DISABLING INFRASTRUCTURES: The (In)accessible Housing Crisis in Louisville, Ky

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Gathering Strength
For Living Your Best Life

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ABOUT GATHERING STRENGTH

Gathering Strength is a 501(c)(3) tax-exempt nonprofit corporation located in Louisville, KY, with a mission to empower people with disabilities to achieve better health, increase self-sufficiency, and become more engaged in the community.

EXECUTIVE SUMMARY

It happened without warning. I was a healthy 38-year-old attorney when I suddenly became a spinal cord injury survivor and wheelchair user. The truth is that each of us is just one car accident, one slip-and-fall, one faulty blood vessel away from becoming a person with a disability.

Most non-disabled people don't think accessible housing is relevant to them — until it is. If we live long enough, accessibility will matter to nearly all of us, either for ourselves, a parent, a spouse, or someone we love. Yet our housing stock, especially single-family housing, continues to be built with barely any thought for accessibility. The result is a city where six households with a wheelchair-user compete for every one accessible unit — and where that gap is getting wider, not narrower.

When I suffered a spinal cord stroke, with no warning, it took only 40 minutes for me to find myself on my bathroom floor, completely paralyzed from the solar plexus down. I was carried out on a stretcher by EMS, never to walk into my home again.

Four weeks later, lying in a hospital bed at Frazier Rehab Institute, I felt panicked about where I would live when I was discharged. I was fortunate to own my home, but it was on a hill and had steps to the front and back doors. I had parents with means and cousins with skills, who could relatively quickly extend my driveway to the back door, create a no-step entrance there, and reconfigure the bathroom by widening the door, removing the tub, replacing the sink, and moving the toilet to facilitate wheelchair use.

I am an exception; most people with disabilities aren't so lucky. Too many people with mobility disabilities struggle to find adequately accessible homes that allow safe, independent living. Likewise, people with sensory disabilities, like blindness or deafness, rarely find housing that accommodates their needs.

When a friend or colleague suddenly needs accessible housing, there's no system — just frantic word-of-mouth, crossed fingers, and luck. That's not a housing policy. It's a crisis hiding in plain sight. When I advocate for change, I'm always asked: Where is the data?

This report answers that question.

Louisville faces a well-documented housing shortage, especially a lack of affordable and "middle" housing. What hasn't been reported until now is the emergency within the housing scarcity crisis:

Louisville faces a severe and growing shortage of accessible housing — a public health emergency affecting tens of thousands of residents.

Accessible housing determines whether people with disabilities can live independently, work, participate in community life, and avoid preventable injuries and institutionalization.

The findings are stark:

- Louisville has an estimated **18,310 households that include a wheelchair user.**
- The city has only **3,032 wheelchair-accessible housing units.**
- That means **roughly six households compete for every one accessible unit.**

This report estimates the gap between the number of households that need accessible housing and the number of existing accessible units, drawing on American Community Survey (ACS) data, the American Housing Survey (AHS), and local data from the Kentucky Housing Corporation, Louisville Metro Housing Authority, and the Louisville Metro Office of Planning.

Demand is estimated at the household level, focusing specifically on households with a wheelchair user because these are the most clearly defined and documented population. Accessible housing in this report is defined as housing that meets established structural standards for independent use by wheelchair-users, including zero-step entry, adequate maneuvering clearance, accessible bathrooms and kitchens, and wider doorways.

The affordable, accessible housing shortage is almost certainly severe as well, though it is harder to measure precisely. The best available data — individual-level ACS figures on ambulatory disability and poverty — suggest the gap is large:

- roughly **9,000 Louisvillians under 65 with ambulatory disabilities live in poverty,** compared to **only 586 affordable accessible multifamily units** built for residents under 65; and
- roughly **8,300 seniors aged 65+ with ambulatory disabilities live in poverty,** compared to **only 1,122 accessible Section 202 units** created for seniors living on low incomes.

These figures are imperfect proxies — ambulatory disability is broader than wheelchair use, and poverty is a narrower income threshold than most affordability standards — but they point consistently in the same direction: demand far exceeds supply.

Without action, the accessible housing gap will grow rapidly as Louisville's population ages.

Accessible housing is not a luxury. It is essential infrastructure, and the lack of it is a measurable public health emergency with consequences for tens of thousands of residents. Addressing it will require coordinated action and the meaningful inclusion of people with disabilities at the strategizing table. This report recommends specific ways to change regulations and policies; facilitate community engagement & advocacy; improve data collection and tracking of units; and enhance funding, financing & incentives.

The data are clear: six households compete for every one wheelchair-accessible unit. Every year without action means more residents are forced to live in housing that limits their independence, jeopardizes their health, and undermines their participation in community life. The investment in accessible housing is not only a moral imperative — it is a high-value public investment that reduces healthcare costs, prevents institutionalization, and strengthens communities.

Elizabeth Fust

Founder and Executive Director

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INTRODUCTION

Louisville's insufficient stock of accessible housing is not a minor inconvenience; it is a public health emergency with measurable consequences for tens of thousands of Louisville residents. The uncomfortable truth is, each one of us is one car accident, slip-and-fall, or faulty blood vessel away from becoming temporarily or permanently disabled, and the likelihood of acquiring a disability greatly increases with age. Without deliberate action, the accessible housing gap will widen considerably in the years ahead. Any plan to increase housing, especially affordable housing, therefore, must include a policy to increase the number of accessible units, which will promote aging-in-place, reduce vacancy, increase community participation, and reduce costs associated with healthcare and institutionalization.

UNDERSTANDING DISABILITY & ACCESSIBILITY

The term "disability" encompasses a broad and diverse population with a wide range of needs, abilities, and lived experiences. The Americans with Disabilities Act defines a disability as a physical or mental impairment that substantially limits one or more major life activities (ADA, 1990). This includes individuals with physical, sensory, cognitive, and psychiatric conditions, as well as chronic illnesses, even though some may not personally identify as disabled.

Typically, "disability" is considered a problem or deficit with an individual; however, "disablement" depends upon a person's environment. The World Health Organization's (2001) definition invites a paradigm shift. It asserts that "disability" results from the interaction between a person's health condition and the person's context. Inaccessible housing, buildings, and public spaces—products of inadequate planning and policy—along with persistent social and attitudinal barriers, limit full participation in community life. Housing accessibility is not simply a design issue, but a critical determinant of equity, health, and independence.

There is no single, universally accepted definition of accessible housing. People with disabilities have diverse needs and abilities, and a home that is accessible for one person may not be for another. There is a real need for more housing that can be used independently by people with disabilities; "accessibility" as defined in this report is the minimum. Employing Universal Design concepts throughout society is the most inclusive approach. Universal Design is the practice of creating products, environments, and systems that are usable by everyone, regardless of age, ability, or status, without the need for specialized adaptation (R. L. Mace UDI, 2024). However, due to data limitations and the need for measurable standards, this report employs currently agreed-upon and widely used minimum guidelines for accessibility in housing.

As will be discussed in detail in the Methodology section, this analysis focuses on wheelchair-accessible housing as a clearly defined and measurable subset of accessible housing that meets established functional standards for wheelchair accessibility.[1]

[1]Accessibility for people who are blind or have low vision, or who are deaf or hard of hearing, also is vital and should be a focus of future research.

Wheelchair accessibility requires specific structural features that cannot be easily modified or substituted. Additionally, wheelchair accessibility in multi-family housing is relatively consistently defined across key federal and state housing standards, providing a reasonably reliable framework for evaluating both supply and demand. Likewise, wheelchair users are quantifiable in the American Housing Survey (AHS) from the U.S. Census Bureau, which asks about utilization of both manual and power wheelchairs.

WHY ACCESSIBLE HOUSING MATTERS

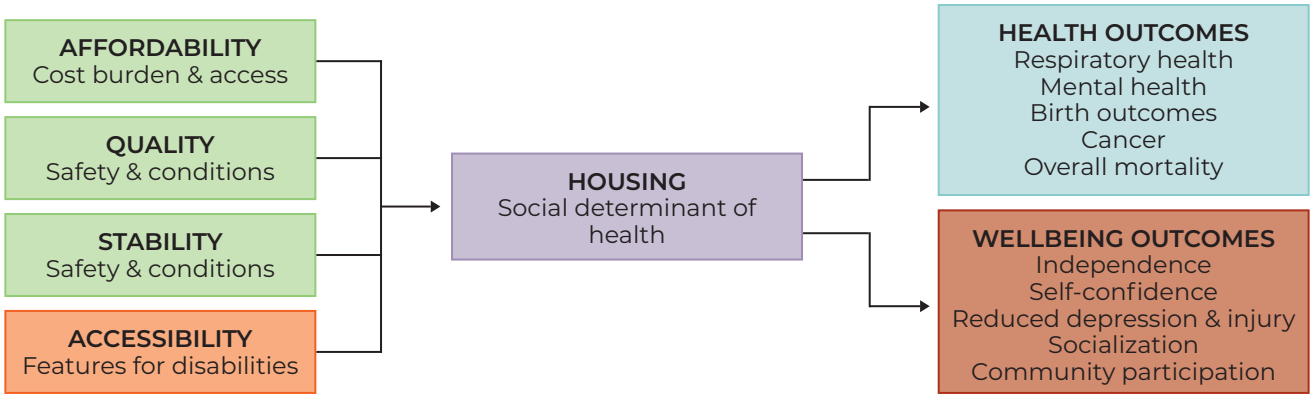
Housing is more than shelter. It is a major social determinant of health that shapes physical health, mental well-being, independence, and quality of life. The conditions of housing are directly tied to a wide range of outcomes, including mental and physical health, chronic disease, and overall mortality (Bentley et al., 2025; Swope & Hernández, 2019).

Safe, affordable, stable, and suitable housing enables individuals to lead healthy, productive lives and contributes to stronger, more resilient communities. When people can reach their full potential, the benefits extend beyond the household, supporting workforce participation, family stability, and broader economic vitality.

The framework below highlights four interconnected dimensions of housing that influence health and well-being outcomes:

- **Affordability (cost burden and access):** Housing must be financially attainable in order to support long-term stability. High housing costs can force households to cut back on healthcare, food, transportation, and other necessities, increasing stress and worsening health outcomes.
- **Quality (safety and conditions):** The physical condition of housing affects health directly. Poor ventilation, mold, pests, structural hazards, lead exposure, and inadequate heating or cooling are associated with respiratory illness, injury, chronic disease, and mental health challenges.
- **Stability (security and tenure):** Stable housing provides predictability and security. Frequent moves, eviction risk, overcrowding, or homelessness can disrupt healthcare, employment, education, and social connections while increasing stress, anxiety, and depression.

Figure 1



Source: Developed by the author based on analysis of data and concepts presented in Lindsay et al., 2024; Bentley et al., 2025; and Swope & Hernández, 2019

- **Accessibility (features for disabilities):** Accessible housing includes features that allow people with disabilities to safely and independently use their homes and elderly citizens to age in place. Features such as no-step entrances, accessible bathrooms, wider doorways, and wheelchair maneuvering space can reduce injuries, improve independence, support community participation, and decrease social isolation.

Together, these dimensions shape broader health outcomes—including respiratory health, mental health, birth outcomes, cancer risk, and mortality—as well as wellbeing outcomes such as independence, self-confidence, reduced depression, socialization, and community participation.

For people with disabilities, housing accessibility is especially important because it directly influences safety, mobility, autonomy, and the ability to age in place. Research shows that people with disabilities living in accessible homes experience lower rates of depression, injuries, and mortality, as well as greater independence and self-confidence (Lindsay et al., 2024). Accessible housing also improves life satisfaction, social engagement, and community participation (Langdon et al., 2024; Lindsay et al., 2024; Norin et al., 2017; Center for Health and Research Transformation, 2022).

In contrast, inaccessible housing increases fall risk, contributes to poor health outcomes, and drives higher costs of healthcare and nursing home institutionalization. Unintentional falls alone cost the U.S. healthcare system an estimated $80 billion in 2020, and Kentucky ranks among the states with the highest fall rates.

People with disabilities experience significantly poorer health outcomes than those without disabilities, including much higher rates of depression, diabetes, and heart disease. People with disabilities experience greater health burdens, such as higher rates of chronic disease and greater health-related expenditures, compared to people without disabilities (Mitra et al., 2017).

At the same time, people with disabilities face substantial economic challenges related to housing. Many rely on fixed incomes such as Social Security benefits, making safe and accessible housing difficult to afford. People with disabilities living on the lowest incomes, such as Supplemental Security Income (SSI) as their primary source of income, cannot afford basic housing options. Nationally, over 55% of households headed by a person with a disability are housing-cost-burdened, spending more than 30% of their income on housing costs (Garrison et al., 2025). High housing-cost-burden is strongly linked to poorer health outcomes because it can limit financial flexibility to cover essential needs like healthcare and nutrition (Garrison et al., 2025).

People with disabilities also are more likely to face discrimination in the rental market (Mitra et al., 2017; Anderson et al., 2024; Burns et al., 2021; Meschede et al., 2022; National Fair Housing Alliance, 2025; Sellers et al., 2024). As a result, they are more likely to live in unsafe or inadequate housing conditions that can further harm health or intensify existing disabilities.

These dynamics create a reinforcing cycle in which housing and health challenges compound one another, widening disparities, particularly for low-income households, people of color, and those living in historically disinvested neighborhoods.

For these reasons, accessible housing is both a moral imperative and a high-value public investment, improving health outcomes, promoting independence, and strengthening communities

In Kentucky, disability is more prevalent than in the nation overall and closely linked to poor health outcomes. Approximately 34% of adults in Kentucky have a disability, compared to 29% nationally (DHDS, 2025). Adults with disabilities in Kentucky also experience significantly higher rates of chronic physical and mental health conditions. They are more than three times as likely to have depression (50% compared to 16%), twice as likely to have diabetes (18% vs. 9%), and two and a half times as likely to have heart disease (12% vs. 5%) as adults without disabilities (DHDS, 2025). These disparities highlight the critical role that social determinants, particularly housing, play in shaping health outcomes for people with disabilities across the state.

METHODOLOGY AND DATA SOURCES

Purpose and Analytical Approach

This report estimates the gap between households needing wheelchair-accessible housing and the number of accessible units available in Louisville. Defining and measuring this need requires careful attention to how disability is conceptualized, as estimates can vary significantly depending on whether broad or more function-specific definitions are used.

Because definitions of accessibility vary significantly across housing research and policy frameworks, this report focuses specifically on wheelchair-accessible housing and households with clear mobility-related accessibility needs. (See Appendix A Housing Demand Estimation Methodology).

Due to the absence of a comprehensive local inventory of accessible housing, the analysis combines national housing survey data, local housing and development records, and federal and state accessibility standards to estimate both demand and supply. (See Appendix B Housing Supply Estimation Methodology.)

For the purposes of this report, accessible housing is defined using features aligned with the International Code Council/American National Standards Institute (ICC/ANSI) Type A or wheelchair-accessible housing standards, including zero-step entry, accessible routes throughout the home, wider doorways and hallways, accessible bathrooms and kitchens, and sufficient maneuvering space for wheelchair users. Type B or adaptable units are not included in the primary estimate because they generally do not provide the level of accessibility necessary for independent wheelchair use. (See Appendix A Accessibility Standards and Regulatory Framework).

This narrow definition focuses on individuals with the most acute and clearly defined accessibility needs, whose ability to live independently depends on specific, non-negotiable structural features within the home.

Defining Demand for Accessible Housing

There is no single standard for estimating the population in need of accessible housing. This report reviewed two primary approaches commonly used in the literature: disability prevalence estimates from the American Community Survey (ACS) and functional mobility measures from the American Housing Survey (AHS). While ACS data are widely used, they have important limitations, including variation in disability definitions, likely undercounting of disabled populations, and limited ability to capture certain psychiatric, developmental, and chronic conditions. As a result, ACS-based estimates are best understood as minimum estimates of disability prevalence.

This analysis ultimately relies on the American Housing Survey (AHS) because it more directly links functional mobility limitations to housing accessibility needs. The AHS includes detailed questions about mobility device use and housing accessibility features, making it the strongest available national source for estimating demand for wheelchair-accessible housing.

For this report, demand is defined as the number of households that include a wheelchair user. Using data from the 2011 and 2019 AHS, the analysis estimates local demand by applying the national percentage of households with wheelchair users to the total number of households in Louisville. This approach provides a narrower but more precise estimate focused specifically on households with clear wheelchair-accessibility needs.

Estimating the Supply of Accessible Housing

Wheelchair-accessible housing is defined in this report as housing that includes features necessary for independent use by wheelchair users, such as zero-step entrances, accessible routes, wider hallways and doorways, accessible bathrooms and kitchens, and sufficient maneuvering space throughout the home. Because no comprehensive local dataset exists identifying accessible housing in Louisville, the analysis relies on national and state-level data sources and methodological assumptions to estimate supply.

To estimate accessible single-family housing, the report uses data from the 2011 American Housing Survey (AHS), the most recent national survey containing detailed accessibility measures. Using criteria developed by Bo'sher et al. (2015), the analysis estimates that approximately 0.35% of single-family homes meet wheelchair-accessibility standards nationally and applies this proportion to Louisville.

Multifamily estimates combine several data sources, including national AHS estimates, HUD Section 202 supportive housing data, federally funded developments subject to Section 504 accessibility requirements, and market-rate developments subject to Kentucky Building Code accessibility standards. Local development and permitting records were also reviewed to estimate accessible units created through recent multifamily construction.

Limitations

This analysis is subject to several important limitations. First, because Louisville is not individually sampled in the American Housing Survey (AHS), national AHS estimates were extrapolated to the local context using Louisville household counts, which assumes similar

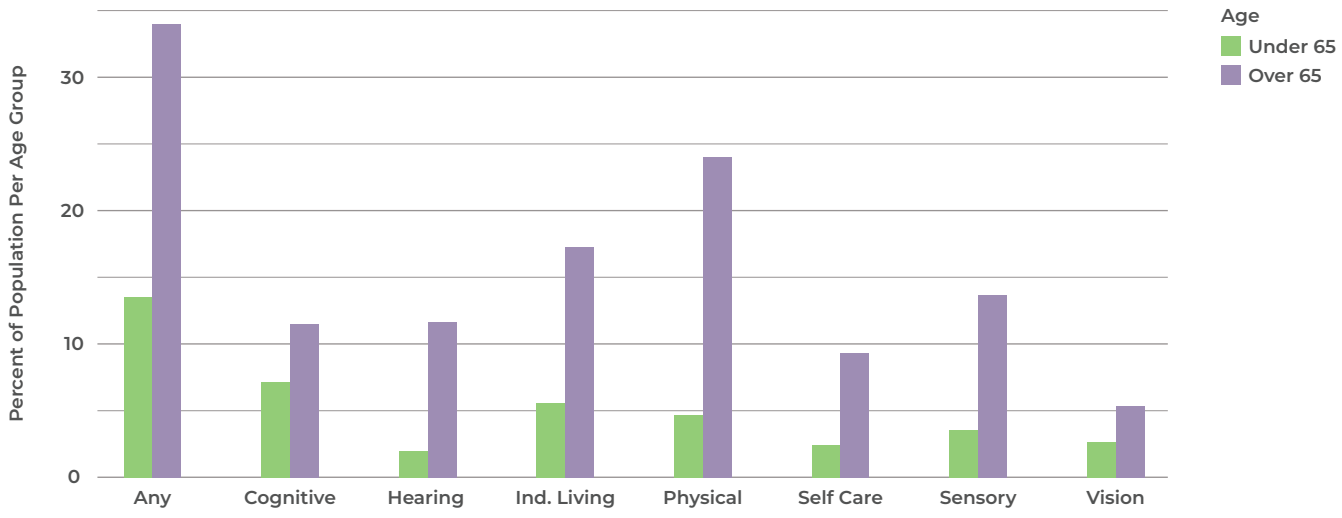
patterns of disability and housing accessibility. In addition, both national disability and housing datasets likely undercount people with disabilities and may not fully capture all forms of accessibility needs. For example, they may misclassify disability types, particularly for populations with less visible or non-physical disabilities. Third, data on accessible housing supply is often incomplete, self-reported, and not systematically tracked or verified across jurisdictions and housing systems. No standardized local inventory of accessible housing currently exists, meaning all findings should be understood as estimates rather than precise counts.

FINDINGS

Disability in Louisville

Disability in Louisville is not evenly distributed across the population; rather, it reflects and reinforces broader patterns of social and economic inequality. Rates of disability vary significantly by age, income, housing status, race, and neighborhood, with higher prevalence consistently observed among older adults, lower-income households, and communities of color. These disparities are shaped by a combination of individual factors as well as pervasive and persistent conditions, including constrained access to healthcare, economic opportunity, housing quality, and the long-term impacts of racial discrimination in housing. Understanding how disability intersects with these dimensions is essential for identifying where needs are greatest and for developing housing strategies that are both equitable and responsive to the lived realities of Louisville residents.

Figure 2
Disability Rates Among Older Adults Are Higher Across All Disability Categories



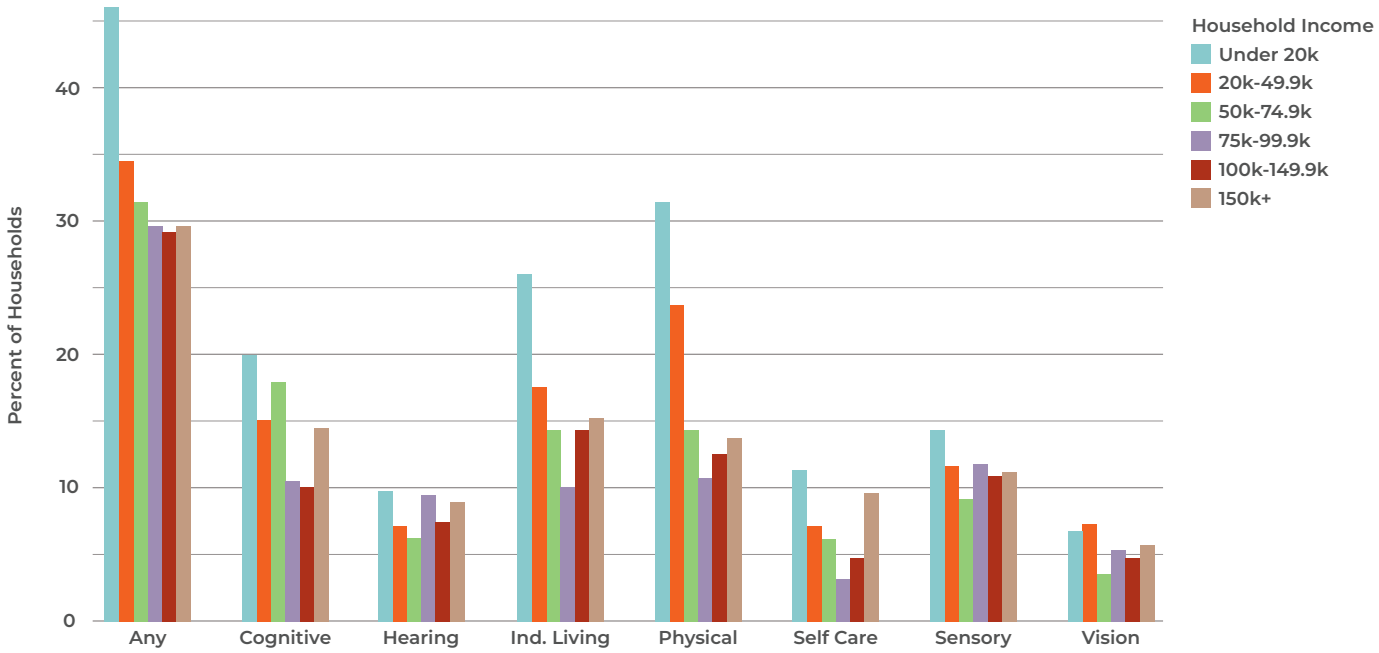
Source: Author's analysis of 2025 1-year ACS microdata obtained from IPUMS-USA

Disability is strongly associated with age and increases significantly over the lifespan. In Louisville, 14% of individuals under age 65 report experiencing a disability, compared to 34% of individuals aged 65 and older. Among residents aged 80 and older, the rate rises to 57%. Adults aged 65 and older are two and a half times more likely to have a disability than those under age 65 (34% vs. 14%).

Disability also is linked to economic vulnerability. In Louisville, 20.8% of people with disabilities live below the federal poverty line, compared to 14.0% of individuals without a disability living below the poverty line (ACS Table B18130). When looking at households, 22.7% of households that include a person with any type of disability live below the poverty line, compared to 10.4% of households that do not include a person with a disability.

Many individuals with disabilities rely on fixed incomes such as Supplemental Security Income (SSI), limiting their ability to afford safe, stable, and accessible housing. Under the Fair Housing Act, renters are responsible for the cost of making reasonable modifications to their homes and for returning the home to its previous condition before moving out. Even relatively modest accessibility modifications can be cost-prohibitive for tenants, while more substantial changes, such as redesigning floor plans or building an accessible home, are often entirely out of reach.

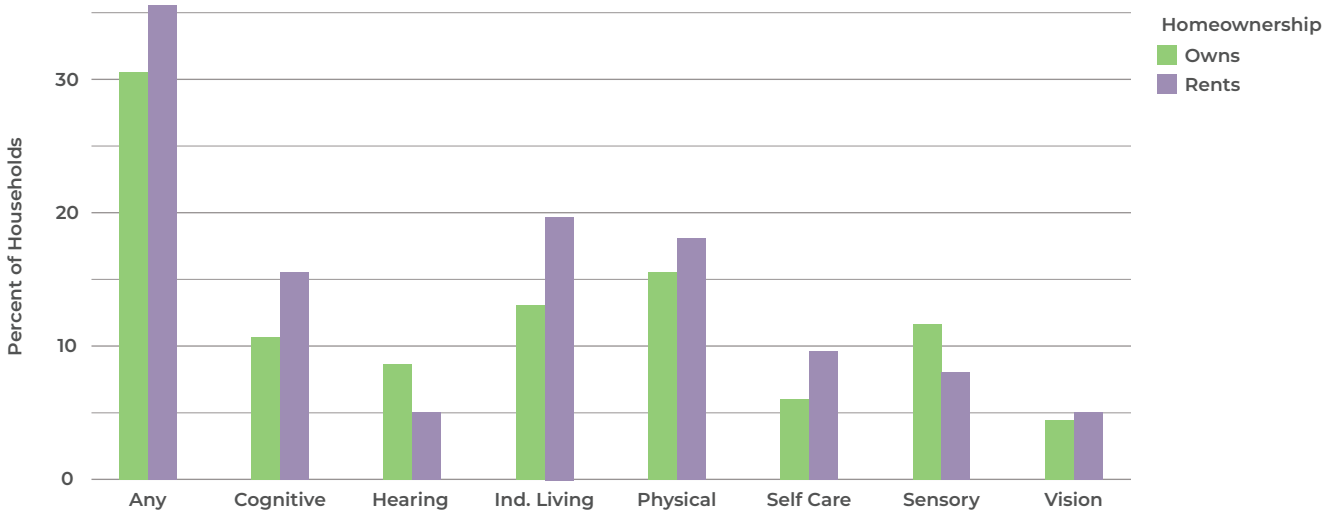
Figure 3
Low-Income Households Experience Higher Rates of Disability



Source: Author's analysis of 2025 1-year ACS microdata obtained from IPUMS-USA

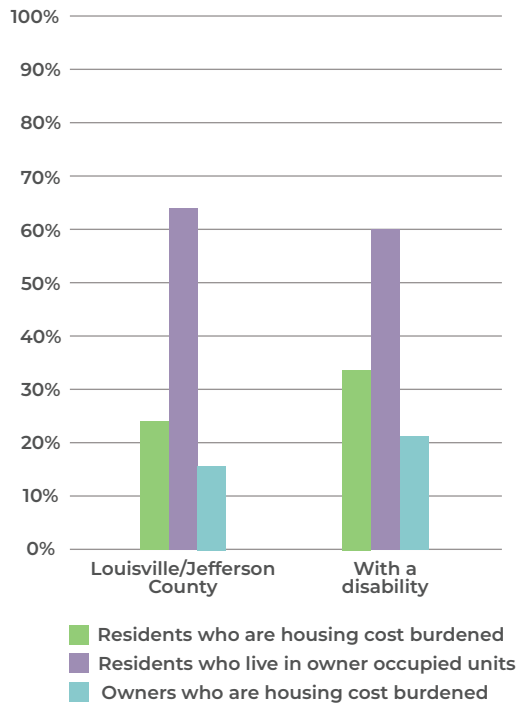
Housing tenure further shapes these challenges. In Louisville, renter households are more likely than homeowner households to include someone with a physical disability. Both renters and homeowners with disabilities face greater financial strain: renters with disabilities are 25% more likely, and homeowners with disabilities are 40% more likely, to be housing cost-burdened than their non-disabled peers (LMDPHW, 2024; Center for Health and Research Transformation, 2022).

Figure 4
Renters Experience Higher Rates of Disability Rates Than Homeowners



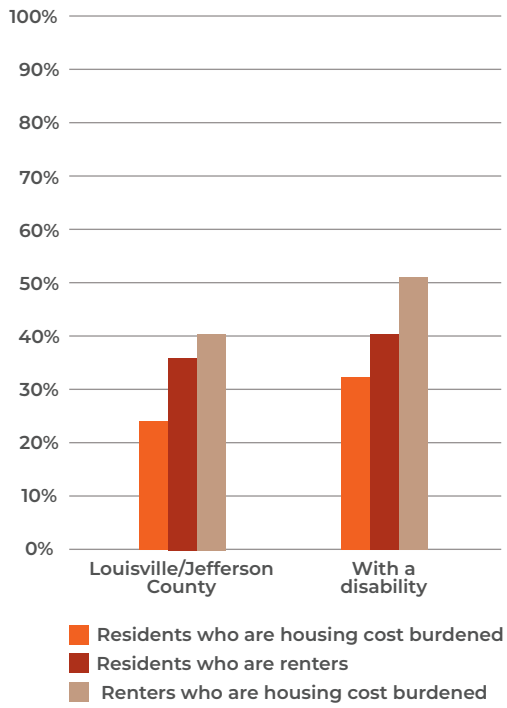
Source: Author's analysis of 2025 1-year ACS microdata obtained from IPUMS-USA

Figure 5
The Rate of Residents Who Are Housing Cost Burdened is 7 Percentage Points Higher Among People with Disabilities



Source: LMPHW, 2024b.

Figure 6
Residents with Disabilities Face Higher Rates of Renting and Housing Cost Burden



Source: LMPHW, 2024b.

These economic disparities reflect broader structural inequities that shape both disability prevalence and financial vulnerability. Disability rates increase significantly with age, and older adults are more likely to rely on fixed or limited incomes such as Social Security or Supplemental Security Income (SSI), reducing their ability to afford rising housing costs or accessibility modifications. At the same time, low-income households often experience reduced access to preventative healthcare, safe housing, nutritious food, reliable transportation, and other conditions that support long-term health, increasing the likelihood of disability over time.

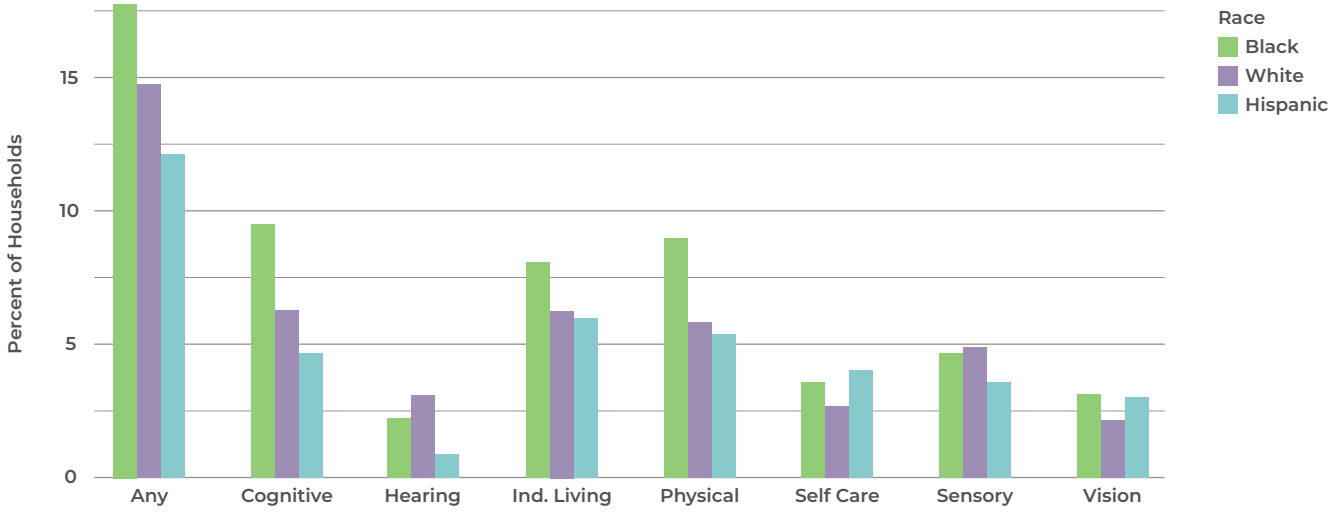
For instance, 13.8% of Louisvillians in poverty do not have health insurance, compared to 5.5% of Louisvillians living above the poverty line, reducing their ability to access preventative services (ACS Table C27016). A 2023 study by the Greater Louisville Project found that 68.5% of low-income residents live more than a one-mile walk or drive from a grocery store, creating barriers to accessing healthy food (Greater Louisville Project , 2022).

Households in Louisville with an income under 30% of AMI experience housing quality problems (lacking a kitchen, lacking a bathroom, or overcrowding) at four times the rate of households earning over 100% of area median income (AMI) (U.S. Housing and Urban Development, 2023).

People with disabilities also face persistent barriers to education, employment, and wealth accumulation, contributing to lower household incomes and higher rates of housing insecurity. These overlapping factors reinforce one another, creating a cycle in which disability and economic vulnerability are closely connected and increase the risk that households will be unable to secure or maintain safe, stable, and accessible housing.

Disability is unevenly distributed across racial groups. In Louisville, Black residents experience higher rates of disability than White or Hispanic residents, even after adjusting for age differences. The rate of physical disability is approximately 30% higher among Black residents than for the overall population.

Figure 7
Black Louisvillians Experience Higher Rates of Disability than Average

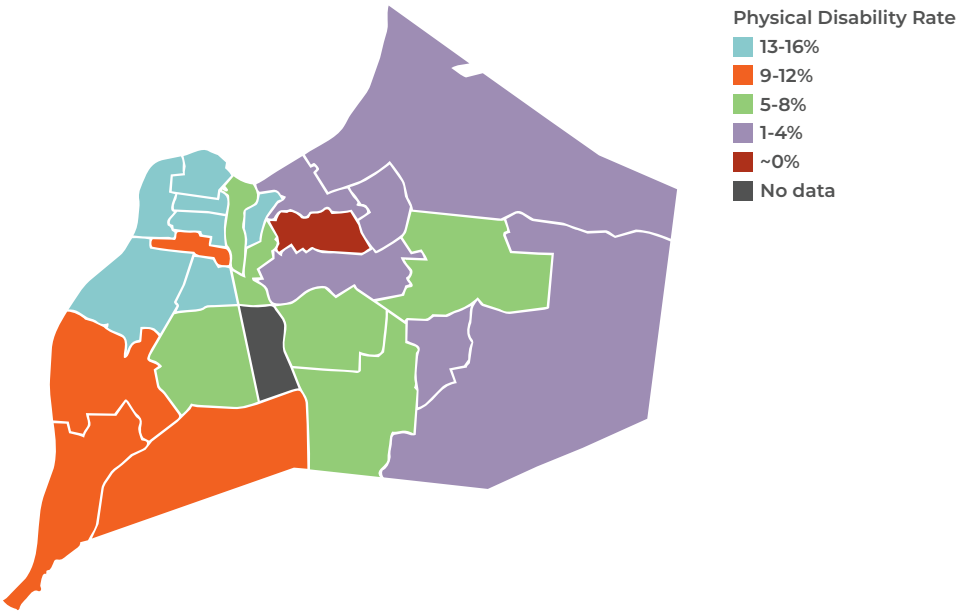


Source: Author's analysis of 2025 1-year ACS microdata obtained from IPUMS-USA

These disparities reflect both current inequities and the long-term impacts of discriminatory housing and economic policies. Historic patterns of racial segregation and disinvestment have limited access to homeownership and concentrated health risk in certain communities, especially West Louisville, contributing to higher rates of disability and reduced access to safe and accessible housing among Black, Indigenous, and other people of color (BIPOC) (Poe, 2017; Louisville Metro Dept. of Planning and Design Services, 2019).

Disability, age, income, and race intersect geographically in Louisville, creating concentrated areas of housing and health inequity. These overlapping vulnerabilities mean that housing-related health harms are not evenly distributed; instead, they fall most heavily on people with disabilities, are intensified by poverty and systemic racial inequities, and are reinforced by place (LMPHW, 2024a). As a result, disability rates vary widely across Louisville's neighborhoods, from a low of 2.4% in the Highlands (East of Downtown) to a high of 15.7% in neighborhoods such as Chickasaw and Shawnee (West of Downtown).

Figure 8
Physical Disability Rates Range from 2.4% to 15.7% across Neighborhoods



Source: Author's analysis of 2025 1-year ACS microdata obtained from IPUMS-USA

These geographic disparities are shaped by multiple factors. The 2024 Louisville Health Equity Report identifies a 15-year life expectancy gap between east and west neighborhoods that aligns closely with race, income, and other social determinants of health (LMPHW, 2024a). The same structural factors that influence life expectancy, including environmental conditions, access to healthcare, economic opportunity, and historical disinvestment, also influence disability prevalence.

Housing patterns further reinforce these disparities. Many factors have affected housing patterns in Louisville, including exclusionary zoning (75% of land zoned for single-family housing) and racist housing practices (redlining, race-based deed restrictions). (Louisville Metro Department of Public Health and Wellness, Center for Health Equity. (2024b).

Multifamily housing, which is more likely to include accessible units due to federal and state requirements, is more concentrated in West Louisville (HUD, 2026). In addition, publicly subsidized, supported housing programs such as HUD 202 housing for low-income seniors, developments funded through HOME and CDBG programs, public housing, and Low-Income Housing Tax Credit (LIHTC) developments are disproportionately located in these areas (HUD, 2026). As a result, neighborhoods in West Louisville may have a higher concentration of affordable accessible units, which may contribute to higher observed rates of physical disability due to a "sorting" effect, as individuals seek housing that meets their accessibility and affordability needs.

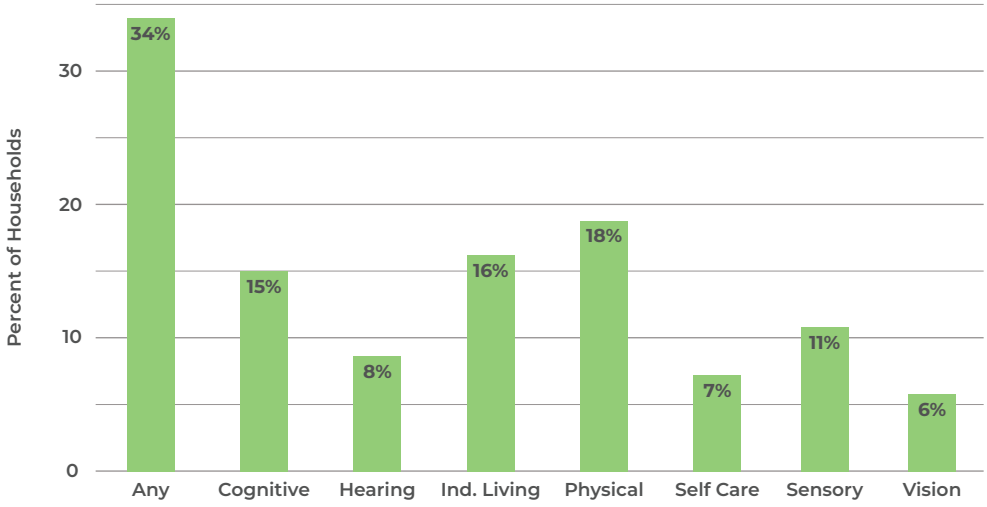
Taken together, these findings demonstrate that disability in Louisville is both widespread and deeply shaped by systemic and demographic factors, with clear implications for housing demand. As disability rates increase with age and are compounded by economic vulnerability, racial inequities, and geographic disparities, the need for affordable, accessible housing is not only substantial but unevenly distributed across the city.

Demand for Accessible Housing in Louisville

In 2024, Louisville/Jefferson County included approximately 793,881 individuals living in 333,252 households. Of these, an estimated 112,000 households (33.6%) include at least one person who reports experiencing one or more types of disability.

When narrowed to physical (synonymous with "ambulatory"), hearing, and vision disabilities, approximately 81,000 households (23.3%) are affected.

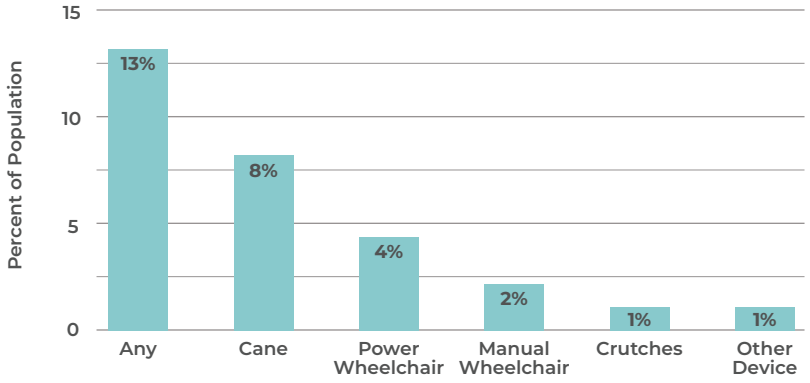
Figure 9
One in Three Households Includes a Person with a Disability (34%)



Source: Author's analysis of 2025 1-year ACS microdata obtained from IPUMS-USA

Narrowing further to functional indicators, an estimated 43,500 households (13.1%) include at least one person who uses a mobility assistive device such as a cane, walker, or wheelchair. Within this group, approximately 18,000 households (5.7%) include at least one person who uses a manual or power wheelchair, encompassing 5,000 (1.6%) with a manual wheelchair user and 13,000 (4.1%) with a power wheelchair user.

Figure 10
The Most Common Mobility Assistive Devices Include Canes and Powered Wheelchairs



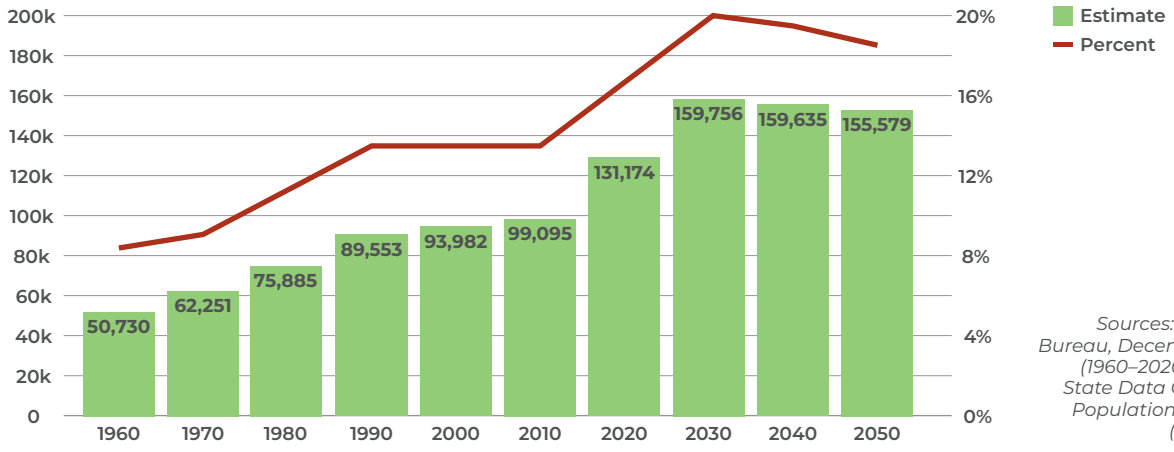
Source: Author's analysis of 2019 American Housing Survey (AHS) microdata from HUD

This progression from broad disability to mobility limitation to wheelchair use provides a clear framework for understanding varying levels of housing need. The presence of a wheelchair user within a household represents the most acute and clearly defined demand for fully accessible housing[2]. As such, the approximately 18,000 households that include a wheelchair user serve as a critical baseline for estimating demand for Type A wheelchair accessible housing in Louisville.

Looking ahead, demand for accessible housing is expected to grow significantly as Louisville's population ages. While approximately 15.42% of all Louisville residents currently report some type of disability, this rate rises sharply with age, to 34.12% among adults age 65 and older and 57.50% among those age 80 and older.

The number of Louisville residents aged 65 and older is projected to increase from 131k in 2020 to 156k by 2050, while the population aged 80 and older is expected to grow from 30kto 49k over the same period.

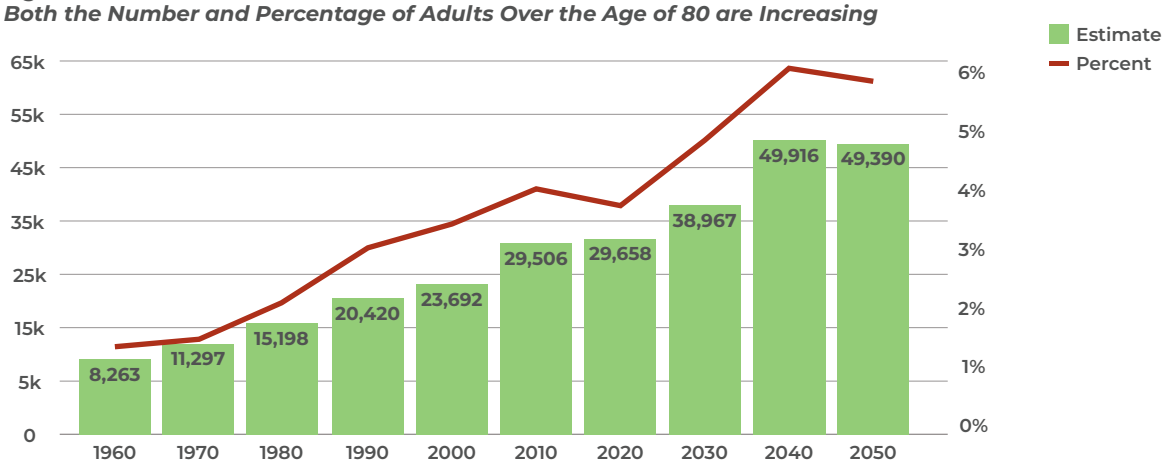
Figure 11a
Both the Number and Percentage of Adults Over the Age of 65 are Increasing



Sources: U.S. Census Bureau, Decennial Census (1960–2020); Kentucky State Data Center, 2022 Population Projections (2030–2050).

[2]A future aim of research should be to attempt to determine the likelihood that individuals who use mobility devices, other than a wheelchair, will become wheelchair users in the future. It is not uncommon for people who use canes or crutches to progress to wheelchair use with age and chronicity of condition.

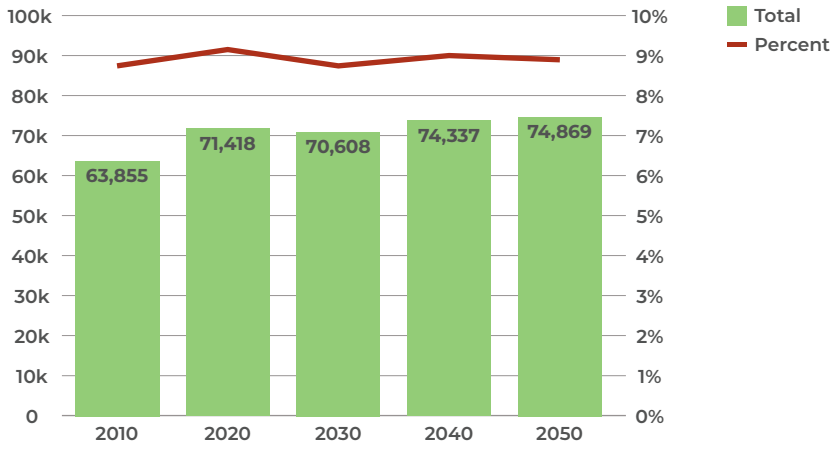
Figure 11b
Both the Number and Percentage of Adults Over the Age of 80 are Increasing



Sources: U.S. Census Bureau, Decennial Census (1960–2020); Kentucky State Data Center, 2022 Population Projections (2030–2050).

As of 2020, 9.1% of Louisville residents reported an ambulatory disability. Assuming current rates remain constant, the number of individuals with ambulatory disabilities is projected to increase by approximately 3,000 in the coming decades. More broadly, as the population ages, a growing share of residents will experience mobility limitations, further increasing the need for accessible housing. In particular, the projected growth of nearly 20,000 additional residents aged 80 and older over the next 25 years will significantly increase the prevalence of mobility-related disabilities and intensify demand for both accessible and adaptable housing options.

Figure 12
Projected Increase of Over 10,000 People with Disabilities in Louisville from 2010 to 2050



Sources: ACS (IPUMS-USA), 2008–2024; Kentucky State Data Center projections (2022).

What begins as a broad population of households affected by disability narrows to a substantial and clearly defined group—approximately 18,000 households with a wheelchair user—whose needs require wheelchair-accessible housing. At the same time, demographic trends point to a steady increase in this demand, driven primarily by the aging population and the rising prevalence of mobility limitations. As the number of older adults grows,

particularly those aged 80 and above, the need for wheelchair-accessible housing will expand significantly. This convergence of current need and future growth underscores the urgency of aligning housing supply with the evolving accessibility requirements of Louisville's residents.

Supply of Accessible Housing in Louisville

Of Louisville's 333,252 housing units, only approximately 3,032 (0.9%) are accessible for wheelchair users.

Table 1

HOUSING SEGMENT	TOTAL UNITS	WHEELCHAIR ACCESSIBLE UNITS (ESTIMATE)	PRIMARY DATA SOURCES
SINGLE-FAMILY	234,868	811	American Community Survey (ACS); American Housing Survey (AHS)
MARKET-RATE MULTIFAMILY		513	ACS; AHS; Louisville Metro Planning;
INCOME-LIMITED MULTIFAMILY	98,384 multifamily units	586	KHC; LMHA; HUD; NHPD
202 SUPPORTIVE HOUSING MULTIFAMILY		1.122	KHC; HUD, NHPD
TOTAL	**333,252**	**3,032**	

Single-family homes account for a relatively small share of the supply. Only approximately 811 single-family homes in Louisville are wheelchair-friendly, representing about 0.35% of the city's 234,868 single-family homes.

Accessible housing is more common in multifamily developments, largely because legal requirements apply to much of that housing stock. The Kentucky Building Code requires 2% of units in multifamily developments of more than 20 units to be Type A, or wheelchair-friendly, and Section 504 of the Rehabilitation Act requires at least 5% of units in federally funded multifamily developments of five or more units to be wheelchair-accessible. Louisville has an estimated 2,221 accessible multifamily units, representing 2.26% of all multifamily units.

Within the multifamily estimate, we determined that HUD Section 202 housing for the elderly contributes about 1,122 wheelchair-friendly units, other federally funded projects subject to Section 504 contribute about 586 units, and a combination of naturally-occurring accessible housing and the more recent requirement implemented by the Kentucky Building Code contributes an additional 513 accessible market-rate units.

These estimates demonstrate that the supply of wheelchair-accessible housing in Louisville is both extremely limited and unevenly distributed across the housing stock. While multifamily housing contributes the majority of accessible units due to federal and state requirements, overall availability remains low. Single-family homes, despite comprising the majority of the housing stock, offer almost no accessible options.

Comparing Supply and Demand

Less than 1% of Louisville's 333,252 housing units are wheelchair-accessible, and 5.7% of Louisville households include a wheelchair-user. It is not surprising, then, that the demand for wheelchair-accessible housing in Louisville far exceeds the available supply.

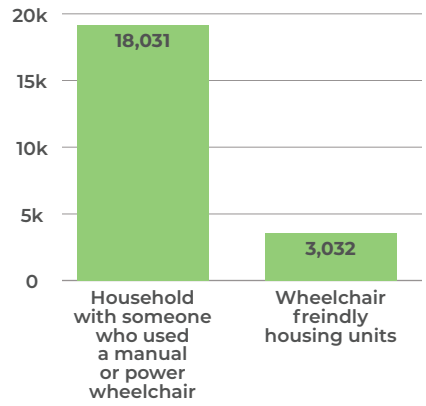
An estimated 18,310 households in the city include at least one person who uses a manual or power wheelchair, while only approximately 3,032 housing units meet established standards for wheelchair accessibility. This represents a ratio of roughly 6 households for every one accessible unit.

The largest proportion of the accessible multifamily units is federally funded and subject to income limitations, which make them more affordable. However, the affordable, accessible housing shortage is almost certainly severe as well, though it is harder to measure precisely. The best available data — individual-level ACS figures on ambulatory disability and poverty — suggest the gap is large:

- Roughly 9,000 Louisvillians under 65 with ambulatory disabilities live in poverty, yet there are only 586 affordable accessible multifamily units; and
- Roughly 8,300 seniors age 65+ with ambulatory disabilities live in poverty, yet there are only 1,122 accessible Section 202 units for seniors on low incomes.

These figures are imperfect proxies — ambulatory disability is broader than wheelchair use, and poverty is a narrower income threshold than most affordability standards — but they point consistently in the same direction: demand far exceeds supply.[3]

Figure 13
Louisville's Accessible Housing Gap



In practice, the gap is likely even larger. Although some multifamily developments are required to include a small percentage of wheelchair-friendly (Type A) units, there is no requirement that these units be rented to households that need them. As a result, accessible units may be occupied by residents without mobility disabilities, leaving fewer options available for those who depend on these features for daily living.

[3]The ACS data on individuals is used here instead of AHS households because sorting the AHS data on households by disability, age, and income results in such a small number that it cannot be reliably extrapolated to Louisville. The ACS provides poverty data, not detailed household income.

This analysis reveals a profound and systemic mismatch between the accessibility needs of Louisville residents and the current housing stock. The shortage of wheelchair-accessible units is significant in scale and deeply consequential, as it limits the ability of people with mobility disabilities to secure safe, appropriate, and independent housing. As a result, many households are forced to remain in inaccessible environments or compete for a severely limited number of suitable units, leading to delayed moves, housing instability, increased health risks, and reduced autonomy. While the gap is most acute for households requiring wheelchair-accessible housing, it has implications for the broader continuum of mobility-related needs who are likely to become wheelchair users temporarily or permanently.

Addressing this challenge will require coordinated and sustained action across housing policy, development incentives, and long-term planning to ensure that Louisville's housing stock avoids costly built-in obsolescence and evolves in alignment with the city's changing demographics and accessibility demands.

FUTURE AREAS OF INQUIRY & POLICY ACTION

The current accessible housing gap is huge and growing wider as the Louisville population rapidly ages. Federal and state policies have meaningfully increased the supply of wheelchair-accessible housing over the past several decades, particularly within multifamily developments. However, the Kentucky Building Code's requirement of 2% Type A units and the 5% mandate of Section 504 of the Rehabilitation Act for wheelchair-accessible units have not been effective. A severe imbalance remains between the number of wheelchair users and the housing available to meet their needs. With an estimated six households competing for every one accessible unit, the current supply falls far short of demand.

The affordable accessible housing shortage is significant, even if harder to quantify. What we know with confidence is the supply: Louisville has only 586 affordable accessible multifamily units available to people of any age living on low incomes, and only 1,122 accessible Section 202 units reserved for low-income seniors. Against any reasonable estimate of need, those numbers are inadequate.

The shortage of accessible housing is likely even more severe than current estimates suggest. It is beyond the scope of this report to determine how many accessible homes are currently occupied by able-bodied people who do not require the accessibility features. However, it can be reasonably assumed that this number is greater than zero. Because there is no mechanism to prioritize or match accessible units with households that need them, existing supply is not always available to those with mobility disabilities, further exacerbating the gap.

Addressing this gap will require stronger and more coordinated action at the local level. While federal and state policies have established a baseline, they do not fully account for local housing conditions, market dynamics, or the scale of need in Louisville. Local policies, including incentives, requirements, and planning strategies, will be critical to increasing both the quantity and distribution of accessible housing across neighborhoods.

This report focuses specifically on wheelchair accessibility due to the availability of data

and the clearly defined structural requirements associated with wheelchair use. However, accessibility extends beyond mobility. Features that support people with vision and hearing disabilities, such as visual alarms, tactile controls, and audio feedback, also are essential for safe and independent living. Data on these features remains limited and inconsistent, preventing reliable analysis.

Six households compete for every one wheelchair-accessible unit in Louisville. That ratio will worsen unless developers, funders, and advocates take deliberate action now. The following recommendations are organized by type of action:

Community Engagement & Advocacy

Primary audience: disability advocates, housing advocates, community organizers

1. **Include people with disabilities in housing planning.** Accessible housing decisions are too often made without meaningful input from wheelchair users and others with disabilities. Require lived-experience representation on housing advisory boards, funding review panels, and comprehensive plan working groups.
2. **Bust the cost myth publicly.** The perception that accessible design is prohibitively expensive is a persistent barrier. Funders and advocates should commission and publicize data on actual cost differentials, highlight developers with strong accessibility track records, and reframe accessibility as a design norm rather than a costly add-on.
3. **Address the sensory accessibility gap.** This report focuses on wheelchair accessibility due to data availability. A parallel effort is needed to assess the gap between people with vision and hearing disabilities and housing that meets their needs — including visual alarms, tactile controls, and other features.
4. Educate landlords and incentivize private rental market. The vast majority of accessible housing policies touch subsidized or new construction development. The large private rental market — where many low-income renters with disabilities actually live — is largely untouched. A landlord education and incentive program for voluntary accessibility improvements would expand supply without requiring new construction
5. Advocate for housing search tools to include accessible features. Most housing search platforms — including subsidized housing waitlists — do not allow filtering by accessibility features. Advocate for and help develop tools that connect people with disabilities to units that meet their needs.

Regulatory & Policy Change

Primary audience: State legislators, local government

1. **Raise the floor on accessible units.** The Kentucky Building Code's 2% Type A requirement and Section 504's 5% mandate for wheelchair-accessible units have proven insufficient. The Kentucky legislature should increase the minimum percentage of accessible units required in multifamily developments.
2. **Extend accessibility requirements to single-family housing.** Currently, no federal, state, or local law requires accessibility in single-family homes, which comprise 70% of Louisville's housing stock but account for fewer than 27% of accessible units. Even a modest local visitability standard for new construction would meaningfully expand

supply and provide more opportunities for home ownership for people with disabilities.

3. **Establish a unit-matching or right-of-first-refusal mechanism.** Accessible units in subsidized developments should be prioritized for households that need them. Without this, accessible units are routinely occupied by people who don't require accessibility features.
4. **Audit and strengthen local enforcement of accessibility mandates.** Local governments should audit how the 2% KBC and 5% Section 504 mandates are tracked through the permitting and inspection process, identify where compliance failures occur, and invest in staff training to ensure accessible units are designed and built to standard — not just promised on paper.
5. **Adopt more current building code and accessibility standards.** Kentucky's building code currently incorporates the 2015 IBC and 2009 ICC/ANSI A117.1 accessibility standards. Updating to a more recent International Building Code and ICC/ANSI A117.1 edition would strengthen the baseline accessibility requirements for new multifamily construction and better reflect current understanding of the functional needs of wheelchair users and other people with disabilities
6. **Adopt a visitability ordinance or law.** Visitability ordinances mandate basic access in segments of housing (such as new single-family housing; government-funded housing). They typically require one zero-step entrance, at least 32" doorways, and one accessible half or full bath on ground level. Other states and localities, such as Kansas, Atlanta, Toledo, San Antonio, and Pima County, Arizona have these laws, which support aging in place and inclusion of people with disabilities in community life.

Funding, Financing & Incentives

Primary audience: KHC, local housing trust funds, CDBG/HOME administrators, private lenders, CDFIs

1. **Fund home modification programs at scale.** The gap isn't only about new construction. A robust, adequately funded home modification program for homeowners and renters who live on low incomes (with landlord participation incentives) can expand the effective supply of accessible housing more quickly than new development alone.
2. **Require more accessible units as a condition of public funding.** KHC currently goes further than the building code - requiring 5% accessible units in certain funded multifamily developments. State and local funders should raise this to at least 10% for multifamily and establish a first-ever minimum for single-family developments receiving public subsidy.
3. **Score accessibility in competitive funding applications.** Add weighted points in scoring rubrics for developments that exceed minimum accessibility thresholds, include Universal Design features, or locate accessible units near transit and services.
4. **Address demographic distribution issues.** Accessible units are concentrated in West Louisville. Funders should consider whether geographic equity requirements — ensuring accessible units are developed across all neighborhoods, including higher-opportunity areas — are warranted.

Data & Research

Primary audience: Louisville Metro Government, KHC, HUD, researchers

1. **Improve Tracking and Create a public registry of accessible units.** No comprehensive, up-to-date inventory of wheelchair-accessible housing exists in Louisville. Metro government and KHC should better identify and track the accessible units created with their funding – specifying if they are Type A units, and federally-funded Section 504 mobility units or Section 504 sensory units. With better identification, Metro government's permitting system and KHC's funding databases could be linked and made publicly searchable, with unit counts by type (Type A, Section 504), income restriction level, and neighborhood.
2. **Improve housing search tools to include accessible features.** Most housing search platforms — including subsidized housing waitlists — do not allow filtering by accessibility features. Advocate for and help develop tools that connect people with disabilities to units that meet their needs.
3. **Track subsidized accessible unit occupancy.** Require subsidized housing developments to report annually whether accessible units are occupied by households with accessibility needs. This data is essential for understanding effective versus nominal supply.
4. **Improve national and local disability data.** Advocate for more specific ACS and AHS disability questions, larger local sample sizes, and inclusion of household income — improvements that would benefit analysis in Louisville and across the country, especially for those likely to need affordable, accessible housing. Likewise, advocate for the collection of state and local disability data that relies on more than the same questions used in the ACS and AHS.
5. **Develop predictive models for wheelchair transition.** Many cane and walker users will eventually require wheelchair-accessible housing. Research that estimates this transition rate would significantly improve long-term planning and give funders better targets.
6. **Quantify and publish the cost of inaction.** Commission local research on the economic costs of insufficient accessible housing — avoidable hospitalizations, fall-related ER visits, nursing home placements, lost caregiver productivity, and increased housing vacancy. Make the business case that accessibility is cheaper than institutionalization.

Several states have developed models for advancing disability-inclusive housing that Kentucky could replicate. Common strategies include dedicated funding pools within LIHTC programs, Qualified Allocation Plan (QAP) incentives that reward partnerships between developers and service providers, Medicaid integration to support housing navigation and tenancy services, and centralized tools to connect people with disabilities to available accessible units. The following examples illustrate how these strategies have been put into practice:

Dedicated LIHTC Allocation Pools for Supportive Housing: Illinois, Pennsylvania, Texas, and Minnesota have each reserved a portion of their Low Income Housing Tax Credit (LIHTC)

allocations specifically for supportive or at-risk housing developments, ensuring that projects serving individuals with disabilities receive dedicated, protected funding rather than competing against general affordable housing projects.

QAP Incentives for Developer/Service Provider Partnerships: Louisiana and Oregon have embedded partnership incentives directly into their QAPs. Louisiana awards additional points to developers who allocate units to the state's permanent supportive housing program, while Oregon incentivizes projects that align with a Coordinated Care Organization's community health improvement plan.

Developer Incentives Leasing Preferences for Accessible Units: Virginia Housing's QAP establishes a leasing preference within its portfolio for persons with disabilities, referred to as the Target Population, where Referring Agents determine eligibility and refer qualified individuals to properties.

Medicaid-Funded Housing Navigation Services: Minnesota and Massachusetts use Medicaid funds — through Home and Community Based Services (HCBS) and other waivers — to finance housing navigation and tenancy support services for people with disabilities, helping them identify, apply for, and maintain accessible housing.

Centralized Accessible Housing Search Tools: Massachusetts operates Housing Navigator Massachusetts, a publicly available online platform that connects renters to accessible units statewide, developed in partnership with state agencies and property owners.

Required or Incentivized Creation of More Accessible Units than Required by Law: The Kentucky Housing Corporation requires 5% of certain multifamily housing developments to be accessible (>2% required by building code). Georgia requires all new construction and rehab developments funded under its QAP to comply with Section 504 (5% mobility units; 2% sensory units) regardless of federal funding. The Ohio Housing Finance Agency, requires 10% of all housing developments to meet accessibility requirements of Section 504. Virginia incentivizes enhanced accessibility in LIHTC projects by providing competitive scoring advantages for exceeding minimum federal requirements, including targets for units accessible to individuals with disabilities. Projects often prioritize incorporating universal design standards to meet the needs of target populations

CONCLUSION

Expanding the supply of accessible housing will require intentional and coordinated policymaking. Current requirements, spread across multiple frameworks governing multifamily housing, with limited guidance for single-family homes, create confusion and inconsistent implementation. Aligning standards, increasing clarity, and extending accessibility requirements more broadly across the housing stock will be essential to meeting future demand.

Effective policy is possible only when it is informed by the lived experience of the people most affected. For housing, input of people with disabilities is critical to understanding which design features are necessary for independent living, and to ensuring that accessibility standards are both practical and meaningful in real-world settings. When

people with disabilities share their knowledge and experience, it increases understanding, for example, of why housing features like unobstructed space beside a toilet, reach range over a counter, and maneuvering clearance by a door make the difference between self-sufficiency and dependence. Understanding increases empathy and motivation, which advances compliance with, and the desire to exceed, the law.

Ultimately, people with disabilities must be included as active participants in housing and policy decisions that affect their lives. Expanding accessible housing is not only a matter of supply, but of equity, inclusion, and justice. True progress will require ensuring that people with disabilities have a seat at the table, that their voices are heard, and that their expertise shapes the policies and investments that determine the future of housing in Louisville.

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APPENDIX A. HOUSING DEMAND ESTIMATION METHODOLOGY

Approach 1: American Community Survey (ACS)

Many analyses of disability prevalence rely on the American Community Survey (ACS). The ACS relies on a standardized set of six questions (ACS6) to identify disability based on reported difficulty in the following functional domains:

- **Ambulatory difficulty (DIFFPHYS):** Indicates whether the respondent has a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying. (Referred to interchangeably as "Physical" disability.)
- **Cognitive difficulty (DIFFREM):** Indicates whether the respondent has cognitive difficulties (such as learning, remembering, concentrating, or making decisions) because of a physical, mental, or emotional condition.
- **Hearing difficulty (DIFFHEAR):** Indicates whether the respondent is deaf or has serious difficulty hearing.
- **Independent living difficulty (DIFFMOB):** Indicates whether the respondent has any physical, mental, or emotional condition lasting six months or more that makes it difficult

or impossible to perform basic activities outside the home alone. Does not include temporary health problems.
- **Self-care difficulty (DIFFCARE):** Indicates whether respondents have any physical or mental health condition that has lasted at least six months and makes it difficult to take care of their own personal needs (bathing, dressing, getting around inside the home). Excludes temporary conditions.
- **Vision difficulty (DIFFEYE):** Indicates whether the respondent is blind or has serious difficulty seeing even with corrective lenses.

Although widely used, the ACS has important limitations:

First, definitions of disability within the literature vary widely, from anyone reporting any disability to those reporting specific categories such as ambulatory, self-care, visual, auditory, or physical disabilities.

Second, People with disabilities are considered a "hard-to-count" population and are likely underrepresented despite methodological adjustments such as oversampling and weighting.

Third, the ACS6 questions do not capture all types of disability, particularly psychiatric, developmental, and chronic conditions, leading to underestimation (Hall et al., 2024; Landes et al., 2025; Karpman and Morriss, 2024). One study found that approximately 12% of individuals with self-identified mobility disabilities were not captured by ACS measures (Hall et al., 2022). Therefore, disability estimates derived from ACS data are best understood as minimum estimates.

Approach 2: American Housing Survey (AHS)

An alternative approach uses data from the U.S. Census Bureau's American Housing Survey (AHS) to identify households that include a person who uses a mobility assistive device or has difficulty accessing or using their home. The AHS is the most comprehensive national housing survey, providing detailed information on housing characteristics, including detailed questions on accessibility features in the 2011 survey and mobility device use in the 2019 survey. It is the only national dataset that directly links housing features to functional mobility needs. This method more directly captures functional limitations related to housing and provides a closer proxy for accessibility needs. Airgood-Obrycki and Molinsky (2020) and Sheckler et al. (2022) provided valuable models for this method, with two reports on accessibility, one using 2011 AHS data and another using 2019 AHS data. The reports provide a useful framework for evaluating disability status across age groups, which informs our own age breakdowns.

Approach Used in This Report

This report includes data for both the individual and household levels. A household is any group of people living in one housing unit, such as a group of family members, a person living alone, or a group of unrelated roommates.

For the purposes of describing demand for accessible housing, we provide data on the number of residential households that include a wheelchair user.

To estimate demand, this report uses data from the 2011 AHS, the most recent version to include a detailed accessibility module, and the 2019 AHS, which includes questions on mobility device use. A key measure used in this analysis from the 2019 AHS is whether any household member uses mobility equipment such as a manual or motorized wheelchair, scooter, cane, or walker due to a long-term condition.

Analysis relies specifically on AHS data on wheelchair users to estimate demand for wheelchair-accessible housing. This narrow definition provides a clear and precise measure of need, grounded in functional requirements that directly shape housing accessibility.

Because AHS data are collected at the national level and Louisville is not individually sampled, we estimate local demand by applying the national percentage of households that include a wheelchair user from the 2019 AHS to the total number of households in Louisville, assuming similar rates of disability and accessibility.

APPENDIX B. HOUSING SUPPLY ESTIMATION METHODOLOGY

Wheelchair-accessible (or wheelchair-friendly) housing is defined by a set of physical features meant to enable independent use by wheelchair users. Key elements include:

1. An accessible route from parking to the home,
2. A zero-step entrance,
3. Sufficient maneuvering space throughout the unit - hallways of at least 36 inches (preferably wider)
4. Accessible doorways with at least 32 inches of clear width, and lever-style handles in place of knobs.
    a. First-floor accessible bedroom
2. First-floor accessible bathroom with:
    a. reinforced walls to support grab bars around toilets and bathing areas,
    b. adequate turnaround space
    c. adequate clear space to safely use the toilet, tub/shower, and sink.
7. Kitchens with adequate:
    a. Turnaround space (or space to enter and exit if pass-through)
    b. Space to use the appliances (refrigerator, stove/oven, dishwasher)
    c. Some accessible countertops and storage
    d. Reach ranges achievable by most (15” – 48” or 46” if obstruction of 10-24”)
8. Controls (e.g., thermostat, switches) at adequate height (between 15” – 48” above the finished floor).

Because there is no comprehensive local dataset identifying wheelchair-accessible housing in Louisville, this analysis relies on national and state-level data and a series of methodological assumptions to estimate supply.

Many of the data sources reviewed provided national-level information on accessibility

topics, including aging-ready homes, accessibility and affordability in housing, and related issues. Two resources stand out as particularly relevant and strongly influenced this report's methodology.

For accessible single-family home estimates, we draw on the work of Bo'sher et al (2015), which is commonly cited in many of the data sources for their accessibility index system. They use the 2011 American Housing Survey (AHS), the most recent large-scale survey to include detailed questions on accessibility features. It includes an accessibility module to determine 3 levels of accessibility and estimate the number of units that are potentially modifiable, minimally accessible, and wheelchair accessible.

A state-level exploration, Stewart et al. (2021), determined supply by identifying four types of accessible housing. Type A, Type B, federally assisted, and housing with services (such as supportive housing), then using public data sources and surveys to inventory housing in each of these categories. We used this study as a model for defining the various types of accessible housing. We included Type A and some federally assisted housing in our analysis but excluded Type B and other supportive housing.

Single Family Housing Units

To estimate the number of accessible single-family units, we extrapolated using data from the 2011 American Housing Survey (AHS). The 2011 AHS is the most recent year that contains a comprehensive list of requirements related to wheelchair accessibility. We calculate the percentage of wheelchair-friendly single-family units using criteria developed in Bo'sher et al (2015), to analyze the 2011 AHS questions about the existence of:

- No step entry and no steps between rooms,
- A "wheelchair-accessible" (not defined in the AHS) bathroom and kitchen,
- Handles or levers instead of knobs,
- "Extra-wide" (not defined in the AHS) doors and hallways, and
- Wheelchair-accessible height switches, outlets, thermostat, counter tops, cabinets, and other kitchen and kitchen features

The defining characteristics of accessible single-family homes were not as clear as we would like, but we determined that it is the most specific source on single-family homes possible. Based on the American Housing Survey, in 2011, 0.35% of homes met this standard at the national level. We assume the same proportion of single-family homes in Louisville meet these criteria.

Multi-family units

While there is no centralized source of data on wheelchair-friendly multifamily units, we established our estimate from multiple sources.

We do not include units that are generally not available to the public. In particular, the U.S. Housing and Urban Development (HUD) 811 program provides supportive housing units

[4]These overlapping standards differ in scope and rigor, creating confusion and inconsistent implementation. None fully ensures comprehensive accessibility, and all reflect trade-offs between usability and cost. The Americans with Disabilities Act (ADA) is often mistakenly associated with housing; however, it applies primarily to public and common-use spaces rather than private residential units.

to individuals with significant long-term disabilities who live on low incomes. We do not include these units in our analysis due to the highly limited population to whom they are available. Additionally, data from the Kentucky Housing Corporation shows that there are only 506 of these units across the state of Kentucky as of 2025, so the impact of excluding or including Section 811 on our findings is negligible (KHC, 2025).

Multifamily units built before 1960

For multifamily units constructed before 1960, we rely exclusively on extrapolations from the national 2011 AHS. We multiply the percent of multifamily units built across different timeframes in Louisville by national estimates for the percentages of units that are wheelchair-friendly across each of those timeframes.

Multifamily units built in 1960 and after

To estimate the number of units built in the 1960s and after, we included accessible units from other data sources. These include:

- Accessible units that are "naturally occurring" due to remodels and new construction, based on data from the AHS (1960 and after)
- Accessible units funded by the HUD 202 program (1969 and after)
- Accessible units required in federally funded projects due to Section 504 (1993 and after)
- Accessible units required by the Kentucky Building Code (2007 and after)

HUD Section 202 Supportive Housing for Elderly units

The HUD 202 program provides supportive housing for very low-income seniors. Nationally, approximately 29% of housing units created through the HUD 202 program are wheelchair accessible.

Federally funded units subject to Section 504

Housing developments that receive federal funding (e.g., HOME, CDBG) are required to make 5% or more of their units accessible to residents with mobility disabilities. To catalogue federal units, we created a database of federally funded projects using information requested from the Kentucky Housing Corporation (KHC), the Louisville Metro Housing Authority (LMHA), and the National Housing Preservation Database (NHPD). Where no additional information is provided, we assume projects implement the federally required minimum of 5% of units accessible. Where specific counts of accessible units above the 5% threshold were provided, we use the available count of accessible units.

Market-rate units

Since 2002, the KBC has required 2% of dwelling units in multifamily developments of more than 20 units to be wheelchair-friendly. While the rule began in 2002, the requirements for wheelchair accessibility were not sufficient at the outset of the rule. It wasn't until 2007 that the KBC adopted the 2003 ICC/ANSI A117.1 Accessible and Usable Building and Facilities standards, which included significant changes in the accessibility standards for Type A dwelling units that brought the standard up to wheelchair accessibility. To estimate the number of multifamily units to which this rule applies, the Louisville Metro Government Office of Planning conducted a thorough search of multifamily developments in its database via the following analysis:

- Office of Planning staff created a database of all Proposed Developments from 2013-2025, including category and detailed plan reviews approved with over 20 dwelling units (excluding rezonings).
- They filtered the database to sites meeting the criteria of more than 20 units which also had a building permit issued
- They used aerial observation to confirm which sites have undergone construction, since the issuance of a permit does not guarantee the completion of a project.
- They estimated the number of accessible units that would be created due to the rule that those projects must include at least 2%, and no fewer than 1, accessible units.

We extrapolated the rate of accessible units' creation back to the implementation of the rule in 2007. Where appropriate, we de-duplicated our data to avoid counting units in multiple categories. For example, we reduce our estimate of units created by the KBC requirement that 2% of dwelling units must be accessible by the proportion of units to which higher standards or estimates apply.

APPENDIX C. ACCESSIBILITY STANDARDS AND REGULATORY FRAMEWORK

Accessibility requirements in multifamily housing for Kentucky are governed by three primary frameworks[4].

- **Section 504 of the Rehabilitation Act of 1973:** The requirements of Section 504 apply to multifamily housing developments that receive federal financial assistance via programs such as HOME and CDBG. All federally assisted new construction housing developments with 5 or more units must design and construct 5% of the dwelling units, or at least one unit, whichever is greater, to be accessible for people with mobility disabilities. These units must be constructed in accordance with the Uniform Federal Accessibility Standards (UFAS) or an equivalent standard. A developer may use the 2010 Americans with Disabilities Act (ADA) Standards for Accessible Design (with 10 exceptions) to comply with Section 504 if the local jurisdiction allows this. An additional 2% of dwelling units, or at least one, must be accessible for people with vision or hearing impairments. Section 504 has more stringent requirements for wheelchair accessibility; for example, grab bars must be installed in the bathrooms, and knee/toe space must exist under sinks. This is more than what is considered "accessible" in this report.
- **Fair Housing Act (FHA):** The Fair Housing Act Accessibility Guidelines apply to multifamily housing of four or more units available for occupancy after March 13, 1992. (Kentucky's substantially similar portion of its civil rights act applies to housing of two units or more.) The FHA requires greater accessibility in all public and privately owned multifamily housing than was required before 1991, and the standards make units more "adaptable" for someone to age in place, however they fall far short of being wheelchair-friendly. For example, certain bathroom configurations that comply with the FHA are unusable by a wheelchair user.
- **Kentucky Building Code (KBC):** The current Kentucky Building Code adopts the 2015 International Building Code (IBC), which incorporates the 2009 International Code Council/American National Standards Institute (ICC/ANSI) A117.1 Accessible and Usable Buildings and Facilities standards. The ICC/ANSI A117.1 standards provide technical

requirements for Type A, Type B, Type C, and, confusingly, "accessible" units.

- **Type A** units include considerable accessibility for wheelchair users. For example, doorways must have a minimum of 32 inches of clear space and maneuverability on each side; larger bathrooms and more clear space to accommodate transfers to the toilet and tub or shower; kitchens with some lowered countertops and cabinets. They also include space beneath kitchen and bathroom sinks that can be adapted to accommodate the knee and toe space needed by a wheelchair user.
- **Type B** units are compliant with the Fair Housing Act but offer less accessibility than Type A units. For example, Type B units include configurations that are not accessible by wheelchair users because they have inadequate clear space to access toilets and tubs/showers. They also allow 31¾ inches clear space instead of 32 inches, and don't require the same accessibility standards in kitchens.
- **Type C** units are designed to be "visitable" and are not yet required by law.
- A117.1 standards also include requirements for "accessible" units, but these are for transient use, such as hotels.

The KBC requires that 2% of units in multifamily developments of more than 20 units be Type A units.

For this report, accessible housing is defined based on features essential for independent use by wheelchair users, in accordance with Type A units. Type B units are not considered wheelchair accessible homes in this report.

There is no local, state, or federal law that requires accessibility in single-family housing. However, the 2011 American Housing Survey (AHS) gathered detailed national data about the accessibility of housing, which is reasonably similar to Type A units: a zero-step entrance and no steps between rooms, wheelchair-accessible bathrooms and kitchens, lever handles on doors, wider doorways and hallways, and accessible controls such as light switches and plugs. The 2011 AHS is the most recent survey of detailed accessibility features in housing.