



# Political Determinants of Health: Has COVID-19 Exposed the Worst of It?

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 See also Woolf et al., p. 882.

The COVID-19 pandemic has underscored the deep connection between public health and political partisanship in the United States. The study by Woolf et al. in this issue of *AJPH* (p. 882) highlights significant differences in excess death rates across states and points to a troubling link between political leanings and mortality rates. The authors found that the states led by Republican governors and those with greater Republican representation experienced higher excess death rates during critical periods of the pandemic, highlighting the need to prioritize evidence-based decision-making over political considerations.

## POLITICS, POLITICAL PARTISANSHIP, AND PANDEMIC RESPONSE

The findings align with those from the book *Pandemic Politics: The Deadly Toll of Partisanship in the Age of COVID* by Gadarian et al.,<sup>1</sup> which further supports the impact of political polarization on public health outcomes. On the basis of six public opinion

surveys from March 2020 to April 2021, Gadarian et al. found that Democrats exhibited more prohealth behaviors, such as hand washing and mask wearing, than Republicans. Overall, the evidence emphasizes the real-life impact of political decisions on policies and people's lives. An urgent need exists for a united, nonpartisan, evidence-based approach to managing public health crises that goes beyond political divides and prioritizes the well-being of all citizens with a health equity lens.

## POLITICAL INFLUENCE AND EXCESS DEATHS

The research of Woolf et al. on excess death rates during the COVID-19 pandemic adds to the body of work linking political partisanship and mortality impact across the United States. The study reveals that the United States experienced an estimated 1 277 697 excess deaths from March 2020 to July 2023. States led by Republican governors and those with greater Republican representation saw higher

excess death rates, especially during the prevaccine and early vaccine phases. According to the study, compared with those led by Democratic governors, excess death was 64.5 per 100 000 population higher in the states led by Republican governors across the five phases of the pandemic.

This pattern highlights how political decisions directly impacted public health, as Republican-led states were less likely to implement preventive public health and social measures (also known as nonpharmaceutical interventions) such as face masks and physical distancing,<sup>2–4</sup> likely leading to higher mortality rates. Extensive literature on political and ideological differences noted that, compared with the liberal or Democratic views, conservative or Republican ideology is less responsive to radical policy measures with critical impact on personal autonomy (i.e., policies that challenge the “status quo”) and economic growth.<sup>5</sup> Conservative views and beliefs might have led to prioritizing personal autonomy over collective altruism and resilience and the potential economic growth over human lives. Similar patterns of differential adoption of public health policies by political partisanship and their impact on COVID-19 morbidity and mortality were reported elsewhere, such as in Brazil.<sup>6,7</sup> While the study relied on widely used statistical modeling methods, the authors acknowledged the potential influence of confounding variables such as age distribution, racial/ethnic composition, and socioeconomic status, which were not fully adjusted for. These factors have been shown to have differential impacts on morbidity and

mortality associated with the COVID-19 pandemic.<sup>8–11</sup>

The report by Woolf et al. provides valuable data on excess deaths in the United States overall and by state, which could benefit from including the uncertainties around the estimates, such as 95% confidence intervals. The study also revealed that more than half of the excess deaths occurred after vaccines became widely available, pointing to the impact of political partisanship on vaccine uptake and public health compliance. A cautious interpretation of these findings is required because the study was not designed to estimate the effect of COVID-19 vaccination on excess deaths. The analysis reported the excess deaths by the timeline of vaccine availability without taking into account the uptake of the vaccines. There was substantial variability across the states regarding COVID-19 vaccine coverage, speed, and uptake. Moreover, background COVID-19 infection rate, uptake, and adherence to nonpharmaceutical interventions also varied substantially by state. Lastly, even though the study does not measure the direct causal effect of political ideology on excess deaths, it clearly provides the differential impacts of the estimated causal effect of the pandemic and associated policy measures on excess deaths by political partisanship at the individual and policy levels. This is a critical contribution of the study.

Integrating findings from the study by Woolf et al. on excess death rates with insights from the work of others paints a clearer picture of how political partisanship shaped the public health landscape during the COVID-19

pandemic.<sup>1,12</sup> Collectively, these findings portray how the fragmented response to COVID-19 exacerbated the pandemic's toll and deepened societal inequities. Looking ahead, fostering bipartisan cooperation and strictly adhering to scientific guidelines will be essential in mitigating the impacts of future public health emergencies. These insights support the case for policy reforms to bridge the partisan divide and safeguard public health. This can be achieved through transparent communication, consistent policies across political lines, and robust public health education campaigns prioritizing facts over politics.<sup>12,13</sup> There are hundreds of societal and policy examples jointly supported by the Republicans and Democrats (e.g., Social Security, affordable housing, prekindergarten education). Therefore, a bipartisan pandemic preparedness roadmap could be agreed upon highlighting the nuances of critical issues of differences such as personal autonomy during a pandemic or similar health emergencies (e.g., highlighting the greater societal altruism and resilience, and its potential beneficial effects on at-risk populations, such as the elderly and those with underlying chronic diseases) and prioritizing human lives over economic growth.

The COVID-19 pandemic has had a profound toll on human lives. Moving forward, public health strategies must be grounded in science and equity, free from political interference. The lessons from this pandemic should serve as guiding principles as we strive toward establishing a more resilient and united public health system capable of safeguarding and enhancing the well-being of all individuals. **AJPH**

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G. Chowell conceptualized, drafted, and revised the editorial. N. Islam drafted, critically reviewed, and revised the editorial.

## CONFLICTS OF INTEREST

The authors report no potential or actual conflicts of interest from funding or affiliation-related activities pertinent to this editorial.

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