MOVE ON 2022 Midterm Election Surge Voter Impact Analysis

SUMMARY

MoveOn members played a critical role in the 2022 election cycle to mobilize key voting blocks to win. Our recent analysis shows that, overall, our 2022 election program increased voter turnout by 0.66 to 0.69 percentage points, resulting in 48,000 to 50,000 additional voters turning out to vote.

MoveOn's program consisted of three important strategies: 1) driving the largest relational volunteer mobilization program of the midterms; 2) endorsing and bundling millions of dollars for 85 House, Senate, gubernatorial, and secretary of state candidates; and 3) driving rapidresponse campaigns and mobilizations around our fundamental rights, such as abortion, and the importance of safeguarding and strengthening our democracy. Read more about our 2022 election program at *campaigns.moveon.org/2022-election-report*.

Heading into the 2022 midterm election, MoveOn created a universal control group to exclude from all individually targeted election program outreach. This experimental design allowed the measure of our overall election program impact on individual-level turnout within our target population of surge voters.¹

Our analysis concluded that our overall program resulted in a substantial, positive increase in voter turnout. In an intent-to-treat analysis, comparing the control group to the treatment group, we conservatively estimate that MoveOn's election efforts increased turnout among surge voters by about 0.07 percentage points, or approximately 9,000 additional voters. In an as-treated analysis, comparing individuals who were targeted by election program outreach, using two methods to cross-validate the findings, we determined that, compared to the control group, MoveOn's election program increased voter turnout by an estimated 0.66 to 0.69 percentage points, representing approximately 48,000 to 50,000 additional voters.

MoveOn's 2022 election program increased voter turnout by 0.66 to 0.69 percentage points, resulting in 48,000 to 50,000 additional voters

¹ In 2022, "surge voters" were defined as registered voters in one of our target state or congressional district races with a TargetSmart partisan score greater than 50, who voted in 2016, 2018, or 2020 but had not previously voted (or at least not since 2004).

To contextualize our impact, in 2022 ...

- Nearly 70% of our targeted house races had a margin of less than 50,000 votes. $^{\rm 2}$
- Over 60% of our targeted house races where Democrats won had a margin of less than 50,000 votes.²
- The vote margin for the Arizona governor's race was approximately 17,000 votes. $^{\rm 2}$
- The vote margin for the Nevada secretary of state race was approximately 23,000 votes.²
- Relative to estimates from similar impact studies, this is a large effect size for a midterm election. Estimates from the Analyst Institute's voter turnout program meta-analysis range from 0.14 to 0.40 percentage points increases during midterm election.

EXPERIMENTAL DESIGN

Using the July 2022 voter file, we created a universal control group of approximately 1 million registered voters randomly drawn from our surge voter population and excluded them from our 2022 election outreach.

We estimated that with this control group size, we would have a sufficient sample size to measure a 0.2 percentage point difference in voter turnout between treatment and control groups. We checked that the groups were not significantly different in voting history and demographic variables, including gender, race, age, education, religion, state, and urbanicity.

MEASURING IMPACT

The primary analysis metric used is individual-level voter turnout as recorded in the TargetSmart voter file. We matched the July 2022 surge voter population to the August 2023 version of the voter file with complete 2022 turnout data.

We analyzed our impact with two types of analyses. The first was an overall *intent-to-treat* analysis that compares the proportion of voters recorded as having voted in the full treatment and control groups. Ultimately, our election program shifted focus and reprioritized certain states and races as we drew closer to the 2022 election, and as a result we rolled our program out to a subset of the expected target population. In effect, a large portion of our treatment group received no treatment. In order to adjust for the portion of the treatment group who were not included in election program outreach, we also performed an *as-treated* analysis. In this type

We measured our impact with both an overall intent-to-treat analysis (the full treatment group vs. the control group) and an as-treated analysis (those in the treatment group included in our election outreach audiences vs. the control group).

² Estimates based on internally collated official results available from state elections results websites.

of analysis, only those who received the treatment (i.e., our election outreach audiences) are kept in the treatment group. Excluding the untreated population in this case creates significant imbalances in important covariates. To control for this imbalance, we cross-validate this analysis using two methods.

INTENT-TO-TREAT RESULTS

The full treatment group included about 13 million voters, while the control included 1 million.

Given that our design was intended to measure an increase in voter turnout in the treatment group, we also ran a one-sided t-test to compare these two groups. In that test, the difference is significantly different, at a lessconservative 90% confidence level (p-value= 0.07668). This percentage point difference represents approximately 9,000 more voters in the treatment group that turned out. This result is likely an underestimate of the program impact due to the large portion of the treatment group that did not receive any component of our election program.

INTENT-TO-TREAT COMPARISON



Comparison of the proportion of the treatment and control groups that are recorded as having voted in the 2022 election. At the traditional 95% confidence level, using a two-sided t-test, there is no significant difference between the treatment and control groups in terms of turnout. The point estimate is a 0.07 percentage point difference (95% confidence interval [-0.027, 0.173]; p-value = 0.15). To ensure a more accurate estimate, two approaches are used to control for differences in voter turnout that may be attributable to demographic and vote history differences between the as-treated and control groups.

AS-TREATED RESULTS

In order to control for demographic and vote history differences in the composition of the as-treated group, we take two approaches: a logistic regression including covariates to control for demographic and vote history differences, and a logistic regression using weights generated using a generalized full-matching algorithm.

In the first method, we use the full as-treated treatment group and compare it to the full unweighted control group. We control for differences driven by demographics and vote history by including them as covariates in the model.

AS-TREATED COMPARISON: CONTROLLING FOR DEMOGRAPHIC DIFFERENCES



As shown, the effect of being in the treatment group is statistically significant in this model (p-value < 0.0001). Using this model, holding all other covariates at their means, we estimate that the turnout in the as-treated group is approximately 0.69 percentage points higher than the turnout in the control group. This represents approximately 50,456 additional voters turned out.

In the second method, we use a statistical method called "matching" to improve balance between the as-treated and control groups in terms of demographic and vote history covariates. With this approach, we are able to achieve balance along all demographic groups except religion and race, where some significant differences remain after applying the weights. To address the remaining imbalance, we opted to include the full set of demographic and vote history covariates in the logistic regression model estimated using the rebalancing weights from the matching process. The turnout in the as-treated group is significantly higher than turnout in the control group, representing approximately 48,000 - 50,000 additional voters turned out.

AS-TREATED COMPARISON: CONTROLLING FOR DEMOGRAPHIC DIFFERENCES, WEIGHTED



In this approach, we see a similar result. As shown, the turnout in the as-treated group is significantly higher than turnout in the control group. The effect of being in the treatment group is statistically significant in this model as well (p-value < 0.0001). Using this model, holding all other covariates at their means, we estimate that the turnout in the as-treated group is approximately 0.66 percentage points higher than the turnout in the control group. This represents approximately 48,622 additional voters turned out.

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