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AltaMed Civic Engagement Evaluation Report

My Vote. My Health.™

2022 California Gubernatorial General Election

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Executive Summary

AltaMed's Get Out to Vote (GOTV) program, My Vote. My Health.™, targeted individuals in primarily Latina/o regions in Los Angeles County and Orange County to conduct voter outreach surveys. Described as “one of a kind” and “unique” by partners who worked logistically on giving this outreach effort life, the program aimed to encourage individuals to go out and vote in the 2022 CA Gubernatorial General Election. The outreach was conducted through multiple modes like text, phone, mail, canvassing, and even a concierge option that was available to guide an interested voter through the steps involved in the voting process.

The Center for the Study of Los Angeles (StudyLA) at Loyola Marymount University was given the task of evaluating the GOTV efforts in terms of its efficacy in getting people out to vote, as well as its logistical and financial efficacy in making the outreach effort happen within the allocated budget. Equipped with data provided by AltaMed, StudyLA has conducted multiple analyses to find that the GOTV outreach efforts was positively associated with mobilizing individuals to vote when compared to no contact or attempt. StudyLA also conducted analyses into the research design, logistics, and costs involved in the outreach efforts. StudyLA found that AltaMed's GOTV initiative is indeed associated with getting individuals out to vote, but the project design can be optimized further to yield even better results in future efforts.

Purpose and History of AltaMed's Voter Outreach

AltaMed's My Vote. My Health.™ program is a unique community outreach program. It was launched to encourage people in their service areas in Southern California to go out and vote. Healthcare policies are at the center of an increasingly divisive debate in the U.S. political sphere. As an official from AltaMed's division of Civic Engagement and Government Relations stated in an interview about this project, “[There's] a direct correlation between addressing the issues of healthcare access and health equity and civic engagement, because at the core, one of the things that we need to do in order to make sure that there's access to healthcare and that we're addressing disparities is that we have to have the legislation in place, the policy in place, and the leaders in place that prioritize those issues.”

By engaging more people to vote, AltaMed's program sets an example for how the voter's voice can be magnified over the extensive noise among politicians over these issues.

The stated goals for AltaMed's My Vote. My Health.™ program are as follows:

1. Mobilize Latina/o voters in AltaMed's service areas to go out and vote during elections;
2. Leverage AltaMed's community health infrastructure to increase turnout;
3. Utilize the trusted messenger role of healthcare providers to encourage patients to have higher civic engagement;
4. Partner with other providers and organizers like San Ysidro Health, Vot-ER, NALEO Educational Fund, and Borrego Health to amplify mobilization efforts;
5. Reach and mobilize traditionally underrepresented and marginalized eligible voters;

6. Engage patients and communities within the vicinity of clinics;
7. Encourage voter participation in both general and primary elections; and
8. Emphasize the fact that “Your Health is on the Ballot”: Clean air and water, neighborhood safety, education, green spaces, medication are all part of health policies that can be affected by voters.

To achieve these goals, AltaMed’s Civic Engagement Department reached out to approximately 500,000 individuals in predominantly Latina/o regions. Outreach attempts were focused on Los Angeles County and Orange County. The outreach efforts were implemented by AltaMed in collaboration with Fourth Street Bridge Strategies and LeadBreeze to facilitate the logistics. Outreach was done through five modes: text, phone, concierge, canvass, and mail.

Evaluation Effort

AltaMed has previously invited external scholars and contractors to evaluate its outreach efforts. Previous reports have found stellar results in correlations between AltaMed’s outreach efforts and voter turnout in elections following these efforts. A report from the Center for Social Innovation at University of California, Riverside conducted after the 2018 CA Gubernatorial General Election found that at the individual level of analysis, contact by AltaMed increased the probability of voting by a low-propensity voter by 4%. Another analysis of AltaMed’s GOTV initiative found overall success as well.

This year, StudyLA has undertaken the evaluation of AltaMed’s GOTV efforts through the My Vote. My Health.™ program. Our analyses consist of four distinct phases:

1. Evaluate existing data on outreach methods and resultant voting in 2022 CA Gubernatorial General Election;
2. Conduct interviews with officials who were at the helm of these efforts;
3. Conduct a survey of potential voters who were contacted by AltaMed before the 2022 CA Gubernatorial General Election to study their perspective on the outreach; and
4. Synthesize findings from all three components to provide recommendations for increasing efficiency of future outreach.

Geographic, Demographic, and Voter Propensity

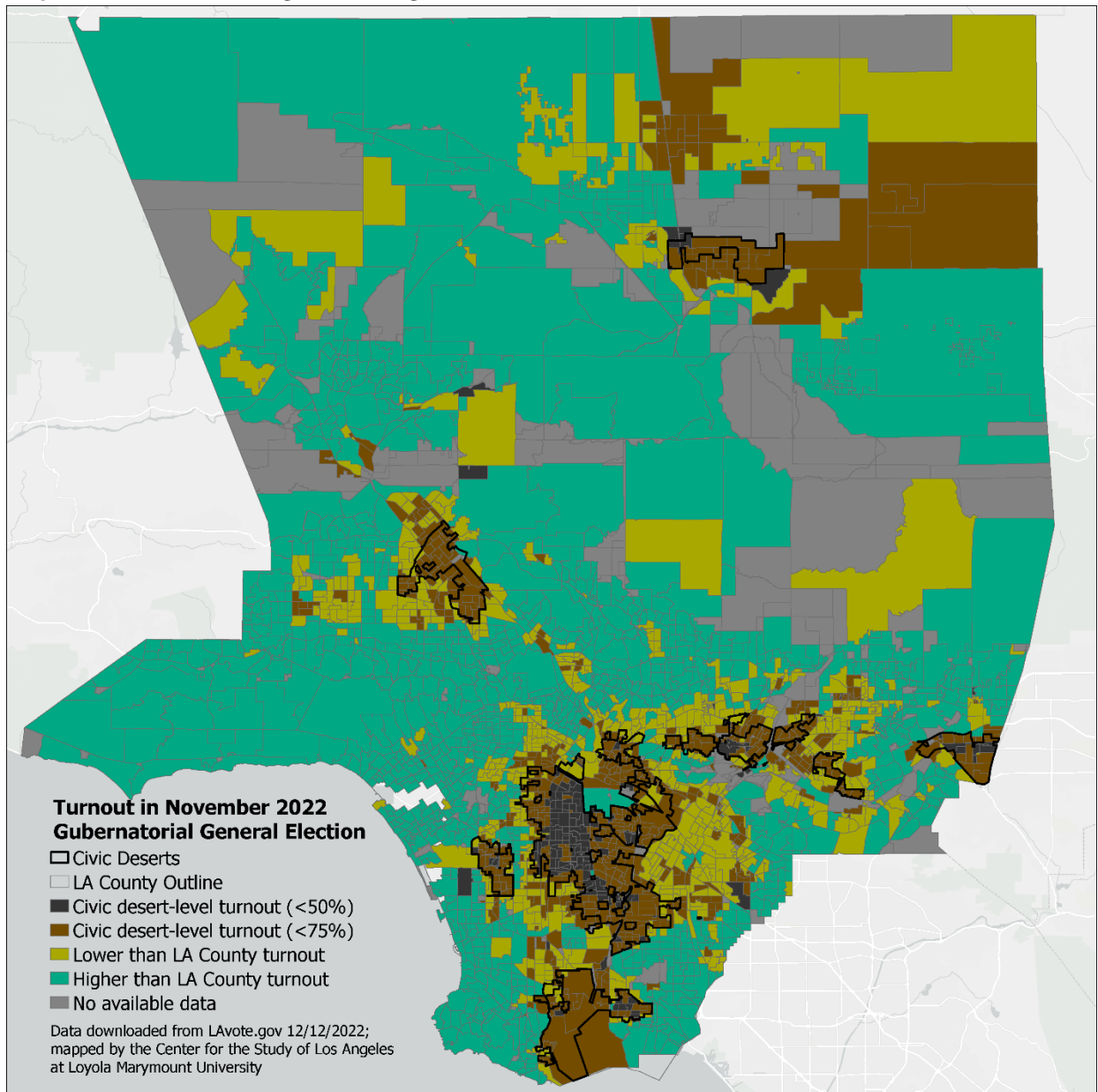
Current State of Voting

AltaMed’s outreach focused primarily on areas with larger Latina/o populations which, historically, also converges with areas that are more likely to have low turnout. These regions are called civic deserts where voter turnout is lower or much lower than the average across Los Angeles County. The following map represents turnout for the November 2022 CA Gubernatorial General Election. The map represents the ratio of the number of ballots cast divided by the number of registered voters in each precinct. All comparisons are based on the overall turnout for Los Angeles County (44%).

The green color represents the healthiest, highest turnout: turnout in these precincts is higher than the overall turnout in the county (>44%). The dark mustard color represents lower turnout: turnout in these precincts is lower than the overall turnout in the county (<44%), but by a relatively slim margin. The brown and black colors represent civic desert-level turnout. Civic desert-level turnout is defined as turnout that is less than 75% of the county overall for any given election. In other words, the county turnout was 44% and these precincts had less than 33% turnout. The brown color represents areas that had between 50%-75% of the county's turnout and then the black level is the lowest of all (less than 50% of the county's turnout, or <22%). Based on previous research at StudyLA, the black outlines are areas of persistent civic desert levels of turnout.

This mapping of Los Angeles County provides a helpful glimpse into the areas of voter turnout concern. The geographic area AltaMed targeted with its outreach is closely aligned with several of these areas, particularly in the area south of Downtown Los Angeles. Throughout this region (as well as at a national level), the trend toward a lack of voter engagement is reaching critical levels. Notably, this lack of voter engagement is acute among eligible Latina/o voters who are already underrepresented in the universe of voters compared to the percentage of Latina/o residents out of the total population. This is also important to note because it highlights that the individuals chosen to receive AltaMed's GOTV efforts were not part of a random sample of Los Angeles or Orange County. Additionally, unfortunately, there is a large disconnect between members of Latina/o communities who are eligible to vote and those who register and cast their ballot further warranting AltaMed's GOTV efforts.

Map – Turnout in Los Angeles During 2022 CA Gubernatorial General Election



Outreach Methodologies for GOTV

AltaMed’s GOTV program was carried out through a wide variety of modes, to ensure a greater reach especially among low-propensity voters. The outreach was done through text messaging, phone banking, canvassing, mailers, and concierge services. These were further broken down to distinguish between whether there was only an attempt to contact someone but no contact was established, versus those where contact was established after an attempt. Following from this, we classified the treatments into the following meaningful categories:

1. Text attempt – a text message was sent to an individual; no response was made
2. Text contact – a text message was sent to an individual and that person responded in some way
3. Phone attempt/voicemail – a phone call was made; since that person did not answer, the caller left a voicemail;
4. Phone contact/conversation – a phone call was made; someone answered the phone, and they had a conversation, however briefly with the caller;
5. Concierge attempt/online ads – text messages were sent and targeted ads were run online based on demographics of people in areas around AltaMed clinics;
6. Concierge contact/conversation with contact center – voters responded to the text message or ad and called in to the contact center from the ads and spoke with an agent who helped them with their query about voting;
7. Canvass attempt/door hanger – a home visit was made; since that person did not answer, the visitor left a printed door hanger;
8. Canvass contact/conversation – a home visit was made; the voter answered the door and they had a conversation, however briefly with the canvasser; and
9. Mailer – a mailer was sent to an individual.

Mailer was the only category that was not broken down into attempts versus contacts since no response was expected in this mode of contact. Text messages were broken down into attempt versus contact but had a small conversion rate. For example, the percentage of texts that elicited a response was only about 7%, whereas approximately 70% of phone attempts turned into contacts, about 50% of concierge attempts turned into contacts, and 24% of canvassing attempts led to a conversation.

The table below shows an initial breakdown by the modes of outreach. A substantially higher number of text messages were used than other modes of contact. These counts include cases where modes of outreach may have overlapped for single individuals. Contacts are a subset of the total number of attempts made for each mode. The total indicated is not an objective sum of the count of attempts and contacts in the table since treatments overlapped in many cases. The total only signifies how many people in total received some treatment in the form of an attempt and/or contact.

Table – Frequencies of Any Mode of Outreach

Mode of Outreach	Attempts	Contacts
Text	424,012	29,061
Phone	39,695	27,844
Mailer	25,488	N/A
Canvass	11,278	2,649
Concierge	9,469	4,568
TOTAL	454,410	64,122

The following table isolates only individuals who received a single mode of outreach (mutually exclusive modes of outreach between individuals).

Table – Frequencies of Single Mode of Outreach

Mode of Outreach	Frequency
Text attempt/text	380,169
Text contact/text response	25,963
Phone attempt/voicemail	13,114
Phone contact/conversation	10,561
Concierge attempt/text	382
Concierge contact/conversation	170
Canvass attempt/door hanger	3,366
Canvass contact/conversation	754
Mailer	13,020

Another significant characteristic of AltaMed’s GOTV initiative is that some people received multiple treatments. Given the methodology and sampling, theoretically, someone could receive all five modes, and they did. Two individuals received all five modes of attempts (no contact), and one individual received all four modes of contact (excluding mail since mail would not have a mode of contact). A handful of people received four modes of outreach, more people received three modes, 40,401 people received dual modes (8% of the total), and 447,499 people received a single mode (about 90% of the people). Given that the number of possible combinations increases dramatically as we increase the number of modes and the number of observations in each category drops quickly, for the research in this report, we focus our attention on the single and dual modes of outreach. Out of 32 meaningful combinations, we found that there were no observations in 8 types of dual treatments. 24 combinations had observations. Below is a table of the individuals who received dual modes. We conduct further analyses and present more on these in our findings section.

Table – Frequencies of Dual Modes of Outreach

Modes of Outreach	Frequency
Text attempt and phone contact	15,562
Text attempt and mail attempt	8,256
Text attempt and canvass attempt	3,799
Text attempt and concierge contact	2,868
Text attempt and concierge attempt	2,685
Text attempt and phone attempt	2,392
Text contact and mail attempt	1,432
Text attempt and canvass contact	1,072
Text contact and phone contact	593
Text contact and canvass attempt	473

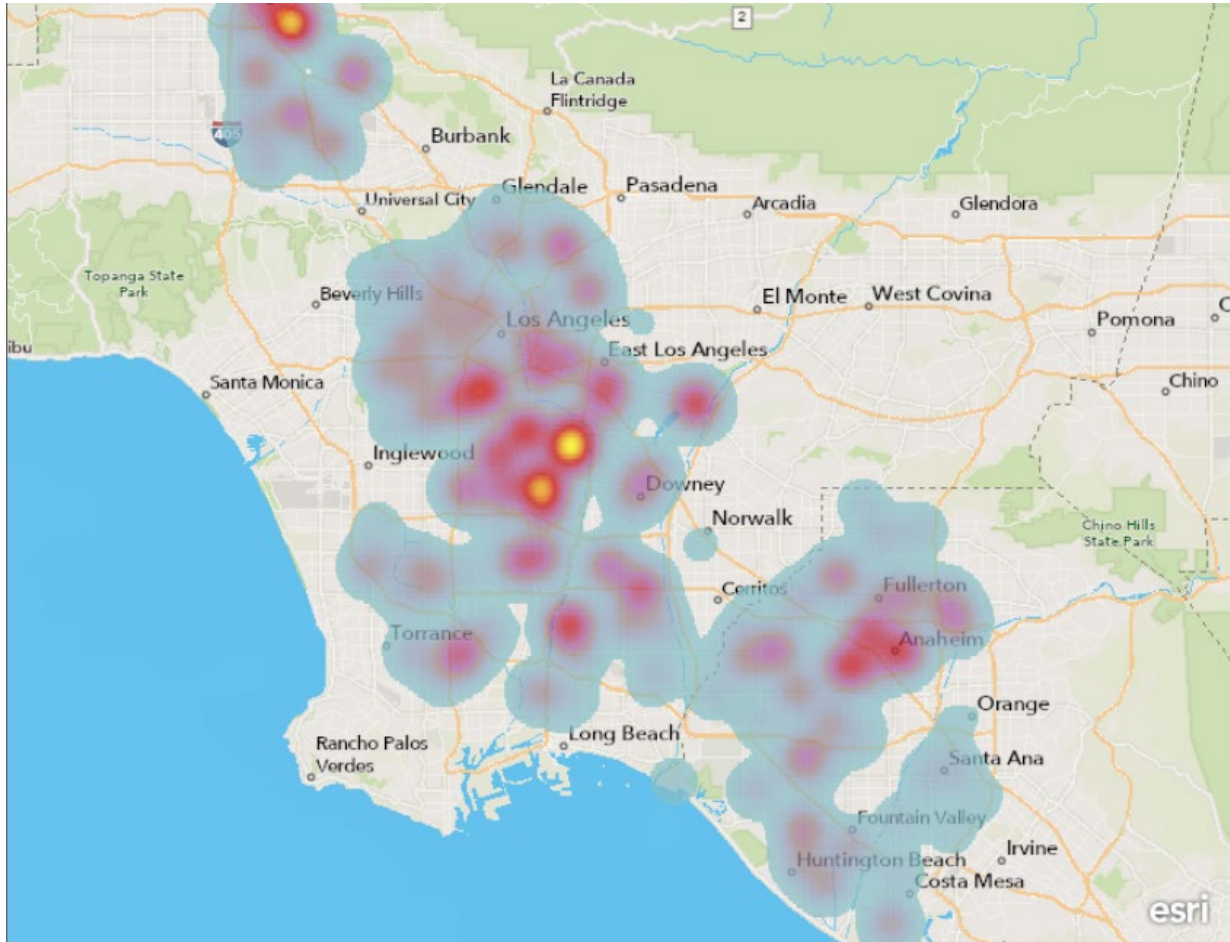
Text contact and concierge attempt	312
Text contact and concierge contact	257
Text contact and canvass contact	167
Phone contact and mail attempt	120
Phone attempt and canvass attempt	107
Text contact and phone attempt	98
Concierge attempt and mail attempt	39
Canvass attempt and mail attempt	36
Phone attempt and canvass contact	32
Phone contact and canvass attempt	29
Phone attempt and mail attempt	26
Concierge contact and mail attempt	21
Canvass contact and mail attempt	20
Phone contact and canvass contact	5
Phone attempt and concierge attempt	0
Concierge attempt and canvass attempt	0
Concierge attempt and canvass contact	0
Phone contact and concierge attempt	0
Concierge contact and canvass attempt	0
Concierge contact and canvass contact	0
Phone contact and concierge contact	0
Phone attempt and concierge contact	0
TOTAL	40,401

Geographic and Demographic Results

Geographic Findings

The map below is a snapshot of most individuals attempted or contacted by AltaMed's outreach, specifically those in Los Angeles and Orange County. The heatmap shows the areas with the highest prevalence of receiving at least one mode of outreach. The bright yellow areas represent the most common zip codes where at least one mode of outreach was implemented, followed by red and purple. Blue shaded areas were less likely to be targeted but they are still areas of outreach. Areas not shaded on the map were much less likely to be areas of attempt or contact.

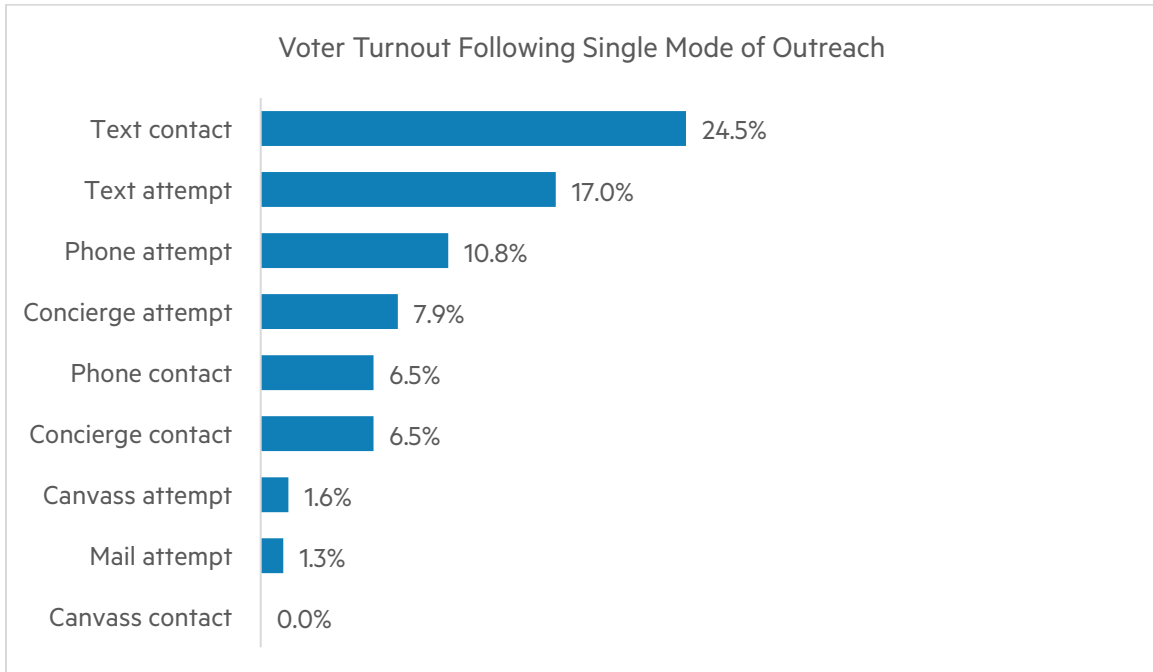
Map – Heatmap of AltaMed GOTV Contacts and Attempts



Model and Analyses

Among the eight modes of outreach, there are some significant trends regarding voting in the 2022 CA Gubernatorial General Election. Overall, 16.3% of the sample turned out to vote (17% of those who were outreached to by AltaMed and 13.9% of those who were not outreached but were part of the study). Of those who received a text message and subsequent contact was established through text, about 24.5% turned out to vote. Approximately 6.5% of people who had a phone conversation voted in the election while about 10.8% of those who were only attempted to be contacted by phone voted.

Chart – Percent of People Part of the AltaMed GOTV Outreach Who Voted in the 2022 California Gubernatorial General Election

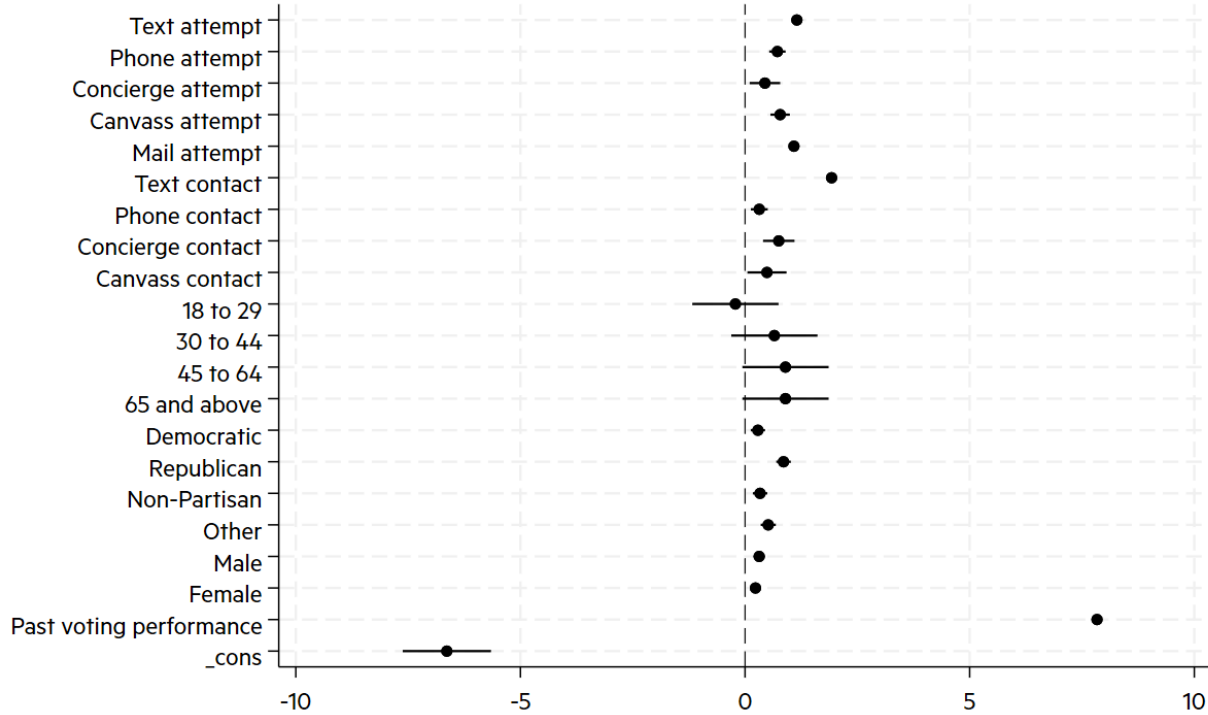


To analyze the efficacy of each mode of outreach, we performed logistic regressions. We used the best subset rule for these models since 99.6% of the sample in the data is Latina/o. Our main dependent variable is whether an individual voted in the 2022 CA Gubernatorial General Election. Our independent variables include an extensive array of modes of outreach. To account for potential confounding factors, we include age categories, gender, registered political party, and past voting performance.

Past voting performance is coded as the percentage of general and primary even year elections an individual voted in since 2012. Age categories are coded as an ordinal variable with four categories: 18-29, 30-44, 45-64, and 65+. There are four categories for political parties, namely, Democratic, Republican, Non-partisan, and Other. The “Other” category includes several significantly smaller political parties and constitutes about 3% of the total sample. All data used in these analyses were provided by AltaMed and done at individual level of analyses.

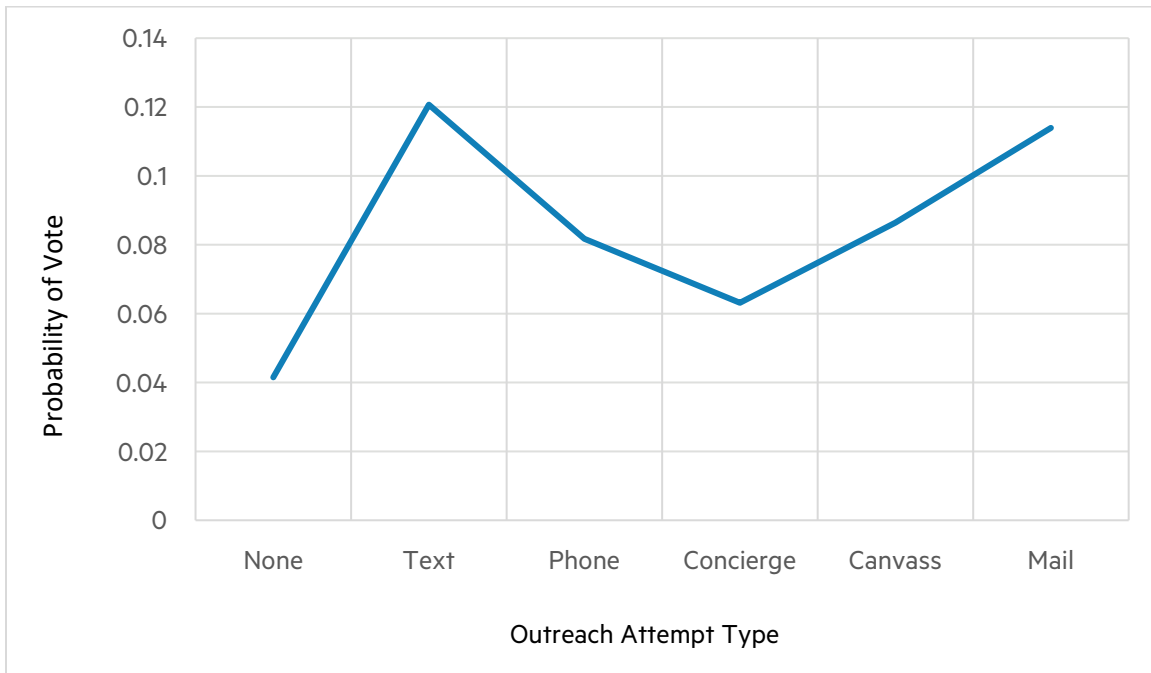
To begin, we ran a logistic regression with an independent variable that codes for all modes of attempts and contacts made. The results can be found in the coefficient plot below.

Chart – Coefficient Plot from AltaMed GOTV Outreach



The percentage points from this model are a comparison of propensity of voting of people who received a mode of outreach attempt/contact versus those who did not receive any treatment. It is important to note that these two groups were not randomly selected and have inherent selection biases. For example, these groups were chosen because they were historically less likely to vote. For the sake of the evaluation, we are comparing the two groups to one another, not to the overall turnout in Los Angeles (44%) or Orange County (55%). Text contact performs at the highest rate of approximately 41% more probability of vote in 2022 CA Gubernatorial General Election than those who did not receive any text contact. This means that people who received a text contact were 41% more likely to go out and vote than those who received no treatment at all. Concierge contact shows the next best results at almost 20% increase, followed by canvass contact at approximately 16% increase in the probability of voting. Phone contact shows the least among all treatments at about a 14% increase in the probability of voting. All these results, however, are better than no contact at all in terms of getting people out to vote. All results in this model are statistically significant at the 0.01 level. We can certainly assert in this case that contact correlates to a statistically significant increase in the probability that an individual will go out to vote.

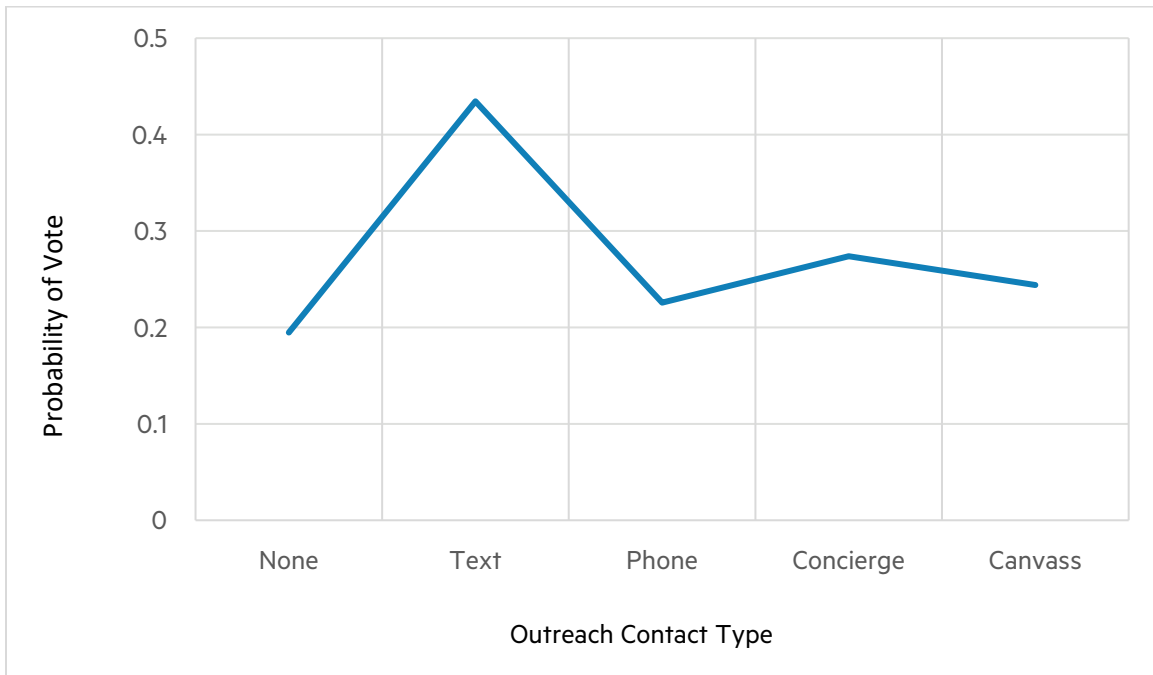
Chart – Predictions of Voter Turnout by Outreach Attempt



In terms of attempts, all contacts have attempts built into them, therefore we isolated cases where there were only attempts made but contact was not established. Individuals who received a mail attempt showed an 11% higher probability of voting than those who did get any attempt. This outreach ranking is followed by canvass and phone attempts which yielded about 8% higher probability of voting among those who received these attempt treatments separately. Concierge attempt showed about a 6% increase in probability of voting. All results for attempt treatments are statistically significant at the 0.05 level.

Other variables of interest show similar results to expectations. The model shows no statistical significance in the age group of 18-44, a stark lack of significance especially in the group of 18-29, which is in line with the common understanding that younger demographics are least likely to turn out to vote. Democrats were less likely to turn out to vote than Republicans. Males were slightly more likely to vote than females.

Chart – Predictions of Voter Turnout by Outreach Contact



As noted in the description of the data from the outreach, we have found around 40,000 individuals out of almost 500,000 who received more than one mode of outreach. Below is a table of the 24 dual outreach modes that had observations along with the number (and percentage) of people who voted in the 2022 CA Gubernatorial General Election.

Table – Dual Outreach Modes and Voting Results

Treatment Type	Frequency	Number of People Who Voted in 2022	
		Gubernatorial General Election	Percent of People Who Voted in 2022 Gubernatorial General Election
Text contact and phone contact	593	494	83%
Text contact and phone attempt	98	79	81%
Text contact and mail attempt	1432	1012	71%
Text contact and concierge contact	257	150	58%
Text contact and canvass contact	167	88	53%
Text contact and canvass attempt	473	247	52%
Text contact and concierge attempt	312	122	39%
Concierge attempt and mail attempt	39	15	38%
Text attempt and mail attempt	8,256	2,698	33%
Concierge contact and mail attempt	21	6	29%
Phone contact and mail attempt	120	25	21%
Text attempt and phone attempt	2,392	355	15%
Text attempt and phone contact	15,562	2,301	15%
Text attempt and canvass attempt	3,799	359	9%
Text attempt and canvass contact	1,072	101	9%
Text attempt and concierge contact	2,868	235	8%
Phone attempt and mail attempt	26	2	8%
Text attempt and concierge attempt	2,685	166	6%
Phone attempt and canvass contact	32	0	0%
Phone attempt and canvass attempt	107	0	0%
Canvass attempt and mail attempt	36	0	0%
Phone contact and canvass attempt	29	0	0%
Canvass contact and mail attempt	20	0	0%
Phone contact and canvass contact	5	0	0%
TOTAL	40,401	8,455	21%

When combined with voting trends, we observe voting percentages of lower than 50% in 18 out of the 24 dual treatment cases. The first chart depicts, in decreasing order, the percentage of individuals who received two separate modes of outreach. The second figure shows the percentage of how many individuals within these dual treatment groups turned out to vote.

**Chart – Percent of People Part of the AltaMed GOTV Outreach
Who Were Contacted through Dual Modes of Outreach**

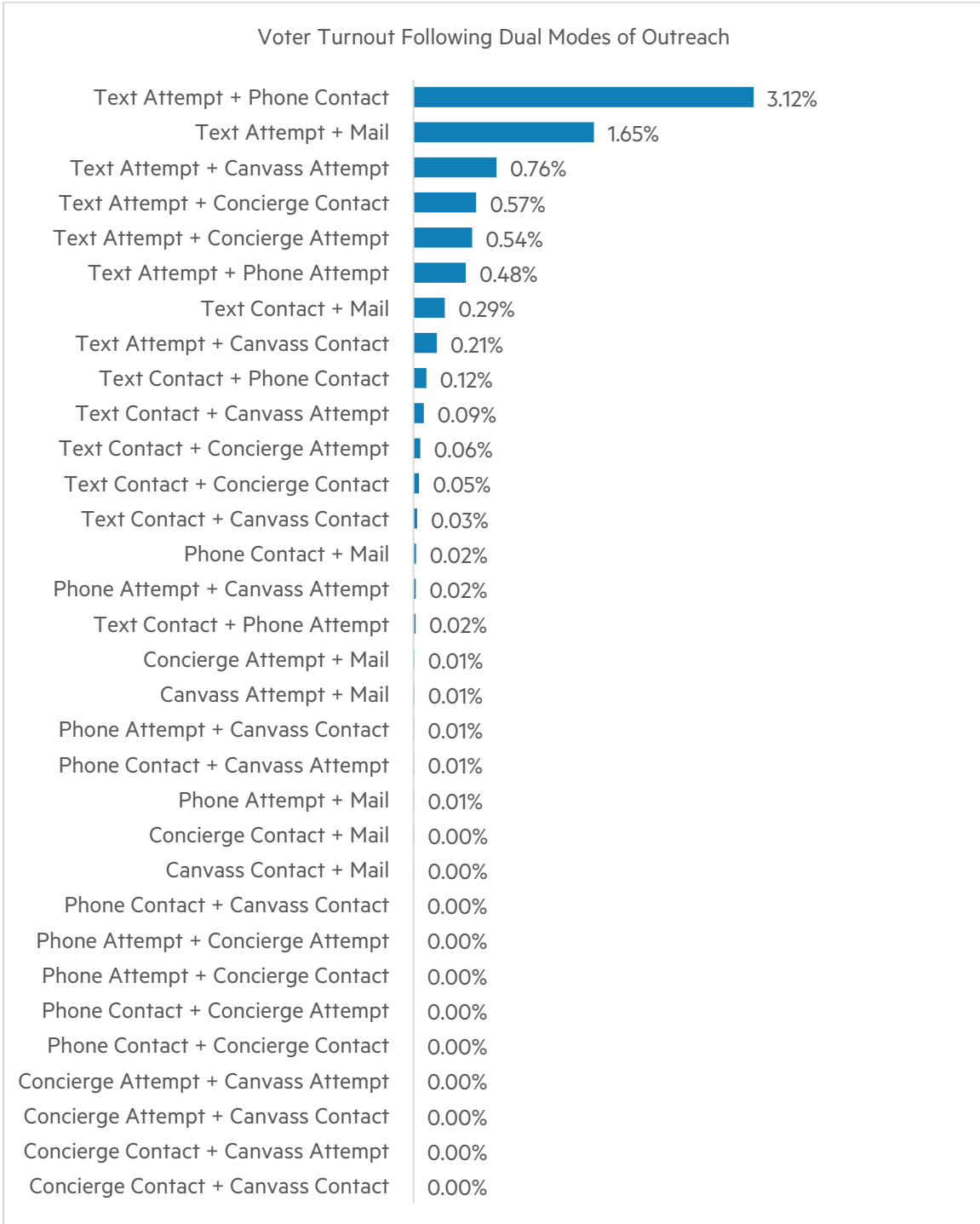
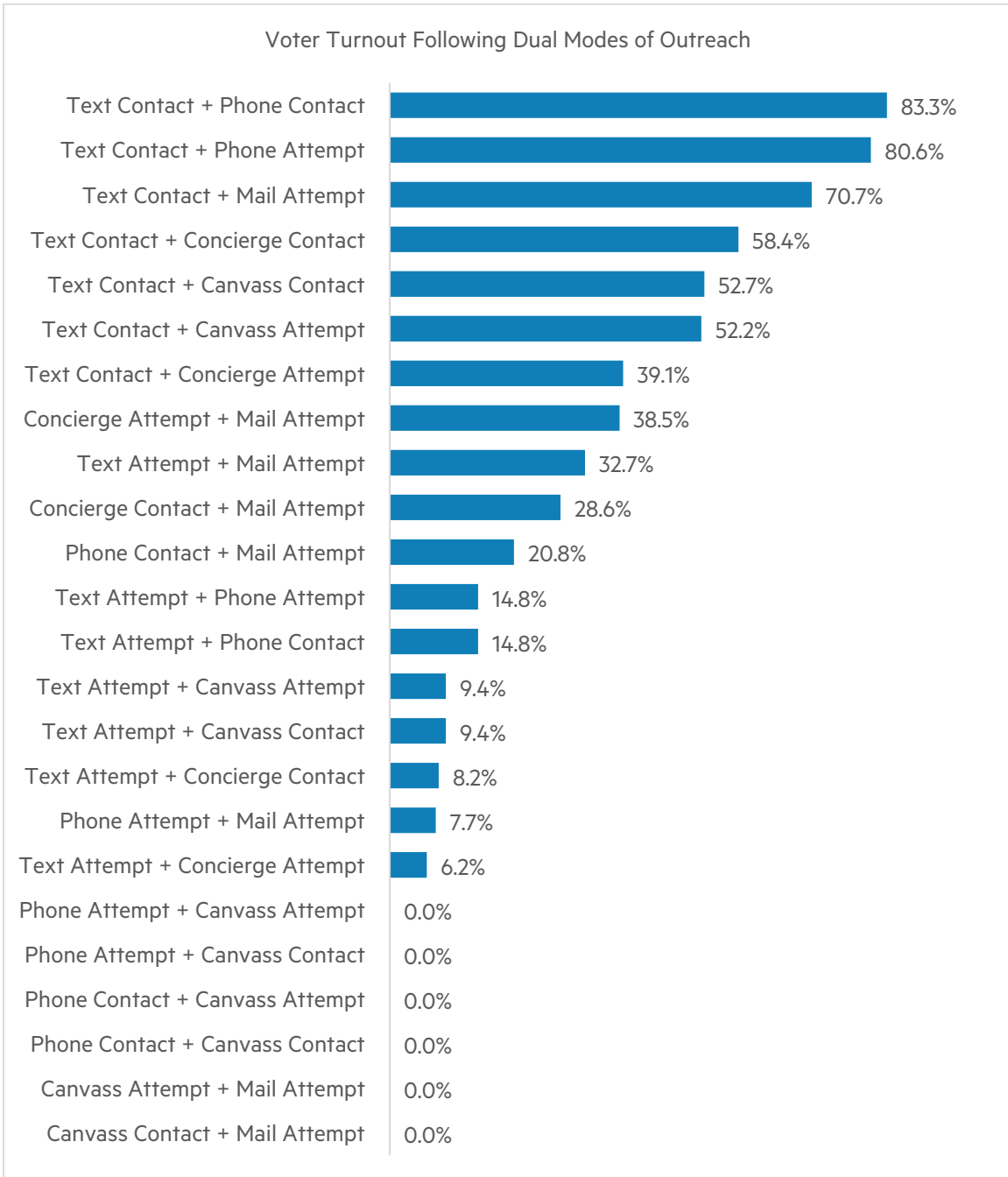


Chart – Percent of People Part of the AltaMed GOTV Outreach Who Voted in the 2022 California Gubernatorial General Election



Putting the charts side by side, we observe some patterns for particular treatment pairs. For example, only 39 people got both a concierge attempt and a mail attempt but 15 of them turned out to vote in the 2022 CA Gubernatorial General Election. On the other hand, 8,256 individuals received both text and mail attempts, with only 2,698 of them turning out to vote. While these two percentages look very similar, the difference of 5,558 individuals in the latter case is significantly higher than a difference of

24 individuals in the former case when we speak in absolute terms. Approximately 3%, or 15,562 people, out of the total list of contacts received both a text message and a phone conversation, but only about 15% of those 15,562 people turned out to vote. On the other hand, text contact performs extremely well when combined with other modes of attempts and contacts with a voting percentage as high as 83% when both text and phone contact is established. This leads us to believe that while AltaMed’s outreach efforts are successful in mobilizing these communities, AltaMed should consider optimizing their outreach efforts on the operational end. Special attention should be paid to how these treatments are being administered in different operating areas. While text contact is difficult to establish (only 7% contact to attempt rate), it performs significantly better than most other modes individually, as well as in combination with other modes. Keeping this in mind, it could be beneficial to nest other modes of outreach with text attempts uniformly throughout all regions of outreach. An official from a partner organization of AltaMed suggested that they were unaware of how treatments were nested or arranged in Orange County because that was not their operating region, “...but there is no overlap in terms of the other organizations that participated.” Cooperation between partners to share this knowledge and keeping treatments consistent would be beneficial.

We expand on this and include more in our recommendations.

Findings from the Survey

StudyLA conducted a survey of approximately 235 individuals who were contacted earlier by My Vote. My Health.™ These individuals had given their consent to be contacted again in the future to be surveyed about their experience of the outreach efforts. The survey was conducted in four rounds: two rounds of text to web, followed by two rounds of phone calls. Contact information was made available to StudyLA by AltaMed. The survey was conducted in English and Spanish. The toplines from the survey are presented below with percentages of those who answered the particular question:

Survey Question Toplines

Direction of neighborhood	Frequency	Percent
In the right direction	6	40%
In the wrong direction	9	60%
Eligibility of voting in the U.S.	Frequency	Percent
Eligible to vote in the U.S.	16	94%
Not eligible to vote in the U.S.	1	6%
Registered to vote or not	Frequency	Percent
Registered to vote	13	81%
Not registered to vote	3	19%
Voted in 2022 general elections or not	Frequency	Percent
Voted in '22 general elections	11	65%

Plan to vote in 2024 primary elections or not	Frequency	Percent
Plan to vote in '24 primary elections	14	93%
Do not plan to vote in '24 primary elections	1	7%

Plan to vote in 2024 presidential elections or not	Frequency	Percent
Plan to vote in '24 Presidential elections	12	92%
Do not plan to vote in '24 Presidential elections	1	8%

Remember being contacted by AltaMed or not	Frequency	Percent
Remember being contacted by My Vote. My Health.™	1	7%
Do not remember being contacted by My Vote. My Health.™	4	27%
Remember being contacted but do not know if My Vote. My Health.™	10	67%

Type of outreach received by respondent	Frequency	Percent
Phone	4	44%
Mail	3	33%
Text	0	0%
I don't remember	2	22%

If contact made respondent want to vote	Frequency	Percent
Made me want to vote	1	14%
I was already planning to vote	3	43%
I did not vote	3	43%

Why they chose not to vote	Frequency	Percent
Too much pressure to vote	0	0%
I do not believe my vote makes a difference	0	0%
No time to vote on a working day	1	33%
Don't like any candidate	2	67%

Most important issue while voting	Frequency	Percent
Education	2	13%
Healthcare	4	27%
Immigration	3	20%
Climate change	1	7%
Economy	5	33%

If healthcare is an issue while voting	Frequency	Percent
Healthcare is a concern while voting	13	87%
Healthcare is not a concern while voting	2	13%

If healthcare is one of top 3 issues while voting	Frequency	Percent
Healthcare is one of top 3 issues	12	80%
Healthcare is not one of top 3 issues	3	20%

Tradeoffs (Costs per Attempt, Contact, Tactic, Tactic Combination, etc.)

Costs

In total, AltaMed's voter engagement efforts cost \$108,900. This includes all out-of-pocket costs but excludes time and effort by the AltaMed staff. Outreach-specific costs, which included expenses for specific groups or organizations to conduct the calls, texts, and canvassing, totaled \$65,000. Item-specific costs, which included expenses for things such as hats, t-shirts for canvassers, door hangers, and platforms for canvassing, totaled \$43,900. Costs were not available by specific mode of outreach.

Costs Associated with AltaMed's Outreach

Outreach-specific costs

Paid Canvasser Program (canvasser services)	\$ 30,000
CallHub (call and texting services)	\$ 20,000
Mi Familia Vota Subgrant (call and texting services)	\$ 10,000
Project West Media Consulting (concierge services)	\$ 5,000

Outreach Subtotal **\$65,000**

Item-specific costs

Mailer Program (postage/mail costs)	\$ 15,000
NationBuilder (data acquisition)	\$ 7,000
Door Hangers	\$ 5,000
Contact Center Fees (operator assistance)	\$ 5,000
L2 Voter Data (data acquisition)	\$ 4,500
Verizon Wireless (tablets and connectivity)	\$ 4,200
ECanvasser (canvassing data acquisition)	\$ 2,000
T-Shirts	\$ 1,000
Canvasser Hats	\$ 200

Item Subtotal **\$43,900**

TOTAL **\$ 108,900**

Limitations

For this evaluation, we encountered several limitations in organizing the analysis. For example, since the costs were not broken down by specific outreach mode, we cannot determine any cost-per-attempt. This metric is helpful to identify the cost-benefit breakdown of each mode. For example, if one mode of outreach is more likely to be associated with a higher turnout, but the efforts and cost to encourage that individual to vote by that mode is much higher, this value should be considered.

Another limitation is that there appeared to be no set methodology for determining the mode of outreach. We attempted to look at all possible mode interactions in our analysis. However, with so many different combinations (9 different single options, 32 different dual options, 55 three options sets, etc.), modeling each of the interactions with such varying sample sizes becomes cumbersome and of little value.

A third limitation is that the samples were not randomly selected from within the counties where AltaMed operates. Comparisons to form this analysis are between people AltaMed reached out to versus those who were part of the sample but did not receive an outreach, but since they were not randomly chosen as part of the methodology, it limits the analysis and evaluative efforts.

A fourth limitation is the change in geographic locations of certain individuals outside of the geographic borders of the actual outreach efforts during and/or after elections. These individuals were outreached within Los Angeles County and Orange County during the mobilization efforts. During the analysis phase, some zip codes for individuals' new locations stretched out along the length of the state as far north as Crescent City near the border of Oregon and as far south as Calexico along the Mexico border. Therefore, it is essential to note that such a wide variance amongst the current location of these individuals can be confounded by election culture throughout nearly all the 58 counties during the evaluation analysis.

Lastly, related to the survey, the limitation was the same as for the original outreach efforts: most people did not engage with text messages as a mode of contact at all. A majority of those who were contacted by phone either did not receive the call or kept asking to be called back at a later time. This phenomenon is not uncommon while surveying individuals in general and is a limitation that should be considered ever-present in survey research.

Recommendations for 2024 Outreach

In preparation for the 2024 Presidential Primary Election, several recommendations can be put into place to streamline the process and increase the effectiveness of the outreach.

Implement a Predetermined Methodology

The first recommendation is to develop a methodology early in the process. Based on interviews, AltaMed worked with several different entities to carry out the modes of outreach, but there was not a systematic approach guiding the process. Developing a goal at the onset of the outreach would help

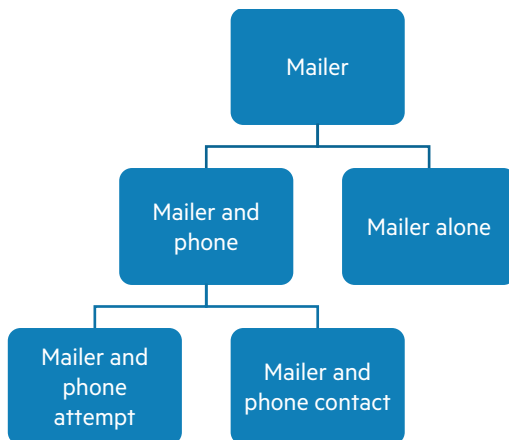
streamline efforts and provide a checklist of what needs to be done and by when. Before carrying out any outreach attempts, set plans should be made as to who and how each person will be contacted.

Create a Nested Design

When we set out to understand the efforts AltaMed made in their outreach, we attempted to recreate the design effort. However, we quickly realized that there were numerous possibilities for treatments with no overarching design. Individuals could have received a text; a text and a phone call; a text, phone call, and mailer; a phone call and a mailer; etc.

We suggest using a nested design to test preferred combinations. A nested design is a design where levels of one treatment are hierarchically subsumed under (or nested within) levels of another treatment. For example, ideally the entire project could be outlined in a chart like the small example sample below, and recipients of the treatments separated out at the beginning. This plays into our following recommendation of partnering with a research center to create the design that can be followed by all partners in the field, with each mode (or combination of nested modes) targeting mutually exclusive groups of individuals.

Example of a Nested Design



This can be further beneficial to the safety of canvassers if it is already known if the potential contact is open to speak about voting in the first place. It was said in one of our interviews with an executive from a partner in the outreach about the biggest challenge they faced was “...the safety of people knocking on doors.”

Working with a Partner Early On

Following the above recommendation, our next suggestion is to partner with a research organization that can help to create a clear methodology for outreach and a partner who can conduct an evaluation after the election. An organization with expertise in election studies would be able to help develop a

systematic methodology and an implementation of a nested design that includes informed lists of target contacts before outreach begins. This would also lead to a more streamlined final evaluation.

Track Costs

The costs were kept and tracked based on the organization and duties. A recommendation for the future is to have all costs tracked by mode. Tracking the expenses by mode would allow for cost-benefit analysis in future evaluations.

Focus on Targeted Geographic Area

Since the targeted areas of outreach are primarily located around AltaMed service areas, a greater than basic understanding of the people in these regions should form the foundation for outreach. We recommend a pilot study that recognizes the differences in political preferences, socio-economic characteristics, and other factors that confound voting preferences between various regions. This will facilitate a more tailored outreach plan in the first place, and also allow for any evaluation to take these differences into account.

Lessons from the Survey

While the response rate for the survey was low as expected, there are some interesting findings within these responses as well as from our experience in conducting these surveys. Firstly, individuals were more likely to engage in a conversation on the phone. Almost all the responses that were ultimately received were due to the two rounds of phone calls that were made. If planned carefully ahead of time with the above suggestions of using an informed list of contacts, phone calls can increase AltaMed's reach while not stressing the outreach budget.

Additionally, out of completed surveys from 15 individuals, only one person remembered being contacted specifically by My Vote. My Health.™ If AltaMed has a goal for their potential contacts to remember that they were contacted by My Vote. My Health.™ it is imperative that there is more focus on highlighting this in the outreach efforts.



**Loyola Marymount
University**
StudyLA

**Thomas and Dorothy Leavey
Center for the Study of Los Angeles**

AltaMed Civic Engagement Evaluation Report

Thomas and Dorothy Leavey Center for the Study of Los Angeles (StudyLA)

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