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Death Rates and US Presidential Voting

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“Independent Relationship of Changes in Death Rates with Changes in US Presidential Voting” over simplifies several issues and ignores other key factors that influenced the 2016 election.

The background of the article starts with an unproven premise that of the “left behind” white voter. While it is true that the rate of white longevity increase has been declining, white populations still live longer, and face lower poverty rates, unemployment, and health adversities¹ than most other groups. Furthermore, there is little attention to the opioid epidemic, which has disproportionately contributed to mortality rates in red states. We believe that adverse health outcomes in red states are not a result of voters being “left behind;” rather inaccessibility of public health care programs and the criminalization of substance abuse² play a much stronger role.

The article also presents significant methodological concerns. In our epidemiology classes, we were taught to avoid the ecological fallacy of making conclusions about individuals based on group-level data, and, even more fundamentally that correlation does not imply causality. Yet the discussion connects despair and dissatisfaction among voters for President Trump based on population trends rather than individual data. It goes on to explicitly theorize that Clinton might have won certain states had there been improved health outcomes such as exercise and smoking cessation.

Goldman et al. do not give sufficient weight to other explanations for the observed correlation between “deaths of despair” and shifts in the vote. An important part of the Republican platform is to reduce the role of government, including social supports, potentially increasing the adjusted death rate.

Republican control of state legislatures might have reduced Democratic turnout through voter suppression policies and gerrymandering,^{3, 4} shifting the outcome in Republican-controlled counties.

It is also disappointing for this article to not emphasize the prominent role in which racism and fear-mongering were utilized during the 2016 general election. The health disparities mentioned in this article should not be dismissed but neither should racism. Interventions to shift voting patterns and remedy health disparities need to account for such systematic racism in causal pathways for informing interventions.⁵

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