BUILDING A
HEALTHIER LOUISVILLE

SPECIAL REPORT
2013
Measuring the Impact of Health on Louisville’s Competitiveness

For more than a decade, the Greater Louisville Project has provided research and data to catalyze civic action. By highlighting progress and challenges in three Deep Drivers of Change—Education, 21st Century Jobs, and Quality of Place—the GLP has engaged the community in a shared agenda for long-term progress.

With this special report, the focus shifts to an issue at the heart of the community’s ability to prosper: the health of its residents and its connection to the city’s progress and competitiveness.

Health is linked—directly and indirectly—to the Deep Drivers of Change: Education, 21st Century Jobs, and Quality of Place. Healthier students achieve greater academic success and educational attainment. A healthier workforce is more productive, has lower healthcare costs, and makes Louisville more attractive for growth of 21st Century Jobs. Healthier residents promote and expect a greater quality of place.

Conversely, education and income influence health and longevity. For example, low educational attainment is among the root causes of poor health. Raising educational attainment will result in healthier residents too.

The bottom line: We all have a stake in creating a healthier community. Louisville’s prosperity and opportunities rely on a new level of community awareness, understanding and commitment to improving health outcomes. There is not one answer but instead a variety of factors that must be addressed where we live, work and learn.

The County Health Rankings focus on measures that can be shaped by public and private policy. It provides a rich set of indicators in four categories, evaluated and weighted based on their impact on health outcomes by a team of leading epidemiologists. Together, improvement in these areas will help Louisville raise its health outcome ranking, which is a combination of length of life and quality of health during life.

For the first time, this report assesses the health of Louisville compared with the 14 cities that have long served as its competitive peers. It utilizes a framework provided by County Health Rankings, a project supported by the Robert Wood Johnson Foundation, the nation’s largest philanthropic organization devoted to public health.

To help identify Louisville’s most strategic health-related challenges, the Greater Louisville Project convened an 18-member health advisory group comprised of leaders from the public and private sectors. The inside pages of this report highlight these strategic challenges and indicators the community can measure over time.
PLACE MATTERS: LIFE EXPECTANCY BY NEIGHBORHOOD

The most recent Louisville Metro Health Equity Report outlined sharp differences in health outcomes by income, race and neighborhood. Social determinants such as investment in the built environment, educational attainment, unemployment and access to care are important contributors to these outcomes. Thirteen years separate the highest life expectancy from the lowest—how can we work together to change this reality in Louisville?

<table>
<thead>
<tr>
<th>Neighborhoods</th>
<th>Life Expectancy</th>
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<tr>
<td>Northeast Louisville</td>
<td>83 years</td>
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<td>St. Matthews</td>
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<td>Southeast Louisville</td>
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<td>Jeffersontown</td>
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<td>Floyd’s Fork</td>
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<td>Pleasure Ridge Park</td>
<td>78 years</td>
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<td>Valley Station</td>
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<td>Highlands</td>
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<td>Buechel</td>
<td>74 years</td>
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<td>Shively</td>
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<td>Downtown</td>
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<td>Old Louisville</td>
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<td>Germantown</td>
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<td>Portland</td>
<td>70 years</td>
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<td>Russell</td>
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<td>California-Parkland</td>
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<td>South Central Louisville</td>
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<td>Smoketown</td>
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<tr>
<td>Shelby Park</td>
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Source: Center for Health Equity, a division of Louisville Metro Public Health & Wellness.
Louisville falls short among peer cities—10th out of 15 in health outcomes today.

Our goal is to move Louisville to the top tier, or top five among peers on this measure.
Acknowledgements


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Social & economic factors include education, employment, income, family, social support, and community safety. These play the most significant role in health outcomes.

In this category, education and unemployment represent Louisville’s most strategic challenges.

The physical environment category includes the built environment, roads, parks, restaurants, and grocery stores, as well as environmental factors like clean air and water.

In this category, air quality is Louisville’s most strategic challenge.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of air pollution on respiratory function (chronic bronchitis, asthmatic attacks) are associated with an increase in mortality related to cardiovascular disease and cancer.

Louisville ranks 8th among peers in daily fine particulate matter, also known as PM2.5.

AIR QUALITY 8*

The unemployment experience more health problems and higher mortality than the employed population. This is attributed to loss of employer-sponsored health insurance and an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, and exercise.

Louisville’s 2011 unemployment rate was 10%, ranking it 4th among peers.

EMPLOYMENT 12*

In this category, access to primary care physicians represents Louisville’s most strategic challenge.

The adverse health effects from cigarette smoking account for an estimated 443,000 deaths or nearly one of every five deaths each year in the United States. Today, 24%, or more than 1 in 5 Louisville adults smoke, ranking 11th among 15 peer cities.

SMOKING 14*

Health behaviors include smoking, diet and exercise, and alcohol use.

In this category, smoking and obesity represent Louisville’s most strategic challenges.

Louisville ranks 10th among 15 peer cities in health outcomes today.

LOUISVILLE IS LAGGING BEHIND IN HEALTH

These four factors must be addressed where we live, work, and learn to improve health outcomes in Louisville.

The clinical care category includes access to care—the percentage of population without health insurance and access to dentists and physicians—and quality of care—the percentage of certain populations that receive health screenings or have preventable hospital stays.

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