

Senior Services

Published: October 31, 2025

Category: Platform Policies: Community Wellness

SENIOR SERVICES

Dave Biggers for Louisville Mayor

Policy Area: Senior Services

Last Updated: October 30, 2025

Status: Final Draft

EXECUTIVE SUMMARY

Louisville's 115,000 residents age 65+ (18% of population) face a growing crisis of affordability, isolation, inadequate services, and infrastructure designed for younger, able-bodied people. As Louisville's senior population grows 47% by 2035, our city is unprepared to serve aging residents with dignity—forcing seniors to choose between housing and healthcare, face isolation that shortens lifespan, navigate inaccessible infrastructure, and leave Louisville for cities with better senior services.

The Challenge

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

1. **Economic Insecurity:** 42% of Louisville seniors live on <\$25,000/year (below or near poverty), with 28,000 seniors spending >50% of income on housing—forcing impossible choices between rent, food, healthcare, and utilities while living in one of America's wealthiest countries.
2. **Social Isolation Epidemic:** 35% of Louisville seniors live alone and report chronic loneliness—a condition as harmful to health as smoking 15 cigarettes/day, reducing lifespan 7-15 years and increasing dementia risk 64%—yet Louisville has minimal

programming addressing senior isolation.

3. **Aging in Place Barriers:** 78% of seniors want to age in their homes, but 67% of Louisville's housing stock is inaccessible (stairs, narrow doorways, no grab bars)—forcing seniors into costly assisted living (\$4,500/month average) or dangerous home conditions leading to 8,200 annual fall-related ER visits.
4. **Transportation Deserts:** 34% of Louisville seniors don't drive, but TARC is inaccessible for many (no bench at stops, long walks, no door-to-door service)—trapping seniors at home, isolated from healthcare, groceries, social activities, and community.
5. **Inadequate Services:** Louisville has just 6 senior centers (vs. 18 needed based on population), 1 geriatrician per 2,400 seniors (vs. 1:700 recommended), and waiting lists of 800+ for home-delivered meals—our service infrastructure hasn't kept pace with growing senior population.

Dave's Vision

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

Affordable Senior Housing & Aging in Place (\$8M annually): Create 500 affordable senior housing units, fund home modifications enabling aging in place, and prevent senior homelessness through rental assistance—ensuring every Louisville senior has safe, affordable housing.

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

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

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

Economic Security & Benefits Access (\$2M annually): Ensure all eligible seniors enrolled in benefits (SNAP, housing assistance, utility assistance, healthcare), provide tax relief,

prevent elder financial abuse—addressing economic insecurity forcing impossible choices.

Budget Impact

This policy requires **\$28 million in new annual spending**—funded through federal aging grants (\$12M), Medicaid partnerships (\$6M), General Fund (\$7M), and philanthropic partnerships (\$3M). Economic analysis projects \$196-252M in annual economic returns (7-9x ROI) through healthcare cost savings, reduced institutionalization, economic activity, and increased tax revenue from retained seniors.

Why This Matters

Louisville is aging rapidly—and we're unprepared. The 65+ population will grow from 115,000 (18%) to 169,000 (24%) by 2035—a 47% increase in 10 years. Without investment, we'll face crisis: senior poverty, isolation deaths, homelessness, overwhelmed emergency services, exodus to age-friendly cities.

Social isolation is killing seniors. Research proves chronic loneliness shortens lifespan 7-15 years (equivalent to smoking 15 cigarettes/day), increases dementia risk 64%, heart disease 29%, stroke 32%—yet Louisville spends minimal resources addressing isolation. **When 35% of seniors report chronic loneliness, that's a public health emergency.**

Aging in place saves billions. Keeping seniors in homes with support costs \$2,000-3,000/month vs. assisted living \$4,500/month or nursing home \$7,500/month. Every 1,000 seniors enabled to age at home saves \$30-66M annually—while improving quality of life. Investment in aging in place is fiscally responsible AND humane.

Inaccessible infrastructure forces institutionalization. When 67% of housing lacks basic accessibility (grab bars, no-step entry, wide doorways), seniors who could age at home are forced into institutions—costing Medicare/Medicaid billions while separating seniors from communities. \$10,000 in home modifications prevents \$60,000/year institutionalization.

Senior poverty is solvable. 28,000 Louisville seniors spend >50% of income on housing (vs. 30% affordability standard)—but many don't access benefits they're eligible for. SNAP alone could provide \$200/month for food, yet only 48% of eligible seniors enrolled. Benefits access outreach costing \$500K could ensure 15,000 additional seniors receive \$36M in annual federal benefits.

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

CURRENT SITUATION ANALYSIS

Louisville's Aging Demographics

Louisville's population is aging rapidly:

Current (2025):

- **Total 65+:** 115,000 (18% of population)
- **75+:** 52,000 (8% of population)
- **85+:** 18,000 (3% of population)

Projected (2035):

- **Total 65+:** 169,000 (24% of population)—**+47% growth**
- **75+:** 89,000 (13% of population)—**+71% growth**
- **85+:** 34,000 (5% of population)—**+89% growth**

Fastest-growing segment: 85+ ("oldest old") will nearly double in 10 years—group with highest service needs.

Racial/Ethnic Composition (65+):

- White: 74%
- Black: 20%
- Hispanic: 3%
- Asian: 2%
- Other: 1%

Gender:

- Women: 58% (seniors live longer, more likely to be widowed/alone)
- Men: 42%

Economic Insecurity Among Seniors

Louisville seniors face severe economic challenges:

Income Distribution (65+):

- **<\$15,000:** 18% (20,700 seniors below poverty line)
- **\$15,000-\$25,000:** 24% (27,600 seniors near poverty)
- **\$25,000-\$50,000:** 32% (36,800 seniors low-income)
- **\$50,000+:** 26% (29,900 seniors moderate-income+)

Total: 42% of seniors (48,300) live on <\$25,000/year—inadequate for housing, food, healthcare, utilities in Louisville.

Housing Cost Burden:

- **Seniors spending >30% income on housing (cost-burdened):** 44% (50,600 seniors)

- **Seniors spending >50% income on housing (severely cost-burdened):** 24% (28,000 seniors)
- **Median rent for seniors:** \$820/month = \$9,840/year (49% of \$20,000 income for senior living on Social Security only)

Food Insecurity:

- **Food-insecure seniors:** 16% (18,400 seniors can't afford adequate nutritious food)
- **Seniors using food banks:** 12% (13,800 seniors)
- **SNAP participation among eligible seniors:** Only 48% (vs. 67% overall population)—32,000 eligible seniors not enrolled, leaving \$77M annual federal food assistance unclaimed

Healthcare Costs:

- **Seniors without prescription drug coverage:** 8% (9,200 seniors)
- **Seniors skipping medications due to cost:** 22% (25,300 seniors)
- **Average out-of-pocket healthcare costs:** \$6,200/year (31% of \$20,000 income)

Utilities:

- **Seniors disconnected from utilities due to non-payment:** 3,400 annually
- **Seniors choosing between heat and food:** 28% in winter months

Financial Abuse:

- **Seniors experiencing financial exploitation:** 5% annually (5,750 seniors)
- **Total losses:** \$18M annually to scams, predatory lending, family member theft

Social Isolation Crisis

Louisville seniors face epidemic loneliness:

Living Arrangements:

- **Live alone:** 35% (40,250 seniors)
- **Live with spouse only:** 38% (43,700 seniors—at risk if spouse predeceases)
- **Live with family:** 18% (20,700 seniors)
- **Live in institutional settings:** 9% (10,350 seniors)

Social Isolation Rates:

- **Report chronic loneliness:** 35% (40,250 seniors)
- **Have no close friends:** 18% (20,700 seniors)
- **Go days without speaking to anyone:** 22% (25,300 seniors)
- **No family within 50 miles:** 28% (32,200 seniors)

Health Consequences of Isolation:

Research proves social isolation as harmful as major health risks:

Risk Factor	Increased Mortality Risk	Louisville Seniors Affected
Social Isolation	26-32%	40,250 (35%)
Loneliness	26%	40,250 (35%)
Smoking 15 cigarettes/day	25%	Comparison
Obesity	23%	—
Physical inactivity	20%	—

Plus:

- **Dementia risk:** +64% for isolated seniors
- **Depression:** 3.5x higher
- **Heart disease:** +29%
- **Stroke:** +32%
- **Suicide:** 2.8x higher (seniors have highest suicide rate of any age group)

Current Programming Inadequate:

Louisville's senior social programming:

- **Senior Centers:** 6 citywide (vs. 18 needed for more than 100,000 seniors—1 per 6,400 recommended)
- **Operating Hours:** Most open only weekdays 9am-4pm (excludes working family caregivers from bringing seniors)
- **Geographic Access:** 62% of seniors live >3 miles from nearest senior center
- **Transportation to Centers:** Limited—many seniors can't access programming even if it exists
- **Waiting Lists:** 400+ seniors waiting for slots in existing programming

Aging in Place Challenges

78% of Louisville seniors want to age at home—but infrastructure doesn't support it:

Housing Accessibility:

Louisville's housing stock built for young, able-bodied people:

Accessibility Feature	% of Senior-Occupied Homes with Feature
No-step entry	38%
Single-floor living	41%
Wide doorways (wheelchair accessible)	22%
Accessible bathroom (grab bars, walk-in shower)	33%
Lever door handles	28%

Total: Only 18% of senior-occupied homes have all basic accessibility features—82% lack features enabling safe aging in place.

Consequences:**Falls:**

- **Seniors experiencing falls annually:** 38% (43,700 seniors)
- **Fall-related ER visits:** 8,200 annually
- **Fall-related hospitalizations:** 2,400 annually
- **Fall-related deaths:** 140 annually
- **Total fall costs:** \$124M annually (Medicare/Medicaid + out-of-pocket)

Many falls preventable through home modifications:

- Grab bars in bathrooms reduce falls 30%
- Stair railings reduce falls 25%
- Improved lighting reduces falls 20%
- Removing trip hazards reduces falls 15%

Cost of Modifications vs. Institutionalization:

- **Home modifications:** \$5,000-\$10,000 one-time
- **Assisted living:** \$4,500/month (\$54,000/year)
- **Nursing home:** \$7,500/month (\$90,000/year)

Every \$10,000 in home modifications prevents \$60,000-90,000 annual institutionalization costs—yet Louisville has minimal home modification assistance.

Current Assistance Inadequate:

- **Home modification programs:** Only 2 small programs serving ~120 seniors/year (vs. 65,000+ needing modifications)
- **Waiting lists:** 800+ seniors waiting for modifications
- **At current pace:** Would take 540+ years to serve all seniors needing modifications

In-Home Care Shortage:

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

- **Seniors needing assistance:** 32,000 (28% of 65+)
- **Home health aide capacity:** Serves 8,400 seniors (26% of need)
- **Waiting lists:** 1,200+ for home-delivered meals, 600+ for in-home care

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

Transportation Barriers

34% of Louisville seniors don't drive—but transit infrastructure doesn't serve them:

Senior Non-Drivers:

- **Total:** 39,100 seniors (34% of 65+)
- **Never drove:** 8% (primarily women of certain generations)
- **Stopped driving due to age-related impairment:** 26%

Why Seniors Stop Driving:

- Vision impairment: 42%
- Cognitive decline: 22%
- Physical limitations: 18%
- Can't afford car: 12%
- Other: 6%

TARC Accessibility Problems:

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

Physical Barriers:

- **Bus stops without benches:** 68% (seniors can't stand for 15-30 min waits)
- **No shade at stops:** 71% (dangerous in heat for seniors with health conditions)
- **Long walks to stops:** Average 0.6 miles—difficult for seniors with mobility limitations
- **High steps:** Even “accessible” buses have steps challenging for those with limited mobility

Service Design Barriers:

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

TARC3 (Paratransit) Problems:

- **Eligibility:** Only for people unable to use fixed-route—many seniors don't qualify despite difficulty
- **Reservation required:** Must book 24 hours in advance (doesn't work for medical appointments, spontaneous social activities)
- **Wait times:** 30-60 minutes common
- **Capacity:** Serves only 3,200 seniors (8% of non-driving seniors)

Consequences of Transportation Barriers:

Activity	% Seniors Missing Due to Transportation
Medical appointments	28%
Grocery shopping	34%
Social activities	52%
Religious services	41%
Family visits	38%

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

Service Gaps

Louisville's aging services infrastructure inadequate for population:

Senior Centers:

- **Current:** 6 centers serving more than 100,000 seniors (1 per 19,200)
- **Recommended:** 1 per 6,400 seniors (18 centers needed)
- **Gap:** 12 additional centers needed

Home-Delivered Meals:

- **Current capacity:** 1,800 seniors served daily
- **Waiting list:** 800+ seniors
- **Estimated need:** 5,000+ seniors (homebound, unable to cook)

Adult Day Services:

- **Current capacity:** 240 slots (6 centers × 40 average capacity)
- **Estimated need:** 2,000+ seniors (provides respite for caregivers, social engagement for seniors)

In-Home Care:

- **Current capacity:** 8,400 seniors
- **Estimated need:** 32,000 seniors needing assistance with daily activities
- **Gap:** 23,600 seniors unserved (74% of need)

Geriatric Healthcare:

- **Geriatricians in Louisville:** 48 (1 per 2,400 seniors)
- **Recommended ratio:** 1 per 700 seniors
- **Shortfall:** 116 additional geriatricians needed

Care Coordination:

- **Seniors with chronic conditions needing care coordination:** 65,000 (57% of 65+)
- **Care coordinators available:** ~30 (1 per 2,200 seniors with chronic conditions)
- **Result:** Fragmented care, medication errors, preventable hospitalizations

The Major Problems

1. Economic Insecurity Forcing Impossible Choices

42% of seniors (48,300) live on <\$25,000/year, with 28,000 spending >50% of income on housing:

Consequences:

- Choosing between rent and food (food banks report 13,800 seniors)

- Skipping medications (25,300 seniors)
- Utility disconnections (3,400 annually)
- Risk of homelessness (seniors are fastest-growing homeless demographic nationally)

Meanwhile: Many eligible seniors don't access benefits:

- 32,000 eligible for SNAP not enrolled (leaving \$77M federal food assistance unclaimed)
- Thousands eligible for housing assistance not enrolled
- Medicare savings programs underutilized

2. Social Isolation Epidemic Shortening Lives

35% of seniors (40,250) report chronic loneliness—proven as harmful as smoking 15 cigarettes/day:

Health consequences:

- 7-15 year reduced lifespan
- 64% increased dementia risk
- 3.5x higher depression
- Highest suicide rate of any age group

Current response inadequate:

- Only 6 senior centers (need 18)
- 62% of seniors live >3 miles from nearest center
- Limited programming, waiting lists

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

3. Aging in Place Infrastructure Crisis

78% of seniors want to age at home, but:

- 82% of homes lack basic accessibility features
- Only 120 seniors/year receive home modifications (vs. 65,000+ needing them)
- 1,200+ on waiting lists for home care
- Result: Forced institutionalization or dangerous home conditions

Falls:

- 43,700 seniors fall annually
- 8,200 ER visits
- 140 deaths
- \$124M annual costs
- Most preventable through home modifications

4. Transportation Isolation Trapping Seniors at Home

39,100 seniors don't drive, but transit doesn't serve them:

- 68% of bus stops lack benches (can't wait standing)
- No door-to-door service for those who can't walk to stops
- TARC3 serves only 8% of non-driving seniors

Result:

- 28% miss medical appointments
- 34% can't grocery shop
- 52% miss social activities
- Transportation isolation compounds social isolation

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

As senior population grows 47% by 2035, service capacity declining:

- 12 additional senior centers needed
- 800+ waiting for home-delivered meals
- 23,600 seniors needing in-home care not receiving it
- 116-geriatrician shortfall

Without investment, crisis will worsen as population ages.

DAVE'S VISION: AGE-FRIENDLY LOUISVILLE

Dave envisions a Louisville where:

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

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

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

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

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

Core Principles

1. **Aging in Place:** Seniors should be able to remain in homes and communities as long as safely possible—not forced into institutions due to lack of support.
2. **Dignity & Independence:** Services should enhance senior autonomy, not create dependence or infantilize—seniors make own decisions with support as needed.
3. **Social Connection as Health:** Address isolation with same urgency as chronic disease—loneliness kills, and prevention requires social infrastructure.
4. **Universal Design:** Infrastructure should serve people of all ages and abilities—accessibility benefits everyone, not just seniors.
5. **Economic Justice:** Seniors who built Louisville deserve economic security—not poverty after lifetime of work.

Four-Year Goals

By the end of Dave’s first term:

- **Create 500 affordable senior housing units** and modify 2,000 homes for aging in place
 - **Establish senior centers in 12 additional neighborhoods** (18 total, 1 per 6,400 seniors)
 - **Reduce senior isolation** from 35% to <20% through programming and social infrastructure
 - **Launch door-to-door senior transit** serving 5,000+ seniors annually
 - **Eliminate waiting lists** for home-delivered meals (serving 5,000 seniors daily)
 - **Enroll 90% of eligible seniors in benefits** (SNAP, housing assistance, Medicare savings)
 - **Reduce senior falls 40%** through home modifications and prevention programs
 - **Make Louisville nationally recognized age-friendly city** through WHO Age-Friendly Cities certification
-

DETAILED POLICY PROPOSALS

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

The Problem: 28,000 seniors spend >50% of income on housing, 82% of senior-occupied homes lack basic accessibility, and only 120 seniors/year receive home modifications enabling aging in place—forcing seniors into unaffordable, inaccessible housing or premature institutionalization.

Dave's Solution:

Launch **Affordable Senior Housing & Aging in Place Initiative** creating 500 affordable senior housing units, funding 2,000 home modifications, preventing senior homelessness, and ensuring every Louisville senior has safe, affordable, accessible housing.

Program Components:

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

(Coordinates with Affordable Housing)

Create 500 affordable senior housing units over 4 years:

- **Senior-Specific Affordable Housing:** Fund development of 125 units annually specifically designed for seniors (single-floor, accessible, community spaces, service coordination on-site)—\$2.5M annual subsidy leveraging \$25M in federal/private capital
- **Naturally Occurring Retirement Communities (NORC) Support:** Support aging-in-place in existing apartment buildings with high concentrations of seniors—fund service coordinators, social programming, accessibility modifications (\$500K annually, 10 NORCs serving 1,200 seniors)
- **Senior Co-Housing:** Support development of 2 senior co-housing communities (40 units total) combining private units with shared common spaces, meals, activities—model proven to reduce isolation while maintaining independence (\$1M over 4 years)

B. Home Modification Program (\$2.5M annually)

Enable 2,000 seniors to age in place through modifications:

- **Comprehensive Modifications:** Fund \$5,000 average in home modifications per senior (grab bars, wheelchair ramps, walk-in showers, stair lifts, wider doorways, lever handles, improved lighting)—500 homes annually (\$2.5M)
- **Priority:** Seniors at fall risk, with mobility impairments, or facing forced institutionalization
- **Sliding Scale:** Free for seniors <80% AMI, 50% cost-share for 80-120% AMI
- **Contractor Network:** Vetted contractors trained in aging-in-place modifications, fair pricing

C. Senior Homelessness Prevention (\$1M annually)

Prevent seniors from becoming homeless:

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

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

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

- **Acquisition Support:** Help nonprofits acquire older apartment buildings where seniors live affordably—preventing sale to developers who would renovate and displace seniors
- **Affordability Covenants:** Long-term affordability restrictions on preserved housing

Implementation Timeline:

- **Months 1-6:** Issue RFPs for senior housing development, establish home modification

contractor network, launch homelessness prevention

- **Months 7-12:** Begin first 125-unit senior housing development, complete 250 home modifications, prevent 1,000 evictions/disconnections
- **Year 2:** First senior housing operational (125 units), 500 home modifications completed annually, NORC program at 5 buildings
- **Years 3-4:** 500 affordable units total, 2,000 home modifications total, senior homelessness declining

Success Metrics:

- Affordable senior housing units created (Target: 500 over 4 years)
- Home modifications completed (Target: 2,000 over 4 years)
- Seniors prevented from homelessness (Target: 2,000 over 4 years)
- Senior housing cost burden (Target: <35% of seniors cost-burdened, down from 44%)
- Forced institutionalization (Target: 30% reduction through aging-in-place support)

Peer City Examples:

- **Boston:** Home modification program serves 2,000 seniors annually, reduced nursing home admissions 35% among participants
 - **Portland, OR:** Senior co-housing communities reduce isolation 67% while maintaining independence
 - **Seattle:** NORC program serves 5,000 seniors in 40 buildings, enabling aging in place
-

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

The Problem: 35% of seniors report chronic loneliness (as harmful as smoking 15 cigarettes/day), but Louisville has only 6 senior centers (vs. 18 needed) and minimal programming addressing isolation epidemic that shortens lives 7-15 years.

Dave's Solution:

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

Program Components:**A. Senior Center Expansion (\$3M annually)**

Establish senior centers in every district:

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

B. Social Connection Programming (\$1.5M annually)

Intensive programming addressing isolation:

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

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

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

Address mental health crisis among isolated seniors:

- **Senior Mental Health Services:** Therapists specializing in senior issues (grief, life transitions, depression, anxiety) embedded at senior centers—free/low-cost services (\$600K annually, 6 therapists serving 1,200 seniors)
- **Grief Support Groups:** Facilitated groups for seniors dealing with loss of spouse, friends (80% of seniors lose spouse, many experience complicated grief)—(\$100K annually, 600 participants)
- **Depression Screening:** Universal depression screening at senior centers with immediate connections to treatment (\$100K annually)
- **Suicide Prevention:** Gatekeeper training for senior center staff, home care workers, volunteers to identify suicide risk—seniors have highest suicide rate (\$100K annually)
- **Caregiver Support Groups:** For family members caring for aging relatives (30% of caregivers experience depression)—(\$100K annually, 800 caregivers)

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

Programs proven to improve senior health and reduce isolation:

- **Tai Chi for Fall Prevention:** Classes at all senior centers—reduces falls 45% plus social connection (\$150K annually, 1,500 participants)
- **Chronic Disease Self-Management:** Stanford program for seniors with diabetes, heart disease, arthritis—improves outcomes, reduces hospitalizations (\$150K annually, 800 participants)
- **Walk with Ease:** Arthritis Foundation walking program combining physical activity with social connection (\$100K annually, 600 participants)

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

Implementation Timeline:

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

Success Metrics:

- Senior centers (Target: 18 total by Year 4, up from 6)
- Seniors participating in social programming (Target: 35,000 annually, up from 8,000)
- Isolation rate (Target: <20% report chronic loneliness, down from 35%)
- Senior center usage (Target: 50% of seniors use centers annually)
- Mental health treatment access (Target: 80% of seniors with depression receiving treatment)

Peer City Examples:

- **New York:** Friendly visitor program serves 15,000 isolated seniors with measurable reduction in depression, hospitalization
- **San Francisco:** Senior center network (40 centers) reaches 65% of seniors with isolation rate 18% (vs. 35% national)
- **Portland:** Intergenerational programs reduce senior isolation 42% while improving youth outcomes

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

The Problem: 39,100 seniors don't drive, but TARC inaccessible for many (no benches at stops, long walks, no door-to-door service)—resulting in 28% missing medical appointments, 34% unable to grocery shop, 52% missing social activities due to transportation barriers.

Dave's Solution:

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

Program Components:**A. Door-to-Door Senior Transit (\$2.5M annually)**

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

- **Senior Ride Program:** On-demand door-to-door transportation for seniors 65+ through partnership with Lyft/Uber + volunteer drivers—subsidized \$5/ride for seniors, city pays difference (\$1.8M annually, 150,000 rides/year serving 5,000 seniors)
- **Medical Transportation:** Free transportation to medical appointments for low-income seniors (\$400K annually through Medicaid partnership, 20,000 rides/year)
- **Grocery Shuttle:** Weekly shuttle from senior housing complexes and neighborhoods to grocery stores, farmers markets (\$200K annually, serving 2,000 seniors)
- **Social Activity Transportation:** Transportation to senior centers, religious services, social events (\$100K annually)

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

Make fixed-route transit more senior-friendly:

- **Bus Stop Amenities:** Install benches and shade shelters at 200 high-senior-use stops (\$1M Year 1, \$200K annual maintenance)
- **Senior Ambassadors:** Train 40 senior volunteers as TARC ambassadors helping other seniors navigate system, providing accompaniment for anxious riders (\$200K annually)
- **Simplified Routes:** Create simplified route maps, large-print schedules, color-coded signage for seniors with vision/cognitive impairment (\$100K)
- **Real-Time Arrival Info:** Digital displays and phone hotline with real-time bus arrival times (reduces wait time anxiety) (\$200K capital, \$50K annually)
- **Senior TARC Card:** Free TARC for seniors 65+ (currently pay reduced fare)—removes cost barrier (\$950K annually in lost fare revenue)

C. Mobility Assistance Program (\$500K annually)

Help seniors maintain mobility:

- **Walker/Wheelchair Loans:** Free loan of walkers, wheelchairs, scooters for seniors who can't afford (\$200K annually, equipment + maintenance, serving 800 seniors)
- **Physical Therapy:** Subsidized physical therapy for fall prevention, mobility improvement (\$200K annually, 400 seniors)
- **Vision Assistance:** Free vision screening and subsidized glasses for low-income seniors (vision loss major factor in driving cessation) (\$100K annually, 600 seniors)

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

(Coordinates with Infrastructure & Transportation)

Make streets safer for seniors:

- **Crosswalk Timing:** Extend crossing times at signals near senior housing, senior centers (seniors walk slower) (\$100K)
- **Senior Crossing Zones:** High-visibility crossings with flashing beacons near senior centers (\$150K, 20 locations)
- **Sidewalk Priority Repair:** Fast-track sidewalk repair near senior housing (trip hazards cause falls) (\$250K annually)

Implementation Timeline:

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

Success Metrics:

- Seniors using door-to-door transit (Target: 5,000 annually by Year 4)
- Seniors missing medical appointments due to transportation (Target: <10%, down from 28%)
- Seniors unable to grocery shop due to transportation (Target: <15%, down from 34%)
- Seniors using TARC (Target: 40% increase with free fares and accessibility improvements)
- Transportation satisfaction (Target: 75% of seniors satisfied with transportation access)

Peer City Examples:

- **Denver:** Senior Ride program serves 8,000 seniors with 94% satisfaction, reduced missed medical appointments 72%
 - **Seattle:** Free transit for seniors increased ridership 180%, reduced isolation
 - **Austin:** Door-to-door service for non-TARC-eligible seniors serves 4,000 annually, preventing institutionalization
-

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

The Problem: Louisville has 800+ seniors waiting for home-delivered meals, 23,600 seniors needing in-home care not receiving it, and insufficient adult day services, care coordination, and caregiver support—forcing premature institutionalization and family caregiver burnout.

Dave’s Solution:

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

Program Components:**A. Home-Delivered Meals Expansion (\$2M annually)**

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

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

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

Double in-home care capacity:

- **Home Health Aides:** Fund 400 additional home health aide positions providing assistance with bathing, dressing, meals, medication management (\$2M annually, serving 6,000 additional seniors)
- **Personal Care Services:** Light housekeeping, meal preparation, companionship for seniors needing less intensive support (\$300K annually, 1,200 seniors)
- **Respite Care:** Temporary in-home care providing respite for family caregivers (preventing burnout) (\$200K annually, 800 families)

C. Adult Day Services (\$1.5M annually)

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

- **New Centers:** Establish 3 new adult day centers (40 participants each) in underserved areas (\$900K annual operations after \$2M capital)
- **Existing Center Support:** Subsidize costs for low-income seniors at existing adult day centers (\$300K annually, 200 seniors)
- **Specialized Programming:** Memory care programming for seniors with dementia, social activities, health monitoring
- **Caregiver Relief:** Adult day services allow family caregivers to work, reducing financial strain and burnout

D. Care Coordination (\$500K annually)

Ensure seniors navigate fragmented healthcare system:

- **Care Coordinators:** Hire 20 care coordinators (nurses or social workers) helping seniors manage medications, appointments, transitions from hospital to home (\$400K annually, each serving 200 seniors = 4,000 seniors)
- **Evidence:** Care coordination reduces hospitalizations 25%, ER visits 40%, improves medication adherence
- **Transition Support:** Intensive support for seniors leaving hospital (highest-risk

period for complications)

E. Caregiver Support Services (\$500K annually)

Support family caregivers (who provide 80% of senior care):

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

Implementation Timeline:

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

Success Metrics:

- Home-delivered meals waiting list (Target: Zero by Year 2)
- Seniors served by in-home care (Target: 14,400 by Year 4, up from 8,400)
- Adult day service slots (Target: 360, up from 240)
- Seniors with care coordination (Target: 4,000 by Year 4)
- Nursing home admission rate (Target: 25% reduction through aging-in-place support)
- Caregiver burnout (Target: 40% reduction through support services)

Peer City Examples:

- **San Francisco:** Eliminated meal waiting list, serves 8,000 seniors daily, reduced hospitalizations among participants 18%
- **Minneapolis:** Care coordination program reduced hospitalizations 28%, ER visits 38%, with \$4 saved per \$1 invested
- **Boston:** Adult day services expansion kept 600+ seniors out of nursing homes annually, saving \$36M

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

The Problem: 42% of seniors live on <\$25,000/year, 28,000 are severely housing cost-burdened, but many don't access benefits they're eligible for—32,000 eligible seniors not enrolled in SNAP (leaving \$77M federal food assistance unclaimed), thousands not accessing housing assistance, Medicare savings programs underutilized.

Dave's Solution:

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

Program Components:

A. Benefits Enrollment Outreach (\$800K annually)

Aggressive outreach enrolling all eligible seniors in benefits:

- **Benefits Navigators:** Hire 16 benefits navigators (1 per senior center + outreach locations) helping seniors enroll in SNAP, housing assistance, Medicaid, Medicare savings programs, utility assistance (\$640K annually, \$40K per navigator)
- **Target:** Increase SNAP enrollment from 48% to 90% of eligible seniors (32,000 additional seniors × \$200/month = \$77M annual federal food assistance)
- **Outreach Methods:** Door-to-door in senior housing, presentations at senior centers, partnerships with churches, medical offices
- **Application Assistance:** Navigators help complete applications, gather documentation, follow up—overcoming bureaucratic barriers
- **Annual Recertification Help:** Ensure seniors don't lose benefits due to recertification difficulties

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

Prevent seniors from losing homes due to property tax increases:

- **Circuit Breaker Expansion:** Expand property tax circuit breaker (caps taxes at % of income) to cover more seniors—currently only those 65+ earning <\$39,300, expand to <\$50,000 (\$600K annual revenue foregone, protecting 800 additional homeowners)
- **Deferred Tax Program:** Allow eligible seniors to defer property tax increases with lien on property payable when sold or transferred—prevents forced sale

C. Utility Assistance (\$400K annually)

Prevent utility disconnections:

- **Emergency Utility Assistance:** Emergency grants preventing disconnections for seniors facing one-time financial crisis (\$300K annually, ~1,200 seniors)
- **Weatherization:** Home weatherization (insulation, weather stripping, efficient appliances) reducing utility costs 20-30% for low-income seniors (\$100K annually, 80 homes)

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

Protect seniors from scams and exploitation:

- **Financial Literacy:** Workshops educating seniors about scams, predatory lending, financial safety (\$50K annually, 2,000 participants)
- **Legal Assistance:** Free legal help for seniors experiencing financial exploitation by family members, caregivers, scammers (\$100K annually through Legal Aid partnership, 200 cases)
- **Rapid Response Team:** Team of social worker + attorney + law enforcement responding to financial abuse reports (\$50K annually)

Implementation Timeline:

- **Months 1-3:** Hire benefits navigators, launch SNAP outreach, begin financial abuse prevention
- **Months 4-6:** 5,000 additional seniors enrolled in SNAP, property tax relief implemented, utility assistance operational
- **Months 7-12:** 15,000 additional seniors enrolled in benefits, financial abuse prevention serving 400 seniors

– **Years 2-4:** 90% of eligible seniors enrolled in benefits, property tax relief protecting 800 homeowners, financial abuse declining

Success Metrics:

- SNAP enrollment among eligible seniors (Target: 90%, up from 48%)
- Seniors accessing housing assistance (Target: 75% of eligible, up from 52%)
- Senior poverty rate (Target: <25%, down from 42% living on <\$25,000)
- Seniors losing homes to property tax increases (Target: <50 annually, down from 200)
- Utility disconnections (Target: <1,000 annually, down from 3,400)
- Reported financial exploitation (Target: 40% reduction through prevention)

Peer City Examples:

- **Philadelphia:** Benefits enrollment initiative increased SNAP participation 35 percentage points, bringing \$180M additional federal food assistance to seniors
- **Seattle:** Property tax relief program protects 3,000 senior homeowners annually from displacement
- **New York:** Financial abuse prevention reduced exploitation 47% through education and rapid response

BUDGET SUMMARY

Total Annual Investment: \$28 Million

Program	Annual Cost	Funding Source
Affordable Senior Housing & Aging in Place	\$8M	Federal aging/housing grants (\$4M), Medicaid (\$2M), General Fund (\$2M)
Senior Isolation & Wellness Programs	\$6M	Federal Older Americans Act (\$3M), General Fund (\$2M), Philanthropy (\$1M)
Senior Transportation & Accessibility	\$5M	Federal transit grants (\$2M), General Fund (\$2M), Medicaid (\$1M)
Aging Services Expansion	\$7M	Federal aging grants (\$3M), Medicaid partnerships (\$3M), General Fund (\$1M)
Economic Security & Benefits Access	\$2M	General Fund (\$2M)—leverages \$77M in federal SNAP
Federal Older Americans Act Grants & AARP Partnership	\$2M	Additional federal senior services grants and partnership support

Funding Sources Detail

Federal Aging Grants – \$14M annually:

Louisville significantly underutilizes federal aging funding:

- **Older Americans Act (OAA):** \$6M annually available for senior centers, meals, transportation, caregiver support—Louisville currently captures only \$3M
- **Community Development Block Grant (CDBG):** \$3M for senior housing, facilities
- **Housing & Urban Development (HUD) Section 202:** \$4M for senior affordable housing capital
- **Federal Transit Administration (FTA) Enhanced Mobility:** \$2M for senior/disability transportation
- **Total Available:** \$15M+, budget conservatively assumes \$12M

Medicaid Partnerships - \$6M annually:

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

- **Medicaid Home & Community-Based Services (HCBS):** Federal/state Medicaid pays for in-home care, adult day services for eligible seniors—city co-investment leverages 3:1 federal match
- **Partnership Model:** Louisville invests \$2M, Medicaid contributes \$6M, total \$8M for services
- **Savings:** Keeping seniors in community vs. nursing homes saves Medicaid \$35-50M annually

Philanthropic Partnerships - \$1M annually:

Local and national foundations support senior services:

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

General Fund Allocation - \$7M annually:

New General Fund spending on senior services:

- **Increase:** From current \$2M to \$9M annual senior services investment
- **Justification:** Every \$1 invested in aging-in-place saves \$3-5 in institutionalization costs—fiscally responsible
- **Distribution:** Housing/Aging in Place (\$2M), Isolation & Wellness (\$2M), Transportation (\$2M), Aging Services (\$1M), Economic Security (\$2M including SNAP outreach that leverages \$77M federal funds)

Benefits Leverage:

\$2M invested in benefits enrollment outreach generates \$77M in federal benefits (SNAP, housing assistance, Medicare) for Louisville seniors—38:1 leverage ratio.

Budget Impact on Louisville Metro

Total New Investment: \$28M annually represents 2.3% of Louisville Metro \$1.2 billion General Fund budget.

Combined Policy Spending (Policies #1-14):

- Total across all 14 policies: \$618.5M annually
- Percentage of General Fund: 51.5%
- Remaining capacity: \$581.5M for existing operations and future priorities

Healthcare Cost Savings:

This investment generates substantial Medicaid/Medicare savings:

Avoided Institutionalization:

- **Current nursing home admissions:** ~1,800 annually from Louisville
- **Average cost:** \$90,000/year per resident (Medicaid pays 60% = \$54,000)
- **30% reduction through aging-in-place support:** 540 fewer admissions
- **Annual Medicaid savings:** $540 \times \$54,000 = \$29M$

Reduced Hospitalizations:

- **Fall-related hospitalizations:** 40% reduction through home modifications, fall prevention = 960 fewer (2,400 → 1,440)
- **Average hospital cost:** \$18,000 (Medicare pays ~\$12,000)
- **Annual Medicare savings:** $960 \times \$12,000 = \$12M$

Chronic Disease Management:

- **Care coordination reduces hospitalizations:** 25% for 4,000 seniors = 400 avoided admissions
- **Medicare savings:** $400 \times \$12,000 = \$5M$

Total Healthcare Savings: $\$29M + \$12M + \$5M = \$46M$ annually

Economic Activity:

Senior services generate economic activity:

Direct Employment:

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

Retained Seniors:

- **Seniors leaving Louisville for better services:** Estimated 1,200 annually (based on national data)
- **Retained through improved services:** 600 seniors
- **Spending power retained:** $600 \times \$25,000$ average income = \$15M annually

Construction/Modification:

- **Home modifications:** $2,000 \text{ homes} \times \$5,000 = \$10\text{M}$ over 4 years
- **Senior housing construction:** \$100M capital over 4 years
- **Economic multiplier:** $1.5x = \$165\text{M}$ total economic impact

Total Annual Economic Benefit: \$196-252M (7-9x ROI on \$28M investment)

Net Fiscal Impact: Costs \$28M, generates \$46M in healthcare savings + economic activity + retained tax base = strongly positive return.

Distribution by Focus Area

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

Equity Allocation**Priority for economically vulnerable seniors:**

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

Geographic Equity:

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

FOUR-YEAR IMPLEMENTATION TIMELINE

Year 1: Foundation & Service Expansion

Housing & Aging in Place:

- Begin first 125-unit senior housing development
- Complete 250 home modifications
- Prevent 500 evictions/utility disconnections through emergency assistance
- NORC program launches at 3 buildings

Isolation & Wellness:

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

Transportation:

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

Services:

- Expand home-delivered meals from 1,800 to 3,000 seniors (eliminating waiting list)
- Hire 200 home health aides (3,000 additional seniors served)
- First new adult day center opens (40 participants)
- Hire 10 care coordinators serving 2,000 seniors

Economic Security:

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

Year 1 Outcomes:

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

Year 2: Scaling & Impact

Housing:

- First 125-unit senior housing opens
- Second 125-unit development begins
- 500 home modifications (750 total)
- NORC program at 6 buildings

Isolation:

- 2 more senior centers open (10 total)
- Friendly visitors serving 1,600 seniors
- 10,000 seniors participating in center programming
- Isolation rate declining to 30% (from 35% baseline)

Transportation:

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

Services:

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

Economic Security:

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

Year 2 Metrics:

- 250 affordable senior housing units operational
- 750 home modifications total
- 10 senior centers
- 30% isolation rate (down from 35%)
- Meal waiting list: zero
- SNAP enrollment: 63% of eligible (up from 48%)

Year 3: Transformation Visible

Housing:

- 375 affordable units operational (250 more under construction)
- 1,250 home modifications total
- NORC program at 10 buildings

Isolation:

- 13 senior centers operational
- Friendly visitors serving 2,000+ seniors
- 18,000 seniors participating in programming
- Isolation rate: 25% (down from 35% baseline)

Transportation:

- Senior Ride serving 5,000 seniors
- Medical appointments missed due to transportation: 15% (down from 28%)

Services:

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

Economic Security:

- SNAP enrollment: 80% of eligible seniors
- Senior poverty: 32% (down from 42% living on <\$25,000)

Year 3 Metrics:

- 375 affordable units, 1,250 home modifications
- 13 senior centers
- 25% isolation rate
- 80% SNAP enrollment
- 20% fewer nursing home admissions

Year 4: Goals Achieved**Housing:**

- 500 affordable senior housing units operational
- 2,000 home modifications total (goal achieved!)
- Senior housing cost burden: 35% (down from 44%)
- NORC program at 10+ buildings serving 1,200 seniors

Isolation:

- 18 senior centers operational (1 per 6,400 seniors—goal achieved!)
- Friendly visitors serving 2,500 seniors
- 25,000+ seniors participating in programming annually
- Isolation rate: <20% (down from 35%—goal achieved!)

Transportation:

- Senior Ride serving 5,000+ seniors annually (goal achieved!)
- Free TARC increasing senior ridership 180%
- Medical appointments missed: <10% (down from 28%—goal achieved!)

- Grocery shopping barriers: <15% (down from 34%)

Services:

- 5,000 seniors receiving home-delivered meals (goal achieved!)
- In-home care serving 14,400 seniors (up from 8,400)
- Adult day services: 360 participants
- Care coordination for 4,000 seniors
- Nursing home admissions: 30% reduction

Economic Security:

- SNAP enrollment: 90% of eligible seniors (goal achieved!)
- 800 homeowners receiving property tax relief
- Senior poverty: <25% (down from 42%)
- Financial exploitation: 40% reduction

Recognition:

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

Metrics Achieved:

- **Housing:** 500 affordable units, 2,000 home modifications
- **Senior Centers:** 18 total (1 per 6,400 seniors)
- **Isolation:** <20% (down from 35%)
- **Transportation:** 5,000+ using door-to-door service
- **Meals:** 5,000 served (zero waiting list)
- **Benefits:** 90% SNAP enrollment
- **Falls:** 40% reduction through modifications/prevention
- **Nursing Homes:** 30% admission reduction

Long-Term Vision (Years 5-10)**Sustained Services:**

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

Demographics Served:

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

Economic Impact:

- \$400M+ in cumulative healthcare savings over 10 years
- 3,000+ seniors enabled to age in place vs. institutionalization
- Economic security for growing senior population

Cultural Shift:

- Louisville culture values and honors seniors
 - Aging seen as natural life stage, not decline
 - Intergenerational connections strong citywide
-

SUCCESS METRICS & ACCOUNTABILITY

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

Housing & Aging in Place Metrics

Baseline → Year 4 Target:

- **Affordable senior housing units:** Minimal → 500 units
- **Home modifications completed:** ~120/year → 2,000 total over 4 years
- **Senior housing cost burden:** 44% → <35%
- **Seniors prevented from homelessness:** 0 → 2,000 over 4 years
- **Forced nursing home admissions:** Baseline → 30% reduction

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

Social Isolation Metrics

Baseline → Year 4 Target:

- **Senior centers:** 6 → 18 (1 per 6,400 seniors)
- **Seniors reporting chronic loneliness:** 35% → <20%
- **Seniors participating in social programming:** ~8,000 → 25,000+ annually
- **Friendly visitor participants:** 0 → 2,500 seniors
- **Senior depression rate:** 18% → <12%

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

Transportation Metrics

Baseline → Year 4 Target:

- **Seniors using door-to-door transit:** 0 → 5,000+ annually
- **Seniors missing medical appointments due to transportation:** 28% → <10%
- **Seniors unable to grocery shop due to transportation:** 34% → <15%
- **Senior TARC ridership:** Baseline → +180% (free fares + accessibility)

Data Collection: Transportation program tracking, senior surveys

Services Metrics

Baseline → Year 4 Target:

- **Home-delivered meals waiting list:** 800 → Zero
- **Seniors served by meals:** 1,800 → 5,000 daily
- **In-home care capacity:** 8,400 → 14,400 seniors
- **Adult day service slots:** 240 → 360
- **Seniors with care coordination:** 0 → 4,000

Data Collection: Program enrollment and waiting list tracking

Economic Security Metrics

Baseline → Year 4 Target:

- **SNAP enrollment among eligible seniors:** 48% → 90%
- **Seniors living on <\$25,000:** 42% → <25%
- **Seniors severely housing cost-burdened:** 24% → <15%
- **Utility disconnections:** 3,400 → <1,000 annually
- **Financial exploitation:** Baseline → 40% reduction

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

Health Outcome Metrics

Baseline → Year 4 Target:

- **Fall-related hospitalizations:** 2,400 → 1,440 (40% reduction)
- **Nursing home admissions:** Baseline → 30% reduction
- **Senior loneliness-related mortality:** Baseline → 25% reduction
- **Senior suicide rate:** Baseline → 35% reduction through mental health support

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

Economic Impact Metrics

Healthcare Savings:

- **Target:** \$46M annually in Medicare/Medicaid savings by Year 4
- **Sources:** Avoided institutionalization (\$29M), reduced falls (\$12M), care coordination (\$5M)

Return on Investment:

- **Target:** 7-9x ROI (\$196-252M total benefit on \$28M investment)

Data Collection: Healthcare cost analysis, economic impact studies

Accountability Mechanisms

Public Dashboard:

All metrics published quarterly at seniors.louisvilleky.gov/dashboard

Independent Evaluation:

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

Community Oversight:

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

Performance Commitments:

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

RELATED GLOSSARY TERMS

- **Aging in Place:** Ability to remain in one's home and community safely and independently as one ages
- **Social Isolation:** Lack of social connections and infrequent social contact—affects 35% of Louisville seniors
- **Activities of Daily Living (ADLs):** Basic self-care tasks (bathing, dressing, eating, toileting, transferring, continence)
- **Instrumental Activities of Daily Living (IADLs):** Complex tasks needed for independent living (cooking, shopping, managing finances, medications, housework)
- **Adult Day Services:** Community-based daytime program providing social activities, meals, health monitoring for seniors
- **Home & Community-Based Services (HCBS):** Medicaid program funding services enabling seniors to remain in community vs. nursing home
- **Care Coordination:** Professional helping seniors manage complex healthcare needs,

appointments, medications, transitions

- **Naturally Occurring Retirement Community (NORC):** Housing development not designed for seniors but where many have aged in place
- **Elder Financial Abuse:** Illegal or improper use of senior's funds, property, or assets—affects 5% of Louisville seniors annually
- **Age-Friendly City:** WHO designation for cities meeting standards for senior-friendly infrastructure, services, inclusion

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

CONCLUSION: HONORING SENIORS WHO BUILT LOUISVILLE

Louisville's more than 100,000 seniors built our city—yet we're failing them. When 42% live in or near poverty, 35% are chronically lonely (shortening lives 7-15 years), 28,000 are severely housing cost-burdened, 39,100 can't access transportation, and services haven't kept pace with growing need, that's not how we honor the generation that built Louisville.

Dave's Senior Services policy changes this.

It recognizes that:

- Seniors deserve economic security after lifetime of work—not impossible choices between housing, food, and healthcare
- Social isolation kills—and requires public health response with same urgency as chronic disease
- Aging in place with dignity should be accessible to all—not just those who can afford \$4,500/month assisted living
- Transportation is independence—seniors without access are trapped at home
- Louisville's seniors are resource, not burden—deserving investment enabling contribution

The choice is clear:

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

Or invest \$28M annually to create 500 affordable senior housing units, establish senior centers in every neighborhood, launch door-to-door transit serving 5,000 seniors, eliminate meal

waiting lists, and enroll 90% of eligible seniors in benefits—generating \$196-252M in economic returns while ensuring every Louisville senior can age with dignity.

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

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

An age-friendly Louisville for everyone.

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

For more information:

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

Dave Biggers for Louisville Mayor

Democracy that works for everyone.

This policy document is part of Dave Biggers’ comprehensive policy platform. See also: Public Safety (), Criminal Justice Reform (), Health & Human Services (), Budget & Financial Management (), Affordable Housing (), Education & Youth Development (), Environmental Justice (), Economic Development & Jobs (), Infrastructure & Transportation (), Arts, Culture & Tourism (), Technology & Innovation (), Public Health & Wellness (), Neighborhood Development (), and forthcoming policies on Disability Rights & Accessibility and Food Systems & Urban Agriculture.

RELATED POLICIES

This policy works in coordination with these related initiatives:

- **[Health & Human Services](#)**: Community wellness centers provide accessible healthcare that is critical for Louisville's growing aging population.
- **[Affordable Housing & Anti-Displacement](#)**: Affordable senior housing and home modification programs enable aging in place with dignity and independence.
- **[Disability Rights & Accessibility](#)**: 26% of seniors have disabilities – accessible infrastructure and services benefit both populations significantly.
- **[Infrastructure & Transportation](#)**: Accessible transportation and age-friendly infrastructure enable seniors to remain independent in their communities.

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

What Louisville Residents Say

□ What This Means for YOUR Neighborhood

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

Find Your Mini Substation

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

Find My Substation

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

Part of Dave Biggers' comprehensive public safety plan.

See the Budget Impact

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

How Does Dave's Budget Affect You?

See your personalized impact - zero tax increase, real benefits

☐ Household Income \$50,000

☐☐☐☐ Children in JCPS

☐ Your ZIP Code

Your Personal Impact

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

Share your results with friends and family:

☐ Share My Results

Compare This Policy

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

Policy Comparison: Real Change vs. Status Quo

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

☐ Share This Comparison ☐ Print Comparison

☐ Public Safety ☐ Wellness ☐ Youth ☐ Economy ☐ Housing ☐ Transparency
☐

Public Safety & Policing

Current Mayor

Traditional policing model

Approach

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

Timeline Ongoing

Budget Status quo funding

Impact Response times: 15-20 minutes average

Dave Biggers

Community-based mini substations

Approach

- 63 mini substations across Louisville (4-year deployment)
- Officers living and working in communities they serve
- Preventative community policing model
- Year 1: 12 substations in highest-need areas

Timeline Year 1-4 phased rollout

Budget Revenue-neutral through property tax restructuring

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

☐

Mental Health & Wellness

Current Mayor

Limited wellness infrastructure

Approach

- Reliance on existing healthcare facilities

- No dedicated community wellness centers
- Fragmented mental health services
- Emergency-room dependent model

Timeline No expansion planned

Budget Minimal dedicated funding

Impact Long wait times, limited access in underserved areas

Dave Biggers

Regional wellness centers network

Approach

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

Timeline Year 1-4 phased rollout

Budget Integrated with public safety restructuring

Impact Accessible care within every neighborhood, preventative focus

□

Youth Development

Current Mayor

Standard recreation programs

Approach

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

Timeline Status quo

Budget Existing recreation budget

Impact Serves fraction of Louisville youth

Dave Biggers

Comprehensive youth investment

Approach

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

Timeline Immediate implementation with substation rollout

Budget \$1,200 value per child annually

Impact Accessible programs in every neighborhood

□

Economic Development

Current Mayor

Corporate incentives focus

Approach

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

Timeline Ongoing

Budget Millions in corporate subsidies

Impact Benefits concentrated in select areas

Dave Biggers

Community wealth building

Approach

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

Timeline Immediate policy changes, 4-year infrastructure build

Budget Redirected from corporate subsidies

Impact Jobs and wealth stay in neighborhoods



Housing & Affordability

Current Mayor

Market-driven housing

Approach

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

Timeline No comprehensive plan

Budget Minimal housing trust fund

Impact Affordability crisis worsening

Dave Biggers

Housing as a human right

Approach

- Expanded affordable housing trust fund
- Strong tenant protections
- Community land trusts
- Rent stabilization measures
- Anti-displacement policies for existing residents

Timeline Immediate policy changes

Budget Increased trust fund through property tax reform

Impact Protects residents, prevents displacement



Government Transparency

Current Mayor

Standard reporting

Approach

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

Timeline Status quo

Budget Minimal transparency infrastructure

Impact Limited public accountability

Dave Biggers

Radical transparency

Approach

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

Timeline Immediate implementation

Budget Low-cost digital infrastructure

Impact Citizens empowered with information and decision-making power

The Choice is Clear

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

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

□ What Louisville Residents Say

□ Community Endorsements

Share This Policy

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

[dbpm_share_buttons]

▢ Related Policies You Might Like

[policy_recommendations limit="3"]

▢ Make Your Voice Heard

Register to Vote

Register to Vote

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



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

Important Deadlines

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

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

Find Your Polling Place

Find Your Polling Location

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

Your Address

City

State

ZIP Code

Find My Polling Place

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

Stay Updated on This Policy

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

* indicates a required field

Email Signup Information

Fax Number (Leave blank)

Name *

Email * We'll send you updates about the campaign

Zip Code 5-digit zip code (optional)

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

Sign Up

Have Ideas to Improve This Policy?

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

Suggest an Improvement for Louisville

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

Policy Title *

Description *

0/2000 characters

Category

Your Name *

Your Email *

ZIP Code (Optional)

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

NOT ME, WE.

Together, we make Louisville better for everyone.