RWJF Culture of Health Community Portrait

Louisville, Kentucky
ABOUT THIS REPORT

The Sentinel Communities Surveillance project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project, which began in 2016, will monitor activities related to how a Culture of Health is developing in each of 30 diverse communities around the country for at least five years. This community portrait follows from the initial Snapshot report for Louisville, Ky., and provides insights into drivers of a Culture of Health in the community. The report is not intended to comprehensively describe every action underway in Louisville, but rather focuses on key insights, opportunities, and challenges as a community advances on its journey toward health and well-being for all residents.

The information in this report was obtained using several data collection methods, including key informant telephone interviews, an environmental scan of online and published community-specific materials, review of existing population surveillance and monitoring data, and collection of local data or resources provided by community contacts or interview respondents. Interviews were conducted with individuals representing organizations working in a variety of sectors (for example, health, business, education, faith-based, and environment) in the community. Sector mapping was used to systematically identify respondents in a range of sectors that would have insights about community health and well-being to ensure organizational diversity across the community. We also asked original interviewees to recommend individuals to speak with in an effort to supplement important organizations or perspectives not included in the original sample.

A total of 16 unique respondents were interviewed during fall 2017 for this report. All interviews (lasting 30–75 minutes each) were conducted using semi-structured interview guides tailored to the unique context and activities taking place in each community and to the role of the respondent in the community. Interviewers used probes to ensure that they obtained input on specific items of interest (for example, facilitators and barriers to improved population health, well-being, and equity) and open-ended questions to ensure that they fully addressed and captured participants’ responses and perceptions about influences on health and well-being in their communities. Individuals who participated in a key informant interview are not identified by name or organization to protect confidentiality, but they are identified as a “respondent.” Information collected through environmental scans includes program and organizational information available on internet websites, publicly available documents, and media reports. Population surveillance and monitoring data were compiled from publicly available datasets, including the American Community Survey; Behavioral Risk Factor Surveillance System; and other similar federal, state, and local data sources.

We will conduct ongoing surveillance and monitoring activities in these communities through 2020 and report updated information on their progress, challenges, and lessons learned in improving health and well-being for all residents.

Data collection and monitoring thus far has revealed common themes among otherwise distinct communities. The next phase of this project will be cross-community reports that will examine common themes across subgroups of the 30 communities (for example, rural communities, communities experiencing large demographic shifts, and communities leveraging local data for decision-making). These reports also will be posted on rwjf.org/cultureofhealth.
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**Introduction**

Louisville, Ky., is benefitting from a robust economy, strong health systems, and a regional government with a proactive approach to promoting health and equity. Under the current administration, new offices have been created with the specific mission to fuse health and equity as an overarching concept and goal for policymaking and community action. However, the city’s status within a conservative Southern state, a long history of racial segregation and disadvantage, and limited funding sources pose significant challenges to turning this vision into reality. In this report, we examine the City of Louisville’s efforts to improve population health and build a healthier and more equitable community using the Culture of Health Action Framework to interpret and organize key findings. The Framework prioritizes four broad Action Areas: 1) Making Health a Shared Value; 2) Fostering Cross-Sector Collaboration to Improve Well-Being; 3) Creating Healthier, More Equitable Communities; and 4) Strengthening Integration of Health Services and Systems, within which activities and investments can advance population health, well-being, and equity in diverse community contexts. Using the Framework, we describe how Louisville’s government, schools, foundations, health systems, private sector, and community organizations are working independently and collectively to create opportunities for residents of all backgrounds and income levels.
Located on the Ohio River along the northern Kentucky border, Louisville has been an important trading and commercial hub for most of its history. The falls of the Ohio River, which impeded 19th century riverboat traffic, required portage and led to the construction of the Louisville and Portland Canal, which led to the city’s incorporation in 1828. Modern Louisville remains important to transit and distribution of goods: its short flying times to many U.S. markets has helped establish Louisville as home to the largest processing facility of UPS, a major local employer. The city’s economy is also buoyed by large health systems and insurers, notably Humana, which is headquartered in Louisville and employs some 12,000 residents. Although manufacturing has declined as an economic driver since its peak period in the mid-20th century, Louisville still produces a wide variety of goods. Industries with bases in the region include manufacturers of cars, home appliances, and bourbon. Technology startups and medical science industries are also part of the modern economic landscape.

**Effects of Racism Linger in This Once-Segregated City, Particularly in Terms of Criminal Justice and Attitudes That Reflexively Equate Black Residents with Crime.**

Although the city’s population growth in recent years comprises mostly non-white residents, Louisville remains majority white and non-Hispanic (nearly 68%), with black residents at 22%. Since 2000, black, Hispanic, Asian, and multiple-race residents have increased steadily, while the white population has dropped by almost 8 percent. Most schools in Louisville reflect this diversity; through busing and other measures, suburban and urban children represent a racial mix, and some of the city’s most prestigious schools are located downtown.

**Industries Provide Jobs and Also Some Health Consequences**

The Louisville Metro Government (LMG), established in 2003, fuses city, mayoral, and legislative functions with the political apparatus of Jefferson County. Louisville’s 605,672 residents account for more than 80 percent of the county’s population. Louisville city and county schools have operated as a single Jefferson County Public Schools (JCPS) district since 1975. The state has restricted some of Louisville’s more progressive initiatives, notably a proposed increase in the city’s minimum wage that was overturned by the state Supreme Court in 2016. Kentucky remains a top tobacco producer, and cigarette taxes remain low compared to national averages. These factors contribute to one of the highest rates of tobacco use—nearly 26 percent in 2014—among the 50 states and a high prevalence of smoking-related diseases in Louisville and the state.

Louisville’s history of segregation and racism continues to inhibit the quality of life for many residents. Neighborhoods in West Louisville, particularly those that border the Ohio River, are prone to flooding and suffer from poor air quality related to the presence of heavy industry, particularly rubber plants that provide the nickname “Rubbertown.” These neighborhoods, which are majority black, also suffer from a lack of health care providers and healthy food purveyors. Overall, black Louisville residents earn less, suffer more from preventable illnesses, and die younger than their white counterparts. Forty-six percent of black children are experiencing poverty (compared with 27% of white children), and homicide rates, which spiked to record highs in 2016 and 2017, disproportionately occurring among West Louisville’s black residents. The long history of poor health outcomes and indifferent governance has created an environment in which disadvantaged communities are not inclined to engage with grassroots or government initiatives that seek to improve conditions and outcomes for residents. Several interview respondents confirmed that effects of racism linger in this once-segregated city, particularly in terms of criminal justice and attitudes that reflexively equate black residents with crime.

**Building Resilience Among a Disparate Backdrop**

Despite these disparities, LMG and other stakeholders are working toward making Louisville a more equitable and resilient city. The strong economic base has fueled job training and educational initiatives meant to link local residents to some of the city’s prominent industries. The city has garnered attention and awards for programming geared toward bettering health and improving community resilience, and there is a variety of collaborative strategies geared to increasing participation and the decision-making power of historically disengaged residents. The current mayoral administration, in power since 2010, has been instrumental in making city government into an anchor institution through the creation of several important new offices that work closely with community-based organizations and other stakeholders. The mayor, Greg Fischer, is seeking a third term in 2018, and it remains to be seen if his strategy for pursuing health and equity can be sustained beyond his tenure.

A combination of expansive health systems, foundations, and community-based organizations (CBOs) provide LMG with a strong partner network to promote many aspects of its health and equity agendas. Louisville’s capacity to promote health has expanded through the leadership in several new LMG offices that secure funding for new initiatives, generate and share data, and promote the city’s “Healthy Hometown Movement” agenda. There is evidence of new and sustained collaborations that are focused on drivers of health and well-being to achieve better outcomes and create safe environments for disadvantaged residents.

**Anchor Institution Is Formed by Local Government Initiatives**

LMG has created several important new offices within the past decade that are instrumental to its core strategy of supporting equity and creating healthier, more resilient neighborhoods. The Office of Safe and Healthy Neighborhoods (OSSH); Center for Health Equity (CHE), which works out of the Department for Public Health and Wellness; Office of Sustainability; and Office of Resilience and Community Services all depend on collaboration across sectors and maintaining a community focus. Although the offices have small staffs and budgets,
communication between them and allied sectors helps to overcome their limitations and create a network through which data and resources can be shared, and new voices, particularly young Louisville residents, can be heard. The overall strategy of these various offices is reflected in a 2017 Health Equity Report, which was prepared by CHE. To support transparency and establish LMG as a reliable partner to various sectors, it has developed a publicly accessible Open Data Platform and hired a data officer to facilitate data collection.

Prior community health needs assessment processes “missed out on a lot of the underserved because we didn’t know how to find them.”

Health care sector respondent

Health providers in Louisville have recognized the value of centers with staff who are able to communicate with new immigrant populations. A notable example is the Americana Community Center, which helps immigrants from many nations receive health care, education, and other services. Beyond serving foreign-born populations, Americana has improved Louisville’s community health needs assessment (CHNA) by providing data and insights to larger health systems. Prior CHNA processes “missed out on a lot of the underserved because we didn’t know how to find them,” says a respondent from the health care sector.

Despite these expansions, West Louisville remains a chronically underserved region in terms of providers and health care centers. Although there are plans for a new health care center operated by Passport Health and located in a YMCA on the edge of this neighborhood, it has developed a publicly accessible Open Data Platform and hired a data officer to facilitate data collection.

Overarching LMG-led initiatives include One Love Louisville, which relies on faith-based organizations, the business community, and resident groups to create and support new approaches to reducing violence and drug overdoses. 55,000 Degrees and Academies of Louisville connect the county’s public schools, local universities, prominent industries, and residents by addressing the business sector’s need for skilled workers and helping Louisville students attain requisite degrees and job training.

Louisville is a home base for several large health systems, including Norton Health, KentuckyOne, Baptist Health, and the University of Louisville Hospital. Local foundations, such as James Graham Brown Foundation, work with community groups to identify areas of need in addition to providing funding. Other foundations are tied directly to health systems, such as three separate foundations affiliated with Norton Health. Medicaid funding, which expanded in Kentucky following the passage of the Affordable Care Act (ACA), has increased demand for services in Louisville’s network of federally qualified health centers (FQHCs).

Developing a Culture of Health

Louisville’s efforts to build a cohesive strategy around health and equity benefit from a proactive government that embraces these concepts as interdependent and essential to future prosperity. Applying the social determinants of health to activities that draw in the education, business, and health sectors allows the community to focus on creating productive, healthy environments rather than trying to solve problems related to poverty, violence, and pollution in isolation. Although there are promising efforts to enact change on modest resources, Louisville’s economic and health inequities are deeply entrenched, and some respondents noted the challenges in trying to engage residents who are most in need. It remains to be seen if collaborations, data sharing, and an
active LMG can transform Louisville into a resilient, equitable city where health is a common currency.

RESIDENTS ENGAGE FOR STRONGER COMMUNITIES

Government agencies, foundations, and CBOs in Louisville are attempting to find new methods to engage residents and better understand their needs. Recognizing that many residents are unaware of available services—or are disinclined to participate in setting community health agendas—these sectors are working to build networks through which funding and resources can be directed to areas of need and new voices can be heard. Key CBOs have been working to overcome the detachment of underserved residents and provide realistic planning and goal setting to make incremental improvements in distressed neighborhoods. Government offices such as OSHN and CHE are leveraging a community engagement model to keep residents engaged in health and community-focused programming and ongoing social justice conversations; there also are plans to create participatory budgeting processes to increase residents’ influence over resource allocations. Although the objectives of these efforts vary, they aim to overcome the conviction among residents of at-risk neighborhoods that “It’s always been this way, it’s never going to change, so we don’t show up,” says one respondent of the nonprofit sector.

**“THEIR ROLES AS COMMUNITY MEMBERS ARE... TO ALSO BE AN ACCOUNTABILITY MECHANISM: TO ASK ... QUESTIONS ABOUT THE WORK AND ... ABOUT PROGRESS OR LACK OF PROGRESS, AND MAKE SUGGESTIONS.”**

GOVERNMENT SECTOR RESPONDENT

Some of this activity is directly related to health care access. The Louisville Urban League, an organization that has served the needs of the black community for almost 100 years, launched a program in 2016 that helps residents navigate the health system and find care options. Launched in part with support from the Humana Foundation, “IT Starts with Mel” is the Urban League’s first attempt at a sustained program that helps residents identify problems directly related to health and social determinants of health, such as community violence, racism, and financial stress. Urban League navigators are public health workers who can coordinate services between individuals and doctors or help them find new services. In either case, the interaction is viewed through the lens of social justice that has characterized Urban League from its inception. Resident participation and empowerment are essential: Urban League depends on individuals, other CBOs, and churches to become “the best ambassadors” of its programming, according to one respondent from the nonprofit sector. The outreach helped the group renew funding for IT Starts With Mel, in part because of the strength of data collection efforts, which chart the number of “healthy days” participants experience and helped demonstrate the intersectionality of health drivers.

Other CBOs are facilitating community engagement through leadership programming and tactical urbanism, an approach that pursues incremental improvements that may expand block by block. For example, Center For Neighborhoods (CFN) operates Neighborhood Institute, a 12-week leadership development course that educates residents in how to engage with government, understand the particulars of local legislation and project development, and mine data that can benefit community-based action. The projects that CFN supports tend to be short term, although it also consults with regional foundations to help target funding and refine strategic engagement.

**“WE ARE REALLY WORKING WITH OUR INTERNAL AND EXTERNAL PARTNERS TO DEVELOP OPPORTUNITIES AND CAPACITY WITHIN NEIGHBORHOODS FOR CITIZENS TO HAVE ACCESS AND A VOICE IN ALL OF THE WORK THAT’S TAKING SHAPE.”**

GOVERNMENT SECTOR RESPONDENT

Louisville Metro offices, notably the OSHN and the CHE, have created a methodology of community engagement, targeting young residents unable to participate through voting. “We are really working with our internal and external partners to develop opportunities and capacity within neighborhoods for citizens to have access and a voice in all of the work that’s taking shape,” stated a respondent from the government sector. Community members participate in OSHN’s strategic planning sessions, sometimes during extended retreats to allow residents and policy planners more time to exchange information and establish trust. Groups such as the Youth Implementation Team and the One Love Louisville Implementation Team provide the mayor's office with feedback on a quarterly basis and review progress toward the goals outlined in OSHN’s strategic plan (called “One Love Louisville”) to reduce violence, suicide, and overdose deaths. Residents can examine the allocation of resources and make sure at-need populations have access to these resources.

“Their roles as community members are to really review the work that is happening, and then to also be an accountability mechanism: to ask those questions about the work and ask about progress or lack of progress, and make suggestions,” said a respondent from the government sector.

CHE examined community engagement practices in other cities to explore how residents could review data and participate in the setting of budgets and city priorities in a meaningful way. It convened a three-day summit in 2016, “My Dream of Lou,” and invited 200 residents to present their concerns and priorities while exposing them to policy ideas, data, and planning at the city level. The center is continuing to evaluate how participatory budget processes may increase equity and build on a collaborative model of governance. It also works with CBOs and grassroots organizations to make further inroads into local communities and expand the participatory process. “No matter your sector, age, race, or economic status, [there is] a very collaborative space for people to build these policies,” according to a respondent from the government sector.
LMG offices also are researching participatory budgeting, a concept that received support from residents during the My Dream of Lou summit. The objective is acquiring a budget for projects that are created, voted on, and implemented with the oversight of designated citizen representatives. Plans for participatory budgeting projects were presented to the mayor in fall 2017; no official plans have been announced yet.

"COMMUNITIES IN LOUISVILLE STILL ORGANIZE VERY QUICKLY AND DO IT WELL. IT’S THAT SUSTAINED EFFORT WHICH IS HARDER TO MAINTAIN."  
NONPROFIT SECTOR RESPONDENT

One respondent from the nonprofit sector noted that “communities in Louisville still organize very quickly and do it well. It’s that sustained effort which is harder to maintain.” However, LMG and its Safe Neighborhood and Health Equity offices are attempting to build capacity for long-term planning. “The community relationship is so much of our success,” remarked one respondent from the government sector. Historically, however, “that relationship with government is not as fluid.” A nonprofit respondent noted that it can be difficult to convince communities that have long struggled with poverty and its outcomes that health-focused programming is even necessary: “Overcoming that psychological barrier is difficult.” Several respondents also noted that sustaining funding, even for initiatives that meet benchmarks, continues to be a struggle, especially when conservative state and federal governments are inclined to cut services rather than spend money on them.

COLLABORATIONS ADDRESS DEEP-SEATED CHALLENGES

Although Louisville’s government has created innovative offices and expanded programming to explicitly link health and equity, modest budgets make collaboration across sectors essential. In many cases, this approach has helped to build bridges between business, education, and grassroots interests and create natural forums for more expansive goals.

Although progress is modest, there is evidence that collaborations on environmental, educational, and safety issues are beginning to improve residents’ quality of life. Like many urban landscapes, Louisville has seen a significant reduction in its tree canopy and number of trees overall. Thousands more trees are projected to die because of infestations from exotic pests in the coming decade. This fact, coupled with ongoing air quality concerns and the need to control the urban “heat island effect” (in which human activity makes urban areas hotter than their surroundings), has spurred LMG to create new programming and partnerships.

TreesLouisville, an organization founded by the mayor in 2015, partnered with Jefferson County Public Schools in 2015–2016 to plant trees on school grounds throughout the city. The organization’s impact report contains data on species planted and emphasizes the connection between a lack of tree cover and poor health outcomes. Plantings occurred on 18 school campuses in the first year.

The city’s serious asthma and air quality problems provided impetus for the Air Louisville project, a collaboration between the metro government, several foundations, businesses, and volunteer citizen researchers, to collect data on asthma incidents and air quality indicators. Using a sensor created by Propeller Health, citizens recorded thousands of data points on inhaler usage, which are channeled into an open database to identify environmental triggers and create better prevention policies. The project, according to a government respondent, provided the city with a new means “to crowd-source data using citizen scientists, also known as volunteers.” The short-term benefits of the experiment included an 82 percent decrease in inhaler use by volunteers with chronic obstructive pulmonary disease (COPD).

OSHN’s antiviolence programming is channeled through One Love Louisville, a campaign that uses available data to create strategic plans for multiple sectors that address community needs and help improve evaluation outcomes. Partners meet on a regular basis to assess progress across multiple established goals and initiatives. OSHN has issued “blueprints” that collect data, revisit community actions, and help sustain the stakeholder ecosystem. “We’ve very much held this narrative that we need everybody on board to see progress,” according to a respondent from the government sector. “I think as a result of that, we’ve kept a lot of folks at the table.” Particularly important to the work is a program, conducted with the Kentucky Workforce Board that connects youth who have been in the judicial system with case management, employment, and education services. Two government respondents reported that the recidivism rate among youth involved

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in this program is below 5 percent. However, one of these respondents noted that public perception changes slowly, and Louisville’s city council has been reluctant to invest in new violence prevention programs. “We’re in a place where we’re talking about using city dollars differently than we have before,” said one government respondent. “That is not an easy conversation to have and not an easy thing to accomplish.”

Collaboration among health systems and CBOs with a health care focus also has increased in recent years. Because CHNAs are mandated for most health organizations that receive federal accreditation or funding, regional providers have collaborated with Louisville’s Department of Public Health to streamline the process and replicate a single assessment for all participating organizations. The result, a community-wide survey document, serves the dual purpose of efficiency and creating a wider conduit for generated data. In 2017, the CHNA collaboration expanded to include Metro Louisville United Way, the parks program, JCPS, and FQHCs. “We do one really good one [CHNA] instead of 10 separate okay ones,” according to one respondent from the health care sector. “The more we collaborate and break down siloes, it’s just more effective use of funding and time.”

Collaboration on CHNAs also has produced work groups that focus on areas such as question development, data collection approaches, and asset mapping. The work groups meet regularly and present their findings to a steering committee on a quarterly basis. By spring 2018, the Department of Public Health and Wellness is expected to use the city’s comprehensive plan, the land development office, Behavioral Risk Factor Surveillance Survey data, and other sources to better support policy recommendations for health outcomes. Insights from these data will be used to create a community health improvement plan for 2030.

Many aspects of this vision are still in planning stages, but LMG and JCPS have developed strategic plans to address equity imbalances among residents and Louisville youth. The metro government and educational systems are attempting to define drivers and metrics for measuring inequity and working to institutionalize an equity-focused approach that employees can easily recognize. Definitions of equity are informed by the societal factors that led to the marginalization of black residents and reflect the need to make today’s Louisville an inclusive community, in light of the new immigrant population who speak languages other than English.

In 2016, Louisville was selected by Living Cities and the Government Alliance for Race and Equity as one of five cities to participate in Racial Equity Here, a two-year initiative to facilitate efforts to understand government’s role in improving equity, particularly for young people of color. Since then, the metro government has used the initiative’s guidelines to refine its equity strategy through in-depth trainings for all city employees. By fall 2017, LMG had completed training for 2,000 employees, including most 24-hour and public safety departments. The purpose of the training is two-fold: to promote the concept of equity throughout the LMG and provide new information on how racial bias may affect operations. Simultaneously, CHE and other offices are studying blind reviews and other practices that may help remove bias from within government systems. “We are going to need to collect all of the data first to really know how to get into departments and systematically make the changes we need to make,” said a respondent from the government sector. Recommendations for institutional changes will be based on data collected and from post-training feedback.

LMG has also integrated the perspective of residents as it pursues equity in its policies. In 2015, CHE convened the Healing Possible Quorum (HPQ100), inviting 100 Louisville residents to evaluate programs that deliver services to the public through an equity lens. HPQ100 led to the creation of the Racial Equity Policy and Assessment Implementation Resource, an assessment tool that can be applied across sectors to assess policies, programs, and budget allocation for addressing racial equity. The assessment tool includes a racial equity score card that holds policy planners accountable, helping to operationalize equity in systems and processes. The city has released three publicly available Health Equity Reports since 2011 to illustrate the equity concept and present data to link environmental drivers and health outcomes. CHE also is preparing reports that focus on social determinants of health and equity; a wealth-building report, for example, maps out locations of banks and payday lenders to emphasize the differences in wealth-building capacity between neighborhoods.
The effort to engage “voices that generally haven’t been part of government,” as one government sector respondent put it, has also expanded to Louisville’s youth. Collaboration between University of Louisville’s School of Public Health, CHE, and the mayor’s office helped create a Racial Equity Youth Council, a group of 16- to 19-year-olds brought together to formulate action plans for young people who are unemployed and out of school. The group undertakes research into particular issues, such as detention services, and trainings that explore the effects of institutional racism on youth. The group is developing an action plan for disconnected Louisville youth that expands on finite engagement efforts such as SummerWorks.

Although it has not emphasized a social justice component to its advocacy, Greater Louisville Inc., the regional Chamber of Commerce, has advocated for the passage of a state house bill that permits criminal record expungement for a subset of Class D felony offenses. The chamber organized other stakeholders in lobbying efforts and was motivated by the need to expand the regional work force. Greater Louisville Inc. also is leading efforts to bring more businesses into distressed West Louisville neighborhoods.

**DATA COLLECTION INNOVATIONS CREATE TRANSPARENCY AND COMMUNITY BENEFITS**

While refining the messaging that links health and equity, Louisville is attempting to make data more accessible, digestible, and relevant to community improvement. Stakeholders also are working to redefine how data are collected and discover how data can better help to understand drivers that affect community health. Facing challenges in some areas of city government and at the state level, stakeholders are eager to find new sources of data to bolster arguments in favor of continuing initiatives. “We recognize that what people do and how people think is going to be very difficult to change,” a government sector respondent said. “We are trying to think about collection of data differently. You can’t start with changing minds.”

The city is trying to make its data collection more transparent and available to the public. Many data generated by LMG are accessible on the city’s open data platform, and a digest of its contents is assembled in an annual report that also tracks which data sets are being downloaded most frequently. The city hired a data officer in 2016 to facilitate the gathering, sharing, and coordination of data. The Office of Performance Improvement (created in 2012) deploys LouisStat, a program for accumulating new data sets related to city functions and better measure performance and cost savings. The city also makes strategic investments to help deploy limited budgets with a minimum of waste. “With our tree canopy and urban heat issues, we had a consultant do a comprehensive assessment,” said a government sector respondent who noted that the city’s 400 square miles presents a challenge to efficient data collection. “To have comprehensive data is really robust and pretty rare for a community our size.”

Several respondents noted that different sectors of Louisville are deploying new evidence-based strategies to pursue ambitious objectives, such as reducing violence and promoting equity. In 2013, the JCPS developed “Envision Equity Score Cards” to better understand students’ varying degrees of academic achievement and to promote institutional change based on its findings. The report considers established metrics, such as literacy and disciplinary records and college and career readiness. According to an education sector respondent, the score card also looks “at climate and culture, particularly around students’ sense of belonging.” JCPS produced a second equity score card in 2016. Similarly, LMG’s approach to creating its Health Equity Report depends on framing new data in comprehensible fashion, so the impacts of environmental drivers are more readily apparent. “Community members can actually see where the health is, but [also] how it is rooted in neighborhood development, economic development, and health and human services,” said a respondent from the government sector.

Data collection is sometimes tailored to align with suggestions from the communities under study and provide new sources of information. A government sector respondent noted the interest by residents “that we really talk about budgeting relating to food systems and food access.” In response, CHE collected data on food deserts. A respondent from the health care sector noted that “health insurance literacy is a vital statistic that we look at, as well as improved health behaviors. We want to see that people understand how their health insurance works.” These activities are also a means to illustrate, for residents and policymakers, “how the individual is rooted into a larger system,” according to one government sector respondent.

“COMMUNITY MEMBERS CAN ACTUALLY SEE WHERE THE HEALTH IS, BUT [ALSO] HOW IT IS ROOTED IN NEIGHBORHOOD DEVELOPMENT, ECONOMIC DEVELOPMENT, AND HEALTH AND HUMAN SERVICES.”

GOVERNMENT SECTOR RESPONDENT

Although the melding of city and county governments facilitates data sharing among stakeholders, there is no guarantee that departments collect data in the same manner or that coordination exists between databases and websites. One health sector respondent noted that the abundant relevant data can be “dense,” requiring extensive coordination between partners to make it useful to communities. Data can be “really hard to put on paper for individuals,” a respondent from the nonprofit sector noted.

Several Louisville respondents also noted that attacking inequity and other deeply rooted problems depends on asking better questions about disadvantaged communities. A health sector respondent, noting disparities between sexually transmitted disease rates for white and black residents in Louisville, noted that “we can’t even start to answer some of those questions because we are not collecting data around the sexual practices of young people.” The respondent argued that public opinion will not shift unless stakeholders can ask “brand new questions” about problems related to poverty and health, economic, and educational disparities.
Summary of Louisville’s Efforts to Build a Culture of Health

Based on the Culture of Health Framework used to guide Sentinel Community data collection and monitoring in Louisville, a Culture of Health may be emerging at community and institutional levels because of ambitious government initiatives and ongoing support from strong health systems, foundations, and key CBOs. The Center for Health Equity, which is attempting to frame community health and equity as indivisible, reflects how Louisville is engaging residents in Making Health a Shared Value. Environmental justice campaigns, partnership networks, and consortiums, such as the Violence Prevention Workgroup, illustrate prominent examples of the city’s work in Fostering Cross-Sector Collaboration to Improve Well-Being. Health providers and affiliated stakeholders are Strengthening Integration of Health Services and Systems by streamlining the CHNA process and sharing relevant data. The equity training within LMG; equity score cards created by the school system; and resident-inclusive summits, such as My Dream for Lou, reflect the city’s ambitions of Creating Healthier, More Equitable Communities. However, implementation of many initiatives to improve health and well-being through an equity focus remain in early stages, and collaboration is often a necessary function given the sponsors’ small budgets and staffs. It also remains to be seen if the proactive government approach will be sustained over the long term.

Louisville’s approach to equity and “health in all policies” is notable for its scope and ambition. The city has made progress in its attempt to elevate these concepts more widely, and it has formed ties with community groups and other sectors that show evidence of mutual benefit. Offices such as OSHN, CHE, and Resilience and Community Services do not have large budgets or staffs, but they have been successful in securing national funding and grant opportunities, and have begun to collect data that have helped experts better understand social determinants of health. As JCPS and local universities continue to discuss equity and seek connections to the business sector, opportunities for Louisville’s youth are beginning to expand. The city’s violence prevention work is being studied by other city leaders.

Although the government and community groups are resourceful, they are limited in their ability to make sweeping changes. This fact is perhaps best demonstrated by the fact that, despite a concerted effort to reduce violence in Louisville, the city saw record numbers of homicides in 2016 and 2017. Research and collaboration have uncovered valuable data that refine understanding of asthma and COPD attacks,
but air quality in West Louisville neighborhoods remains poor. These neighborhoods also suffer from a dearth of health care providers, fresh food, and transportation. Furthermore, the city’s commitment to equity and new solutions is not universal or guaranteed to last beyond the current administration. It remains to be seen whether the effort to pair health and equity can actually reverse entrenched patterns that have sustained poverty and disparate health outcomes for the city’s most vulnerable populations. Also, it remains uncertain whether nongovernment sectors and community stakeholders will become the equal partners that are needed for health equity policies to succeed.

Because many of Louisville’s most interesting initiatives and programs are less than a decade old, more time is needed to determine how effective they will prove to be and whether they will generate data that will support further investment. The Offices of Safe and Healthy Neighborhoods, Sustainability, and Resilience and Community Services are important pieces in the LMG’s attempt to address residual effects of segregation and racism, but all are modest in size. They are vulnerable to downsizing if a decline in the city’s economic fortunes resulted in budget cuts. Because all these offices were created by the current mayoral administration, it remains to be seen if future leaders will share the conviction that these innovations in government are worth defending.

Community engagement also bears future study, particularly if Louisville is successful in implementing participatory budgeting practices and other means to increase the input of private citizens. If such budgeting should begin, the expressed priorities of community members will be of particular interest. Efforts to increase access to and availability of health care providers, particularly in West Louisville, will also bear study, as will ongoing legal actions regarding the level of toxic emissions from the Rubbertown section of the city. It also will be important to evaluate efforts to expand employment opportunities for disadvantaged residents, particularly related to current partnerships with some of Louisville’s most robust industries.
References


