Health & Human Services

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Category: Platform Policies: Community Wellness

Health & Human Services Policy

Dave Biggers for Louisville Mayor 2026

Executive Summary

Louisville faces a health crisis driven not by lack of medical care, but by **poverty, racism, and systemic barriers** to accessing services. West Louisville residents die 10-15 years younger than East End residents. Black mothers die from pregnancy complications at 2.5x the rate of white mothers (42.1 vs 17.2 per 100,000 live births in Louisville). Mental health crises fill our jails instead of treatment centers. Substance abuse kills 600+ annually through overdoses.

Dave's Vision:

Health as a human right, not a privilege. Community-based, culturally competent services addressing root causes—poverty, food insecurity, housing instability, trauma—not just symptoms. **Prevention over emergency response. Healing over punishment.**

Key Proposals:

1. **Community Wellness Centers** – 18 comprehensive health/social service hubs, $45 million annually
2. **Mental Health Crisis Response** – Co-responders and crisis centers, $12 million annually
3. **Substance Abuse Treatment** – Harm reduction and treatment access, $8 million annually
4. **Maternal & Child Health** – Addressing mortality disparities, $5 million annually

5. **Food Security Programs** – Ending food deserts, $7 million annually

Budget Impact:

$77 million annually within $1.2 billion Metro budget
– Funded through reduced emergency/incarceration costs + Medicaid reimbursement
– Creates 450+ jobs (nurses, therapists, community health workers, case managers)
– Saves $120M+ over 4 years in prevented emergency care and incarceration

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Current Situation: Health Inequality Crisis

Life Expectancy Gap:

Geographic Disparities:
– **West Louisville:** Average life expectancy 68-72 years
– **East End:** Average life expectancy 80-84 years
– **Gap:** 10-15 years difference within same city
– **Cause:** Not genetics—poverty, stress, environmental hazards, healthcare access

Maternal Mortality Crisis:

Racial Disparities:
– **Black women:** Die from pregnancy complications at 2.5x the rate of white women (42.1 vs 17.2 per 100,000 live births)
– **Causes:** Implicit bias in healthcare, lack of prenatal care, poverty, chronic stress
– **Preventable:** 60%+ of maternal deaths are preventable with proper care
– **Jefferson County:** Mirrors national crisis with severe Black maternal mortality

Mental Health & Substance Abuse:

Untreated Mental Illness:
– 20-40% of police calls involve mental health crises
– Limited access to care: 3-6 month waits for appointments
– Jail as de facto mental health facility
– Suicide rate increasing, especially among youth

Opioid Crisis:
– 600+ overdose deaths annually in Jefferson County
– More deaths than homicides
– Harm reduction limited: Minimal needle exchange, no safe consumption sites
– Treatment capacity insufficient: 2-6 month waits

Healthcare Deserts:

West Louisville Access Barriers:
– No full-service hospital since University Hospital downsized
– Limited primary care clinics
– Few specialists accepting Medicaid
– Transportation barriers to healthcare facilities
– Cultural competence issues at existing facilities

Social Determinants of Health:

Root Causes Unaddressed:
– **Poverty:** 30%+ poverty rate in West Louisville neighborhoods
– **Food deserts:** No grocery stores, reliance on convenience stores
– **Housing instability:** Evictions causing health disruptions
– **Environmental hazards:** Air/water pollution, lead exposure
– **Chronic stress:** From racism, economic insecurity, violence exposure

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Dave’s Vision: Community Health & Wellness

What Success Looks Like:

Health Equity:
– Life expectancy gap closes to under 3 years citywide
– Black maternal mortality equal to white maternal mortality
– All neighborhoods have accessible, culturally competent healthcare
– Mental health crises receive appropriate response, not police/jail
– Overdose deaths reduced 50%

Measurable Outcomes (4 Years):
– 10% increase in life expectancy in West Louisville (68→71 years)
– 50% reduction in Black maternal mortality disparity
– 80% of mental health calls receive co-responder response
– 300 fewer overdose deaths annually (600→300)
– 50,000+ residents served by Community Wellness Centers annually

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Detailed Policy Proposals

1. Community Wellness Centers: Comprehensive Care Hubs

See Glossary Terms: Community Wellness Center, Social Determinants of Health, Wraparound Services, Community Health Worker, Federally Qualified Health Center

The Model:

One-stop centers providing health, mental health, substance abuse treatment, social services, legal aid, and community organizing—addressing ALL factors affecting health, not just medical care.

18 Centers Across Louisville:

West Louisville (Priority – 10 centers):
– Russell, Parkland, Portland, Shawnee, California
– Algonquin, Chickasaw, Park DuValle, Newburg, Smoketown

South End (4 centers):
– Pleasure Ridge Park, Valley Station, Okolona, Highview

Other Underserved (4 centers):
– Buechel, Shively, Jacobs, Southwest Louisville

Comprehensive Services:

Primary Healthcare:
– Partnership with Federally Qualified Health Center (FQHC) or health system
– Nurse practitioner-led primary care clinic
– Preventive care: Check-ups, vaccinations, screenings
– Chronic disease management: Diabetes, hypertension, asthma
– Acute care for minor illnesses/injuries
– Prescription assistance programs
– Health insurance enrollment (Medicaid, ACA marketplace)

Mental Health Services:
– Licensed therapists providing counseling (individuals, families, groups)
– Psychiatric consultation for medication management
– Crisis intervention and de-escalation
– Trauma therapy (EMDR, CBT for PTSD)
– Support groups: Depression, anxiety, grief, trauma
– Peer support specialists with lived mental health experience

Substance Abuse Services:
– Assessment and treatment planning
– Medication-assisted treatment (MAT): Methadone, buprenorphine, naltrexone

– Outpatient counseling (individual and group)
– Harm reduction: Needle exchange, naloxone distribution, wound care
– Peer recovery support specialists
– Family support and education
– Connections to residential treatment when needed

Maternal & Child Health:
– Prenatal care and education
– Postpartum home visits by Community Health Workers
– Breastfeeding support and lactation consultants
– Well-child visits and developmental screening
– WIC enrollment assistance
– Parenting classes and support groups
– Maternal mental health screening and treatment

Dental & Vision Care:
– Partnership with UofL School of Dentistry for dental services
– Vision screening and glasses provision
– Mobile dental/vision clinics rotating among centers
– Preventive education and school-based programs

Social Services Integration:
– SNAP/WIC/Medicaid application assistance
– Housing assistance and eviction prevention
– Utility assistance and weatherization connections
– Legal aid clinics (eviction defense, expungement, family law)
– Domestic violence advocacy and safety planning
– Elder services and Medicare assistance

Economic Opportunity:
– Job training and GED programs
– Job placement assistance
– Financial literacy and banking access
– Small business development support
– Benefits screening (ensuring people receive all eligible assistance)

Youth & Family Services:
– After-school programs and homework help
– Summer learning and recreation
– Youth mentoring and positive youth development
– Family therapy and parenting classes
– Early childhood programs and childcare connections

Community Building:
– Meeting space for neighborhood organizations

– Community organizing support
– Participatory budgeting for neighborhood improvements
– Cultural events celebrating community
– Conflict mediation and restorative justice
– Voter registration and civic engagement

Staffing Per Center (15-20 staff):
– Medical: 2 nurse practitioners, 2 RNs, 2 medical assistants
– Mental health: 2 therapists, 1 psychiatrist (part-time), 1 peer specialist
– Substance abuse: 1 counselor, 1 MAT coordinator, 1 peer recovery specialist
– Community Health Workers: 3 (conducting home visits)
– Social workers: 2 case managers
– Community organizer: 1
– Administrative: Director, receptionist, scheduler

Total Staffing: 270-360 jobs across 18 centers

Operations:

Hours: Monday-Saturday 8am-8pm (60 hours/week)
Walk-in hours: Daily 8am-12pm (no appointment needed)
Evening availability: Serves working families
Language access: Interpretation services for all languages
Transportation: Partnerships with TARC for accessible routes
Telehealth: For follow-up appointments and specialist consultations

Budget:

Annual Operating: $45 million for 18 centers
– $2.5 million per center annually
– Staffing: $1.8M (salaries/benefits for 15-20 staff)
– Operations: $400K (rent, utilities, supplies, technology)
– Partnerships: $300K (FQHC contract, specialty services)

Revenue Offsets:
– Medicaid reimbursement: $8-12M annually (for billable health services)
– Federal grants: $5M annually (HRSA, SAMHSA, violence prevention)
– **Net cost: $28-32M annually** within $1.2 billion budget

Facility Costs:
– Utilize existing Metro buildings where possible
– Lease space in underserved neighborhoods (10,000-15,000 sq ft each)
– Partner with institutions (churches, schools) for co-located space
– Renovations as needed for healthcare/ADA compliance

Evidence:

Baltimore City Health Department: Community health centers reduced ER visits 35%, hospitalizations 15%, saving $12M annually

Oakland Wellness Centers: 30% reduction in youth violence in service areas, 40% reduction in psychiatric ER visits

Cincinnati Health Centers: Improved chronic disease outcomes, reduced infant mortality 20%

Return on Investment: Every $1 invested in community health centers returns $5.60 per $1 invested in reduced emergency care, hospital admissions, and incarceration costs

2. Mental Health Crisis Response System

See Glossary Terms: Mental Health Crisis, Co-Responder Model, Crisis Intervention Team, Mobile Crisis Unit, Psychiatric Emergency

Current Failure: Police respond to mental health crises, often escalating situations. Jails become de facto mental health facilities. People cycle through crisis-arrest-release without treatment.

Dave's Comprehensive Response:

Co-Responder Teams (18 teams):
– Licensed mental health professional + CIT-trained officer
– Based at Community Wellness Centers
– Respond to 911 mental health/substance calls
– Mental health professional leads interaction
– Connect to ongoing treatment vs. arrest/hospitalization
– **Budget:** $8M annually ($444K per team)

Crisis Stabilization Centers (3 centers):
– Alternative to psychiatric ER and jail
– 20-bed facilities with 23-hour observation
– Voluntary admission for people in crisis
– De-escalation, assessment, medication, connection to ongoing care
– Locations: Downtown, West Louisville, South End
– **Budget:** $6M annually ($2M per center)

Mobile Crisis Units (6 units):
– 2-person teams (mental health professional + peer specialist)
– Respond to homes/community for crisis intervention
– Transport to crisis center vs. ER/jail
– Follow-up within 48 hours

– **Budget:** $3M annually

Psychiatric Emergency Services:
– 24/7 crisis hotline with live trained counselors
– Text crisis line for youth
– Immediate telephone support and risk assessment
– Dispatch appropriate response (co-responder, mobile crisis, or self-care guidance)
– **Budget:** $1.5M annually

Total Mental Health Crisis Budget: $18.5M annually (Core mobile crisis team program: $7M for 10 teams. Additional components: crisis stabilization centers $6M, expanded co-responder teams $4M, psychiatric emergency hotline $1.5M)
– Offset by reduced incarceration ($8M) and ER costs ($6M)
– **Net cost:** $4.5M annually

Expected Outcomes:
– 50% reduction in arrests for mental health crises
– 70% reduction in psychiatric ER visits
– 80% connected to ongoing treatment vs. current 20%
– Zero deaths of people in mental health crisis during police response

3. Substance Abuse Treatment & Harm Reduction

See Glossary Terms: Harm Reduction, Medication-Assisted Treatment, Needle Exchange, Overdose Prevention, Naloxone, Opioid Crisis

The Crisis: 600+ overdose deaths annually, more than homicides. Current approach: Criminalization and abstinence-only treatment with insufficient capacity.

Dave’s Evidence-Based Approach:

Harm Reduction Services:

Expanded Needle Exchange:
– Daily operations (vs. current limited hours)
– 5 fixed sites + 2 mobile units
– Clean syringes, safe disposal, HIV/hepatitis testing
– Wound care, overdose prevention education
– Naloxone distribution
– No-barrier connections to treatment
– **Budget:** $1.5M annually

Overdose Prevention:
– Free naloxone distribution: Community Wellness Centers, libraries, community centers, churches
– Overdose response training for community members

– Good Samaritan law enforcement (immunity for calling 911 during overdose)
– Safe consumption site advocacy (requires state approval)
– **Budget:** $1M annually

Treatment Expansion:

Medication-Assisted Treatment (MAT):
– Gold standard for opioid addiction treatment
– Available at all 18 Community Wellness Centers
– Methadone, buprenorphine (Suboxone), naltrexone (Vivitrol)
– Combination of medication + counseling
– Low-barrier access: Same-day appointments
– **Budget:** $4M annually (included in Community Wellness Center budgets)

Residential Treatment:
– Partnerships with existing treatment facilities
– 100 subsidized treatment slots for uninsured residents
– 90-day programs for severe addiction
– Priority for pregnant women and parents
– **Budget:** $3M annually

Recovery Support Services:
– Peer recovery specialists at Community Wellness Centers
– Recovery housing assistance (Oxford Houses, sober living)
– Employment support for people in recovery
– Family support and education
– Alumni support groups
– **Budget:** $1.5M annually

Total Substance Abuse Budget: $11M annually
– Offset by reduced incarceration ($4M) and ER costs ($3M)
– **Net cost:** $4M annually

Expected Outcomes:
– 300 fewer overdose deaths annually (600→300, 50% reduction)
– 2,000+ people in MAT treatment annually
– 70% reduction in new HIV/hepatitis infections among people who inject drugs
– 60% reduction in arrests for drug possession
– $15M saved annually from reduced incarceration and emergency care

4. Maternal & Child Health Equity

See Glossary Terms: Maternal Health, Maternal Mortality, Health Equity, Community Health Worker, Prenatal Care, Doula, Health Disparities

The Crisis: Black women in Louisville die from pregnancy complications at 2.5x the rate of white women (42.1 vs 17.2 per 100,000 live births in Louisville). This isn't inevitable—it's the result of racism in healthcare and lack of support.

Comprehensive Response:

Prenatal Care Access:
– Free prenatal care at Community Wellness Centers
– Mobile prenatal clinic reaching underserved neighborhoods
– Transportation assistance to appointments
– Evening/weekend hours for working mothers
– Culturally competent providers
– **Budget:** $1.5M annually (included in Community Wellness Center budgets)

Community Health Worker Program:
– 25 CHWs providing home visits throughout pregnancy and postpartum
– Trusted community members with health training
– Monthly prenatal home visits
– Postpartum visits at 1 week, 1 month, 3 months, 6 months
– Health education, resource connections, advocacy
– Each CHW serves 40-50 pregnant/postpartum women annually
– **Total served:** 1,000-1,200 women annually
– **Budget:** $2M annually

Doula Program:
– Free doula services for low-income pregnant women
– Continuous labor support improving outcomes
– Cultural brokers navigating healthcare system
– 15 trained doulas serving 300+ women annually
– **Budget:** $750K annually

Maternal Mental Health:
– Depression/anxiety screening at all prenatal/postpartum visits
– Immediate mental health treatment at Community Wellness Centers
– Support groups for postpartum depression
– Psychiatric consultation as needed
– **Budget:** $500K annually (integrated with mental health services)

Breastfeeding Support:
– Lactation consultants at Community Wellness Centers
– Peer breastfeeding support groups
– Breast pumps for working mothers
– Workplace accommodations advocacy
– **Budget:** $250K annually

Infant Safe Sleep:
– Free cribs/pack-n-plays for families in need
– Safe sleep education
– Home safety assessments
– **Budget:** $200K annually

Total Maternal & Child Health Budget: $5.2M annually

Expected Outcomes:
– 50% reduction in Black maternal mortality disparity within 4 years
– 90%+ prenatal care initiation in first trimester (vs. current 75%)
– 30% reduction in preterm births among program participants
– 50% reduction in infant mortality in service areas
– 70% breastfeeding initiation (vs. current 55%)

5. Food Security & Nutrition Programs

See Glossary Terms: Food Desert, Food Security, SNAP Benefits, WIC, Nutrition Access, Community Garden, Food Insecurity

The Problem: West Louisville food deserts force reliance on convenience stores and fast food. Poverty limits food budgets. Result: Poor nutrition driving diabetes, heart disease, obesity.

Comprehensive Food Security Strategy:

Grocery Access:
– Economic incentives for full-service grocery stores in food deserts
– Support for cooperative grocery stores owned by community members
– Mobile grocery markets serving neighborhoods weekly
– **Budget:** $2M annually (incentives, cooperative development support)

Community Wellness Center Programming:
– Weekly farmers markets at all 18 centers
– SNAP/WIC accepted with Double Bucks program (SNAP dollars go twice as far for produce)
– Cooking classes teaching healthy meals on limited budgets
– Nutrition education and counseling
– Community gardens at centers with space
– **Budget:** $1.5M annually (integrated with Community Wellness Center operations)

SNAP/WIC Enrollment Support:
– Application assistance at Community Wellness Centers
– Advocacy for simplified enrollment
– Recertification help preventing benefit loss
– Food benefit screening ensuring all eligible receive aid
– **Budget:** $500K annually (integrated with social services)

School Meal Expansion:
– Advocacy for universal free school meals (state/federal issue)
– Summer meal sites at Community Wellness Centers and parks
– Partnership with JCPS on food security
– **Budget:** $500K annually (primarily coordination, minimal direct costs)

Emergency Food Assistance:
– Food pantry partnerships with Dare to Care and local pantries
– Emergency food vouchers through Community Wellness Centers
– Home-delivered meals for homebound seniors
– **Budget:** $1.5M annually

Urban Agriculture:
– Community garden support (tools, seeds, education)
– Urban farm development on vacant lots
– Youth agricultural employment programs
– **Budget:** $1M annually

Total Food Security Budget: $7M annually

Expected Outcomes:
– 50% reduction in food desert areas through grocery attraction
– 15,000+ households receiving SNAP/WIC enrollment support
– 10,000+ people served by farmers markets monthly
– 50 community gardens established/supported
– Reduced diet-related disease rates in service areas

Budget Summary

Total Annual Health & Human Services Budget: $77 Million

Initiative	Annual Cost	4-Year Total	People Served
Community Wellness Centers	$45M	$180M	50,000+
Mental Health Crisis Response	$18.5M ($4.5M net)	$74M ($18M net)	10,000+ crisis calls
Substance Abuse Treatment	$11M ($4M net)	$44M ($16M net)	3,000+ in treatment
Maternal & Child Health	$5.2M	$20.8M	1,200 women/infants
Food Security Programs	$7M	$28M	20,000+ households
TOTAL	**$86.7M ($77M net)**	**$346.8M ($308M net)**	**75,000+ annually**

Funding Sources (Budget-Neutral):

Revenue Offsets:
– Medicaid reimbursement for health services: $8-12M annually
– Federal grants (HRSA, SAMHSA, violence prevention): $5-8M annually
– **Total revenue: $13-20M annually**

Cost Savings:
– Reduced psychiatric ER visits: $6M annually
– Reduced incarceration of people with mental illness/addiction: $12M annually
– Reduced emergency medical care: $8M annually
– Prevented chronic disease complications: $5M annually
– **Total savings: $31M annually**

Net Investment Required: $35-45M annually within $1.2 billion budget
– Funded through reallocation from ineffective spending
– Economic development incentive reforms: $20M
– Efficiency improvements: $15M
– Other reallocations: $10M

Return on Investment:
– Every $1 in prevention saves $3-5 in treatment
– Every $1 in community health centers saves $5.60 per $1 invested in ER/hospital costs
– Health equity improvements generate tax revenue through improved workforce participation

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Implementation Timeline

First 100 Days:

1. Hire Health & Human Services Director
2. Identify first 6 Community Wellness Center locations
3. Launch co-responder pilot with 3 teams
4. Expand needle exchange to daily operations
5. Begin Community Health Worker recruitment/training
6. Convene health equity task force

Year 1:

- Open first 6 Community Wellness Centers
- 9 co-responder teams operational

- First crisis stabilization center opens
- CHW program serving 300 pregnant/postpartum women
- 3 food deserts receive grocery access support
- Measurable health outcome improvements in early service areas

Years 2-4:

- Reach 18 Community Wellness Centers operational
- All crisis response systems at full capacity
- 1,200 women served by maternal health program
- Overdose deaths reduced 30% by Year 2, 50% by Year 4
- Life expectancy gap narrows measurably
- Sustained community health improvements

Success Metrics

Health Outcomes (Measured Annually):

- Life expectancy in West Louisville neighborhoods
- Maternal mortality rates by race
- Infant mortality rates
- Chronic disease prevalence (diabetes, hypertension, asthma)
- Overdose deaths
- Mental health crisis outcomes

Service Delivery (Measured Quarterly):

- Community Wellness Center visits/participants
- Co-responder calls and outcomes
- People in substance abuse treatment
- Pregnant women receiving CHW support
- SNAP/WIC enrollment assistance provided

Equity Metrics (Measured Annually):

- Healthcare access by neighborhood
- Insurance coverage rates

- Health outcome disparities by race
- Service utilization by demographics

Cost Metrics (Measured Annually):

- ER visits for preventable conditions
- Psychiatric ER visits
- Incarceration for mental health/substance issues
- Return on investment per program

Related Glossary Terms

Full glossary at: rundaverun.org/glossary

Community Wellness Center, Social Determinants of Health, Health Equity, Community Health Worker, Mental Health Crisis, Co-Responder Model, Harm Reduction, Medication-Assisted Treatment, Maternal Health, Food Desert, SNAP Benefits, Healthcare Desert, Medicaid Expansion, Overdose Prevention, Crisis Intervention Team

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FAQ

Q: Can Louisville afford to provide healthcare when it's not the city's responsibility?

A: **Health IS Louisville's responsibility—unhealthy residents cost the city enormously.** We pay for untreated health problems through:
– Increased 911/EMS costs
– Jail costs (mental health/addiction)
– Lost tax revenue (people too sick to work)
– Reduced economic vitality

Community Wellness Centers save money by preventing expensive emergencies. Plus, much service cost is covered by Medicaid reimbursement and federal grants—not all from city budget.

Q: Why not just support existing nonprofits instead of creating new programs?

A: **We ARE partnering with existing providers** (FQHCs, health systems, nonprofits). Community Wellness Centers coordinate and expand existing services rather than replacing

them. The infrastructure (facilities, care coordination) is what's missing—nonprofits need this platform to serve more people effectively.

Q: What about people who don't want help or refuse treatment?

A: **Meeting people where they are is the approach.** Harm reduction doesn't require abstinence or treatment participation to save lives. Crisis intervention offers help but doesn't force it. Many people initially refusing treatment change their minds when offered compassionate, accessible, culturally competent services repeatedly. Engagement is a process, not an event.

Conclusion

Health equity isn't complex—it requires **political will, adequate resources, and centering the communities most harmed by current system failures.**

Dave Biggers will deliver health justice by addressing root causes, providing accessible services, and ensuring all Louisville residents can live healthy, thriving lives regardless of race or zip code.

Because health is a human right, not a privilege.

Paid for by Dave Biggers for Louisville Mayor 2026

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 50000

Children in JCPS 0 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

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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

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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

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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

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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

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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

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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

Share This Policy

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 KY
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 Select a 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.