

Good evening!

Thank you for inviting me here tonight. I appreciate having the space to focus on my passion – how to make sure every resident of Louisville can live a long healthy life. I promise I will discuss how quality of life is linked to housing.

But first I must address another injustice that is preventing all of our residents from living their full lives. Within the past 2 months, we have lost 2 of our residents to police violence. Breonna Taylor was an ER tech who loved her family and friends. David McAtee was a beloved chef and entrepreneur known as Yaya.

We mourn the loss of these two lives. And we know that their loss could have been prevented. The same systems of power that I am here to discuss tonight have created a society where some are greatly benefited, and others are harmed.

Their loss matters to me, and it should matter to you too. Because when racism goes unchallenged, we cannot build the community we envision. The long relationship between racism and housing has helped create the conditions which makes it possible for us to lose two of our residents.

But I'm getting ahead of myself.

As Louisville's Chief Health Strategist, I direct a team of incredible public health professionals working hard every day to make Louisville a city where everyone, and every community, thrives.

In February of this year Louisville Metro Department of Public Health and Wellness released Healthy Louisville 2025, the city's community health improvement plan. This plan was developed through partnerships between the health department, the residents of Louisville and our partners across non-profit local government and social service organizations who serve the City of Louisville.

Our plan focuses on the root causes of health, because our residents and partners understand that making sure everyone has a chance to grow, live, and work in a healthy environment is the best way to improve the health of a community.

Healthy Louisville 2025 is a five-year plan and roadmap to a healthier city for everyone. The plan has four goals:

- Build Healthy Neighborhoods
- Achieve Environmental Equity
- Create Healthy Schools

And finally, the focus tonight,

- Ensuring Equitable Housing

And I have to extend a huge amount of gratitude to Cathy Hinko and the MHC team who volunteered to be this goal's owner and champion.

Since the release of the plan, the health department and the city has had to devote all our resources to battling the historic novel coronavirus pandemic. But the Coronavirus crisis is highlighting what we've always known; that safe, stable housing is part of the foundation that creates health and wellness.

When that foundation is shaky, the physical and mental health of our entire community is impacted. There are many reasons housing is insecure for individuals, including:

- Being unhoused
but also;
- not being able to afford monthly payments or utilities
- Living with family members who may inflict violence
- Living in overcrowded homes
- Living in congregate settings, like nursing homes, shelters, or prisons
- Or living in a racially or economically segregated neighborhood that has been historically deprived of resources needed for safety and wellness

Healthy housing is required for individual health *and* the health of the entire community. Making sure that people - especially individuals who are paid low wages – have safe stable housing reduces illness and improves mental health and wellness for everyone.

Without a strong foundation of stable, affordable, and healthy housing for all residents, we have seen worse outcomes for them during the pandemic. COVID-19 is highlighting the cracks in our system when it comes to housing policy, resourcing, and availability.

I know many of you are familiar with the links between housing and health and I want to share how these are further impacted by COVID-19.

When we think of healthy housing, we may initially think of the quality of a physical structure, but housing is so much more than construction materials. Health is negatively impacted by the quality of housing such as

- overcrowded living conditions
- poor ventilation
- Extreme temperatures
- Water and energy leaks
- Asthma triggers like mold or pests and
- Environmental contaminants like lead or tobacco smoke

These things make it more likely that people will experience chronic and respiratory conditions like asthma, cancer, cardiovascular disease, and COPD. And we know that people with chronic underlying medical conditions are some of the most at risk for severe illness if they get COVID-19.

Living in crowded conditions also makes it easier to spread Covid-19. We know that it is difficult to follow the Health Department's recommendations if you test positive for the coronavirus and need to isolate but live in a house with 10 other people.

How stable housing is, also impacts health. People who are chronically homeless not only face lower life expectancy and higher morbidity in physical and mental health, but they are also more likely to experience poor health in comparison to their peers in stable housing.

For example, when someone

- falls behind on rent,
- needs to move frequently (particularly 2 or more times a year)
- needs to temporarily live in others' homes or a shelter, or
- lives in overcrowded housing conditions

...it can increase chronic stress, which can suppress the effects of the immune system.

Additionally, housing instability can disrupt employment, social support networks, education, proper storage of medications, and the receipt of social service benefits.

We have seen that shelters have had to alter their services to protect their residents, and that protecting residents from COVID-19 has sometimes meant reducing the number of people served by a shelter.

When our residents do not have a place to isolate or social distance, it puts them at a higher risk of being infected and increases the likelihood of them passing the virus on to others before we are able to contact them and stop the spread.

Residential instability like eviction or foreclosures can lead to an increase in depression, anxiety, and alcohol use. It is also associated with health problems among youth, including increased risks of teen pregnancy, early substance use, and depressive symptoms.

According to the [Louisville Metro Housing Needs Assessment](#), realistic options for renters, lower-income families, and folks with disabilities are concentrated in the northwest Jefferson County neighborhoods where inequitable policies have resulted in resource disinvestment, primarily – but not exclusively – to the detriment of Black residents and benefit of white residents.

As a result of Louisville's history of redlining, today [over 75% of the Louisville's Black population lives on less than 5% of the land](#).

A quick refresher – redlining was when the federal government made it legal for banks and insurance companies to deny Black families access to loans, devalue their homes, and forced them to live in segregated neighborhoods.

This segregation means that our residents of color do not live in close proximity to living wage jobs or nutritious food, and that they are more likely to be located near industries that pollute the land, water, and air.

Black residents in Louisville are [more likely](#) to live in neighborhoods with a lack of healthy food options, amenities, recreational facilities, lighting and safety. They are also more likely to live in housing stock with higher levels of lead and deterioration from age. These differences in what we call the “root causes of health” create the many inequitable health outcomes in areas that correspond with Louisville’s racially and economically segregated areas.

These inequities in housing options and neighborhood resources have been well documented by organizations like Metropolitan Housing Coalition, and COVID-19 has only made the need to address the underlying racism more obvious and more urgent.

That is why the housing goal of Healthy Louisville 2025 is focused on improving the percent of Black residents who enjoy homeownership (a stark inequity in our community) and to reduce the county-wide average eviction filing rate.

Governor Beshear recognized the need to halt evictions during the COVID-19 pandemic and the resulting unprecedented economic crisis. We need to recognize that advocacy for eviction prevention must continue.

We need to prevent this economic crisis from causing even further inequities in housing. We need options to forgive late fees and extend repayment periods in order to keep residents in stable housing. This advocacy is a natural extension of the work my team is doing to reduce the eviction rate in Louisville as part of Healthy Louisville 2025.

For decades, racism has segregated our neighborhoods from each other and racially divided the labor markets. In turn, this has created concentrated disadvantages for Black residents and concentrated advantage for white residents.

For example, white residents in Louisville are consistently less [likely](#) to have to commute outside of their neighborhoods for work or access to food and other amenities. They are less likely to be users of underfunded public transportation systems and work in jobs where they can’t miss work or work from home.

White residents are also less likely to work at or below the median income. They are less likely to be un-insured or under-insured. And, they are less likely to live in deteriorating housing stock or near polluting industries.

Covid-19 is highlighting that white residents are also less likely to be represented in essential worker positions ([e.g. healthcare, transportation, food service, sanitation, etc.](#)).

We call these positions essential during the pandemic response, but we know that we have not always treated them as essential. These jobs have significantly lower pay, often put employees in contact with the public, and some employers are struggling to provide safe working conditions for them during this pandemic response.

The current reality of the pandemic is that policies and practices like residential segregation, have contributed greatly to many of the underlying health conditions experienced disproportionately by workers of color. These health inequities then put these essential workers at a higher risk of experiencing severe health outcomes from COVID-19, including hospitalization and death.

Over the history of this country, and especially in the past century, the impact of racism on decisions has led to significant investment for white communities and significant disinvestment from Black communities.

This divide is so deep that many white residents may not fully understand the impact this has on the quality of life and choices available to Black people and people of color.

In fact, the message of public health for a long time was that personal responsibility has the greatest impact on health, so many residents may actually blame communities of color for the worse health outcomes they experience.

However, we understand that health inequities are the result of root causes of health, like housing. It is important to correct the old message as we try to transform our community into an equitable one where everyone thrives.

So, what does it mean for everyone to thrive?

We need everyone to do well in order for all of us to truly thrive.

COVID-19 has highlighted what we have known all along – that our community members need - and deserve - a better quality of life, and that quality of life should not be achieved for some at the expense of others.

When all our community members live in safe, stable, quality, affordable housing, they will experience better health outcomes, both long-term, and during a pandemic. That benefits all of us.

The inequities we've seen in COVID-19 are demonstrating why policies that protect and invest in some communities while ignoring others are unacceptable.

So what can we do?

At Public Health and Wellness, we work to improve the health of the residents of Louisville by providing individuals, groups, and communities with the tools to make informed decisions about their well-being. We address health equity by leveraging

- Data
- Community-Centered Engagement
- Strategic Partnerships and
- Policy Level Interventions

We use data to inform our decision-making so that we can learn what the equitable choices are for our priorities and make those choices.

For example, when we look at our 2017 Health Equity Report our data shows how many of the underlying conditions that complicate CoVid-19 correspond with racial and economic segregation. We know that these are the areas with older and deteriorating housing stock and that the differences in health outcomes are caused not only by historic segregation policies, but often continues because of the housing and land use practices that we see today.

Because civic engagement and democratic decision-making are important factors for improving community health, we rely upon community engagement strategies like Healthy Louisville 2025 to work WITH communities and provide those most impacted by health inequities the opportunity to engage in decision-making activities that directly benefit their own health. This is how the health department became more involved in the connection between health and housing.

We know that the inequities we see are the result of community level decisions, and that we cannot do this work alone. We rely upon strategic partnerships to understand what creates these inequities, and make sure that the right people are at the table as we work together to repair these systemic harms.

We use this information to inform policy level decisions to ensure that we are protecting the health and wellness of our local residents.

So, what types of policies should we be advocating for? That's where you come in.

Healthy Louisville 2025 is about working together to create a community health improvement plan that reimagines what's possible for an equitable future. It's about unlearning those behaviors conditioned by racism, learning new skills, and advocating for transformative change.

Equitable policies include the following and much more:

- Renter protections:
 - Moratoriums on evictions

- Canceling rent, mortgage, and utility payments through the duration of the public health and economic crisis for all renters, homeowners and small businesses.
- Moratoriums on encampment sweeps and providing comprehensive support to those sheltering in place outside
- Funding affordable housing that prioritizes households at 30% AMI or below

How do we work together to achieve health equity?

I'd like to share two actions that have been guiding the work of the health department.

1) First, we have been deepening our understanding of how systems of power impact *how* people experience root causes and *why* we haven't been able to transform them fully for equity.

2) We then put this understanding into action by using data, community engagement, and strategic partnerships to identify and advocate for new, equitable policies and practices.

Many of you all are familiar with the tree metaphor that we use -

When we see trees, we usually judge their health by the leaves. How green they are. Whether the leaves are full or few.

Health outcomes are the leaves in this metaphor – the way we might diagnose the health of the community. These outcomes include everything from diabetes to drug use.

But, we know that our health does not start with those outcomes. Just like the health of a tree doesn't begin with those leaves. If we want to understand the health of the people we serve, we need to understand the roots.

For people, those are called root causes of health. This includes access to healthy, stable, and affordable housing, access to living wage jobs and transportation and access to healthy food.

We see patterns in health outcomes across Jefferson County because we see patterns in how people experience root causes. The choices that people make are shaped by the choices that people have. We all experience housing, schools, or the health care system. But, *how* and *how well* we experience them determines our health status.

There are patterns of advantage and patterns of disadvantage that we see in the actual experiences with root causes. So why do we see these differences in the way people experience housing stability, the resources in their neighborhoods, or housing quality?

To understand how root causes are experienced, we have to learn about the soil those roots were planted in. We know the health and quality of the soil that the tree is planted in impacts the roots and the eventual leaves. In this metaphor, the soil represents systems of power.

Our work over the past year has focused even more on understanding these systems of power. Power is the ability to achieve a purpose. Power can be good or bad, depending on the purpose it is used for.

Systems of power are when a particular purpose is designed into major institutions – like government, business, and nonprofit work. The purpose impacts what the institutions are, what they are designed to do, and how they are resourced.

Systems of power can be equitable or inequitable.

Inequitable systems of power are the -isms and -phobias. Their purpose is to concentrate power with a specific, exclusive group. For example, when we think about racism, the purpose is to concentrate power among white people.

Systems of power impact who gets to set the agenda for decision-making, what decisions we mobilize around, and what influences our perspective and world view.

Over time, we have seen the impacts of inequitable systems of power. These systems, like racism, classism, and ableism - have been to dramatically concentrate advantageous resources among one group of people at the expense of the health and wellness of others.

In the context of housing in this country, in the 1930s and beyond, we saw public investment in housing for white Americans, as a result of the New Deal, and disinvestment for Black Americans, as a result of redlining. Racism has led to a dramatically different experience of health, opportunities, and quality of life.

Even today, classism is used to concentrate wealth and keep low income families from being able to build independent wealth.

Ableism results in designs that don't consider how seniors or people with disabilities will interact with the environment.

To transform our systems into equitable ones, we need to do some intentional work around how we understand the world. We need to equip ourselves with the tools to examine the policies we propose and advocate for to make sure they will truly transform our community.

We can start this work by examining our beliefs.

Here are a few examples of widespread beliefs that impact how we make decisions, and how we challenge those beliefs here at Public Health and Wellness. These narratives affect what people think is possible, and what decisions people are willing to support and advocate for:

First: The belief that health outcomes are a result of personal responsibility and personal actions.

- The underlying belief is that people who are healthy are good and people who are unhealthy are bad and so they deserve to suffer

- The belief that the values of people living in poverty sustain cycles of poverty is the community-level version of “personal responsibility”.
- This myth allows us to avoid addressing the roots of decisions that create harmful consequences and, blame the victims for outcomes they are experiencing.
- Instead, we must explicitly name the power dynamics at play and highlight how systems of power create these conditions.

Next there is the belief that some people – elders, those with disabilities, those with underlying health conditions, people of color – can and should be disposed of for the greater good.

- The myth of disposability has become even more prevalent during the pandemic, with some arguing that we need to let elders or the medically vulnerable die in order to “save the economy”.
- This belief dehumanizes our community members, suggesting that they should suffer, for the “greater good”.
- However, we know that there is no “greater good” if some residents have to suffer in order for some of us to thrive. We can recognize that until we support the full human potential of all of our residents, we will never recognize the full potential of our community.

Then there is the belief that governments should not be fully funded to provide essential needs for residents - because they are inefficient and cost individuals too much money in taxes.

- We know that certain services will never be profitable, and therefore never provided by the private sector in a way that meets the needs of our residents.
- While there are many issues with our public sector – especially in how resources are allocated – there is more accountability of the public sector because our funding comes from tax dollars.

And finally - the belief that funding public infrastructure leads to an unhealthy dependency and unearned benefits

- This seeks to make us look down on, and shame people who utilize the benefits of our government.
- It disconnects us from our neighbors who experience an intentionally designed, unfair society and must use these resources.
- We know that these benefits exist because past policies have created disproportionate need, and that it is the fundamental role of government to provide its community with basic needs

We must unlearn these inequitable beliefs if we want to make equitable decisions and make sure everyone has what they need to thrive.

We have to think critically about power during this COVID-19 time. Many of us have probably never reflected upon power in meaningful way.

Now is the time.

The old normal is gone and by working together we get the opportunity to build a better world.

We must mobilize and use power-building strategies to reimagine a different future.

COVID has already shown us that it is possible to do what we've been told cannot be done.

It has shown, more than ever before, that without policies to create safe, stable and affordable housing, we cannot protect our residents in the best of circumstances, and certainly not in the worst.

In order to achieve health equity we should be advocating for policies like living wages and paid sick leave or universal health care for essential workers, because it's all connected to healthy housing.

We get through this together by making sure everyone has the supports they need. And it is simple to do when we pool our resources together to use them as a collective force.

In Public Health, we reject the false narratives of inequitable power that say we have to let some suffer so that others can thrive.

Now is the time to push, harder than any of us have ever done before, for the kinds of policies we have always been told are impossible.

That is how we create a Louisville where everyone, and every community thrives.