



Congressional District Health DASHBOARD



Using data to improve the health of all people.

Until now, most data on health and the drivers of health and wellbeing have not been widely available at the congressional district level, nor were they easily accessible to the public. That's where the Congressional District Health Dashboard comes in.

The Congressional District Health Dashboard compiles local data from multiple national sources for all 435 U.S. congressional districts and D.C., and enables users to:



Explore district-level data on health, education, poverty, and more.



Map and use compelling visualizations to identify local or national gaps and advocate for change.



Identify racial, ethnic, geographic, and other disparities in health across congressional districts.



Compare the health status and drivers of health in districts with state and national averages.

Using Data to Drive Change

This powerful, first-of-its-kind tool can help lawmakers, advocates, journalists, and others dig into congressional district-level data, identify priorities, and drive action. For example:

► **Policymakers** can advocate for federal legislation to target funding and other supports to congressional districts with the highest child poverty or uninsured rates.

► **Advocates** can show lawmakers how their district compares to others on cancer deaths or access to healthy foods.

► **Journalists** can use district-level data to answer important health-related questions about the topics or districts they cover, and enrich stories on policy news of the day.

► **Researchers** can leverage data on disparities to understand the impact of policies on health and health equity.



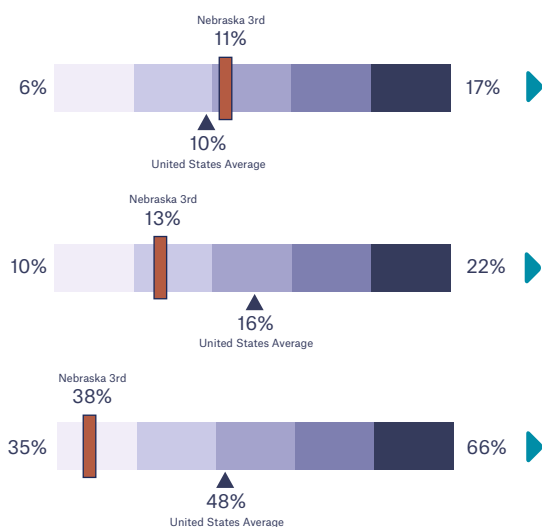
The Congressional District Health Dashboard will help policymakers understand the influence of factors that affect health and communities' ability to thrive, such as diabetes, physical inactivity, rent burden, and access to broadband connection.



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Exploring Dashboard Metrics in Nebraska's 3rd District



METRICS

Diabetes

Nebraska 3rd had an estimated **11%** of adults report having diabetes in **2021**, compared to the national average of **10%**.

Frequent Mental Distress

Nebraska 3rd had an estimated **13%** of adults report frequent mental distress in **2021**, compared to the national average of **16%**.

Rent Burden

Nebraska 3rd had an estimated **38%** households experiencing high rent burden in **2022**, compared to the national average of **48%**.

NOTE: All values displayed show the most recent year of data available, which may vary by metric. For more information on metric calculations and data sources, visit our website ([CongressionalDistrictHealthDashboard.org](https://www.congressionaldistricthealthdashboard.org)).

What Does the Congressional District Health Dashboard Measure?



Health Outcomes

- Breast Cancer Deaths ▾
- Cardiovascular Disease Deaths ▾
- Colorectal Cancer Deaths ▾
- Diabetes
- Firearm Homicides ▾
- Firearm Suicides ▾
- Frequent Mental Distress
- Frequent Physical Distress
- High Blood Pressure
- Life Expectancy
- Low Birthweight ▾
- Obesity
- Opioid Overdose Deaths ▾
- Premature Deaths (All Causes) ▾



Social & Economic Factors

- Broadband Connection
- Children in Poverty ▾
- Chronic Absenteeism ▾
- High School Completion ▾
- Income Inequality
- Neighborhood Racial/Ethnic Segregation
- Racial/Ethnic Diversity
- Rent Burden
- Unemployment ▾



Health Behaviors

- Binge Drinking
- Physical Inactivity
- Smoking
- Teen Births ▾



Physical Environment

- Air Pollution – Ozone
- Air Pollution – Particulate Matter
- Housing with Potential Lead Risk
- Lead Exposure Risk Index



Clinical Care

- Dental Care
- Medicaid Enrollment
- Prenatal Care ▾
- Preventative Services, 65+ ▾
- Routine Checkup, 18+
- Uninsured ▾

Those shown with a "▾" have demographic breakdowns available.



Subscribe to the [Congressional District Health Dashboard Newsletter](https://www.congressionaldistricthealthdashboard.org) for updates

www.CongressionalDistrictHealthDashboard.org



The Congressional District Health Dashboard was developed by researchers at NYU Grossman School of Medicine, in partnership with the Robert Wood Johnson Foundation.

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