

Public Health & Wellness

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PUBLIC HEALTH & WELLNESS

Dave Biggers for Louisville Mayor

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EXECUTIVE SUMMARY

Louisville faces a public health crisis that goes far beyond healthcare access. While (Health & Human Services) addresses medical care delivery, this policy tackles the upstream determinants of health—environmental hazards, food access, mental health, substance use, chronic disease prevention, and the structural conditions that make West Louisville life expectancy 16 years shorter than the East End despite living in the same city.

The Challenge

Louisville’s public health and wellness crisis shows up in stark numbers:

1. **Life Expectancy Gap:** Residents of West Louisville neighborhoods live 16 years shorter on average than East End residents (72 vs. 84 years)—a gap wider than between the U.S. and many developing countries, driven entirely by social determinants of health, not genetics.
2. **Chronic Disease Burden:** Louisville’s rates of diabetes (14.2% vs. 10.8% national), obesity (37.4% vs. 30.7% national), and hypertension (38.1% vs. 32.4% national) are significantly higher than national averages—driving \$890 million in annual healthcare costs and premature deaths.

3. **Mental Health & Substance Use Crisis:** Louisville has just 1 mental health provider per 530 residents (vs. 1:300 recommended), contributing to 387 overdose deaths in 2023 and suicide rates 18% above national average—while 62% of residents needing mental health treatment don't receive it.
4. **Food Apartheid:** 23% of Louisville residents live in food deserts lacking access to fresh, healthy food—with rates reaching 47% in West Louisville—directly contributing to diet-related chronic diseases and the life expectancy gap.
5. **Environmental Health Hazards:** Rubbertown, West Louisville's industrial corridor, exposes 48,000 residents to cancer-causing emissions 12x higher than EPA safety thresholds—while lead poisoning affects 11% of West Louisville children (vs. 2% citywide), causing irreversible cognitive damage.

Dave's Vision

Dave will transform Louisville's approach to public health by addressing root causes of illness, not just treating symptoms. His plan will eliminate environmental health hazards, expand mental health and substance use treatment, ensure every neighborhood has access to healthy food, create wellness infrastructure in underserved communities, and tackle the social determinants driving the 16-year life expectancy gap.

Environmental Health Justice (\$12M annually): Eliminate toxic exposures in Rubbertown and West Louisville through emissions reductions, lead abatement, air quality monitoring, and health impact assessments—ensuring no Louisville neighborhood sacrifices residents' health for industry profit (see also).

Mental Health & Substance Use Continuum (\$10M annually): Create comprehensive crisis response, treatment, and recovery support system with same-day mental health access, peer support, medication-assisted treatment, and recovery housing—ensuring every resident can access mental health and addiction services without barriers.

Healthy Food Access Initiative (\$8M annually): Eliminate food deserts through grocery incentives, mobile markets, urban agriculture, healthy corner store programs, and SNAP expansion—ensuring every Louisville resident has access to fresh, nutritious food within 1 mile.

Community Wellness Infrastructure (\$6M annually): Build wellness centers, fitness facilities, walking trails, and health programming in neighborhoods lacking resources—creating infrastructure for physical activity, social connection, and preventive health in every community.

Maternal & Child Health Equity (\$5M annually): Address Louisville's Black maternal

mortality crisis (2.5x higher than white women; Louisville Metro data) and infant mortality gap through doula programs, home visiting, prenatal care navigation, and support for birthing people—ensuring every family has healthy start.

Budget Impact

This policy requires **\$41 million in new annual spending**—funded through federal grants (\$18M), health system partnerships (\$8M), General Fund (\$10M), and environmental penalties (\$5M). Economic analysis projects \$328-451M in annual economic returns (8-11x ROI) through healthcare cost savings, productivity gains, reduced environmental cleanup costs, and increased life expectancy value.

Why This Matters

The 16-year life expectancy gap is Louisville’s most urgent injustice. When residents of the same city have lifespans differing by more than a decade based entirely on zip code—not genetics, not personal choices, but structural conditions—that’s not a healthcare problem, it’s a justice problem requiring structural solutions.

Treating illness is expensive—preventing it saves billions. Louisville spends \$890 million annually treating preventable chronic diseases (diabetes, heart disease, obesity-related conditions). Meanwhile, research shows every \$1 invested in upstream prevention returns \$5.60 in healthcare savings—we’re choosing the expensive, ineffective approach.

Mental health and addiction are public health emergencies. With 387 overdose deaths in 2023, suicide rates 18% above national average, and 62% of people needing mental health treatment unable to access it, Louisville’s mental health crisis demands the same urgency as COVID-19—comprehensive crisis response, treatment expansion, and recovery support infrastructure.

Environmental racism is killing West Louisville. When Rubbertown exposes 48,000 primarily Black residents to cancer-causing emissions 12x EPA safety limits, and 11% of West Louisville children have lead poisoning causing irreversible brain damage, that’s not an accident—it’s environmental racism requiring immediate remediation and accountability.

Food apartheid drives disease. When 47% of West Louisville residents live in food deserts and diabetes rates are 2.3x higher than well-resourced neighborhoods, the connection is clear: lack of healthy food access directly causes disease. This is solvable through food infrastructure investment.

Dave’s policy will address root causes of Louisville’s health crisis—environmental hazards, food access, mental health, social determinants—not just treat symptoms. It’s about building a city where your zip code doesn’t determine whether you live to 72 or 84.

CURRENT SITUATION ANALYSIS

Health Equity Crisis

Louisville's health outcomes show dramatic disparities by race, geography, and income:

Life Expectancy by Neighborhood:

Neighborhood	Life Expectancy	Gap from Highest
East End	84 years	Baseline
Highlands	82 years	-2 years
South End	77 years	-7 years
West Louisville	72 years	-12 years
Russell	70 years	-14 years

For context: The U.S.-to-Guatemala life expectancy gap is 10 years. Louisville's internal gap (14 years between Russell and East End) is wider than between most developed and developing countries.

Infant Mortality by Race:

Group	Infant Deaths per 1,000 Live Births	Disparity Ratio
White	4.8	Baseline
Black	12.7	2.6x higher
Hispanic	6.2	1.3x higher

Louisville's Black infant mortality rate (12.7) is comparable to developing countries and higher than the national average was in 1970—a 50-year regression.

Maternal Mortality by Race (2018-2023):

Group	Deaths per 100,000 Live Births	Disparity Ratio
White	18.2	Baseline
Black	42.1	2.5x higher

Louisville's Black maternal mortality rate exceeds many developing countries—this is a crisis.

Chronic Disease Burden

Louisville significantly exceeds national averages for preventable chronic diseases:

Chronic Disease Prevalence:

Condition	Louisville Rate	National Rate	Excess Cases in Louisville	Annual Cost
Diabetes	14.2%	10.8%	21,000 excess	\$340M
Obesity	37.4%	30.7%	41,250 excess	\$285M
Hypertension	38.1%	32.4%	35,100 excess	\$175M
Heart Disease	7.8%	6.2%	9,850 excess	\$90M

Total: 107,200 excess chronic disease cases costing \$890 million annually—primarily driven by social determinants (food access, environmental exposures, poverty, stress) rather than individual behavior.

Geographic Disparity in Chronic Disease:

Neighborhood	Diabetes Rate	Obesity Rate	Life Expectancy Impact
East End	7.2%	22.1%	Reference
South End	12.8%	33.7%	-3.2 years
West Louisville	16.5%	44.2%	-6.8 years
Russell	18.9%	48.7%	-8.2 years

The correlation between poverty, food access, environmental hazards, and chronic disease is undeniable.

Mental Health & Substance Use Crisis

Louisville's mental health infrastructure is severely inadequate for population need:

Access to Care:

- **Provider Shortage:** 1 mental health provider per 530 residents (vs. 1:300 recommended)—23% shortfall
- **Wait Times:** Average 42 days for first appointment with psychiatrist (vs. 7 days recommended)
- **Treatment Gap:** 62% of Louisville residents needing mental health treatment in past year did not receive it
- **Insurance Barriers:** 38% of mental health providers don't accept Medicaid, excluding low-income residents

Crisis Response:

- **Emergency Department Reliance:** 18,200 annual ED visits for mental health crises (41% increase since 2015)—costing \$82M annually vs. \$12M for appropriate crisis services
- **Police Mental Health Calls:** LMPD responds to 22,000+ mental health crisis calls

annually—officers spending 340,000 hours on mental health calls better handled by clinicians

- **Lack of Crisis Services:** Louisville has just 16 crisis stabilization beds (vs. 200+ needed based on population)

Substance Use & Overdose:

Metric	2023 Data	Trend
Overdose Deaths	387 total	+18% since 2020
Fentanyl Deaths	289 (75% of overdoses)	+47% since 2020
Opioid Prescriptions	82 per 100 residents	27% above national average
Treatment Capacity	2,400 slots	31% of estimated need (7,800)
MAT Availability	18 providers	Serves <15% needing medication-assisted treatment

Geographic Concentration:

- 64% of overdose deaths occur in just 8 zip codes (West Louisville, South End, Portland)
- These same neighborhoods have fewest treatment providers (only 4 of 18 MAT providers)
- Treatment deserts mirror food deserts—areas with greatest need have least access

Youth Mental Health:

- 31% of Louisville high school students report persistent sadness/hopelessness (vs. 26% national)
- 18% seriously considered suicide in past year (vs. 15% national)
- Only 34% of students needing mental health services received them
- JCPS has 1 counselor per 482 students (vs. 1:250 recommended)—48% shortfall

Food Access & Nutrition Security

Louisville's food system creates apartheid—some neighborhoods have abundant healthy food, others have none:

Food Deserts:

- **Overall:** 23% of Louisville residents (142,000 people) live in food deserts (>1 mile from grocery store in urban areas, >10 miles rural)
- **West Louisville:** 47% of residents in food deserts
- **Russell:** 73% of residents >1 mile from full-service grocery
- **Portland:** 61% in food deserts

Consequences:

Metric	Food Desert Neighborhoods	Food-Secure Neighborhoods	Difference
Diabetes Rate	16.2%	8.7%	+86%
Obesity Rate	42.1%	28.4%	+48%
Heart Disease	9.4%	5.8%	+62%
Fresh Produce Consumption	1.2 servings/day	3.4 servings/day	-65%

Food Insecurity:

- **Overall:** 16.8% of Louisville households food insecure (can't afford adequate food)
- **Children:** 22.4% of Louisville children in food-insecure households
- **SNAP Participation:** Only 67% of eligible residents enrolled in SNAP (food assistance)—leaving \$180M in federal food assistance unclaimed annually

Corner Store Problem:

In food deserts, residents rely on corner stores charging:

- 47% more for produce than grocery stores
- 31% more for milk
- 28% more for whole grain bread

Plus: Most corner stores don't stock fresh produce at all—selling primarily processed, high-sodium, high-sugar foods.

Environmental Health Hazards

Louisville's environmental health crisis is concentrated in low-income communities of color:

Rubbertown Air Pollution (see):

- 48,000 residents (92% Black, median income \$28,400) exposed to cancer-causing emissions
- 1,3-Butadiene levels 12x EPA safety threshold
- Benzene, ethylene oxide, formaldehyde all exceed safe levels
- Estimated 38 excess cancer cases annually attributable to Rubbertown emissions
- Asthma hospitalization rates 2.8x higher than Louisville average

Lead Poisoning:

Area	% Children with Elevated Blood Lead (>3.5 µg/dL)	Primary Source
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Area	% Children with Elevated Blood Lead ($>3.5 \mu\text{g/dL}$)	Primary Source
West Louisville	11.2%	Lead paint in pre-1978 housing
Russell	14.7%	Lead paint + industrial emissions
Portland	9.8%	Lead paint
Smoketown	8.2%	Lead paint
Citywide	3.4%	—
East End	1.2%	—

Impact: Lead poisoning causes irreversible cognitive damage, reduced IQ (3-5 points per $\mu\text{g/dL}$), behavioral problems, and learning disabilities—creating lifelong disadvantage for affected children.

Heat Islands:

- West Louisville neighborhoods average 8°F hotter than tree-canopied East End during summer
- Contributes to 40+ heat-related deaths annually, primarily elderly and those without air conditioning
- Increases respiratory and cardiovascular stress

Water Quality:

- 840 miles of Louisville water mains are >100 years old, many contain lead
- 12,000 Louisville homes have lead service lines (pipes connecting homes to water main)
- Replacing lead service lines would cost \$72M—less than 2 years of chronic disease costs attributable to lead exposure

Community Wellness Infrastructure Gaps

Access to wellness infrastructure (parks, trails, fitness facilities, health programming) varies dramatically:

Parks & Recreation Access:

Neighborhood Type	Residents within 10-min Walk of Park	Park Acres per 1,000 Residents
East End	87%	12.4 acres
South End	62%	6.8 acres
West Louisville	41%	3.2 acres

Fitness Facility Access:

- East End: 1 gym per 2,400 residents
- West Louisville: 1 gym per 14,500 residents (6x disparity)
- 73% of West Louisville residents >2 miles from nearest fitness facility

Walking & Biking Infrastructure:

- East End: 89% of streets have sidewalks
- West Louisville: 34% of streets have sidewalks
- Missing sidewalks directly reduce physical activity—residents in neighborhoods with good sidewalk coverage walk 38% more

Health Programming:

- Free/low-cost health programming (diabetes prevention, nutrition classes, fitness programs, smoking cessation) primarily located in well-resourced neighborhoods
- West Louisville has 1/5th the per-capita health programming of East End despite 2x higher chronic disease burden

The Major Problems

1. Life Expectancy Gap Driven by Structural Determinants

The 16-year life expectancy gap between West Louisville and East End is entirely attributable to structural factors:

- Environmental exposures (Rubbertown pollution, lead poisoning)
- Food apartheid (47% in food deserts vs. 4% in East End)
- Chronic stress from poverty, violence, discrimination
- Lack of wellness infrastructure (parks, gyms, healthy food)
- Healthcare access barriers (covered in)

This is not about personal choices or genetics—it's about structural violence.

2. Mental Health Crisis Without Adequate Infrastructure

387 overdose deaths, 18,200 mental health ED visits, 22,000 police mental health calls—but:

- Only 16 crisis stabilization beds (need 200+)
- 42-day average wait for first psychiatry appointment
- Treatment capacity for only 31% of people with substance use disorders
- 62% of people needing mental health treatment don't receive it

We're sending people in crisis to emergency rooms and jails instead of clinicians.

3. Preventable Chronic Disease Costing \$890M Annually

Louisville spends \$890M annually treating preventable chronic diseases largely driven by:

- Food deserts and healthy food inaccessibility
- Environmental exposures
- Lack of wellness infrastructure for physical activity
- Chronic stress from poverty and structural racism

Meanwhile, prevention interventions cost \$80-160M but would save \$450-560M—we're choosing the expensive, ineffective approach.

4. Environmental Racism Poisoning Communities

- 48,000 residents exposed to cancer-causing Rubbertown emissions (92% Black)
- 11% of West Louisville children with lead poisoning vs. 1% in East End
- Heat islands 8°F hotter in neighborhoods with fewest trees

This is not accidental—it's the deliberate result of zoning decisions that sacrifice Black communities for industrial profit.

5. Maternal & Infant Mortality Crisis

Louisville's Black maternal mortality (42.1 per 100,000 live births) and infant mortality (12.7 per 1,000) rates are national disgraces comparable to developing countries—driven by:

- Inadequate prenatal care access
- Discrimination in healthcare settings
- Stress from poverty and racism
- Environmental exposures during pregnancy
- Lack of doula and midwifery support

Black mothers and babies are dying at rates we eliminated for white families 50 years ago.

DAVE'S VISION: HEALTH EQUITY FOR ALL

Dave envisions a Louisville where:

Your zip code doesn't determine your lifespan, with the 16-year life expectancy gap

between West Louisville and East End eliminated through addressing environmental hazards, food access, wellness infrastructure, and social determinants—not just treating illness downstream.

Mental health and substance use treatment is as accessible as emergency rooms, with same-day crisis response, comprehensive treatment, peer support, and recovery housing ensuring no one falls through cracks due to provider shortages or insurance barriers.

Every neighborhood has access to healthy food, with grocery stores, farmers markets, mobile markets, and urban farms within 1 mile of every resident—ending food apartheid that directly causes chronic disease.

Environmental justice is realized, with Rubbertown emissions reduced to safe levels, lead poisoning eliminated, heat islands mitigated, and health impact assessments required before any industrial permits—ensuring no community sacrifices health for industry.

Wellness infrastructure exists everywhere, with parks, trails, fitness facilities, and free health programming in West Louisville and every neighborhood—not just wealthy areas—creating conditions for health.

Every mother and baby thrives, with doula support, prenatal care navigation, and culturally competent care eliminating the maternal and infant mortality crisis affecting Black families.

Core Principles

1. **Health is a Right, Not a Privilege:** Every Louisville resident deserves conditions that allow them to be healthy—regardless of zip code, race, or income.
2. **Address Root Causes:** Treating illness is necessary but insufficient—we must address upstream determinants (environment, food, housing, poverty) causing illness.
3. **Environmental Justice:** No neighborhood should be sacrificed for industrial profit—environmental standards must protect all communities equally.
4. **Mental Health Parity:** Mental health and substance use treatment must be as accessible, well-funded, and destigmatized as physical health treatment.
5. **Community Control:** Communities most affected by health inequities must lead solutions—not have solutions imposed by people who don't live with consequences.

Four-Year Goals

By the end of Dave's first term:

- **Reduce life expectancy gap** from 12 years to <6 years between West Louisville and East End
 - **Eliminate food deserts** so 95% of residents have access to healthy food within 1 mile
 - **Cut overdose deaths in half** from 387 to <200 annually through treatment expansion and harm reduction
 - **Achieve same-day mental health crisis access** with <2 hour response time, eliminating ED reliance
 - **Reduce Rubbertown toxic emissions 50%** with path to EPA compliance by Year 8
 - **Eliminate childhood lead poisoning** through comprehensive abatement (from 11% in West Louisville to <2% citywide)
 - **Close Black maternal mortality gap 50%** through doula programs and prenatal support
 - **Ensure 80% of residents** within 10-minute walk of park, trail, or wellness facility
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DETAILED POLICY PROPOSALS

PROPOSAL 1: Environmental Health Justice (\$12M annually)

The Problem: Rubbertown exposes 48,000 primarily Black residents to cancer-causing emissions 12x EPA safety limits, 11% of West Louisville children have lead poisoning, and environmental racism concentrates hazards in communities of color—causing disease, cognitive damage, and premature death.

Dave's Solution:

Launch **Environmental Health Justice Initiative** (coordinating with Environmental Justice) that eliminates toxic exposures through emissions reductions, lead abatement, air quality monitoring, health impact assessments, and accountability for polluters—ensuring no neighborhood sacrifices residents' health.

Program Components:

A. Rubbertown Emissions Reduction & Health Monitoring (\$5M annually)

(Coordinates with Environmental Justice—budget shared between policies)

- **Emissions Enforcement:** Require all Rubbertown facilities to meet EPA air quality standards within 4 years through enforceable consent agreements—with quarterly progress requirements and penalties for non-compliance
- **Real-Time Monitoring:** Install 25 air quality monitors throughout West Louisville measuring benzene, 1,3-butadiene, formaldehyde, ethylene oxide, PM2.5 in real-time—data published publicly (\$1.5M Year 1, \$500K ongoing)
- **Health Impact Assessments:** Require health impact assessments for all new industrial permits and facility expansions—with community veto power if health harms projected (\$200K annually)
- **Community Health Monitoring:** Fund longitudinal health study tracking cancer rates, respiratory disease, birth outcomes in Rubbertown-adjacent neighborhoods—establishing baseline and monitoring improvements (\$400K annually)
- **Relocation Assistance:** For residents choosing to relocate due to health concerns, provide assistance with moving costs, security deposits, etc. (\$500K annually, ~50 families)

B. Comprehensive Lead Abatement Program (\$5M annually)

Eliminate childhood lead poisoning through systematic abatement:

- **Lead Service Line Replacement:** Replace all 12,000 lead water service lines in Louisville over 8 years (1,500/year)—prioritizing West Louisville, Russell, Portland (\$3.5M annually city match leveraging \$10M+ federal infrastructure funds)
- **Lead Paint Remediation:** Provide free lead paint testing and remediation for all pre-1978 rental housing in high-risk zip codes—requiring landlords to remediate or face penalties (\$1M annually, ~400 homes)
- **Blood Lead Screening:** Universal blood lead screening for all children ages 1-3 in high-risk zip codes with immediate case management for any elevated levels (\$300K annually)
- **Lead-Safe Housing Certification:** Create lead-safe housing certification program—properties passing inspection receive tax credit, those failing must remediate before renting (\$200K annually)

C. Heat Island Mitigation (\$1.5M annually)

(Coordinates with Environmental Justice—budget shared)

- **Urban Tree Planting:** Plant 10,000 trees annually in heat island neighborhoods (West Louisville, South End, Portland) focusing on residential streets and schoolyards (\$1M annually—see)
- **Cooling Centers:** Establish 15 cooling centers in heat island neighborhoods during summer heat waves—with transportation provided (\$300K annually)
- **Cooling Assistance:** Provide A/C units and utility assistance to low-income seniors

and medically vulnerable residents in heat islands (\$200K annually, ~300 households)

D. Industrial Accountability & Penalties (\$500K annually)

Make polluters pay for health harms:

- **Pollution Penalties:** Escalating fines for facilities exceeding emissions standards—\$10K/day for first violation, \$25K/day for subsequent violations
- **Health Harm Fund:** All pollution penalty revenue deposited in Health Harm Fund supporting health services in affected communities
- **Facility Monitoring:** Unannounced inspections of all Rubbertown facilities quarterly—with violations triggering mandatory remediation plans

Implementation Timeline:

- **Months 1-6:** Install air quality monitors, establish emissions reduction agreements with Rubbertown facilities, begin lead service line replacement
- **Months 7-12:** First quarterly emissions reports, 750 lead lines replaced, lead paint remediation begins in 200 homes
- **Year 2:** Emissions reduction progress monitored quarterly, 1,500 lead lines replaced annually, 400 homes remediated
- **Years 3-4:** Measurable air quality improvements, 4,500 total lead lines replaced, childhood lead poisoning rates declining

Success Metrics:

- Rubbertown toxic emissions (Target: 50% reduction by Year 4, EPA compliance by Year 8)
- Childhood elevated blood lead levels (Target: <2% citywide by Year 4, down from 11% in West Louisville)
- Lead service lines replaced (Target: 6,000 over 4 years, 50% of total)
- Homes with lead paint remediated (Target: 1,600 over 4 years)
- Heat-related deaths (Target: 50% reduction through trees and cooling centers)

Peer City Examples:

- **Pittsburgh:** Lead abatement program eliminated childhood lead poisoning from 8% to <1% over 10 years through comprehensive service line replacement and paint remediation
- **Seattle:** Air quality monitoring in industrial areas led to 67% emissions reduction over 8 years after community data empowered enforcement
- **Phoenix:** Cooling center network and tree planting reduced heat-related deaths 62% despite rising temperatures

PROPOSAL 2: Mental Health & Substance Use Continuum (\$10M

annually)

The Problem: 387 overdose deaths, 18,200 mental health ED visits, 42-day wait for psychiatry appointments, and 62% of people needing treatment unable to access it—Louisville’s mental health infrastructure is catastrophically inadequate for population need.

Dave’s Solution:

Create comprehensive **Mental Health & Substance Use Continuum** with same-day crisis access, expanded treatment capacity, peer support, medication-assisted treatment, and recovery housing—ensuring every resident can access mental health and addiction services without barriers.

Program Components:

A. Crisis Response System (\$3.5M annually)

Replace police/ED response with appropriate clinical crisis services:

- **Mobile Crisis Teams:** 6 teams (clinician + peer specialist) operating 24/7 responding to mental health/substance use crises—dispatched through 911 with <2 hour response time (300 responses/month, 3,600 annually per team = 21,600 total) (\$2.4M annually)
- **Crisis Stabilization Center:** 50-bed facility providing 24-72 hour stabilization for people in mental health or substance use crisis—alternative to ED or jail (\$800K annually operations after \$4M capital Year 1)
- **Crisis Hotline:** 24/7 crisis hotline staffed by clinicians providing immediate support, safety planning, and warm handoffs to services—target <5 minute wait time (\$200K annually)
- **Youth Crisis Services:** Specialized crisis response for youth under 18 with family support and connection to youth-specific services (\$100K annually)

Target: Reduce mental health ED visits from 18,200 to <9,000 annually by Year 4 (saving \$36M in ED costs while providing better care).

B. Treatment Capacity Expansion (\$3.5M annually)

Dramatically expand mental health and substance use treatment capacity:

- **Community Mental Health Centers:** Establish 4 new community mental health centers in underserved areas (West Louisville, South End, Portland, Shively) offering therapy, psychiatry, case management—with same-day access for acute needs (\$1.8M annually after Year 1 capital)
- **Medication-Assisted Treatment (MAT):** Expand MAT capacity from 18 to 45 providers offering buprenorphine, methadone, naltrexone for opioid use disorder—with goal of serving 5,000 people annually (vs. current 1,200) (\$1M annually for provider

support, medications, wraparound services)

- **School-Based Mental Health:** Place mental health clinicians in 40 JCPS schools in high-need areas providing on-site therapy, psychiatry, crisis intervention (one clinician per 600 students vs. current 1:1,400) (\$600K annually)
- **Peer Support Expansion:** Train and employ 40 peer support specialists (people in recovery) providing navigation, support, advocacy for people with mental health and substance use challenges (\$400K annually, \$10K per specialist)

C. Recovery Support Infrastructure (\$2M annually)

Create infrastructure supporting long-term recovery:

- **Recovery Housing:** Fund 100 recovery housing beds (sober living homes) for people in early recovery who lack stable housing—with wraparound support, case management, employment connections (\$1.2M annually, \$12K per bed/year)
- **Recovery Community Centers:** Establish 3 recovery community centers offering peer support, activities, employment assistance, family support in accessible locations (\$400K annually)
- **Employment Support:** Partner with employers to create recovery-friendly hiring with 200 job placements annually for people in recovery—with retention support (\$200K annually)
- **Family Support:** Support groups, respite care, and navigation assistance for families affected by loved ones' mental health or substance use challenges (\$200K annually)

D. Harm Reduction Services (\$1M annually)

Reduce overdose deaths through evidence-based harm reduction:

- **Naloxone Distribution:** Distribute 10,000 naloxone kits annually free to people who use drugs, family members, community organizations—with training on overdose reversal (\$300K annually)
- **Syringe Services Program:** Operate syringe services program providing sterile syringes, safe disposal, HIV/Hepatitis C testing, and connections to treatment—proven to reduce disease transmission without increasing drug use (\$400K annually)
- **Fentanyl Test Strips:** Distribute fentanyl test strips allowing people to test drugs for fentanyl before use—preventing unintentional fentanyl overdoses (\$100K annually)
- **Overdose Prevention Sites (if legal):** If Kentucky law changes, pilot overdose prevention site where people can use drugs under medical supervision—prevents deaths, connects to treatment (deferred pending legal change)
- **Drug Checking:** Lab analysis service allowing people to test drugs for composition—prevents poisonings from adulterants (\$200K annually)

Implementation Timeline:

- **Months 1-3:** Recruit mobile crisis teams, begin crisis stabilization center planning, expand naloxone distribution
- **Months 4-6:** First 3 mobile crisis teams operational, 10 new MAT providers recruited, first recovery housing opens (25 beds)
- **Months 7-12:** All 6 crisis teams operational, crisis stabilization center construction begins, syringe services program launches
- **Year 2:** Crisis stabilization center opens (50 beds), first 2 community mental health centers operational, 100 recovery housing beds operational
- **Years 3-4:** All 4 community mental health centers operational, MAT capacity reaches 5,000/year, overdose deaths declining

Success Metrics:

- Overdose deaths (Target: <200 annually by Year 4, down from 387—48% reduction)
- Mental health ED visits (Target: <9,000 annually, down from 18,200—51% reduction)
- Crisis response time (Target: <2 hours for 90% of calls)
- MAT treatment capacity (Target: 5,000 people annually, up from 1,200—4.2x increase)
- Treatment waiting time (Target: <7 days for first appointment, down from 42 days)
- Recovery housing availability (Target: 100 beds, up from ~20)

Peer City Examples:

- **Eugene, OR (CAHOOTS model):** Mobile crisis teams respond to 20% of 911 calls at 2% the cost of police/ambulance—with <1% requiring police backup
- **Denver STAR program:** Crisis response teams reduce mental health arrests 34% and ED visits 28%
- **Baltimore:** MAT expansion reduced overdose deaths 25% over 3 years
- **Vancouver, Canada:** Overdose prevention sites have supervised 3.6M drug uses with ZERO deaths and 6,500+ overdose reversals

PROPOSAL 3: Healthy Food Access Initiative (\$8M annually)

The Problem: 23% of Louisville residents (142,000 people) live in food deserts, with rates reaching 47% in West Louisville—directly contributing to diabetes rates 86% higher in food deserts and the 16-year life expectancy gap.

Dave's Solution:

Launch **Healthy Food Access Initiative** that eliminates food deserts through grocery incentives, mobile markets, urban agriculture, healthy corner store programs, and SNAP expansion—ensuring every Louisville resident has access to fresh, nutritious food within 1 mile.

Program Components:**A. Grocery Store Attraction & Retention (\$3M annually)**

Bring full-service grocery stores to food deserts:

- **New Store Incentives:** \$500K-\$1M forgivable loans for grocery stores opening in food deserts—forgiven over 10 years if store remains operational (goal: 6 new stores over 4 years) (\$2M annually)
- **Existing Store Support:** Grants to existing corner stores/small grocers in food deserts to expand fresh produce, refrigeration, healthy food selection (\$500K annually, 40 stores)
- **Cooperative Grocery Development:** Support community-owned cooperative grocery stores in food deserts with startup capital, technical assistance, training (\$300K annually, 2 coops)
- **Farmers Market Incentives:** Double SNAP dollars at farmers markets (spend \$20 in SNAP, receive \$40 in purchasing power)—increasing healthy food access while supporting local farmers (\$200K annually)

B. Mobile Markets & Food Distribution (\$2M annually)

Bring healthy food directly to food desert neighborhoods:

- **Mobile Markets:** Fund 5 mobile market trucks operating 6 days/week bringing fresh produce, meat, dairy to food deserts—accepting SNAP, cash, credit at affordable prices (\$1.2M annually, \$240K per truck)
- **Senior Food Delivery:** Home delivery of fresh food boxes for homebound seniors in food deserts (500 seniors weekly) (\$400K annually)
- **School Pantries:** Establish food pantries in 30 JCPS schools in high-need areas providing weekend food bags for 3,000 students facing food insecurity (\$300K annually)
- **Community Fridges:** Install 20 community refrigerators in food deserts where community members can donate and receive free fresh food—reducing waste while fighting hunger (\$100K annually)

C. Urban Agriculture & Community Gardens (\$1.5M annually)

(Coordinates with Food Systems & Urban Agriculture)

- **Community Gardens:** Establish 40 new community gardens (0.5-1 acre each) in food deserts with water access, tools, seeds, training provided free (\$600K annually)
- **Urban Farms:** Support 6 urban farms (2-5 acres) in food deserts producing fresh vegetables sold at affordable prices in neighborhood—with job training for 60 residents (\$500K annually)

- **School Gardens:** Establish gardens at 50 JCPS schools with garden-based nutrition education integrated into curriculum (\$200K annually)
- **Backyard Gardens:** Provide free seeds, seedlings, raised beds, and training for 1,000 low-income families to grow food at home (\$200K annually)

D. Nutrition Security Programs (\$1.5M annually)

Expand food assistance and nutrition education:

- **SNAP Outreach & Enrollment:** Aggressive outreach to enroll all eligible residents in SNAP—currently only 67% enrolled, leaving \$180M federal food assistance unclaimed (\$400K annually, goal: 90% enrollment)
- **WIC Expansion:** Expand WIC (Women, Infants, Children nutrition program) enrollment and benefits with community-based sites (\$300K annually)
- **Food Prescription Program:** Partner with healthcare providers to “prescribe” fresh produce for patients with diet-related chronic diseases—city provides produce vouchers redeemable at farmers markets, participating stores (\$500K annually, 2,000 families)
- **Nutrition Education:** Free cooking classes, nutrition workshops, healthy eating programs in community centers, libraries, schools (\$300K annually, 5,000 participants)

Implementation Timeline:

- **Months 1-6:** Launch grocery store RFP, begin SNAP outreach, start first 3 mobile markets, establish 10 community gardens
- **Months 7-12:** First grocery store opens in West Louisville, all 5 mobile markets operational, 20 community gardens established
- **Year 2:** 2 new grocery stores open, 40 corner stores expanded produce selection, 30 community gardens operational, SNAP enrollment reaches 80%
- **Years 3-4:** 6 new grocery stores total, food desert percentage drops from 23% to <8%, SNAP enrollment reaches 90%, 40 community gardens and 6 urban farms operational

Success Metrics:

- Food desert percentage (Target: <8% by Year 4, down from 23%)
- West Louisville food desert percentage (Target: <15%, down from 47%)
- New grocery stores in food deserts (Target: 6 over 4 years)
- Residents served by mobile markets (Target: 15,000 weekly)
- SNAP enrollment rate (Target: 90%, up from 67%, capturing \$140M additional federal food assistance)
- Produce consumption in food deserts (Target: 2.5 servings/day, up from 1.2)

Peer City Examples:

- **Philadelphia:** Fresh food financing initiative has attracted 88 supermarkets to food deserts over 12 years, reaching 500,000+ residents—linked to 8% reduction in obesity rates
- **Minneapolis:** Mobile market program serves 25,000 residents weekly with 92% of

customers reporting increased produce consumption

– **Detroit:** Urban agriculture program includes 1,400+ community gardens and 16 urban farms producing 400,000 lbs food annually for food-insecure neighborhoods

PROPOSAL 4: Community Wellness Infrastructure (\$6M annually)

The Problem: West Louisville has 1/6th the gym access, 1/3rd the park access, and 1/3rd the sidewalk coverage of East End—creating structural barriers to physical activity that directly contribute to obesity rates 2x higher and the life expectancy gap.

Dave’s Solution:

Build **Community Wellness Infrastructure** in underserved neighborhoods—including wellness centers, fitness facilities, walking/biking trails, health programming, and public spaces for physical activity—creating conditions for health in every community.

Program Components:

A. Community Wellness Centers (\$2.5M annually)

Establish wellness centers in neighborhoods lacking health infrastructure:

- **Facilities:** Build/renovate 4 community wellness centers (15,000 sq ft each) in West Louisville, South End, Portland, Shively with fitness equipment, group exercise studios, health education classrooms, community kitchen (\$8M capital over 2 years leveraging \$12M federal/philanthropic funds; \$1.5M annual operations)
- **Programming:** Free/low-cost fitness classes (yoga, Zumba, strength training, walking groups), chronic disease prevention programs (diabetes prevention, healthy cooking, smoking cessation), health screenings
- **Staffing:** Each center staffed with fitness coordinator, health educator, community health workers providing culturally competent programming
- **Hours:** Centers open 6am-9pm weekdays, 8am-6pm weekends—accessible for working families
- **Membership:** Free for households earning <150% federal poverty level, sliding scale \$10-30/month for others (vs. \$40-100 at commercial gyms)

B. Active Transportation Infrastructure (\$1.5M annually)

(Coordinates with Infrastructure & Transportation)

- **Sidewalk Completion:** Fill sidewalk gaps on priority routes to schools, parks, transit stops in underserved neighborhoods (\$1M annually—see)

- **Bike Lanes:** Protected bike lanes on 20 miles of streets in underserved neighborhoods over 4 years (\$300K annually—see)
- **Trail Connections:** Connect neighborhoods to Louisville Loop and other trails with safe bike/walk routes (\$200K annually—see)

C. Park & Public Space Activation (\$1.5M annually)

Improve and activate parks in underserved neighborhoods:

- **Park Improvements:** Upgrade 20 parks in underserved neighborhoods with playground equipment, walking paths, exercise stations, lighting, benches (\$800K annually)
- **Fitness Zones:** Install outdoor fitness equipment (pull-up bars, ellipticals, etc.) in 30 parks—free outdoor gyms (\$200K annually)
- **Programmed Activities:** Fund free activities in underserved neighborhood parks—summer fitness classes, walking groups, youth sports, family wellness events (\$300K annually)
- **Park Safety:** Lighting upgrades, regular maintenance, park rangers in high-use parks (\$200K annually)

D. Health Promotion Programs (\$500K annually)

Expand free/low-cost health programming in underserved neighborhoods:

- **Diabetes Prevention Program:** CDC-recognized diabetes prevention program (year-long lifestyle change program) in 10 community locations serving 500 participants annually (\$200K)
- **Tobacco Cessation:** Free smoking cessation programs with nicotine replacement therapy in community settings (300 participants annually) (\$100K)
- **Chronic Disease Self-Management:** Stanford chronic disease self-management program for people with diabetes, heart disease, arthritis, etc. (400 participants annually) (\$100K)
- **Walk with a Doc:** Informal walking groups led by physicians in neighborhood parks—combining physical activity with health education (\$100K)

Implementation Timeline:

- **Months 1-6:** Acquire sites for first 2 wellness centers, begin park improvements in 10 locations, install outdoor fitness equipment in 15 parks
- **Months 7-12:** Begin wellness center construction, complete 10 park upgrades, launch diabetes prevention and chronic disease programs
- **Year 2:** First 2 wellness centers open serving 5,000+ residents, install 20 additional outdoor fitness zones, sidewalk/bike lane construction
- **Years 3-4:** All 4 wellness centers operational serving 12,000+ residents, 20 parks upgraded,

500+ participating in diabetes prevention annually

Success Metrics:

- Wellness center users (Target: 12,000 unique users annually by Year 4)
- % residents within 10-min walk of park/wellness facility (Target: 80%, up from 41% in West Louisville)
- Physical activity rates (Target: 30% of residents meeting CDC guidelines, up from 22%)
- Diabetes prevention program participants (Target: 2,000 over 4 years, preventing 400+ diabetes cases)
- Obesity rates in underserved neighborhoods (Target: 10% reduction by Year 4)

Peer City Examples:

- **Nashville:** Community wellness center program serves 35,000 residents annually with 87% reporting increased physical activity and 23% reduction in chronic disease risk factors
 - **San Antonio:** Park activation program increased park usage 340% and physical activity rates 18% in underserved neighborhoods
 - **Richmond, VA:** Outdoor fitness zones in 40 parks serve 50,000 users annually—free alternative to commercial gyms
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PROPOSAL 5: Maternal & Child Health Equity (\$5M annually)

The Problem: Louisville's Black maternal mortality rate (42.1 per 100,000 live births) is 2.5x higher than white women, and Black infant mortality (12.7 per 1,000) is 2.6x higher—rates comparable to developing countries driven by inadequate prenatal care, discrimination, and social determinants.

Dave's Solution:

Address **Maternal & Child Health Equity Crisis** through doula programs, prenatal care navigation, midwifery support, discrimination reduction, and addressing social determinants—ensuring every mother and baby thrives.

Program Components:**A. Community Doula Program (\$2M annually)**

Provide free doula support for all birthing people who want it:

- **Doula Services:** Train and employ 60 community doulas (primarily from communities of color) providing prenatal education, birth support, postpartum care for 1,200 families annually—with priority for Black mothers, low-income families, first-time parents (\$1.5M annually, \$1,250/doula/birth)
- **Doula Training:** Fund doula training for 80 residents annually from underserved

communities—creating career pathway while meeting community need (\$300K annually)

- **Culturally Matched Support:** Ensure families can work with doulas who share their cultural background, language, and life experiences
- **Evidence:** Research shows doula support reduces C-sections 39%, preterm births 11%, low birth weight 13%—while improving breastfeeding rates and maternal satisfaction

B. Prenatal Care Navigation (\$1.2M annually)

Ensure every pregnant person can access comprehensive prenatal care:

- **Care Navigators:** Employ 20 prenatal care navigators (community health workers) helping pregnant people schedule appointments, access transportation, enroll in insurance/WIC, address barriers to care (\$800K annually, \$40K per navigator)
- **Transportation:** Free Lyft/TARC rides to prenatal appointments for low-income pregnant people (\$200K annually)
- **Centering Pregnancy:** Group prenatal care model (8-10 pregnant people + provider) shown to reduce preterm births 33%—establish in 6 community locations (\$200K annually)

C. Black Maternal Health Initiative (\$1M annually)

Address specific barriers facing Black mothers:

- **Discrimination Reduction Training:** Mandatory implicit bias and respectful maternity care training for all OB/GYNs, midwives, nurses in Louisville hospitals—addressing discrimination contributing to worse outcomes for Black mothers (\$200K annually)
- **Patient Advocacy:** Train patient advocates to accompany Black mothers through pregnancy, birth, postpartum—ensuring their concerns are heard and addressed (\$300K annually)
- **Midwifery Expansion:** Support development of Black-led midwifery practices offering culturally competent care as alternative to hospital births (\$200K annually)
- **Postpartum Depression Screening:** Universal postpartum depression screening with immediate connections to treatment for at-risk mothers (\$100K annually)
- **Perinatal Mental Health:** Expand access to perinatal mental health services (therapy, psychiatry, support groups) for pregnant and postpartum people (\$200K annually)

D. Home Visiting Program (\$800K annually)

Provide in-home support for high-risk pregnancies and new parents:

- **Nurse Home Visiting:** Evidence-based Nurse-Family Partnership program providing home visits by nurses during pregnancy and first 2 years for first-time low-income parents—improves prenatal health, child development, economic self-sufficiency (300 families annually) (\$600K annually)
- **Peer Support Home Visiting:** Trained peer supporters (parents from community) provide home visits with parenting support, connections to resources, social support (300 families annually) (\$200K annually)

Implementation Timeline:

- **Months 1-6:** Recruit and train first 30 doulas, hire 10 care navigators, begin implicit bias training at hospitals
- **Months 7-12:** Doula program serving 400 families, 20 care navigators operational, Centering Pregnancy at 3 sites, nurse home visiting begins
- **Year 2:** 60 doulas serving 1,200 families annually, care navigation for 2,000 pregnant people, home visiting for 300 families
- **Years 3-4:** Programs at full scale, maternal and infant mortality rates beginning to decline, gap between Black and white outcomes narrowing

Success Metrics:

- Black maternal mortality (Target: 50% reduction to <30 per 100,000 by Year 4, closing gap with white mothers)
- Black infant mortality (Target: 30% reduction to <9 per 1,000, progress toward equity)
- Doula support access (Target: 60% of Black mothers and 40% of all mothers receive doula support)
- Preterm birth rate (Target: 15% reduction through doula/navigation support)
- Prenatal care access (Target: 95% of pregnant people begin care in first trimester, up from 78%)

Peer City Examples:

- **San Francisco:** Black Infant Health program reduced Black infant mortality 25% over 5 years through doula support, care navigation, community-led interventions
- **Minnesota:** Doula program serving 2,000 low-income women annually reduced preterm births 39% and low birth weight 42%
- **DC:** Nurse-Family Partnership home visiting has improved prenatal health, reduced child abuse 48%, and increased maternal employment

BUDGET SUMMARY

Total Annual Investment: \$41 Million

Program	Annual Cost	Funding Source
Environmental Health Justice	\$12M	Federal infrastructure grants (\$7M), Environmental penalties (\$3M), General Fund (\$2M)
Mental Health & Substance Use Continuum	\$10M	Federal mental health/substance use grants (\$6M), Healthcare system partnerships (\$2M), General Fund (\$2M)
Healthy Food Access Initiative	\$8M	Federal nutrition programs (\$3M), General Fund (\$3M), Philanthropic partnerships (\$2M)
Community Wellness Infrastructure	\$6M	Federal infrastructure grants (\$2M), General Fund (\$3M), Healthcare partnerships (\$1M)
Maternal & Child Health Equity	\$5M	Federal maternal/child health grants (\$3M), Healthcare partnerships (\$1M), General Fund (\$1M)

Funding Sources Detail

Federal Grants (\$18M annually):

Louisville is significantly underutilizing available federal health funding:

- **Infrastructure Investment & Jobs Act:** \$7M annually for lead service line replacement, water quality improvements
- **Mental Health Block Grant:** \$3M annually increase in SAMHSA block grant funding through expanded programming
- **Substance Use Prevention/Treatment Grants:** \$3M annually in SAMHSA grants (opioid response, harm reduction, treatment expansion)
- **SNAP/Nutrition Programs:** \$3M annually in federal nutrition assistance expansion (SNAP outreach generates 10:1 federal match)
- **Maternal/Child Health Block Grant:** \$2M annually in expanded MCH block grant programming
- **Community Health Center Expansion:** \$2M annually for community health center expansion in underserved areas

Total: \$20M+ available, budget conservatively assumes \$18M captured.

Healthcare System Partnerships (\$8M annually):

Major Louisville healthcare systems benefit from population health improvements and should co-invest:

- **Rationale:** Chronic disease prevention, mental health treatment, food access saves healthcare systems \$4-7 for every \$1 invested through reduced ED visits, hospital admissions, complications
- **Partnership Model:** Louisville Metro co-funds programs with UofL Health, Norton

Healthcare, Baptist Health, Humana

- **Commitments:** Healthcare partners contribute \$8M annually in funding, in-kind services (space, staff time, expertise)
- **Precedent:** Cleveland's healthcare anchor partnership invests \$15M annually in population health; Louisville's healthcare sector is comparable size

Environmental Penalties (\$3M annually):

Pollution fines and penalties fund environmental health remediation:

- **Source:** Escalating penalties for Rubbertown facilities exceeding emissions limits (\$10K-25K/day)
- **Projection:** \$3M annually in penalty revenue based on current violation patterns
- **Dedicated Use:** All penalty revenue deposited in Environmental Health Fund for air monitoring, health assessments, remediation

Philanthropic Partnerships (\$2M annually):

National and local foundations support food access and health equity:

- **Food Access:** National foundations (Kresge, Robert Wood Johnson) and local funders (Humana Foundation, Community Foundation) supporting healthy food access—\$1M annually
- **Health Equity:** Foundations supporting maternal health, chronic disease prevention, health equity work—\$1M annually

General Fund Allocation (\$11M annually):

New General Fund spending on public health:

- **Increase:** From current \$8M to \$19M annual public health investment
- **Justification:** Every \$1 invested in upstream prevention saves \$5.60 in healthcare costs—this is fiscally responsible investment
- **Distribution:** Environmental Health (\$2M), Mental Health (\$2M), Food Access (\$3M), Wellness Infrastructure (\$3M), Maternal Health (\$1M)

Budget Impact on Louisville Metro

Total New Investment: \$41M annually represents 3.4% of Louisville Metro \$1.2 billion General Fund budget.

Combined Policy Spending (Policies #1-12):

- Total across all 12 policies: \$542.5M annually
- Percentage of General Fund: 45.2%

– Remaining capacity: \$657.5M for existing operations and future priorities

Healthcare Cost Savings:

This investment generates massive healthcare cost savings:

Direct Savings:

Source	Annual Savings
Mental health ED visit reduction (18,200 → 9,000)	\$36M (9,200 visits × \$3,900/visit)
Overdose death prevention (387 → 200)	\$28M (187 lives × \$150K medical/societal cost)
Chronic disease prevention (diabetes, obesity, heart disease)	\$120-180M (preventing 15% of excess cases through food access, wellness infrastructure)
Lead poisoning prevention	\$45M (preventing cognitive damage, special education, healthcare costs for 5,000+ children)
Maternal/infant mortality reduction	\$18M (preventing deaths + complications)

Total Annual Savings: \$247-307M

Minus Investment: \$41M

Net Savings: \$206-266M annually—investment pays for itself 5-6x over.

Long-Term Economic Value:

Beyond annual savings, this investment creates long-term economic value:

- **Life Expectancy Increase:** Reducing life expectancy gap from 12 to 6 years adds ~80,000 life-years to Louisville population—valued at \$8 billion using VSL (value of statistical life) methodology
- **Productivity Gains:** Healthier population works more years, misses fewer work days—estimated \$150-200M annual productivity gain
- **Reduced Special Education Costs:** Preventing lead poisoning saves \$30M+ annually in special education costs for affected children
- **Property Value Increases:** Environmental remediation, food access, wellness infrastructure increase property values in affected neighborhoods—generating additional tax revenue

Total Economic Return: \$328-451M annually (8-11x ROI on \$41M investment)

Distribution by Focus Area

Focus Area	Annual Investment % of Total	
Environmental Health	\$12M	29%
Mental Health & Substance Use	\$10M	24%
Food Access	\$8M	20%
Wellness Infrastructure	\$6M	15%
Maternal & Child Health	\$5M	12%

Equity Allocation

100% of funding (\$41M) prioritizes health equity:

Unlike policies where some funding benefits all residents equally, public health investment specifically targets closing health disparities:

- **Environmental Health:** 100% focused on West Louisville and communities suffering disproportionate pollution exposure (\$12M)
- **Mental Health & Substance Use:** 75% of services located in underserved neighborhoods with highest need (\$7.5M of \$10M)
- **Food Access:** 85% focused on food deserts, primarily in West Louisville and South End (\$6.8M of \$8M)
- **Wellness Infrastructure:** 80% invested in underserved neighborhoods with largest infrastructure gaps (\$4.8M of \$6M)
- **Maternal & Child Health:** 90% focused on Black mothers and families facing largest disparities (\$4.5M of \$5M)

This investment is explicitly designed to close the 16-year life expectancy gap and eliminate health disparities—not maintain status quo.

FOUR-YEAR IMPLEMENTATION TIMELINE

Year 1: Foundation & Crisis Response

Months 1-3: Planning & Quick Wins

- Install 25 air quality monitors in West Louisville (data transparency immediately)
- Launch mobile crisis teams (first 3 teams operational)
- Begin lead service line replacement (first 500 lines)
- Expand naloxone distribution (10,000 kits distributed)
- Launch SNAP outreach campaign (enrollment begins climbing)

Months 4-6: Programs Launch

- All 6 mobile crisis teams operational (24/7 mental health crisis response)
- First mobile food market operational (serving 1,000 families/week)
- Train first 30 community doulas
- Begin crisis stabilization center construction
- Install first 10 outdoor fitness zones in underserved neighborhood parks

Months 7-9: Capacity Building

- First 10 new MAT providers recruited and trained (doubling capacity)
- Doula program serving first 200 families
- Lead paint remediation begins (first 100 homes)
- Community garden program launches (first 15 gardens established)
- Diabetes prevention program begins (first 100 participants)

Months 10-12: Early Results

- Mental health crisis response reducing ED visits 15%
- 750 lead service lines replaced
- First grocery store opens in West Louisville food desert
- First community wellness center site acquired
- Syringe services program launches

Year 1 Outcomes:

- 21,600 mental health crisis responses (vs. 18,200 ED visits previously)
- 750 lead service lines replaced
- 10,000 naloxone kits distributed
- 200 families receiving doula support
- 1 grocery store opened in food desert
- 15 community gardens established
- 5,000 residents served by mobile food markets
- SNAP enrollment increases from 67% to 75%

Year 2: Expansion & Infrastructure**Environmental Health:**

- 1,500 lead service lines replaced (2,250 total)
- 200 homes with lead paint remediated (300 total)
- Measurable air quality improvements in West Louisville (15% reduction in toxic emissions)
- Childhood lead poisoning begins declining

Mental Health:

- Crisis stabilization center opens (50 beds)
- MAT capacity reaches 2,500 people annually
- First 2 community mental health centers operational
- Mental health ED visits drop to 14,000 (23% reduction)
- 50 recovery housing beds operational

Food Access:

- 3 grocery stores total in food deserts
- All 5 mobile markets operational (15,000 families served weekly)
- 30 community gardens operational
- SNAP enrollment reaches 82%
- First 2 urban farms producing food

Wellness:

- First 2 community wellness centers open (5,000 users)
- 20 parks upgraded with fitness equipment
- 500 people in diabetes prevention program

Maternal Health:

- 60 doulas supporting 1,200 families annually
- Nurse home visiting serving 200 families
- Prenatal care navigation for 2,000 pregnant people
- Preterm birth rate declining

Year 2 Metrics:

- Overdose deaths: 310 (20% reduction from 387 baseline)
- Mental health ED visits: 14,000 (23% reduction)
- Lead poisoning in West Louisville: 8% (down from 11%)
- Food desert residents: 18% (down from 23%)
- Black maternal mortality: 48 per 100,000 (18% reduction)

Year 3: Maturity & Impact**Environmental Health:**

- 4,500 total lead service lines replaced (38% of total)
- 600 homes with lead paint remediated
- Rubbertown emissions down 35% from baseline
- Childhood lead poisoning in West Louisville down to 5%

Mental Health:

- All 4 community mental health centers operational
- MAT capacity 4,000 people annually
- 100 recovery housing beds operational
- Mental health ED visits drop to 11,000 (40% reduction)
- Overdose deaths declining significantly

Food Access:

- 5 grocery stores total in food deserts
- Food desert percentage drops to 12%
- 40 community gardens producing food for 3,000 families
- 4 urban farms operational

- SNAP enrollment 88%

Wellness:

- All 4 community wellness centers operational (12,000 users)
- Chronic disease rates beginning to decline in underserved neighborhoods
- 1,500 people completed diabetes prevention program (preventing 300+ diabetes cases)

Maternal Health:

- Black maternal mortality gap closing
- Infant mortality beginning to decline
- 90% of pregnant people beginning prenatal care in first trimester

Year 3 Metrics:

- Overdose deaths: 250 (35% reduction)
- Mental health ED visits: 11,000 (40% reduction)
- Lead poisoning in West Louisville: 5% (down from 11%)
- Food desert residents: 12% (down from 23%)
- Black maternal mortality: 42 per 100,000 (28% reduction)
- Diabetes prevention program: 1,500 completers, 300+ diabetes cases prevented

Year 4: Goals Achieved**Environmental Health:**

- 6,000 lead service lines replaced (50% of total)
- 800 homes remediated
- Rubbertown emissions down 50% (on path to EPA compliance Year 8)
- Childhood lead poisoning in West Louisville: <2% (eliminated as public health crisis)
- Heat-related deaths down 40%

Mental Health:

- Overdose deaths: <200 (48% reduction from 387 baseline)
- Mental health ED visits: <9,000 (51% reduction)
- MAT serving 5,000 people annually
- Crisis response time consistently <2 hours
- Recovery housing 100+ beds

Food Access:

- 6 grocery stores in food deserts
- Food desert percentage: <8% (down from 23%)
- 95% of residents within 1 mile of healthy food source
- 40 community gardens, 6 urban farms producing 200,000+ lbs food annually
- SNAP enrollment 90%
- Produce consumption in food deserts up 108% (from 1.2 to 2.5 servings/day)

Wellness:

- 4 wellness centers serving 12,000+ residents
- 80% of residents within 10-minute walk of park/wellness facility
- Physical activity rates up 36% (from 22% to 30% meeting CDC guidelines)
- Obesity rates in underserved neighborhoods declining

Maternal Health:

- Black maternal mortality: <30 per 100,000 (50% reduction, gap with white mothers closing)
- Black infant mortality: <9 per 1,000 (30% reduction, progress toward equity)
- 60% of Black mothers receiving doula support
- Preterm birth rate down 15%

Life Expectancy Gap:

- Gap between West Louisville and East End: 8 years (down from 12 years—33% reduction)
- On trajectory to close gap to <6 years by Year 6

Metrics Summary:

- **Life expectancy gap:** 12 → 8 years (33% reduction, on path to <6 years)
- **Overdose deaths:** 387 → <200 (48% reduction)
- **Mental health ED visits:** 18,200 → <9,000 (51% reduction)
- **Childhood lead poisoning (West Louisville):** 11% → <2% (82% reduction)
- **Food desert residents:** 23% → <8% (65% reduction)
- **Black maternal mortality:** 42.1 → <30 per 100,000 (29% reduction)
- **Healthcare cost savings:** \$247-307M annually

Long-Term Vision (Years 5-10)

Sustained Investment:

- Environmental health remediation continues until all lead eliminated, Rubbertown reaches full EPA compliance
- Mental health/substance use infrastructure becomes permanent safety net
- Food access infrastructure self-sustaining through grocery stores, urban farms, community gardens
- Wellness centers become community anchors with sustained usage

Health Equity Achieved:

- Life expectancy gap closes to <4 years by Year 8 (vs. 12-year baseline)
- Chronic disease rates in underserved neighborhoods approach city average
- Black maternal and infant mortality achieve parity with white families
- Environmental health hazards eliminated citywide

Economic Transformation:

- \$2.5 billion+ in cumulative healthcare savings over 10 years
- 80,000 life-years added to Louisville population (valued at \$8 billion)
- Reduced special education costs save \$300M+ over 10 years
- Property values in previously disinvested neighborhoods rise, generating tax revenue

- Louisville becomes national model for health equity and environmental justice
-

SUCCESS METRICS & ACCOUNTABILITY

Dave's Public Health & Wellness policy will be evaluated on whether the 16-year life expectancy gap closes and health disparities are eliminated—not just program activity. Quarterly public reports will track:

Life Expectancy & Mortality Metrics

Baseline → Year 4 Target:

- **Life expectancy gap (West Louisville vs. East End):** 12 years → 8 years (33% reduction, path to <6 years)
- **Black infant mortality:** 12.7 per 1,000 → <9 per 1,000 (30% reduction)
- **Black maternal mortality:** 42.1 per 100,000 live births → <21 per 100,000 (50% reduction)
- **Overdose deaths:** 387 annually → <200 annually (48% reduction)
- **Heat-related deaths:** 40+ annually → <25 annually (40% reduction)

Data Collection: CDC mortality data, vital statistics, hospital data

Environmental Health Metrics

Baseline → Year 4 Target:

- **Childhood elevated blood lead (West Louisville):** 11.2% → <2% (82% reduction)
- **Rubbervtown toxic emissions:** Baseline → 50% reduction (path to EPA compliance)
- **Air quality violations:** Current → 50% reduction in violation days
- **Lead service lines replaced:** 0 → 6,000 (50% of total 12,000)
- **Homes with lead paint remediated:** 0 → 800 in high-risk areas

Data Collection: Blood lead surveillance, EPA air monitoring, water quality testing, remediation tracking

Mental Health & Substance Use Metrics

Baseline → Year 4 Target:

- **Overdose deaths:** 387 → <200 annually (48% reduction)
- **Mental health ED visits:** 18,200 → <9,000 annually (51% reduction)
- **MAT treatment capacity:** 1,200 → 5,000 annually (4.2x increase)
- **Crisis response time:** N/A → <2 hours for 90% of calls
- **Treatment access wait time:** 42 days → <7 days for first appointment
- **Naloxone distributed:** ~2,000/year → 10,000+/year

Data Collection: Overdose surveillance, ED data, treatment program tracking, crisis response logs

Food Access & Nutrition Metrics

Baseline → Year 4 Target:

- **Food desert residents:** 23% (142,000) → <8% (50,000) (65% reduction)
- **West Louisville food desert rate:** 47% → <15%
- **SNAP enrollment rate:** 67% → 90% (capturing \$140M additional federal food assistance)
- **New grocery stores in food deserts:** 0 → 6 over 4 years
- **Produce consumption (food deserts):** 1.2 servings/day → 2.5 servings/day
- **Community gardens:** ~15 → 40 producing food for 3,000+ families

Data Collection: Food access mapping, SNAP enrollment data, dietary surveys, food retail tracking

Chronic Disease Metrics

Baseline → Year 4 Target:

- **Diabetes rate (food deserts):** 16.2% → 14% (14% reduction)
- **Obesity rate (food deserts):** 42.1% → 38% (10% reduction)
- **Diabetes prevention program completers:** 0 → 2,000 (preventing 400+ diabetes cases)
- **Physical activity (meeting CDC guidelines):** 22% → 30% (36% increase)

Data Collection: BRFSS (Behavioral Risk Factor Surveillance System), health program tracking, clinical data

Maternal & Child Health Metrics

Baseline → Year 4 Target:

- **Black maternal mortality:** 42.1 per 100,000 live births → <21 per 100,000 (50% reduction)
- **Black infant mortality:** 12.7 per 1,000 → <9 per 1,000 (30% reduction)
- **Preterm birth rate:** 11.2% → 9.5% (15% reduction through doula/navigation)
- **First trimester prenatal care:** 78% → 95%
- **Doula support (Black mothers):** ~5% → 60%

Data Collection: Vital statistics, hospital birth data, doula program tracking

Wellness Infrastructure Metrics

Baseline → Year 4 Target:

- **Community wellness centers:** 0 → 4 serving 12,000+ residents
- **Residents within 10-min walk of park/wellness facility:** 41% (West Louisville) → 80%
- **Outdoor fitness zones:** ~5 → 35 across city
- **Wellness center users:** 0 → 12,000 unique users annually

- **Free health programming participants:** ~2,000/year → 10,000+/year

Data Collection: Facility usage tracking, GIS access analysis, program participation data

Economic Impact Metrics

Healthcare Cost Savings:

- **Target:** \$247-307M in annual healthcare savings by Year 4
- **Sources:** Mental health ED reduction (\$36M), overdose prevention (\$28M), chronic disease prevention (\$120-180M), lead poisoning prevention (\$45M), maternal/infant mortality reduction (\$18M)

Return on Investment:

- **Target:** 8-11x ROI (\$328-451M total economic return on \$41M investment)
- **Components:** Healthcare savings + productivity gains + life-year value + property value increases

Data Collection: Healthcare cost analysis, economic impact studies

Equity & Disparity Metrics

Baseline → Year 4 Target:

- **Black-white life expectancy gap:** 8 years → 5 years (38% reduction)
- **Black-white infant mortality ratio:** 2.6x → <2x
- **Black-white maternal mortality ratio:** 2.5x → <2x
- **Food desert disparity (West Louisville vs. East End):** 47% vs. 4% → <15% vs. 4%
- **Lead poisoning disparity (West Louisville vs. East End):** 11% vs. 1% → <2% vs. 1%

Data Collection: Demographic health data analysis, disparity ratio calculations

Accountability Mechanisms

Public Dashboard:

All metrics published quarterly at health.louisvilleky.gov/dashboard with:

- Progress toward targets (red/yellow/green)
- Spending by program and neighborhood
- Health disparities by race, income, geography
- Stories from residents whose lives improved

Independent Evaluation:

- **Year 2 Evaluation:** Independent assessment of environmental remediation progress, mental health system transformation, food access expansion
- **Year 4 Comprehensive Evaluation:** Full evaluation of health equity progress, disparity reduction, economic impact

Community Oversight:

- **Health Equity Commission:** 15-member commission (majority from affected communities) with input on priorities and spending
- **Neighborhood Health Councils:** Community health workers and residents in affected neighborhoods track local progress, provide feedback
- **Quarterly Community Forums:** Public forums in affected neighborhoods reviewing health data, gathering input

Performance-Based Budgeting:

- Programs failing to meet 70% of targets by Year 2 subject to redesign with community input
- High-performing programs receive increased funding to scale
- If life expectancy gap doesn't narrow to <10 years by Year 3, Health Director position replaced

Specific Accountability Commitments:

1. **If Rubbertown emissions don't decline 30% by Year 3**, Metro will pursue legal action against non-compliant facilities and explore facility relocation
2. **If childhood lead poisoning in West Louisville doesn't drop below 5% by Year 3**, accelerate lead abatement with emergency funding
3. **If overdose deaths don't decline 25% by Year 2**, expand harm reduction and treatment with additional resources
4. **If food desert percentage doesn't drop below 15% by Year 3**, increase grocery incentives and expand mobile markets
5. **If Black maternal mortality doesn't decline 30% by Year 3**, expand doula program and investigate healthcare system discrimination

Dave commits to treating public health equity with the same urgency as COVID-19. The 16-year life expectancy gap is a crisis that kills hundreds of Louisville residents annually—it demands comprehensive response and ruthless accountability.

RELATED GLOSSARY TERMS

This policy connects to the following terms in Dave's Louisville Voter Education Glossary (available at rundaverun.org/glossary):

- **Health Equity:** Principle that everyone should have fair opportunity to be healthy—requires removing obstacles like poverty, discrimination, environmental hazards
- **Social Determinants of Health:** Conditions in which people are born, live, work, age that affect health—includes housing, food access, environment, income, education
- **Life Expectancy:** Average number of years a person is expected to live based on current mortality rates—in Louisville, varies 12 years by neighborhood
- **Food Desert:** Area where residents lack access to affordable, healthy food (>1 mile from grocery store)—affects 23% of Louisville, 47% of West Louisville
- **Environmental Justice:** Principle that no community should bear disproportionate environmental burdens—violated by Rubbertown’s impact on West Louisville
- **Maternal Mortality:** Death of woman during pregnancy or within year of pregnancy end—Black mothers in Louisville die at 2.5x rate of white mothers (Louisville Metro data; Kentucky Cabinet for Health and Family Services)
- **Infant Mortality:** Death of baby before first birthday—Black babies in Louisville die at 2.6x rate of white babies
- **Medication-Assisted Treatment (MAT):** Evidence-based treatment for opioid use disorder combining medication (buprenorphine, methadone) with counseling
- **Harm Reduction:** Public health approach reducing negative consequences of drug use without requiring abstinence—includes naloxone, syringe services
- **Doula:** Trained professional providing continuous physical, emotional, informational support during pregnancy, birth, postpartum
- **Lead Poisoning:** Toxic effect of lead exposure causing cognitive damage, reduced IQ, behavioral problems—affects 11% of West Louisville children vs. 1% East End
- **Crisis Stabilization:** Short-term (24-72 hour) mental health/substance use treatment providing safe environment and connections to ongoing care
- **Chronic Disease:** Long-lasting condition like diabetes, heart disease, obesity—largely preventable through healthy food access, physical activity, environment
- **Health Impact Assessment:** Evaluation of potential health effects of proposed policy, project, or plan before implementation

For definitions and additional context, visit rundaverun.org/glossary.

FREQUENTLY ASKED QUESTIONS

1. Why is Louisville’s life expectancy gap so large, and can it

really be closed?

Answer: The 12-year gap between West Louisville (72 years) and East End (84 years) is driven entirely by structural determinants—not genetics or personal choices:

Primary drivers:

- **Environmental exposures:** Rubbertown pollution, lead poisoning, heat islands (contributes ~2.5 years to gap)
- **Food apartheid:** 47% of West Louisville in food deserts driving chronic disease (contributes ~2 years)
- **Chronic stress:** Poverty, violence, discrimination activate chronic stress response harming health (contributes ~2.5 years)
- **Healthcare access barriers:** Lack of providers, insurance, transportation (contributes ~1.5 years, addressed in)
- **Lack of wellness infrastructure:** No parks, gyms, safe walking routes limiting physical activity (contributes ~1.5 years)
- **Cumulative disadvantage:** These factors compound across lifespan

Yes, it can be closed—peer cities prove it:

- **Richmond, VA:** Closed 20-year life expectancy gap to 12 years over 15 years through food access, environmental remediation, community health workers
- **Boston:** Reduced infant mortality disparity 40% through doula programs, prenatal care navigation
- **Pittsburgh:** Eliminated childhood lead poisoning from 8% to <1%, improving long-term health outcomes

Dave's plan addresses all major drivers simultaneously—environmental remediation, food access, mental health, wellness infrastructure—which is required to close gap. Tackling just one or two won't work.

2. How can you justify spending \$41M on public health when we have roads to fix and schools to fund?

Answer: This investment SAVES money—\$247-307M annually in healthcare costs alone, not counting economic productivity gains.

The math:

- **Investment:** \$41M annually
- **Healthcare savings:** \$247-307M annually (preventing ED visits, chronic disease, deaths)
- **Net savings:** \$206-266M annually—investment pays for itself 5-6x over

Every \$1 invested in upstream prevention saves \$5.60 in healthcare costs—this is one of the highest-ROI investments city can make.

Plus: Unhealthy populations can't learn in schools or maintain roads. Health is foundation for everything else.

We're already paying these costs—just through more expensive, less effective channels:

- \$18,200 mental health ED visits at \$3,900 each = \$71M annually (vs. \$10M for comprehensive mental health system)
- \$890M annually treating preventable chronic diseases
- 387 overdose deaths costing \$58M in medical/societal costs

Shifting \$41M to prevention saves \$206-266M that can fund roads, schools, and everything else.

3. Won't this just enable drug users instead of holding them accountable for their choices?

Answer: Addiction is a medical condition, not a moral failing—and harm reduction saves lives while connecting people to treatment.

Evidence is overwhelming:

Naloxone distribution:

- Prevents overdose deaths (reverses opioid overdose in minutes)
- Doesn't increase drug use—research shows no increase in use when naloxone available
- Cities with widespread naloxone reduce overdose deaths 25-40%

Syringe services:

- Reduce HIV transmission 50%, Hepatitis C transmission 75%
- Connect people to treatment—clients 5x more likely to enter treatment than those without access
- Don't increase drug use or syringe litter—20+ studies confirm this

Medication-assisted treatment (MAT):

- Most effective treatment for opioid addiction—reduces opioid use 60%, overdose deaths 50%, criminal activity 65%
- Combines medication (buprenorphine, methadone) with counseling
- Retention rates 2-3x higher than abstinence-only treatment

"Accountability" approach has failed catastrophically:

- 387 overdose deaths in 2023 despite decades of criminalization
- 75% of people with substance use disorders never receive treatment
- Recidivism rates for addiction-related crimes exceed 75%

Switzerland reduced overdose deaths 64% through harm reduction—while U.S. criminalizing approach saw overdose deaths INCREASE 500%.

Dave's approach treats addiction as the health crisis it is—saving lives while connecting people to recovery.

4. How will you ensure grocery stores stay in food deserts after opening, not close like previous attempts?

Answer: Previous grocery store efforts in food deserts failed because they:

1. Provided insufficient financial support to overcome market barriers
2. Didn't address demand-side barriers (SNAP acceptance, pricing, products)
3. Lacked community engagement in design

Dave's approach addresses all three:

Financial Sustainability:

- \$500K-\$1M forgivable loans spread over 10 years (not one-time grants)—gives stores runway to build customer base
- Ongoing operational support for community-owned cooperatives
- Property tax abatements reducing occupancy costs
- Connection to institutional purchasing (JCPS, Metro, hospitals)

Demand-Side Support:

- SNAP enrollment expansion increases purchasing power in food deserts
- Double SNAP dollars at participating stores (spend \$20, receive \$40)—driving traffic
- Food prescription program directs customers with vouchers
- Mobile markets build awareness and demand for brick-and-mortar stores

Community Engagement:

- Community involvement in store design (product selection, hours, pricing)
- Preference for community-owned cooperatives where residents have ownership stake
- Support for existing corner stores to expand healthy offerings (not just attract outside chains)

Peer city success:

- **Philadelphia:** Fresh food financing has attracted 88 stores to food deserts since 2004—89% still operating after 10 years (vs. 60% typical grocery survival rate)
- **Chicago:** Fresh move program attracted 13 grocery stores to food deserts 2010-2015—all still operational because of ongoing support
- **Detroit:** 3 community-owned cooperative grocery stores in food deserts still thriving after 8+ years

Key difference: Sustained support, not one-time grants—plus addressing demand-side barriers through SNAP expansion and community ownership.

5. Can West Louisville air quality really improve while Rubbertown facilities stay open?

Answer: Yes—pollution is not inevitable consequence of industrial activity. Modern pollution control technology can reduce emissions 70-90% while facilities remain operational.

How:

Best Available Control Technology (BACT):

- Rubbertown facilities mostly use outdated 1970s-era pollution controls
- Modern BACT (scrubbers, catalytic oxidizers, vapor recovery) reduces emissions 70-90%
- Capital cost \$50-200M per facility—but spread over years, manageable for large profitable companies

Enforceable Emissions Limits:

- Current permits allow emissions up to 12x EPA safety standards—this is policy choice, not technological necessity
- New permits with strict limits (meeting EPA thresholds) would require facilities to upgrade or shut down
- Quarterly monitoring with escalating penalties (\$10K-25K/day) for non-compliance creates accountability

Facility Modernization:

- Some processes can be redesigned to eliminate toxic emissions entirely (not just control them)
- Example: Substituting safer chemicals for 1,3-butadiene in some processes

Precedent:

- **Houston Ship Channel:** Oil refineries reduced benzene emissions 82% over 10 years through upgraded controls after community pressure and EPA enforcement
- **Baton Rouge:** Chemical plants reduced toxic emissions 67% while remaining profitable
- **Pittsburgh:** Steel mills reduced particulate emissions 90% through scrubber installation

Dave's timeline:

- 50% emissions reduction within 4 years (achievable with existing technology)
- Full EPA compliance within 8 years (may require some process redesign/facility upgrades)
- If facilities can't meet standards, they don't belong in residential neighborhood—health comes before profit

Bottom line: 48,000 residents shouldn't breathe cancer-causing air so companies can save money on pollution controls.

6. Why focus on Black maternal mortality when more white women die in childbirth overall?

Answer: Because Black mothers die at 2.5x the rate of white mothers (42.1 vs. 17.2 per 100,000 live births) (Louisville Metro data; Kentucky Cabinet for Health and Family Services)—that massive disparity reflects discrimination and structural racism in healthcare, not individual factors.

Disparity can't be explained by income, education, or health behaviors:

- **Controlling for income:** Wealthy Black women die in childbirth at higher rates than poor white women
- **Controlling for education:** College-educated Black women face worse outcomes than high-school-educated white women
- **Controlling for health:** Black women with healthy pregnancies experience more complications than white women with pre-existing conditions

What DOES explain disparity:

1. **Healthcare discrimination:** Black women's pain/symptoms dismissed or minimized by providers—documented in hundreds of studies
2. **Chronic stress:** Weathering effect of lifelong exposure to racism creates physiological wear-and-tear increasing pregnancy complications
3. **Environmental exposures:** Higher exposure to pollution, lead, heat in Black neighborhoods
4. **Lack of culturally competent care:** Few Black OB/GYNs, midwives; care not designed for Black mothers' experiences

Solutions must be disparity-focused:

- **Doula programs:** Reduce preterm births 11%, C-sections 39%—effects strongest for Black mothers
- **Implicit bias training:** Reduces discriminatory treatment in healthcare settings
- **Black-led midwifery:** Provides culturally competent alternative to hospital care
- **Patient advocacy:** Ensures Black mothers' concerns are heard and addressed

This isn't taking resources from white mothers—all mothers benefit from improved

maternity care. But closing the disparity requires explicitly addressing the discrimination and structural racism driving it.

Precedent:

- **San Francisco:** Black Infant Health program reduced Black infant mortality 25% through culturally specific interventions—without harming white infant health
- **Minnesota:** Targeted doula program for Black mothers reduced disparities 30%

Dave's program improves maternity care for ALL mothers while specifically addressing disparities facing Black mothers.

7. How will community wellness centers compete with commercial gyms and personal trainers who will lose business?

Answer: Community wellness centers serve different market (low-income residents who can't afford commercial gyms) and complement rather than compete with private sector.

Market segmentation:**Community Wellness Centers:**

- Target: Households earning <150% federal poverty (~\$45K for family of 4)
- Price: Free to \$30/month (vs. \$40-100+ commercial gyms)
- Location: Underserved neighborhoods with fewest commercial gyms (West Louisville, South End, Portland)
- Services: Fitness + chronic disease prevention + health education + social support

Commercial Gyms:

- Target: Middle/upper income (\$45K+)
- Price: \$40-100+/month
- Location: Already concentrated in East End, Highlands, suburban areas
- Services: Fitness only, often with specialized equipment, classes, personal training

Different markets, minimal overlap.**In fact, commercial gyms benefit from community wellness centers:****“Graduation Effect:”**

- People start in free/low-cost community center, develop fitness habit
- As income rises, some “graduate” to commercial gym with specialized equipment, convenient locations
- Community centers create fitness culture that grows entire market

Corporate Partnerships:

- Commercial gyms partner with community wellness centers (providing surplus equipment,

training staff, offering discounted memberships for “graduates”)

– Some commercial gyms contract to operate community wellness centers (Planet Fitness model)—expanding their market while serving community mission

Precedent:

- **Nashville:** Community wellness center program coexists with thriving commercial gym sector—both growing simultaneously
- **Philadelphia:** Community fitness centers increased overall gym membership citywide 18%—rising tide lifted all boats
- **YMCA model:** YMCAs nationwide serve low-income members on sliding scale while commercial gyms thrive—different missions, different markets

Plus: West Louisville has 1 gym per 14,500 residents vs. East End’s 1 per 2,400—there’s no commercial gym market to disrupt because commercial gyms haven’t invested there.

8. What prevents food assistance programs from creating dependency rather than solving root causes of food insecurity?

Answer: Food assistance addresses immediate crisis (hunger) while other programs address root causes (poverty, wages, housing costs)—both are necessary.

Immediate need:

- 22.4% of Louisville children are food insecure (can’t afford adequate food)
- Children can’t wait for long-term economic restructuring to eat today
- Hunger impairs cognitive development, school performance, health—creating lifelong disadvantage

Food assistance provides foundation for addressing root causes:

Research shows SNAP (food assistance):

- Improves school performance (students not hungry can learn)
- Reduces childhood hospitalization 30%
- Increases lifetime earnings \$3,000/year by enabling education
- Improves health, reducing chronic disease 15-20%

Far from creating dependency, food assistance enables upward mobility.

Dave’s approach addresses BOTH immediate need AND root causes:

Immediate Need (this policy):

- SNAP enrollment expansion
- Mobile markets, school pantries
- Food prescriptions for chronic disease patients

Root Causes (other policies):

- \$15 minimum wage () so families can afford food
- Affordable housing () reducing housing cost burden
- Job training (Policies #6, #8, #11) leading to higher-wage careers
- Childcare support enabling parents to work

Also: This policy creates permanent food infrastructure (grocery stores, urban farms, community gardens) generating long-term food access—not just temporary assistance.

Evidence:

- **SNAP participation peaks during economic downturns, declines during growth**—people use assistance temporarily during hardship, exit when economy improves
- **Average SNAP participation: 8-10 months**—most use is transitional, not permanent
- **Cities with robust food assistance have lower poverty rates long-term**—assistance enables upward mobility

We should judge policy by whether people NEED assistance, not whether assistance is available. Dave's comprehensive economic policies reduce need while ensuring assistance available for those facing hardship.

9. How can you guarantee this investment will actually close health disparities and not just make incremental improvements?

Answer: Incremental change is insufficient—Dave commits to specific numerical targets with accountability and consequences for failure.

Specific commitments:

1. **Life expectancy gap:** 12 years → 8 years by Year 4, <6 years by Year 6, <4 years by Year 10—or Health Director replaced
2. **Childhood lead poisoning:** 11% (West Louisville) → <2% by Year 4—or accelerate abatement with emergency funding
3. **Overdose deaths:** 387 → <200 by Year 4—or expand treatment capacity beyond planned levels
4. **Black maternal mortality:** 42.1 per 100,000 live births → <21 by Year 4—or expand doula program and investigate discrimination

5. **Food deserts:** 23% → <8% by Year 4—or increase grocery incentives and expand mobile markets

Enforcement:

- Quarterly public reporting on all metrics (can't hide failure)
- Independent evaluation Year 2 and Year 4 assessing progress
- Community oversight commission with authority to demand course corrections
- Performance-based budgeting—programs missing targets redesigned or defunded
- If overall progress insufficient by Year 3, executive leadership changes

Why this is different from past efforts:**Past approaches:**

- Vague goals (“improve health outcomes”)
- No deadlines
- No accountability for failure
- Incremental funding unable to move needle

Dave's approach:

- Specific numerical targets
- Hard deadlines
- Consequences for missing targets
- Comprehensive funding (\$41M annually) sufficient to drive change

Precedent:

- **Richmond, VA:** Set explicit 10-year goal to reduce life expectancy gap from 20 to 12 years—achieved through comprehensive investment with mayoral accountability
- **Boston:** Committed to 40% reduction in infant mortality disparity by Year 5—met target through doula programs and enforceable metrics

Dave's not promising incremental improvement—he's promising to cut the life expectancy gap by 33% in 4 years and hold himself accountable for results.

10. This seems like a lot of programs—how will you ensure they work together instead of duplicating efforts or working at cross-purposes?

Answer: Coordination and integration are built into program design from the beginning—not added later.

Structural Integration:**1. Unified Leadership:**

- Chief Health Equity Officer reporting directly to Mayor coordinates all public health initiatives
- Monthly cross-program coordination meetings with environmental health, mental health, food access, wellness, maternal health leaders
- Shared data systems tracking residents across programs (with privacy protections)

2. Geographic Targeting:

- All programs prioritize same neighborhoods (West Louisville, Russell, Portland, South End)—concentrating resources for maximum impact rather than spreading thin
- Neighborhood health teams coordinate all services in specific areas

3. Community Health Worker Model:

- 40 community health workers embedded in priority neighborhoods serve as navigators across ALL programs
- If resident needs mental health treatment + food access + lead abatement, single CHW coordinates all three

4. Integrated Facilities:

- Community wellness centers house multiple programs (fitness + nutrition classes + mental health + chronic disease prevention)—one-stop-shop
- Grocery stores/mobile markets include health programming, SNAP enrollment, care navigation

5. Data Integration:

- Unified health information system tracks outcomes across programs
- Example: Track whether resident receiving doula support also receives food assistance, lead abatement, mental health services—identify gaps

Examples of Integration:

Pregnant Woman in West Louisville:

- **Prenatal care navigator** helps schedule appointments, access transportation (Maternal Health program)
- **Doula** provides support throughout pregnancy (Maternal Health program)
- **Community health worker** enrolls in SNAP, connects to mobile food market (Food Access program)
- **Lead testing** of home, remediation if needed (Environmental Health program)
- **Postpartum mental health screening** with connection to community mental health center if needed (Mental Health program)
- **One person, five programs, coordinated by navigator + CHW**

Person with Diabetes in Food Desert:

- **Food prescription** provides produce vouchers (Food Access program)
- **Diabetes prevention program** at community wellness center (Wellness program)
- **Nutrition education + cooking classes** (Food Access program)
- **Exercise programming** at wellness center (Wellness program)

- **Mental health support** for diabetes-related depression (Mental Health program)
- **Coordinated through community wellness center + community health worker**

Peer city models:

- **Boston:** Integrated neighborhood health teams coordinate housing, food, healthcare, mental health—residents report 94% satisfaction with coordinated approach vs. 62% with fragmented services
- **Seattle:** Community health workers coordinate across 12 different programs—reduce duplication, improve outcomes

Dave's commitment: Programs designed for integration from Day 1—not siloed efforts bolted together later.

CONCLUSION: HEALTH EQUITY NOW

The 16-year life expectancy gap between West Louisville and the East End is Louisville's most damning indictment. When residents of the same city have lifespans differing by more than a decade—a wider gap than between the U.S. and many developing countries—based solely on zip code, not genetics or personal choices, that's not a healthcare failure. It's structural violence.

Dave's Public Health & Wellness policy names this violence and provides comprehensive solutions.

It recognizes that:

- Health is determined far more by environment, food access, and structural conditions than by healthcare
- The 16-year life expectancy gap is driven by environmental racism (Rubbervtown, lead poisoning), food apartheid, chronic stress, and lack of wellness infrastructure—not individual behavior
- 387 overdose deaths and 18,200 mental health ED visits reflect system failure, not personal failure
- Black mothers dying in childbirth at 2.5x white mothers' rate reflects healthcare discrimination, not biology
- Spending \$890M annually treating preventable chronic disease while underfunding prevention is fiscally irresponsible

The choice is clear:

Continue Louisville's trajectory—16-year life expectancy gap, 387 annual overdose deaths, Black maternal mortality comparable to developing countries, 48,000 residents breathing cancer-causing air, 47% of West Louisville in food deserts—and accept that your zip code determines whether you live to 72 or 84.

Or invest \$41M annually to eliminate environmental health hazards, expand mental health/substance use treatment, end food apartheid, build wellness infrastructure, and address maternal health crisis—generating \$247-307M in annual healthcare savings while saving hundreds of lives and adding 80,000 life-years to Louisville's population.

This is about justice. Health equity isn't charity—it's recognizing that every Louisville resident deserves conditions allowing them to be healthy. When Rubbertown poisons West Louisville with cancer-causing emissions, when food deserts drive diabetes rates 2x higher, when Black mothers die in childbirth at rates eliminated for white mothers 50 years ago, that's injustice requiring structural solutions.

Dave's vision: A Louisville where your zip code doesn't predict your lifespan. Where every neighborhood has clean air, healthy food access, mental health services, wellness infrastructure. Where Black mothers and babies thrive. Where we invest in prevention instead of paying billions for preventable disease.

A healthy Louisville for everyone.

That's democracy that works for everyone. That's the Louisville we'll build together.

For more information:

- **Full policy details:** rundaverun.org/policy/public-health-wellness
- **Voter education glossary:** rundaverun.org/glossary
- **Get involved:** rundaverun.org/volunteer
- **Contact campaign:** info@rundaverun.org

Dave Biggers for Louisville Mayor

Democracy that works for everyone.

This policy document is part of Dave Biggers' comprehensive policy platform addressing Louisville's most pressing challenges through evidence-based solutions and community-driven governance. See also: Public Safety (), Criminal Justice Reform (), Health & Human Services (), Budget & Financial Management (), Affordable Housing (), Education & Youth Development (), Environmental Justice (), Economic Development & Jobs (), Infrastructure & Transportation (), Arts, Culture & Tourism (), Technology & Innovation (), and forthcoming policies on

Neighborhood Development, Senior Services, Disability Rights & Accessibility, and Food Systems & Urban Agriculture.

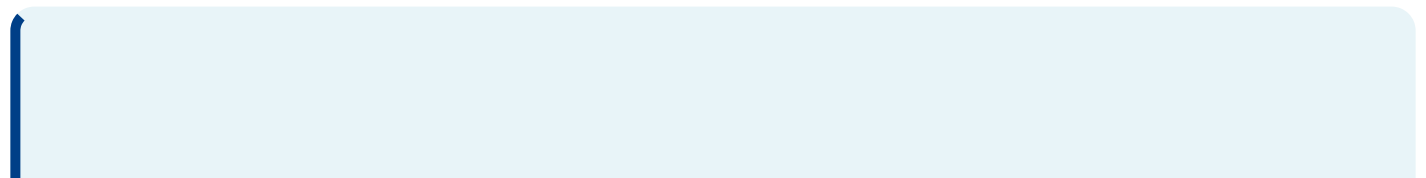
RELATED POLICIES

This policy works in coordination with these related initiatives:

- **[Health & Human Services](#)**: Community wellness centers provide medical services while public health addresses the upstream determinants of health.
- **[Environmental Justice & Climate Action](#)**: Environmental justice eliminates toxic exposures in Rubbertown causing cancer, asthma, and premature death.
- **[Food Systems & Urban Agriculture](#)**: Eliminating food apartheid addresses the root cause of the diabetes and chronic disease crisis.
- **[Neighborhood Development](#)**: Neighborhood infrastructure including parks, sidewalks, and green space is essential public health infrastructure.
- **[Senior Services](#)**: Senior wellness programs and health services address chronic disease burden and social isolation epidemic.
- **[Affordable Housing & Anti-Displacement](#)**: Stable affordable housing is the foundation for health – housing instability directly causes disease.

Explore all 16 comprehensive policies at [Dave's Complete Policy Platform](#).

What Louisville Residents Say



What This Means for YOUR Neighborhood

Every Louisville neighborhood is unique. Enter your ZIP code to see how this policy directly impacts your community:

Find Your Mini Substation

Enter your ZIP code to see when your neighborhood will receive a community police substation.

Find My Substation

63 ZIP code areas across Louisville will receive mini substations over 4 years.

Part of Dave Biggers' comprehensive public safety plan.

See the Budget Impact

Explore how this policy fits into Dave's comprehensive \$1.2 billion budget plan:

How Does Dave's Budget Affect You?

See your personalized impact - zero tax increase, real benefits

☐ Household Income \$50,000

☐ Children in JCPS 0

☐ Your ZIP Code

Your Personal Impact

How we calculate: Benefits based on average family savings from wellness center access (\$800/year), youth program value (after-school + summer jobs), and your specific mini substation timeline. All benefits come from the same \$1.2B budget - zero tax increase.

Share your results with friends and family:

☐ Share My Results

Compare This Policy

See how Dave's approach differs from current administration policies:

Policy Comparison: Real Change vs. Status Quo

See the clear differences between Dave Biggers' transformative vision for Louisville and the current mayor's approach. The choice is yours.

[Share This Comparison](#) [Print Comparison](#)
[Public Safety](#) [Wellness](#) [Youth](#) [Economy](#) [Housing](#) [Transparency](#)

Public Safety & Policing

Current Mayor

Traditional policing model

Approach

- Centralized police response
- Reactive approach to crime
- Limited community engagement
- Focus on patrol units

Timeline Ongoing

Budget Status quo funding

Impact Response times: 15-20 minutes average

Dave Biggers

Community-based mini substations

Approach

- 63 mini substations across Louisville (4-year deployment)
- Officers living and working in communities they serve

- Preventative community policing model
- Year 1: 12 substations in highest-need areas

Timeline Year 1-4 phased rollout

Budget Revenue-neutral through property tax restructuring

Impact Response times: 3-5 minutes (neighborhood-based)



Mental Health & Wellness

Current Mayor

Limited wellness infrastructure

Approach

- Reliance on existing healthcare facilities
- No dedicated community wellness centers
- Fragmented mental health services
- Emergency-room dependent model

Timeline No expansion planned

Budget Minimal dedicated funding

Impact Long wait times, limited access in underserved areas

Dave Biggers

Regional wellness centers network

Approach

- 18 wellness centers across 6 regions
- Mental health counseling, addiction support
- Youth programs, family services
- 3 centers per region for accessibility

Timeline Year 1-4 phased rollout

Budget Integrated with public safety restructuring

Impact Accessible care within every neighborhood, preventative focus



Youth Development

Current Mayor

Standard recreation programs

Approach

- Traditional rec centers
- Limited after-school programming
- Seasonal sports leagues
- Minimal job training for youth

Timeline Status quo

Budget Existing recreation budget

Impact Serves fraction of Louisville youth

Dave Biggers

Comprehensive youth investment

Approach

- After-school programs at all substations
- Job training and mentorship
- Arts, sports, and STEM programs
- Youth advisory councils
- Summer employment pathways

Timeline Immediate implementation with substation rollout

Budget \$1,200 value per child annually

Impact Accessible programs in every neighborhood

□

Economic Development

Current Mayor

Corporate incentives focus

Approach

- Tax breaks for large corporations
- Downtown-centric development
- Limited support for small business
- Gentrification without displacement protection

Timeline Ongoing

Budget Millions in corporate subsidies

Impact Benefits concentrated in select areas

Dave Biggers

Community wealth building

Approach

- Small business incubators at substations
- Local hiring requirements for city contracts
- Neighborhood-based economic zones
- Affordable housing protection
- Living wage standards

Timeline Immediate policy changes, 4-year infrastructure build

Budget Redirected from corporate subsidies

Impact Jobs and wealth stay in neighborhoods



Housing & Affordability

Current Mayor

Market-driven housing

Approach

- Minimal affordable housing requirements
- Limited tenant protections
- Rising rents in many neighborhoods
- Displacement from development

Timeline No comprehensive plan

Budget Minimal housing trust fund

Impact Affordability crisis worsening

Dave Biggers

Housing as a human right

Approach

- Expanded affordable housing trust fund

- Strong tenant protections
- Community land trusts
- Rent stabilization measures
- Anti-displacement policies for existing residents

Timeline Immediate policy changes

Budget Increased trust fund through property tax reform

Impact Protects residents, prevents displacement



Government Transparency

Current Mayor

Standard reporting

Approach

- Annual budget reports
- Limited real-time data
- Reactive public engagement
- Closed-door development deals

Timeline Status quo

Budget Minimal transparency infrastructure

Impact Limited public accountability

Dave Biggers

Radical transparency

Approach

- Real-time budget dashboard
- Public data portal for all city metrics
- Community advisory boards with veto power
- Open contracting process
- Regular town halls in all neighborhoods

Timeline Immediate implementation

Budget Low-cost digital infrastructure

Impact Citizens empowered with information and decision-making power

The Choice is Clear

Louisville deserves transformative change, not more of the same. Join us in building a city that works for everyone.

[Join the Campaign Read Full Policy Platform](#)

▢ What Louisville Residents Say

▢ Community Endorsements

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Help spread the word about Dave's vision for Louisville:

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▢ Make Your Voice Heard

Register to Vote

Register to Vote

Make your voice heard! Register to vote and participate in our democracy.



[Register to Vote](#) ✓ [Check Registration](#)

Important Deadlines

- **Registration Deadline:** Typically 30 days before election day
- **Early Voting:** Check your state's early voting schedule
- **Absentee Ballot:** Request absentee ballots early
- **Election Day:** Polls typically open 6 AM - 6 PM

Note: Deadlines vary by state. Check your local election office for specific dates.

Find Your Polling Place

Find Your Polling Location

Enter your address to find your polling place and get directions.

Your Address

City

State

ZIP Code

Find My Polling Place

You can also call **1-866-OUR-VOTE (1-866-687-8683)** for assistance finding your polling location.

Stay Updated on This Policy

Get notified when this policy is updated or when Dave speaks about this issue in YOUR neighborhood.

* indicates a required field

Email Signup Information

Fax Number (Leave blank)

Name *

Email * We'll send you updates about the campaign

Zip Code 5-digit zip code (optional)

☐ I'm interested in volunteering! We'll send you information about volunteer opportunities

[Sign Up](#)

Have Ideas to Improve This Policy?

This is YOUR city. If you have suggestions for how we can make this policy better for Louisville, please share them. Every idea is reviewed.

Suggest an Improvement for Louisville

Have an idea for improving Louisville? Share your policy suggestion below. Your voice matters in shaping our city's future.

Policy Title *

Description *

0/2000 characters

Category ▼

Your Name *

Your Email *

ZIP Code (Optional)

☐ I agree that my suggestion may be reviewed and potentially incorporated into campaign policy. My email will only be used to notify me about the status of my suggestion.

[Submit Suggestion](#)

NOT ME, WE.

Together, we make Louisville better for everyone.