



AGE-FRIENDLY  
**LOUISVILLE**

# STRATEGIC PLAN

2019 - 2021

# Letter from Mayor

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On behalf of Louisville Metro Government, I am pleased to support Louisville's participation in the Network of Age-Friendly Cities and Communities initiated by AARP and the World Health Organization (WHO). The goals of the age-friendly network align with this administration's ongoing efforts to create an environment in which citizens of all ages and abilities can thrive.

Louisville's population currently includes 15% of people over the age of 60. The trends and data we are seeing indicate that this population will increase by as much as 40% by 2050. Membership in the Network of Age-Friendly Cities and Communities has supported planning for our growing population of seniors, as well as provided us with best practice tools to expand and improve on the work we are already doing to bring age-friendly practices to the forefront of our community.

Louisville is a world leader in lifelong wellness and aging care. With more than 21,000 professionals who actively support healthy aging in our community, Louisville is home to the nation's largest collection of headquarters in rehabilitation, assisted living, nursing home and home health administration. In addition, we continue to focus on creating a healthier community by improving walkability, expanding our pedestrian, bike and transit network, and promoting exercise and social activities that encourage optimal aging. Our pledge to be a compassionate city also assures our citizens that people of all ages and abilities can flourish.

Our partnership with the University of Louisville and the Institute for Sustainable Health and Optimal Aging expands our age-friendly efforts and brings critical research, data, analysis, and expertise to the table. Through this partnership, we have engaged with the community to learn what steps we can take to make Louisville even more welcoming for all ages. Through participation in Louisville's Comprehensive Plan, focus groups, and surveys, age-friendly ambassadors have shared their experiences and ideas for ensuring that our city is welcoming and accessible for all.

We look forward to working with AARP and WHO, along with their Kentucky staff and volunteers, to ensure that our community has the appropriate infrastructure in place so our citizens can age with dignity and independence.

Sincerely,



Greg Fischer  
Mayor

# Letter from Leadership

## Executive Summary

Beginning in 2016, Age-Friendly Louisville has worked to make our community into an increasingly accessible and inclusive place for people of all ages and abilities to live, work, and play at every stage of life. We are guided by a philosophy that views age-friendly as a fundamentally intergenerational concept. The social, health, economic, and built environments that support individuals as they age help people of all ages and abilities lead thriving lives from stroller to walker. Age-Friendly Louisville is lead in partnership by the Louisville Metro Government, AARP Kentucky, Kentuckiana Regional Planning & Development Agency (KIPDA), and the University of Louisville Institute for Sustainable Health & Optimal Aging.

This report is the result of dedicated community members and organizations working together over the course of two years to create a strategic plan that will direct the initiative's actions beginning 2019 through 2021. This report consists of three main parts – our community profile, the plan introduction, and our action plan. The community profile section outlines the existing age-friendly elements of our Louisville community. The plan introduction section provides an overview of our organizational identify, including our leading partners. As well, this section details the two-year process of how Age-Friendly Louisville developed as an initiative and the steps we took to develop the action plan found in this report. The third part details each of our action plans for our four domains, including goals, objectives and specific actions with partners, deadlines, and success metrics. We have also included many supporting documents in our Appendix.

The action plan detailed in this report is the result of two years of planning and community feedback, spanning over nine community meetings and multiple surveys. Individuals of all ages, from teenagers to 85 and older, and people from nearly every neighborhood in Louisville participated in creating the action projects.

We are grateful for all community members and partner organizations who have contributed their time, energy, and resources to bring this strategic plan, and initiative, into fruition. We would like to especially thank all those individuals who serve as part of our Advisory Group, the volunteer domain workshop facilitators, and those who attended the many domain workshops and other community listening sessions that made this milestone possible.

We are invigorated by the potential that this plan holds for our community. We look forward to strengthening and broadening our partnerships and community engagement as we work together to make Louisville an age-friendly city. We invite you to explore our journey over the past several years and our plans that will take us into our next phase as an organization and as a movement.

Sincerely,

Age-Friendly Louisville Leadership

## Committee Members

Natalie Pope, Chair  
Loretta Baker  
Lisa Baunach  
Katherine Cameron  
Joe D'Ambrosio  
Anna Faul  
Margaret Feldman  
Christian Furman  
Barbara Gordon  
Madri Hall-Faul  
Gretchen Milliken  
Benjamin Moore  
Rita Morrow  
Tishisha Rawlins  
Allison Smith  
Sarah Teeters  
Pam Yankeelov

Many thanks to all the students who have helped with the initiative:

Haley Black  
Nannette Bowman  
Jordan Johnson  
Connor Laramore  
Samantha Watanabe

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# COMMUNITY PROFILE

**We look for it near you**

- Apr 7 | 10:00am - 12:00pm - Senior Center
- Apr 14 | 10:00am - 12:00pm - Senior Center
- Apr 21 | 10:00am - 12:00pm - Senior Center
- Apr 28 | 10:00am - 12:00pm - Senior Center
- Apr 5 | 10:00am - 11:00am - Senior Center
- Apr 12 | 10:00am - 11:00am - Senior Center
- Apr 19 | 10:00am - 11:00am - Senior Center
- Apr 26 | 10:00am - 11:00am - Senior Center

**We are going on the road!**

- Apr 17 | 10:00am - 12:00pm - Senior Center
- Apr 24 | 10:00am - 12:00pm - Senior Center

**Logos:** AARP, NIPDA, University of Louisville, Louisville

**Website:** agefriendlylou.com



# Community Profile

## About Our Community

Louisville/Jefferson County (Louisville) is a merged city-county government in Kentucky along the Ohio River. With a population of 759,724<sup>1</sup> and a land area of 398 square miles, Louisville is a diverse and growing city with a strong commitment to compassion and inclusion. Founded in 1778, it began as a portage site at the Falls of the Ohio and now is a competitive, authentic, global city, home to UPS WorldPort, a center for advanced manufacturing and logistics, and home to more aging care company headquarters than any other US city, as well as among only a dozen U.S. cities that have all five major performing arts groups. As the hometown of Muhammad Ali, Louisville punches above its weight. With mid-western



sensibilities and southern hospitality, Louisville is the regional economic hub and cultural and artistic heart of 12 surrounding counties in Kentucky and southern Indiana and is within a day's drive of two-thirds of the U.S. population.

## Louisville Demographics<sup>2</sup>

Jefferson County is a relatively diverse county, with thirty percent of residents being of a race/ethnicity other than non-Hispanic White. Fourteen percent of residents are age 65 or older. Forty percent of adults are married. Thirty percent of adults age 25 or older have a high school diploma as their highest qualification, while another thirty percent of adults age 25 or older have a bachelor's degree or higher. Seventy percent of residents age 16 or older are active in the workforce. Median household income is \$55,322 according to 2012-2016 American Community Survey 5-Year Estimates. Nine percent of residents are veterans, with nine percent of those veterans living in poverty. Seven percent of the population is foreign-born. With 136 spoken languages, nine percent of residents are non-English speaking.<sup>3</sup> Four percent of those residents speaking only Spanish.



For adults in Jefferson County, health problems include asthma (20%), depression (20%), diabetes (10%), heart disease (10%), high blood pressure (30%), and high cholesterol (40%). Residents in Jefferson County age 65 or older suffer these health problems in greater proportion, including diabetes (30%), heart disease (30%), high blood pressure (60%), and high cholesterol (40%). Twenty percent of all residents report having poor dental health and poor general health. Ten percent of all residents have a disability, while forty percent of residents age 65 or older have a disability. The rate of premature death in Jefferson County is 8,714 per 100,000. The life expectancy for Louisville Metro is 76.8, with a 12.6 year difference between different areas in the community. Life expectancy for residents of zip codes in the eastern portion of Louisville range from 73.3 to 82.21 while life expectancy for residents of zip codes in the western half range from 69.64 to 77.00.<sup>4</sup>

1. ACS Demographic and Housing Estimates, 2012 - 2016 American Community Survey 5-Year Estimates.
2. The majority of the Louisville Demographics sections comes from the 2017 KIPDA Needs Assessment. Greater information on this assessment is provided on p. 17 of this report. Full assessment available at [www.optimalaginginstitute.org/grants-research#kipda](http://www.optimalaginginstitute.org/grants-research#kipda).
3. 2017 Health Equity Report, Louisville Metro Health Department Center for Health Equity, p. 28. Available at: <https://louisvilleky.gov/government/center-health-equity/health-equity-report>.
4. 2017 Health Equity Report, Louisville Metro Health Department Center for Health Equity, p. 38. Available at: <https://louisvilleky.gov/government/center-health-equity/health-equity-report>.

# Community Profile

## Existing Age-Friendly Features<sup>1</sup>

### AGE-FRIENDLY INDEX

The 2017 KIPDA Needs Assessment created an Age-Friendly Index to summarize the data for each of the age-friendly domains. An age-friendly percentage score was created indicating the level of success in meeting a 50% minimum standard threshold of age-friendliness.<sup>2</sup> Meeting or exceeding the 50% threshold does not indicate fulfillment of all requirements, but rather serves as a relative comparative measure. The following sections provide the results of the 2017 KIPDA Needs Assessment for each age-friendly domain for Louisville Metro (Jefferson County) as well as the corresponding age-friendly Index percentage score for each domain.



#### OUTDOOR SPACES & BUILDINGS

AGE-FRIENDLY INDEX SCORE: 20%



Based on a population adjusted average, ten days a year ozone levels are so high in Jefferson County that it presents a risk to adults with respiratory disease. According to the Air Pollution Control District, the 3-year average of fine particulate pollution is 9.3 micrograms/m<sup>3</sup>. Seven percent of weather observations indicated a high heat index that put older adults without air conditioning at risk. Forty-six percent of the population live within .5 mile from a park. There were 12 motor vehicles crash deaths per 100,00 in the County, with 31% of driving deaths having alcohol involvement. Some zip codes in the County are completely car dependent, with some zip codes that are somewhat walkable and the inner city being very walkable. In 2017, there were 563 violent crimes per 100,000 residents in the county. Respondents to the survey indicated a 40% average gap between needed outdoor space and building resources and what is available in the County. According to the Age Friendly Index, Jefferson County scores 20% in this domain, not meeting the 50% threshold for age friendliness.



#### TRANSPORTATION

AGE-FRIENDLY INDEX SCORE: 60%



Three percent of residents in Jefferson County use public transportation to commute to work. Ten percent of households do not have access to motor vehicles. Most residents prefer that a family member drive them to places for general transportation needs and non-emergency medical transportation needs if they cannot drive themselves. Seven in ten survey respondents still drive and will prefer family members to drive them if they are no longer able to drive. Three in ten survey respondents have used Uber/Lyft before, with three in ten being confident in their ability to use a driver app and four in ten feeling that education on these apps will be beneficial. Respondents to the survey indicated a 34% average gap between

1. Content and results from this section are taken from the 2017 KIPDA Needs Assessment. Greater information on this assessment is provided on p. 17 of this report. Full assessment available at [www.optimalaginginstitute.org/grants-research#kipda](http://www.optimalaginginstitute.org/grants-research#kipda).

2. The different indicators for each domain were standardized as being better (1) or worse (0) than the national average. Each indicator was then weighted according to the importance for overall age-friendliness in that specific domain, according to the Alkire-Foster methodology. A percentage score for each domain was then calculated. Refer to pages 113 - 117 of the KIPDA Needs Assessment for more detailed overview of the index and corresponding data. Alkire, S., Foster, J., Seth, S., Santos, M. E., Roche, J. M., & Ballon, P. (2015).

# Community Profile

## Existing Age-Friendly Features



### TRANSPORTATION CONT.

AGE-FRIENDLY INDEX SCORE: 60%



needed transportation resources and what is available in the county. According to the Age Friendly Index, Jefferson County scores 60% in this domain, meeting the 50% threshold for age friendliness.



### HOUSING

AGE-FRIENDLY INDEX SCORE: 90%



Three in ten households in Jefferson County and two in ten households 65+ are cost burdened (paying more than 30% of their income on the cost of housing). There are 627 U.S. Department of Housing and Urban Development (HUD) assisted units per 100,000 in the county. Two percent of houses are overcrowded, 30% have one or more substandard conditions and ten percent of housing units are vacant. Respondents to the survey indicated a 45% average gap between needed housing resources and what is available in the county. Nine in ten respondents want to live independently as they age, with two in ten feeling confident that they will be able to afford the modifications to their home to age-in-place, and two in ten feeling that they have the ability to make the modification. Most residents feel bathroom modifications will be needed. According to the Age Friendly Index, Jefferson County scores 90% in this domain, meeting the 50% threshold for age friendliness.



### SOCIAL PARTICIPATION, RESPECT, & INCLUSION

AGE-FRIENDLY INDEX SCORE: 60%



Social isolation indicators showed that one in ten residents are unemployed, three in ten households are without children, four in ten households are non-family households and two in ten residents do not have adequate social support. There are ten social associations per 100,000 in the county. Of the survey respondents, seven in ten interact with friends, family and neighbors in the community at least once a day, and four in ten feel included in activities in the neighborhood. Seven in ten respondents participate in continuing education or self-improvement classes, using the faith community and online programs the most as venues for these classes. Respondents to the survey indicated a 37% average gap between needing social participation resources and what is available in the County. According to the Age Friendly Index, Jefferson County scores 60% in this domain, meeting the 50% threshold for age friendliness.



# Community Profile

## Existing Age-Friendly Features



### CIVIC PARTICIPATION & EMPLOYMENT

AGE-FRIENDLY INDEX SCORE: 100%



Two in ten residents age 65+ are employed. Six in ten residents participated in the 2016 general election. Of the survey respondents, four in ten still participate in the workforce, and of those six in ten will continue working as long as possible. Respondents to the survey indicated a 39% average gap between needing civic participation and employment resources and what is available in the County. According to the Age Friendly Index, Jefferson County scored 100% in this domain, meeting the 50% threshold for age friendliness.



### COMMUNICATION & INFORMATION

AGE-FRIENDLY INDEX SCORE: 67%



Nine in ten households have a computer and eight in ten households have internet access. Most respondents prefer to receive community information about services for older adults from family or friends. Six in ten survey respondents prefer to receive chronic disease self-management information from their primary care provider, with one in ten preferring to receive this information online and another one in ten preferring to receive this information via mail. Respondents to the survey indicated a 51% average gap between needing communication and information resources and what is available in the county. According to the Age Friendly Index, Jefferson County scored 67% in this domain, meeting the 50% threshold for age friendliness.



### COMMUNITY SUPPORT & HEALTH SERVICES

AGE-FRIENDLY INDEX SCORE: 48%



On average, one primary care physician in Jefferson County serves 1,059 individuals, one dentist serves 1,021 individuals, and one mental health provider serves 375 individuals. There are 54 preventable hospital events per 1,000 Medicare enrollees. One in ten people are uninsured, and two in ten adults do not have a regular doctor. There are per 100,000 Jefferson County residents, 18 liquor stores, 12 recreational and fitness facilities, and 21 grocery stores. Two in ten residents live in a food desert and two in ten are food insecure. Two in ten residents are smokers, two in ten are excessive drinkers, three in ten are obese, eight in ten consume inadequate amounts of fruit and vegetables and three in ten do not participate in physical activity. Overall Jefferson County ranks 28th in terms of health outcomes and 57th in terms of health factors in the state of Kentucky.

# Community Profile

## Existing Age-Friendly Features



### COMMUNITY SUPPORT & HEALTH SERVICES CONT

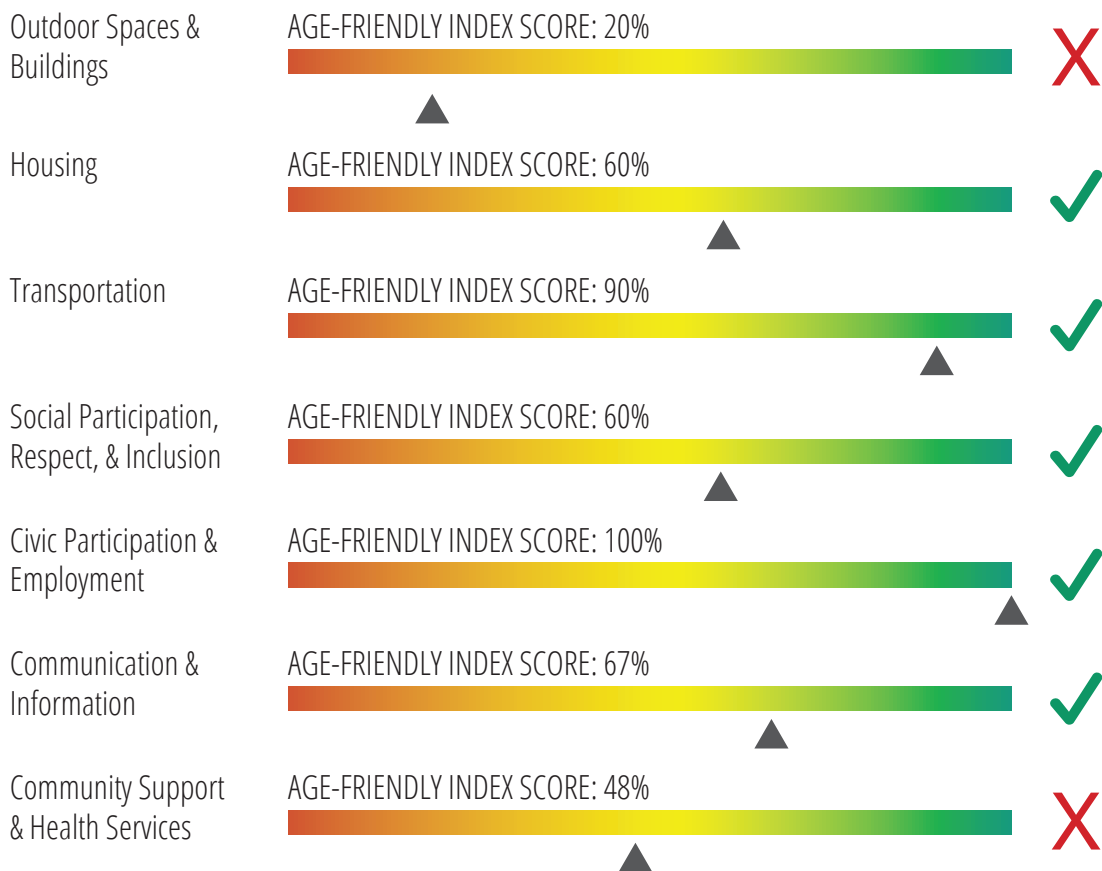
AGE-FRIENDLY INDEX SCORE: 48%



Survey respondents indicate that most have health insurance through Medicare. Five in ten indicated a disability, either a personal one or a partner with a disability or both. Five in ten rated their health as excellent or very good. Six in ten engage in physically activity, and nine in ten feel it is important to remain physical active as long as possible. Fifteen percent of survey respondents use prescribed opioid medications, with 50% of those using it for more than five years. Five in ten of these residents are interested in participating in alternative pain management strategies. Respondents to the survey indicated a 36% average gap between needing community support and health services resources and what is available in the county. According to the Age Friendly Index, Jefferson County scored 48% in this domain, not meeting the 50% threshold for age friendliness.

## SUMMARY

Jefferson County meets or exceeds the 50% threshold in 5 of the 7 age-friendly domains.



# PLAN INTRODUCTION



# Plan Introduction

## Vision & Mission

### Our Vision

Creating an accessible and inclusive city for people of all ages and abilities.

### Our Philosophy

We believe that age-friendly is at its core an intergenerational movement. We seek to ensure that our social, health, economic, and built environments support individuals in leading lives that thrive from stroller to walker.

## About Age-Friendly Louisville

On October 10, 2016, Louisville became the 120th member of the AARP Network of Age-Friendly Communities, an institutional affiliate of the World Health Organization's (WHO) Global Network of Age-Friendly Cities & Communities®.



Age-Friendly Louisville (AFL) is committed to making Louisville a place where people of all ages can be engaged and active members of the community. We seek to make Louisville an increasingly accessible and inclusive city for people of all ages and abilities.

Age-Friendly Louisville is led in partnership by Louisville Metro Government, AARP Kentucky, Kentuckiana Regional Planning & Development Agency (KIPDA), and the UofL Institute for Sustainable Health and Optimal Aging.

Since 2016, the initiative developed into a branded identity with multiple communication channels and a wide constituency. With the help of our community Advisory Group, we have conducted a community listening effort (via both in-person workshops and surveys) to create a three-year strategic plan around the following domains: 1) Housing, 2) Mobility & Access, 3) Social Participation, Respect, & Inclusion, & 4) Community Supports & Health Services.

# Plan Introduction

## Leadership

Age-Friendly Louisville's leadership is comprised of two tiers. The first tier is the Leading Partners, which consists of three community organizations and Louisville Metro. The leading partners provide resources (i.e. staffing and marketing) and overall leadership to the movement.

The second tier leadership is the Advisory Group. This group of 74 self-identified individuals provides focused feedback on pivotal decisions for the initiative. This body consists of professionals and older adults.

## Leading Partners

Age-Friendly Louisville is led in partnership by Louisville Metro Government, AARP Kentucky, KIPDA, and the UofL Institute for Sustainable Health and Optimal Aging. This combination of leaders provides a strong mix of connections and expertise, including connection to governing structures, volunteers, community members, national AARP Age-Friendly Cities initiative, aging experts, and research.



## Advisory Group

The Advisory Group consists of individuals who have expressed special interest in playing an active role in the direction of the age-friendly initiative. Anyone is welcome to join the Advisory Group at any time. This group serves as the initial sounding board and "voice" of the community that guides the direction of the initiative. For example, this group approved the phases of the initiative, provided feedback on domain selection, and offered feedback on the logo before such decisions were presented to the larger community.

# Plan Introduction

## Leadership Perspectives



“Age-friendly policies are given priority in the upcoming 2040 Comprehensive Plan. We look forward to working with our partners to ensure Louisville is a place where people can lead active and vibrant lives regardless of their age or ability.”

**Gretchen Milliken / Louisville Forward**

“It is so important for Louisville to further these initiatives in lifelong wellness and aging care-being an Age-Friendly Louisville gives the city the opportunity to recognize the great diversity of our citizens, support inclusion and honor the contributions made in all areas of the community.”

**Sarah Teeters / Metro Louisville Office for Aging and Disabled Citizens**



“At the national level, AARP is a leader in promoting Age-Friendly cities. Locally, we will leverage our resources and network to connect the initiative to critical grassroots systems and advocacy channels. We are working to create a state-wide conversation where all of Kentucky’s age-friendly communities - Berea, Bowling Green, Lexington, and Louisville - can share ideas and support one another in the process of becoming age-friendly.”

**Tihisha Rawlins / AARP Kentucky**



“I look forward to the day when all citizens in Louisville can say their community is age-friendly; that regardless of a person’s age (from early childhood to centenarian), all are able to access and actively participate in their community: the place where they live.”

**Barbara Gordon / KIPDA**



“The Institute looks forward to leveraging its connections to achieve wide-reaching coordination and collaboration in this effort. Such comprehensive buy-in will be vital to the success of the age-friendly city endeavor: improving the quality of life not only for our older residents but for residents of all ages.”

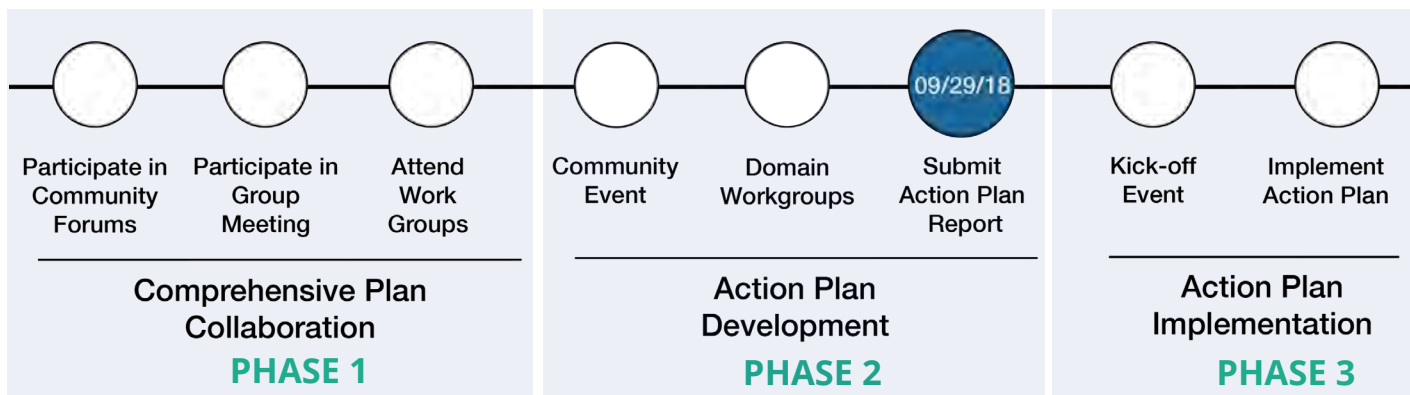
**Anna Faul, PhD / UofL Institute for Sustainable Health & Optimal Aging**



# INITIATIVE PHASES



# Initiative Phases: Overview



The above timeline was used to communicate to the community how various events and activities related to the progression of the initiative

Age-Friendly Louisville organizes its efforts into three phases:

## Phase 1: Comprehensive Plan Collaboration & Infrastructure Development

Phase 1 consisted of two main activities: 1) collaborating with Louisville Metro's Comprehensive Plan and 2) developing key organizational infrastructure. AFL sent "Age-Friendly Ambassadors" to Comprehensive Plan meetings to infuse age-friendly perspectives into this community plan. We also held a specific "Age-Friendly" listening session with Metro leaders at one of our Advisory Group meetings. The second part of this phase included the development of our various communication channels and a branded identity.

## Phase 2: Action Plan Development

This phase can be characterized as Data Gathering and Data Analysis. During this phase, we held nine community workshops exploring four domains chosen by the community. We then analyzed the results of these community meetings, with community feedback, to determine the action plans for the strategic plan.

## Phase 3: Action Plan Implementation

Phase 3 is the implementation of this strategic plan and begins with the submission to AARP and the WHO Age-Friendly City initiative.

## Older Adult Contribution

Older adults were central to the conversation and leadership of Age-Friendly Louisville since the beginning of the initiative. They play an active role in the Advisory Group and constitute a significant portion of the community meetings. This is represented in the number of individuals aged 50+ who attended the workshops across Louisville during Phase 2 (refer to page 20).

Given our philosophy that the age-friendly movement is fundamentally an intergenerational movement, we encouraged all ages to participate at all levels of the initiative, while making sure that the perspective and voice of older adults were represented and respected.



# Initiative Phases: Phase 1

## Comprehensive Plan Collaboration & Infrastructure Development



OCT. 10, 2016

### Announcement

On October 10, 2016, Louisville became the 120th member of the AARP Network of Age-Friendly Communities, an institutional affiliate of the World Health Organization's (WHO) Global Network of Age-Friendly Cities & Communities®.



**Top Left:** Age-Friendly Louisville leadership accepting Age-Friendly City certificate.

**Bottom Left:** Age-Friendly Louisville leadership and Louisville leadership with Age-Friendly City certificate.

**Right:** Age-Friendly Louisville leadership on local TV station announcing Age-Friendly recognition



MARCH 20, 2017

### Introductory Breakfast

The first official community meeting of the Age-Friendly Louisville (AFL) initiative occurred on March 20, 2017. The four leading partners invited a diverse group of individuals from their respective networks. At this meeting, the group discussed the age-friendly domains, a draft timeline for the initiative, and had the first sign-ups for the Advisory Group.



**Community Members at Introductory Breakfast**

# Initiative Phases: Phase 1

## Comprehensive Plan Collaboration & Infrastructure Development



APRIL 13, 2017

### Advisory Group Launch

The newly formed Advisory Group met for the first time on April 13, 2017. The group reviewed the age-friendly domains and the ways in which AFL - and the Advisory Group - could support the Comprehensive Plan process as “Age-Friendly Ambassadors.”



Advisory Group members discussing eight domains of livability



### Age-Friendly Ambassadors

When AFL began its initial efforts, Louisville Metro was gathering community feedback the next 20-year Comprehensive Plan. This was a unique moment for AFL to influence the long-term direction of our community. AFL sent “Age-Friendly Ambassadors” to Comprehensive Plan meetings in order to ensure age-friendly perspectives informed the guiding document of our community for the next two decades.



JULY 21, 2017

### Comprehensive Plan “Meeting-in-a-Box”

On July 21, 2017 the Advisory Group met for a special “Meeting in a Box” session with the Louisville Comprehensive Plan. The facilitators provided an overview of the strategic themes for the 2040 Comprehensive Plan. Participants then provided feedback via sticky note comments directly onto the themes. The feedback allowed for pointed age-friendly suggestions on the Comprehensive Plan.



Advisory Group members providing age-friendly suggestions on the Comprehensive Plan

# Initiative Phases: Phase 1

## Comprehensive Plan Collaboration & Infrastructure Development



February - December 2017

### Infrastructure Development

During the first full year after the announcement, AFL developed the necessary organizational infrastructure it needed to be a branded initiative reaching the community.



#### Email List

One of the first actions for AFL was to establish an email communication platform. The initiative utilized MailChimp, a free and easy-to-use email marketing software. The email list currently reaches 909 people. The email address for AFL is [age-friendly@louisville.edu](mailto:age-friendly@louisville.edu)



#### Social Media

AFL has two social media platforms: Twitter & Facebook



#### Logo

Thanks to the pro bono work of Power Creative, AFL adopted an official logo in August 2017. The logo incorporates Louisville-specific images, the colors of the international age-friendly initiative, and uses age-friendly fonts. The Advisory Group provided feedback before the design was finalized.



#### Website

Utilizing the WIX website platform, AFL unveiled its website in December 2017. The URL is: [www.AgeFriendlyLou.com](http://www.AgeFriendlyLou.com)



#### Today's Transitions

Starting in Fall 2017, AFL began publishing a quarterly column in the "Today's Transitions," a free Louisville magazine specifically covering aging and aging-care related efforts. This publication provides a reliable and free print mode of communication for the initiative. Free copies are available at local grocery stores, ensuring easy access for older adults.

View all our columns at: [www.AgeFriendlyLou.com/Louisville-Initiative](http://www.AgeFriendlyLou.com/Louisville-Initiative)

### About Our Logo

- Aspects of Louisville culture: the intertwined Louisville fleur-de-lis and the butterfly of Muhammad Ali's famous quote.
- Age-friendly font (sans serif) and bright colors with high contrast to allow for greater readability.
- The colors reflect the multi-colored logo of the WHO Age-Friendly City Initiative (below), which allows us to have a local, unique design that visually connects to the global Age-Friendly City initiative.



# Initiative Phases: Phase 1

## Comprehensive Plan Collaboration & Infrastructure Development



OCTOBER 26, 2017

### Domain Selection

On October 26, 2017 AFL held a community meeting entitled “Diving into Domains.” At this meeting, AFL leadership provided an overview of the eight domains of livability. For feasibility purposes, AFL leadership decided to focus on four domains for the first action plan due in the second year. Attendees were asked to complete a survey indicating for which domains they would like to help develop an action plan. This survey was sent out to the entire AFL email listserve. The survey is available in Appendix A.



Community members exploring which domains the initiative should focus on

### Selected Domains

To finalize the four domains, the leadership conducted two analyses:

- 1) Review of the expertise of individuals in AFL’s list serve in order to determine possible distribution of skill-sets and connections.
- 2) A survey assessing community interest of the different domains.

From these two analyses, the leadership decided that the initiative should focus on the following four domains:



Housing



Mobility & Access\*

\*Modified name for Transportation



Social Participation, Respect, & Inclusion\*

\*Hybrid domain merging Social Participation and Respect & Social Inclusion



Community Supports & Health Services

### Survey Results

#### 1) List serve Industry

Housing	8
Transportation	4
Social Participation	77
Outdoor Spaces & Buildings	4
Respect & Social Inclusion	39
Civic Participation & Employment	51
Communication & Information	22
Community Support & Health Services	373

#### 2) Domain Interest Survey (% out of 47)

Housing	38%
Transportation	28%
Social Participation	36%
Outdoor Spaces & Buildings	15%
Respect & Social Inclusion	36%
Civic Participation & Employment	30%
Communication & Information	25%
Community Support & Health Services	55%

# Initiative Phases: Phase 2

## Action Plan Development



July 2017 - April 2018

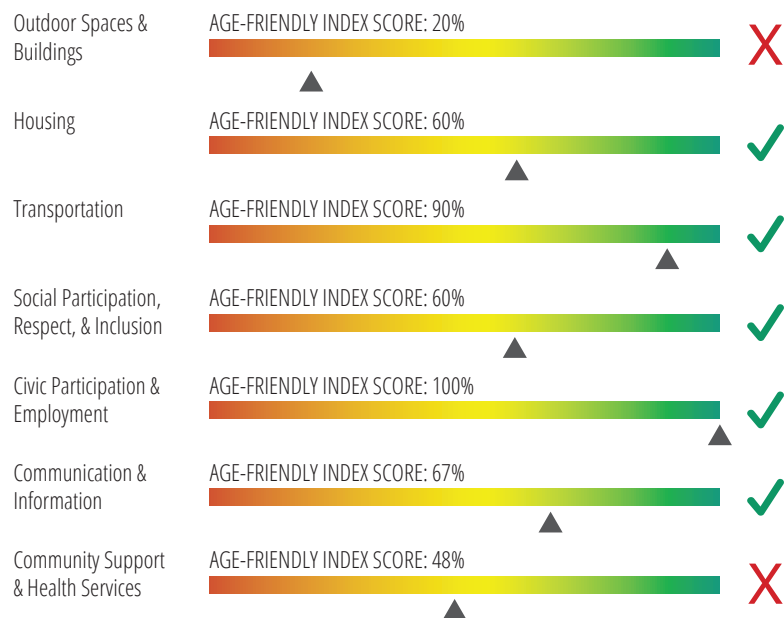
## KIPDA Needs Assessment

The 2017 KIPDA Needs Report, conducted by the UofL Institute for Sustainable Health & Optimal Aging (the Institute), analyzed the social service needs of the seven-county region of the Kentuckiana Regional Planning & Development Agency (KIPDA), representing Bullitt, Henry, Oldham, Shelby, Spencer, Trimble, and Jefferson counties. This needs assessment analyzed the existing age-friendly features of Louisville as well as identified gaps according to the eight age-friendly domains of livability. This alignment with the eight domains of livability was intentionally done in order to support age-friendly efforts across the KIPDA service region.

The Institute research team used three general approaches to gather data from the community including non-contact methods, minimal-contact observational methods, and interactive contact methods. Non-contact methods included data analysis from the US Census, Centers for Disease Control and Prevention, and Community Commons. The minimal-contact methods consisted of a survey that was available both online and at various community settings to investigate the age-friendliness of each county. The survey received 721 responses. The majority of which - 469 - came from Jefferson County. The survey was based on the *AARP Livable Communities - Great Places for all Ages Survey of Community Residents*. The survey was specifically designed by AARP to provide information on how cities can become age-friendly and was based on the World Health Organization's Global Age Friendly Initiative. Four in-person world café sessions were also held across the KIPDA service region, with two of the meetings occurring in Jefferson County.

The results for Jefferson County (Appendix C) were used as reference points during the creation of the action projects in the Strategic Plan.

### Louisville Age-Friendly Ranking



See pp. 3 - 6 for greater detail.

Link to report: [www.optimalaginginstitute.org/grants-research](http://www.optimalaginginstitute.org/grants-research)

# Initiative Phases: Phase 2

## Action Plan Development



January 26, 2018

## Facilitator Training

AFL leadership decided to have both AFL leadership and community members as facilitators of the Domain Workshops. In order to ensure the workshops were as effective as possible, the facilitators received an all-day training on January 26, 2018. Led by the leader of the Age-Friendly Lexington movement, D. Lee Ferrell, the training included an overall orientation to age-friendly and the domain checklists, the goals of the workshops, and group facilitation best practices. Facilitators selected the domain they preferred to lead at the workshops.



**Domain Workshop facilitators attending all-day training**



## Facilitator Training

Led by D. Lee Ferrell, the leader of the Age-Friendly Lexington movement, the training included:

- An overall orientation to age-friendly and the domain checklists
- The goals of the workshops
- Group facilitation best practices

Facilitators represented the following organizations:

- Center for Accessible Living
- KIPDA
- ElderServe
- Hosparus
- University of Louisville
- Louisville Metro
- Retirees

## Domain Workshop Format

In order to ensure communities in various neighborhoods were able to discuss each domain, Domain Workshops were inspired by the world café<sup>1</sup> model of community participation research.

Depending on size, the attendees would be organized in either one or two groups. Attendees would first take a pre-test (Appendix C) followed by a 5-minute presentation on AFL and our domains. Then the facilitators would lead a 20-minute discussion per domain. At the end of each 20-minute window, a different facilitator would takeover and lead the conversation for the next domain. The meeting would end with a brief post-test (Appendix D). Typically, the workshops took two hours, including breaks.

1. The "World Café" model is an inclusive and participation way of generating content that generally consist of "round tables covered in paper cloths used to capture ideas and patterns in response to a question of significance to those in attendance." Yankeelov, P.A., Faul, A.C., D'Ambrosio, J.G., Gordon, B.A., McGeeney, T.J. (2018). World Cafés Create Healthier Communities for Rural, Older Adults Living with Diabetes. Health Promotion Practice, 2.

# Initiative Phases: Phase 2

## Action Plan Development



### MARCH - MAY 2018 DOMAIN WORKSHOPS

Beginning on March 7, 2018 the Domain Workshops were conducted at various times and days of the week across a wide variety of neighborhoods. AFL leadership wanted to ensure that neighborhoods and communities had the opportunity to discuss the four chosen domains as they related to their particular neighborhood. Most workshops were held at public libraries with a few others taking place at either government or aging-related non-profit organizations (including two older adult community centers). The locations were all accessible for those with restricted mobility. The timing of the workshops was intentionally varied - including weekends, mornings, afternoons, and evenings.

**S** Mar. 7 | 6:00 pm - 8:00 pm  
South Central Library

**W** Apr. 17 | 2:00 pm - 4:00 pm  
Hand-in-Hand Ministries

**S** Mar. 14 | 11:00 am - 1:00 pm  
SunValley Community Center

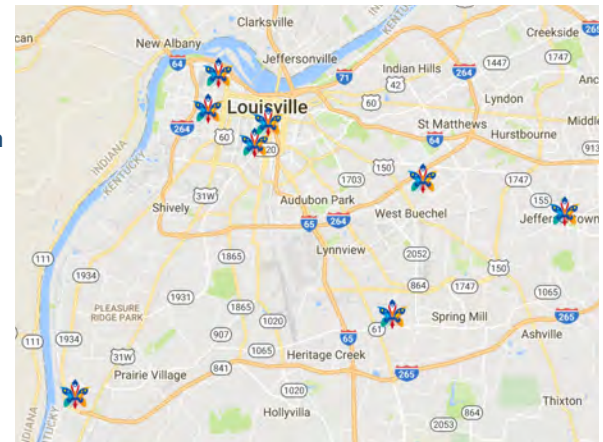
**E** Apr. 24 | 10:30 am - 12:30 pm  
Jeffersontown Library

**W** Mar. 28 | 2:00 pm - 4:00 pm  
Elderserve Senior Center

**E** Apr. 7 | 11:00 am - 1:00 pm  
Bon Air Library

**N** Apr. 4 | 9:00 am - 11:00 am  
Main Library

**N** May 9 | 2:00 pm - 4:00 pm  
The Edison Center



Elderserve Senior Center



Sun Valley Community Center



Main Downtown Library



Bon Air Library



Hand-in-Hand Ministries



Jeffersontown Library



The Edison Center

Participants at various community Domain Workshops

# Initiative Phases: Phase 2

## Action Plan Development



MAY - JUNE 2018

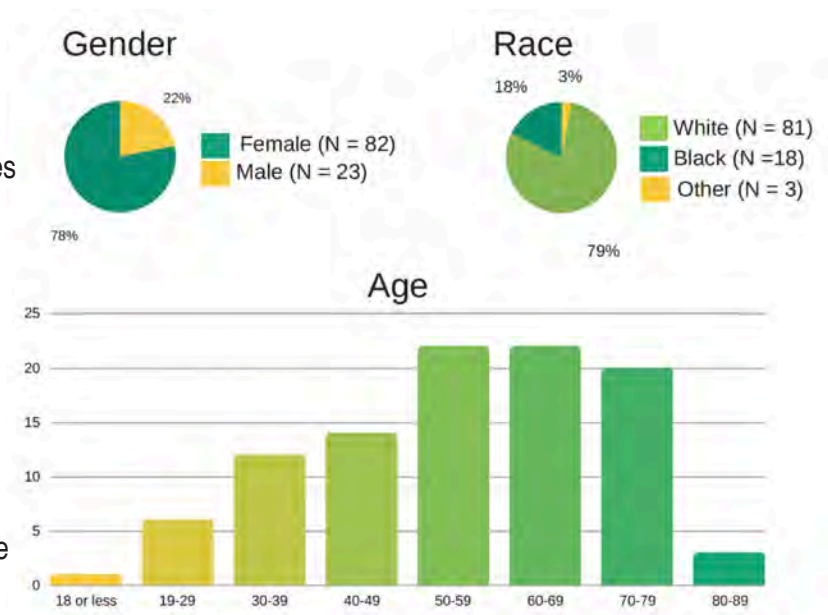
## Workshop Data Analysis

There were two components to analyzing the data generated from the Domain Workshops: Quantitative and Qualitative. The Quantitative results included the participants demographics and results of the pre- and post-surveys. The Qualitative analysis explored ideas generated from discussions at the meetings.

### Quantitative Data Analysis

Overall, the descriptive quantitative results were very strong. There were 112 total participants representing 37 of the 39 zip codes in Louisville, with a diversity of age, race, and ethnicity.

In the pre-test, participants supported the interdisciplinary approach to age-friendly but generally felt their needs were not being addressed. In the post-test, participants expressed strong approval of the content and structure of the workshops. For full results, see Appendix E.



### Qualitative Data Analysis

A team from the Institute read all the transcripts of the workshops to identify themes which were turned into a codebook. Transcripts were then coded again for strengths, barriers, and strategies using Dedoose, a qualitative analysis software. The Institute team reviewed the results to identify actionable programs. The final list of actionable projects was then simplified and edited by AFL leadership. This final list was then turned into the “Go-Zone” Analysis Survey (Appendix F).



# Initiative Phases: Phase 2

## Action Plan Development



JUNE 28, 2018

## Action Project Prioritization

In order to determine the final action projects for the AFL Strategic Plan all participants of the workshops and the Advisory Group were invited to attend a Domain Workshop debrief on June 28, 2018. The quantitative results of the workshops were shared with the attendees. After this, everyone was asked to complete the “Go-Zone” Analysis Survey which asked people to rank each project based on feasibility and importance. The Institute then conducted a “Go-Zone” Analysis on the data from the survey to learn which projects the community felt should be addressed by the current AFL Strategic Plan.



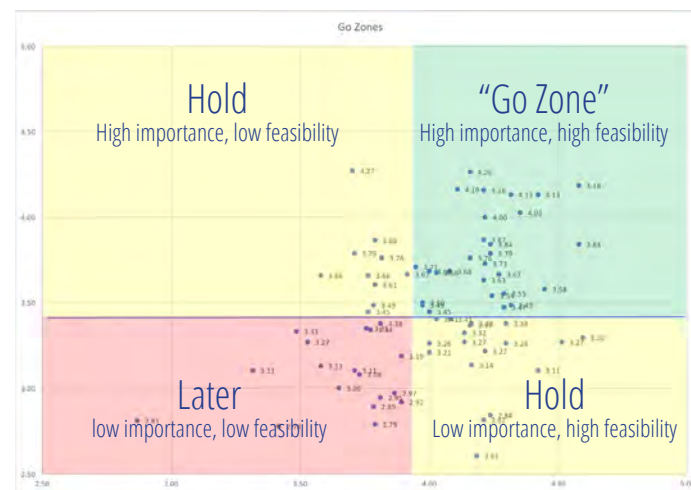
Workshop participants and Advisory Group members completing the “Go-Zone” Analysis survey

## Go-Zone Analysis

The Go-Zone analysis organized the actionable projects into the following areas:

1. “Go-Zone”: high importance & high feasibility
2. Hold: low importance & high feasibility
3. Hold: high importance & low feasibility
4. Later: low importance & low feasibility

This analysis identified projects the community deemed most important and feasible at the time. To note, the community viewed all projects as important; this process however sought to identify relative importance. Complete results of the “Go-Zone” Analysis are displayed in Appendix G.



Scatter plot showing the distribution of projects falling into the Go-Zone, hold zones, and stop zone

# Initiative Phases: Phase 2

## Action Plan Development



August 25, 2018

## Public Feedback Meeting

During the two-week feedback window, AFL held a community meeting specifically focused on reviewing the draft report and inviting input. This meeting provided critical community involvement that was incorporated into the plan.



Community members at report feedback meeting



September 1 - September 15, 2018

## Public Feedback Window

After AFL Leadership drafted and edited the 2018 Strategic Action Plan, there was a two-week window for public comment and feedback. During this time, community members and advisory group members were invited to review the entire report and provide their thoughts and suggestions. This editing period ensured that there was community input at every stage of developing, writing, and finalizing of this document.



Website announcing public feedback opportunities

# ACTION PLAN

STORYTIME

# Action Plan Overview

## How to Read this Plan

### Introduction

This section of the Strategic Plan provides the specific action projects that AFL will work to implement over the next three years. This section is organized first by the primary domain (the four AFL domains). The projects are grouped by the overarching goal then by objective and action (task). Each project is designed to ensure a balance of short-term achievements (or quick wins), which would maintain momentum and interest, and more incremental, long-term actions.

#### Primary & Secondary Domains

The action projects identified in this section are organized by the primary domain they address. However, all projects intersect multiple age-friendly domains.

These secondary themes are denoted next to specific projects through the following icons:



HOUSING



TRANSPORTATION



SOCIAL PARTICIPATION



OUTDOOR SPACES & BUILDINGS



RESPECT & SOCIAL INCLUSION



COMMUNITY SUPPORT & HEALTH SERVICES



COMMUNICATION & INFORMATION



CIVIC PARTICIPATION & EMPLOYMENT

#### Short & Long-Term Successes

In order to show the balance of short-term objectives (“quick-wins”) and long-term objectives (major projects), the following icons are placed next to objectives and actions:



Short-Term Objectives

“Quick Wins” that can be accomplished in the first year.



Long-Term Objectives

“Major projects” that will take multiple years to complete.

### Implementation Partners

The core implementation partners consist of the four AFL leadership partners and are denoted by the following abbreviations:

“Age-Friendly Leadership” - all four leading partners of Age-Friendly Louisville: Louisville Metro

AARP Kentucky, KIPDA, UofL Institute for Sustainable Health & Optimal Aging

H - Housing Domain

M&A: Mobility & Access Domain

SPR&I: Social Participation, Respect, & Inclusion Domain

CS & HS: Community Supports & Health Services Domain

Various other community partners are identified per each action project.

**Implementation task forces:** for each domain, AFL will establish a “task force” group consisting of AFL Advisory Group members and community members.

# Action Plan

## How to Read this Plan

### Promotion Plan




The following list of digital, print, and in-person channels will form the core of AFL promotion efforts and is subject to change per the needs of individual projects.

- Social Media (Facebook, Twitter, Next Door app)
- Website Updates
- Email communications
- Community presentations
- Fliers and handouts
- Cross promotion of content by AFL leading partners
- Radio, TV, and Magazine content (paid content and reported articles)
- Coordination with community influencers to share content (to include, Metro Council members, local TV personalities, etc.)

A specific task force will be created with the specific goal of brainstorming creative and cost-effective promotion methods that ensure people of all ages and abilities hear about the work of AFL.

## General

**Goal 1:** Strengthen the effectiveness and sustainability of the Age-Friendly Louisville initiative by securing a dedicated program manager.

OBJECTIVE		ACTION	PARTNERS	DEADLINE	METRICS
1. Secure funding sources for a dedicated staffing position		1. Identify possible funding sources, including AmeriCorps Vista volunteer or having funder “loan” an employee.	Age-Friendly Leadership	2019	No. of potential funding sources
		2. Apply and secure necessary funding from identified source.	Age-Friendly Leadership	2019	Successful application for funding
		3. Have position secured.	Age-Friendly Leadership	2020	Position filled

# Action Plan



## Housing

### Vision for Housing-Related Projects:

Louisville will have accessible and affordable housing with adequate maintenance resources to encourage aging-in-place.

### DOMAINS

### Housing-Related Projects:

Primary

Secondary

**Goal 1:** Increase the number of home maintenance resources for older adults to ensure they can stay in their homes as long as possible.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Mobilize volunteers to support home maintenance and develop a sustainable model for all socio-economic levels.	 <b>1.</b> Conduct a survey of all possible volunteer groups that can support home maintenance for older adults.	H Work Group and volunteer groups. Potential partners could include: RSVP Program, Community Action, Faith-based community groups, Jefferson County Public Schools (JCPS), Neighborhood associations; Age-Friendly Leadership	2019	# of volunteer groups identified
	 <b>2.</b> Build working relationships with volunteer groups identified.		2020	# of volunteer groups willing to provide maintenance services to older adults
	 <b>3.</b> Create an intergenerational mentorship program between maintenance volunteer groups and older adults.	H Work Group and maintenance and home building organizations. Potential partners could include: Building Industry Association (BIA), Habitat for Humanity, New Directions, Building Industry Association of Greater Louisville, JCPS; Age-Friendly Leadership	2020	# of mentorship groups created
	 <b>4.</b> Build working relationships with supplier groups that can donate and/or provide at reduced cost materials and tools for home maintenance.		2020	# of supplier groups willing to provide maintenance materials/tools

# Action Plan

## DOMAINS

### Housing-Related Projects CONT.

Primary

Secondary

**Goal 1:** Increase the number of home maintenance resources for older adults to ensure they can stay in their homes as long as possible.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Mobilize volunteers to support home maintenance and develop a sustainable model for all socio-economic levels.	<b>5.</b> Develop a list of affordable contractors willing to provide home repair services (including lawn care) at a reasonable cost to older adults.	H Work Group; Age-Friendly Leadership	2019	# of affordable contractors
	<b>6.</b> Marketing and delivering of volunteer home and yard maintenance services.	H Work Group and maintenance and home building organizations. Potential partners could include: Habitat for Humanity, New Directions, Building Industry Association of Greater Louisville, Housing Partnership, Inc., RSVP Program, Community Action, Faith-based community groups, JCPS, Neighborhood associations, Age-Friendly Leadership	2021	# of volunteer home maintenance services delivered to older adults

#### LONG-TERM OBJECTIVE

- By 2022, Develop a sliding scale rate for maintenance service (similar to [Fresh Stops](#)).

# Action Plan

## DOMAINS

### Housing-Related Projects CONT.

Primary

Secondary

Goal 1: Increase the number of home maintenance resources for older adults that will allow them to stay in their homes as long as possible.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
2. Develop a Louisville <a href="#">Village</a> for older adults.	<b>1.</b> Recruit seniors who want to be part of the Village and pay a small membership fee.	H Work Group; Age-Friendly Leadership	2020	# of seniors recruited
	<b>2.</b> Set up the membership with the <a href="#">VtV Network</a> and use their resources to formalize the Louisville Housing Village.		2021	# of services delivered as part of Louisville Village



# Action Plan

## DOMAINS

### Housing-Related Projects CONT.

Primary

Secondary

**Goal 2:** Increase the number of home builders in Louisville who have earned the Certified Aging in Place Specialist (CAPS) certification from the National Association of Home Builders.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Mobilize builders to support home modifications, by increasing the number of home builders in Louisville who have earned the Certified Aging in Place Specialist (CAPS) certification from the National Association of Home Builders.	<b>1.</b> Develop a list of home builders in the Louisville area that are active in the house modification business.	H Work Group; Potential partners could include: Building Industry Association of Greater Louisville (BIA); Age-Friendly Leadership	2019	# of home builders identified
	<b>2.</b> Work with these home builders to earn their CAPS.		2020	# of CAPS qualifications earned
	<b>3.</b> Market these home builders to the aging community.		2021	# of actual home modifications completed by CAPS certified builders
<b>2.</b> Mobilize building supply companies to support home modifications.	<b>1.</b> Work with builder supply companies (eg. Lowe's, Home Depot) to have a section on home modifications where workshops can be held on how to modify houses to be age-friendly and older adults can receive one-on-one consultations.	H Work Group; Age-Friendly Leadership	2019	# of older adults served by participating builder supply companies

# Action Plan



## Mobility & Access

### Vision for Mobility & Access - Related Projects:

Louisville will have accessible transportation for all citizens regardless of where they live.

### DOMAINS

#### M&A-Related Projects:

Primary

Secondary

**Goal 1:** Work with Regional Mobility Council (RMC) to ensure that TARC is affordable and network maps are accessible and understandable to all community members.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Have Age-Friendly members on the Regional Mobility Council and Transportation Accessibility Advisory Council (TAAC) who will advocate for TARC affordability along with the inclusion of accessible and understandable TARC maps as a priority issue on the RMCs agenda.	<b>1.</b> Age-Friendly members attend RMC meetings regularly and promote the need for TARC affordability along with accessible and understandable TARC maps. Participate in the TARC Comprehensive Operational Analysis.	M&A Work Group; Potential Partners include: Louisville Metro Office for Aging/ Disabled Citizens (OADC), AARP, KIPDA	2019	# of members on RMC
	<b>2.</b> Have age-friendly members on the TAAC.	M&A Work Group; Potential Partners include: OADC, AARP, KIPDA	2019	# of members on TAAC
	<b>3.</b> Collaborate on the upcoming TARC strategic planning process (the Comprehensive Operational Analysis)	M&A Work Group; Age-Friendly Leadership	2020	# of members on strategic planning committee

# Action Plan

## DOMAINS

### M&A-Related Projects CONT.

Primary

Secondary

**Goal 2:** Improve sidewalks, crosswalks, and signal crossing times/options to ensure all citizens are able to access their communities safely.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Work with the Metropolitan Planning Organization (MPO) to ensure that the age-friendly improvement of sidewalks, crosswalks, and signal crossing times/options are included in the Metropolitan Transportation Plan.	<b>1.</b> Appoint an Age-friendly committee member whose responsibility is to attend mobility and access-oriented meetings in Louisville and report back to the full age-friendly committee to help strategy development in implementing improved sidewalk, crosswalk, and crossing time/options changes.	M&A Work Group Potential Partners include: RMC, Local Governments, Louisville Metro Public Works, KIPDA, UofL Institute for Sustainable Health & Optimal Aging	2019	# of members on MPO
	<b>2.</b> Advocate for funding for age-friendly activities and projects, to include city funding allocation, grants, and donation.	M&A Work Group; Age-Friendly Leadership	2021	Amount of funds allocated to aging-related efforts/projects

#### LONG-TERM OBJECTIVE

- Begin exploring possible programs and cultivating potential partners (including start-ups and entrepreneurs) for creative transportation offerings such as Door-to-Door services and transportation banks.

# Action Plan



## Social Participation, Respect, & Inclusion

Vision for SPR&I - Related Projects:

Louisville will have accessible, affordable and fun social activities that emphasize intergenerational participation.

### DOMAINS




SPR&I-Related Projects:

Primary

Secondary

Goal 1: Increase the number of opportunities for intergenerational communication.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
1. Create social engagement programs.	 <b>1.</b> Develop one-on-one communication outlets for older adults to reduce isolation and loneliness (mentorship).	SPR&I Work Group; Potential partners could include: Office for Safe and Healthy Neighborhoods, ElderServe (Telephone Reassurance), JCPS, Metro Parks, Girl Scouts, Scouts of America, Community Centers; Age-Friendly Leadership	2020	# of pairings established
	 <b>2.</b> Build relationships with community partners such as local colleges, Boys and Girls clubs, Girl Scouts, and Scouts of America, Big Brothers Big Sisters, etc.	SPR&I Work Group; Potential partners could include: Office for Safe and Healthy Neighborhoods; Age-Friendly Leadership	2020	# of meetings with listed organizations
	 <b>3.</b> Increasing multigenerational offerings of affordable fun social activities.	SPR&I Work Group; Age-Friendly Leadership	2021	# of multi-generational offerings of affordable fun social activities

# Action Plan

## DOMAINS



### SPR&I-Related Projects CONT.

Primary

Secondary

Goal 2: Organize trainings to support community safety and social engagement.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Improve community cohesion to guard against elder abuse.	 <b>1.</b> Determine what trainings are already established through reaching out to Department of Social Services, Louisville Metro Police Department (LMPD), medical professionals, etc.	SPR&I Work Group; Potential partners could include: Elder Abuse Coordinating Committee, Kentucky Attorney General Office of Senior Protection and Mediation, UofL Medical School; Age-Friendly Leadership	2019	# of trainings identified
	 <b>2.</b> Develop training program to recognize and take action against challenges that can arise from older adult isolation and loneliness, such as elder abuse and increased risk of suicide.	SPR&I Work Group; Age-Friendly Leadership	2020	# number of trainings held  # of attendees

# Action Plan



## Community Support & Health Services

### Vision for CS & HS - Related Projects:

Residents of Louisville will have access to health resources in their community and will be supported in their interest to “age in place” due the compassionate care of well-trained public service employees, caregivers, and family members.

### DOMAINS

### CS & HS -Related Projects:

Primary

Secondary

**Goal 1:** Increase the capacity of community organizations to promote health resource information.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Neighborhood Associations, Neighborhood Places, community ministries, and other community organizations will have developed a systemic plan to promote awareness of health resource clearinghouses serving older adults (e.g., KIPDA Aging and Disability Resource Center (ADRC), Louisville Metro Office for Aging and Disabled Citizens, 211, and People’s Health Network, etc).	<b>1.</b> Work with the aforementioned organizations to assess the current methods of communication with their members and the degree to which they currently share specific health resource information.	CH & HS Work Group; Potential partners could include: Neighborhood Associations, Center for Neighborhoods, Neighborhood Places, Office of Public Health & Wellness, local Council members, community ministries; Age-Friendly Leadership	2019	Development of list
	<b>2.</b> Work with the organizations to develop a public campaign to communicate health resources to be used across all aforementioned sectors.		2019	Creation of Plan
	<b>3.</b> Age-Friendly Louisville Community will implement plan.		2019	Plan Launch

# Action Plan

## DOMAINS

### CS & HS -Related Projects CONT.

Primary

Secondary

Goal 1: Increase the capacity of community organizations to promote health resource information.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>2.</b> Community organizations will promote and expand exercise programs and health-promotion programs (such as healthy food resources, alternative pain management methods) as deemed appropriate and desirable for their residents.	<b>1.</b> Community organizations are surveyed for interest and current opportunities.	CH & HS Work Group; Potential partners could include: Neighborhood Associations & Louisville Metro Park and Recreation's Adaptive and Inclusive Recreation Program; Age-Friendly Leadership	2019	Survey complete and analyzed
	<b>2.</b> Community organizations are introduced to a sample of possible locally-based programs currently demonstrating success in Louisville.	CH & HS Work Group; Potential partners could include: Louisville Metro Park and Recreation's Adaptive and Inclusive Recreation Program and Directors/ Leaders of evidence-based programming, JCPS; Age-Friendly Leadership	2019	# of meetings with interested parties
	<b>3.</b> Community organizations are trained in their selected programs.	CH & HS Work Group; Potential partners could include: Directors/Leaders of evidence-based programming; Age-Friendly Leadership	2020	# of trainings occurred
	<b>4.</b> Community organizations implement their desired programming.	Neighborhood Associations	2021	# of neighborhood associations offer programming and outcomes are measured

# Action Plan

## DOMAINS

### CS & HS -Related Projects CONT.

Primary

Secondary

Goal 1: Increase the capacity of community organizations to promote health resource information.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>3.</b> Public service employees (e.g. Police, Fire, EMS, sheriffs, etc) will be trained in age-friendly practices to support older adult residents and their families.	<b>1.</b> Research existing local curriculum such as the sensitivity training for working with individuals with disabilities and explore curriculum from other age-friendly cities which aims to train public service employees in age-friendly practices.	CH & HS Work Group; Potential partners could include: Louisville Metro Emergency Management, LMPD Crimes Against Senior Division; Age-Friendly Leadership	2019	Curriculum options located
	<b>2.</b> Develop a taskforce of representatives of various public service sectors to consider implementation.	CH & HS Work Group; Potential partners could include: Louisville Metro Emergency Management, LMPD Crimes Against Senior Division; Age-Friendly Leadership	2019	Taskforce developed
	<b>3.</b> Work with taskforce to modify curriculum and develop a training schedule.	CH & HS Work Group; Potential partners could include: Public Service Reps; Age-Friendly Leadership	2020	# meetings held
	<b>4.</b> Incorporate the curriculum into existing training schedules of the various public service sectors and first class of public service workers trained.	CH & HS Work Group; Potential partners could include: Public Service Organization HR divisions; Age-Friendly Leadership	2021	# training scheduled established and public service workers are trained



# Action Plan

## DOMAINS



### CS & HS -Related Projects CONT.

Primary


Secondary

**Goal 2:** Residents of Age-Friendly Louisville will have access to training to feel prepared to support their family and neighbors to “age in place.”



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
<b>1.</b> Explore methods to collaborate with AARP’s Prepare to Care Program to expand its reach and to include volunteer health advocates in their programming.	 <b>1.</b> Research existing local caregiver curriculum and explore caregiver curriculum for other age-friendly cities for working with individuals with disabilities and explore curriculum from other age-friendly cities which aims to train public service employees in age-friendly practices.	CH & HS Work Group; Age-Friendly Leadership	2019	Expanded schedule of offerings of the Prepare to Care Program
	 <b>2.</b> Enhance and expand current disease-specific support group options (e.g., Alzheimer’s Association, Parkinson Support Center of Kentuckiana).	CH & HS Work Group; Potential partners could include: Disease-Specific Nonprofit Organizations; Age-Friendly Leadership	2020	# of support group  # of attendees  # of educational resources

#### LONG-TERM OBJECTIVE

- 
 By 2021, public community health centers will be trained in age-friendly practices to support older adult residents and their families.

# Action Plan

## DOMAINS






### CS & HS -Related Projects CONT.

Primary

Secondary

**Goal 3:** Healthcare providers and residents will have greater awareness of the risk taking opioid medications for pain and the value of alternative pain management strategies.



OBJECTIVE	ACTION	PARTNERS	DEADLINE	METRICS
1. Educate primary care providers (PCPs) on the risk of prescribing opioid medication for pain and value of alternative pain management strategies.	 <b>1.</b> Develop a resource guide for PCPs about opioid misuse and alternative pain management strategies.	CH&HS Work Group; Potential partners include: Kentucky American Medical Association, Q-source, Metro Public Health & Wellness, Kentucky Primary Care Association, Mental Health Coalition, Kentucky Dental Association	2019	Resource Guide developed
	 <b>2.</b> Explore and modify existing curriculum for training PCPs in the risk of opioid misuse and alternative pain management strategies.		2020	Curriculum identified and developed
	 <b>3.</b> Offer trainings to PCPs.		2021	# of trainings offered
2. Educate patients/residents on the risk of taking opioid medication for pain and value of alternative pain management strategies.	 <b>1.</b> Explore and modify current patient-friendly factsheets for educating patients on the risk of opioid misuse and alternative pain management strategies.		2019	Factsheet developed  # of factsheets distributed
	 <b>2.</b> Implement patient training and programs related to alternative pain methods, along with other exercise and health-promotion programs, as discussed in Goal 1, Objective 2 under CH & HS-Related Projects.			

# APPENDIX

# Appendix A: Domain Selection Survey

---

## Age-Friendly Domains Interest Form

As we begin creating domain specific focus groups, let us know what topics you are most interested in contributing to.

Which Age-Friendly domains/topics would you like to contribute to and to learn more about?

- Housing
- Transportation
- Social Participation
- Outdoor Spaces and Buildings
- Respect and Social Inclusion
- Civic Participation & Employment
- Communication & Information
- Community Support and Health Services
- Age-Friendly Louisville Advisory Group



# Appendix B: KIPDA Needs Assessment

## Jefferson County Handout P.1

### OUTDOOR SPACES & BUILDINGS

#### Public Data

##### Air Quality

- **10** days a year, ozone levels are so high that it presents a risk to adults with respiratory diseases, for example asthma, emphysema, and chronic bronchitis.  
⇒ Target:  $\leq 5$  days
- The average concentration of fine particulate pollution caused by fires and gasses emitted from power plants, industries and cars is **11**. This pollution can trigger cardiovascular diseases.  
⇒ Target:  $\leq 9$



##### Weather

- **7%** of weather observations indicate a high heat index value that put older adults with heart disease and without access to air conditioning at risk.  
⇒ Target:  $\leq 5$

##### Parks

- **46%** live within 0.5 mile from a park  
⇒ Target:  $\geq 38\%$

##### Road safety

- **12** motor vehicle crash deaths per 100,000.  
⇒ Target:  $\leq 8$
- **31%** of driving deaths had alcohol involvement  
⇒ Target:  $\leq 13$



# Appendix B: KIPDA Needs Assessment

## Jefferson County Handout P. 2

### Walkability

- Some zip codes are completely car dependent and not amenable to walking with some zip codes that are somewhat walkable and the inner city being very walkable. For older adults, walkability is an indication of a sustainable environment for aging in place since it indicates close proximity and access to services and goods.

Zip Code	Walkability Score	Classification
40023	0	Car Dependent
40025	3	Car Dependent
40041	63	Somewhat Walkable
40059	1	Car Dependent
40118	12	Car Dependent
40202	87	Very Walkable
40203	71	Very Walkable
40204	70	Very Walkable
40205	52	Somewhat Walkable
40206	54	Somewhat Walkable
40207	27	Car Dependent
40208	67	Somewhat Walkable
40209	31	Car Dependent
40210	46	Car Dependent
40211	42	Car Dependent
40212	52	Somewhat Walkable
40213	36	Car Dependent
40214	36	Car Dependent
40215	53	Somewhat Walkable
40216	36	Car Dependent
40217	58	Somewhat Walkable
40218	32	Car Dependent
40219	31	Car Dependent
40220	43	Car Dependent
40222	54	Somewhat Walkable
40223	54	Somewhat Walkable
40228	13	Car Dependent
40229	12	Car Dependent
40241	18	Car Dependent
40242	32	Car Dependent
40243	19	Car Dependent
40245	7	Car Dependent
40258	22	Car Dependent
40272	14	Car Dependent
40280	47	Car Dependent
40291	15	Car Dependent
40299	18	Car Dependent

### Neighborhood Safety

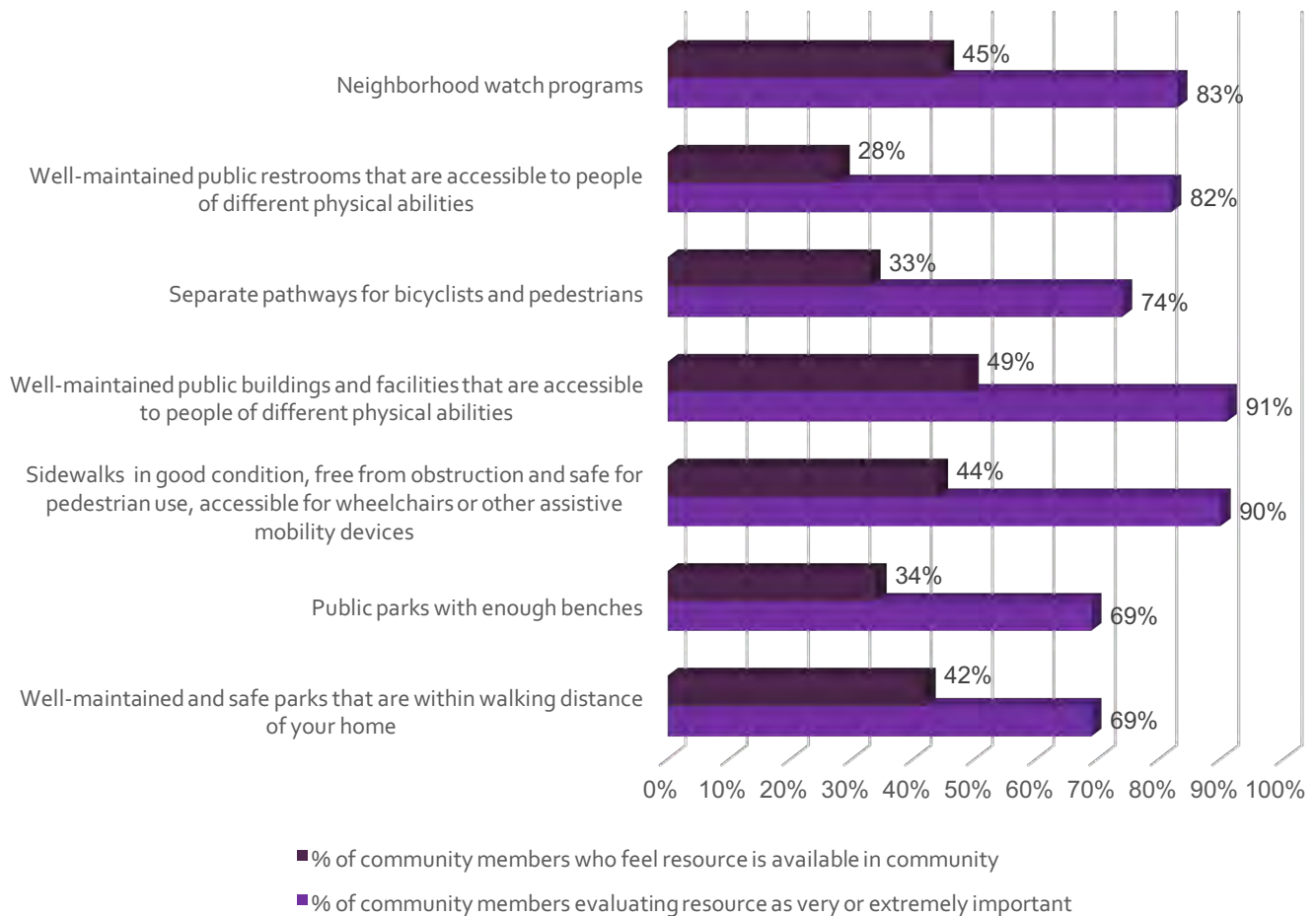
- 563** violent crimes per 100,000 (including murder, non-negligent manslaughter, forcible rape, robbery, aggravated assault)  
 ⇒ Target: ≤ **380**

# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 3

## Survey Data – Your Community Voice

### Outdoor Space Resources



The biggest gaps between importance of a resource and perceived availability lies with well-maintained public restrooms that are accessible to people of different physical abilities, and sidewalks that are in good condition.

# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 4

## TRANSPORTATION

### Public Data

#### Need for Transportation Services

- **3%** of residents use public transportation to commute to work.  
⇒ Target: **≥ 5%**
- **10%** of households do not have access to motor vehicles.  
⇒ Target: **≤ 9%**



### Survey Data – Your Community Voice

#### Type of Transportation use for general and non-emergency medical transportation

- Residents from Jefferson County are very car dependent, having to drive themselves to places they need to visit.
- This presents challenges for the **32%** of residents who indicated that they do not drive anymore.



	General Transportation (eg. shopping, running errands, going other places)	Non-Emergency Medical Transportation (eg. going to a doctor, pick up meds, going for specialized medical services)
Type of Transportation	% of community members using the type of transportation almost or almost always	% of community members using the type of transportation almost or almost always
Drive self	64%	63%
Bike	2%	2%
Walk	8%	3%
Have a neighbor drive	3%	2%
Have a friend drive	8%	6%
Have a family member drive	19%	20%
Have a church member drive	5%	3%
Public Transportation	7%	6%
Taxi/cab	1%	1%
Special transportation service (eg. one for seniors or persons with disabilities)	9%	10%
Ambulatory service	-	4%
Don't go and stay home	7%	6%



# Appendix B: KIPDA Needs Assessment

## Jefferson County Handout P. 5

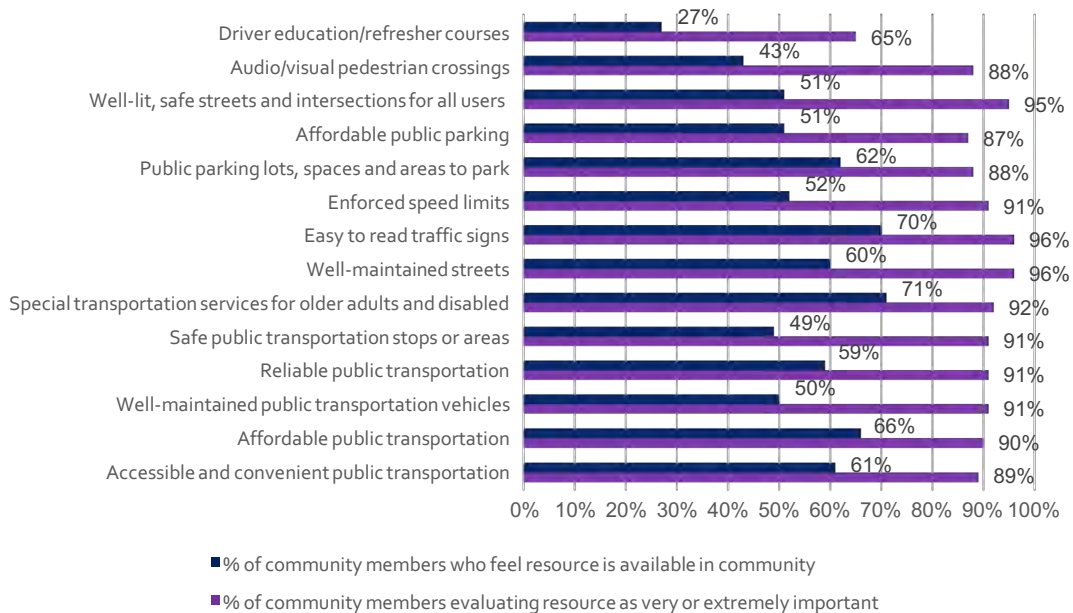
### Preferred Mode of Transportation If No Longer Able to Drive

- Residents feel that they will mostly be dependent on family members to drive them where they need to be once they cannot drive anymore.
- **26%** have used Uber or Lyft.
- **30%** feel confident that they will be able to use a rider app to request a ride if needed.
- **41%** feel education on how to use transportation apps will be beneficial to them.



Type of Transportation	% of community members using the type of transportation almost or almost always
Bike	9%
Walk	45%
Have a neighbor drive	23%
Have a friend drive	56%
Have a family member drive	75%
Have a church member drive	24%
Public Transportation	42%
Taxi/cab	45%
Special transportation service (eg. one for seniors or persons with disabilities)	57%
Don't go and stay home	13%

### Transportation Resources



The biggest gaps between importance of a resource and perceived availability lies with audio/visual pedestrian crossings, well lit, safe streets and intersections for all users, safe public transportation stops, and well-maintained public transportation vehicles.

# Appendix B: KIPDA Needs Assessment

## Jefferson County Handout P. 6

### HOUSING

#### Public Data

##### Affordability of Housing

- **30%** of all households pay more than 30% of their income on the cost of housing.  
⇒ Target:  $\leq$  **34%**
- **24%** of households whose owners are 65+ pay more than 30% of their income on the cost of housing.  
⇒ Target:  $\leq$  **27%**
- These households may encounter problems purchasing other necessities such as food and medical care.



##### Availability of Housing Assistance

- There are **627** HUD-Assisted units per 100,000 housing units in the county (**286** actual housing complexes).  
⇒ Target:  $\geq$  **375**

##### Housing Conditions and Quality of Living

- **2%** of houses in the county are overcrowded  
⇒ Target:  $\leq$  **3%**
- **30%** of houses in the county have one or more substandard condition  
⇒ Target:  $\leq$  **34%**
- **10%** of housing units are vacant  
⇒ Target:  $\leq$  **14%**

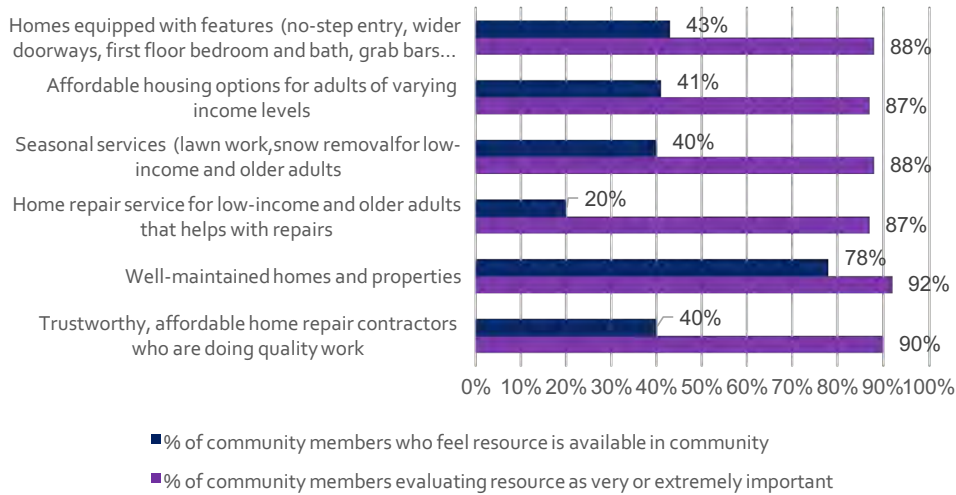


# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 7

## Survey Data – Your Community Voice

### Housing Related Resources



The biggest gap between importance of a resource and perceived availability lies with a home repair service for low income and older adults that helps with repairs.



### Living Independently as Age

- 90% or residents feel it is very or extremely important to live independently as age

Modifications Needed	% of community members who feel they will have to make modification to their home to stay independent	% of community members feeling very or extremely confident that they will be able to afford modifications	% of community members feeling very or extremely confident that they have the ability to make the modifications
Easier access into or within your home such as a ramp, chairlift or elevator, or wider doorways	35%	21%	19%
Bathroom modifications such as grab bars, handrails, a higher toilet or non-slip tiles	60%		
Putting a bedroom, bathroom and kitchen on the first floor	28%		
Improving lighting	44%		
Installing a medical emergency response system that notifies others in case of emergency	48%		

Even though many modification needs are identified by residents, they do not have confidence that they will be able to afford these modifications or that they will be able to make these modifications.

# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 8

## SOCIAL PARTICIPATION, RESPECT, & INCLUSION

### Public Data

#### Engagement in Active Workforce

- **66%** of county residents participate in the labor force  
⇒ Target:  $\geq 64\%$
- **8%** of county residents are unemployed  
⇒ Target:  $\leq 8\%$



#### Vulnerability to Isolation

- **31%** households do not have children in household  
⇒ Target:  $\leq 34\%$
- **40%** of households are non-family households (living alone or with unrelated individuals)  
⇒ Target:  $\leq 34\%$
- **19%** of residents' self-report insufficient social and emotional support all or most of the time  
⇒ Target:  $\leq 21\%$

#### Social Membership Associations

- There are **10** social membership associations per 100,000 population (**763** actual organizations)  
⇒ Target:  $\geq 11$



# Appendix B: KIPDA Needs Assessment

## Jefferson County Handout P. 9

### Survey Data – Your Community Voice

#### Socialization

- **67%** interact with friends, family or neighbors in the community at least once a day
- **42%** feel almost always or always included in activities in their neighborhood

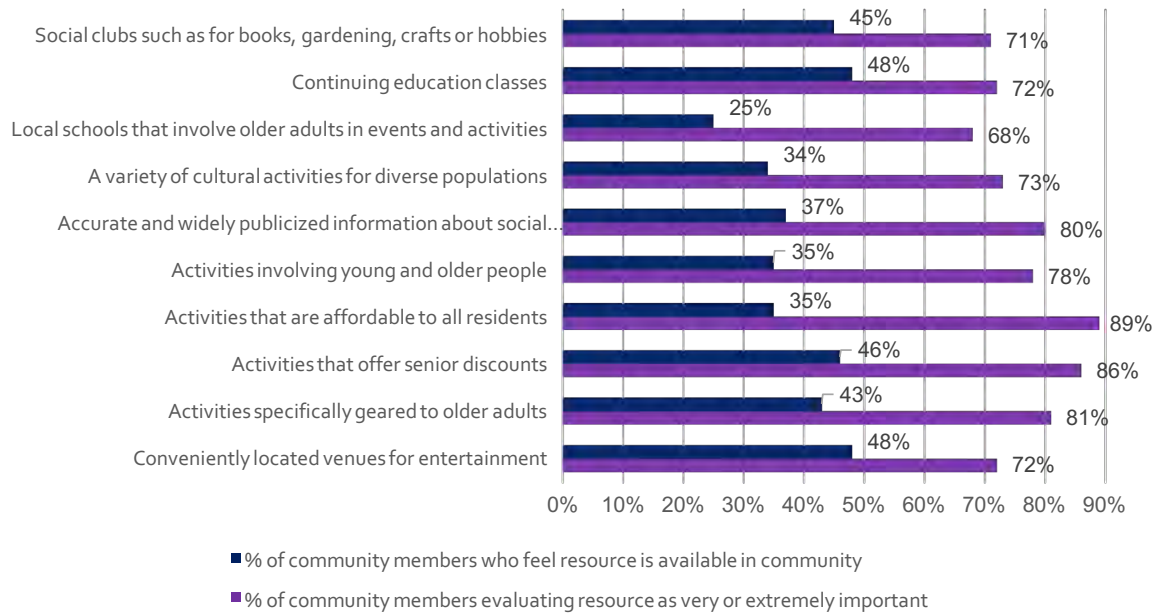
#### Continuing Education or Self-Improvement Classes

- **73%** of community members attend continuing education or self-improvement classes.

Venue	% of community members who go to venue
University/Community College	18%
Department of Parks and Recreation	7%
Faith Community	22%
Local organizations or businesses	18%
Community center	12%
Senior center	13%
Offerings through work	12%
Online programs	22%

The venues most used for these classes are faith communities and online programs.

#### Social Participation Resources



The biggest gap between importance of a resource and perceived availability lies with activities that are affordable to all residents.

# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 10

## CIVIC PARTICIPATION & EMPLOYMENT

### Public Data

#### Engagement in Active Workforce 65+

- **17%** adults 65+ are employed  
⇒ Target:  $\geq 17\%$

#### Voter Participation

- **62%** of residents voted in the 2016 general election  
⇒ Target:  $\geq 57\%$

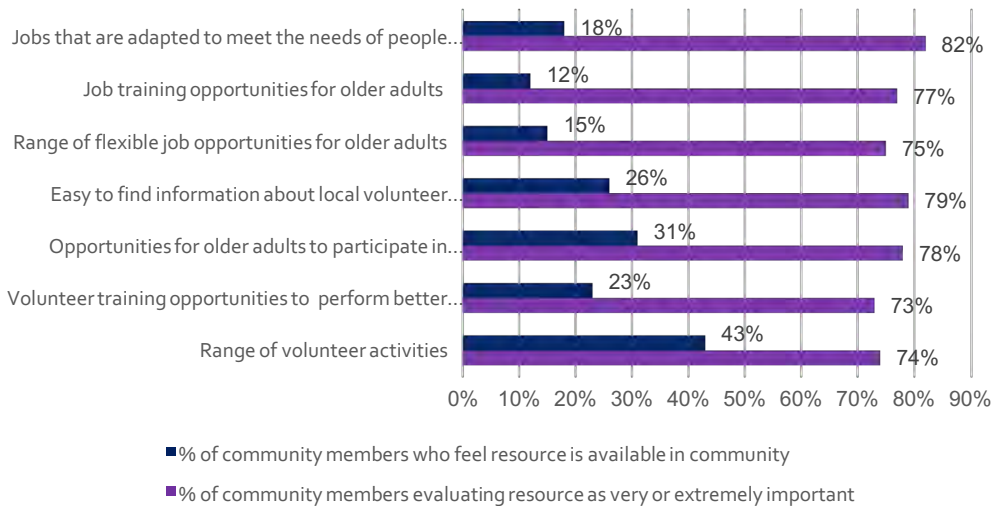


### Survey Data – Your Community Voice

#### Employment Status

- **53%** of the respondents were retired.
- Of those not retired, **61%** will very or extremely likely continue to work as long as possible

Civic Participation and Employment Resources



The biggest gap between importance of a resource and perceived availability lies with job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work, jobs that are adapted to meet the needs of people with disability and a range of flexible job opportunities for older adults.

# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 11

## COMMUNICATION & INFORMATION

### Public Data

#### Internet Access

- 89% of residents do have a computer in the house

⇒ Target: ≥ 89%

- 84% do have internet access in the house

⇒ Target: ≥ 82%



### Survey Data – Your Community Voice

#### Community Information About Services For Older Adults

Resource	% of community members who will turn to resource about services
Local Senior Center	80%
Local Area Agency on Aging	82%
Family or friends	93%
Local non-profit	85%
AARP	73%
Faith based organization	76%
Internet	79%
Phone books	47%
Doctor or healthcare professional	85%
Local governmental officials, eg. Department of Health	69%
Library	64%

Family or friends, local non-profits, and doctors or healthcare professionals are the most used information resource.



# Appendix B: KIPDA Needs Assessment

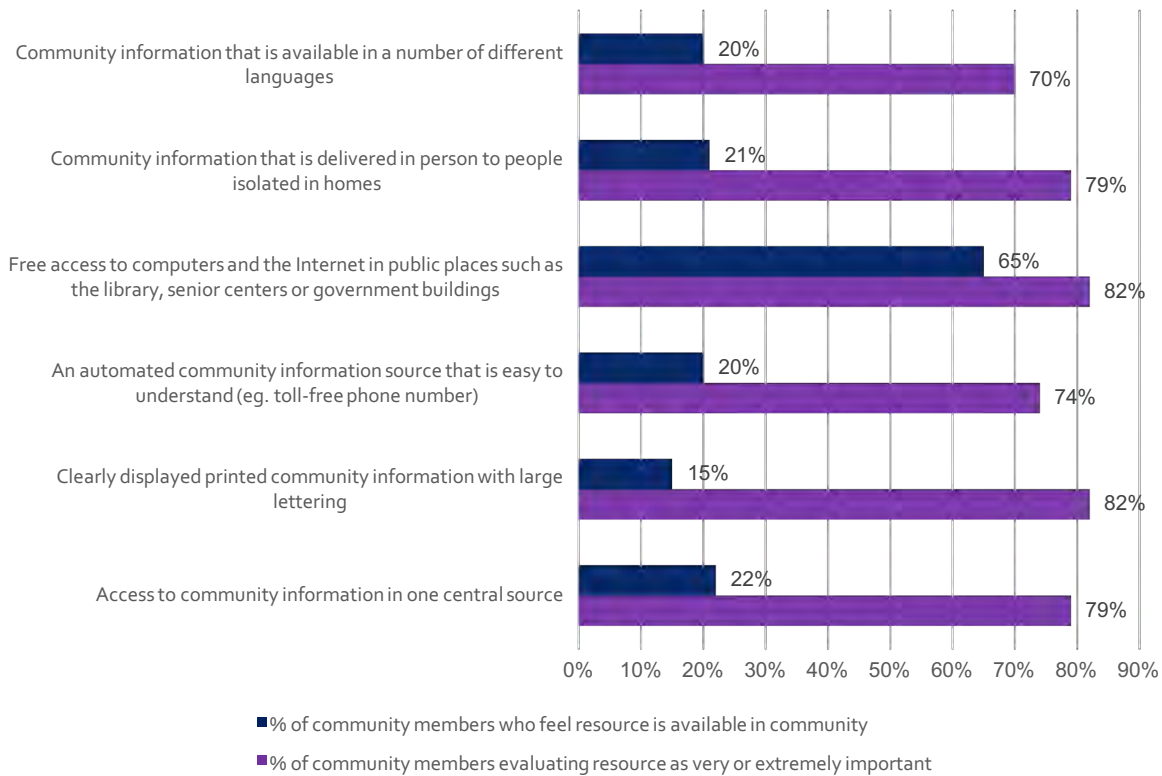
## Jefferson County Handout P. 12

### Chronic Disease Self-Management Information

- 64% prefers to receive this information from their primary care provider



### Communication Resources



The biggest gap between importance of a resource and perceived availability lies with clearly displayed printed community information with large lettering, community information that is delivered in person to people who may have difficulty or may not be able to leave their home, and access to community information in one central source.





# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 13

## COMMUNITY & HEALTH SERVICES

### Public Data

#### Access to Health Care Services, Health Promotion Services and Preventative Care

Health Professionals	Ratio	Target <
Primary Care Physicians	1059:1	2030:1
Mental Health Providers	375:1	1105:1
Dentists	1021:1	2570:1

The county has a strong need for health professionals

- **19%** adults are without any regular doctor  
⇒ Target: ≤ **22%**
- There are **54** preventable hospital events per 1,000 Medicare enrollees  
⇒ Target: ≤ **50**



#### Access to resources that promote/do not promote healthy behaviors

Resources	Availability per 100,000	Target
Liquor Stores	18	≤ 11
Recreational and fitness facilities	12	≥ 10
Grocery Stores	21	≥ 21

The county needs less liquor stores

- **19%** live in food deserts
- **17%** are food insecure



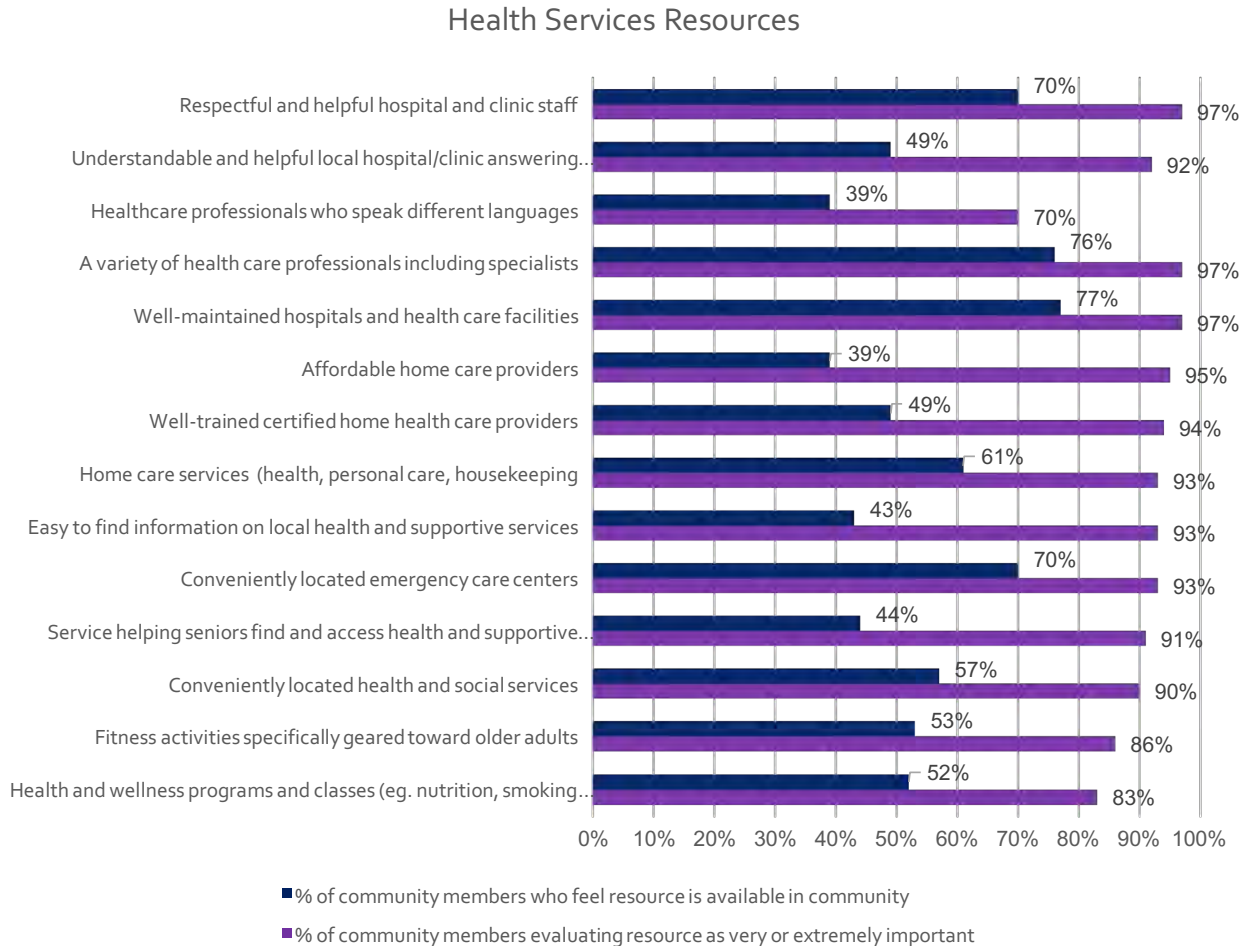
#### Health Behaviors

Behaviors (Adults)	Percentage	Target <
Smoking	22%	18%
Drinking excessively	19%	17%
Obese	32%	28%
Eating inadequate amounts of fruits and vegetables	78%	76%
Do not participate in any physical activity	25%	22%

# Appendix B: KIPDA Needs Assessment

Jefferson County Handout P. 14

## Survey Data – Your Community Voice



The biggest gap between importance of a resource and perceived availability lies with affordable home care providers and easy to find information on local health and supportive services.

### Chronic Pain Management

- **15%** are using prescribed opioid medications to manage chronic pain
- Of those using opioid medications, **50%** have used it more than 5 years
- **65%** are seeing a pain management specialist for management of chronic pain
- **50%** were offered alternative pain management strategies (eg. yoga, acupuncture)
- **49%** are interested in participating in alternative, non-drug treatment methods to help manage chronic pain



# Appendix C: Workshop Pre-Test



## Pre-Focus Group Questionnaire

Welcome Focus Group Participant! We ask that you please fill out this short questionnaire. Thank you for your participation.

	Strongly Disagree	Disagree	Somewhat Disagree	Neither agree or disagree	Somewhat Agree	Agree	Strongly Agree
1. I consider my primary community to be the Louisville area.	1	2	3	4	5	6	7
2. A livable or age-friendly community promotes the quality of life primarily for older people.	1	2	3	4	5	6	7
3. My community promotes a livable or age-friendly community.	1	2	3	4	5	6	7
4. I feel like I contribute in a meaningful way to my community.	1	2	3	4	5	6	7
5. I feel like my community values my contributions.	1	2	3	4	5	6	7
6. I feel as if I have a voice in community planning efforts in the Louisville community.	1	2	3	4	5	6	7
7. As I grow older, I believe that my community is well equipped for me to remain in Louisville.	1	2	3	4	5	6	7
8. As I grow older, I believe that I would want to stay in the Louisville community.	1	2	3	4	5	6	7
9. The Louisville community is making progress toward promoting a community that is livable for all ages.	1	2	3	4	5	6	7
10. It is important to include persons of all ages (young, old, middle-aged) in community planning efforts.	1	2	3	4	5	6	7

# Appendix C: Workshop Pre-Test

	Strongly Disagree	Disagree	Somewhat Disagree	Neither agree or disagree	Somewhat Agree	Agree	Strongly Agree
1. My community's public transportation is reliable and frequent.	1	2	3	4	5	6	7
2. Specialized transportation is available for disabled persons in my community.	1	2	3	4	5	6	7
3. Voluntary transport services are available in my community.	1	2	3	4	5	6	7
4. My community has an adequate range of health and community support services that promote, maintain and restore health.	1	2	3	4	5	6	7
5. My community has health and social services that are conveniently located and accessible by all means of transport.	1	2	3	4	5	6	7
6. Community emergency planning takes into account the vulnerabilities and capacities of older people.	1	2	3	4	5	6	7
7. My community has sufficient, affordable housing available in areas that are safe and close to services.	1	2	3	4	5	6	7
8. My community has home modification providers who understand the needs of older people.	1	2	3	4	5	6	7
9. My community has sufficient and affordable housing for frail and disabled older persons.	1	2	3	4	5	6	7
10. My community has a wide variety of activities offered to a diverse population of older persons.	1	2	3	4	5	6	7
11. There is consistent outreach to include people at risk of social isolation in my community's activities.	1	2	3	4	5	6	7
12. Community-wide settings, activities and events attract all generations by accommodating age-specific needs.	1	2	3	4	5	6	7

**Code:** \_\_\_\_\_ (your middle initial - your birth month). Example: A 8

**Years Old:**  25-29  40-44  55-59  70-74  85-89  
 18 or less  30-34  45-49  60-64  75-79  90-94  
 19-24  35-39  50-54  65-69  80-84  95+

**Zip:** \_\_\_\_\_ **Race:** \_\_\_\_\_

# Appendix D: Workshop Post-Test



## Post-Focus Group Questionnaire

Please circle the answer that best describes your impressions of the Age-Friendly Focus Group.

	Not at all	Slightly	Somewhat	Mostly	Always
I felt comfortable to share my thoughts and ideas.	1	2	3	4	5
I shared my ideas.	1	2	3	4	5
I listened to others' ideas.	1	2	3	4	5
I was surprised by the ideas shared.	1	2	3	4	5
I was interested to hear other's ideas.	1	2	3	4	5
I noticed connections among the ideas.	1	2	3	4	5
The focus groups were informative.	1	2	3	4	5
I liked the informal structure.	1	2	3	4	5
I liked the small group approach.	1	2	3	4	5

Please share any additional comments regarding your impressions of the Focus Groups.

Code: \_\_\_\_\_ (your middle initial - your birth month). Example: A 8

Gender: \_\_\_\_\_

Years Old:  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65-69  70-74  75-79  80-84  85-89  90-94  95+

Zip: \_\_\_\_\_ Race: \_\_\_\_\_

We thank you for your presence today!

# Appendix E: Workshop Quantitative Analysis



112

## Community members participated in Age-Friendly Louisville Domain Workshops



We heard from the following zip codes:

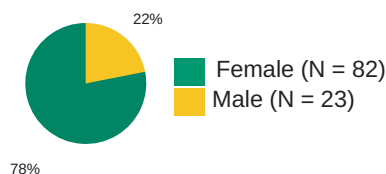
40031	40056	40059	40203	40204*
40205*	40206*	40207*	40208	40209
40210	40211	40212	40213	40214
40216	40217	40218	40219	40220*
40222	40223*	40228	40229	40241
40242*	40243	40245	40258	40272
40291*	40299	42701	47129	

\*Zip Codes in orange indicate five or more community members participated.

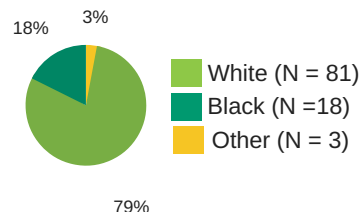


## Community Member Demographics

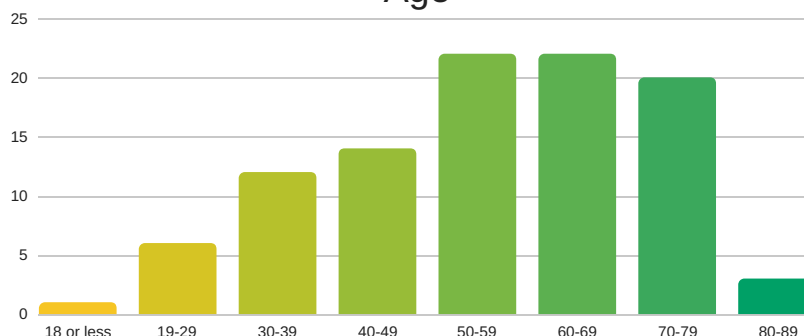
### Gender



### Race



### Age



# Appendix E: Workshop Quantitative Analysis



AGE-FRIENDLY  
LOUISVILLE

## COMMUNITY MEMBER INSIGHTS

95% **AGREE**

it is important to include persons of all ages in community planning efforts;  
their primary community is Louisville

63% **BELIEVE**

their community is well equipped for them to remain in Louisville  
their community promotes an age-friendly community;  
their community values their contributions;

89%

feel like they contribute to their  
community in a meaningful way.

46%

feel like they have a voice in  
community planning efforts.



## COMMUNITY MEMBER FEEDBACK

100%

liked the informal structure and small group approach;  
were interested in listening to others' ideas;  
noticed connections among the ideas;  
found the focus groups informative

92%

felt comfortable to share their thoughts and ideas

87%

shared their ideas and were surprised by ideas shared

# Appendix E: Workshop Quantitative Analysis



## 1

### HOUSING

7

My community has sufficient, affordable housing available in areas that are safe and close to services.	3.4
My community has home modification providers who understand the needs of older people.	4.2
My community has sufficient and affordable housing for frail and disabled older persons.	3.4

## 2

### RESPECT AND SOCIAL INCLUSION

7

My community has a wide variety of activities offered to a diverse population of older adults.	4.3
There is consistent outreach to include people at risk of social isolation in my community's activities.	3.8
Community-wide settings, activities and events attract all generations by accommodating age-specific needs.	4.5

## 3

### TRANSPORTATION

7

My community's public transportation is reliable and frequent.	3.8
Specialized transportation is available for disabled persons in my community.	4.9
Voluntary transport services are available in my community.	4.3

## 4

### HEALTH AND SOCIAL SERVICES

7

My community has an adequate range of health and community support services that promote, maintain, and restore health.	4.8
My community has health and social services that are conveniently located and accessible by all means of transport.	4.3
Community emergency planning takes into account the vulnerabilities and capacities of older people.	4.7



# Appendix F: Go-Zone Survey

P.1



## Rating Recording Sheet

Please select the number from 1 to 5 for each statement in terms of (a) how important you think it is and (b) feasible you think it is given the current resources. Keep in mind that we are looking for *relative* Importance and Feasibility; use **all** the values in the rating scale to make distinctions. Use the following scales:

### Importance Rating

- 1 = Relatively unimportant
- 2 = Somewhat important
- 3 = Moderately important
- 4 = Very important
- 5 = Extremely important

### Feasibility Rating

- 1 = Not at all feasible
- 2 = Not very feasible
- 3 = Moderately feasible
- 4 = Very feasible
- 5 = Extremely feasible

Importance Rating	#	Statement	Feasibility Rating
1 2 3 4 5	1	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by investing and creating partnerships (such as Parks and Recreation department and Louisville Sustainability Council) to increase community green space – to ensure there are free and easy to access exercise opportunities for all ages across the city.	1 2 3 4 5
1 2 3 4 5	2	Develop social marketing campaign to reduce negative connotation of aging, including something like the NPR “Story Corps” but for Louisville community.	1 2 3 4 5
1 2 3 4 5	3	Contact TARC and see if they would be interested in having trolleys in the busiest areas of the city.	1 2 3 4 5
1 2 3 4 5	4	Develop multi-generational housing programs as a means of increasing social engagement and reducing isolation.	1 2 3 4 5
1 2 3 4 5	5	Contact TARC to see if any changes to their bus schedule are possible, like adding hospitals to their routes.	1 2 3 4 5
1 2 3 4 5	6	Develop a “one-stop-shop” that brings together all events and resources related to aging in the city of Louisville through use of following channels: TV channel, radio station, website, printed newsletter and e-newsletter, social media platforms (Next Door App, Facebook), An App, in-person events.	1 2 3 4 5
1 2 3 4 5	7	Print out/ develop TARC schedule and distribute to senior centers and nursing homes (maybe ask TARC to do more marketing in local papers).	1 2 3 4 5

# Appendix F: Go-Zone Survey

P.2

<b>Importance Rating</b>	<b>#</b>	<b>Statement</b>	<b>Feasibility Rating</b>
1 2 3 4 5	8	Ensure the city's emergency plans specifically address unique issues facing older adults.	1 2 3 4 5
1 2 3 4 5	9	Create programs where college students live in current long term care facilities (economic benefits for students; social benefits for older adults).	1 2 3 4 5
1 2 3 4 5	10	Coordinate volunteer groups to help with maintenance of homes where seniors live.	1 2 3 4 5
1 2 3 4 5	11	Change negative connotation in regards to public transportation.	1 2 3 4 5
1 2 3 4 5	12	Develop method of educating older adults, caregivers, health professionals, and the general community about health and social services resources already existing in Louisville.	1 2 3 4 5
1 2 3 4 5	13	Offer training courses for nurses and other health care providers on community resources and how they can connect older adults to them.	1 2 3 4 5
1 2 3 4 5	14	Develop certification for builders to have the skill to do aging in place modifications.	1 2 3 4 5
1 2 3 4 5	15	Use golf carts for transportation around communities.	1 2 3 4 5
1 2 3 4 5	16	Work with builder supply companies (Lowe's Home Depot) to have a section on home modifications.	1 2 3 4 5
1 2 3 4 5	17	Have more programs like Meals on Wheels.	1 2 3 4 5
1 2 3 4 5	18	Get TARC more funds to allow it to have more stops and reach more of the population	1 2 3 4 5
1 2 3 4 5	19	Establish polices to foster development of a Village movement in the city.	1 2 3 4 5
1 2 3 4 5	20	Get many people involved to call Metro Council about problem areas.	1 2 3 4 5
1 2 3 4 5	21	Develop cheaper condo options for seniors.	1 2 3 4 5
1 2 3 4 5	22	Develop a "health care advocate" volunteer program (to include training for caregivers/family members as well).	1 2 3 4 5
1 2 3 4 5	23	Develop collective support at government level and grass-roots level to support age-friendly healthcare policies.	1 2 3 4 5
1 2 3 4 5	24	Develop one-on-one communication outlets for older adults to reduce isolation and loneliness.	1 2 3 4 5
1 2 3 4 5	25	Create community discussion forums.	1 2 3 4 5
1 2 3 4 5	26	Work with City to require all new buildings to follow universal design principles.	1 2 3 4 5
1 2 3 4 5	27	Create co-housing communities with communal spaces where duties are shared among neighbors.	1 2 3 4 5

# Appendix F: Go-Zone Survey

P.3

Importance Rating	#	Statement	Feasibility Rating
1 2 3 4 5	28	Increase intergenerational offerings of low cost/free opportunities: outdoor movies in the summers, storytelling, low impact fitness activities, music festivals, etc.	1 2 3 4 5
1 2 3 4 5	29	Propose a protection law (similar to the “Good Samaritan Law” in Tennessee) to protect volunteer drivers.	1 2 3 4 5
1 2 3 4 5	30	Develop relationships with high school groups that can help with home maintenance as part of volunteer hours program (Beta club, Girls Scouts, Boys Scouts).	1 2 3 4 5
1 2 3 4 5	31	Have grocery stores within a block of senior living centers.	1 2 3 4 5
1 2 3 4 5	32	Create housing communities for seniors that are close to grocery stores and public transportation with adequate sidewalks and streetlights.	1 2 3 4 5
1 2 3 4 5	33	Create campaign to help educate older adults how technology developments can help reduce social isolation.	1 2 3 4 5
1 2 3 4 5	34	Ask TARC to do more marketing and advertising of routes.	1 2 3 4 5
1 2 3 4 5	35	Develop employee sensitivity training for organizations to help older adults feel welcomed and comfortable in community spaces (help to reduced forced retirement).	1 2 3 4 5
1 2 3 4 5	36	Do research to develop a list of new potential bus routes.	1 2 3 4 5
1 2 3 4 5	37	Create a comprehensive social marketing campaign for healthy living and aging, health risks of isolation for older adults, medication management strategies, tips for making the most of your doctor’s visit, and Medicare (and other insurance) navigation, and reducing stigma of dementia and Alzheimer’s disease, through variety of information channels, including health fairs.	1 2 3 4 5
1 2 3 4 5	38	Get the Metro United way number (211) out to the public so more people know about it.	1 2 3 4 5
1 2 3 4 5	39	Help TARC set up community trainings and info sessions.	1 2 3 4 5
1 2 3 4 5	40	Continue to improve sidewalks and add accessible curb ramps (bring idea to Mayors roundtable as it has previously been discussed there).	1 2 3 4 5
1 2 3 4 5	41	Discuss <i>Go Go Grandparent</i> with senior living homes.	1 2 3 4 5
1 2 3 4 5	42	Get senior centers and homes in Louisville to designate one vehicle to transport older adults to and from bus stops.	1 2 3 4 5
1 2 3 4 5	43	Give older adults and seniors discounts for public transportation.	1 2 3 4 5
1 2 3 4 5	44	Find a way to reward organizations that offer transportation to those who are frail/vulnerable- take idea to Mayor’s roundtable.	1 2 3 4 5

# Appendix F: Go-Zone Survey

P.4

Importance Rating	#	Statement	Feasibility Rating
1 2 3 4 5	45	Find out the major areas where people are wanting to go and can't get to and work out a deal with TARC (also find the major businesses that don't have access to TARC but employ a large amount of people).	1 2 3 4 5
1 2 3 4 5	46	Provide age-friendly sensitivity and communication training for public service employees (including TARC bus drivers).	1 2 3 4 5
1 2 3 4 5	47	Contact Goodwill and talk to them about their program involving impound lots and used vehicles. Help them revise their program and possibly create an elderly driving volunteer program.	1 2 3 4 5
1 2 3 4 5	48	Create community supported mentorship program challenging youth to create ways of increasing intergenerational bonding in Louisville. Connect program to service hours; connect to athletics department at colleges to link physical and social opportunities (via Boys and Girls clubs, Big Brothers Big Sisters, and Junior Achievement).	1 2 3 4 5
1 2 3 4 5	49	Create co-housing options for seniors and young adults living together.	1 2 3 4 5
1 2 3 4 5	50	Create a Village within Louisville – similar to DC where city is divided into quarters and people pay a nominal fee to get the maintenance support they need with approved contractors.	1 2 3 4 5
1 2 3 4 5	51	Host info sessions and tutorials for older adults at senior centers and homes to show them how to use Uber and Lyft and explain the process drivers go through to get certified drivers. Also show them how to <i>split the ride</i> with their friends.	1 2 3 4 5
1 2 3 4 5	52	Contact public school to see if there is a way to utilize school busses when they are not being used.	1 2 3 4 5
1 2 3 4 5	53	Develop a program to increase access to home-base medical services including health and personal care and housekeeping.	1 2 3 4 5
1 2 3 4 5	54	Contact major Louisville companies to see if they have programs to help their staff get to work via public transportation and if not, if they would be interested in starting one.	1 2 3 4 5
1 2 3 4 5	55	Develop a program that ensures the driver's safety.	1 2 3 4 5
1 2 3 4 5	56	Create multi-generational communities where people of different generations can support each other (eg. childcare, shopping).	1 2 3 4 5
1 2 3 4 5	57	Have longer periods of time for people to cross the street, especially in the busier and downtown areas.	1 2 3 4 5
1 2 3 4 5	58	Develop program to assure delivery of health care services is coordinated and simple to navigate.	1 2 3 4 5

# Appendix F: Go-Zone Survey

P.5

Importance Rating	#	Statement	Feasibility Rating
1 2 3 4 5	59	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by develop incentivization programs for healthy living (and food) choice.	1 2 3 4 5
1 2 3 4 5	60	Start a movement now to save funds and have a plan in place so when self-driving vehicles hit the market, Louisville can afford them and implement them into the city.	1 2 3 4 5
1 2 3 4 5	61	Develop strategy to increase accessibility and ease of navigation to hospitals, clinics, and social services.	1 2 3 4 5
1 2 3 4 5	62	Distribute health care system and health resource information through community organizations, such as churches or community centers.	1 2 3 4 5
1 2 3 4 5	63	Provide trainings for health care organization management on how to cultivate cultures valuing client outcomes rather than just "doing the job."	1 2 3 4 5
1 2 3 4 5	64	Create mixed income areas with options for seniors to live in these areas.	1 2 3 4 5
1 2 3 4 5	65	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by host healthy eating education programs at senior centers.	1 2 3 4 5
1 2 3 4 5	66	Create easy to read TARC map.	1 2 3 4 5
1 2 3 4 5	67	Identify unused, mixed-used spaces and create an incentive program (some buses, vacant properties) to turn into social engagement venues.	1 2 3 4 5
1 2 3 4 5	68	Organize trainings to improve community cohesion to guard against elder abuse.	1 2 3 4 5
1 2 3 4 5	69	Create community supported all-age events held at central locations, such as senior living communities, libraries, YMCA, parks.	1 2 3 4 5
1 2 3 4 5	70	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by increase healthy food distribution points across city.	1 2 3 4 5
1 2 3 4 5	71	Propose a light rail system.	1 2 3 4 5
1 2 3 4 5	72	Develop a method of alternative transportation (such as Uber, Lyft or other ride-sharing program) to help people travel to medical appointments with funding from crowd sourcing program (such as community connector back account).	1 2 3 4 5

# Appendix F: Go-Zone Survey

P.6

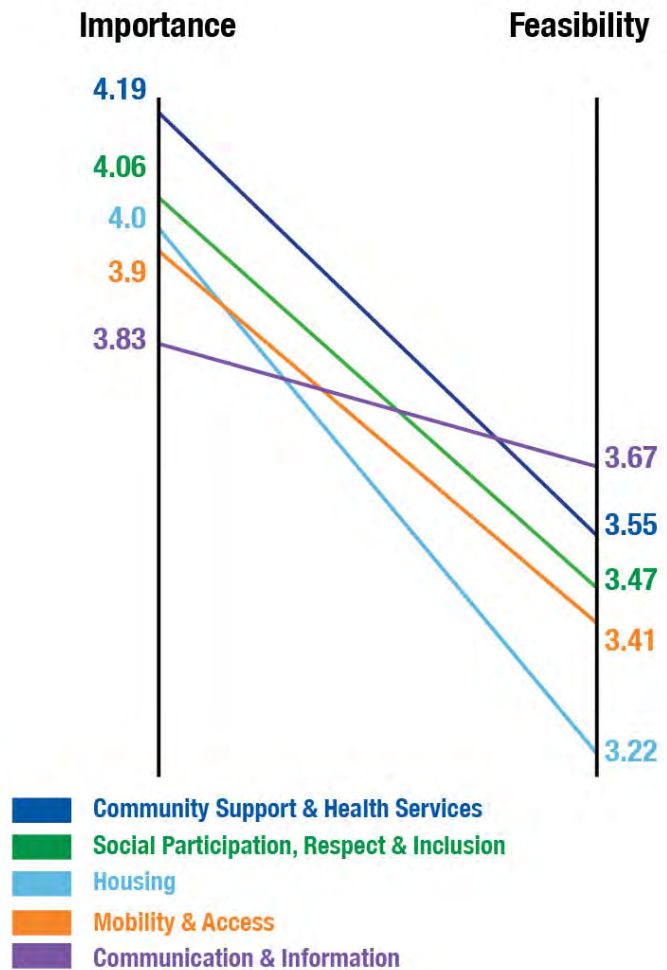
<b>Importance Rating</b>	<b>#</b>	<b>Statement</b>	<b>Feasibility Rating</b>
<b>1 2 3 4 5</b>	73	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by provide tax benefits/breaks to healthy food providers.	<b>1 2 3 4 5</b>
<b>1 2 3 4 5</b>	74	As the city moves forward with construction, propose that all sidewalks in the community must lead to a bus stop.	<b>1 2 3 4 5</b>
<b>1 2 3 4 5</b>	75	Have sign-up sheets at churches or in the community bulletins so people can sign up for rides and others can sign up to provide rides.	<b>1 2 3 4 5</b>
<b>1 2 3 4 5</b>	76	Develop older adult employment initiative (training program/certificate program) to increase social engagement and financial stability.	<b>1 2 3 4 5</b>

# Appendix G: Go-Zone Results

## Relative Importance v. Relative Feasibility “Ladder”

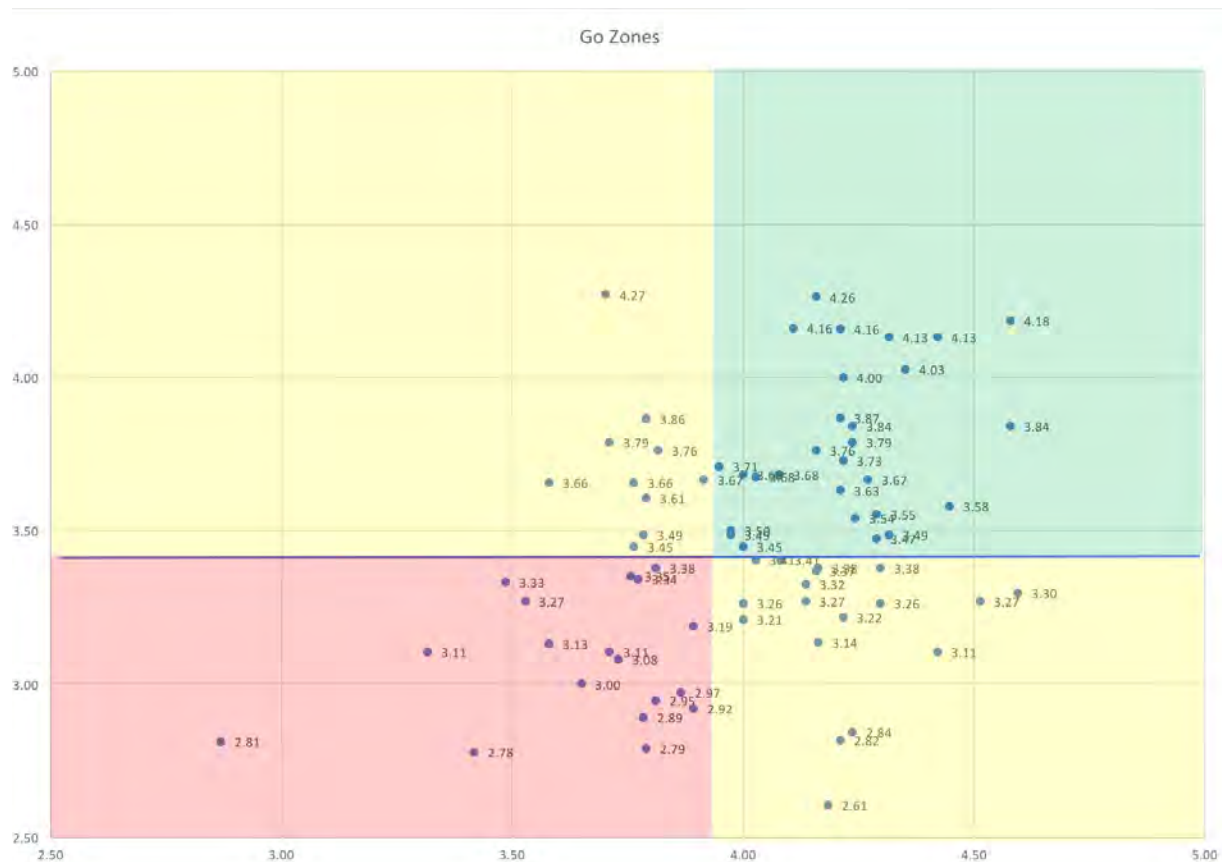
This “ladder” shows the relative overall importance against the relative overall feasibility of the average scores for all the projects in each of the domains.

For most of the domains, the relative overall importance ranking matched the relative overall feasibility ranking - with two interesting exceptions. Housing, which was ranked third in overall importance, ranked least in feasibility. This indicates that while the participants viewed housing as important, the housing-related projects were overall the least feasible to accomplish. Similarly, Communication & Information was ranked least in importance but first in feasibility. Overall, participants felt that projects relating to Communication & Information were not as important compared to the other domains but they would be the easiest (most feasible) to accomplish.



# Appendix G: Go-Zone Results

## Scatter Plot



This “ladder” scatter plot graph shows the relative overall importance against the relative overall feasibility of the average scores for all the projects in each of the domains.

The Go Zone Scatter Plot organizes all of the projects into four areas of prioritization:

1. Go-Zone (green): high importance & high feasibility
2. Hold (yellow): low importance & high feasibility
3. Hold (yellow): high importance & low feasibility
4. Later (red): low importance & low feasibility

The borders for the zones were created by finding the mean importance score for all projects and the mean feasibility score for all projects. These identified the bright blue lines on the scatter plot above that divide all projects into four prioritization quadrants.

To note, all projects identified by the survey were considered very important as these were all issues derived from community feedback at the domain workshops. Rather, analysis reflects only relative importance and feasibility.



# Appendix G: Go-Zone Results

## Prioritization by Domain: Housing

Zone	Theme	Question No.	Importance	Feasibility	Strategy
Green	Maintenance	10	4.08	3.68	Coordinate volunteer groups to help with maintenance of homes where seniors live.
Green	Modifications	14	4.24	3.79	Develop certification for builders to have the skill to do aging in place modifications.
Red	Affordability	64	3.89	2.92	Create mixed income areas with options for seniors to live in these areas.
Red	Maintenance	50	3.78	2.89	Create a Village within Louisville – similar to DC where city is divided into quarters and people pay a nominal fee to get the maintenance support they need with approved contractors.
Red	Multi-Generational	56	3.89	3.19	Create multi-generational communities where people of different generations can support each other (eg. childcare, shopping)
Red	Multi-Generational	49	3.65	3.00	Create co-housing options for seniors and young adults living together.
Red	Multi-Generational	9	3.32	3.11	Create programs where college students live in current long term care facilities (economic benefits for students; social benefits for older adults)
Red	Self-sufficient and accessible senior living	27	3.79	2.79	Create co-housing communities with communal spaces where duties are shared among neighbors.
Yellow	Affordability	21	4.21	2.82	Develop cheaper condo options for seniors.
Yellow	Maintenance	30	4.00	3.68	Develop relationships with high school groups that can help with home maintenance as part of volunteer hours program (Beta club, Girls Scouts, Boys Scouts).
Yellow	Modifications	26	4.51	3.27	Work with City to require all new buildings to follow universal design principles.
Yellow	Modifications	16	3.79	3.61	Work with builder supply companies (Lowe's Home Depot) to have a section on home modifications.
Yellow	Self-sufficient and accessible senior living	32	4.42	3.11	Create housing communities for seniors that are close to grocery stores and public transportation with adequate sidewalks and streetlights.

# Appendix G: Go-Zone Results

## Prioritization by Domain: Mobility & Access

Zone	Theme	Question No.	Importance	Feasibility	Strategy
Green	Accessibility	17	4.45	3.58	Have more programs like Meals on Wheels.
Green	Accessibility	5	4.32	4.13	Contact TARC to see if any changes to their bus schedule are possible, like adding hospitals to their routes.
Green	Accessibility	43	4.24	3.84	Give older adults and seniors discounts for public transportation
Green	Advocacy & Awareness	38	4.16	4.26	Get the Metro United way number (211) out to the public so more people know about it
Green	Built Environment	40	4.58	3.84	Continue to improve sidewalks and add accessible curb ramps (bring idea to Mayors roundtable as it has previously been discussed there)
Green	Built Environment	57	4.35	4.03	Have longer periods of time for people to cross the street, especially in the busier and downtown areas
Green	Policies & Legislation	29	4.21	3.87	Propose a protection law (similar to the "Good Samaritan Law" in Tennessee) to protect volunteer drivers
Green	Policies & Legislation	44	4.21	3.63	Find a way to reward organizations that offer transportation to those who are frail/vulnerable- take idea to Mayor's roundtable
Green	Public Transit (TARC) Knowledge & Information	66	4.11	4.16	Create easy to read TARC map
Red	Accessibility	42	3.81	2.95	Get senior centers and homes in Louisville to designate one vehicle to transport older adults to and from bus stops
Red	Advocacy & Awareness	34	3.53	3.27	Ask TARC to do more marketing and advertising of routes
Red	Advocacy & Awareness	11	4.00	3.26	Change negative connotation in regards to public transportation
Red	Alternate Transportation	71	3.89	2.35	Propose a light rail system
Red	Alternate Transportation	3	3.76	3.35	Contact TARC and see if they would be interested in having trolleys in the busiest areas of the city
Red	Alternate Transportation	52	3.58	3.13	Contact public school to see if there is a way to utilize school busses when they are not being used
Red	Alternate Transportation	47	3.42	2.78	Contact Goodwill and talk to them about their program involving impound lots and used vehicles. Help them revise their program and possibly create an elderly driving volunteer program
Red	Alternate Transportation	60	3.19	2.19	Start a movement now to save funds and have a plan in place so when self-driving vehicles hit the market, Louisville can afford them and implement them into the city
Red	Alternate Transportation	15	2.87	2.81	Use golf carts for transportation around communities
Red	Built Environment	74	3.86	2.97	As the city moves forward with construction, propose that all sidewalks in the community must lead to a bus stop
Red	Ride Sharing	55	3.77	3.34	Develop a program that ensures the driver's safety

# Appendix G: Go-Zone Results

## Prioritization by Domain: Mobility & Access CONT

Zone	Theme	Question No.	Importance	Feasibility	Strategy
Red	Ride Sharing	41	3.48	3.33	Discuss Go Go Grandparent with senior living homes
Yellow	Accessibility	45	4.22	3.22	Find out the major areas where people are wanting to go and can't get to and work out a deal with TARC (also find the major businesses that don't have access to TARC but employ a large amount of people)
Yellow	Accessibility	31	4.18	2.61	Have grocery stores within a block of senior living centers
Yellow	Advocacy & Awareness	20	4.00	3.45	Collective advocacy is power. Get many people involved to call Metro Council about problem areas
Yellow	Advocacy & Awareness	39	3.71	3.79	Help TARC set up community trainings and info sessions
Yellow	Advocacy & Awareness	25	3.58	3.66	Create community discussion forums
Yellow	Alternate Transportation	54	3.81	3.38	Contact major Louisville companies to see if they have programs to help their staff get to work via public transportation and if not, if they would be interested in starting one
Yellow	Policies & Legislation	18	4.24	2.84	Get TARC more funds to allow it to have more stops and reach more of the population
Yellow	Public Transit (TARC) Knowledge & Information	36	3.97	3.49	Do research to develop a list of new potential bus routes
Yellow	Public Transit (TARC) Knowledge & Information	7	3.70	4.27	Print out/ develop TARC schedule and distribute to senior centers and nursing homes (maybe ask TARC to do more marketing in local papers)
Yellow	Ride Sharing	75	3.82	3.76	Have sign-up sheets at churches or in the community bulletins so people can sign up for rides and others can sign up to provide rides
Yellow	Ride Sharing	51	3.78	3.49	Host info sessions and tutorials for older adults at senior centers and homes to show them how to use Uber and Lyft and explain the process drivers go through to get certified drivers. Also show them how to split the ride with their friends.

# Appendix G: Go-Zone Results

## Prioritization by Domain: Social Participation, Respect, & Inclusion

Zone	Theme	Question No.	Importance	Feasibility	Strategy
Green	Creative Social Engagement Programs	24	4.32	3.49	Develop one-on-one communication outlets for older adults to reduce isolation and loneliness
Green	Trainings to Support Social Engagement	68	4.27	3.67	Organize trainings to improve community cohesion to guard against elder abuse
Red	Trainings to Support Social Engagement	35	4.00	3.21	Develop employee sensitivity training for organizations to help older adults feel welcomed and comfortable in community spaces (help to reduced forced retirement)
Yellow	Creative Social Engagement Programs	4	4.16	3.14	Develop multi-generational housing programs as a means of increasing social engagement and reducing isolation
Yellow	Creative Social Engagement Programs	48	3.97	3.50	Create community supported mentorship program challenging youth to create ways of increasing intergenerational bonding in Louisville. Connect program to service hours; connect to athletics department at colleges to link physical and social opportunities (via Boys and Girls clubs, Big Brothers Big Sisters, and Junior Achievement)
Yellow	Creative Social Engagement Programs	69	3.91	3.67	Create community supported all-age events held at central locations, such as senior living communities, libraries, YMCA, parks
Yellow	Creative Social Engagement Programs	28	3.76	3.66	Increase intergenerational offerings of low cost/free opportunities: outdoor movies in the summers, storytelling, low impact fitness activities, music festivals, etc.
Yellow	Trainings to Support Social Engagement	76	4.08	3.41	Develop older adult employment initiative (training program/certificate program) to increase social engagement and financial stability

# Appendix G: Go-Zone Results

## Prioritization by Domain: Community Supports & Health Services

Zone	Theme	Question No.	Importance	Feasibility	Strategy
Green	Affordability & Accessibility	53	4.29	3.47	Develop a program to increase access to home-base medical services including health and personal care and housekeeping.
Green	Health Care System Navigation	22	4.29	3.55	Develop a "health care advocate" volunteer program (to include training for caregivers/family members as well).
Green	Health Care System Navigation	62	4.22	4.00	Distribute health care system and health resource information through community organizations, such as churches or community centers.
Green	Healthcare Workforce Development	46	4.22	3.73	Provide age-friendly sensitivity and communication training for public service employees (including TARC bus drivers).
Green	Healthcare Workforce Development	13	4.21	4.16	Offer training courses for nurses and other health care providers on community resources and how they can connect older adults to them.
Green	Healthy Aging Education	12	4.42	4.13	Develop method of educating older adults, caregivers, health professionals, and the general community about health and social services resources already existing in Louisville.
Green	Healthy Aging Education	70	4.24	3.54	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by increase healthy food distribution points across city.
Green	Healthy Aging Education	1	4.16	3.76	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by investing and creating partnerships (such as Parks and Recreation department and Louisville Sustainability Council) to increase community green space – to ensure there are free and easy to access exercise opportunities for all ages across the city.
Green	Healthy Aging Education	65	4.03	3.68	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by host healthy eating education programs at senior centers.
Green	Policies & Legislation	8	4.58	4.18	Ensure the city's emergency plans specifically address unique issues facing older adults.
Red	Creative Social Engagement Programs	67	3.71	3.11	Identify unused, mixed-used spaces and create an incentive program (some buses, vacant properties) to turn into social engagement venues
Red	Policies & Legislation	19	3.73	3.08	Establish polices to foster development of a Village movement in the city.
Yellow	Affordability & Accessibility	61	4.30	3.38	Develop strategy to increase accessibility and ease of navigation to hospitals, clinics, and social services.
Yellow	Affordability & Accessibility	72	4.16	3.38	Develop a method of alternative transportation (such as Uber, Lyft or other ride-sharing program) to help people travel to medical appointments with funding from crowd sourcing program (such as community connector back account).

# Appendix G: Go-Zone Results

## Prioritization by Domain: Community Supports & Health Services CONT

Zone	Theme	Question No.	Importance	Feasibility	Strategy
Yellow	Health Care System Navigation	58	4.59	3.30	Assure delivery of health care services is coordinated and simple to navigate.
Yellow	Healthcare Workforce Development	63	4.14	3.32	Provide trainings for health care organization management on how to cultivate cultures valuing client outcomes rather than just “doing the job.”
Yellow	Healthy Aging Education	37	4.16	3.37	Create a comprehensive social marketing campaign for healthy living and aging, health risks of isolation for older adults, medication management strategies, tips for making the most of your doctor’s visit, and Medicare (and other insurance) navigation, and reducing stigma of dementia and Alzheimer’s disease, through variety of information channels, including health fairs.
Yellow	Healthy Aging Education	59	4.14	3.27	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by develop incentivization programs for healthy living (and food) choice.
Yellow	Healthy Aging Education	73	4.03	3.41	Develop programs to ensure accessible, quality, and affordable exercise resources and healthy food sources are available in every neighborhood by provide tax benefits/breaks to healthy food providers.
Yellow	Policies & Legislation	23	4.30	3.26	Develop collective support at government level and grass-roots level to support age-friendly healthcare policies.

# Appendix G: Go-Zone Results

## Prioritization by Domain: Communication & Information

Zone	Theme	Question No.	Importance	Feasibility	Strategy
Yellow	Coordinated & Inclusive Com- 6 munication		3.95	3.71	Develop a "one-stop-shop" that brings together all events and resources related to aging in the city of Louisville through use of following channels: TV channel, radio station, website, printed newsletter and e-newsletter, social media platforms (Next Door App, Facebook), An App, in-person events
Yellow	Coordinated & Inclusive Com- 2 munication		3.79	3.86	Develop social marketing campaign to reduce negative connotation of aging, including something like the NPR "Story Corps" but for Louisville community
Yellow	Coordinated & Inclusive Com- 33 munication		3.76	3.45	Create campaign to help educate older adults how technology developments can help reduce social isolation



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