Senior Services

Published: October 31, 2025

Category: Platform Policies: Community Wellness

SENIOR SERVICES

Dave Biggers for Louisville Mayor
Policy Area: Senior Services
Last Updated: October 30, 2025
Status: Final Draft

EXECUTIVE SUMMARY

Louisville's 137,000 residents age 65+ (18% of population; U.S. Census Bureau, ACS 2023 1-year) face a growing crisis of affordability, isolation, inadequate services, and infrastructure designed for younger, able-bodied people. As Louisville's senior population grows (from about 107,000 in 2013 to about 137,000 in 2023, ACS 1-year), our city is unprepared to serve aging residents with dignity—forcing seniors to choose between housing and healthcare, face isolation that shortens lifespan, navigate inaccessible infrastructure, and leave Louisville for cities with better senior services.

The Challenge

Louisville's senior services crisis shows up in stark numbers:

1. **Economic Insecurity:** About 23% of Louisville households headed by someone 65+ live on under $25,000 a year, and about 28,500 of them spend 30% or more of income on housing (ACS 2023 1-year)—forcing impossible choices between rent, food, healthcare, and utilities while living in one of America's wealthiest countries.

2. **Social Isolation Epidemic:** About 30% of Louisville adults 65+ living in households live alone (ACS 2023 1-year), and chronic loneliness is a real health risk for older

adults—yet Louisville has minimal programming addressing senior isolation.

3. **Aging in Place Barriers:** Many seniors want to age in their homes, but much of Louisville's housing stock has stairs, narrow doorways, and no grab bars—forcing some seniors into costly assisted living or into home conditions that lead to dangerous falls.

4. **Transportation Deserts:** Many Louisville seniors don't drive, but TARC is inaccessible for many (no bench at stops, long walks, no door-to-door service)—trapping seniors at home, isolated from healthcare, groceries, social activities, and community.

5. **Inadequate Services:** Louisville has too few senior centers, too few geriatricians, and waiting lists for home-delivered meals—our service infrastructure hasn't kept pace with growing senior population.

My Vision

I will transform Louisville into an age-friendly city where seniors thrive with economic security, social connection, accessible infrastructure, comprehensive services, and the dignity of aging in place in their communities—not forced into institutional settings or poverty.

Affordable Senior Housing & Aging in Place ($8M annually): Build affordable housing designed for seniors every year, fund home modifications enabling aging in place, and prevent senior homelessness through rental assistance—ensuring every Louisville senior has safe, affordable housing.

Senior Isolation & Wellness Programs ($6M annually): Establish senior centers in every district, expand social programming, create intergenerational connections, and provide mental health support—addressing isolation epidemic that shortens lives and reduces quality of life.

Senior Transportation & Accessibility ($5M annually): Launch door-to-door senior transit, make TARC fully accessible, provide mobility assistance, and ensure senior-friendly infrastructure—ending transportation isolation trapping seniors at home.

Aging Services Expansion ($7M annually): Expand home-delivered meals, in-home care, adult day services, caregiver support, and care coordination—enabling seniors to age in community with dignity rather than institutional settings.

Economic Security & Benefits Access ($2M annually): Ensure all eligible seniors enrolled in benefits (SNAP, housing assistance, utility assistance, healthcare), provide tax relief, prevent elder financial abuse—addressing economic insecurity forcing impossible choices.

Budget Impact

This policy requires **$28 million in new annual spending**—funded through federal aging grants ($12M), Medicaid partnerships ($6M), General Fund ($7M), and philanthropic partnerships ($3M).

Why This Matters

Louisville is aging rapidly—and we're unprepared. Louisville's 65+ population grew from about 107,000 in 2013 to about 137,000 in 2023 (ACS 1-year), now 18% of residents. Without investment, we'll face crisis: senior poverty, isolation deaths, homelessness, overwhelmed emergency services, exodus to age-friendly cities.

Social isolation is killing seniors. Research links chronic loneliness to poorer health and earlier death—yet Louisville spends minimal resources addressing isolation. **When many seniors report chronic loneliness, that's a public health emergency.**

Aging in place saves money. Keeping seniors in their homes with support generally costs less than assisted living or a nursing home, while improving quality of life. Investment in aging in place is fiscally responsible AND humane.

Inaccessible infrastructure forces institutionalization. When much of Louisville's housing lacks basic accessibility (grab bars, no-step entry, wide doorways), seniors who could age at home are forced into institutions—costing Medicare and Medicaid more while separating seniors from communities. Home modifications can prevent that costlier institutional care.

Senior poverty is solvable. About 28,500 Louisville households headed by someone 65+ spend 30% or more of income on housing (ACS 2023 1-year; 30% is the usual affordability standard)—but many don't access benefits they're eligible for. SNAP could help with food costs, yet many eligible seniors are not enrolled. Benefits access outreach costing $500K could ensure 15,000 additional seniors receive $36M in annual federal benefits.

My policy will prepare Louisville for demographic reality, end senior isolation killing thousands, enable aging in place with dignity, make infrastructure accessible, and ensure economic security. It's about honoring seniors who built Louisville—not abandoning them.

CURRENT SITUATION ANALYSIS

Louisville's Aging Demographics

Louisville's population is aging rapidly:

Current (ACS 2023 1-year, Jefferson County):
– **Total 65+:** 137,464 (17.8% of population)
– **75+:** 55,245 (7.2% of population)
– **85+:** 12,944 (1.7% of population)

The 65+ population is expected to keep growing as baby boomers age, and the oldest residents have the highest service needs.

Gender:
– Women: 56% (seniors live longer, more likely to be widowed/alone; ACS 2023 1-year)
– Men: 44%

Economic Insecurity Among Seniors

Louisville seniors face severe economic challenges:

Income Distribution (households headed by someone 65+, ACS 2023 1-year):
– **<$15,000:** 12% (10,539 households)
– **$15,000-$24,999:** 11% (9,929 households)
– **$25,000-$49,999:** 26% (22,909 households)
– **$50,000+:** 51% (44,437 households)

Total: 23% of these households (20,468) live on under $25,000 a year—a tight budget for housing, food, healthcare, and utilities in Louisville.

Housing Cost Burden:
– **Households headed by someone 65+ spending 30% or more of income on housing (cost-burdened):** 32% (28,477 households)
– **Renters 65+:** 55% (9,464 of 17,207); **owners 65+:** 27% (19,013 of 70,607)
– **Severe burden (50%+):** not reported in these Census tables

Food Insecurity:
– Many seniors struggle to afford enough nutritious food, and many who qualify for SNAP are not enrolled

Healthcare Costs:
– Some seniors lack prescription drug coverage, some skip medications because of cost, and out-of-pocket health costs take a large share of a fixed income

Utilities:
– Some seniors are disconnected from utilities for non-payment
– Some seniors must choose between heat and food in winter

Financial Abuse:
– Some seniors are targeted by scams, predatory lending, and theft by family members

Social Isolation Crisis

Louisville seniors face epidemic loneliness:

Living Arrangements:
– **Live alone:** 30% (40,258 seniors)
– **Live with a spouse:** 51% (67,274 seniors—at risk if spouse predeceases)
– **Live with an unmarried partner:** 4% (4,791 seniors)
– **Live with other relatives or nonrelatives:** 16% (20,767 seniors; ACS 2023 1-year, adults 65+ living in households)

Social Isolation:
– Many seniors report chronic loneliness, have few close friends, or go days without speaking to anyone

Health Consequences of Isolation:

Research proves social isolation as harmful as major health risks:

Risk Factor	Increased Mortality Risk	Louisville Seniors Affected
Social Isolation	26-32%	—
Loneliness	26%	—
Smoking 15 cigarettes/day	25%	Comparison
Obesity	23%	—
Physical inactivity	20%	—

Plus:
– Isolated seniors face a higher risk of dementia, depression, heart disease, and stroke

Current Programming Inadequate:

Louisville’s senior social programming:
– **Senior Centers:** too few citywide for the number of seniors
– **Operating Hours:** Limited hours exclude working family caregivers from bringing seniors
– **Geographic Access:** many seniors live far from the nearest senior center
– **Transportation to Centers:** Limited—many seniors can’t access programming even if it exists

Aging in Place Challenges

Many Louisville seniors want to age at home—but infrastructure doesn’t support it:

Housing Accessibility:

Much of Louisville’s housing stock was built for younger, able-bodied people, and many homes

lack features that make aging in place safe, such as no-step entry, single-floor living, wide doorways, and grab bars.

Consequences:

Falls:
– Falls send many older Louisville residents to the emergency room and the hospital every year, at a large cost to Medicare, Medicaid, and families

Many falls are preventable through home modifications such as grab bars in bathrooms, stair railings, better lighting, and removing trip hazards.

Cost of Modifications vs. Institutionalization:
– **Home modifications:** a one-time cost
– **Assisted living and nursing home care:** ongoing monthly costs that run much higher over time

Home modifications cost far less than institutional care—yet Louisville has minimal home modification assistance.

Current Assistance Inadequate:

- **Home modification programs:** Louisville's programs are small and reach only a fraction of the seniors who need modifications

In-Home Care Shortage:

For seniors needing assistance with daily activities (bathing, dressing, meals):

- **Seniors needing assistance:** many older adults need help with bathing, dressing, or meals
- **Home health aide capacity:** does not meet the need
- **Waiting lists:** for home-delivered meals and in-home care

Result: Seniors forced into institutional care prematurely—or left in unsafe home conditions.

Transportation Barriers

Many Louisville seniors don't drive—but transit infrastructure doesn't serve them:

Senior Non-Drivers:
– Many Louisville seniors do not drive, some because of age-related impairment

TARC Accessibility Problems:

While TARC buses are wheelchair-accessible, system design excludes many seniors:

Physical Barriers:
– **Bus stops without benches or shade:** seniors can't stand for long waits, and shade matters in the heat
– **Long walks to stops:** difficult for seniors with mobility limitations
– **High steps:** Even "accessible" buses have steps challenging for those with limited mobility

Service Design Barriers:
– **No door-to-door service:** Seniors must get to bus stop (often impossible)
– **Complex routes:** Cognitive impairment makes navigation difficult
– **Long trip times:** Transfers extend trips to 60-90 minutes (exhausting for frail seniors)
– **Limited evening/weekend service:** Excludes social activities outside weekday business hours

TARC3 (Paratransit) Problems:
– **Eligibility:** Only for people unable to use fixed-route—many seniors don't qualify despite difficulty
– **Reservation required:** Must book in advance (doesn't work for medical appointments, spontaneous social activities)
– **Wait times:** can be long
– **Capacity:** Serves only a small share of non-driving seniors

Consequences of Transportation Barriers: seniors without reliable transportation miss medical appointments, grocery trips, social activities, religious services, and family visits.

Result: Transportation isolation compounds social isolation—seniors trapped at home, unable to access healthcare, food, community.

Service Gaps

Louisville's aging services infrastructure inadequate for population:

Senior Centers:
– Louisville has too few senior centers for its number of seniors

Home-Delivered Meals:
– Capacity falls short of the number of homebound seniors who need meals

Adult Day Services:
– Capacity falls short of the need (provides respite for caregivers, social engagement for seniors)

In-Home Care:
– Capacity falls short of the number of seniors needing help with daily activities

Geriatric Healthcare:

– Louisville has too few geriatricians for its growing senior population

Care Coordination:
– Many seniors with chronic conditions need care coordination, and too few coordinators are available
– **Result:** Fragmented care, medication errors, preventable hospitalizations

The Major Problems

1. Economic Insecurity Forcing Impossible Choices

About 23% of households headed by someone 65+ (20,468) live on under $25,000 a year, and about 28,500 spend 30% or more of income on housing (ACS 2023 1-year):

Consequences:
– Choosing between rent and food
– Skipping medications
– Utility disconnections
– Risk of homelessness

Meanwhile: Many eligible seniors don’t access benefits:
– Many seniors eligible for SNAP are not enrolled
– Many eligible seniors are not enrolled in housing assistance
– Medicare savings programs underutilized

2. Social Isolation Epidemic Shortening Lives

Many seniors report chronic loneliness, which research links to serious health harm:

Health consequences:
– Shorter lifespan
– Higher risk of dementia
– Higher rates of depression

Current response inadequate:
– Too few senior centers
– Many seniors live far from the nearest center
– Limited programming, waiting lists

Every year of inaction, hundreds of Louisville seniors die prematurely from isolation.

3. Aging in Place Infrastructure Crisis

Many seniors want to age at home, but:
– Many homes lack basic accessibility features

– Home modification help reaches only a small share of seniors who need it
– Seniors are on waiting lists for home care
– Result: Forced institutionalization or dangerous home conditions

Falls:
– Falls send many seniors to the ER and the hospital
– Falls carry heavy costs for Medicare, Medicaid, and families
– Many are preventable through home modifications

4. Transportation Isolation Trapping Seniors at Home

Many seniors don't drive, but transit doesn't serve them:
– Many bus stops lack benches (can't wait standing)
– No door-to-door service for those who can't walk to stops
– TARC3 serves only a small share of non-driving seniors

Result:
– Missed medical appointments
– Missed grocery trips
– Missed social activities
– Transportation isolation compounds social isolation

5. Service Infrastructure Hasn't Kept Pace with Aging Population

As the senior population grows, service capacity is falling behind:
– More senior centers needed
– Seniors waiting for home-delivered meals
– Seniors needing in-home care are not receiving it
– Shortage of geriatricians

Without investment, crisis will worsen as population ages.

MY VISION: AGE-FRIENDLY LOUISVILLE

I envision a Louisville where:

Every senior has safe, affordable housing enabling aging in place with dignity—not forced into institutional settings or homelessness due to inaccessibility or cost.

No senior is isolated, with senior centers in every neighborhood, robust social programming, intergenerational connections, and community integration—not lonely isolation that shortens lives.

Seniors can access their city, with door-to-door transportation, accessible infrastructure, and mobility support—not trapped at home unable to reach healthcare, groceries, or community.

Comprehensive services enable aging in community with meals, in-home care, adult day services, and care coordination—not waiting lists and unmet needs.

Economic security is ensured through benefits access, rental assistance, tax relief, and elder abuse prevention—not impossible choices between housing, food, and healthcare.

Core Principles

1. **Aging in Place:** Seniors should be able to remain in homes and communities as long as safely possible—not forced into institutions due to lack of support.

2. **Dignity & Independence:** Services should enhance senior autonomy, not create dependence or infantilize—seniors make own decisions with support as needed.

3. **Social Connection as Health:** Address isolation with same urgency as chronic disease—loneliness kills, and prevention requires social infrastructure.

4. **Universal Design:** Infrastructure should serve people of all ages and abilities—accessibility benefits everyone, not just seniors.

5. **Economic Justice:** Seniors who built Louisville deserve economic security—not poverty after lifetime of work.

Four-Year Goals

By the end of my first term:

- **Build affordable senior housing every year** and fund home modifications for aging in place
- **Establish senior centers in 12 additional neighborhoods** (18 total, 1 per 6,400 seniors)
- **Reduce senior isolation** to <20% through programming and social infrastructure
- **Launch door-to-door senior transit** serving 5,000+ seniors annually
- **Eliminate waiting lists** for home-delivered meals (serving 5,000 seniors daily)
- **Enroll 90% of eligible seniors in benefits** (SNAP, housing assistance, Medicare savings)

- **Reduce senior falls 40%** through home modifications and prevention programs
- **Make Louisville nationally recognized age-friendly city** through WHO Age-Friendly Cities certification

---

DETAILED POLICY PROPOSALS

PROPOSAL 1: Affordable Senior Housing & Aging in Place ($8M annually)

The Problem: About 28,500 households headed by someone 65+ spend 30% or more of income on housing (ACS 2023 1-year), many senior-occupied homes lack basic accessibility, and few seniors receive home modifications enabling aging in place—forcing seniors into unaffordable, inaccessible housing or premature institutionalization.

My Solution:

Launch **Affordable Senior Housing & Aging in Place Initiative** building affordable senior housing every year, funding home modifications, preventing senior homelessness, and ensuring every Louisville senior has safe, affordable, accessible housing.

Program Components:

A. Affordable Senior Housing Development ($4M annually)

(Coordinates with Affordable Housing)

Build and support affordable senior housing three ways:

- **Senior-Specific Affordable Housing:** Fund development of new units every year specifically designed for seniors (single-floor, accessible, community spaces, service coordination on-site)—$2.5M annual subsidy leveraging $25M in federal/private capital

- **Naturally Occurring Retirement Communities (NORC) Support:** Support aging-in-place in existing apartment buildings with high concentrations of seniors—fund service coordinators, social programming, accessibility modifications ($500K annually, 10 NORCs serving 1,200 seniors)

- **Senior Co-Housing:** Support development of senior co-housing communities combining private units with shared common spaces, meals, activities—model proven to reduce isolation while maintaining independence ($1M over 4 years)

B. Home Modification Program ($2.5M annually)

Help seniors age in place through home modifications:

- **Comprehensive Modifications:** Fund $5,000 average in home modifications per senior (grab bars, wheelchair ramps, walk-in showers, stair lifts, wider doorways, lever handles, improved lighting)—$2.5M annually
- **Priority:** Seniors at fall risk, with mobility impairments, or facing forced institutionalization
- **Sliding Scale:** Free for seniors <80% AMI, 50% cost-share for 80-120% AMI
- **Contractor Network:** Vetted contractors trained in aging-in-place modifications, fair pricing

C. Senior Homelessness Prevention ($1M annually)

Prevent seniors from becoming homeless:

- **Emergency Rental Assistance:** Short-term rental assistance (up to 6 months) for seniors facing eviction due to temporary financial crisis ($600K annually, ~500 seniors)
- **Utility Assistance:** Emergency utility assistance preventing disconnections ($200K annually, ~800 seniors)
- **Foreclosure Prevention:** Counseling and financial assistance for senior homeowners facing foreclosure ($200K annually, ~60 seniors)

D. Naturally Occurring Affordable Housing Preservation ($500K annually)

Prevent loss of affordable senior housing to market-rate conversion:

- **Acquisition Support:** Help nonprofits acquire older apartment buildings where seniors live affordably—preventing sale to developers who would renovate and displace seniors

- **Affordability Covenants:** Long-term affordability restrictions on preserved housing

Implementation Timeline:
– **Months 1-6:** Issue RFPs for senior housing development, establish home modification contractor network, launch homelessness prevention
– **Months 7-12:** Begin first senior housing development, complete the first home modifications, prevent 1,000 evictions/disconnections
– **Year 2:** First senior housing operational, home modifications completed annually, NORC program at 5 buildings
– **Years 3-4:** More senior housing open every year, more home modifications every year, senior homelessness declining

Success Metrics:
– Affordable senior housing units created (Target: new units every year)
– Home modifications completed (Target: more every year, seniors at fall risk first)
– Seniors prevented from homelessness (Target: 2,000 over 4 years)
– Senior housing cost burden (Target: <25% of seniors cost-burdened)
– Forced institutionalization (Target: 30% reduction through aging-in-place support)

Peer City Examples:
– **Boston:** Runs a home modification program for seniors
– **Portland, OR:** Has senior co-housing communities that support independence and connection
– **Seattle:** Supports NORC programs that help seniors age in place in apartment buildings

---

PROPOSAL 2: Senior Isolation & Wellness Programs ($6M annually)

The Problem: Many seniors report chronic loneliness, but Louisville has too few senior centers and minimal programming addressing the isolation epidemic that harms seniors' health.

My Solution:

Launch comprehensive **Senior Isolation & Wellness Programs** establishing 12 additional senior centers, expanding social programming, creating intergenerational connections, and providing mental health support—addressing isolation crisis with same urgency as chronic disease.

Program Components:

A. Senior Center Expansion ($3M annually)

Establish senior centers in every district:

- **New Centers:** Open 3 new senior centers annually in underserved neighborhoods (12 total over 4 years, reaching 18 citywide)—($2.4M annually operations after $6M capital over 4 years)
- **Programming:** Each center offers fitness classes, arts/crafts, educational programs, social events, health screenings, benefits assistance, meal programs
- **Extended Hours:** Evening and weekend hours to accommodate working family caregivers bringing seniors
- **Transportation:** Free shuttle service from neighborhoods to centers
- **Staffing:** Each center has director, activities coordinator, social worker, volunteers

B. Social Connection Programming ($1.5M annually)

Intensive programming addressing isolation:

- **Friendly Visitor Program:** 200 trained volunteers visit isolated seniors weekly for companionship, conversation, connection to resources ($400K annually for coordinator, volunteer training, background checks)
- **Telephone Reassurance:** Daily check-in calls for isolated seniors living alone—ensures safety, provides human connection ($200K annually, automated system + volunteer callers, 2,000 seniors)
- **Senior Social Clubs:** Fund 40 neighborhood-based social clubs (book clubs, gardening clubs, walking groups, hobby groups) meeting weekly ($200K annually, $5K per club)
- **Intergenerational Programs:** Connect seniors with youth through mentoring, tutoring, shared activities—benefits both generations ($300K annually coordinating with schools, youth programs)
- **Pet Companionship:** Provide companion animals for isolated seniors—including veterinary care assistance ($200K annually, ~400 seniors)

- **Technology Training:** Teach seniors video calling, email, social media to connect with distant family/friends ($200K annually, classes at senior centers, 2,000 seniors trained)

C. Mental Health & Wellness Support ($1M annually)

Address mental health crisis among isolated seniors:

- **Senior Mental Health Services:** Therapists specializing in senior issues (grief, life transitions, depression, anxiety) embedded at senior centers—free/low-cost services ($600K annually, 6 therapists serving 1,200 seniors)

- **Grief Support Groups:** Facilitated groups for seniors dealing with loss of spouse, friends (many seniors lose a spouse, and many experience complicated grief)—($100K annually, 600 participants)

- **Depression Screening:** Universal depression screening at senior centers with immediate connections to treatment ($100K annually)

- **Suicide Prevention:** Gatekeeper training for senior center staff, home care workers, volunteers to identify suicide risk ($100K annually)

- **Caregiver Support Groups:** For family members caring for aging relatives (caregivers often experience depression)—($100K annually, 800 caregivers)

D. Evidence-Based Wellness Programs ($500K annually)

Programs proven to improve senior health and reduce isolation:

- **Tai Chi for Fall Prevention:** Classes at all senior centers—helps prevent falls plus social connection ($150K annually, 1,500 participants)

- **Chronic Disease Self-Management:** Stanford program for seniors with diabetes, heart disease, arthritis—improves outcomes, reduces hospitalizations ($150K annually, 800 participants)

- **Walk with Ease:** Arthritis Foundation walking program combining physical activity with social connection ($100K annually, 600 participants)

- **Mind-Body Programs:** Yoga, meditation, gentle exercise for seniors ($100K annually, 1,000 participants)

Implementation Timeline:
– **Months 1-6:** Open first 2 new senior centers, launch friendly visitor program with 100 volunteers, begin technology training
– **Months 7-12:** 2 more centers open (4 new total), friendly visitors serving 800 seniors, mental health services at centers
– **Years 2-4:** 3 centers opening annually, all programming at scale, isolation rate declining

Success Metrics:
– Senior centers (Target: 18 total by Year 4)
– Seniors participating in social programming (Target: 35,000 annually)
– Isolation rate (Target: <20% report chronic loneliness)
– Senior center usage (Target: 50% of seniors use centers annually)
– Mental health treatment access (Target: 80% of seniors with depression receiving treatment)

Peer City Examples:
– **New York:** Has a friendly visitor program for isolated seniors
– **San Francisco:** Has a network of senior centers
– **Portland:** Runs intergenerational programs that connect seniors with youth

---

PROPOSAL 3: Senior Transportation & Accessibility ($5M annually)

The Problem: Many seniors don’t drive, but TARC is inaccessible for many (no benches at stops, long walks, no door-to-door service)—resulting in missed medical appointments, groceries, and social activities due to transportation barriers.

My Solution:

Launch **Senior Transportation & Accessibility Initiative** with door-to-door senior transit, TARC accessibility improvements, mobility assistance, and senior-friendly infrastructure—ensuring every senior can access healthcare, food, services, and community.

Program Components:

A. Door-to-Door Senior Transit ($2.5M annually)

Create accessible transportation for seniors who can’t use TARC:

- **Senior Ride Program:** On-demand door-to-door transportation for seniors 65+ through partnership with Lyft/Uber + volunteer drivers—subsidized $5/ride for seniors, city pays difference ($1.8M annually, 150,000 rides/year serving 5,000 seniors)

- **Medical Transportation:** Free transportation to medical appointments for low-income seniors ($400K annually through Medicaid partnership, 20,000 rides/year)

- **Grocery Shuttle:** Weekly shuttle from senior housing complexes and neighborhoods to grocery stores, farmers markets ($200K annually, serving 2,000 seniors)

- **Social Activity Transportation:** Transportation to senior centers, religious services, social events ($100K annually)

B. TARC Senior Accessibility Improvements ($1.5M annually)

Make fixed-route transit more senior-friendly:

- **Bus Stop Amenities:** Install benches and shade shelters at 200 high-senior-use stops ($1M Year 1, $200K annual maintenance)

- **Senior Ambassadors:** Train 40 senior volunteers as TARC ambassadors helping other seniors navigate system, providing accompaniment for anxious riders ($200K annually)

- **Simplified Routes:** Create simplified route maps, large-print schedules, color-coded signage for seniors with vision/cognitive impairment ($100K)

- **Real-Time Arrival Info:** Digital displays and phone hotline with real-time bus arrival times (reduces wait time anxiety) ($200K capital, $50K annually)

- **Senior TARC Card:** Free TARC for seniors 65+ (currently pay reduced fare)—removes cost barrier ($950K annually in lost fare revenue)

C. Mobility Assistance Program ($500K annually)

Help seniors maintain mobility:

- **Walker/Wheelchair Loans:** Free loan of walkers, wheelchairs, scooters for seniors

who can't afford ($200K annually, equipment + maintenance, serving 800 seniors)

- **Physical Therapy:** Subsidized physical therapy for fall prevention, mobility improvement ($200K annually, 400 seniors)

- **Vision Assistance:** Free vision screening and subsidized glasses for low-income seniors (vision loss major factor in driving cessation) ($100K annually, 600 seniors)

D. Pedestrian Safety & Accessibility ($500K annually)

(Coordinates with Infrastructure & Transportation)

Make streets safer for seniors:

- **Crosswalk Timing:** Extend crossing times at signals near senior housing, senior centers (seniors walk slower) ($100K)

- **Senior Crossing Zones:** High-visibility crossings with flashing beacons near senior centers ($150K, 20 locations)

- **Sidewalk Priority Repair:** Fast-track sidewalk repair near senior housing (trip hazards cause falls) ($250K annually)

Implementation Timeline:
– **Months 1-3:** Launch Senior Ride program with Lyft/Uber, begin bus stop improvements, free TARC for seniors
– **Months 4-6:** 100 bus stops with benches/shade, senior ambassadors trained, medical transportation operational
– **Months 7-12:** Senior Ride serving 2,500 seniors, 200 bus stops improved, mobility equipment program launched
– **Years 2-4:** Scale Senior Ride to 5,000 seniors, all bus stop improvements complete, transportation barriers declining

Success Metrics:
– Seniors using door-to-door transit (Target: 5,000 annually by Year 4)
– Seniors missing medical appointments due to transportation (Target: <10%)
– Seniors unable to grocery shop due to transportation (Target: <15%)
– Seniors using TARC (Target: 40% increase with free fares and accessibility improvements)
– Transportation satisfaction (Target: 75% of seniors satisfied with transportation access)

Peer City Examples:

– **Denver:** Has a senior ride program
– **Seattle:** Offers free transit for seniors
– **Austin:** Offers door-to-door service for seniors who cannot use fixed-route transit

---

PROPOSAL 4: Aging Services Expansion ($7M annually)

The Problem: Louisville has seniors waiting for home-delivered meals, seniors needing in-home care who are not receiving it, and insufficient adult day services, care coordination, and caregiver support—forcing premature institutionalization and family caregiver burnout.

My Solution:

Launch **Aging Services Expansion** eliminating waiting lists for meals, doubling in-home care capacity, expanding adult day services, and providing care coordination and caregiver support—enabling seniors to age in community with dignity.

Program Components:

A. Home-Delivered Meals Expansion ($2M annually)

Eliminate 800-person waiting list and expand to serve all in need:

- **Meal Capacity:** Expand from 1,800 to 5,000 seniors served daily (3,200 additional)—$2M annually ($2.50 per meal × 320,000 additional meals/year)
- **Nutrition Quality:** Meals designed for senior nutritional needs (low-sodium, diabetic-friendly, texture-modified for swallowing difficulties)
- **Social Connection:** Delivery drivers trained to check on seniors, identify concerns (welfare checks)
- **Weekend Meals:** Add Saturday/Sunday delivery (current program weekdays only)

B. In-Home Care Expansion ($2.5M annually)

Double in-home care capacity:

- **Home Health Aides:** Fund 400 additional home health aide positions providing assistance with bathing, dressing, meals, medication management ($2M annually,

serving 6,000 additional seniors)

- **Personal Care Services:** Light housekeeping, meal preparation, companionship for seniors needing less intensive support ($300K annually, 1,200 seniors)

- **Respite Care:** Temporary in-home care providing respite for family caregivers (preventing burnout) ($200K annually, 800 families)

C. Adult Day Services ($1.5M annually)

Expand adult day centers providing daytime programming, meals, health monitoring:

- **New Centers:** Establish 3 new adult day centers (40 participants each) in underserved areas ($900K annual operations after $2M capital)

- **Existing Center Support:** Subsidize costs for low-income seniors at existing adult day centers ($300K annually, 200 seniors)

- **Specialized Programming:** Memory care programming for seniors with dementia, social activities, health monitoring

- **Caregiver Relief:** Adult day services allow family caregivers to work, reducing financial strain and burnout

D. Care Coordination ($500K annually)

Ensure seniors navigate fragmented healthcare system:

- **Care Coordinators:** Hire 20 care coordinators (nurses or social workers) helping seniors manage medications, appointments, transitions from hospital to home ($400K annually, each serving 200 seniors = 4,000 seniors)

- **Evidence:** Care coordination programs can reduce hospitalizations and ER visits and improve medication adherence

- **Transition Support:** Intensive support for seniors leaving hospital (highest-risk period for complications)

E. Caregiver Support Services ($500K annually)

Support family caregivers (who provide much of senior care):

- **Caregiver Training:** Free training in caregiving skills (bathing assistance, medication management, dementia care, transfer techniques) ($150K annually, 1,500 caregivers)
- **Caregiver Support Groups:** Facilitated groups providing emotional support, resource sharing, stress management ($100K annually, 800 caregivers)
- **Caregiver Counseling:** Mental health support for caregivers experiencing depression, burnout ($150K annually, 600 caregivers)
- **Emergency Respite:** Emergency backup care when family caregiver is sick or needs break ($100K annually)

Implementation Timeline:
– **Months 1-6:** Expand meal program to 3,000 seniors (eliminating waiting list), hire 200 home health aides, begin caregiver training
– **Months 7-12:** Meals reaching 4,000 seniors, 400 home health aides hired, first new adult day center opens, care coordinators serving 2,000 seniors
– **Years 2-4:** All 5,000 seniors needing meals served, in-home care doubled, 3 new adult day centers, care coordination for 4,000 seniors

Success Metrics:
– Home-delivered meals waiting list (Target: Zero by Year 2)
– Seniors served by in-home care (Target: 14,400 by Year 4)
– Adult day service slots (Target: 360)
– Seniors with care coordination (Target: 4,000 by Year 4)
– Nursing home admission rate (Target: 25% reduction through aging-in-place support)
– Caregiver burnout (Target: 40% reduction through support services)

Peer City Examples:
– **San Francisco:** Runs a home-delivered meals program for seniors
– **Minneapolis:** Runs a care coordination program aimed at reducing hospitalizations and ER visits
– **Boston:** Expanded adult day services to help keep seniors out of nursing homes

PROPOSAL 5: Economic Security & Benefits Access ($2M annually)

The Problem: About 23% of households headed by someone 65+ live on under $25,000 a year and about 28,500 spend 30% or more of income on housing (ACS 2023 1-year), but many don't access benefits they're eligible for—many eligible seniors are not enrolled in SNAP, many are not getting housing assistance, and Medicare savings programs are underutilized.

My Solution:

Launch **Economic Security & Benefits Access Initiative** ensuring all eligible seniors enrolled in benefits (SNAP, housing assistance, utility assistance, Medicare savings), providing tax relief, preventing elder financial abuse—addressing economic insecurity forcing impossible choices.

Program Components:

A. Benefits Enrollment Outreach ($800K annually)

Aggressive outreach enrolling all eligible seniors in benefits:

- **Benefits Navigators:** Hire 16 benefits navigators (1 per senior center + outreach locations) helping seniors enroll in SNAP, housing assistance, Medicaid, Medicare savings programs, utility assistance ($640K annually, $40K per navigator)
- **Target:** Enroll 90% of eligible seniors in SNAP
- **Outreach Methods:** Door-to-door in senior housing, presentations at senior centers, partnerships with churches, medical offices
- **Application Assistance:** Navigators help complete applications, gather documentation, follow up—overcoming bureaucratic barriers
- **Annual Recertification Help:** Ensure seniors don't lose benefits due to recertification difficulties

B. Senior Property Tax Relief ($600K annually)

Prevent seniors from losing homes due to property tax increases:

- **Circuit Breaker Expansion:** Expand property tax circuit breaker (caps taxes at % of income) to cover more seniors—currently limited to seniors under an income cap,

expand to <$50,000 ($600K annual revenue foregone, protecting 800 additional homeowners)

- **Deferred Tax Program:** Allow eligible seniors to defer property tax increases with lien on property payable when sold or transferred—prevents forced sale

C. Utility Assistance ($400K annually)

Prevent utility disconnections:

- **Emergency Utility Assistance:** Emergency grants preventing disconnections for seniors facing one-time financial crisis ($300K annually, ~1,200 seniors)

- **Weatherization:** Home weatherization (insulation, weather stripping, efficient appliances) reducing utility costs for low-income seniors ($100K annually)

D. Elder Financial Abuse Prevention ($200K annually)

Protect seniors from scams and exploitation:

- **Financial Literacy:** Workshops educating seniors about scams, predatory lending, financial safety ($50K annually, 2,000 participants)

- **Legal Assistance:** Free legal help for seniors experiencing financial exploitation by family members, caregivers, scammers ($100K annually through Legal Aid partnership, 200 cases)

- **Rapid Response Team:** Team of social worker + attorney + law enforcement responding to financial abuse reports ($50K annually)

Implementation Timeline:
– **Months 1-3:** Hire benefits navigators, launch SNAP outreach, begin financial abuse prevention
– **Months 4-6:** 5,000 additional seniors enrolled in SNAP, property tax relief implemented, utility assistance operational
– **Months 7-12:** 15,000 additional seniors enrolled in benefits, financial abuse prevention serving 400 seniors
– **Years 2-4:** 90% of eligible seniors enrolled in benefits, property tax relief protecting 800 homeowners, financial abuse declining

Success Metrics:
– SNAP enrollment among eligible seniors (Target: 90%)
– Seniors accessing housing assistance (Target: 75% of eligible)
– Senior poverty rate (Target: <18% living on <$25,000)
– Seniors losing homes to property tax increases (Target: <50 annually)
– Utility disconnections (Target: <1,000 annually)
– Reported financial exploitation (Target: 40% reduction through prevention)

Peer City Examples:
– **Philadelphia:** Ran a benefits enrollment initiative to raise senior SNAP participation
– **Seattle:** Has a property tax relief program for senior homeowners
– **New York:** Runs financial abuse prevention through education and rapid response

---

BUDGET SUMMARY

Total Annual Investment: $28 Million

Program	Annual Cost	Funding Source
Affordable Senior Housing & Aging in Place	$8M	Federal aging/housing grants ($4M), Medicaid ($2M), General Fund ($2M)
Senior Isolation & Wellness Programs	$6M	Federal Older Americans Act ($3M), General Fund ($2M), Philanthropy ($1M)
Senior Transportation & Accessibility	$5M	Federal transit grants ($2M), General Fund ($2M), Medicaid ($1M)
Aging Services Expansion	$7M	Federal aging grants ($3M), Medicaid partnerships ($3M), General Fund ($1M)
Economic Security & Benefits Access	$2M	General Fund ($2M)
Federal Older Americans Act Grants & AARP Partnership	$2M	Additional federal senior services grants and partnership support

Funding Sources Detail

Federal Aging Grants – $14M annually:

Louisville significantly underutilizes federal aging funding:

- **Older Americans Act (OAA):** federal funds available for senior centers, meals, transportation, and caregiver support
- **Community Development Block Grant (CDBG):** federal funds for senior housing and facilities

- **Housing & Urban Development (HUD) Section 202:** federal capital for senior affordable housing
- **Federal Transit Administration (FTA) Enhanced Mobility:** federal funds for senior/disability transportation
- **Total:** the budget assumes $12M in federal grants

Medicaid Partnerships – $6M annually:

Medicaid benefits from keeping seniors in community vs. nursing homes:

- **Medicaid Home & Community-Based Services (HCBS):** Federal/state Medicaid pays for in-home care, adult day services for eligible seniors—city co-investment leverages 3:1 federal match
- **Partnership Model:** Louisville invests $2M, Medicaid contributes $6M, total $8M for services
- **Savings:** Keeping seniors in the community instead of nursing homes can save Medicaid money

Philanthropic Partnerships – $1M annually:

Local and national foundations support senior services:

- **Louisville Community Foundation:** Senior wellness programs
- **National Foundations:** AARP Foundation, RRF Foundation, others supporting age-friendly cities
- **Corporate:** Humana Foundation, local corporate philanthropy

General Fund Allocation – $7M annually:

New General Fund spending on senior services:

- **Increase:** $7M in new annual General Fund senior services investment
- **Justification:** Aging in place costs less than institutional care—fiscally responsible
- **Distribution:** Housing/Aging in Place ($2M), Isolation & Wellness ($2M), Transportation ($2M), Aging Services ($1M), Economic Security ($2M including SNAP outreach)

Budget Impact on Louisville Metro

Total New Investment: $28M annually represents 2.5% of Louisville Metro's $1.13 billion operating budget.

Combined spending across policies is not added up page by page any more: each policy's

Metro share is placed once, in the reallocation ledger behind the Executive Budget Summary, which spends exactly the adopted $1,125,931,500.

Healthcare Cost Savings:

This investment generates substantial Medicaid/Medicare savings:

Avoided Institutionalization:
– Aging-in-place support is expected to reduce nursing home admissions and the Medicaid costs that go with them.

Total Healthcare Savings: Fewer hospital and nursing home stays, which I will measure and report publicly.

Economic Activity:

Senior services generate economic activity:

Direct Employment:
– **Jobs created:** 400+ (senior center staff, home health aides, care coordinators, benefits navigators, etc.)
– **Wages:** $14M annually (average $35K wage)

Retained Seniors:
– Better services may help keep some seniors in Louisville.

Construction/Modification:
– **Home modifications:** $10M over 4 years
– **Senior housing construction:** $100M capital over 4 years
– **Economic multiplier:** 1.5x = $165M total economic impact

Total Annual Economic Benefit: Expected to be significant; I will measure and report it publicly.

Distribution by Focus Area

Focus Area	Annual Investment	% of Total
Affordable Housing & Aging in Place	$8M	29%
Aging Services (Meals, Care, Coordination)	$7M	25%
Isolation & Wellness	$6M	21%
Transportation & Accessibility	$5M	18%
Economic Security & Benefits	$2M	7%

Equity Allocation

Priority for economically vulnerable seniors:

- **Affordable Housing:** 100% focused on low-income seniors ($8M)
- **Home Modifications:** 100% for low/moderate income seniors (free to sliding scale) ($2.5M of $8M)
- **Services:** Prioritize low-income, isolated, at-risk seniors ($7M)
- **Benefits Access:** 100% focused on low-income seniors not accessing benefits ($2M)
- **Total:** ~$19.5M (70%) specifically targets economically vulnerable seniors

Geographic Equity:

- Senior centers established in underserved neighborhoods (West Louisville, South End, inner-ring)
- Home modifications prioritize neighborhoods with older housing stock
- Transportation serves areas with limited TARC access

FOUR-YEAR IMPLEMENTATION TIMELINE

Year 1: Foundation & Service Expansion

Housing & Aging in Place:
– Begin first senior housing development
– Complete the first home modifications
– Prevent 500 evictions/utility disconnections through emergency assistance
– NORC program launches at 3 buildings

Isolation & Wellness:
– Open 2 new senior centers (8 total)
– Friendly visitor program launches with 100 volunteers serving 800 seniors
– Mental health services begin at senior centers
– Technology training for 500 seniors

Transportation:
– Senior Ride door-to-door program launches, serving 2,500 seniors
– Free TARC for all seniors 65+ begins
– Install benches/shade at 100 bus stops
– Medical transportation operational (10,000 rides)

Services:
– Expand home-delivered meals from 1,800 to 3,000 seniors (eliminating waiting list)
– Hire 200 home health aides (3,000 additional seniors served)
– First new adult day center opens (40 participants)

– Hire 10 care coordinators serving 2,000 seniors

Economic Security:
– Hire 16 benefits navigators
– Enroll 5,000 additional seniors in SNAP
– Property tax relief for 400 homeowners
– Financial abuse prevention serving 400 seniors

Year 1 Outcomes:
– First home modifications completed
– 2 new senior centers (8 total)
– 2,500 seniors using door-to-door transit
– Meal waiting list eliminated
– 5,000 additional seniors enrolled in benefits

Year 2: Scaling & Impact

Housing:
– First senior housing development opens
– Second development begins
– More home modifications completed
– NORC program at 6 buildings

Isolation:
– 2 more senior centers open (10 total)
– Friendly visitors serving 1,600 seniors
– 10,000 seniors participating in center programming
– Isolation rate declining

Transportation:
– Senior Ride serving 4,000 seniors
– All 200 priority bus stops improved
– Free TARC increasing senior ridership 120%

Services:
– 4,000 seniors receiving home-delivered meals
– 400 home health aides (6,000 additional seniors served—11,400 total)
– 2 adult day centers operational (320 participants total)
– 20 care coordinators serving 4,000 seniors

Economic Security:
– 15,000 additional seniors enrolled in SNAP (20,000 total over 2 years)
– 600 homeowners receiving property tax relief
– Senior poverty rate declining

Year 2 Metrics:
– First senior housing open and occupied
– Home modifications completed every year
– 10 senior centers
– Isolation rate declining
– Meal waiting list: zero
– SNAP enrollment: 63% of eligible

Year 3: Transformation Visible

Housing:
– More senior housing operational, more under construction
– More home modifications completed
– NORC program at 10 buildings

Isolation:
– 13 senior centers operational
– Friendly visitors serving 2,000+ seniors
– 18,000 seniors participating in programming
– Isolation rate: 25%

Transportation:
– Senior Ride serving 5,000 seniors
– Medical appointments missed due to transportation: 15%

Services:
– 4,500 seniors receiving meals
– In-home care serving 13,000+ seniors
– 3 adult day centers (360 participants)
– Nursing home admissions declining 20%

Economic Security:
– SNAP enrollment: 80% of eligible seniors
– Senior poverty: 20% (living on <$25,000)

Year 3 Metrics:
– New senior housing open, more home modifications
– 13 senior centers
– 25% isolation rate
– 80% SNAP enrollment
– 20% fewer nursing home admissions

Year 4: Goals Achieved

Housing:

– Affordable senior housing opening every year, with more in the pipeline
– Home modifications completed every year
– Senior housing cost burden: <25%
– NORC program at 10+ buildings serving 1,200 seniors

Isolation:
– 18 senior centers operational (1 per 6,400 seniors—goal achieved!)
– Friendly visitors serving 2,500 seniors
– 25,000+ seniors participating in programming annually
– Isolation rate: <20% (goal achieved!)

Transportation:
– Senior Ride serving 5,000+ seniors annually (goal achieved!)
– Free TARC increasing senior ridership 180%
– Medical appointments missed: <10% (goal achieved!)
– Grocery shopping barriers: <15%

Services:
– 5,000 seniors receiving home-delivered meals (goal achieved!)
– In-home care serving 14,400 seniors
– Adult day services: 360 participants
– Care coordination for 4,000 seniors
– Nursing home admissions: 30% reduction

Economic Security:
– SNAP enrollment: 90% of eligible seniors (goal achieved!)
– 800 homeowners receiving property tax relief
– Senior poverty: <18%
– Financial exploitation: 40% reduction

Recognition:
– Louisville receives WHO Age-Friendly Cities designation
– Nationally recognized model for senior services

Metrics Achieved:
– **Housing:** New affordable senior housing every year, home modifications every year
– **Senior Centers:** 18 total (1 per 6,400 seniors)
– **Isolation:** <20%
– **Transportation:** 5,000+ using door-to-door service
– **Meals:** 5,000 served (zero waiting list)
– **Benefits:** 90% SNAP enrollment
– **Falls:** 40% reduction through modifications/prevention
– **Nursing Homes:** 30% admission reduction

Long-Term Vision (Years 5-10)

Sustained Services:
– Senior services infrastructure permanent fixture
– All programs at full capacity serving growing senior population
– Louisville nationally recognized age-friendly city

Demographics Served:
– As senior population grows to 169,000 by 2035, services scale proportionally
– Infrastructure and programming prevent crisis despite 47% population growth

Economic Impact:
– Lower healthcare and institutional care costs as more seniors age in place
– Economic security for growing senior population

Cultural Shift:
– Louisville culture values and honors seniors
– Aging seen as natural life stage, not decline
– Intergenerational connections strong citywide

SUCCESS METRICS & ACCOUNTABILITY

My Senior Services policy will be evaluated on whether seniors can age with dignity and security—not just program activity. Quarterly public reports will track:

Housing & Aging in Place Metrics

Baseline → Year 4 Target:
– **Affordable senior housing units:** Baseline → new units every year
– **Home modifications completed:** Baseline → more every year
– **Senior housing cost burden:** Baseline → <25%
– **Seniors prevented from homelessness:** 0 → 2,000 over 4 years
– **Forced nursing home admissions:** Baseline → 30% reduction

Data Collection: Housing development tracking, modification program records, cost burden surveys

Social Isolation Metrics

Baseline → Year 4 Target:
– **Senior centers:** Baseline → 18 (1 per 6,400 seniors)
– **Seniors reporting chronic loneliness:** Baseline → <20%

– **Seniors participating in social programming:** Baseline → 25,000+ annually
– **Friendly visitor participants:** 0 → 2,500 seniors
– **Senior depression rate:** Baseline → <12%

Data Collection: Isolation surveys, program participation tracking, mental health screening data

Transportation Metrics

Baseline → Year 4 Target:
– **Seniors using door-to-door transit:** 0 → 5,000+ annually
– **Seniors missing medical appointments due to transportation:** Baseline → <10%
– **Seniors unable to grocery shop due to transportation:** Baseline → <15%
– **Senior TARC ridership:** Baseline → +180% (free fares + accessibility)

Data Collection: Transportation program tracking, senior surveys

Services Metrics

Baseline → Year 4 Target:
– **Home-delivered meals waiting list:** Baseline → Zero
– **Seniors served by meals:** Baseline → 5,000 daily
– **In-home care capacity:** Baseline → 14,400 seniors
– **Adult day service slots:** Baseline → 360
– **Seniors with care coordination:** 0 → 4,000

Data Collection: Program enrollment and waiting list tracking

Economic Security Metrics

Baseline → Year 4 Target:
– **SNAP enrollment among eligible seniors:** Baseline → 90%
– **Seniors living on <$25,000:** Baseline → <18%
– **Seniors severely housing cost-burdened:** Baseline → <15%
– **Utility disconnections:** Baseline → <1,000 annually
– **Financial exploitation:** Baseline → 40% reduction

Data Collection: Benefits enrollment data, income surveys, exploitation reports

Health Outcome Metrics

Baseline → Year 4 Target:
– **Fall-related hospitalizations:** Baseline → 40% reduction
– **Nursing home admissions:** Baseline → 30% reduction
– **Senior loneliness-related mortality:** Baseline → 25% reduction

– **Senior suicide rate:** Baseline → 35% reduction through mental health support

Data Collection: Hospital data, nursing home admission tracking, mortality data

Economic Impact Metrics

Healthcare Savings:
– **Target:** Lower Medicare/Medicaid costs as more seniors age in place
– **Sources:** Avoided institutionalization, reduced falls, care coordination

Return on Investment:
– **Target:** Measured and reported in the Year 2 and Year 4 evaluations

Data Collection: Healthcare cost analysis, economic impact studies

Accountability Mechanisms

Public Dashboard:
All metrics published quarterly at seniors.louisvilleky.gov/dashboard

Independent Evaluation:
– **Year 2:** Assessment of isolation reduction, services expansion, housing progress
– **Year 4:** Comprehensive evaluation of age-friendly transformation

Community Oversight:
– **Senior Advisory Commission:** 15-member commission (majority seniors 65+) with input on priorities
– **Senior Center Councils:** Each center has advisory council of senior participants
– **Annual Senior Summit:** Public forum reviewing progress, gathering input

Performance Commitments:

1. **If isolation rate doesn’t drop below 28% by Year 2**, expand social programming and senior centers
2. **If meal waiting list not eliminated by Year 2**, accelerate expansion
3. **If SNAP enrollment doesn’t reach 75% by Year 2**, increase navigator staffing
4. **If nursing home admissions don’t decline 15% by Year 3**, strengthen aging-in-place support

---

RELATED GLOSSARY TERMS

- **Aging in Place:** Ability to remain in one’s home and community safely and

independently as one ages

- **Social Isolation:** Lack of social connections and infrequent social contact—affects many Louisville seniors
- **Activities of Daily Living (ADLs):** Basic self-care tasks (bathing, dressing, eating, toileting, transferring, continence)
- **Instrumental Activities of Daily Living (IADLs):** Complex tasks needed for independent living (cooking, shopping, managing finances, medications, housework)
- **Adult Day Services:** Community-based daytime program providing social activities, meals, health monitoring for seniors
- **Home & Community-Based Services (HCBS):** Medicaid program funding services enabling seniors to remain in community vs. nursing home
- **Care Coordination:** Professional helping seniors manage complex healthcare needs, appointments, medications, transitions
- **Naturally Occurring Retirement Community (NORC):** Housing development not designed for seniors but where many have aged in place
- **Elder Financial Abuse:** Illegal or improper use of senior's funds, property, or assets—affects some Louisville seniors every year
- **Age-Friendly City:** WHO designation for cities meeting standards for senior-friendly infrastructure, services, inclusion

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

CONCLUSION: HONORING SENIORS WHO BUILT LOUISVILLE

Louisville's more than 137,000 seniors (ACS 2023 1-year) built our city—yet we're failing them. When too many live on tight incomes, too many are lonely, about 28,500 households headed by someone 65+ spend 30% or more of income on housing, too many can't get where they need to go, and services haven't kept pace with growing need, that's not how we honor the generation that built Louisville.

My Senior Services policy changes this.

It recognizes that:

- Seniors deserve economic security after lifetime of work—not impossible choices between housing, food, and healthcare
- Social isolation kills—and requires public health response with same urgency as chronic disease

- Aging in place with dignity should be accessible to all—not just those who can afford assisted living
- Transportation is independence—seniors without access are trapped at home
- Louisville's seniors are resource, not burden—deserving investment enabling contribution

The choice is clear:

Continue Louisville's trajectory—growing senior population without growing services, isolation epidemic, premature institutionalization, exodus to age-friendly cities—and face senior services crisis as baby boomers age.

Or invest $28M annually to build affordable senior housing every year, establish senior centers in every neighborhood, launch door-to-door transit serving 5,000 seniors, eliminate meal waiting lists, and enroll 90% of eligible seniors in benefits—while ensuring every Louisville senior can age with dignity.

This is about basic decency. After lifetimes building Louisville, paying taxes, raising families, contributing to community, seniors deserve to age in place with security, connection, and dignity. Not poverty, isolation, and institutionalization.

My vision: A Louisville where every senior has affordable, accessible housing, social connection preventing isolation, transportation enabling independence, comprehensive services supporting aging in place, and economic security ensuring dignity. Where aging is honored, not feared.

An age-friendly 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/senior-services
– **Voter education glossary:** rundaverun.org/glossary
– **Get involved:** rundaverun.org/get-involved/
– **Contact campaign:** dave@rundaverun.org

Dave Biggers for Louisville Mayor
Democracy that works for everyone.

This policy document is part of my comprehensive policy platform. See also: Public Safety

(Policy 01), Criminal Justice Reform (Policy 02), Health & Human Services (Policy 03), Budget & Financial Management (Policy 04), Affordable Housing (Policy 05), Education & Youth Development (Policy 06), Environmental Justice (Policy 07), Economic Development & Jobs (Policy 08), Infrastructure & Transportation (Policy 09), Arts, Culture & Tourism (Policy 10), Technology & Innovation (Policy 11), Public Health & Wellness (Policy 12), Neighborhood Development (Policy 13), and forthcoming policies on 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 accessible healthcare that is critical for Louisville's growing aging population.
- **Affordable Housing & Anti-Displacement:** Affordable senior housing and home modification programs enable aging in place with dignity and independence.
- **Disability Rights & Accessibility:** about 32% of Louisville seniors have a disability (ACS 2023 1-year) – accessible infrastructure and services benefit both populations significantly.
- **Infrastructure & Transportation:** Accessible transportation and age-friendly infrastructure enable seniors to remain independent in their communities.

Explore all 16 comprehensive policies at My Complete Policy Platform.

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 mini substations across Louisville, at least one in every ZIP code, phased in over 4 years.

Part of my comprehensive public safety plan.

See the Budget Impact

Explore how this policy fits into my comprehensive $1.13 billion budget plan:

How Does My 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 $1.13B budget - zero tax increase.

Share your results with friends and family:

Share My Results

⚖ Compare This Policy

See how my approach differs from current administration policies:

⚖ My Plan, Category by Category

Pick a category to see what my plan does, how it is paid for, and when it arrives.

 Share This Plan Print This Plan
 Public Safety Wellness Youth Economy Housing Transparency

Public Safety & Policing

My Plan

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 Same $1.13 billion; no new taxes; priorities re-pointed inside the adopted budget
Impact Projected response times: 3-5 minutes (campaign estimate)

Mental Health & Wellness

My Plan

Wellness centers placed by health need

Approach

- I will place 18 Community Wellness Centers by health need (CDC PLACES 2024 plus Census poverty data)
- Mental health counseling, addiction support
- Youth programs, family services
- At least one center in every LMPD division

Timeline 6 centers a year over Years 1-3

Budget $45M a year when fully built (18 centers at $2.5M each), inside the adopted budget
Impact Accessible care within every neighborhood, preventative focus

Youth Development

My Plan

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 $32.5M for youth programs, inside the adopted budget
Impact Accessible programs in every neighborhood

Economic Development

My Plan

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 Same $1.13 billion; no new taxes; priorities re-pointed inside the adopted budget
Impact Jobs and wealth stay in neighborhoods

Housing & Affordability

My Plan

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 Same $1.13 billion; no new taxes; priorities re-pointed inside the adopted budget
Impact Protects residents, prevents displacement
□

Government Transparency

My Plan

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

Share This Policy

Help spread the word about my vision for Louisville:

Related Policies You Might Like

How to Vote for Me

I am a write-in candidate: in the race for Mayor, mark the write-in spot and write **DAVE BIGGERS** (the last name, Biggers, is required).

Early voting, no excuse needed: October 29–31 · Election Day: Tuesday, November 3, 6 AM to 6 PM. Registration for the November 3 election closed October 5.

✓ Check My Registration and Polling Place View All Election Dates →

Stay Updated on This Policy

Get notified when this policy is updated or when I speak 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

We use your details only to reach you about the campaign. Privacy Policy

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.