⟡ ChatGPT

Spatial Distress and the Rise of MAGA: A Post-1980s U.S. Literature Review

Introduction

In the United States, economic and cultural restructuring since the 1980s has left deep spatial scars on communities – from shuttered factories and depopulated towns to worsening public health. Researchers across political science, sociology, geography, and public health have increasingly examined how **"place" mediates political discontent and health disparities**. This literature review explores the intersection of spatial political science and indicators of distress (pain, mortality, addiction, etc.), focusing on how regional health and social decline correlate with voting behavior in the era of **MAGA** and Trumpism. Specifically, it covers the period from the post-1980s structural shifts through the 2016 and 2020 U.S. elections, emphasizing studies that employ geography-aware methods to link **county or regional distress** with support for Donald Trump and GOP populism.

Economic Restructuring and Health Despair in Declining Places

By many accounts, the last few decades of the 20th century brought **uneven economic decline** to parts of America, setting the stage for both public health crises and political backlash. Industrial offshoring, automation, and the collapse of mining and manufacturing in the 1980s–2000s devastated numerous working-class communities (e.g. in the Midwest and Appalachia). In these "left-behind" regions, **social and health conditions deteriorated for decades**: local job losses eroded livelihoods, life expectancy stagnated or even declined, and social fabrics frayed [1] [2]. Case and Deaton's influential work on "**deaths of despair**" documented surging mid-life mortality from suicide, drug overdose, and alcohol-related disease among those without a college degree after the 1990s – trends concentrated in economically distressed white rural and small-town communities. Indeed, many counties in the industrial Midwest and Appalachia are *worse off today than a generation ago*, with far fewer good jobs and lower real incomes than in 1980 [2] [3]. These long-term structural declines created fertile ground for despair and resentment, which would later manifest politically.

Public health data vividly illustrate this growing spatial despair. Communities hit hardest by industrial decline often experienced rising rates of chronic pain, disability, addiction, and mental health struggles. For example, by the 2010s, mortality rates from drug overdoses, alcoholism, and suicide ("deaths of despair") had climbed enough to **increase overall death rates for middle-aged whites** in many small cities and rural areas [4]. Areas of the country that once enjoyed improving health have seen **reversals in life expectancy**. One analysis found that in counties across large swaths of the Midwest and South, **life expectancy actually fell from 1980 to the 2010s**, a stark contrast to coastal and urban areas that continued to improve (Bor, 2017) [5] [6]. Such statistics underscore that *place matters*: the chances of living a healthy life increasingly depend on where one lives, with many predominantly rural or working-class regions facing measurable health declines over the past 30–40 years.

These patterns set the context for political change. Scholars theorize that **cumulative disadvantages tied to place** – lost jobs, population decline, deteriorating health and social cohesion – bred a sense of grievance and distrust toward establishment institutions. Sociologist Arlie Hochschild, for instance, observed a "deep story" of betrayal in a struggling Louisiana community, where residents felt they had done everything right yet were "strangers in their own land" watching others (urban elites, immigrants, etc.) leapfrog ahead. Political scientist Katherine Cramer, in *The Politics of Resentment*, similarly found that **"rural consciousness"** in Wisconsin encompassed a perception of cultural and economic neglect – rural people felt urban policymakers disrespected their way of life and *"failed to allocate a fair share of resources"* to outstate communities [7] [8]. This place-based identity fed a resentment of "liberal elites" and government, which became a potent political force. In short, **spatial inequality** in economic and health outcomes translated into **spatial grievance** – a collective sense in certain regions that mainstream politicians had abandoned them, paving the way for an outsider candidate promising to upend the status quo.

Spatial Methods in Political and Public Health Research

To rigorously investigate these geographic patterns, researchers have leveraged a variety of **spatial analysis methods** in political science and public health:

- **Spatial Regression & Econometric Models:** Because neighboring counties or regions often share traits, scholars use spatial econometric models to account for spatial autocorrelation in the data. For example, Kim (2023) employs a Spatial Durbin Model to study the 2020 election in the Rust Belt, examining how COVID-19 variables and economic factors influenced Trump's vote share while explicitly modeling geographic spillovers [9]. Such models (spatial lag, spatial error, etc.) improve on ordinary regressions by recognizing that a county's voting behavior may be influenced by trends in adjacent counties. In Kim's study, factors like local COVID death rates and mask-wearing levels had significant effects on the 2020 vote, although the analysis suggested these effects did not follow a simple geographic divide (i.e. pandemic impacts mattered across the Rust Belt without a clear spatial cluster) [9] [10]. More generally, spatial regression has been used to test hypotheses like "are clusters of poor health associated with Trump support even after controlling for demographics?" – helping to confirm that the political-health correlation is not merely an artifact of unmeasured regional culture.

- **GIS Mapping and ESDA (Exploratory Spatial Data Analysis):** A core approach is simply mapping the data – visualizing county-level voting results alongside public health indicators to identify hotspots and spatial clustering. ESDA techniques (e.g. **Moran's I** statistics and **LISA cluster maps**) quantify how clustered or dispersed certain values are. For instance, mapping the 2016 swing to Trump against opioid prescription rates reveals overlapping "hot spots" in parts of Appalachia and the industrial Midwest, where both opioid use and Trump votes were high [11]. In one study, the raw geographic correlation between long-term prescription opioid use and 2016 voting for Trump was striking (correlation ~0.42) [12]. The **maps** showed large contiguous areas – Appalachia, sections of the Mountain West – where above-average opioid dependence coincided with strong Trump support [11]. (Notably, ESDA also highlights exceptions: e.g. parts of the rural Great Plains had high Trump support but low opioid use, whereas some Deep South counties had health crises but remained Democratic [11].) Such spatial explorations set the stage for more formal modeling and help generate hypotheses about why certain regions diverge.

- **Cluster and Typology Analyses:** Researchers also categorize places into types or clusters based on socio-economic and health characteristics, then examine voting patterns. For example, Monnat & Brown (2017) formulated indices of *economic distress*, *health distress*, and *social breakdown* for each county (using variables like poverty and unemployment rates, prevalence of disability and poor health, divorce rates, etc.). They then compared Trump's performance across these quartiles of well-being [13] [14] . Other typologies include think-tank classifications (such as the Economic Innovation Group's **Distressed Communities Index**, which labels counties as prosperous or distressed). In the 2020 election, EIG analysts noted a stark "**dynamism divide**": counties carried by Biden accounted for an overwhelming share of America's recent job and business growth, whereas **Trump's counties were far more likely to be economically stagnant or declining** [15] [16] . Nearly **57% of the counties Trump won in 2020 had actually lost population since 2010**, compared to only 37% of Biden-won counties [17] . These clustered realities – dynamic metro areas versus left-behind rural/ micropolitan areas – underscore how *regional economic fortunes* align with political coalitions. Cluster analysis of health metrics shows a similar split: one 2021 study found that **county life expectancy is inversely related to Republican vote share**, with shorter-lived counties trending GOP. In fact, for each additional year of life expectancy in a county, Trump's 2020 vote share dropped by about 7 percentage points on average [18] . This association persists even when controlling for socio-economic covariates, though it attenuates in magnitude [19] . Altogether, spatial typologies and clustering techniques reveal a clear pattern: *the geography of distress corresponds closely to the geography of populist voting*, even as researchers control for many confounding factors.

Health, Despair, and Voting Behavior: Key Findings

A growing body of peer-reviewed research, using the methods above, has documented **significant correlations between regional health indicators of distress and support for Donald Trump or similar populist candidates**. Below are some of the **key findings and patterns** identified across studies:

- **"Deaths of Despair" and Voting Shifts:** Counties with **higher mortality rates from drugs, alcohol, and suicide** saw markedly stronger shifts toward Trump in 2016. In a widely cited analysis, *Trump "over-performed" the most in counties suffering the worst 'deaths of despair' crises* [20] . Shannon Monnat (2016) found that in the Industrial Midwest, Appalachia, and New England, Trump improved on the previous Republican candidate (Mitt Romney's 2012 vote) **by a larger margin in high-overdose/ high-suicide counties** than in those with lower mortality [20] [21] . Even after accounting for economic and demographic variables, this relationship held – suggesting that community-level despair had an independent link to the election outcome [22] . Monnat interprets these results through the lens of cumulative decline: places racked by long-term economic **"downward mobility" and social suffering** incubated an overwhelming frustration with "business as usual" politics [23] [24] . In her words, many Trump voters were expressing that *"people in power haven't cared about them or their communities in quite some time"* [24] . Rather than any simple causal effect (it's not that opioid use *caused* votes), high deaths of despair are viewed as a **symptom of decaying community structures and institutional abandonment**, which in turn fueled support for a candidate promising to restore greatness to these places [25] .

- **Opioid Addiction and Prescription Drug Use:** The opioid epidemic provides a tangible measure of community pain and distress – and studies show it overlaps strongly with voting patterns. A 2018 **JAMA Network Open** study reported that **Trump's 2016 vote share was highest in counties with the most intensive opioid use** [26] . In counties among the top fifth for long-term prescription

opioid usage (e.g. high rates of 90-day opioid prescriptions in Medicare data), Trump received about **60% of the vote**, compared to only ~39% in the bottom-fifth counties with the lowest opioid use [12]. After adjusting for a range of socio-economic factors (income, disability rates, education, etc.), roughly two-thirds of the opioid-voting correlation could be explained by those covariates – but notably **one-third of the association remained unexplained** [27]. Even with controls, places wracked by opioid addiction leaned more Republican than expected. This residual effect underscores that something about the opioid-hit communities – their shared cultural, psychological, or unmeasured economic traumas – aligned with Trump's appeal [27] [28]. Related research by economists also points to a *"mortality penalty"* carried by Republicans: counties with high rates of prescription opioid use, disability, and associated poor health outcomes have become a crucial part of the GOP base [29]. The pattern is so pronounced that by 2016 **state-level health and voting had completely flipped alignment** – states with longer life expectancies used to vote Republican (e.g. in 1976, healthier states favored Gerald Ford), but in 2016 the *least* healthy states voted for Trump by the largest margins [30]. Public health scholars describe this as the politics of despair: as health and longevity diverge between the well-educated versus the rest, those "left behind" health-wise have gravitated toward candidates who speak to their anger or promise to turn back the clock [31].

- **Chronic Disease, Disability, and Poor Health Outcomes:** Beyond opioids and overdose deaths, **broader health indicators consistently correlate with partisan divides**. A comprehensive study by Hamamsy et al. (2021) analyzed over 150 county-level well-being metrics and found a striking partisan health gap [32] [33]. Counties that voted Republican (especially for Trump) tend to have *higher rates of chronic illness and risk factors*: for example, they report more adult obesity, diabetes, smoking, and physical inactivity, and shorter life expectancies on average [34]. Democratic-voting counties, in contrast, score better on many health measures – with lower age-adjusted mortality, less obesity and smoking, and higher insurance coverage [34]. One illustration: by 2016, the **median life expectancy in Democratic counties had pulled noticeably ahead of that in Republican counties**, after being closer decades earlier [35]. Furthermore, this divide has **widened over time**. Between 1980 and 2014, mortality rates improved much more in predominantly Democratic counties than in Republican ones, and since the mid-2000s a gap opened up in outcomes like obesity and diabetes prevalence, favoring Democratic areas [35]. These findings imply a form of self-reinforcing spatial polarization: healthier, more prosperous communities have trended blue, while areas facing health crises trend red. *The two Americas are literally diverging in well-being.* The authors even applied machine-learning (lasso regression) to predict 2016 voting using sets of health indicators, and they identified lifestyle disease rates (e.g. obesity, physical inactivity) and longevity as strong predictors of Trump vs. Clinton vote shares [36]. In counties that flipped from Obama in 2012 to Trump in 2016, **rates of smoking, obesity, and "poor health days" showed a clear positive relationship with the pro-Trump swing** [36]. This suggests that health metrics often discussed in public health silos (like diabetes rates) were in fact tightly interwoven with the political realignment that occurred in 2016.

- **Economic and Social Distress Indicators:** Of course, health disparities do not exist in isolation – they intertwine with economic hardship and social breakdown, which are also spatially clustered. Studies that include both kinds of variables find **distress of all forms pointed in the same direction politically**. Monnat & Brown (2017) coined the term "**landscapes of despair**" to describe places characterized by interlocking problems – economic stagnation, worsening health, and social disintegration – and they found that *Trump performed exceptionally well in these landscapes* [14] [37]. In their county-level analysis of the 2016 vote: high economic distress (e.g. poverty, low employment, reliance on public assistance), **poor health (disability rates, self-reported ill health, etc.), and**

social distress (family instability, population loss) each independently predicted a greater swing toward Trump [38] [39] . Crucially, these relationships held even between counties within the same state or same region (and when distinguishing rural vs urban counties) [40] [41] . The strongest single predictor of Trump gains was a low rate of college education – reflecting the well-known educational split in the electorate – but beyond education, *the next strongest predictors were precisely those community-level markers of despair* [42] [37] . For example, in the Industrial Midwest, counties in the worst quartile for **health distress** (high obesity, high disability, etc.) saw Trump outperform Romney by **several percentage points more** than did counties in the best health quartile [14] [43] . Likewise, counties with unusually high divorce and separation rates (a proxy for social strain) leaned further toward Trump. These patterns reinforce a theoretical point: **localized economic pain and public health crises often go hand-in-hand, forging a shared climate of disaffection**. Whether it was the loss of a factory or the spread of an opioid pill mill, the net effect was to leave many communities feeling abandoned and angry – sentiments that translated into voting behavior.

- **Regional Personality and Cultural Factors:** Some research has even linked **regional psychological traits** to voting, complementing the socioeconomic findings. For instance, a 2022 regional analysis by psychologists found that **areas voting for Trump in 2016 and 2020 scored higher on average in the personality trait of neuroticism** (a tendency toward anxiety and negativity) and also in collective measures of pessimism and threat perception [44] [45] . These regions simultaneously showed higher indicators of economic deprivation and, intriguingly, higher implicit bias measures in some cases [46] . Such correlations hint at a feedback loop: populations experiencing hardship and uncertainty may develop a more fearful or resentful outlook (higher neuroticism, distrust), which populist narratives can amplify. While personality is deeply ingrained, its geographic clustering suggests that *living in a struggling community can shape dispositions in ways that affect political choices*. This line of research connects to the concept of **affective polarization** – the idea that partisan divides are driven by emotions and identity as much as policy. Communities that have suffered decline might be more prone to view political competition in zero-sum, us-versus-them terms, fueling stronger affective loyalties and animosities. In other words, the distress in these areas is not only material but emotional, laying a foundation for the intense **anger, fear, and "us vs. them" sentiment** characteristic of Trumpism's appeal.

In summary, across numerous studies and data sources, a consistent picture emerges: **places of pronounced physical and social pain have become fertile ground for populist conservative support**. Whether measured through life expectancy, overdose deaths, disability rates, or simply the number of people who feel "bad or hopeless" on a given day, distress has a spatial pattern – and that pattern overlaps significantly with the electoral map of MAGA America. Crucially, these relationships are not fully explained by traditional economic metrics alone (like income or unemployment). They point to a more holistic reality of decline: *it is the communities with fraying social fabric and declining health that most strongly rejected establishment politics*. Voters there responded to a candidate who channeled their grievances, even if – as some argue – their votes were more "against" those whom they blamed for their situation than *for* any concrete policy solution [47] .

How "Place" Mediates Discontent and Disparities

A recurring theme in this literature is that **geography itself shapes and moderates the link between hardship and political behavior**. That is, the effect of economic or health distress on voting is not uniform

for every individual; it is filtered through the context of *place*. Several theoretical framings help explain this mediating role of place:

- **Place-Based Identities and Grievances:** People don't just experience hardship individually – they interpret it collectively through local identity. As Cramer's Wisconsin research showed, many rural Americans developed a **"rural consciousness"** that framed their hardships as *the result of urban elites and governments ignoring their places* [7] [8] . In this view, small-town residents see factory closures or hospital cutbacks not as random misfortunes but as evidence that *"no one cares about people like us."* This sense of **spatial grievance** – *our community* has been left behind while *other communities* prosper – can amplify political discontent. It helps explain why health crises in certain regions translated into anger at government or other perceived "outsiders." For example, when coal jobs vanished in West Virginia and addiction rates spiked, many locals blamed environmental regulations and coastal elites rather than impersonal market forces. Place-based narratives thus channeled real distress into a populist political orientation, wherein Trump's promises to remember the "forgotten people" resonated deeply.

- **Affective and Cultural Polarization along Geographic Lines:** Place also mediates how partisan identities form and harden. Over recent decades, Americans have increasingly **sorted by geography**, with like-minded people clustering (e.g. liberals in cities, conservatives in rural areas). This has produced **echo chambers** of culture and information that reinforce local worldviews. Public health behaviors even became politicized in spatially distinct ways – for instance, during the COVID-19 pandemic, **mask-wearing rates were markedly lower in conservative-leaning counties** and opposition to public health mandates often had a strong regional component [48] . Such patterns both reflect and reinforce local political sentiments. A county where almost no one wears a mask (signaling distrust of expert guidance) is likely a county receptive to messages about personal liberty and skepticism of government – stances Trump emphasized. More broadly, when an entire community leans one way, political discussion and media consumption in that place tend to tilt in one direction, heightening **affective polarization** (strong in-group vs out-group feelings). Researchers find that living in a predominantly one-party environment can magnify one's disdain for the other party. Thus, an individual experiencing pain or economic loss in a solidly Republican, rurally isolated county might be far more likely to attribute their woes to *Democrats or "socialists"*, whereas a similarly hurting person in a diverse urban area might channel their frustration differently. In short, *the culture of a place – its dominant narratives, grievances, and social networks – filters personal experiences into political action*.

- **"Deaths of Despair" as Symptom of Policy and Power Disparities:** Another perspective is that place mediates despair through **policy choices and power dynamics**. Many of the worst-off regions are that way partly because of policy neglect or decisions that favored other places. For instance, states that refused to expand Medicaid (tending to be Republican-led, many in the South) left millions without healthcare access, exacerbating mortality and pain in those communities. Those same states also overwhelmingly supported Trump – a feedback loop where political leanings led to policies that worsened health outcomes, which in turn fueled further discontent. Case and Deaton (2020) argue that less-educated Americans in distressed areas have been **"abandoned by the Democratic Party"** and courted by a Republican Party that offers cultural comfort but often enacts policies (like safety-net cuts or healthcare rollbacks) that perpetuate their hardships [49] [50] . They describe a *"politics of despair"* where people in unhealthy, struggling regions vote in ways that are arguably expressions of identity and anger, even when those votes may not directly improve their

material conditions [50] . In this sense, "place" – through state governments, local institutions, and power structures – directly affects health disparities (e.g. which communities get investments vs. which are left with crumbling hospitals). Those disparities then foster political cynicism ("nothing changes for us anyway") or appeals to scapegoating. Thus, any analysis of health and voting must consider the **structural context of place**, including how governance and resources are distributed geographically.

- **Local Social Capital and Civic Decay:** Lastly, place is the locus of community and civic life – or its absence. Research in sociology (e.g. Robert Putnam's work) has long noted that some areas maintain strong social networks, civic organizations, and trust, while others experience social isolation and breakdown. The "**deaths of despair**" phenomenon has been partly attributed to the loss of social supports in certain regions (decline of unions, churches, clubs, etc.). Without those buffers, personal troubles become more likely to spiral into addiction or suicide. Politically, low social capital places also tend to have weaker civic engagement in traditional forms (like lower voter turnout or less contact with representatives) but may be more susceptible to **anti-establishment mobilization**. Indeed, some of the high-desperation counties that swung to Trump had previously seen **chronically low participation** and a disengagement from politics-as-usual. Trump's populist campaign, largely mediated through mass rallies and social media rather than local civic institutions, activated these "hollowed-out" communities in a new way. Thus, the **spatial pattern of civic decay** is another mediator: it created openings for a different style of politics. Areas with robust local civic life might channel grievances through institutional pathways, whereas areas where community fabric has unraveled were primed for a message of dramatic change and for venting rage at perceived outsiders.

Conclusion

The convergence of evidence from political geography, public health, and sociology paints a sobering but insightful portrait: **America's political divides in the era of MAGA are fundamentally geographic and deeply rooted in health and well-being disparities.** Since the 1980s, globalization and cultural shifts have produced *"Two Americas"* not just in wealth, but in physical and mental health – one largely urban, educated, and prospering, the other largely rural or deindustrialized, suffering economically and physically. The latter's distress has found expression in politics. Studies using spatial regression and cluster analysis confirm that **counties bearing the brunt of "deaths of despair," chronic illness, disability, and social disintegration disproportionately embraced Donald Trump's insurgent candidacy in 2016**, and remained loyal in 2020 [14] [37] . These patterns hold even after accounting for standard factors like income, racial composition, or education levels. In other words, there appears to be something about *the lived experience in struggling places* – the pain of seeing neighbors die young, the empty storefronts and closed clinics, the feeling of being "left behind" – that translates into a desire for disruptive political change.

This literature also highlights that **space is not just a backdrop but an active player** in U.S. politics. Geographic context shapes how people perceive their problems and whom they blame. By examining health and despair through a spatial lens, researchers have moved beyond simplistic narratives of an abstract "angry voter" to understand the *locational* nature of contemporary populism. The rise of Trumpism can thus be seen, in part, as a **reaction of specific places – the "landscapes of despair" – against decades of perceived decline and neglect** [51] [52] . This has important implications. It suggests that solutions to the current political polarization and discontent must involve *place-based interventions*: investing in public health infrastructure in distressed regions, addressing rural healthcare shortages,

tackling the opioid epidemic on the ground, and facilitating economic diversification in one-factory towns. Bridging the growing health gap between regions could potentially alleviate some of the resentment that feeds political extremism.

For public-facing data journalism, these findings offer rich opportunities. Mapping "**pain and politics**" – for example, overlaying county vote swings with overdose rates or life expectancy – can powerfully communicate the story to readers in visual form. Such maps and charts, backed by the cited studies, make the case that the **geography of grievance** in America is tied to measurable indicators of despair. Interviews and on-the-ground reporting can further humanize what the statistics show: why a voter in a high-mortality, economically gutted county feels drawn to an anti-establishment message. Ultimately, the literature reviewed here underscores a critical takeaway: *Place matters in America's democracy.* The road from pain to politics runs through the local milieu – through dying towns and thriving cities, through communities in despair or in hope. Any understanding of MAGA's emergence and endurance must reckon with that spatial reality, where the **map of distress** and the **map of political discontent** align with unnerving clarity.

Sources:

- Monnat, S. & Brown, D. (2017). *"More than a Rural Revolt: Landscapes of Despair and the 2016 Presidential Election."* **Journal of Rural Studies, 55**, 227-236. (Analysis linking economic, health, and social distress to Trump over-performance) [37] [53] .
- Monnat, S. (2016). *"Deaths of Despair and Support for Trump in the 2016 Election."* **Penn State Research Brief** (Findings summarized in WHYY Morning Edition) [20] [22] .
- Hamamsy, T. et al. (2021). *"Viewing the US Presidential Electoral Map through the Lens of Public Health."* **PLOS ONE, 16**(7): e0254001. (Comprehensive county-level correlation of health variables with voting) [34] [35] .
- Goodwin, J. et al. (2018). *"Association of Chronic Opioid Use with Presidential Voting Patterns in US Counties."* **JAMA Network Open, 1**(2): e180450. (Found strong correlation between opioid prescription rates and Trump vote share) [12] [27] .
- Curtis, L. H. et al. (2021). *"Life Expectancy and Voting Patterns in the 2020 U.S. Presidential Election."* **SSM – Population Health, 15**, 100837. (Life expectancy increases associated with decreased GOP vote; stagnating life expectancy linked to Trump gains) [18] [19] .
- Economic Innovation Group (2020). *"The Dynamism Divide: Examining the 2020 Election through Economic Lenses."* (Think tank report showing voter alignment with local economic performance) [15] [16] .
- Cramer, K. (2016). *The Politics of Resentment: Rural Consciousness in Wisconsin and the Rise of Scott Walker.* (Ethnographic insight into place-based identity driving resentment toward elites) [7] [8] .
- Case, A. & Deaton, A. (2020). *Deaths of Despair and the Future of Capitalism.* (Explores the rise of mortality and despair among non-college Americans; links to political estrangement) [31] [50] .
- Additional sources as cited in text: 【10】【14】【20】【25】【39】【47】 (various studies and analyses connecting public health metrics with the geography of Trump support).

---

[4] (PDF) Deaths of Despair and Support for Trump in the 2016 Presidential Election
https://www.researchgate.net/publication/
318378457_Deaths_of_Despair_and_Support_for_Trump_in_the_2016_Presidential_Election

[7] [8] The Politics of Resentment: Rural Consciousness in Wisconsin and the Rise of ... - Katherine J. Cramer
- Google Books
https://books.google.com/books/about/The_Politics_of_Resentment.html?id=Rg2ZCwAAQBAJ

[9] [10] [48] The Spatial Data Analysis of Determinants of U.S. Presidential Voting Results in the Rustbelt
States during the COVID-19 Pandemic
https://www.mdpi.com/2220-9964/12/6/212

[11] [12] [26] [27] [28] 2016 Trump support was greatest in areas with highest rates of painkiller use, study finds
- The Washington Post
https://www.washingtonpost.com/news/wonk/wp/2018/06/22/2016-trump-support-was-greatest-in-areas-with-highest-rates-of-
painkiller-use-study-finds/

[15] [16] [17] The Dynamism Divide: Examining the 2020 Election Through the Lenses of Population Growth,
Jobs, and Business Formation - Economic Innovation Group
https://eig.org/the-dynamism-divide/

[18] [19] a. County-Level Life Expectancy and Republican Share of the... | Download Scientific Diagram
https://www.researchgate.net/figure/a-County-Level-Life-Expectancy-and-Republican-Share-of-the-County-level-Vote-in-
the-2020_fig3_352232856

[20] [21] [22] [23] [24] [25] Study suggests correlation between Trump support, areas of high mortality - WHYY
https://whyy.org/articles/study-suggests-correlation-between-trump-support-deaths-of-despair/

[29] [30] [31] [47] [49] [50] The Rise of Despair and Conservative Politics
https://pnhp.org/news/the-rise-of-despair-and-conservative-politics/

[32] [33] CDS PhD Student Tymor Hamamsy Evaluates Data to Understand the Link Between Voting and
Health | by NYU Center for Data Science | Medium
https://nyudatascience.medium.com/evaluating-data-to-understand-the-link-between-voting-and-health-427e5237138a

[34] [35] [36] Viewing the US presidential electoral map through the lens of public health | PLOS One
https://journals.plos.org/plosone/article/figures?id=10.1371/journal.pone.0254001

[44] A regional analysis of voting behavior in the 2016 and 2020 U.S. ...
https://spiral.imperial.ac.uk/entities/publication/eb4d2b4e-f814-410c-aff5-ed08851aabaa

[45] Fear and deprivation in Trump's America: A regional analysis of ...
https://www.bohrium.com/paper-details/fear-and-deprivation-in-trump-s-america-a-regional-analysis-of-voting-behavior-in-
the-2016-and-2020-u-s-presidential-elections/864989427728908290-83353

[46] A regional analysis of voting behavior in the 2016 and 2020 U.S. ...
https://www.researchgate.net/publication/
363082987_Fear_and_deprivation_in_Trump's_America_A_regional_analysis_of_voting_behavior_in_the_2016_and_2020_US_Presidential_Elections