RWJF Culture of Health
Sentinel Community Snapshot:

Louisville, Kentucky
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ABOUT THIS REPORT

The Sentinel Communities project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least 5 years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities and links to other reports and information about the project.
Introduction

Straddling the banks of the Ohio River in north-central Kentucky, Louisville is home of the Kentucky Derby and world-famous baseball bats, and the birthplace of the late boxing champion Muhammad Ali. Louisville is Kentucky’s largest city, with 605,672 residents. The city comprises about 80% of Jefferson County’s population. A 3% growth in Louisville’s population from 2010 to 2015 was due almost exclusively to increases in the city’s non-white residents. In 2003, Louisville and Jefferson County created a consolidated government, mayoral office, and legislative council (known as “Louisville Metro”) to streamline decision making.

Louisville’s central location in the United States and transportation resources have figured significantly in the city’s prominence as a manufacturing, distribution, and service hub. It is home to the shipping and logistics giant United Parcel Service (UPS), whose operation at Louisville International Airport is the world’s preeminent automated package handling facility. Health care is another major industry in Louisville, which is home to national insurer Humana and two major health systems employing a combined total of 29,000 residents.

Louisville’s strategic location also figured into its history as a regional manufacturing powerhouse in the mid-20th century. Following World War II, an industrial boom began when International Harvester converted an airplane factory into the world’s largest tractor plant, employing 6,200 workers. Other industrial giants followed—General Electric opened its appliance manufacturing operations in
1953, employing 20,000 people. In 1969, the opening of Ford Motor Company’s second plant, Kentucky Truck Plant, an operation that employed 4,600 workers, marked the beginning of the decline of Louisville’s manufacturing prominence. In the following year, the first of Louisville’s four major cigarette manufacturers—another source of thousands of local jobs—shut its doors, beginning a decade during which Louisville lost more than 30,000 manufacturing jobs. The city’s remaining cigarette manufacturing plants subsequently closed or left Louisville, with Philip Morris’ U.S. plant the last to close in 2000.

Beginning in the 1990s, Louisville’s civic, business, and educational leaders have worked together to build a thriving, 21st century economy based largely on shipping and logistics, health care, and technology. However, a persistent legacy of economic and educational inequality suffered by the city’s low-income black residents has limited this population’s access to the types of jobs that are defining Louisville’s future. Patterns of segregation have also contributed to profound inequities in health outcomes between the city’s white and black communities. To improve the health and well-being of Louisville residents, civic, business, public health leaders, and public-private partnerships have collaborated on ambitious educational and health initiatives, whose impact is beginning to be realized.

In 2016, Louisville was selected by the Robert Wood Johnson Foundation (RWJF) as a Culture of Health Prize winner for their collaborative efforts to improve opportunities for residents to lead longer, healthier, and more productive lives. In statements about the prize, RWJF states that “Prize communities offer the nation important examples of what is possible when health is at the heart of all decision-making, and diverse voices are included as part of the process”.

LOUISVILLE TODAY: PROSPERITY—FOR SOME
Louisville’s population is approximately 68% white, 22% black, 5% Hispanic, 2% Asian, and 3% “other” race. For decades, housing access, income levels, and educational attainment have been sharply divided along racial and ethnic lines, a pattern that persists to this day.

The city’s Ninth Street corridor is a de facto partition that separates Louisville’s thriving downtown area from the predominantly black neighborhoods to the west (Figure 1). In the 1960s, renewal efforts pushed many low-income black residents from established neighborhoods in the downtown area into the west Louisville area. Low-income, black residents became trapped in neighborhoods of concentrated poverty and a shrinking business base, and were unable to move due to housing policies that restricted development of subsidized housing in majority-white neighborhoods east of the city center.

Controversy about developing subsidized housing continues today—as recently as 2015, Louisville’s Metro Council addressed whether to change the city’s land code to allow private developers to construct affordable housing units outside of west Louisville. Today, many of the disparities associated with living in highly segregated, low-income communities are evident in west Louisville: lower levels of income and educational attainment, high unemployment rates, and poor indicators of health and well-being.

Source: U.S. Census Bureau, 2014; Louisville/Jefferson County Information Consortium (http://www.ljc.org/main/)

One-third (33%) of Louisville’s black population lives below the federal poverty line, compared with about 16% of white residents and 29% of Hispanics of all races.\(^1\) Median income for black residents is $27,485, slightly more than half the median income for whites ($51,249) and about three-fourths of the median income for Hispanics ($34,849).\(^1\) Black residents are more likely (25%) than white (15%) and Hispanic (18%) residents to hold jobs in traditionally low-paying service sectors.\(^1\) While one-third of white residents (34%) hold jobs in management, professional, and related occupations, just 24% of black residents and 17% of Hispanic residents do.

**Education’s Role in the 21st Century Economy**

Educational attainment also varies significantly by race/ethnicity. In 2014, only 16% of Louisville’s black residents had a bachelor’s degree or higher, compared with 30% of whites and 23% of Hispanics.\(^1\) (Figure 2).

Disparities in educational attainment leave some Louisville residents—especially black—ill prepared for the professional and technical needs of many local employers. In addition to UPS, which employs more than 20,000 area residents, the health care industry is a major source of jobs. Health insurer Humana employs more than 11,000 Louisville area residents; regional health systems Norton Healthcare and KentuckyOne Health each employ about 9,000.\(^7\) Manufacturing, while not the dominant force it was in Louisville during the mid-20th century, remains a significant source of employment. Ford Motor Company and General Electric each employ thousands of residents; however, modern manufacturing jobs tend to require higher levels of technical training than similar jobs of decades before.

Reduced educational attainment translates directly into higher unemployment rates. Although unemployment increased across all population groups in Louisville during and immediately after the Great Recession of 2007–2009, in 2013, unemployment rates remained significantly higher among blacks (13%) and Hispanics (10%) than among whites (5%) (Figure 3).

**Leading the Country in Tobacco Use**

Possibly owing to Kentucky’s legacy as a tobacco-growing state, smoking prevalence rates in Louisville and the state (Figure 4) are among the highest in the nation. Nationally, slightly more than 17% of the U.S. adult population (aged 18 or older) are current cigarette smokers.\(^13\) In Kentucky, more than 27% of adults are current cigarette smokers; in Louisville, 25% of whites and 27% of blacks are current smokers.\(^14\) In its 2016 annual report card on the state of tobacco control in the nation, the American Lung Association gave Kentucky an “F” for its poor performance on tobacco control measures, which include funding tobacco prevention and cessation prevention programs, passing laws to ensure smoke-free air, increasing taxes on tobacco products, and providing access to cessation services.\(^15\)

In addition to high rates of smoking, approximately 10% of state residents suffer from asthma, above the national average of 8%; among Louisville residents, the rate is significantly higher (nearly 13%) and the leading cause of emergency room visits among children.\(^16\)
Health-in-All-Policies Shape Louisville’s Future

Recognizing the need to narrow health disparities and to improve its competitiveness and quality of life, Louisville incorporated a “health-in-all-policies” philosophy in its Healthy Louisville 2020 plan to improve the city’s health. The approach, championed by Mayor Greg Fischer, advocates for health-promoting policies and programs to be interwoven into many aspects of residents’ daily lives, including schools, workplaces, child care facilities, and neighborhoods.

This framework for improving population health reflected participation from broad sectors of the community. Input was drawn from Mayor Fisher’s Healthy Hometown Movement Coalition, consisting of approximately 70 members representing more than 50 community-based organizations, faith-based groups, foundations, and employers. In addition to its health-in-all-policies foundation, Healthy Louisville 2020 emphasizes prevention and the use of evidence-based interventions to improve community health. Healthy Louisville 2020’s goals were based on health outcomes with the greatest impact on morbidity, mortality, and quality of life; on root causes of poor health outcomes; and on health conditions most heavily affected by policy, systems, and environmental changes, and individual behavior (Table 1).

An online tracker monitors the status of outcome measures for each of the 13 goals, provides current and target data that correspond to each outcome measure, and indicates progress toward goal attainment. For example, in the cancer prevention and screening focus area, the Healthy Louisville 2020 target of 73% of adults aged 50 to 75 having undergone colorectal cancer screening was met in 2014. However, only 75% of women aged 50 or older had a mammogram in the past 2 years, well below the 87% target. The publicly available database is maintained and updated regularly by Louisville Metro Public Health and Wellness. Several other multi-partner initiatives are underway to improve the health and well-being of Louisville residents (Table 2).

### Improving Health for Employees and Enrollees

Health insurer Humana, Louisville’s second largest business, is spearheading an ambitious effort to improve health among local employees, their family members, and enrollees across the nation. The organization’s “Bold Goals” initiative aims to enhance health and well-being through technology-supported means, including using mobile devices to track vital signs, communicating virtually with health providers, and connecting with health-related communities.

Among Humana’s U.S. employees who have been with the company since 2012, changes in health behaviors have produced some encouraging results:

- More than one-quarter (26%) reduced their blood sugar levels to normal range and lowered their risk for diabetes.
- More than one-third (37%) have returned elevated blood pressure levels to normal rates.

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### Table 1. Healthy Louisville 2020: Focus Areas and Goals

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Healthy Louisville 2020 Goal</th>
</tr>
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<tbody>
<tr>
<td>ACCESS TO HEALTH CARE</td>
<td>All Louisville Metro residents will have health insurance and a medical home.</td>
</tr>
<tr>
<td>CANCER SCREENING AND PREVENTION</td>
<td>Decrease the incidence and death rates for all cancers in Louisville Metro.</td>
</tr>
<tr>
<td>CHRONIC DISEASE PREVENTION AND SCREENING</td>
<td>Prevent, detect, and reduce risk factors that cause diabetes, coronary heart disease, and stroke among Louisville Metro residents.</td>
</tr>
<tr>
<td>HEALTHY HOMES AND HEALTHY NEIGHBORHOODS</td>
<td>Reduce the prevalence of and death rate related to tobacco use and exposure to secondhand smoke in Louisville Metro.</td>
</tr>
<tr>
<td>HEALTHY MOTHERS AND HEALTHY BABIES</td>
<td>Improve the health and well-being of mothers and babies in Louisville Metro.</td>
</tr>
<tr>
<td>HIV PREVENTION AND SCREENING</td>
<td>Reduce human immune-deficiency virus (HIV) infection among Louisville Metro residents.</td>
</tr>
<tr>
<td>INJURY AND VIOLENCE PREVENTION</td>
<td>Decrease the prevalence of violence and unintentional injuries in Louisville Metro.</td>
</tr>
<tr>
<td>MENTAL AND BEHAVIORAL HEALTH</td>
<td>Improve the mental and emotional well-being of Louisville Metro residents.</td>
</tr>
<tr>
<td>OBESITY PREVENTION</td>
<td>Reduce the proportion of Louisville Metro residents that are overweight and obese.</td>
</tr>
<tr>
<td>ORAL HEALTH</td>
<td>Improve the oral health of Louisville Metro residents by reducing tooth decay and gum disease.</td>
</tr>
<tr>
<td>PUBLIC HEALTH INFRASTRUCTURE</td>
<td>Ensure Louisville Metro Public Health and Wellness has the infrastructure to provide Louisville Metro residents public health services at an optimal level on a daily basis as well as during emergencies.</td>
</tr>
<tr>
<td>SOCIAL DETERMINANTS OF HEALTH</td>
<td>Create social and physical environments that promote good health for all Louisville Metro residents.</td>
</tr>
<tr>
<td>SUBSTANCE ABUSE</td>
<td>Reduce the number of Louisville Metro adults and youth engaging in risky behaviors such as binge drinking and drug abuse.</td>
</tr>
</tbody>
</table>

• More than four in ten (42%) have eliminated health risks and improved overall health.

In Louisville, Humana’s initiative is targeting three priorities for improvement among employees and enrollees: behavioral health; diabetes; and respiratory conditions, including asthma, allergies, chronic obstructive pulmonary disease, and smoking.

Although the lack of support for evidence-based tobacco control interventions at the state level complicates local action, Kentucky state law does not preempt localities from passing comprehensive local policies that provide protections from exposure to secondhand smoke. Thus, to reduce high rates of adult and adolescent smoking, the Healthy Louisville 2020 strategic plan includes goals to:

• expand city-wide, smoke-free areas to include outdoor public spaces around downtown hospital campuses, and

• strengthen the enforcement of existing laws prohibiting indoor smoking at worksites and selling tobacco to minors.

Other ongoing initiatives include providing smoking cessation classes by area hospitals in targeted zip codes with the greatest proportion of smokers; promoting use of a quit line sponsored by the Kentucky Department of Health for Louisville residents; and offering a special cessation program for uninsured, pregnant smokers.

Finally, to help better understand the environmental triggers of asthma and reduce the burden on residents, Humana is partnering with AIR Louisville, a community program that distributes smart sensors that attach to asthma inhalers. The sensor feeds inhaler utilization data to a smartphone app, which provides information to users that helps them better manage their symptoms. A limited number of free sensors have been made available to Louisville residents through a grant from the Robert Wood Johnson Foundation.

• Partners in this effort are drawn from the city’s higher education and K-12 sectors, including the University of Louisville, Simmons

| TABLE 2. ONGOING INITIATIVES TO IMPROVE HEALTH AND WELL-BEING IN LOUISVILLE, KENTUCKY |
|-------------------|-------------------|-------------------|
| **PROJECT NAME**  | **SPONSORS**      | **PROJECT GOALS** |
| **BANK ON LOUISVILLE** | U.S. Department of Health and Human Services, Community Services Block Grant Act, Louisville community partners, sponsors, and city of Louisville. | Strengthen economic well-being through improved access to financial education and services, with emphasis on low- to moderate-income population. |
| **CITY ACCELERATOR** | Citi Foundation/Living Cities http://www.citigroup.com/citi/news/2014/140904a.htm | Enhance fire response system to better serve people with mental illness and substance abuse as part of Louisville’s comprehensive research and delivery system for civic innovation. |
| **HEALTHY BABIES LOUISVILLE** | 17 Louisville health and social service institutions https://louisvilleky.gov/news/new-coalition-formed-improve-infant-health | Lower infant mortality rates, reduce the gap in infant mortality between black and white infants, increase access to prenatal care, and reduce smoking among pregnant women. |
| **WHAT WORKS CITIES** | Bloomberg Philanthropies http://whatworkscities.bloomberg.org/works-city-feature-louisville-ky/ | Strengthen Louisville’s open data program and reduce the amount of manual effort in providing civic data; test opportunities to improve existing systems by using low-cost evaluation practices. |
College of Kentucky, Indiana University Southeast, and the Jefferson Community and Technical College, as well as the local Catholic and public school systems. Several of Louisville’s leading business, funding, and community-based organizations are founding partners, and dozens of churches, faith-based organizations, and nonprofit organizations take part in the initiative.

Working with partners to whom specific degree completion targets have been assigned, 55,000 Degrees aims to increase higher educational attainment by:

- creating a culture that supports college attendance and completion;
- using the business community’s leverage to accelerate college attendance;
- preparing students for success in college and beyond;
- making post-secondary college accessible and affordable; and
- increasing educational persistence, performance, and progress.\(^{24}\)

Although 55,000 Degrees does not provide direct financial assistance or scholarships, high school students who pledge to work toward their associate or bachelor’s degree receive information on resources and assistance completing financial assistance forms. The initiative has developed networks for specific groups, including one for working-age adults and separate programs for Hispanic and black students.

As of 2014, program officials reported that 41% of Louisville’s working-age population held an associate degree or higher, compared with 38% in 2008. Although adult educational attainment is at an all-time high, leaders do not expect to reach the goal of 55,000 post-secondary degrees until 2030 due to faster population growth in the region than predicted when the program began.\(^{27}\) Given population growth, 59,000 degrees would be need to be completed by 2020 to reach the 50% goal.

According to the program’s 2014 Educational Scorecard, academic progress among high school students has been mixed.\(^{27}\) The percentage of Jefferson County public high school students who were college- or career-ready increased from 31% to 61% from 2010 to 2014, however disparities persist. Only 41% of black high school students were considered college- or career-ready, compared with 54% of Hispanic and 73% of white students.\(^{27}\)

Beyond 55,000 Degrees, other collaborative initiatives have been working to provide free post-secondary educational benefits to workers through on-the-job training. Established in 1998, Metropolitan College is a partnership between UPS, the University of Louisville, Jefferson County Community and Technical College, and Louisville Metro and state governments.\(^{28}\) It provides paid tuition at either the university or technical college to part-time package handlers who work the third shift at the UPS Worldport facility. Participating employees are eligible for bonuses ranging from $350 to $1,400, depending on academic progress, and employees are not required to remain at UPS after completing their studies.

Since its creation, the partnership has helped more than 14,000 students obtain free post-secondary education and on-the-job training; job turnover has shrunk from 70% to less than 20%.\(^{29}\) To date, more than 4,400 individuals have received more than 7,000 certificates, associates, bachelors, and graduate degrees through the program.

### Health Insurance Expansion

Due in large part to Kentucky’s expansion of Medicaid coverage under the Affordable Care Act (ACA), Louisville made quick progress toward its goal of reducing the percentage of residents without health insurance.

In 2014, the state expanded Medicaid to low-income adults and built its own state-run insurance marketplace called kynect.\(^{29}\) Nearly 94,000 people are enrolled in coverage through kynect, about 38% of the state’s potential marketplace population.\(^{31}\)

After implementing these changes, Kentucky’s uninsured rate declined from 16% in 2013 to 8% in 2014, one of the largest drops in the country.\(^{29}\) Analysts credit Kentucky’s success to its single, integrated eligibility system built for Medicaid and kynect enrollees, described by some users as a convenient “one-stop shop,” as well as leadership, collaboration, and ample enrollment assistance.

However, the state’s progress in expanding health insurance under the ACA may be jeopardized under a new approach proposed in June 2016 by Governor Matt Bevin. The governor is seeking a waiver from the federal government\(^{30}\) to shift Medicaid enrollees into a plan called Kentucky HEALTH, which would require enrollees (excluding pregnant women and children) to make monthly premium payments, depending on income.\(^{33}\) Under this approach, the state would “empower individuals” by creating reward accounts that enrollees could use to access additional benefits, such as dental, vision, and over-the-counter medications; funds can be accrued by participating in activities such as disease management classes or job training. Enrollees who do not pay their premiums in 60 days may have their coverage withdrawn for up to 6 months. As of mid-December, however, the federal government had not approved Kentucky’s Medicaid waiver, and Governor Bevin has indicated he would repeal the proposed waiver if it was not approved in its current form. An overwhelming majority (90%) of Kentucky’s residents said they were opposed to the Medicaid proposal in a poll conducted by the Kentucky Center for Economic Policy.\(^{34}\,\,^{35}\)

### Can Initiatives Close the Equity Gap?

Responding to decades-old challenges in a proactive manner, Louisville’s business, community, and public health sectors have worked collaboratively to narrow the social, economic, and educational disparities that have long plagued the city and hampered progress toward health equity. Comprehensive initiatives to improve educational
attainment, expand health insurance, and address long-standing health disparities have gained the cooperation of diverse stakeholders and influential partners across the community. Additional surveillance, data and information gathering, analysis, and reporting will examine the impact of these and other initiatives on Louisville’s residents, especially members of its underserved low-income, black community.

The following questions will be addressed in future reports:

• To what extent will the proposed Medicaid waiver influence future access to health insurance coverage among the city’s low-income population? How will changes to the current “one-stop shopping” eligibility system affect access to insurance coverage?

• In what ways are stakeholders in the business, health, and public health sectors coordinating their initiatives to ensure that all residents are served and can attain the maximum possible benefit?

• What has been the success of workplace initiatives in Louisville to reduce unemployment and underemployment among racial minorities?

• In what ways will Louisville continue to use or expand its use of civic data to drive decision making?

• To what extent is the “health-in-all-policies” philosophy being adopted across initiatives, included in Healthy Louisville 2020, and what lessons can be learned from how is this philosophy being applied?

• To what extent is input from diverse resident groups reflected in the initiatives championed by Louisville’s leaders?