

Research

Correlates of Voting Participation of People with
Intellectual and Developmental Disabilities



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Abstract

People with intellectual and developmental disabilities (IDD) vote less frequently than nondisabled people and people with other disabilities. This study explores what factors facilitate and hinder people with IDD's voting participation. To do so, 1,341 people with IDD were surveyed using the Personal Outcome Measures[®]. Binary logistic regressions revealed significant relationships between voting participation, and support needs, residence types, guardianship statuses, and organizational supports. Along with the right supports, attention to barriers that might exist can ensure people with IDD are able to make use of their civil right and participate in this crucial form of civic engagement.

Keywords: civic engagement; elections; voting rights; civil rights; people with intellectual and developmental disabilities; access; community participation; inclusion.

Correlates of Voting Participation of People with Intellectual and Developmental Disabilities

According to the United Nations (2011) “the right to vote is arguably the most important political right” (p. 4). As one of the most important acts of citizenships, voting allows people to make decisions that can both indirectly and directly impact their quality of life (Agran, MacLean, & Andren, 2015). Because of its importance, Agran et al. (2015) describe voting as “the ultimate act of American citizenship” (p. 388). Yet, people with disabilities are often disenfranchised in the United States (Beckman, 2007). Historically, the voting rights of people with disabilities were denied because of a requirement of independence (Beckman, 2007).

In the present day, voting rights for people with disabilities in the United States, especially those with intellectual and developmental disabilities (IDD) or psychiatric disabilities, are based on state level status-based restrictions (Beckman, 2014). As a result, application of voting rights for people with disabilities is very inconsistent across the United States (Bell, McKay, & Phillips, 2001). States may bar voting of people with disabilities based on competence standards. There are four main methods which states use to place voter competence standards: barring by guardianship status – a court determination of general incapacity – even if the guardianship is not about voting capacity; a court barring voting specifically for specific individuals; barring based on outdated groups (e.g., ‘idiots,’ ‘insane persons’); or, “non compos mentis” (i.e., not sane or in one’s right mind) as individually defined by states (Bazon Center for Mental Health Law, & National Disability Rights Network, 2008, p. 6). People who have lost the right to vote based on a state voter competence requirement may be able to challenge the requirement on the ground that it violates federal law. Laws that bar people who are ‘mentally incompetent’ or under guardianship from voting

generally violate the Constitution and the Americans with Disabilities Act if they are used to take away a person's right to vote based on disability even if the person has the capacity to vote... these laws, however, typically require certain people—usually those who are the subject of guardianship proceedings—to meet standards that are not imposed on other voters. Probate courts in these states sometimes ask individuals who are the subject of guardianship proceedings to demonstrate an understanding of elections and politics that goes far beyond what is expected of the general public before they are permitted to vote. (Bazelon Center for Mental Health Law, & National Disability Rights Network, 2008, pp. 12-13)

However, there has recently been momentum towards increasing voting rights of people with disabilities on a state-by-state basis (Bazelon Center for Mental Health Law, & National Disability Rights Network, 2008; 2012; Beckman, 2014; Bell et al., 2001). The United Nations Convention on the Rights of Persons with Disabilities (CPRD) has also recently reaffirmed people with disabilities', especially those with IDD's, right to vote (Beckman 2014; Kjellberg & Hemmingsson 2013).

Despite having the right to vote in many states, a large proportion of people with disabilities (approximately 30% in 2012) are not registered to vote – there is a large 'disability gap' in voting (Agran et al., 2015; Schur, Adya, & Kruse 2013). For example, 62.5% of nondisabled Americans voted in the 2012 general election, compared with only 56.8% of people with disabilities (Shur et al., 2013). Even when demographic characteristics such as age, gender, race/ethnicity, marital status, and education are held constant, people with disabilities are still “8 percentage points less likely to vote than people without disabilities” (Schur et al., 2013, p. 4).

People with IDD in particular have one of the largest voting gaps compared to nondisabled people (Shur et al., 2013). In 2012, the gap between people with IDD and nondisabled people was -17.7% (44.8% compared to 62.5%) (Schur et al., 2013). Access barriers can largely account for these disparities. A report by the United States Government Accountability Office (GAO) (2009) determined only 27% of polling places were barrier-free for people with disabilities in 2008. Moreover, a study commissioned by the United States Election Assistance Commission, found approximately half of people with IDD surveyed who voted in the 2012 general election reported polling place difficulties (Schur et al., 2013).

Physical barriers prevent many people with IDD from being able to vote. Some people with IDD have trouble finding polling places, and/or getting to polling places (Agran et al., 2015; Bell et al., 2001; Belt, 2016; Schur et al., 2013). Once at their polling location, it is also not uncommon for people with disabilities, many of which utilize wheelchairs or other mobility devices, to find stairs (Schur et al., 2013). People with IDD in particular may have difficulty reading and understanding ballots because of their cognitive impairments (Schur et al., 2013). Understanding voting equipment can be difficult as well for people with IDD because of a lack of accessible voting materials (Agran et al., 2015; Bell et al., 2001; Keeley et al., 2008; Schur et al., 2013; Weiss, 1988). People with IDD may have inadequate knowledge related to voting skills; limited literacy skills can also contribute to these difficulties (Agran et al., 2015; Bell et al., 2001).

Attitudinal barriers also hinder people with IDD's ability to vote. Stakeholders often do not have high expectations for people with IDD and thus do not encourage them to vote (Agran et al., 2015). Shur et al. (2013) explain "inaccessibility may reduce voter turnout not only by making it more difficult to vote, but also by sending the message that people with disabilities are

not fully welcome in the political sphere” (p. 1). Agran et al. (2015) argue providers and direct support professionals – the very people individuals with IDD may need support from to register to vote and access polling places – also often do not see voting as a priority for them. They further suggest there is a common misconception that people with IDD’s voting behavior can be easily manipulated (Agran et al., 2015). Beckman (2007) argues this manipulation logic is problematic because it seeks to exclude people with IDD on the basis of *other’s* behavior. Beckman (2007) explains, “it is unreasonable to let the disabled person bear additional costs [burden] as a result (by depriving them of the right to vote)” (p. 19). Moreover, research has found that people with IDD can make informed voting decisions with basic training (Agran & Hughes, 2013; Agran et al., 2015; Schriener et al., 2000). In fact, approximately 95% of the people with disabilities surveyed in the United States Election Assistance Commission study said they found voting in the 2012 election to be easy overall (Schur et al., 2013).

Because of these barriers, the United States has passed a number of voting laws to try to ensure the equal access of people with IDD. While aimed at racial discrimination, the Voting Rights Act of 1965 was the first to allow voting assistance for people with disabilities (Belt, 2016). Unlike its predecessor, the Voting Accessibility for the Elderly and Handicapped Act of 1984 (VAEHA) actually required accessibility of registration and polling locations while reinforcing that the right to vote is fundamental (Belt, 2016). However, VAEHA allowed for alternative methods to be used as a loophole to bypass a number of access issues, such as inaccessible polling places (Belt, 2016). For example, absentee ballots could be allowed to compensate for inaccessible polling places. In addition to reinforcing nondiscrimination, the Help America Vote Act of 2002 (HAVA) required at least one accessible voting machine per polling place, and gave people with disabilities the right to an independent ballot without

assistance if they wanted it (Belt, 2016). HAVA also created an Election Assistance Commission to examine access of people with disabilities. However, “HAVA does not provide technical guidelines or minimum national standards for accessibility; thus, states and localities remain a patchwork of standards and practices” (Belt, 2016, p. 115).

Given the opportunity people with IDD have the capacity to be engaged citizens. There are millions of United States citizens with IDD making them an untapped constituency (Boyle et al., 2011). The inclusion of this substantial voting block could be a powerful force that draws attention to important disability issues that affect millions of United States residents. However, “the hodgepodge of [voting] statutes, and their lack of enforcement, makes it difficult to address problems of voting with a disability” (Belt, 2016, p. 109). As a result, the aim of this study was to explore what factors facilitate and what factors hinder the voting participation of people with IDD.

Methods

Participants

Participants were recruited for this study over approximately two years (January 2015 – December 2016) by snowball sampling through organizations that provide services to people with disabilities, including: service coordination; case management; family and individual supports; behavioral health care; employment and other work services; residential services; non-traditional supports (micro-boards and co-ops); and, human services systems. 1,341 people with IDD consented to participate in this study. Participant demographics are detailed in Table 1.

Personal Outcome Measures[®] Survey

The measure used in this study was the Personal Outcome Measures[®] (The Council on Quality and Leadership, 2012). Developed by the international non-profit disability organization

The Council on Quality and Leadership (CQL), the Personal Outcome Measures[®], is designed to determine the quality of life of people with disabilities in 21 areas as well as determine if supports are in place to assist individuals in achieving their desired outcomes. Rather than defining quality as mere compliance with organization standards, the Personal Outcome Measures[®] indicator assessments focus on personally defined quality of life, such as self-determination, choice, self-advocacy, and community inclusion. As such, the indicators are divided into three categories: my self, my world, and my dreams. My Self includes the following measures: people are connected to natural support networks; people have intimate relationships; people are safe; people have the best possible health; people exercise rights; people are treated fairly¹; people are free from abuse and neglect; people experience continuity and security; and, people decide when to share personal information. My World includes the following indicators: people choose where and with whom they live; people choose where they work; people use their environments; people live in integrated environments; people interact with other members of the community; people perform different social roles; and, people choose services. My Dreams includes the following indicators: people choose personal goals; people realize personal goals; people participate in the life of the community; people have friends; and, people are respected.

Personal Outcome Measures[®] administration occurs in three stages. The first stage includes a trained Personal Outcome Measures[®] interviewer having in-depth conversations about each of the indicators with the participant with disabilities. During these conversations the interviewer follows specific open-ended prompts. The second stage of the Personal Outcome

¹ Explaining fair treatment issues, the Personal Outcome Measures[®] notes “people are treated fairly if [when] rights limitations are imposed, people are informed of options, consent is obtained and they are listened to. Due process procedures are applied when limitations on personal freedoms or rights have occurred or are contemplated... Regardless of the source or intent, people are entitled to have these [right] limitations removed” (The Council on Quality and Leadership, 2012, p. 30)

Measures[®] includes the interviewer speaking with someone who knows the participant with disabilities best (e.g., friend, family member, or direct support professional) and asking them follow-up questions about individualized supports and outcomes to fill in any gaps if applicable. The third stage of the Personal Outcome Measures[®] involves the interviewer observing the participant in various settings and then completing the indicator questions about personal outcomes and individualized supports based on the information gathered in the three stages. Additionally, individual record reviews are conducted as needed. While the multiple data sources are a form of triangulation and validity (Houghton et al., 2013; Marshall & Rossman, 2006; Poortman & Schildkamp, 2012; Rubin & Rubin, 2012; Yin, 1984), as the design of the Personal Outcome Measures is explicitly person-centered, if there are conflicting accounts, the person with disabilities' views, opinions, and interpretations override that of the follow-up interview.

The Personal Outcome Measures[®] was developed over 20 years ago based on findings from focus groups with people with disabilities, their family members, and other key stakeholders about what really mattered in their lives. The Personal Outcome Measures[®] has been continuously refined over the past two decades through pilot testing, 24 years of administration, commission of research and content experts, a Delphi survey, and feedback from advisory groups (The Council on Quality and Leadership, 2012). Moreover, certified Personal Outcome Measures[®] interviewers are required to have a reliability rate of at least 85% prior to collecting any data, and are recertified annually.

Analysis

In accordance with the study's aims, the dependent variable was the Personal Outcome Measures[®] item that asked if participants participate in voting. This included the ability to exercise this right if they wanted to as well as the ability to choose not to vote. The dependent

variable was coded as a dichotomous response (no (0) or yes (1)). We selected independent variables after reviewing the literature on voting access and disability. In addition to the demographic variables described earlier, independent variables included factors about participants' lives, supports, rights, fair treatment, and community access.

The first step in the analysis was to dummy code the applicable items, followed by descriptive statistics. Binary logistic regressions were then run using SPSS 23 with each of the independent variables to determine which factors had significant relationships with the dependent variable, participating in voting. Independent variables were each run in a series of separate regression models. When models were statistically significant, univariate analyses were used to determine odds ratios.

Results

Descriptive statistics of dependent and independent variables are presented in Table 2. To determine the factors that increased the odds of people with IDD voting, binary logistic regressions were run between the independent variables and the dependent variable, participating in voting. The following variables had significant relationships with exercising voting rights: primary communication method; guardianship status; daily hours of support per week; residence; preferences about exercising rights solicited by the organization serving the person; rights important to the person identified; the person is provided with the support needed to exercise their rights; fair treatment issues have been identified by the individual; the organization serving the person solicited information about rights violations or fair treatment issues from the person; the organization serving the person knows what is important to the person in regard to respect; the person has continuity and security; the person has choices about direct support

professionals/staff for the community; and, the person participates in life in the community. See Table 3.

Univariate analyses indicated that those people who primarily communicate through communication devices, or other methods also have significantly lower odds of exercising participating in voting than people who primarily use verbal communication; conversely, people with IDD who use sign language have higher odds than people who primarily use verbal communication. According to univariate analyses those with six to 12 hours of support a day have lower odds of exercising voting rights than people with disabilities who only receive supports as needed.

Guardianship also played a role in exercising voting rights. People with assisted decision-making, full guardianship, and other guardianship have significantly lower odds of participating in voting than people with no guardianship (independent decision making).

Residence setting type also significantly changed ones' odds of exercising voting rights. According to the analyses, people with IDD who live in family homes, provider operated homes, private ICFDD, and state operated ICFDD are significantly less likely to participating in voting than people with IDD who live in their own homes. People with IDD who participate in life in the community have higher odds of voting than those who do not. Those people with IDD who have continuity and security also have higher odds than those who do not experience continuity and security.

When the rights important to the person with IDD are identified they have higher odds of voting. When organizations serving people with IDD know what is important to the person in regards to respect, people with IDD have higher odds of voting. When the person with IDD identifies fair treatment issues they also have higher odds of voting. When the person's service

organization solicits their preferences about exercising their rights, their odds of voting is significantly greater. The same is true when the organization solicits information about potential rights violations or fair treatment issues from the person with IDD. Moreover, it was found that when a person with IDD is provided with the supports necessary to exercise their rights, their odds of voting increases. Those people with IDD who have choices about their direct support professionals (DSPs) or staff for the community have higher odds of voting than those without these choices.

No significant relationships were found between exercising voting rights and the following variables: age; race; gender; housemates with disabilities; nondisabled housemates; total housemates; participant has natural support networks; and, participant lives in integrated environment.

Discussion

Voting is an important part of citizenship. Yet, many people with IDD face barriers when trying to vote. For this reason, the aim of the study was to explore what factors hinder or facilitate people with disabilities' voting participation, including the right to choose not to vote. In doing so, barriers and facilitators related to multi-dimensional factors, from micro to meso to macro, were examined.

Need for more individualized supports

Our findings revealed a number of individual level differences that point to the need for more individualized supports. Despite national laws such as the VAEHA and HAVA that require the accessibility of the voting process, we found people whose primary communication method is a communication device to have significantly lower odds voting, highlighting a further need to accommodate people with disabilities in order to promote equal access. We also found that

people who receive six to twelve hours of daily support to have lower odds of participating in voting than those who receive support as needed (on call). Although people with these types of disabilities may have more severe impairments that make voting more difficult, it is also probable that they are less likely to vote because of inaccessibility related to these impairments. Supports, be they natural or paid, alone are not enough to impact the voting participation of people with IDD, instead attention to individualized supports is necessary.

Organizational barriers and facilitators

In fact, our findings reveal organizations serving people with disabilities can play a key role in supporting and facilitating voting for people with IDD. Even something as simple as how organizations respect the person with IDD impacts the odds of the person with IDD voting. Our findings revealed the odds of people with IDD voting were two times higher when the organizations serving them knew what was important to them regarding respect. On a grander scale, organizations' attention to rights more generally also promotes the voting of people with IDD. When organizations solicit the preferences of people with IDD about exercising their rights more broadly, people with disabilities are more likely to vote. When people with IDD identify the rights that are important to them and they are provided with the support needed to exercise these rights they are more likely to vote. Moreover, when people with IDD speak out on fair treatment issues, and organizations serving them seek out information about these rights violations, people with IDD are more likely to vote.

Systemic issues

Factors that impacted voting participation also centered around systemic issues people with IDD frequently experience, including equal access to community and choice, and rights limitations. Residence setting significantly related to people with IDD's voting participation.

Those who live private or state-operated intermediate care facilities for people with developmental disabilities (ICFDD) have the lowest odds of voting compared to those people with IDD who live in their own homes and apartments. By their very nature institutions are more likely to hinder community access given to their location, their tendency to be self-contained, their legacy philosophy. Therefore, it is not surprising that these settings may hinder community participation. Larger settings may be less able to provide the individualized supports people with IDD may need to vote, especially given the numerous barriers to voting for people with IDD (Agran et al., 2015; Bell et al., 2001; Belt, 2016; Schur et al., 2013). And yet, according to our findings, there was not a significant difference in voting by living in an integrated environment *alone*. Instead, only those people with IDD that *participated* in the community were significantly more likely to vote. While deinstitutionalization has reached an all-time peak for people with IDD (Braddock et al., 2015), people with IDD still struggle to be truly integrated into the community rather than simply placed in the community (*citation removed for review*). This is reflected in our findings that while there was no significant relationship between people who live in integrated environments, those who actively participate in the community are more likely to vote, pointing to a larger systemic issue. While the Americans with Disabilities Act (ADA) (1990) and *Olmstead v. L.C.* (1999) reinforce people with disabilities' right to the community, more attention is needed to community integration barriers and more choice making opportunities. According to our findings, attention to these larger systemic level barriers, such as choice making opportunities, can trickle down to smaller acts such as voting participation. For example, people with IDD who have choices about their direct support professionals for the community are twice as likely to vote than those who do not have this choice. Moreover, those

who experience continuity and security have higher odds of voting than those who do not have this infrastructure in place.

For people with IDD in particular, rights limitations via guardianship have a large impact on voting participation. Guardianship was found to be related to people with IDD's ability vote in our study. According to our model, those with full guardianship or assisted decision-making are significantly less likely than those with independent decision-making – no guardianship – to vote. It may be that guardians serve as a gatekeeper to voting, and they may not feel voting is a priority and therefore make little effort to support people with IDD in their attempt to voting. In fact, in our study, guardians and family were more likely to limit voting participation than organizations/support staff. However, guardianship also has a larger implication in the United States. Doron et al. (2014) explains,

although guardianship proceedings are aimed at determining if an individual is “incapacitated” owing to inability to manage money or attend to physical needs, these impairments are not necessarily related to the ability or capacity to vote. Nevertheless, in democracies where individuals who have guardians because of mental disabilities are denied the right to vote, a finding that the person is incompetent automatically triggers the voting ban. (Doron et al., 2014, p. 170)

As of 2008, fifteen states restricted voting of people with disabilities who were ‘under guardianship’ (Bazelon Center for Mental Health Law, & National Disability Rights Network 2008). Instead of limited guardianship to those particular areas where an individual needs assistance, courts tend to give guardians broad sweeping powers, and “rarely limit the guardian’s authority” (p. 173) because

courts find it difficult to ascertain the precise areas of decision making with which the individual needs assistance; courts deem it necessary to avoid confusion about the scope of the guardian's authority; or courts wish to avoid the need for additional future proceedings to expand the scope of a more limited initial order.

(Salzman, 2010, pp. 174-175)

In fact, Salzman (2010) goes so far as to argue the current sweeping guardianship system violates the ADA and *Olmstead v. L.C.* because it limits decision making rights and not in a least restrictive manner. Although a number of states have "reformed guardianship statutes so that civil rights are not summarily dismissed, such practices remain uneven and in many cases, deficient" (Agran, MacLean, & Kitchen, 2016, pp. 286-287). Salzman (2010) suggest a modification to the guardianship system that enforces less sweeping restrictions, such as by utilizing supported decision making, which would also allow more access to voting. More research is needed to explore how the intricacies of these alternative guardianship models may impact voting participation.

Limitations

When interpreting our findings a number of limitations should be noted. Our sample was not representative of people with IDD in the United States as a whole as the majority of our sample was white. Moreover, participants were recruited through organizations that provide long-term services and supports. As such, this sample is not representative of all people with IDD. Finally, our sample was comprised of individuals supported by organizations who partnered with CQL to conduct the Personal Outcome Measures[®] interviews. Organizations that engage with CQL to conduct interviews select to pursue accreditations, so they may not be representative of service providers in general.

Conclusion

Voting allows people with IDD the ability to contribute to decisions that will indirectly and directly impact their quality of life. Because they are one of the largest social minorities in the United States, if more people with disabilities were engaged in the voting process they would have enough collective power to draw attention to issues that directly result in increased community access and equity of opportunity. Along with the right supports, attention to barriers can ensure people with IDD are able to make use of their civil right and participate in this crucial form of civic engagement.

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Table 1
Demographics of Sample (n = 1,341)

Characteristic	<i>n</i>	%
Age range		
18 to 24	95	7.1%
25 to 34	250	18.6%
35 to 44	223	16.6%
45 to 54	279	20.8%
55 to 64	252	18.8%
65 to 74	122	9.1%
75+	39	2.9%
Gender		
Man	719	53.6%
Woman	613	45.7%
Race		
White	998	74.4%
Black or African American	246	18.3%
American Indian or Alaska Native	54	4.0%
Hispanic, Latino, or Spanish Origin	29	2.2%
Other (Asian, Native Hawaiian, other Pacific Islander, or other)	16	1.2%
Primary method of communication		
Verbal/spoken language	1102	82.2%
Face/body expression	169	12.6%
Sign language	16	1.2%
Communication device	14	1.0%
Other	33	2.5%

Note. Participants could have more than one diagnosis.

Table 2
Descriptive Statistics

Variable	<i>n</i>	%	<i>m (SD)</i>
Person participates in voting (yes)	760	56.7%	
Who limits ability to participate in voting? (if applicable)			
Guardian	54	17.5%	
Family	39	12.7%	
Provider organization / support staff	40	13.0%	
Other	175	56.8%	
Guardianship status			
Independent decision making	370	27.6%	
Assisted decision making (supported and limited guardianship)	494	36.8%	
Full/plenary guardianship	423	31.5%	
Other	35	2.6%	
Residence type			
Own home/apartment	284	21.2%	
Family's house	213	15.9%	
Host family/family foster care	24	1.8%	
Provider operated house or apartment	677	50.5%	
Private ICFDD	22	1.6%	
State operated HCBS group home	43	3.2%	
State operated ICFDD	25	1.9%	
Other	22	1.6%	
Housemates with disabilities			3.83 (2.45)
Nondisabled housemates			0.53 (1.24)
Total housemates			4.47 (3.29)
Weekly support			
On call - support as needed	28	2.1%	
0 to 3 hours/day	60	4.5%	
3 to 6 hours/day	94	7.0%	
6 to 12 hours/day	155	11.6%	
12 to 23 hours/day	76	5.7%	
24/7 - around the clock	819	61.1%	
Other	46	3.4%	
Preferences about exercising rights solicited by the organization serving the person (yes)	701	52.3%	

Rights important to the person being/been identified by the organization serving the person (yes)	684	51.0%
The person is provided with the support from the organization needed to exercise their rights (yes)	690	51.5%
Fair treatment issues have been identified by the individual (yes)	375	28.0%
The organization serving the person solicited information about rights violations or fair treatment issues from the person (yes)	705	52.6%
The organization serving the person knows what is important to the person in regard to respect (yes)	942	70.2%
Participant has natural support network (yes)	634	47.3%
Participant has continuity and security (yes)	660	49.2%
Participant lives in integrated environments (yes)	545	40.6%
Person has choices about DSP/staff for community (yes)	532	39.7%
Person participates in life in the community (yes)	682	50.9%

Note. ICFDD = Intermediate care facility for people with developmental disabilities. HCBS = Home and community based services. DSP = direct support professionals.

Table 3

Voting: Results of the Binary Logistic Regression

Model	-2LL	df	χ^2	Odds ratio (95% confidence interval)
Primary communication (ref: verbal)***	1345.57	4	93.65	
Sign language				1.86 (1.22 - 2.82)**
Communication device				0.22 (0.15 - 0.34)***
Face or body expression				0.56 (0.19 - 1.63)
Other				0.22 (0.09 - 0.40)***
Guardianship (ref: independent decision making)***	1379.57	3	45.18	
Assisted decision making (supported and limited)				0.44 (0.31 - 0.63)***
Full guardianship				0.32 (0.22 - 0.45)***
Other				0.44 (0.20 - 0.96)*
Residence (ref: own home/apartment)***	1397.11	7	29.24	
Family home				0.43 (0.30 - 0.68)***
Host family/family foster care				1.37 (0.45 - 4.21)
Provider operated house or apartment				0.58 (0.42 - 0.82)**
Private ICFDD				0.19 (0.07 - 0.52)**
State-operated HCBS group home				0.85 (0.39 - 1.86)
State-operated ICFDD				0.31 (0.13 - 0.71)**
Other				0.39 (0.14 - 1.10)
Weekly support***	1374.56	6	37.11	
0 to 3 hours/day				3.79 (0.83 - 17.26)
3 to 6 hours/day				0.69 (0.23 - 2.58)
6 to 12 hours/day				0.35 (0.13 - 0.97)*
12 to 23 hours/day				0.51 (0.17 - 1.53)
24/7 - around the clock				0.40 (0.15 - 1.06)
Other				0.71 (0.21 - 2.35)
Preferences about exercising rights solicited by the organization***	1398.2	1	24.34	1.89 (1.47 - 2.43)***
Rights important to the person being/been identified***	1396.06	1	21.05	1.80 (1.40 - 2.32)***
The person is provided with the support needed to exercise their rights***	1380.29	1	27.16	1.96 (1.52 - 2.53)***
Fair treatment issues have been identified by the individual**	1415.63	1	7.50	1.47 (1.11 - 1.94)*
The organization solicited information about rights violations or fair treatment issues from the person (yes)***	1402.81	1	18.11	1.73 (1.34 - 2.23)***
Organization knows what is important to the person in regard to respect***	1391.77	1	12.47	1.73 (1.28 - 2.37)***

Has continuity and security*	1428.16	1	4.42	1.31 (1.02 - 1.67)*
Person has choices about DSP/staff for community***	1308.43	1	34.55	2.18 (1.67 - 2.84)***
Participates in life in the community*	1412.17	1	5.52	1.59 (1.09 - 2.34)*

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. ICFDD = Intermediate care facility for people with developmental disabilities. HCBS = Home and community based services. DSP = direct support professionals.