all precincts was about 0.4 percent, translating into about a 3.3 percentage point net gain in precinct-level turnout from 2014 to 2018.
- Looking only at precincts where AltaMed contacted at least one person, the average contact rate was 1.7 percent, and the average net gain in precinct-level turnout from 2014 to 2018 was 14 percentage points.
- Precincts with greater Latino concentration had the largest 2014 to 2018 percent change improvements in turnout.
- At the *individual-level*, compared to a similarly situated individual, contact by AltaMed increased the probability that a low-propensity voter would vote by 4 percent.

Overview

Southern California boasts one of the largest concentrations of minority voters in America. In Los Angeles County alone, according to Political Data Inc. (PDI), as of late 2018 there are over 1.8 million Latino registered voters, and about 440,000 Black registered voters. In neighboring Orange County, Latino registered voters number over 316,000 while Black voters are estimated to total just over 10,000. The combined total number of minority voters on the rolls in both counties exceeds 2.5 million. The November 2018 election offers a window into the shifts in voter engagement in these two major counties of Southern California over the past few election cycles.

In this report we take a closer look at voting patterns among Latinos and Blacks in Los Angeles County and Orange County. Prior assessments of Latino voting patterns have noted that Latino turnout in off-cycle (non-presidential) primary elections at the precinct level increased from 2014 to 2018. In that earlier analysis, researchers calculated a rate of change of 75%, crediting a coordinated effort by AltaMed to target low-propensity voters in over 100 precincts of Los Angeles County. Here, we offer a complimentary precinct-level analysis of the general elections from 2014 to 2018 and find that **for both Los Angeles County and Orange County, the degree of mobilization across these two major non-presidential election cycles is higher in areas with greater Latino concentration. At the precinct level AltaMed averaged a successful contact rate of about 0.4 percent of all voters, which translated into an average increase in turnout from 2014 to 2018 of 3.3 percentage points.** Focusing the comparison to precincts where AltaMed contacted at least one person, the average contact rate was 1.7 percent, and the average net gain in precinct-level turnout from 2014 to 2018 was 14 percentage points. However, to account for selection effects associated with AltaMed's precinct targeting, we also present a more fine-grained, individual-level analysis of the impact of AltaMed's non-partisan voter mobilization campaign. We find that **individual voters who were contacted by AltaMed in the fall of 2018 were about 4% more likely to turnout than those where part of the target universe who could have been contacted but were not contacted**.

AltaMed Fall 2018 Voter Outreach

As a community anchor organization in southern California, AltaMed is the largest not-for-profit Federally Qualified Health Center in California, specializing in the provision of quality health and social service programs for nearly 50 years. As part of the overall mission to improve the lives of individuals in Los Angeles and Orange counties, AltaMed leaders are keenly aware of the links between health care and advocating for public resources to directly address affordable food, housing, and access to social service programs. Despite crucial gains in coverage since the Affordable Health Care Act, many Latinos and Blacks in southern California continue to grapple with issues of health care access and under-coverage. Just as AltaMed leaders closely monitor and adapt to shifts in health care industry and health care policy, they are also developing programs to expand the scope of civic engagement among clients in response to tensions in broader public life that fundamentally shape the health profile of many AltaMed clients.

A core initiative of AltaMed's civic engagement efforts include a non-partisan Get-Out-The-Vote (GOTV) campaign targeting low propensity Latino and Black voters in Los Angeles and Orange counties. The campaign included phone calls and in-person and door-to-door contacts, beginning September 4, 2018, continuing on weekends through election day. Drawing on best-practices in GOTV research and leveraging organization and community assets, AltaMed is spearheading a relational empowerment approach to inform, mo-

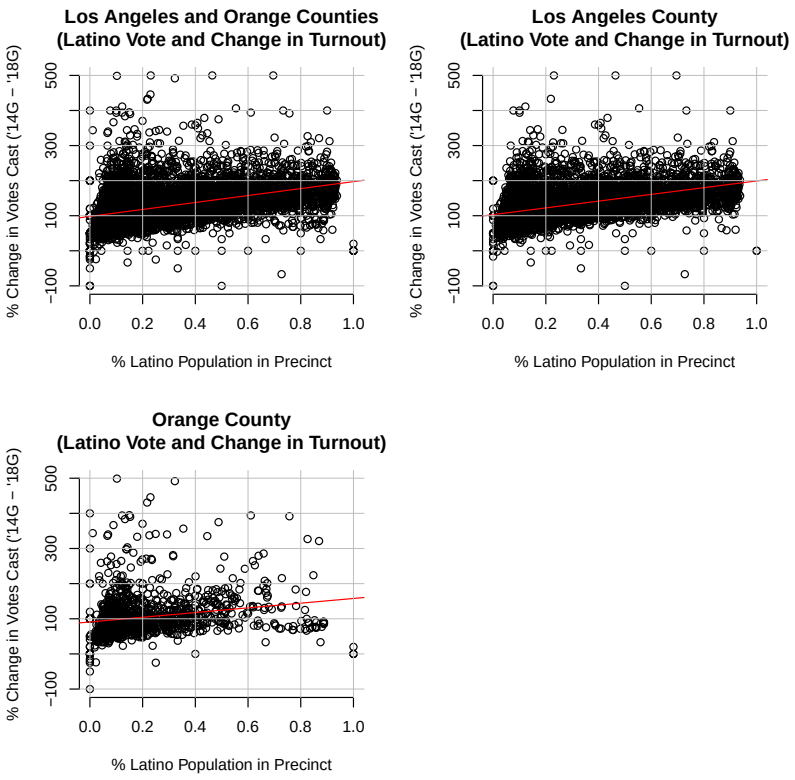
tivate, and mobilize patients and employees to protect access to their healthcare services through the power of their vote. As a trusted member of the community, AltaMed trained and dispatched staffers and volunteers to call households and knock on doors in Los Angeles and Orange counties, asking targeted registered voters for a commitment to vote, to extend that invitation to vote to other family members, and inquiring about the need for a ride to the ballot box (about 3.6 percent of contacts indicated that they needed a ride). As part of this investment in the community, AltaMed reached out to over 1.1 million registered voters in Los Angeles and Orange counties, collecting commitments to vote in the November 2018 election from over 28,000 low-propensity voters (ie. individuals whose voting record is inconsistent over the last four or five election cycles), as well as a commitment from over 22,000 of those voters to invite family members to vote in the same election. As further testament of the breadth of ties that AltaMed is cultivating in southern California, less than 15 percent of the total contacts made in the fall GOTV campaign involved AltaMed clients.

Researchers at the University of California Riverside, Center for Social Innovation did not design or execute AltaMed's GOTV campaign. In the analysis that follows, we offer an evaluation of AltaMed's GOTV campaign impact, drawing on data gathered from canvassing and phone call records collected by AltaMed, combined with detailed voting history, geographic, and demographic information about individual-voters as provided by Political Data, Inc. (PDI). First we present a precinct analysis estimating AltaMed's mobilization effects on voter turnout. Then we show an individual-level voter turnout analysis, which more precisely estimates AltaMed's effect on individuals' vote propensity. In both analyses we focus on voters and precincts that fit the user-defined target universe.

Precinct Analysis

To conduct the precinct analysis, we gathered the full Los Angeles and Orange County voter files. The combined file includes individual-level voter turnout history, as well as demographic and geographic information. For each voter, we know their age, gender, party registration, their estimated race/ethnicity, and information about where they live – such as the proportion of people in their neighborhood with a college education, and neighborhood-level median income. AltaMed also provided a list of contacted voters, voters they attempted to contact, and voters that could have been contacted but were not. We conduct a variety of analyses with these data. First, we aggregated these individual-level data to the precinct level by summing up and averaging selected variables to generate a precinct-level dataset.[1] The precinct-level data that we use below consists of $n = 5,683$ precincts.[2]

Figure 1: In both Los Angeles and Orange counties the percent change turnout between the 2014 and 2018 general elections is larger in precincts with more Latinos. Each circle represents a precinct.



[1] We complement this analysis with precinct contact numbers compiled directly by AltaMed.

[2] For presentation purposes, we exclude 114 precincts from the precinct-level analysis because they contain few people, or because the percent change in turnout associated with a precinct is exceedingly high (ie. over 500%). For example, precincts 3059019 and 3059158 report turnout change of 14,775% and 14,550%, which obviously are extremely high numbers. Further analysis reveals that the β coefficient on Pct. Latino population is about 5 percentage points higher (99) in the restricted model relative to the unrestricted model (94), which is statistically significant (F=3.59, p$<$.10).

The analysis of 2018 primary election conducted by UCLA researchers noted a small but noticeable relationship between precinct percent Latino and percent change turnout (from 2014P -2018P). To evaluate whether voting patterns from the 2018 general election are similar, we replicate this analysis by calculating the change in each precinct across these major elections using the following information: $\frac{PercentVote2018G - PercentVote2014G}{PercentVote2014G}$. We can plot these calculations in Figure 1, which illustrates the Percent Latino on the x-axis against percent change turnout on the y-axis, and reveals similar patterns observed in the general election as with the primary election (from UCLA researchers). The findings show in Los Angeles and Orange Counties that the percent change turnout (2014G to 2018G) is greater in precincts where the size of the Latino population is larger. These findings suggest a greater boost in turnout in high-density Latino neighborhoods, and hint at the mobilizing impact of AltaMed's GOTV campaign in Fall 2018.

We can probe the impact of AltaMed's GOTV initiative more rigorously by focusing only on the precincts that have at least one voter matching the specified target universe criteria (ie. Black or Latino, low-to-mid propensity voter). The average rate of AltaMed contact across all precincts was about 0.4 percent. However, for their 2018 general election mobilization campaign, AltaMed targeted specific voters and areas of Southern California. Here we look only at precincts that have at least one person who AltaMed contacted, AltaMed attempted to contact, or who had at least one person in AltaMed's target universe. By excluding precincts that were not targeted by AltaMed, we remove from our analysis the influence that might be introduced from any turnout change in those areas, which we know cannot be credited to AltaMed activity.

Table 1: Precinct linear model: DV=Percent Change Turnout 2014-to-2018. Key variables include Pct. AltaMed contact, Pct. AltaMed attempted contact, Pct. AltaMed Target Universe, and the following controls: Pct. Female, Pct. Latino, Pct. Democrat, Pct. GOP, Pct. College Degree, Median Income, Mean Age, and Total Population.

	Regression Coefficient	*Standard Error*
Pct. AltaMed Contact	8.314***	(2.887)
Pct. AltaMed Attempt	−1.147	(1.545)
Pct. Target Universe	0.850	(0.526)
Pct. Female	−233.389***	(64.440)
Latino	11.495	(18.145)
Pct. Democrat	−319.794***	(48.712)
Pct. GOP	−257.549***	(48.155)
Pct. College	2.368***	(0.466)
Median Income	−0.0003***	(0.0001)
Mean Age	−6.065***	(0.468)
Total Population	−0.006**	(0.003)
Constant	718.684***	(37.221)
Observations		1,433
Adjusted R^2		0.333
Note:		*p<0.1; **p<0.05; ***p<0.01

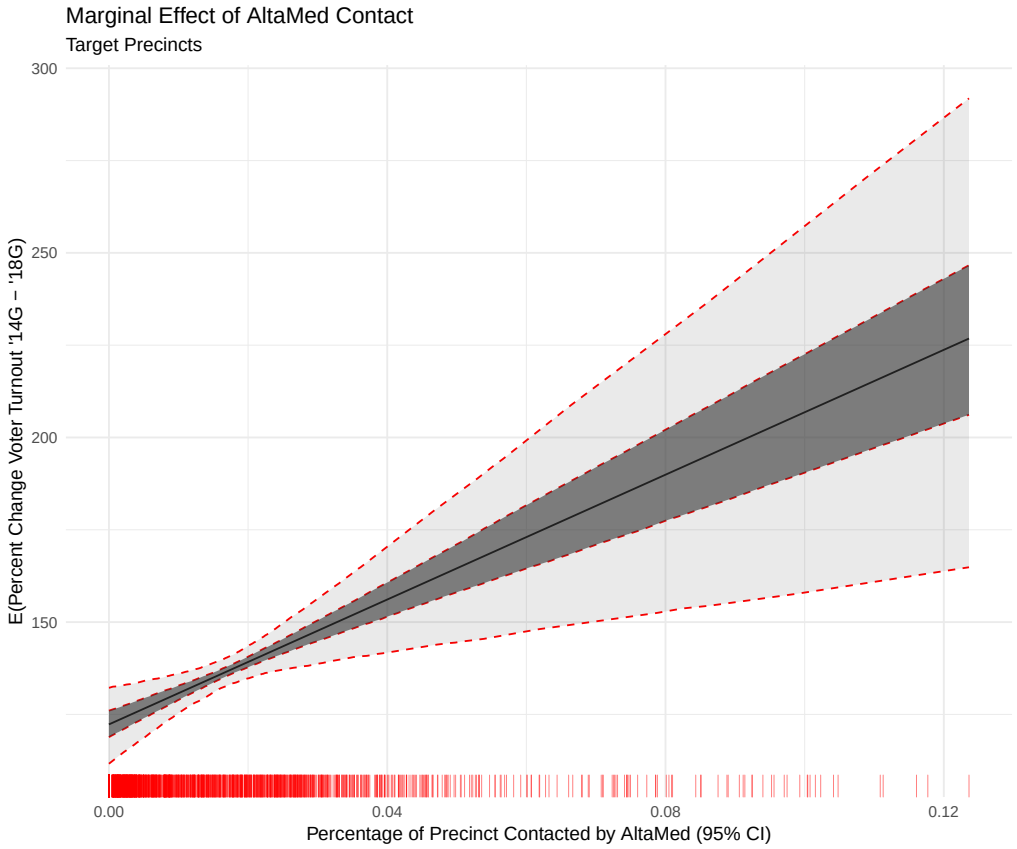
With this approach we identify a 1,439 precincts that will allow us to more precisely assess whether change in turnout from the 2014 to 2018 general elections varies as a function of how much work AltaMed did in each precinct. Using a statistical model, we estimate the relationship between percent change in turnout from the 2014 to the 2018 general election, on one hand, and the percent of the precinct's voters contacted by AltaMed, the percent of the precinct's voters attempted contact by AltaMed, and the percent of the precinct's voters in the target universe that received no contact attempt, on the other. However, because the data are observational (i.e., not a randomly controlled trial), we want to account for other factors that we know are probably related to turnout. We can do this with a statistical model by simply including information for each precinct like the percentage of residents who are women, Latino, Democrat, college-educated, and the average age. By including information about such factors in our statistical model we are removing their influence from our estimate of the relationship between AltaMed contact and percent change turnout. Using this approach we find a substantial and statistically significant positive effect for AltaMed contact on changing voter turnout at the precinct level from 2014 to 2018. Specifically, according to a statistical linear model, an increase in AltaMed contact of one percent of voters in a precinct is associated with about an 8% increase in precinct-level turnout from 2014 to 2018. However, we find no such impact for attempted contact. Together, this pair of findings for recorded contact and recorded attempted contact is evidence that AltaMed's mobilization operation mobilizes low-to-mid propensity voters.

To visualize the evidence of AltaMed's influence on change in voter turnout from 2014 to 2018, Figure 2 illustrates an analysis that is based on statistical simulations that vary according to the level of contact by AltaMed's GOTV campaign. In precincts where AltaMed contacted 0 voters, the regression line at the furthest left of the plot, the estimated percent change turnout in 2018 relative to 2014 is 125. Given that AltaMed's average contact rate was 1.7 percent in precincts where at least one contact was achieved, among these precincts, the average net gain in precinct-level turnout from 2014 to 2018 was 14 percentage points. However, in precincts where AltaMed achieved substantial rates of contact, say between 4-8% of all persons in the precinct were successfully reached, the estimated net change in turnout from 2014 to 2018 ranged between +32 and +64. It is important to keep in mind that for most target precincts, AltaMed achieved a contact rate of between 2-4% of voters. In only a few of the targeted precincts did AltaMed contact more than 8 percent of registered voters. Thus, for most precincts, AltaMed's contact increased turnout from the 2014 to 2018 general elections by about +25 percentange points.

Keep in mind that these simulations are calculated without any information regarding GOTV contact from other organizations, including candidate campaigns. In Figure 2, the rug plot along the x-axis indicates that for most precincts included in our analysis the influence of AltaMed's mobilization is closer to an estimated percentage change on 2018 turnout (compared to 2014 turnout) between 20 and 25 percentage change points.

We further analyze the effects of AltaMed's precinct targeting campaign by comparing change in turnout across election years by whether a precinct was or was not targeted by AltaMed. Specifically, AltaMed provided us precinct data revealing which precincts they targeted and by how much. To examine AltaMed's precinct targeting efficacy, we conducted a difference of means t-test between precincts AltaMed contacted versus those they did not. The 2014-2018 percent change in turnout in precincts NOT contacted by AltaMed is 138, whereas the percent change in turnout for AltaMed contacted precincts is 160.4. The difference between the two figures is statistically significant ($t = -4.7354, p < 0.0001$). Table 2 reveals the top-20 AltaMed percent-change precincts.

Figure 2: First difference effects of AltaMed contact on percent change in precinct voter turnout from 2014 to 2018 general. The figure presents simulations of expected percent change turnout 2014 to 2018 across the total AltaMed percent precinct contacted range (0-12 percent). The figure reports expected outcomes at each level of the key independent variable. Across the full spectrum AltaMed increases turnout by about 100 percent change points. However, the majority of precincts range from 0 to 5 percent of voters experienced AltaMed contact. When we take this into consideration we find a more modest treatment effect at the precinct level of 20-25 percentage change points.



Still, the estimates from the precinct analysis we offer so far are likely to be influenced by other factors that determine where AltaMed is most likely to canvass, and who is most likely to be contacted. For example, precincts with greater levels of AltaMed contact may be located in neighborhoods that are adjacent or nearby AltaMed facilities, providing voters in those areas with a higher concentration of overall voter mobilization beyond the contacts reported in the data. To further probe this possibility, the next section evaluates AltaMed's influence at the individual-level with another rigorous statistical approach called statistical matching, which we explain in detail below. This matching approach allows us to craft a strategy for comparison that is much closer to the gold-standard of a randomly controlled trial, in which the investigator randomly assigns all voters within the targeted universe to either the treatment or the control group.

	Precinct	City	Number of Registered	Number of Households	Contacted Individuals	Contacted Households	Percent Change from '14 to '18
1	199000602B	LOS ANGELES COUNCIL DISTRICT 01	1401	927	241	201	378.98
2	190750054C	BELLFLOWER COUNCIL DISTRICT 2	918	593	918	593	349.06
3	199003951B	LOS ANGELES COUNCIL DISTRICT 14	2014	1615	246	210	344.60
4	199002159A	LOS ANGELES COUNCIL DISTRICT 14	2053	1589	239	222	344.06
5	199001704C	LOS ANGELES COUNCIL DISTRICT 01	2017	1593	167	154	325.61
6	195100027A	PARAMOUNT	681	364	681	364	322.86
7	190800017C	BELL GARDENS	1034	530	350	252	312.50
8	199003518A	LOS ANGELES COUNCIL DISTRICT 01	1358	814	289	232	287.79
9	197800167C	WHITTIER COUNCIL DISTRICT 2	1348	866	1348	866	285.71
10	192850050B	HUNTINGTON PARK	924	510	265	188	282.46
11	195100002A	PARAMOUNT	1117	630	1117	630	282.22
12	191850006B	DOWNEY COUNCIL DISTRICT 1	899	580	899	580	276.79
13	190800005A	BELL GARDENS	1252	658	437	309	275.00
14	199001686A	LOS ANGELES COUNCIL DISTRICT 01	1175	884	251	200	272.31
15	193990001A	LYNWOOD	1135	510	1135	510	266.00
16	190800013A	BELL GARDENS	1086	598	358	265	263.83
17	190750012A	BELLFLOWER COUNCIL DISTRICT 4	506	350	506	350	263.16
18	199001105A	LOS ANGELES COUNCIL DISTRICT 14	1799	1378	152	147	262.30
19	199000371A	LOS ANGELES COUNCIL DISTRICT 01	1264	718	291	219	256.83
20	190800001A	BELL GARDENS	1190	559	356	255	253.12

Table 2: Top-20 Percent Change in Turnout from 2014 to 2018 General Elections among AltaMed Target Precincts

Individual Voter Analysis

AltaMed contracted with Political Data Inc. to develop a list of 298,478 target low-to-medium propensity voters living in areas near to AltaMed sites. The target universe excludes voters who generally vote and voters who rarely vote. To assess the effects of AltaMed's mobilization campaign, we therefore compare voters who were contacted by AltaMed against similarly situated voters who could have been contacted by AltaMed but were not. We move beyond a more basic analysis of comparing turnout among voters who AltaMed contacted versus those they did not. This is a very important methodological point because AltaMed may have chosen to contact certain people or precincts for non-random reasons thereby necessitating a matching method to extract an average treatment effect of AltaMed contact. Following data preparation we identified a set of 288,799 voters who also had complete information regarding key demographic, geographic, and voter history profiles. Of these voters, AltaMed contacted by phone or door knock 28,592 voters (treatment), attempted to contact but did not reach 24,321 voters (null), and did not attempt to contact 235,886 (control). We conduct two different analyses to estimate AltaMed's treatment effect.

First we examine turnout in the treatment and the control groups by comparing the mean turnout rate (measured as 0=did not vote, 1 = did vote) in both groups.[3] Although contact by AltaMed was not randomly assigned, we can begin to proceed as though it were randomly assigned with a procedure that sorts the data, and conditions our analysis using a coarsened exact match (CEM) statistical strategy. When conducted effectively, such a statistical match will restrict the analysis to observations such that treatment and control appear identical, or "balanced" on factors that we know are likely to explain voter mobilization in the first place (e.g. party identification or percent Latino). If we were to end our analysis without accounting for this imbalance, we would be less confident that our assessment of a positive impact from AltaMed's GOTV campaign was distinct from the mobilization impact that might be more appropriately credited towards factors like race, income, age, and education. Evidence of the pre-existing imbalance across these factors is shown in table 3.

To adjust the data for a more precise comparison between the AltaMed "treatment" and "control" groups, we paired every voter in the treatment group with a voter from the control group most identical to them.[4] Any voter that did not match across the specified covariates was excluded from the analysis, leaving a subset of 42,524 voters (21,262 in the treatment; 21,262 in the control) who represent an "apples-to-apples" comparison, and best approximate the division we would expect from a randomized control design. Table 4 reports the evidence of the covariate balance improvement, as indicated by the reduced differences between voters in the "treatment" (ie. contacted by AltaMed) and "control" (ie. not contacted by AltaMed) groups. Having identified the "apples-to-apples" cases to compare, next we calculate the sample average treatment effect (SATT)[5] to offer a more precise estimate of AltaMed's mobilization effect on turnout.

[3]For this first analysis we place the attempted contacts (non-compliers) to the side because they are systematically different.

[4]We conducted a match using a coarsened exact algorithm, extracting out a one-to-one match. We leverage the large number of registered voters in the target universe to achieve this matching procedure. We also tested the comparison using a weighted matching technique, which produced similar results.

[5]Or, more precisely, in the parlance of experimental social science Complier Average Treatment Effecte (CATE).

	statistic	type	L1	min	25%	50%	75%	max
Party Registration	0.07	(diff)	0.06	0.00	0.00	0.00	0.00	0.00
Female	0.02	(diff)	0.01	0.00	0.00	0.00	0.00	0.00
Latino	-0.01	(diff)	0.01	0.00	0.00	0.00	0.00	0.00
Black	0.01	(diff)	0.01	0.00	0.00	0.00	0.00	0.00
White Pct.	5.44	(diff)	0.14	0.00	1.00	4.00	9.00	0.00
Black Pct.	1.17	(diff)	0.07	0.00	0.00	1.00	2.00	0.00
Latino Pct.	-7.78	(diff)	0.15	0.00	-11.00	-12.00	-8.00	0.00
Asian Pct.	3.36	(diff)	0.14	0.00	0.00	3.00	5.00	0.00
Median Income	3785.07	(diff)	0.00	0.00	1035.00	4316.00	6352.00	0.00
Age	-1.73	(diff)	0.05	-19.00	0.00	-2.00	-4.00	0.00
Some College Pct.	1.50	(diff)	0.11	0.00	2.00	2.00	2.00	35.00
High School Grad	-0.62	(diff)	0.05	0.00	-1.00	0.00	-1.00	0.00
No HS Grad	-5.71	(diff)	0.14	0.00	-8.00	-8.00	-5.00	0.00

Table 3: Pre-Match Balance Table reveals imbalances across white percent, Latino percent, Asian percent, income, age, and education

	statistic	type	L1	min	25%	50%	75%	max
Party Registration	0.00	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Female	0.00	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Latino	0.00	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Black	0.00	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
White Pct.	0.01	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Black Pct.	-0.00	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Latino Pct.	0.00	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Asian Pct.	-0.00	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Median Income	-0.83	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
Age	-0.01	(diff)	0.05	1.00	0.00	0.00	0.00	0.00
Some College Pct.	-0.01	(diff)	0.01	0.00	0.00	0.00	0.00	0.00
High School Grad	0.01	(diff)	0.00	0.00	0.00	0.00	0.00	0.00
No HS Grad	0.01	(diff)	0.01	0.00	0.00	0.00	0.00	0.00

Table 4: Post-Match Balance Table reveals near perfect balance across party registration, gender, Latino, black, white percent, Latino percent, Asian percent, income, age, and education

Using only the "matched" voters, we calculated the average impact of AltaMed contact on individual voter turnout in 2018.[6] As presented in Table 5, we estimate that the average mobilization impact of contact from AltaMed was 4.2 percentage points (95% CI: [3.2, 5.1], p.value = 0.0000).[7] Specifically, we estimate that voters in the "control" group were about 52% likely to turnout in the November 2018 election, whereas similarly situated voters contacted by AltaMed were 56% likely to turnout.

	"Control"	"Treatment" effect
Estimate	0.52	0.04
Std. Error	0.00	0.00
t value	152.57	8.68
p-value	0.00	0.00

Table 5: Estimated Sample Average Treatment Effect (SATT) with exact one-to-one match between "treatment" and "control" groups.

Lessons, Strengths, and Drawbacks

As part of a broader commitment to improve the lot of southern Californians, AltaMed organized, trained, and deployed a non-partisan GOTV campaign targeting low-to-mid propensity Black and Latino voters in Los Angeles and Orange counties for the November 2018 election. **Although campaigns typically ignore such voters, the analysis we provided here indicates that a substantial return can be achieved from investing in outreach to voters who are often pre-classified as hard-to-mobilize.** In this case, non-partisan contact from an AltaMed staff or volunteer at some point between early September and election day in November 2018 appears to have increased voting among Blacks and Latinos in Los Angeles and Orange counties by about 4%. In the context of many ballot contests that are often decided by single-digit differences in turnout, this 4% boost in voting can serve as an important cue to public officials that voters in Los Angeles and Orange counties are willing to engage democratic processes, and to voice their preferences on important public policy matters.

Our estimates of the effect of AltaMed turnout are likely to be conservative. In addition, AltaMed implemented innovative and robust messaging campaigns by providing voter guides to patients, showing voting commercials in their waiting rooms, deploying messaging about how to vote during holds on phone calls, doctors wearing vote pins, and text messaging details about voter registration and reminders to turnout. If the full range of contacts that AltaMed achieved for each voter and in each precinct were weighed in this analysis, then our expectation is that the difference in turnout between those were contacted and those were not would be starker. In other words, without knowing who was exposed to contact inside of clinics, our analysis here classify voters who did hear the messaging while on hold or in the waiting room into the same category as voters who were, in fact, "non-contacts."

Prior field research on various GOTV initiatives typically reports modest mobilization effects – less than 5% increase in turnout – from ground operations, including door-knocking and phone outreach. However, most GOTV initiatives are not focused specifically on low-propensity voters, nor do most marshal organization assets like staff and community volunteers. Yet, research does point to an indige-

[6] For this estimate we use the sample average treatment effect (SATT): $Y_i = [0(novote), 1(voted)]$.

[7] We also estimated the SATT with the full covariate model, and separately using a nearest neighbor approach, both of which produced similar SATT of 4-5%. When we estimate the SATT by including the non-compliers (i.e., those who AltaMed attempted to contact but was unable to reach) into the control, our treatment effect estimate moves to SATT=5.86 percentage points (95% CI: [5.0, 6.88]).

nous voter mobilization operation as a best practice. Another asset that probably underpins the effectiveness of AltaMed mobilization is that the organization's brand is known, respected, and trusted in the community. AltaMed clinics reinforce their commitment to empower their clients and the communities they serve Each of these assets are consistent with models of social service provision that emphasize the value of cultural competency and grassroots or local-driven advocacy, and thus, provide immediate legitimacy to bilingual voter guides and offers to arrange transportation to the ballot box, and lend weight to the encouragement to invite family members to also vote.

Our independent analysis of AltaMed's GOTV campaign indicates a positive boost among low-to-mid-propensity Black and Latino voter turnout in November 2018. One overarching lesson to draw from our analysis is that AltaMed's leaders should continue supporting their GOTV initiative. This includes the focus on low-to-mid-propensity voters, championing the local advocate and grassroots model, and sustaining the thoughtful connections to other aspects of a voter's AltaMed experience, like messaging during phone call holds and appointment intake. Another lesson to consider here is that to the extent that such assets are crucial to how well AltaMed's GOTV campaigns translate into mobilizing folks whose prior voting record is thin, then other community anchor organizations may not be able to replicate what AltaMed has achieved.

Future Recommendations

We see major potential in future election cycles for AltaMed to pair a similarly robust outreach training and canvassing operation with a strategic deployment design that will allow for a more systematic evaluation of AltaMed's impact on civic engagement. Apart from using a random control trial design to guide calls and canvassing, there are several other features of AltaMed's GOTV campaign worthy of further evaluation. For example, the details about the volunteer and staff training, the role of AltaMed's brand, the importance of being an AltaMed client, offers to coordinate transportation needs to the ballot box, and the encouragement to invite family members to vote, all can be more systematically recorded and compared for effectiveness. This last part about passing on the GOTV message to others in household is especially crucial for innovation efforts focused on scaling-up the impact of GOTV initiatives because it may provide a channel through which a strong relational social pressure to vote can be extended beyond those who are directly contacted. The point is that AltaMed's GOTV campaign is very large and ambitious. There are lots of parts that could be expanded and fine-tuned with an eye towards building on voter mobilization successes from 2018.

As for recommendation to improve turnout and engagement, we have multiple suggestions. Although we were unable to evaluate the effects of clinics as a platform for education and messaging in this report, we do encourage expanding and refining this innovative approach. AltaMed could experiment with videos that show a doctor as the "trusted messenger" describing how to vote and compare that to a video where another patient who lives in the neighborhood encourages the patient in waiting room to register and vote. Such a comparison would "test" whether deference and trust in doctors is more mobilizing than social pressure from peers. Second, the training of staff and youth leadership could be designed with the expectation that the lessons that participants learn should be shared with others. This would be a channel for expanding the relational scope of mobilizers in the community, and follows a training-the-trainer model, which could apply to other family members in the participants social network, or be "exported" to other FQHCs in California and beyond. Third, AltaMed could begin sowing the seeds for high expectations of civic engagement for future generations by introducing voter machine "toys" into waiting rooms. Research in political science finds a mobilizing effect on adults whose children participate in mock elections at school, and that this effect is pronounced for adults of low socio-economic status.