

# Elder Friendly Communities

**2004 ANNUAL REPORT**

**STATE ADVISORY COUNCIL ON AGING**

Liana Bachand, Chairperson

**Policy and Program Recommendations to the  
Michigan Commission on Services to the Aging**

**April 2004**



STATE OF MICHIGAN  
OFFICE OF SERVICES TO THE AGING  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

SHARON L. GIRE  
DIRECTOR

April 12, 2004

Dear Chairperson Kennedy and fellow Commissioners:

It gives me great pleasure to transmit to you the 2004 Annual Report of the State Advisory Council on Aging. In response to the Commission's charge for this term, the Council has gathered considerable information about "elder friendly" communities. During the past year, we have learned of several new initiatives in Michigan that seek to make communities more "liveable," not only for older people, but for all age groups. This is a timely issue with tremendous significance for Michigan's population. The impact of community on the individual's ability to live at home cannot be overlooked..

I believe you will find this report informative and appreciate your thoughtful consideration of the Council's recommendations.

On behalf of the Council, I wish to express our thanks to the Office of Services to the Aging for staff assistance and support during the year. OSA's interest in this issue proved invaluable. I also wish to thank Commissioners Kennedy, Littke, Malone and Wishart who shared their time by attending a Council meeting. Finally, thanks to the Commission for allowing me the opportunity to work with State Advisory Council. The Council deeply appreciates your interest and support.

Sincerely,

Commissioner Liana Bachand  
Chairperson, State Advisory Council

7109 W. SAGINAW • P.O. BOX 30676 • LANSING, MICHIGAN 48909-8176  
www.michigan.gov • (517) 373-8230



**2004 ANNUAL REPORT  
STATE ADVISORY COUNCIL ON AGING**

**Elder Friendly Communities**

---

TABLE OF CONTENTS

Executive Summary & Recommendations.....3

State Advisory Council Meeting Summary.....5

Elder Friendly Communities: Walkable Community..... 6

Elder Friendly Communities: Model Community Initiatives – Summary.....7

Elder Friendly Communities: SAC Discussion.....11

Appendices

    A. Promoting Active Communities. Award Recipients.....12

    B. State Advisory Council Membership.....13

    C. Presentations Made To State Advisory Council.....14

## EXECUTIVE SUMMARY and RECOMMENDATIONS

The topic of “elder friendly” communities can appear less important than it is. As an initiative with rapidly growing interest and support, “elder friendly” is an already passe´ term: “livable communities,” “healthy communities,” and “communities for all ages” have replaced the early reference to older age groups. After all, communities include parents pushing strollers, persons with disabilities, and young people as well as older adults. The concept of a “person-friendly community” remains constant: there are characteristics that make a community more “livable” or manageable for residents. These factors contribute to an individual’s ability to not only negotiate life’s necessities, such as grocery shopping, financial transactions and medical care, but also encourage residents to be active in community life, such as cultural events, personal hobbies, religious participation and social gatherings.

In the Council’s exploration of “healthy communities,” one factor stood out as an essential feature: walkable communities. Walkable communities are those that have taken the needs of pedestrians into consideration by creating sidewalks, shopping areas and an environment that makes it easy for pedestrians of all ages to move around their neighborhood and community. The ideal “walkable community” allows people access to shops and services without using automobiles. Whether communities combine walkability with a range of public transportation, the key factor is access for non-drivers.

In addition to walkable communities, the Council identified five interdependent factors/characteristics that create an “elder-friendly” community. These characteristics are valid across the state, with different implementation in rural, suburban and urban settings. They are:

- supportive community systems
- access to health care
- safety and security
- housing
- transportation

Regardless of the model or project title, the Council recognizes that such activities are part of a community-wide, systems perspective and like Michigan’s “Cool Cities,” represent a paradigm shift in how we view our communities and their residents. For a healthy community, the focal point needs to shift from an illness to wellness perspective; this shift includes promoting activities, such as walking, wheeling, and bicycling as important means of transportation on a community-basis. The Council’s goal is to ensure that the aging network engage existing and new approaches to create vibrant, active neighborhoods, communities and cities.

The Council’s recommendations are:

**The Commission and Office of Services to the Aging should become active participants and state leaders in initiatives to create “healthy communities for all ages.” The Commission needs to endorse and support the six “elder friendly” community characteristics and encourage the participation of the aging network in local projects.**

**The Council recommends the Commission support and adopt the 10,000 steps/Steps to Healthy Aging initiative to focus on wellness and health among the mid-life and older population. Walking and walkable communities go hand in hand. The Council recognizes that an emphasis on walking and walkable communities can give local groups an achievable activity which will draw public awareness about fitness and healthy communities.**

## Action Steps:

To support these significant community changes, the Council offers the following suggested actions to implement its recommendations:

1. Involve the Commission and Office of Services to the Aging in the Michigan Cool Cities initiative, by creating effective and official participation on the Cool Cities coalition.
2. Create an “information czar” at OSA to collect and disseminate information on community initiatives in Michigan. The “community information specialist” would gather information about community projects to create healthy communities and disseminate information and progress to OSA, the Commission, the Council and the aging network.
3. OSA, with assistance from the Commission and Council membership, should create a “toolkit” of community assessment forms, checklists, surveys, etc., and share the materials via web-site and hard copies with interested parties to promote local projects.
4. The Council suggests partnerships with state/local fitness councils, national and community foundations, local leaders, multipurpose community collaborative groups and fitness projects, e.g., DCH’s Promoting Active Communities, Blue Cross/Blue Shield’s “Walking Works,” MI Fitness Council’s “Michigan on the Move,” and the Administration’s on Aging projects, to provide the necessary framework, incentives and competition to implement these changes. Suggestions for partnerships include:
  - Establish a local challenge to the aging network to create “walkable communities,” specifically centered on senior/community centers.
  - Encourage cooperation between aging agencies and local and state fitness councils for local and state fitness events.
  - Encourage Area Agencies to include community initiatives in their area plans/program development as an optional activity.
5. The Council suggests that the Commission on Services to the Aging/Office of Services to the Aging initiate a statewide recognition/award program for individuals, groups or local governments that promote and implement community changes that address one of the six elder friendly community characteristics identified on page three. OSA can manage the award program, with criteria and applications available on the OSA web site.

These suggested actions steps are offered to assist the aging network’s active participation in the creation of vibrant, active neighborhoods, communities and cities; places where Michigan residents of all ages are pleased to call “home.”

## **State Advisory Council Meetings: 2003-2004**

### **Meeting Summary**

#### **June 2003:**

As the first meeting of the term, members received orientation to the Council. They received a report of the May and June Commission meetings from the Council Chairperson. Other business included: an update on the recent OSA State Plan hearings in which Council members participated; and election of the Council's vice-chair. The members began a discussion of the Commission's charge for the 2004 term. Director Sharon Gire was introduced to the Council and addressed the group over lunch.

#### **October 2003:**

Staff presented information obtained at a recent Administration on Aging conference, "National Summit on Creating Healthy & Caring Communities." Three models were presented in a session on "Livable Communities Initiatives." Each project had a distinct focus. Following the overview, the council members broke into three groups: rural, urban and suburban, based on where they lived. Each group was asked to create a list of community strengths for older people and a list of community challenges faced by older residents, based on their knowledge of their community.

#### **November 2003:**

A panel presentation of people currently involved in "livable communities" initiatives in Michigan gave presentations to the Council and shared materials describing their projects. The Greater Detroit Area Health Coalition, the Naturally Occurring Retirement Community and the Washtenaw Blueprint for Aging Services were represented. Following the presentations, members were asked to form groups based on their home community e.g., rural, suburban or urban. Council reviewed and adjusted the community strengths and challenges lists based on the earlier presentations and determined community characteristics recommended for consideration in developing 'Livable Communities.'

#### **February 2004:**

OSA staff distributed pedometers donated to the Advisory Council and Commission by Blue Cross/Blue Shield of Michigan. Materials on use of the pedometers and for recording steps were also distributed. The executive director of the League of Michigan Bicyclists gave a presentation on "Healthy Communities". Following the presentation, members divided into the three community groups, e.g., rural, suburban and urban, to discuss and prioritize community characteristics of a healthy, livable, elder-friendly community.

#### **March 2004:**

Members heard a presentation on Governor Granholm's "Cool Cities" Initiative by the Department of Labor and Economic Growth. Council member Lois Hitchcock represents the State Advisory Council on the OSA Dementia Work group and provided a report. Members finalized the top 5 community characteristics of an Elder-Friendly Community and the action recommendations for the Commission.

# Elder Friendly Communities

## Walkable Community

In the Council's exploration of "healthy communities," one factor stood out: walkable communities. Walkable communities are those that have taken the needs of non-motorized residents into consideration and created an environment that is not dependent on automobiles for access. The shopping area may be near residential areas or it is reached by public transportation. The key aspect is access.

Surveys show that inactivity usually increases with age. By age 75, about one-in-three men and one-in-two women are not physically active. Moderate physical activity can help improve the health of most aging adults or those who have diseases that accompany aging. An inactive lifestyle can cause aging adults to lose ground in four areas that are important for staying healthy and independent: strength, balance, flexibility and endurance. Research suggests that exercise and physical activity can help aging adults maintain or partly restore these four areas. Even frail older adults can prolong their independence and improve their quality of life by becoming more physically active. (*Resource: "Steps to Healthy Aging," AOA, 2003*)

Regular physical activity/walking is good for everyone, young children and senior citizens, men and women, people of all races and ethnic backgrounds. Physical activity/walking:

- Strengthens the heart. Like other muscles, the heart gets stronger with use. A strong heart reduces your risk for heart disease.
- Builds and firms muscles. There is a tendency to lose muscles as a person ages. Regular physical activity is a good way to slow the neutral loss of muscle. Maintaining strength in the legs, lower back and stomach area may also help prevent back problems. It helps aging adults with chronic disabling conditions improve their stamina and muscle strength.
- Slows bone loss. Aging also causes bones to get weaker. Weak bones are more likely to break. Bone strength is linked to regular physical activity. Bone, like muscle gets stronger the more it is exercised.
- Reduces mortality. Death rates are the highest for people who are not physically fit. Regular exercise/walking with moderate activities can help to improve health. Exercise helps to lower blood pressure, cut cholesterol, reduces the risk of heart disease, colon cancer, and diabetes.
- Helps in weight control. Every time you move you burn calories.
- Reduces stress. Physical activity can help to cope with stress. It improves self-esteem, emotional state, energy level, sleep and general satisfaction with life.

*(Reference: American Heart Association / Blue Cross Blue Shield Employee Health Programs)*

In keeping with the Administration on Aging "Steps to Healthy Aging" program, the Council agreed to adopt the national initiative to use pedometers to register steps as a tool to gauge level of activity. The Council passed a resolution asking OSA to explore the possibility of obtaining pedometers for Council and Commission members. Blue Cross/Blue Shield of Michigan has generously provided pedometers and literature for both the Council and the Commission.

The benefits of walking 10,000 steps a day (approximately five miles) are documented in many recent studies. Because walking is accessible, is relatively safe, and can easily be incorporated into a daily routine, it is a form of exercise that is practical and suitable for most individuals, especially women, diabetic patients, and the elderly.

# Elder Friendly Communities

## Model Community Initiatives: Summary of Presentations

### **Greater Detroit Area Health Coalition Robert Wood Johnson Foundation “Active for Life Project”**

Karen Calhoun, Vice President of Community Health, provided an overview of some of the health promotion initiatives in Detroit. **The Detroit Public Schools in Motion** is a pilot program to encourage healthy lifestyles among public school staff. Included in the program are exercise, health screening, wellness classes, and nutritional sessions tracking progress. The exercise component includes walking 10,000 steps a day and physical activity five times a week. The program offers monthly seminars.

“**Motown in Motion**” is an initiative of the Greater Detroit Area Health Council and is targeted to southeastern Michigan. This initiative links major corporate partners, health care providers and media to encourage walking and healthy habits. The focus is to increase daily level of physical activity and mall-walking programs are offered.

The newest program is **Active for Life!**, a four year initiative of the Robert Wood Johnson Foundation to increase the level of physical activity among people age 50+. The GDAHC and partners were funded in late 2002. The project is one of 8 national sites; there is a national program office and a national advisory committee. Primary partners include Detroit Area Agency on Aging (DAAA) and the Detroit Medical Center/Wayne State University-Community Health Institutes. Four communities have been selected: Northwest, East, Downtown and Central. Each neighborhood has leadership and provides a 20-week support group using the Active Living Every Day model. The first series of support groups is complete.

GDAHC received \$1.4 M for four years. The goal is to reach more than 1,300 older adults in support groups and exercise sessions. This requires marketing and mass communication. The Detroit Area Agency on Aging (DAAA) coordinates the marketing to older adults. The grant supports the training of the group facilitators, marketing, and support group costs. Many people need transportation to support groups and exercise sessions. Most walking is done in buildings and gyms. A “Walkable” community is an issue for the urban area.

### **Jewish Federation of Metropolitan Detroit, Commission on Jewish Eldercare Services Supportive Communities: “Naturally Occurring Retirement Communities”**

Perry Ohren, director of Supportive Communities project of the Jewish Federation of Metropolitan Detroit, discussed the project funded by the Administration on Aging in MI. It is one of 14 grants designed to develop supports in “naturally occurring retirement communities.” The Jewish Federation of Metropolitan Detroit received a \$500,000 grant for 17 months to create a supportive community in a distinct geographic area where the residents have “aged in place.”

“Naturally Occurring Retirement Communities” were established in New York in 1985. The program provided on-site medical, nursing, health and wellness services to low and moderate income older adults living in affordable housing cooperatives in New York City. Currently, there are 40 programs in NYC serving about 50,000 older adults. Residents retain a major role in the governance of the programs.

Israel adopted a supportive community model to provide assistance to older residents of apartment buildings/neighborhoods who needed assistance to remain at home. There are 104 supportive



communities in Israel, each serving about 200 households. The program began with 3 years of seed money and became financially self-sufficient in the fourth year with households paying \$22/month for the “basket of services.” Services include: meals on wheels; household assistance from a surrogate “adult child;” a social worker; emergency response system, ambulance service and various social services.

The Administration on Aging (AoA) decided to support neighborhoods which have gradually transformed into a “naturally occurring retirement community” by funding local communities to develop model projects. Currently, Detroit/Jewish Federation is one of 14 model projects. Based on a demographic and geographic assessment of an area, the Federation identified an diverse, but primarily older population with clear geographic boundaries and increasing needs for supports. The residents have become older while remaining in their homes. AoA, through model projects, hopes that the community agencies can develop some of the long term supports and services needed by an older population and delay the need for people to move out from their homes.

The Jewish Federation project is based on the Israeli model. The model creates a “web of connections” to increase safety and well being of the older adults. In Israel, the model found that 200 households were needed to make the program sustainable, so the selected area meets that requirement. The “basket of “services” are: social and recreational services; transportation; social work services; translation/interpretation; health promotion, screening and education; volunteer opportunities and community events.

The Detroit area Naturally Occurring Retirement Community (NORC) is designated by major streets and contains both high rises and single family homes as well as some businesses. It is estimated that 40-50% of the residents in this area are older adults. There are three HUD 202 buildings. The program was funded in Fall ‘03 and was beginning the implementation phase when presented to the Council.

### **“Blueprint for Aging Services Project” Washtenaw County**

Jill Kind, Catholic Social Services of Washtenaw County, gave an overview of the activities undertaken by the partners in this project. Like other “elder friendly” community projects, it began with a needs assessment and sought to develop a structure to identify gaps in services for older adults. Partners included profit and non-profit agencies, healthcare providers, volunteers and others. Workgroups addressed issues, such as housing, health, social services, etc. Each group had to collect information, identify key findings and develop recommendations. There were common themes across the groups as reviewed by the steering committee. These were: public awareness; access; volunteering; advocacy; and labor force/staffing shortage.

Jim McGuire, Area Agency on Aging 1-B, described the blueprint development as a starting point for aging service providers in the process of identifying community assets and needs. The process of plan development was valuable, however, the plan needs to be translated to communicate its goals clearly to the community at large. One point that needs to be made is how the needs of older adults compare to other age groups. Implementation strategies are different from planning activities and more work needs to be done. Also, benchmarks need to be developed to give decision makers a starting point and indicators for success.

In retrospect, the Council noted that the workgroups resembled the same issues identified by council members: housing; health; transportation; social services; and quality of life.

## **Michigan Department of Community Health “Healthy Communities Initiative”**

According to the Surgeon General of Michigan, Dr. Kimberly Dawn Wisdom, physical inactivity in Michigan is costing \$8.9 billion a year including direct and indirect costs of medical care (including Medicaid) workers compensation and lost productivity. If current trends continue, it is expected that the cost of physical inactivity will increase by 42% to \$12.65 billion by 2007.

Healthy Communities is an initiative that encourages communities to create walking programs. The goal of the program is to motivate people to increase their physical activity level to at least 30 minutes a day for three days a week. Communities are encouraged to participate in the program by assessing and improving walkable areas and assisting the development of walking groups.

The Department of Community Health and the Governor’s Council on Physical Fitness have developed an award program to encourage communities to promote physical activities.

(See Web site: <http://www.mihealthtools.org/communities/>)

Lucinda Means, Executive Director of the League of Michigan Bicyclists, gave a presentation on the Department of Community Health and the Governor’s Council on Physical Fitness “Promoting Active Communities” awards program. The “Promoting Active Communities” award began in 2000 and is based on the assumption that people cannot be physically active unless the community provides safe, convenient opportunities to support activities. This initiative is similar to the State Advisory Council’s link between walking and Walkable communities.

“Promoting Active Communities” includes a self-assessment and five levels of recognition/awards. Studies have shown that community design can influence physical activity levels, both positively and negatively. Therefore, the emphasis of the Promoting Active Communities self-assessment and award is in supporting communities to identify actions they can take to make it easier for people to be physically active. Each award recipient is recognized at a state-level event. Winners' names are published in statewide publications, posted on websites and displayed on the Governor's Council web page, [www.michiganfitness.org](http://www.michiganfitness.org)

Ms. Means shared an overview of the many areas included in the assessment, such as traffic safety, walkways designed for people with disabilities, bicycle lanes, traffic design to assist pedestrians and clear crosswalks. Ms. Means also shared several pieces of information about bicycle lanes, from rails to trails projects to bicycle trips through Michigan. See the list of community award winners on page X.

## **“Michigan Cool Cities”**

Robert E. Johnson, Sr. Executive Assistant Director, Department of Labor & Economic Growth in Lansing provided an overview of Governor Granholm’s “Cool Cities” initiative. At the State of the State” address, Governor Granholm made it known to all of Michigan that her administration would pursue an initiative to create “Cool Cities” throughout the state, in part as an urban strategy to revitalize communities, build community spirit, and most importantly, retain our “knowledge workers” who were departing Michigan in alarming numbers. She invited cities across Michigan to participate in the state’s “Cool Cities Initiative” (CCI) with an overwhelming response from almost 80 cities so far.

Each participant city was instructed to form a “Local Cool Cities Advisory Group” (LCCAG) reflective of the rich diversity and talent within their respective areas of the state. They were asked to provide details regarding their initiatives so they can be incorporated into the report and shared with others.

To assist the cultivation of “Cool Cities”, the Department of Labor & Economic Growth (DLEG), formerly known as the Department of Consumer & Industry Services, will coordinate “one-stop” activities for those cities and interested parties making inquiry regarding state administered programs. DLEG together with the Governor’s office has launched a web-based survey called [www.michigancoolcities.com](http://www.michigancoolcities.com) that is gathering information from recent college graduates and students, as well as others, on what type of lifestyle they are looking for in a community. This first ever survey has been well received and should provide extremely useful data that can be used in support of Cool Cities efforts.

The three qualities most identified by the advisory groups that apply to their initiatives are: Walkable communities, business development and arts and culture. Additional qualities most often identified that cities would produce or already possess were a variety of ethnic cuisine establishments, affordable housing options, safety, and diverse populations. They directed their attention to qualities of Urban Living, Environment and Atmosphere, Activities/Arts/Entertainment, qualities that foster cooperation and others.

Initiatives and plans included Arts, Culture and Entertainment, Recreation, Walkable/Pedestrian Friendly Communities, Revitalization of Vacant and Obsolete Buildings and Downtowns, Promotion/Image (branding) Growth of Cities, Getting Young People Involved, Growing Downtown Business, Transportation and Tolerance/Inclusion.

Benefits of the Initiative were identified as:

- Economic development/business climate improvement
- Arts and culture support/development
- Diverse/affordable housing – rebuilding neighborhoods
- Wireless technology (access to internet)/broadband
- Mixed-use development
- Branding of community/image campaign
- Community/regional collaboration
- Funding
- Education/tolerance
- Historic preservation
- Public safety/transportation improvements
- Tourism
- Attraction/retention of population (primary focus on young adults)
- Anti-sprawl

Mr. Johnson pointed out that the “Cool Cities” Initiative is about healthy, livable communities. It is about communities that value all aspects of their diverse populations, which includes seniors.

# Elder Friendly Communities

## State Advisory Council Discussion on Elder Friendly Communities

The Council decided that five or six community characteristics for “Elder Friendly Communities are sufficient and achievable. Community leadership and involvement are key to implementing these factors and senior centers can play a role in supporting changes. After extensive discussion in the rural, urban and suburban subgroups, the Council merged the three groups’ recommendations to form one list of community characteristics.

These characteristics are valid across the state, with different implementation methods in rural, suburban and urban settings. The Council found these characteristics were vital in all settings. The Council encourages the Commission on Services to the Aging to endorse and support these characteristics and requests that they be listed on the OSA web site.

Whether “healthy communities,” “elder-friendly” communities or “communities of all ages,” the Council recognizes that this is a community-wide, systems perspective and like Cool Cities,” it represents a “paradigm shift” in how we view our communities. For a healthy community, the focal point needs to shift from an illness to wellness perspective. Residents must assess the strengths of their community and promote changes that allow people of all abilities to live and function there. This perspective includes looking at ways to promote healthy activities, such as walking, wheeling, and bicycling as important means of transportation on a community-wide basis.

The Council supports the adoption of the “Healthy Aging: 10,000 steps” initiative as part of the focus on wellness and increasing physical activity in communities. Walking has proven to have positive results on health and mid-life and older people can benefit greatly from regular walking. Walking and Walkable communities promote community health. The Council endorses local initiatives that promote walking and encourages the creation of Walkable communities.

To support community changes, the Council recommends that the State initiate a recognition/award program for individuals, groups or local governments for promoting and implementing community changes that address one of the six characteristics. The Commission and OSA can administer the award program, with criteria and applications available on the OSA web site.

### Characteristics of an Elder-Friendly Community

- **Walkability**
- **Supportive community system**
- **Access to health care**
- **Safety and security**
- **Housing**
- **Transportation**

**Promoting Active Communities**  
**Past award winners and level of activities**

**2003**

- Alpena — Level 3
- Ann Arbor — Level 3
- Cadillac — Level 2
- Canton — Level 3
- Grand Rapids — Level 3
- Ionia — Level 2
- Ishpeming — Level 4
- Jackson — Level 3
- Marquette- Level 3
- Meridian Charter TWP — Level 4
- Midland — Level 2
- Pittsfield Charter TWP — Level 2
- Port Huron — Level 3
- Sault Ste. Marie — Level 3
- Van Buren TWP — Level 3
- Webberville — Level 2

**2001**

- City of Owosso — Level 2
- Village of Chelsea — Level 3
- Clinton Charter Township — Level 3
- City of Davison — Level 3
- City of Grand Blanc — Level 3
- City of Walker — Level 3
- City of Ishpeming — Level 4
- City of Litchfield — Level 4
- City of Kalamazoo — Level 4

**2002**

- Detroit Southwest — Level 1
- Buena Vista Charter Township — Level 2
- City of Charlevoix— Level 2
- City of Grand Rapids— Level 2
- Hamburg Township— Level 2
- Harbor Springs— Level 2
- City of Alpena— Level 3
- City of Battle Creek— Level 3
- Boyne City— Level 3
- Clinton Township— Level 3
- City of Gaylord— Level 3
- City of Jackson— Level 3
- City of Lansing— Level 3
- City of Marquette— Level 3
- City of Monroe— Level 3
- City of Mount Clemens— Level 3
- City of Petoskey— Level 3
- City of Saginaw— Level 3
- Van Buren Township— Level 3
- City of West Branch— Level 3
- City of Escanaba— Level 4
- City of Kalamazoo— Level 4

**2000**

- Kalamazoo — Level 3
- Albion — Level 2

**State Advisory Council Membership  
2004**

Liana M. Bachand, Chair  
*Midland*

Diane Levande  
*East Lansing*

Dean Sullivan  
*Quincy*

Shirley Bentgen  
*St. Ignace*

Audrey Malling  
*Gowen*

Louise Thomas  
*Kentwood*

Gerald A. Betters  
*Powers*

Robert L. Martin  
*Saginaw*

Mary Jane Tremethick  
*Negaunee*

Kathy S. Crawford  
*Novi*

Kate Snow-McCaffrey  
*Harbor Springs*

Alberta Trimble  
*Detroit*

David Ellens  
*Holland*

Penny Murphy  
*Lansing*

Terry Vear  
*Hillsdale*

Barbara Farris  
*Lawton*

Kathleen Williams Newell  
*Detroit*

Janet Watz  
*Lapeer*

Hope Figgis  
*Traverse City*

John Pedit  
*Redford*

Donna Weinreich  
*Kalamazoo*

Eleanore Flowers  
*Jones*

Alfred L. Peloquin  
*Bay City*

Marilyn Willson  
*Lincoln Park*

Linda Geml  
*Hartford*

Lucas Pfeiffenberger  
*Alpena*

Ex-Officio Members

Linda Glasper El-Rice  
*Flint*

Gene Pisha  
*Dearborn*

Gail R. Juarez  
Social Security  
Administration

Lois M. Hitchcock  
*Southfield*

Sharbyn Pleban  
*Ann Arbor*

Judy Karandjeff  
Michigan's Women's  
Commission

Alice Richmond-Hurst  
*Sturgis*

Dolores Remick  
*Grosse Point Woods*

Council Staff

Viola Johnson  
*Battle Creek*

Gail Ringelberg  
*Grand Haven*

Sally Steiner

Cleopatra Jones  
*Detroit*

Kenneth D. Robbins  
*Muskegon*

Pamela Hall  
Office of Services to the  
Aging

Lucille Jones  
*Flint*

Michael J. Sheehan  
*Cedar*

Jeane M. Karr  
*Hudson*

Clyde Sheltrown  
*West Branch*

Presentations to the State Advisory Council

Robert E. Johnson  
Sr. Executive Assistant Director  
Department of Labor & Economic Growth  
Governor Granholm's "Michigan Cool Cities"  
Lansing, MI

Karen Calhoun  
Vice President of Community Health,  
Greater Detroit Area Health Coalition  
Robert Wood Johnson Foundation's "Active for  
Life Project"

Perry Ohren  
Supportive Communities,  
Jewish Federation of Metropolitan Detroit  
Administration's on Aging "Naturally Occurring  
Retirement Communities"

Jill Kind  
Catholic Social Services of Washtenaw County  
"Blueprint for Aging Services Project"

Jim McGuire  
Area Agency on Aging 1-B  
Washtenaw County "Blueprint for Aging  
Services Project"

Lucinda Means  
Executive Director of the League of Michigan  
Bicyclists  
Department of Community Health and  
Governor's Council on Fitness "Promoting  
Active Communities"

Guests

Commissioners:

Jerutha Kennedy, Chairperson  
Detroit

Donna Malone  
Zeeland, MI

Robert Littke  
Sturgis, MI

Dona Wishart  
Gaylord

Office of Services to the Aging:

Sharon Gire, Director  
Shirley Bentsen  
Bonnie Graham  
Laura Johannes, intern  
Bum Jung Kim, intern  
Madeleine Mogle, intern  
Cherie Mollison