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ast fall's election results revealed a sharply divided nation — in terms of politics, and in terms of health. Studies have shown that Trump voters tend to be less healthy than Clinton voters. And new data from the athenahealth network reveals some of the measures where the gap is broadest: chronic diseases, such as hypertension and diabetes, that benefit from consistent primary care.

The analysis looked at records for 6.2 million patients ages 23 to 64, treated in primary care settings in 2015 on athenahealth's network of 85,000 providers. The results are based on patients with commercial insurance — although, researchers note, the trends are consistent when Medicaid patients are included.

According to diagnosis codes, physicians in counties that voted for President-elect Trump by 40 percentage points or more see higher rates of patients with hypertension, high cholesterol, diabetes, and depression and anxiety.

Winner	Patients	Patients (%)	Diabetes (Type 2)	Depression/ Anxiety	Hypertension	High Cholesterol	Asthmo
Strong Democrat	437,674	7.0%	7.5%	12.7%	19.9%	19.1%	4.5%
Strong GOP	934,233	15.0%	9.5%	16.8%	26.9%	22.4%	3.3%
Other	4,848,431	77.9%	7.5%	14.8%	22.0%	20.8%	4.1%
Total	6,220,338	100.0%	7.8%	15.0%	22.6%	20.9%	4.0%
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The gap in health status between Trump and Clinton communities is particularly pronounced in hypertension: The rate of high blood pressure is 7 percentage points higher in those that supported Trump.

Hypertension is more prevalent overall among black Americans, so researchers also looked at rates for the disease among white patients only — and the gap widened. Hypertension is 11 percentage points more prevalent among white patients in Trump-supporting counties than among whites in Clinton counties.

Like hypertension, the other diseases tracked by athenahealth's researchers are chronic conditions that, when untreated, lead to stroke, heart attacks, and dementia — health crises that drive much of the high cost of healthcare in the United States.

These are the chronic conditions that, clinicians say, are best treated early and continuously in an established relationship with a primary care physician. They are also among the diseases that benefit most from insurance coverage for preventive treatment.

Writing in The New Yorker about the value of enduring relationships between patients and their primary care physicians, Atul Gawande, M.D., noted that "good treatment for hypertension is like bridge maintenance: it requires active monitoring and incremental fixes and adjustments over time but averts costly disasters."

As Trump looks to repeal and replace the Affordable Care Act, the state of insurance coverage — and of Medicaid expansion — is an open question. Will his new healthcare policies be effective when it comes to addressing chronic disease?

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