

# WALKABLE COMMUNITIES COALITION

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## AGENDA

Tuesday, December 8, 2015  
12 Noon to 1 PM

disAbility Connections  
409 Linden Avenue

**MISSION:** To create an environment where it's easy to walk and bike for recreation, transportation, and health; and to educate and encourage citizens to be active.

*Please feel free to bring your lunch to the meetings!*

1. Call to Order
2. Public Comment
3. Approval of Minutes of November 10, 2015 (enclosed)
4. Endorsement of the Tobacco 21 Resolution (enclosed)
5. CID Winter Sidewalk Project – Review, Use, Maintenance
6. Meeting Schedule for FY 2016 Discussion (Survey)
7. Reports and/or Updates from Members: 2015 Reflection / 2016 Potential
8. Public Comment
9. Adjournment

**Next Meeting: January 12, 2015  
12 Noon to 1:00 PM  
disAbility Connections**

# WALKABLE COMMUNITIES COALITION

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## MINUTES

Walkable Communities Coalition  
disAbility Connections  
409 Linden Avenue  
Jackson, Michigan

Tuesday, November 10, 2015 12:00 PM

### Members Present:

Alex Cash, Fitness Council of Jackson  
Shaina Tinsey, HIO / Allegiance Health  
Chris Gulock, MDOT – University Region  
Ted Hilleary, Fitness Council of Jackson  
Pete Jancek, Blackman Township  
Laurel Mauldin, Chair  
Laura Schlecte, Jackson City Council  
Parrish Stahl, disAbility Connection  
Julie Weisbrod, Jackson County Department of Health  
Kurt Rudolph, Summit Township  
Todd Knepper, City of Jackson  
Simon Foster, Jackson Area Transit Authority  
Rod Malloy, Dahlem Center  
Ken Mangus, Citizen

### 1. CALL TO ORDER

Ms. Mauldin called the meeting to order at 12:00 PM.

### 2. PUBLIC COMMENT

No public comment was received.

### 3. APPROVAL OF MINUTES OF SEPTEMBER 8, 2015

The motion was made by Mr. Jancek, supported by Ms. Schlecte, to approve the minutes as presented. The motion passed unanimously.

### 4. MDOT UNIVERSITY REGION BIKE AND PEDESTRIAN PLAN

Mr. Gulock presented the new University Region Bicycle and Pedestrian Plan to the group. This plan is intended to be a guide to regional connections and does not supersede local planning efforts. More information and printable versions of the maps are available at [www.uregionnomoplan.com](http://www.uregionnomoplan.com). Several comments were received after the presentation, including that the WCC should be more involved in local and regional planning efforts.

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5. **HIO ACTIVE LIVING TEAM – STRATEGY AND GOAL SETTING**

Ms. Tinsey presented information regarding the WCC assuming the role of the Active Living Health Action Team for the HIO. She stated that in the next few months the HIO would be conducting a system scan and guiding the organization to create goals and objectives. Ms. Tinsey also presented general information about the structure and responsibilities of the HIO. Mr. Foster asked about the successes of the HIO, and how the WCC could be more effective in this new position. Mr. Jancek indicated that the collaboration with the HIO will be beneficial because of the data and tracking capabilities the HIO will provide.

6. **2016 JACKSON COUNTY TRAFFIC SUMMIT REPORT**

Agenda item was not covered in the regular meeting.

7. **MEETING SCHEDULE FOR FY 2016 DISCUSSION**

Agenda item was not covered in the regular meeting.

8. **REPORTS AND UPDATES FROM MEMBERS**

Agenda item was not covered in the regular meeting.

10. **ADJOURNMENT**

There being no further comments, Chair Mauldin adjourned the meeting at 1:05 PM.

Aaron Dawson  
Region 2 Planning Commission

# RAISING THE MINIMUM AGE OF LEGAL ACCESS TO TOBACCO PRODUCTS IN MICHIGAN TO AGE 21 RESOLUTION

*“Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70% market share.” Phillip Morris report, 1/21/86*

**WHEREAS:** Each year over 16,200 Michiganders die from tobacco use and 10,300 Michigan children become new regular, daily smokers, of whom a third will die prematurely because of this addiction;

**WHEREAS:** According to the 2013-14 Jackson County Community Health Assessment, 33.7% of adults age 18-24 reported smoking at least 100 cigarettes in their lifetime and that they currently smoke cigarettes now, either every day or on some days, as compared to the Healthy People 2020 goal of 12%.

**WHEREAS:** According to Jackson County MIPHY data, 19.7% (11<sup>th</sup> graders) and 11.4% (9<sup>th</sup> graders) used any tobacco (smoked cigarettes or cigars or used chewing tobacco, snuff or dip) during the past 30 days.

**WHEREAS:** 95% of adults began smoking before age 21, and 4 out of 5 become regular, daily smokers before age 21. Young people are sensitive to nicotine and can feel dependent earlier than adults, and the brain continues to develop until about age 25. The younger youth are when they start using tobacco, the more likely they will be addicted. Increasing the age at which young people first experiment with tobacco reduces the risk of nicotine addiction;

*“If a man has never smoked by age 18, the odds are three-to-one he never will. By age 24, the odds are twenty-to-one.” R J Reynolds researcher, 1982*

**WHEREAS:** Adolescents are more likely to obtain cigarettes from social sources than through commercial transactions, and youth who reported receiving offers of cigarettes from friends were more likely to initiate smoking and progress to experimentation. Raising the legal age of access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources;

**WHEREAS:** Nearly 60 jurisdictions in 7 states have already raised the minimum age of legal access to tobacco products, and several states are currently considering statewide legislation to do so;

**WHEREAS:** Smoking-caused health costs in Michigan total more than \$4.5 billion per year, including more than \$1.3 billion in state and federal Medicaid expenditures, and raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco-related health care costs;

**WHEREAS:** In 2011 tobacco companies spent an estimated \$276 million to market their products in Michigan, and 90.7 percent of middle school students and 92.9 percent of high school students were exposed to pro-tobacco ads in stores, in magazines or on the internet. According to the U.S. Surgeon General, the more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. Nearly 9 out of 10 smokers start smoking by age 18, and more than 80% of underage smokers choose brands from among the top three most heavily advertised;

**WHEREAS:** The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, immediately improve the health of adolescents and young adults, improve maternal, fetal, and infant health outcomes, and substantially reduce smoking prevalence and smoking-related mortality over time, and predicted that raising the age now to 21 nationwide would result in approximately 249,000 fewer premature deaths, 45,000 fewer deaths from lung cancer, and 4.2 million fewer years of life lost for those born between 2000 and 2019;

**BE IT RESOLVED:** That the undersigned endorses raising the minimum age of legal access to tobacco products to 21 years of age.

The \_\_\_\_\_ (name of organization) of \_\_\_\_\_ (location), confirms its support for each and all the above statements. The undersigned authorizes and encourages Tobacco-Free Michigan to use this signed Resolution to promote the above-stated objective.

**Organization Name:** \_\_\_\_\_ **Number of Members:** \_\_\_\_\_

**Title:** (Mr./Mrs./Ms./Dr./Other) \_\_\_\_\_ **Contact Person (Print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone, Fax, E-mail:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Please return to: Tobacco-Free Michigan P.O. Box 10231 Lansing, Michigan 48901

## **Raising the Minimum Age of Legal Access to Tobacco Products in Michigan to Age 21**

### **General Talking Points**

- Cigarette smoking is the leading cause of preventable disease and death in Michigan.
- Each year, 16,200 Michiganders die from tobacco use and 10,300 children become new, regular, daily smokers, of whom a third will die prematurely because of this addiction.
- 95% of adults begin smoking before age 21, and 4 out of 5 become regular, daily smokers before 21.
- Young people are sensitive to nicotine and can feel dependent earlier than adults. The brain continues to develop until about age 25. The younger youth are when they start using tobacco, the more likely they will be addicted. Increasing the age at which young people first experiment with tobacco reduces the risk of nicotine addiction.
- Adolescents are more likely to obtain tobacco products from social sources. Raising the minimum age of legal access to 21 would reduce the likelihood that young people would have access to tobacco products through social sources.
- Needham, MA was the first city to pass a Tobacco 21 policy in 2005. Since then, nearly 60 jurisdictions in 7 states have already raised the minimum age of legal access to tobacco products, and several states are considering statewide legislation to do so.
- Smoking caused health costs in Michigan total more than \$4.5 billion/year, including more than \$1.3 billion in state and federal Medicaid expenditures. Raising the age of legal access to tobacco products to age 21 will likely decrease overall tobacco use rates, which in turn will likely lead to reduced future tobacco related health care costs.
- In 2011, the tobacco industry spent over \$276 million to market its deadly products in Michigan. A 2013 study found that 90.7 percent of middle school students and 92.9 percent of high school students were exposed to pro tobacco ads in stores, magazines or on the internet. The more young people are exposed to cigarette advertising and promotional activities, the more likely they are to smoke. Nearly 9 out of 10 smokers start smoking by age 18, and more than 80% of underage smokers choose brands from among the top three most heavily advertised.
- The Institute of Medicine concluded that raising the age of legal access to tobacco products to 21 years of age will likely prevent or delay initiation of tobacco use by adolescents and young adults, immediately improve the health of adolescents and young adults, improve maternal, fetal and infant health outcomes, and substantially reduce smoking prevalence and smoking related mortality over time, and predicted that raising the age now to 21 nationwide would result in approximately 249,000 fewer premature deaths, 45,000 fewer deaths from lung cancer and 4.2 million fewer years of life lost for those born between 2000 and 2019.
- Raising the minimum age of legal access to tobacco products, which is aligned with the minimum age of legal access to alcohol, is a common sense public health policy that will simplify identification checks for retailers, who often sell both tobacco and alcohol.
- As part of a comprehensive tobacco control strategy, increasing the minimum age of legal access to tobacco products to 21 will positively impact Michiganders' health by reducing youth and adult tobacco use rates, thereby reducing future death and disability - as well as healthcare costs - caused by tobacco use.