Public Health & Wellness

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PUBLIC HEALTH & WELLNESS

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EXECUTIVE SUMMARY

Louisville faces a public health crisis that goes far beyond healthcare access. While Policy 03 (Health & Human Services) addresses medical care delivery, this policy tackles the upstream determinants of health—environmental hazards, food access, mental health, substance use, chronic disease prevention, and the structural conditions that come with low incomes. In the poorest fifth of Louisville's neighborhoods, people lived more than 9 years less on average than in the richest fifth, in the same city.

The Challenge

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

1. **Life Expectancy Gap:** In the poorest fifth of Louisville neighborhoods, ranked by household income, people lived to about 72 on average; in the richest fifth, to about 81. That is more than 9 years apart in the same city (NCHS USALEEP 2010–2015 and Census ACS 2011–2015, our analysis of 182 Jefferson County census tracts). Louisville ranks 92nd of the country's 100 largest metro areas for how long its lowest-income residents live (Chetty and others, JAMA, 2016).

2. **Chronic Disease Burden:** In Jefferson County, 37.3% of adults have obesity (about

33% nationally) and 37.3% have high blood pressure (about 33% nationally), and 12.4% have diabetes (about 11% nationally) (CDC PLACES, 2023 release, 2021 data). These estimates are above national averages (the diabetes gap is within the margin of error) and these conditions take a toll in illness and early deaths.

3. **Mental Health & Substance Use Crisis:** Too few mental health and addiction treatment options contribute to 501 overdose deaths among Jefferson County residents in 2023 (Kentucky Office of Drug Control Policy, 2024 Overdose Fatality Report), and many residents who need mental health treatment don't receive it.

4. **Food Apartheid:** About 22% of Jefferson County residents (roughly 164,000 people) live more than a mile (urban areas) or 10 miles (rural areas) from a supermarket (USDA Food Access Research Atlas, 2019 data), lacking easy access to fresh, healthy food—linked to diet-related chronic diseases and to the life expectancy gap.

5. **Environmental Health Hazards:** Rubbertown, West Louisville's industrial corridor, puts nearby residents at risk from cancer-causing air pollution—while lead exposure from older housing threatens children in West Louisville, causing irreversible cognitive damage.

My Vision

I will transform Louisville's approach to public health by addressing root causes of illness, not just treating symptoms. My plan will eliminate environmental health hazards, expand mental health and substance use treatment, ensure every neighborhood has access to healthy food, create wellness infrastructure in underserved communities, and tackle the social determinants linked to the life expectancy gap between rich and poor neighborhoods.

Environmental Health Justice ($3.5M annually): Eliminate toxic exposures in Rubbertown and West Louisville through emissions reductions, lead abatement, air quality monitoring, and health impact assessments—ensuring no Louisville neighborhood sacrifices residents' health for industry profit (see also Policy 07: Environmental Justice & Climate Action).

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

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

Community Wellness Infrastructure ($6M annually): Use the 18 Community Wellness Centers from Policy 03 (Health & Human Services) as the base for fitness and health education, and add walking trails and park activation in neighborhoods lacking resources—creating infrastructure for physical activity, social connection, and preventive health in every community.

Maternal & Child Health Equity ($5M annually): Reduce Louisville's maternal and infant deaths through doula programs, home visiting, prenatal care navigation, and support for birthing people—ensuring every family has healthy start.

Budget Impact

This policy requires **$32.5 million in new annual spending**—funded through federal grants ($14.5M), health system partnerships ($8M), philanthropic partnerships ($2M), and General Fund ($8M).

Why This Matters

The life expectancy gap between rich and poor neighborhoods is Louisville's most urgent injustice. When people in the same city live shorter lives where incomes are low than where they are high, that's not a healthcare problem, it's a justice problem requiring structural solutions.

Treating illness is expensive—preventing it saves money. Diabetes, heart disease and obesity-related conditions cost Louisville a great deal to treat, and many of them can be prevented. We keep paying for treatment instead of prevention—the expensive, ineffective approach.

Mental health and addiction are public health emergencies. With 501 overdose deaths among Jefferson County residents in 2023 (Kentucky Office of Drug Control Policy, 2024 Overdose Fatality Report) and too many people unable to get mental health treatment, Louisville's mental health crisis demands the same urgency as COVID-19—comprehensive crisis response, treatment expansion, and recovery support infrastructure.

Pollution lands hardest on the neighborhoods with the least. When Rubbertown puts nearby residents at risk from cancer-causing air pollution, and children in West Louisville's older housing are exposed to lead that causes irreversible brain damage, that's not an accident—it's environmental injustice requiring immediate remediation and accountability.

Food apartheid drives disease. When many Louisville residents live far from a full-service grocery store and chronic disease runs highest where incomes are lowest, the connection is clear: lack of healthy food access directly causes disease. This is solvable through food infrastructure investment.

My policy will address root causes of Louisville's health crisis—environmental hazards, food access, mental health, social determinants—not just treat symptoms. It's about building a city

where how much you make doesn't predict how long you live.

CURRENT SITUATION ANALYSIS

Health Equity Crisis

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

Life Expectancy by Neighborhood Income:

Neighborhoods, by median household income	Life Expectancy	Gap from Richest Fifth
Poorest fifth ($9,400–$32,100)	71.7 years	**-9.4 years**
Second fifth ($32,300–$44,500)	74.4 years	-6.7 years
Middle fifth ($45,400–$56,500)	77.0 years	-4.1 years
Fourth fifth ($56,700–$71,200)	78.6 years	-2.5 years
Richest fifth ($71,300–$140,200)	81.1 years	Baseline

182 Jefferson County census tracts, ranked by median household income and split into five groups of about 146,000 residents each; life expectancy at birth, weighted by population. Every step up the income ladder goes with a longer life. This compares neighborhoods, not individual incomes. These are the newest neighborhood figures there are. Source: NCHS USALEEP 2010–2015 (life expectancy by census tract) and Census ACS 2011–2015 (household income, 2015 dollars), our analysis.

By income: In Jefferson County, men in the bottom quarter of the national income scale live about 10 years less than men in the top quarter, and women about 7. *Source: Chetty and others, JAMA, 2016 (life expectancy at age 40, 2001–2014).*

Maternal & Infant Health: Too many Louisville mothers and babies die from causes this plan goes after: poverty, inadequate prenatal care, and pollution where mothers live.

Chronic Disease Burden

Louisville significantly exceeds national averages for preventable chronic diseases:

Chronic Disease Prevalence:

Condition	Jefferson County rate	National rate
Diabetes	12.4%	11.3%
Obesity	37.3%	33.2%
High blood pressure	37.3%	32.8%

Condition	Jefferson County rate	National rate
Heart disease	6.6%	6.1%

Share of adults, 2021 (CDC PLACES, County Data, 2023 release; model-based estimates from the Behavioral Risk Factor Surveillance System). The national figure is the population-weighted average of all U.S. county estimates in the same release, our calculation. The diabetes and heart disease gaps are within the margin of error.

Food access, environmental exposures, poverty and stress all play a part alongside individual behavior.

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

Mental Health & Substance Use Crisis

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

Access to Care:

- **Provider Shortage:** Louisville does not have enough mental health providers for the people who need them
- **Wait Times:** Residents wait too long for a first appointment with a psychiatrist
- **Treatment Gap:** Many Louisville residents who need mental health treatment do not receive it
- **Insurance Barriers:** Many mental health providers do not accept Medicaid, which shuts out low-income residents

Crisis Response:

- **Emergency Department Reliance:** Too many people in a mental health crisis end up in emergency rooms, at a higher cost than crisis services built for the purpose
- **Police Mental Health Calls:** LMPD officers respond to mental health crisis calls that are better handled by clinicians
- **Lack of Crisis Services:** Louisville has very few crisis stabilization beds for its population

Substance Use & Overdose:

Metric	2023 Data	Trend
Overdose Deaths (Jefferson County residents)	501 total	Down to 237 in 2025

Source: Kentucky Office of Drug Control Policy, 2024 and 2025 Kentucky Drug Overdose Fatality Reports.

Geographic Concentration:

- Overdose deaths and gaps in treatment are not spread evenly across the city, and this plan puts new services where the need is greatest

Youth Mental Health:

- Too many Louisville students report persistent sadness or hopelessness
- Too many students who need mental health services do not receive them
- JCPS school counselors are stretched thin

Food Access & Nutrition Security

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

Food Deserts:

- **Overall:** About 22% of Jefferson County residents (roughly 164,000 people) live more than 1 mile from a supermarket in urban areas, or more than 10 miles in rural areas (USDA Food Access Research Atlas, 2019 data)

Food Insecurity:

- **Overall:** Too many Louisville households cannot afford adequate food
- **Children:** Too many Louisville children live in food-insecure households
- **SNAP Participation:** Many eligible residents are not enrolled in SNAP (food assistance), leaving federal food assistance unclaimed

Corner Store Problem:

In food deserts, residents rely on corner stores, which typically charge more for produce, milk and bread than grocery stores do.

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

Environmental Health Hazards

Louisville's environmental health crisis is concentrated in low-income neighborhoods:

Rubbertown Air Pollution (see Environmental Justice & Climate Action (Policy 07), Proposal 1):

- Residents near Rubbertown are exposed to air pollutants linked to cancer, including

1,3-butadiene and benzene

- Air pollution near the corridor is also a concern for asthma and other breathing problems

Lead Poisoning:

Children in older West Louisville housing are at higher risk of lead exposure; the primary source is lead paint in housing built before 1978.

Impact: Lead poisoning causes irreversible cognitive damage, reduced IQ, behavioral problems, and learning disabilities—creating lifelong disadvantage for affected children.

Heat Islands:

- West Louisville neighborhoods with little tree canopy run hotter in summer than leafier parts of the city
- Contributes to heat-related deaths, primarily among the elderly and those without air conditioning
- Increases respiratory and cardiovascular stress

Water Quality:

- Some older homes in Louisville still have lead or galvanized water service lines (the pipes connecting homes to the water main). Louisville Water is still identifying the pipe material for about 50,000 customers and replaces lead and galvanized lines for free (Louisville Water, service line inventory page)

Community Wellness Infrastructure Gaps

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

Parks & Recreation Access:

Access to parks and green space varies across Louisville neighborhoods.

Fitness Facility Access:

- Fitness facilities are less available in lower-income neighborhoods such as West Louisville than in the East End

Walking & Biking Infrastructure:

- Sidewalk coverage is patchier in parts of West Louisville than in the East End
- Missing sidewalks reduce physical activity

Health Programming:

- Free/low-cost health programming (diabetes prevention, nutrition classes, fitness programs, smoking cessation) primarily located in well-resourced neighborhoods
- West Louisville has far less of this programming per resident than the East End

The Major Problems

1. A Life Expectancy Gap That Follows Income

The life expectancy gap of more than 9 years between Louisville's richest and poorest neighborhoods goes with conditions that pile up where incomes are low:

- Environmental exposures (Rubbertown pollution, lead poisoning)
- Food apartheid (neighborhoods far from a full-service grocery store)
- Chronic stress from poverty, violence, discrimination
- Lack of wellness infrastructure (parks, gyms, healthy food)
- Healthcare access barriers (covered in Policy 03)

Choices matter, but people make them inside these conditions, and the conditions are what we can change as a city.

2. Mental Health Crisis Without Adequate Infrastructure

501 Jefferson County residents died of overdoses in 2023 (Kentucky Office of Drug Control Policy, 2024 Overdose Fatality Report), and many more people in crisis end up in emergency rooms and jails—but:

- Very few crisis stabilization beds
- Long waits for a first psychiatry appointment
- Treatment capacity falls short of the number of people with substance use disorders
- Many people who need mental health treatment don't receive it

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

3. Preventable Chronic Disease

Preventable chronic diseases are expensive to treat, and they are largely driven by:

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

Meanwhile, we keep paying for treatment instead of prevention—the expensive, ineffective approach.

4. Environmental Injustice Poisoning Communities

- Residents near Rubbertown exposed to cancer-causing air pollution
- Lead poisoning risk for children in older West Louisville housing
- Heat islands in neighborhoods with the fewest trees

This is not accidental—it's environmental injustice, the result of zoning decisions that sacrifice the neighborhoods with the least for industrial profit.

5. Maternal & Infant Mortality Crisis

Louisville loses too many mothers and babies, driven by:

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

Too many mothers and babies are dying from causes good care can prevent.

MY VISION: HEALTH EQUITY FOR ALL

I envision a Louisville where:

How much you make doesn't predict how long you live, with the life expectancy gap between rich and poor neighborhoods eliminated through addressing environmental hazards, food access, wellness infrastructure, and social determinants—not just treating illness downstream.

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

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

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

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

Every mother and baby thrives, with doula support, prenatal care navigation, and culturally competent care ending preventable maternal and infant deaths.

Core Principles

1. **Health is a Right, Not a Privilege:** Every Louisville resident deserves conditions that allow them to be healthy—regardless of zip code or income.

2. **Address Root Causes:** Treating illness is necessary but insufficient—we must address upstream determinants (environment, food, housing, poverty) causing illness.

3. **Environmental Justice:** No neighborhood should be sacrificed for industrial profit—environmental standards must protect all communities equally.

4. **Mental Health Parity:** Mental health and substance use treatment must be as accessible, well-funded, and destigmatized as physical health treatment.

5. **Community Control:** Communities most affected by health inequities must lead solutions—not have solutions imposed by people who don't live with consequences.

Four-Year Goals

By the end of my first term:

- **Reduce life expectancy gap** between rich and poor neighborhoods from 9.4 years to 6.3 years by Year 4, on the way to under 4.7 years by Year 6
- **Eliminate food deserts** so 95% of residents have access to healthy food within 1 mile
- **Cut overdose deaths in half** from the 2025 count (237), through treatment expansion and harm reduction
- **Achieve same-day mental health crisis access** with <2 hour response time, eliminating ED reliance

- **Reduce Rubbertown toxic emissions 50%** with path to EPA compliance by Year 8
- **Eliminate childhood lead poisoning** through comprehensive abatement (to under 2% of children citywide)
- **Cut maternal mortality in half** through doula programs and prenatal support
- **Ensure 80% of residents** within 10-minute walk of park, trail, or wellness facility

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DETAILED POLICY PROPOSALS

PROPOSAL 1: Environmental Health Justice ($3.5M annually)

The Problem: Rubbertown puts nearby residents at risk from cancer-causing air pollution, children in West Louisville's older housing are exposed to lead, and environmental injustice concentrates hazards in the neighborhoods with the least—causing disease, cognitive damage, and premature death.

My Solution:

Launch **Environmental Health Justice Initiative** (coordinating with Policy 07 Environmental Justice) that eliminates toxic exposures through emissions reductions, lead abatement, air quality monitoring, health impact assessments, and accountability for polluters—ensuring no neighborhood sacrifices residents' health.

Program Components:

A. Rubbertown Emissions Reduction & Health Monitoring — delivered under Policy 07, Proposal 1 — $11M; $0 here.

B. Comprehensive Lead Abatement Program ($1.5M annually)

Eliminate childhood lead poisoning through systematic abatement:

- **Lead Service Line Replacement:** Louisville's water leaves the treatment plant free of lead, and Louisville Water has already removed the roughly 74,000 lead lines it installed (Louisville Water, 2020). What is left sits on private property, mostly in homes built before 1950. Louisville Water's own inventory lists about 2,500 known lead or galvanized lines (Louisville Water inventory, March 2025), and more than 46,000 lines whose material nobody has confirmed yet (Louisville Water 2025 Annual Report). Louisville Water replaces the lead and galvanized ones free, but it replaced only a little over 100 in 2025, the first year of its Find and Fix program (Louisville Water 2025 Annual Report). Federal rules now require lead lines to be replaced within 10 years (EPA Lead and Copper Rule Improvements, 2024). I will use the Mayor's seat

on the Board of Water Works to make sure we don't just meet that deadline, we beat it, and that children get protected first. This needs no new city dollars: Louisville Water's work is already funded by a $32.1 million state loan, most of it forgivable (Louisville Water 2025 Annual Report). My targets:

- Confirm the material of every remaining unknown line, starting in the neighborhoods with the oldest homes.
- Replace every known lead and galvanized line at no cost to the homeowner, ahead of the federal 10-year deadline.
- Put schools and child care first: finish lead testing at the 200+ schools and 500+ child care facilities sooner than Louisville Water's current 2032 schedule (Louisville Water), and replace any lead service line serving them first.
- Publish a public yearly scorecard (unknown, lead, galvanized, replaced) and fix the landlord-consent gap so renters are not left waiting on an owner.

- **Lead Paint Remediation:** Provide free lead paint testing and remediation for all pre-1978 rental housing in high-risk zip codes—requiring landlords to remediate or face penalties ($1M annually, ~400 homes)
- **Blood Lead Screening:** Universal blood lead screening for all children ages 1-3 in high-risk zip codes with immediate case management for any elevated levels ($300K annually)
- **Lead-Safe Housing Certification:** Create lead-safe housing certification program—properties passing inspection receive tax credit, those failing must remediate before renting ($200K annually)

C. Heat Island Mitigation ($1.5M annually)

(Coordinates with Policy 07 Environmental Justice—budget shared)

- **Urban Tree Planting:** Plant 10,000 trees annually in heat island neighborhoods (West Louisville, South End, Portland) focusing on residential streets and schoolyards ($1M annually—see Environmental Justice & Climate Action (Policy 07))
- **Cooling Centers:** Establish 15 cooling centers in heat island neighborhoods during summer heat waves—with transportation provided ($300K annually)
- **Cooling Assistance:** Provide A/C units and utility assistance to low-income seniors and medically vulnerable residents in heat islands ($200K annually, ~300 households)

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

Make polluters pay for health harms:

- **Pollution Penalties:** Escalating fines for facilities exceeding emissions standards—$10K/day for first violation, $25K/day for subsequent violations
- **Health Harm Fund:** All pollution penalty revenue deposited in Health Harm Fund

supporting health services in affected communities

- **Facility Monitoring:** Unannounced inspections of all Rubbertown facilities quarterly—with violations triggering mandatory remediation plans

Implementation Timeline:
– **Months 1-6:** Install air quality monitors, establish emissions reduction agreements with Rubbertown facilities, ask the Board of Water Works to set a public date for replacing every lead line
– **Months 7-12:** First quarterly emissions reports, first public lead-line scorecard, lead paint remediation begins in 200 homes
– **Year 2:** Emissions reduction progress monitored quarterly, lead lines serving schools and child care replaced first, 400 homes remediated
– **Years 3-4:** Measurable air quality improvements, known lead and galvanized lines on pace to be replaced ahead of the federal deadline, childhood lead poisoning rates declining

Success Metrics:
– Rubbertown toxic emissions (Target: 50% reduction by Year 4, EPA compliance by Year 8)
– Childhood elevated blood lead levels (Target: under 2% of children citywide by Year 4)
– Lead service lines (Target: every known lead and galvanized line replaced, and every unknown line confirmed, ahead of the federal 10-year deadline)
– Homes with lead paint remediated (Target: 1,600 over 4 years)
– Heat-related deaths (Target: 50% reduction through trees and cooling centers)

Peer City Examples:
Other cities run lead-abatement, industrial air-monitoring, and cooling-center and tree-planting programs of the kind proposed here.

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

The Problem: 501 Jefferson County residents died of overdoses in 2023 (Kentucky Office of Drug Control Policy, 2024 Overdose Fatality Report), too many people in crisis end up in emergency rooms, waits for psychiatry appointments are long, and many people who need treatment cannot get it—Louisville’s mental health infrastructure is catastrophically inadequate for population need.

My Solution:

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

Program Components:

A. Crisis Response System ($3.5M annually)

Replace police/ED response with appropriate clinical crisis services:

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

Target: Cut mental health emergency department visits roughly in half by Year 4, while providing better care.

B. Treatment Capacity Expansion ($3.5M annually)

Dramatically expand mental health and substance use treatment capacity:

- **Community Mental Health Centers:** Establish 4 new community mental health centers in underserved areas (West Louisville, South End, Portland, Shively) offering therapy, psychiatry, case management—with same-day access for acute needs ($1.8M annually after Year 1 capital)
- **Medication-Assisted Treatment (MAT):** Expand MAT capacity to 45 providers offering buprenorphine, methadone, naltrexone for opioid use disorder—with goal of serving 5,000 people annually ($1M annually for provider support, medications, wraparound services)
- **School-Based Mental Health:** Place mental health clinicians in 40 JCPS schools in high-need areas providing on-site therapy, psychiatry, crisis intervention (one clinician per 600 students) ($600K annually)
- **Peer Support Expansion:** Train and employ 40 peer support specialists (people in recovery) providing navigation, support, advocacy for people with mental health and substance use challenges ($400K annually, $10K per specialist)

C. Recovery Support Infrastructure ($2M annually)

Create infrastructure supporting long-term recovery:

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

D. Harm Reduction Services ($1M annually)

Reduce overdose deaths through evidence-based harm reduction:

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

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

Success Metrics:

– Overdose deaths (Target: cut in half from the 2025 count by Year 4)
– Mental health ED visits (Target: cut roughly in half by Year 4)
– Crisis response time (Target: <2 hours for 90% of calls)
– MAT treatment capacity (Target: 5,000 people annually)
– Treatment waiting time (Target: <7 days for first appointment)
– Recovery housing availability (Target: 100 beds)

Peer City Examples:
– **Eugene, OR (CAHOOTS model) and Denver (STAR program):** Mobile crisis teams, rather than police, respond to many mental health calls
– **Vancouver, Canada:** Overdose prevention sites supervise drug use and reverse overdoses on site

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

The Problem: About 22% of Jefferson County residents (roughly 164,000 people) live more than a mile (urban areas) or 10 miles (rural areas) from a supermarket (USDA Food Access Research Atlas, 2019 data)—linked to diet-related disease and to the life expectancy gap between rich and poor neighborhoods.

My Solution:

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

In 2018 my answer leaned on personal responsibility; the 2026 platform's wellness centers and forgivable grocery loans are the structural version of the same instinct — meeting people where they live instead of asking them to travel further for care or groceries. The "walk to the store" framing from 2018 is retired in favor of bringing the store to the block.

Program Components:

A. Grocery Store Attraction & Retention ($3M annually)

Bring full-service grocery stores to food deserts:

- **New Store Incentives:** $500K-$1M forgivable loans for grocery stores opening in food deserts—forgiven over 10 years if store remains operational (goal: 6 new stores over 4 years) ($2M annually)
- **Existing Store Support:** Grants to existing corner stores/small grocers in food deserts to expand fresh produce, refrigeration, healthy food selection ($500K annually,

40 stores)

- **Cooperative Grocery Development:** Support community-owned cooperative grocery stores in food deserts with startup capital, technical assistance, training ($300K annually, 2 coops)
- **Farmers Market Incentives:** Double SNAP dollars at farmers markets (spend $20 in SNAP, receive $40 in purchasing power)—increasing healthy food access while supporting local farmers ($200K annually)

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

Bring healthy food directly to food desert neighborhoods:

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

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

(Coordinates with Food Systems & Urban Agriculture)

- **Community Gardens:** Establish 40 new community gardens (0.5-1 acre each) in food deserts with water access, tools, seeds, training provided free ($600K annually)
- **Urban Farms:** Support 6 urban farms (2-5 acres) in food deserts producing fresh vegetables sold at affordable prices in neighborhood—with job training for 60 residents ($500K annually)
- **School Gardens:** Establish gardens at 50 JCPS schools with garden-based nutrition education integrated into curriculum ($200K annually)
- **Backyard Gardens:** Provide free seeds, seedlings, raised beds, and training for 1,000 low-income families to grow food at home ($200K annually)

D. Nutrition Security Programs ($1.5M annually)

Expand food assistance and nutrition education:

- **SNAP Outreach & Enrollment:** Aggressive outreach to enroll all eligible residents in

SNAP ($400K annually, goal: 90% enrollment)

- **WIC Expansion:** Expand WIC (Women, Infants, Children nutrition program) enrollment and benefits with community-based sites ($300K annually)
- **Food Prescription Program:** Partner with healthcare providers to "prescribe" fresh produce for patients with diet-related chronic diseases—city provides produce vouchers redeemable at farmers markets, participating stores ($500K annually, 2,000 families)
- **Nutrition Education:** Free cooking classes, nutrition workshops, healthy eating programs in community centers, libraries, schools ($300K annually, 5,000 participants)

Implementation Timeline:
– **Months 1-6:** Launch grocery store RFP, begin SNAP outreach, start first 3 mobile markets, establish 10 community gardens
– **Months 7-12:** First grocery store opens in West Louisville, all 5 mobile markets operational, 20 community gardens established
– **Year 2:** 2 new grocery stores open, 40 corner stores expanded produce selection, 30 community gardens operational, SNAP enrollment reaches 80%
– **Years 3-4:** 6 new grocery stores total, food desert percentage drops from 22% to <8%, SNAP enrollment reaches 90%, 40 community gardens and 6 urban farms operational

Success Metrics:
– Food desert percentage (Target: <8% by Year 4, down from about 22%)
– West Louisville food desert percentage (Target: <15%)
– New grocery stores in food deserts (Target: 6 over 4 years)
– Residents served by mobile markets (Target: 15,000 weekly)
– SNAP enrollment rate (Target: 90%)
– Produce consumption in food deserts (Target: 2.5 servings/day)

Peer City Examples:
– **Philadelphia:** Fresh food financing initiative that helped bring supermarkets to underserved neighborhoods
– **Minneapolis:** Mobile market program
– **Detroit:** Urban agriculture program of community gardens and urban farms

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

The Problem: West Louisville has weaker access to gyms, parks and sidewalks than the East End—creating structural barriers to physical activity, linked to higher obesity rates and to the life expectancy gap.

My Solution:

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

Program Components:

A. Fitness and Health-Education Programming in the Community Wellness Centers ($2.5M annually)

This policy does not build a second set of wellness centers. Its fitness and health-education programming runs inside the 18 Community Wellness Centers described in Policy 03 (Health & Human Services), opened 6 per year over 3 years, with their cost carried there:

- **Facilities:** The Policy 03 centers; this policy adds no separate buildings
- **Programming:** Free/low-cost fitness classes (yoga, Zumba, strength training, walking groups), chronic disease prevention programs (diabetes prevention, healthy cooking, smoking cessation), health screenings

B. Active Transportation Infrastructure ($1.5M annually)

(Coordinates with Infrastructure & Transportation)

- **Sidewalk Completion:** Fill sidewalk gaps on priority routes to schools, parks, transit stops in underserved neighborhoods ($1M annually—see Infrastructure & Transportation (Policy 09))
- **Bike Lanes:** Protected bike lanes on 20 miles of streets in underserved neighborhoods over 4 years ($300K annually—see Infrastructure & Transportation (Policy 09))
- **Trail Connections:** Connect neighborhoods to Louisville Loop and other trails with safe bike/walk routes ($200K annually—see Infrastructure & Transportation (Policy 09))

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

Improve and activate parks in underserved neighborhoods:

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

- **Park Safety:** Lighting upgrades, regular maintenance, park rangers in high-use parks ($200K annually)

D. Health Promotion Programs ($500K annually)

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

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

Implementation Timeline:
– **Months 1-6:** Begin park improvements in 10 locations, install outdoor fitness equipment in 15 parks
– **Months 7-12:** Complete 10 park upgrades, launch diabetes prevention and chronic disease programs
– **Year 2:** Fitness and health-education programming starts in each Policy 03 wellness center as it opens, install 20 additional outdoor fitness zones, sidewalk/bike lane construction
– **Years 3-4:** Programming running in all 18 Policy 03 wellness centers, 20 parks upgraded, 500+ participating in diabetes prevention annually

Success Metrics:
– % residents within 10-min walk of park/wellness facility (Target: 80%)
– Physical activity rates (Target: 30% of residents meeting CDC guidelines)
– Diabetes prevention program participants (Target: 2,000 over 4 years)
– Obesity rates in underserved neighborhoods (Target: 10% reduction by Year 4)

Peer City Examples:
Other cities run community wellness center, park activation and outdoor fitness zone programs like those proposed here.

PROPOSAL 5: Maternal & Child Health Equity ($5M annually)

The Problem: Too many Louisville mothers and babies die, driven by inadequate prenatal care, discrimination, and social determinants.

My Solution:

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

Program Components:

A. Community Doula Program ($2M annually)

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

- **Doula Services:** Train and employ 60 community doulas (primarily from the neighborhoods they serve) providing prenatal education, birth support, postpartum care for 1,200 families annually—with priority for low-income families and first-time parents ($1.5M annually, $1,250/doula/birth)
- **Doula Training:** Fund doula training for 80 residents annually from underserved communities—creating career pathway while meeting community need ($300K annually)
- **Culturally Matched Support:** Ensure families can work with doulas who share their cultural background, language, and life experiences
- **Evidence:** Research links doula support to fewer C-sections, fewer preterm births and fewer low-birth-weight babies—along with better breastfeeding rates and maternal satisfaction

B. Prenatal Care Navigation ($1.2M annually)

Ensure every pregnant person can access comprehensive prenatal care:

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

C. Respectful Maternity Care Initiative ($1M annually)

Address barriers mothers face in care:

- **Discrimination Reduction Training:** Mandatory implicit bias and respectful maternity care training for all OB/GYNs, midwives, nurses in Louisville hospitals—addressing discrimination contributing to worse outcomes in maternity care ($200K annually)

- **Patient Advocacy:** Train patient advocates to accompany low-income mothers through pregnancy, birth, postpartum—ensuring their concerns are heard and addressed ($300K annually)
- **Midwifery Expansion:** Support development of community-based midwifery practices offering culturally competent care as alternative to hospital births ($200K annually)
- **Postpartum Depression Screening:** Universal postpartum depression screening with immediate connections to treatment for at-risk mothers ($100K annually)
- **Perinatal Mental Health:** Expand access to perinatal mental health services (therapy, psychiatry, support groups) for pregnant and postpartum people ($200K annually)

D. Home Visiting Program ($800K annually)

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

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

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

Success Metrics:
– Maternal mortality (Target: 50% reduction by Year 4)
– Infant mortality (Target: 30% reduction)
– Doula support access (Target: 60% of low-income mothers and 40% of all mothers receive doula support)
– Preterm birth rate (Target: 15% reduction through doula/navigation support)
– Prenatal care access (Target: 95% of pregnant people begin care in first trimester)

Peer City Examples:
– **Minnesota:** Medicaid-covered doula program for low-income families

– **DC:** Nurse-Family Partnership home visiting for first-time parents

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BUDGET SUMMARY

Total Annual Investment: $32.5 Million

Program	Annual Cost	Funding Source
Environmental Health Justice	$3.5M	Federal infrastructure grants ($3.5M)
Mental Health & Substance Use Continuum	$10M	Federal mental health/substance use grants ($6M), Healthcare system partnerships ($2M), General Fund ($2M)
Healthy Food Access Initiative	$8M	Federal nutrition programs ($3M), General Fund ($3M), Philanthropic partnerships ($2M)
Community Wellness Infrastructure	$6M	General Fund ($3M), Healthcare partnerships ($3M)
Maternal & Child Health Equity	$5M	Federal maternal/child health grants ($2M), Healthcare partnerships ($3M)

Funding Sources Detail

Federal Grants ($14.5M annually):

Louisville is significantly underutilizing available federal health funding:

- **Infrastructure Investment & Jobs Act:** $3.5M annually for water quality improvements
- **Mental Health Block Grant:** $3M annually increase in SAMHSA block grant funding through expanded programming
- **Substance Use Prevention/Treatment Grants:** $3M annually in SAMHSA grants (opioid response, harm reduction, treatment expansion)
- **SNAP/Nutrition Programs:** $3M annually in federal nutrition assistance expansion (SNAP outreach brings in federal dollars)
- **Maternal/Child Health Block Grant:** $2M annually in expanded MCH block grant programming
- **Community Health Center Expansion:** $2M annually for community health center expansion in underserved areas

Total: $16.5M+ available, budget conservatively assumes $14.5M captured.

Healthcare System Partnerships ($8M annually):

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

- **Rationale:** Chronic disease prevention, mental health treatment, food access saves healthcare systems money through reduced ED visits, hospital admissions, complications
- **Partnership Model:** Louisville Metro co-funds programs with UofL Health, Norton Healthcare, Baptist Health, Humana
- **Commitments:** Healthcare partners contribute $8M annually in funding, in-kind services (space, staff time, expertise)
- **Precedent:** Healthcare systems in other cities, such as Cleveland, co-invest in population health

Philanthropic Partnerships ($2M annually):

National and local foundations support food access and health equity:

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

General Fund Allocation ($8M annually):

New General Fund spending on public health:

- **Increase:** $8M a year in new General Fund spending on public health
- **Justification:** Preventing illness costs less than treating it—this is fiscally responsible investment
- **Distribution:** Mental Health ($2M), Food Access ($3M), Wellness Infrastructure ($3M)

Budget Impact on Louisville Metro

Total New Investment: $32.5M annually represents 2.9% of Louisville Metro's $1.13 billion operating budget.

How the reallocation ledger funds it: Public Health & Wellness is phased. It launches on its own non-Metro funding — federal grants, health-system partnerships, environmental penalties and philanthropy — and Metro adds its share as the jail savings prove out.

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: Fewer emergency room visits, overdose deaths, preventable chronic illnesses, lead poisonings and maternal complications should lower what Louisville's health systems, employers and families pay. I have not put a dollar figure on those savings, because the figures I had could not be tied to an official source.

Long-Term Economic Value:

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

- **Life Expectancy Increase:** Halving the life expectancy gap between rich and poor neighborhoods, from 9.4 years to under 4.7, adds years of life in Louisville's poorest neighborhoods
- **Productivity Gains:** A healthier population works more years and misses fewer work days
- **Reduced Special Education Costs:** Preventing lead poisoning should reduce special education costs for affected children
- **Property Value Increases:** Environmental remediation, food access, wellness infrastructure increase property values in affected neighborhoods—generating additional tax revenue

Distribution by Focus Area

Focus Area	Annual Investment	% of Total
Environmental Health	$3.5M	11%
Mental Health & Substance Use	$10M	31%
Food Access	$8M	25%
Wellness Infrastructure	$6M	18%
Maternal & Child Health	$5M	15%

Equity Allocation

100% of funding ($32.5M) prioritizes health equity:

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

- **Environmental Health:** 100% focused on West Louisville and communities suffering disproportionate pollution exposure ($3.5M)
- **Mental Health & Substance Use:** 75% of services located in underserved neighborhoods with highest need ($7.5M of $10M)
- **Food Access:** 85% focused on food deserts, primarily in West Louisville and South End ($6.8M of $8M)
- **Wellness Infrastructure:** 80% invested in underserved neighborhoods with largest

infrastructure gaps ($4.8M of $6M)

- **Maternal & Child Health:** 90% focused on low-income mothers and families facing largest disparities ($4.5M of $5M)

This investment is explicitly designed to close the life expectancy gap between rich and poor neighborhoods and eliminate health disparities—not maintain status quo.

FOUR-YEAR IMPLEMENTATION TIMELINE

Year 1: Foundation & Crisis Response

Months 1-3: Planning & Quick Wins
– Install 25 air quality monitors in West Louisville (data transparency immediately)
– Launch mobile crisis teams (first 3 teams operational)
– Ask the Board of Water Works to set a public date for replacing every lead line
– Expand naloxone distribution (10,000 kits distributed)
– Launch SNAP outreach campaign (enrollment begins climbing)

Months 4-6: Programs Launch
– All 6 mobile crisis teams operational (24/7 mental health crisis response)
– First mobile food market operational (serving 1,000 families/week)
– Train first 30 community doulas
– Begin crisis stabilization center construction
– Install first 10 outdoor fitness zones in underserved neighborhood parks

Months 7-9: Capacity Building
– First 10 new MAT providers recruited and trained (doubling capacity)
– Doula program serving first 200 families
– Lead paint remediation begins (first 100 homes)
– Community garden program launches (first 15 gardens established)
– Diabetes prevention program begins (first 100 participants)

Months 10-12: Early Results
– Mental health crisis response reducing ED visits 15%
– First public lead-line scorecard (unknown, lead, galvanized, replaced)
– First grocery store opens in West Louisville food desert
– Syringe services program launches

Year 1 Outcomes:
– 21,600 mental health crisis responses
– Lead-line scorecard published
– 10,000 naloxone kits distributed

– 200 families receiving doula support
– 1 grocery store opened in food desert
– 15 community gardens established
– 5,000 residents served by mobile food markets
– SNAP enrollment rises to 75%

Year 2: Expansion & Infrastructure

Environmental Health:
– Lead lines serving schools and child care replaced first
– 200 homes with lead paint remediated (300 total)
– Measurable air quality improvements in West Louisville (15% reduction in toxic emissions)
– Childhood lead poisoning begins declining

Mental Health:
– Crisis stabilization center opens (50 beds)
– MAT capacity reaches 2,500 people annually
– First 2 community mental health centers operational
– Mental health ED visits down 23%
– 50 recovery housing beds operational

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

Wellness:
– Fitness and health-education programming running in the first Policy 03 wellness centers
– 20 parks upgraded with fitness equipment
– 500 people in diabetes prevention program

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

Year 2 Metrics:
– Overdose deaths: falling toward half the 2025 count
– Mental health ED visits: 23% below the starting level
– Lead poisoning in West Louisville: falling toward the Year 4 target of under 2%
– Food desert residents: 18% (down from about 22%)
– Maternal mortality: 18% reduction

Year 3: Maturity & Impact

Environmental Health:
– Unknown lines in the oldest neighborhoods confirmed; known lead and galvanized lines replaced at no cost to homeowners
– 600 homes with lead paint remediated
– Rubbertown emissions down 35% from baseline
– Childhood lead poisoning in West Louisville falling toward the Year 4 target

Mental Health:
– All 4 community mental health centers operational
– MAT capacity 4,000 people annually
– 100 recovery housing beds operational
– Mental health ED visits down 40%
– Overdose deaths declining significantly

Food Access:
– 5 grocery stores total in food deserts
– Food desert percentage drops to 12%
– 40 community gardens producing food for 3,000 families
– 4 urban farms operational
– SNAP enrollment 88%

Wellness:
– Fitness and health-education programming running in all 18 Policy 03 wellness centers
– Chronic disease rates beginning to decline in underserved neighborhoods
– 1,500 people completed diabetes prevention program

Maternal Health:
– Maternal mortality declining
– Infant mortality beginning to decline
– 90% of pregnant people beginning prenatal care in first trimester

Year 3 Metrics:
– Overdose deaths: still falling toward half the 2025 count
– Mental health ED visits: 40% below the starting level
– Lead poisoning in West Louisville: falling toward the Year 4 target of under 2%
– Food desert residents: 12% (down from about 22%)
– Maternal mortality: 28% reduction
– Diabetes prevention program: 1,500 completers

Year 4: Goals Achieved

Environmental Health:
– Lead service lines: ahead of the federal 10-year replacement deadline, children’s sites first

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

Mental Health:
– Overdose deaths: cut in half from the 2025 count
– Mental health ED visits: cut roughly in half
– MAT serving 5,000 people annually
– Crisis response time consistently <2 hours
– Recovery housing 100+ beds

Food Access:
– 6 grocery stores in food deserts
– Food desert percentage: <8% (down from about 22%)
– 95% of residents within 1 mile of healthy food source
– 40 community gardens, 6 urban farms producing 200,000+ lbs food annually
– SNAP enrollment 90%
– Produce consumption in food deserts up to 2.5 servings/day

Wellness:
– 18 Community Wellness Centers (Policy 03) offering fitness and health-education programming
– 80% of residents within 10-minute walk of park/wellness facility
– Physical activity rates rising to 30% of residents meeting CDC guidelines
– Obesity rates in underserved neighborhoods declining

Maternal Health:
– Maternal mortality: 50% reduction
– Infant mortality: 30% reduction
– 60% of low-income mothers receiving doula support
– Preterm birth rate down 15%

Life Expectancy Gap:
– Gap between the richest and poorest fifths of neighborhoods: 6.3 years (down from 9.4—a one-third reduction)
– On trajectory to close gap to under 4.7 years by Year 6

Metrics Summary:
– **Life expectancy gap:** 9.4 → 6.3 years (33% reduction, on path to under 4.7 years)
– **Overdose deaths:** 501 (2023) → <200
– **Mental health ED visits:** cut roughly in half
– **Childhood lead poisoning (West Louisville):** → <2%
– **Food desert residents:** about 22% → <8% (roughly two-thirds fewer)
– **Maternal mortality:** 50% reduction

Long-Term Vision (Years 5-10)

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

Health Equity Achieved:
– Life expectancy gap closes to under 3.1 years by Year 8 (vs. a baseline of 9.4)
– Chronic disease rates in underserved neighborhoods approach city average
– Maternal and infant mortality in underserved neighborhoods equal the city average
– Environmental health hazards eliminated citywide

Economic Transformation:
– Years of life added in Louisville's poorest neighborhoods as the gap closes
– Property values in previously disinvested neighborhoods rise, generating tax revenue
– Louisville becomes national model for health equity and environmental justice

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SUCCESS METRICS & ACCOUNTABILITY

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

Life Expectancy & Mortality Metrics

Baseline → Year 4 Target:
– **Life expectancy gap (richest vs. poorest fifth of neighborhoods, by household income):** 9.4 years (deaths 2010–2015, the newest neighborhood figures) → 6.3 years (33% reduction, path to under 4.7 years)
– **Infant mortality:** 30% reduction
– **Maternal mortality:** 50% reduction
– **Overdose deaths:** 501 in 2023 → <200 annually
– **Heat-related deaths:** 40% reduction

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

Environmental Health Metrics

Baseline → Year 4 Target:
– **Childhood elevated blood lead (West Louisville):** → <2%
– **Rubbertown toxic emissions:** Baseline → 50% reduction (path to EPA compliance)
– **Air quality violations:** Current → 50% reduction in violation days
– **Lead service lines:** about 2,500 known lead or galvanized and more than 46,000 unconfirmed (Louisville Water) → on pace to replace every known line and confirm every unknown one ahead of the federal 10-year deadline
– **Homes with lead paint remediated:** 0 → 800 in high-risk areas

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

Mental Health & Substance Use Metrics

Baseline → Year 4 Target:
– **Overdose deaths:** 501 in 2023 → <200 annually
– **Mental health ED visits:** cut roughly in half
– **MAT treatment capacity:** → 5,000 people annually
– **Crisis response time:** N/A → <2 hours for 90% of calls
– **Treatment access wait time:** <7 days for first appointment
– **Naloxone distributed:** 10,000+/year

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

Food Access & Nutrition Metrics

Baseline → Year 4 Target:
– **Food desert residents:** about 22% (roughly 164,000) → <8% (roughly two-thirds fewer)
– **West Louisville food desert rate:** → <15%
– **SNAP enrollment rate:** → 90%
– **New grocery stores in food deserts:** 0 → 6 over 4 years
– **Produce consumption (food deserts):** → 2.5 servings/day
– **Community gardens:** 40 producing food for 3,000+ families

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

Chronic Disease Metrics

Baseline → Year 4 Target:
– **Diabetes rate (food deserts):** 14% reduction
– **Obesity rate (food deserts):** 10% reduction

– **Diabetes prevention program completers:** 0 → 2,000
– **Physical activity (meeting CDC guidelines):** 30% of residents

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

Maternal & Child Health Metrics

Baseline → Year 4 Target:
– **Maternal mortality:** 50% reduction
– **Infant mortality:** 30% reduction
– **Preterm birth rate:** 15% reduction through doula/navigation
– **First trimester prenatal care:** 95% of pregnant people
– **Doula support (low-income mothers):** 60%

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

Wellness Infrastructure Metrics

Baseline → Year 4 Target:
– **Community wellness centers:** the 18 centers of Policy 03 (their targets are set in that policy)
– **Residents within 10-min walk of park/wellness facility:** 80%
– **Outdoor fitness zones:** 35 across city
– **Free health programming participants:** 10,000+/year

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

Economic Impact Metrics

Healthcare Cost Savings: The quarterly reports will track emergency room visits, hospital stays and related costs. I have not set a dollar target.

Data Collection: Healthcare cost analysis, economic impact studies

Equity & Disparity Metrics

Year 4 Target:
– **Food desert disparity:** West Louisville below 15%
– **Lead poisoning disparity:** West Louisville children below 2%

Data Collection: Demographic health data analysis, disparity ratio calculations

Accountability Mechanisms

Public Dashboard:

All metrics published quarterly at health.louisvilleky.gov/dashboard with:
– Progress toward targets (red/yellow/green)
– Spending by program and neighborhood
– Health disparities by income and geography
– Stories from residents whose lives improved

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

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

Performance-Based Budgeting:
– Programs failing to meet 70% of targets by Year 2 subject to redesign with community input
– High-performing programs receive increased funding to scale
– If life expectancy gap doesn’t narrow to under 7.8 years by Year 3, Health Director position replaced

Specific Accountability Commitments:

1. **If Rubbertown emissions don’t decline 30% by Year 3**, Metro will pursue legal action against non-compliant facilities and explore facility relocation

2. **If childhood lead poisoning in West Louisville doesn’t drop below 5% by Year 3**, accelerate lead abatement with emergency funding

3. **If overdose deaths don’t decline 25% by Year 2**, expand harm reduction and treatment with additional resources

4. **If food desert percentage doesn’t drop below 15% by Year 3**, increase grocery incentives and expand mobile markets

5. **If maternal mortality doesn’t decline 30% by Year 3**, expand doula program and investigate healthcare system discrimination

I commit to treating public health equity with the same urgency as COVID-19. The life expectancy gap between rich and poor neighborhoods is a crisis counted in years of life—it demands comprehensive response and ruthless accountability.

RELATED GLOSSARY TERMS

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

- **Health Equity:** Principle that everyone should have fair opportunity to be healthy—requires removing obstacles like poverty, discrimination, environmental hazards
- **Social Determinants of Health:** Conditions in which people are born, live, work, age that affect health—includes housing, food access, environment, income, education
- **Life Expectancy:** Average number of years a person is expected to live based on current mortality rates—in Louisville, differs by more than 9 years between the richest and poorest fifths of neighborhoods
- **Food Desert:** Area where residents lack access to affordable, healthy food (>1 mile from grocery store)—affects about 22% of Jefferson County residents
- **Environmental Justice:** Principle that no community should bear disproportionate environmental burdens—violated by Rubbertown's impact on West Louisville
- **Maternal Mortality:** Death of woman during pregnancy or within year of pregnancy end
- **Infant Mortality:** Death of baby before first birthday
- **Medication-Assisted Treatment (MAT):** Evidence-based treatment for opioid use disorder combining medication (buprenorphine, methadone) with counseling
- **Harm Reduction:** Public health approach reducing negative consequences of drug use without requiring abstinence—includes naloxone, syringe services
- **Doula:** Trained professional providing continuous physical, emotional, informational support during pregnancy, birth, postpartum
- **Lead Poisoning:** Toxic effect of lead exposure causing cognitive damage, reduced IQ, behavioral problems—puts children in older housing at risk
- **Crisis Stabilization:** Short-term (24-72 hour) mental health/substance use treatment providing safe environment and connections to ongoing care
- **Chronic Disease:** Long-lasting condition like diabetes, heart disease, obesity—largely preventable through healthy food access, physical activity, environment
- **Health Impact Assessment:** Evaluation of potential health effects of proposed policy, project, or plan before implementation

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

FREQUENTLY ASKED QUESTIONS

1. Why is Louisville's life expectancy gap so large, and can it really be closed?

Answer: This isn't just East versus West. Mostly, it's the haves and the have-nots. I said it at a candidate forum in 2018: "I wouldn't say it's really about where you live, unless you live next to one of these plants... It's really about how much you make." Rank Louisville's neighborhoods by household income and life expectancy climbs with every step up: people in the poorest fifth lived to about 72 on average, in the richest fifth to about 81. Life expectancy in Louisville follows the money, not the map. My plan goes after the conditions that come with low incomes:

The main ones:
– **Environmental exposures:** Rubbertown pollution, lead poisoning, heat islands
– **Food apartheid:** Neighborhoods far from a full-service grocery store, driving chronic disease
– **Chronic stress:** Poverty, violence, discrimination activate chronic stress response harming health
– **Healthcare access barriers:** Lack of providers, insurance, transportation (addressed in Policy 03)
– **Lack of wellness infrastructure:** No parks, gyms, safe walking routes limiting physical activity
– **Cumulative disadvantage:** These factors compound across lifespan

Yes, it can be narrowed—other cities are working on it too:

- **Boston:** Doula programs and prenatal care navigation aimed at gaps in maternal and infant health
- **Pittsburgh:** Lead abatement work to protect children's long-term health

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

2. How can you justify spending $32.5M on public health when we have roads to fix and schools to fund?

Answer: Prevention is cheaper than treatment, and this investment is designed to cut costs

Louisville already pays in emergency care and preventable illness.

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

We're already paying these costs—just through more expensive, less effective channels:
– Emergency room visits for mental health crises
– Treatment of preventable chronic diseases
– 501 overdose deaths among Jefferson County residents in 2023 (Kentucky Office of Drug Control Policy, 2024 Overdose Fatality Report)

Shifting spending to prevention cuts costs we are already paying—money that can help fund roads, schools, and everything else.

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

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

Evidence is overwhelming:

Naloxone distribution:
– Prevents overdose deaths (reverses opioid overdose in minutes)
– Doesn't increase drug use—research shows no increase in use when naloxone available
– Widespread naloxone availability saves lives

Syringe services:
– Reduce HIV and Hepatitis C transmission
– Connect people to treatment—clients are more likely to enter treatment than those without access
– Don't increase drug use or syringe litter—studies confirm this

Medication-assisted treatment (MAT):
– Most effective treatment for opioid addiction—reduces opioid use, overdose deaths and criminal activity
– Combines medication (buprenorphine, methadone) with counseling
– Retention rates higher than abstinence-only treatment

"Accountability" approach has failed catastrophically:
– 501 overdose deaths among Jefferson County residents in 2023 despite decades of criminalization (Kentucky Office of Drug Control Policy, 2024 Overdose Fatality Report)
– Most people with substance use disorders never receive treatment
– Addiction-related crimes often lead to repeat offenses

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

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

Answer: Previous grocery store efforts in food deserts failed because they:
1. Provided insufficient financial support to overcome market barriers
2. Didn't address demand-side barriers (SNAP acceptance, pricing, products)
3. Lacked community engagement in design

My approach addresses all three:

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

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

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

Peer city success:

- Philadelphia, Chicago and Detroit have all run programs to bring and keep grocery stores in food deserts

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

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

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

How:

Best Available Control Technology (BACT):
– Modern BACT (scrubbers, catalytic oxidizers, vapor recovery) substantially reduces emissions
– Upgrades cost money, but spread over years they are manageable for large profitable companies

Enforceable Emissions Limits:
– Permit limits can be tightened—this is policy choice, not technological necessity
– New permits with strict limits (meeting EPA thresholds) would require facilities to upgrade or shut down
– Quarterly monitoring with escalating penalties ($10K-25K/day) for non-compliance creates accountability

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

Precedent:

- Other industrial cities, including Houston, Baton Rouge and Pittsburgh, have required upgraded pollution controls at refineries, chemical plants and steel mills

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

Bottom line: No resident should have to breathe cancer-causing air so companies can save money on pollution controls.

6. Why does a public health plan put $5M a year into mothers and babies?

Answer: Because too many Louisville mothers and babies die from causes good care can prevent, and the fixes are proven:

- **Doula programs:** Linked to fewer preterm births and C-sections
- **Implicit bias training:** Reduces discriminatory treatment in healthcare settings
- **Community-based midwifery:** Provides culturally competent alternative to hospital care
- **Patient advocacy:** Ensures mothers’ concerns are heard and addressed

Precedent:

- **Minnesota:** Medicaid-covered doula program for low-income families

The program improves maternity care for ALL mothers, with priority for low-income families and first-time parents.

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

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

Market segmentation:

Community Wellness Centers:
– Target: Households earning <150% federal poverty (about $49,500 for a family of 4, 2026 HHS poverty guidelines)
– Price: Free to $30/month (below typical commercial gym fees)
– Location: Underserved neighborhoods with fewest commercial gyms (West Louisville, South End, Portland)
– Services: Fitness + chronic disease prevention + health education + social support

Commercial Gyms:
– Target: Middle/upper income (above that level)
– Price: Typically higher monthly fees
– Location: Already concentrated in East End, Highlands, suburban areas
– Services: Fitness only, often with specialized equipment, classes, personal training

Different markets, minimal overlap.

In fact, commercial gyms benefit from community wellness centers:

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

Corporate Partnerships:
– Commercial gyms partner with community wellness centers (providing surplus equipment, training staff, offering discounted memberships for "graduates")
– Some commercial gyms contract to operate community wellness centers (Planet Fitness model)—expanding their market while serving community mission

Precedent:

- **Nashville:** Community wellness center program coexists with thriving commercial gym sector—both growing simultaneously
- **YMCA model:** YMCAs nationwide serve low-income members on sliding scale while commercial gyms thrive—different missions, different markets

Plus: Commercial gyms have invested far less in West Louisville than in the East End—there's little commercial gym market there to disrupt.

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

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

Immediate need:
– Too many Louisville children are food insecure (can't afford adequate food)
– Children can't wait for long-term economic restructuring to eat today
– Hunger impairs cognitive development, school performance, health—creating lifelong disadvantage

Food assistance provides foundation for addressing root causes:

Research shows SNAP (food assistance):
– Improves school performance (students not hungry can learn)
– Reduces childhood hospitalization
– Increases lifetime earnings by enabling education
– Improves health, reducing chronic disease

Far from creating dependency, food assistance enables upward mobility.

My approach addresses BOTH immediate need AND root causes:

Immediate Need (this policy):
– SNAP enrollment expansion
– Mobile markets, school pantries
– Food prescriptions for chronic disease patients

Root Causes (other policies):
– Wage-theft enforcement and the published Kentucky Homeownership Wage Index (Worker Bill of Rights; Kentucky Homeownership Wage Index) so families can afford food
– Affordable housing (Affordable Housing & Anti-Displacement (Policy 05)) reducing housing cost burden
– Job training (Policies #6, #8, #11) leading to higher-wage careers
– Childcare support enabling parents to work

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

Evidence:

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

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

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

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

Specific commitments:

1. **Life expectancy gap:** 9.4 years → 6.3 years by Year 4, under 4.7 years by Year 6, under 3.1 years by Year 10—or Health Director replaced

2. **Childhood lead poisoning:** West Louisville → <2% by Year 4—or accelerate abatement with emergency funding

3. **Overdose deaths:** 501 in 2023 → <200 by Year 4—or expand treatment capacity beyond planned levels

4. **Maternal mortality:** cut in half by Year 4—or expand doula program and investigate discrimination

5. **Food deserts:** about 22% → <8% by Year 4—or increase grocery incentives and expand mobile markets

Enforcement:
– Quarterly public reporting on all metrics (can’t hide failure)

– Independent evaluation Year 2 and Year 4 assessing progress
– Community oversight commission with authority to demand course corrections
– Performance-based budgeting—programs missing targets redesigned or defunded
– If overall progress insufficient by Year 3, executive leadership changes

Why this is different from past efforts:

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

My approach:
– Specific numerical targets
– Hard deadlines
– Consequences for missing targets
– Comprehensive funding ($32.5M annually) sufficient to drive change

I am not promising incremental improvement—I’m promising to cut the life expectancy gap by 33% in 4 years and hold myself accountable for results.

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

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

Structural Integration:

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

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

3. Community Health Worker Model:
– 40 community health workers embedded in priority neighborhoods serve as navigators across ALL programs

– If resident needs mental health treatment + food access + lead abatement, single CHW coordinates all three

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

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

Examples of Integration:

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

Person with Diabetes in Food Desert:
– **Food prescription** provides produce vouchers (Food Access program)
– **Diabetes prevention program** at community wellness center (Wellness program)
– **Nutrition education + cooking classes** (Food Access program)
– **Exercise programming** at wellness center (Wellness program)
– **Mental health support** for diabetes-related depression (Mental Health program)
– **Coordinated through community wellness center + community health worker**

Peer city models:

- **Boston:** Integrated neighborhood health teams coordinate housing, food, healthcare, mental health
- **Seattle:** Community health workers coordinate across programs—reduce duplication, improve outcomes

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

CONCLUSION: HEALTH EQUITY NOW

The life expectancy gap between rich and poor neighborhoods is Louisville's most damning indictment. When people in the same city live shorter lives where incomes are low than where they are high, that's not a healthcare failure. It's structural violence.

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

It recognizes that:

- Health is determined far more by environment, food access, and structural conditions than by healthcare
- The life expectancy gap between rich and poor neighborhoods goes with pollution where people live (Rubbertown, lead poisoning), food apartheid, chronic stress, and lack of wellness infrastructure: the conditions that pile up where incomes are low
- 501 overdose deaths among Jefferson County residents in 2023 reflect system failure, not personal failure
- Spending on treating preventable chronic disease while underfunding prevention is fiscally irresponsible

The choice is clear:

Continue Louisville's trajectory—a life expectancy gap of more than 9 years between rich and poor neighborhoods, 501 overdose deaths among Jefferson County residents in 2023, residents breathing cancer-causing air near Rubbertown, and neighborhoods in West Louisville far from a full-service grocery store—and accept that the poorer the neighborhood, the shorter the life expectancy.

Or invest $32.5M annually to eliminate environmental health hazards, expand mental health/substance use treatment, end food apartheid, build wellness infrastructure, and address maternal health crisis—cutting healthcare costs while saving lives and adding years of life in Louisville's poorest neighborhoods.

This is about justice. Health equity isn't charity—it's recognizing that every Louisville resident deserves conditions allowing them to be healthy. When Rubbertown poisons West Louisville with cancer-causing emissions, when food deserts drive higher diabetes rates, when mothers and babies die from causes good care can prevent, that's injustice requiring structural solutions.

My vision: A Louisville where how much you make doesn't predict how long you live. Where

every neighborhood has clean air, healthy food access, mental health services, wellness infrastructure. Where every mother and baby thrives. Where we invest in prevention instead of paying billions for preventable disease.

A healthy Louisville for everyone.

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

For more information:
– **Full policy details:** rundaverun.org/policy/public-health-wellness
– **Voter education glossary:** rundaverun.org/glossary
– **Get involved:** rundaverun.org/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 addressing Louisville's most pressing challenges through evidence-based solutions and community-driven governance. 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), and forthcoming policies on Neighborhood Development, Senior Services, Disability Rights & Accessibility, and Food Systems & Urban Agriculture.

RELATED POLICIES

This policy works in coordination with these related initiatives:

- **Health & Human Services:** Community wellness centers provide medical services while public health addresses the upstream determinants of health.
- **Environmental Justice & Climate Action:** Environmental justice eliminates toxic exposures in Rubbertown causing cancer, asthma, and premature death.
- **Food Systems & Urban Agriculture:** Eliminating food apartheid addresses the root cause of the diabetes and chronic disease crisis.

- **Neighborhood Development:** Neighborhood infrastructure including parks, sidewalks, and green space is essential public health infrastructure.
- **Senior Services:** Senior wellness programs and health services address chronic disease burden and social isolation epidemic.
- **Affordable Housing & Anti-Displacement:** Stable affordable housing is the foundation for health – housing instability directly causes disease.

Explore all 16 comprehensive policies at 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

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Name *
Email * We'll send you updates about the campaign
Zip Code 5-digit zip code (optional)
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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 *
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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.