

2013

Downtown Capstone Team



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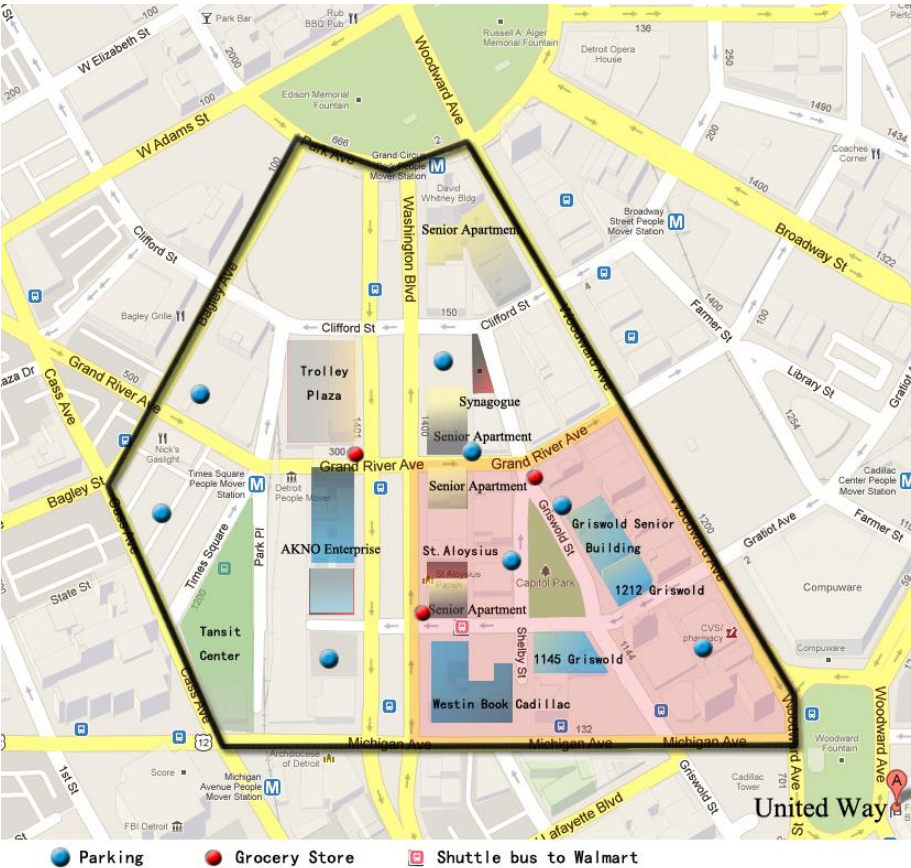


Figure 1 – Map of downtown Detroit outlining the area immediately surrounding St. Aloysius Catholic Church used as our primary community of focus.

INTRODUCTION

General Project Description

The Masters in Community Development (MCD) program at the University of Detroit Mercy is designed to teach students a well-rounded approach to community development (Unknown, *Udmercy.edu*). It goes on to say, the program uses a model based on four key components. The key components are human, organizational, physical, and economic development (H.O.P.E.) and also focused on service, social justice, and sustainability. This document is the culmination of the MCD program and the community project will specifically focus on aspects of the program as a whole. This capstone team was working specifically with

seniors living near the Washington Boulevard corridor in downtown Detroit.

The downtown capstone team project is an attempt to understand and formulate a plan to address some of the needs of residents in downtown Detroit in close proximity of St. Aloysius church and specifically related to the closure of the church's community outreach center. The capstone students were approached by Deacon Don Leach of the church to do a needs-assessment and assist the church in finding new ways to fill the void created by losing their community center. The center was more than just a place to meet for the residents. The community center provided socialization for the residents, and it also provided food, clothing, counseling, healthcare, and other essential

needs for the surrounding community. The center predominantly serviced the senior and homeless populations in the surrounding community. It was located on Washington Boulevard directly across the street from St. Aloysius Church and was staffed by the church with volunteers from both inside and outside of the community. Since the closure of the center, there has been a decrease in homeless persons in the community and the church has been searching for alternative delivery methods for providing their social services to the remaining homeless persons and elderly (Leach, Interview).

General Project Goals

The first goal of the project was to discover the needs of the downtown residents in our project area in

relation to the closing of the community center. Upon discovering the needs of the residents, we developed an action plan to address some of the needs of the residents in a manner that will allow St. Aloysius and related non-profits to continue to provide services and maximize the benefit to the community. In addition, we strove to foster an enhanced sense of community and communication through organizing a community association. We also provided the community with a resource guide to residents and non-profits in the area about available services for seniors which included bus routes and travel times.

BACKGROUND RESEARCH

Research Exploring the Current Human, Economic, Physical, and Organizational Conditions

The latest U.S. census report on the area was conducted in 2010. We were able to use software on Data Driven Detroit to pull demographics for a specific geographic area around the church. We chose the borders as Michigan Avenue (south), Woodward Avenue (east), Park Avenue (north), and Bagley and Cass Avenues (west) (figure 1). These streets were used as natural geographic boundaries based upon trying to capture the predominantly residential buildings as opposed to the more commercial buildings of downtown. In addition, these streets represented an easy walking distance for seniors living near

the church that would have frequented the community center.

The project area is roughly one-quarter of what is considered the downtown core of the city of Detroit (which is in southeastern Michigan). The regional map below shows the city limits and the surrounding southeastern Michigan cities. The project area is indicated with a red dot representing downtown Detroit. The additional maps put the project area into more geographical context as the view becomes narrower. The population density in this area is nearly four times greater than the city of Detroit and over five times denser than the downtown as a whole (U.S., *Census.gov*). This signifies that the majority of people living in downtown Detroit live within the boundaries of

our project area. In addition, the nature of the housing (high-rises) creates more residents in a small geographical boundary than a significant portion of Detroit which is made up of traditional single-family homes (*Datadrivendetroit.org*). The one factor the census cannot assist with is determining the number of residents living in the “vacant” buildings – that is to say, the number of people known as squatters who are living illegally in buildings thought to be unoccupied. According to the residents in the community, there are a lot of these illegal residents, but we are unable to determine any data on them.

The community within the project area is predominantly made up of people with a high school degree at 39.7 percent or no high school degree at 31

percent (*Datadrivendetroit.org*). Therefore, less than 30 percent of the community in our project area has a college education. The latest poverty index numbers indicate that 65.9 percent of the residents 18 to 64 are living in poverty. Of the residential units in the area, there is an 87 percent occupancy rate with a 13 percent vacancy rate. Of the 87 percent, 86.6 percent are renter occupied units and only .4 percent are occupied by the owner (*Ibid*). This economic data set tells us that the living conditions are below-average and the residents have limited financial resources. In addition, our personal interviews have informed us that the residents benefit greatly from social services offered from the church, government, and other non-profits.

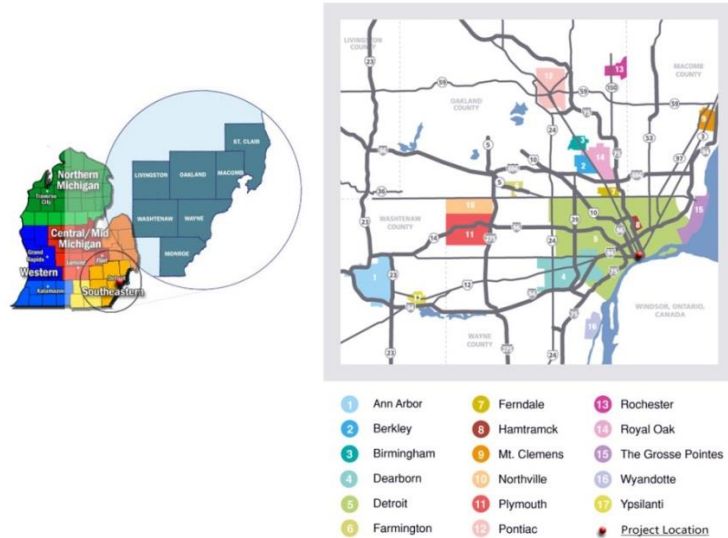


Figure 2: Geographical context of Detroit and the project area.

Over the next pages, we have included several graphic charts showing how the project area relates to the surrounding areas (downtown as a whole, Detroit, and

Michigan) in terms of the demographics. The captions under each graph provide the team’s analysis of the data for each. A particular note of interest while reviewing the data is that there is a couple of ‘market-rate’ apartment buildings within the region that affect the demographics; yet, they do not require the same social assistance that the low-income seniors and disabled residents require. The seniors’ buildings (predominantly residents utilizing section 8 housing) are Himelhoch, Industrial, Washington Boulevard Apartments, Griswold, and Stevens. Also of note is that persons who suffer from a permanent disability are also eligible to reside in the buildings that are predominantly senior housing.

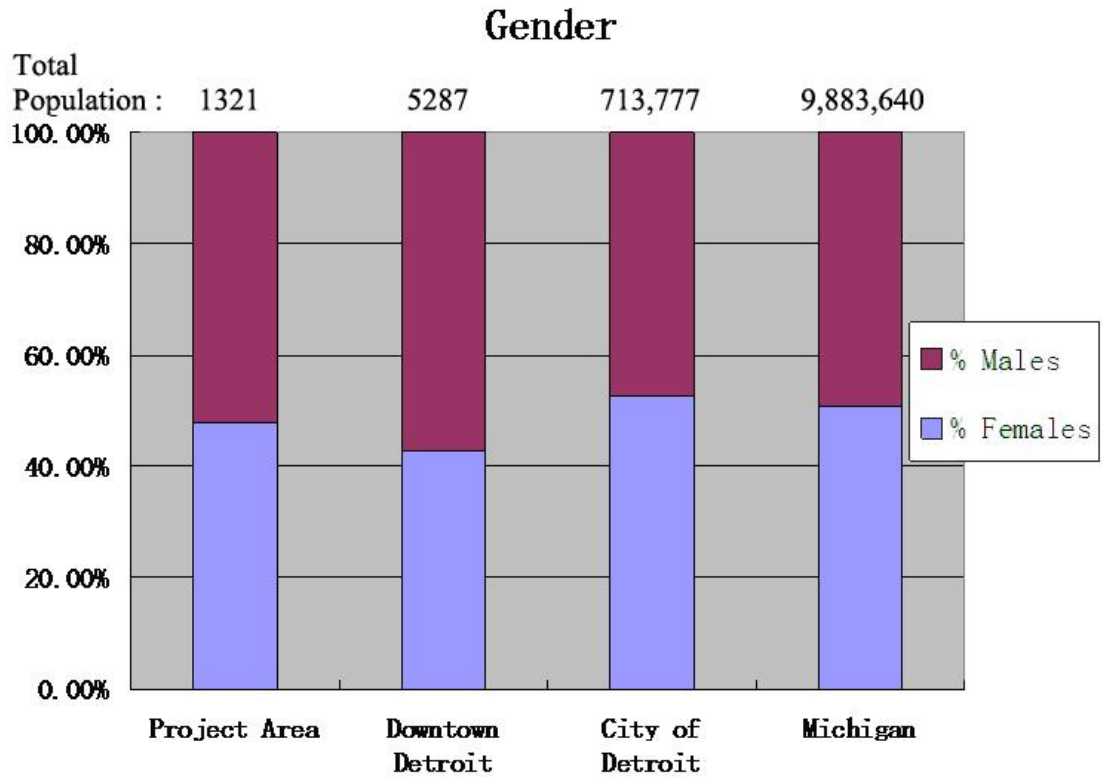


Figure 3: How the project area compares to surrounding areas in terms of male and female residents. The gender diversity in our project area is relatively consistent with the surrounding areas (U.S., *Census.gov*, 2010).

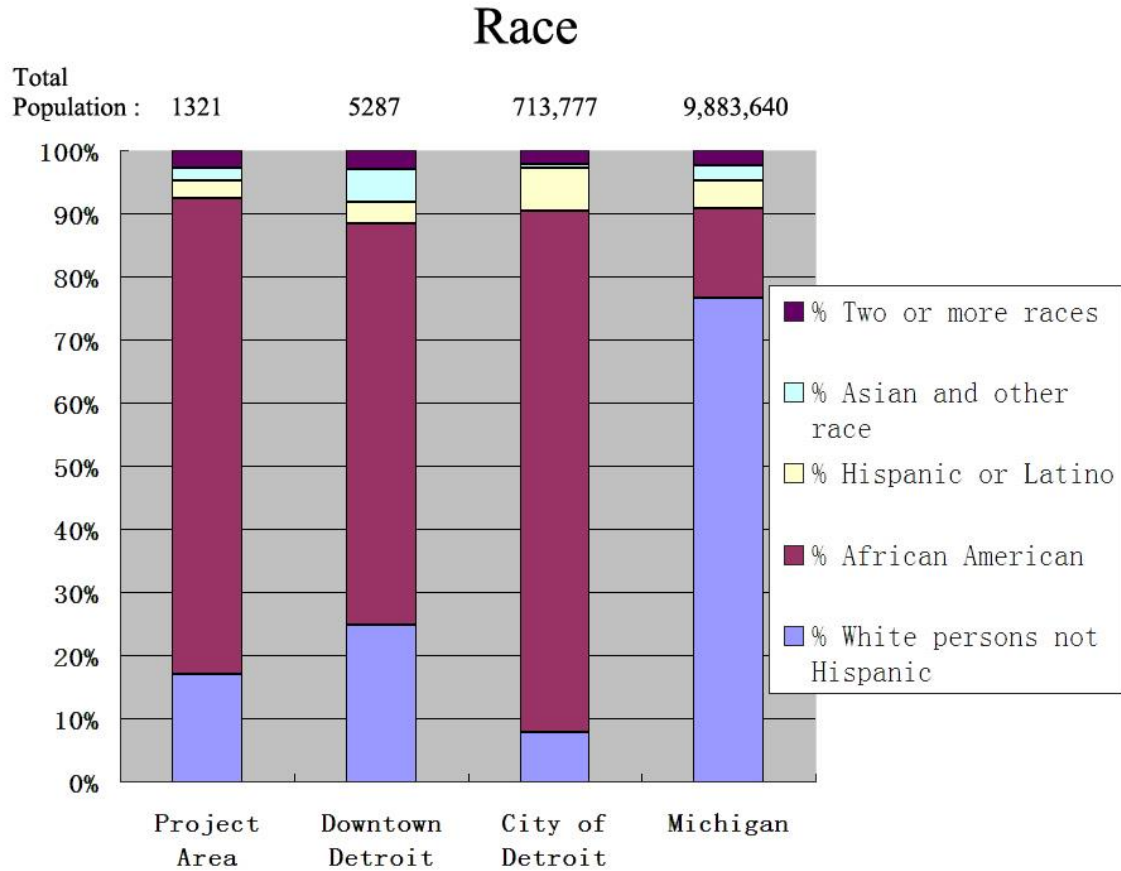


Figure 4: How the project area compares to surrounding areas in terms of race of residents. Our project area has a slightly higher percentage of Caucasian residents than the rest of the city, but a lower percentage of non-white or African-American residents (U.S., *Census.gov*, 2010).

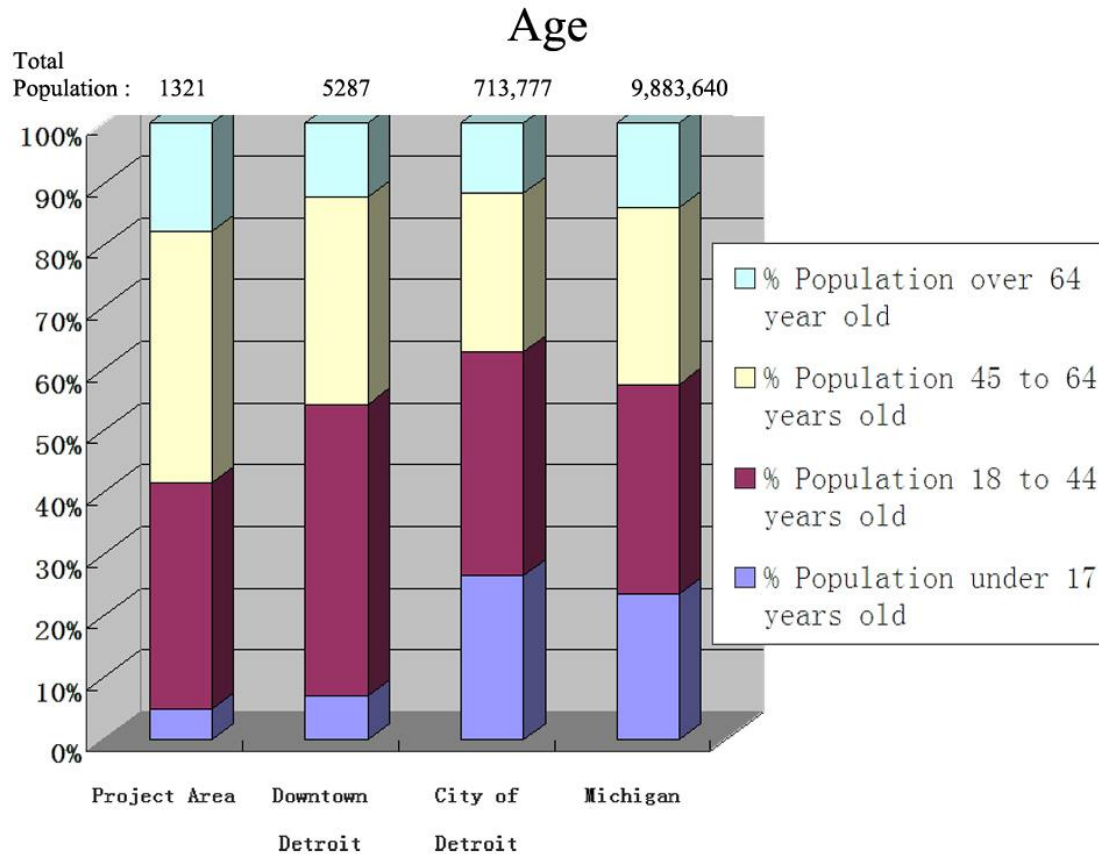


Figure 5: How the project area compares to surrounding areas in terms of age of residents. As you can see, the yellow and teal representing older residents is considerably a larger percentage of the population than it is in the rest of the region or state. This is a direct result of the project area having 5 high-rises that are seniors' housing and only 2 that are market-rate housing open to anyone (U.S., *Census.gov*, 2010).

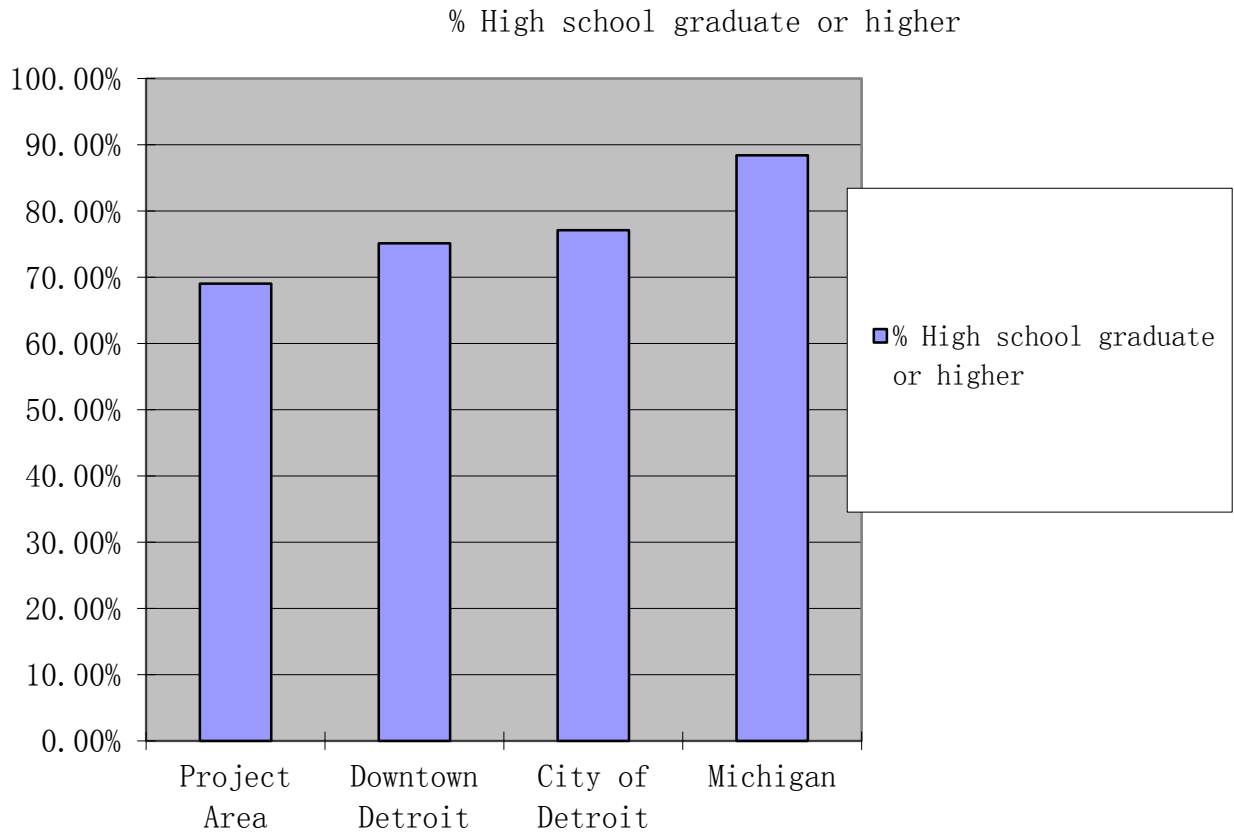


Figure 6: How the project area compares to surrounding areas in terms of education of residents. The project area has a lower percentage of residents with high school diplomas (and above), which is a contributing factor to the poverty levels in the area (U.S., *Census.gov*, 2010).

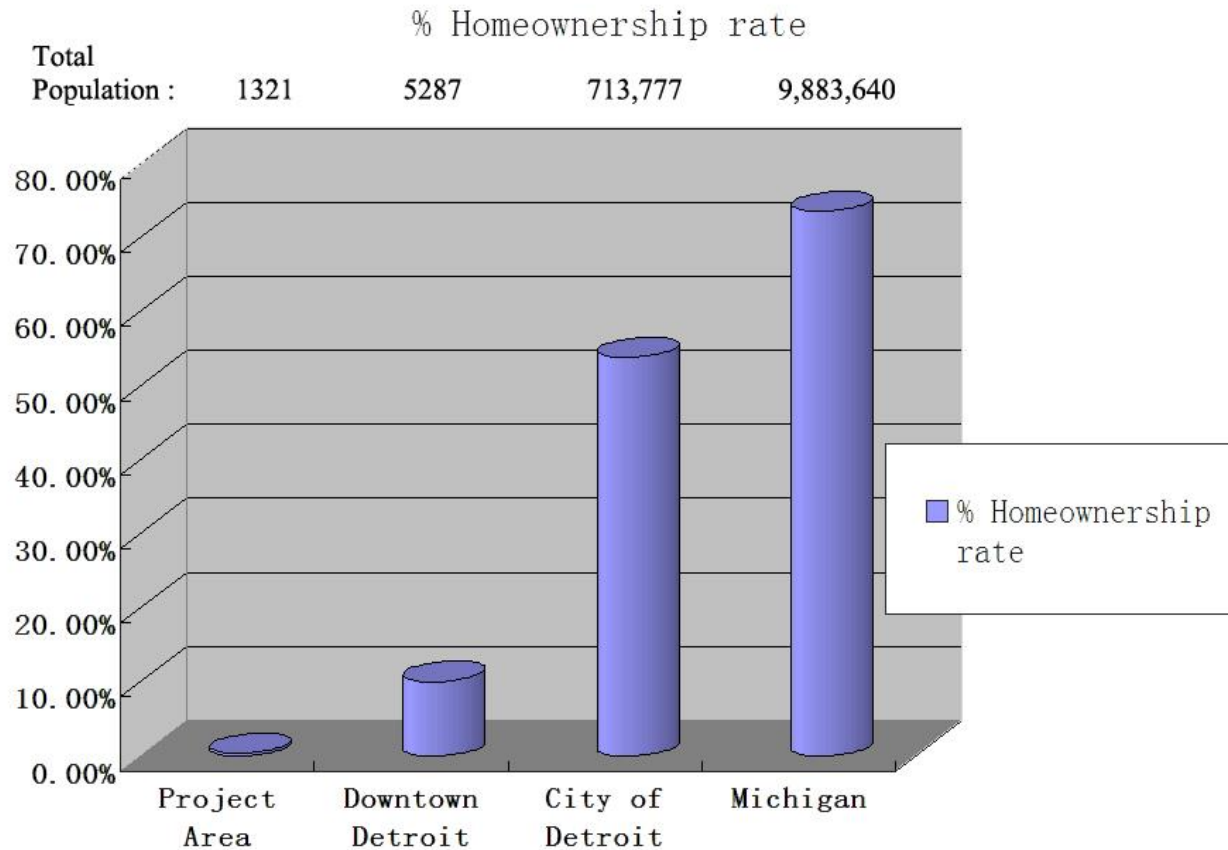


Figure 7: How the project area compares to surrounding areas in terms of homeownership. This is a significant statistic because it speaks directly to the number of residents that are invested in their own community. Our project area has less than a percent of owner-occupied housing, which means the residents do not own property within their own community. Personal interviews have revealed that this leads many residents to believe they do not have a voice in decisions being made that have an effect on the neighborhood (U.S., *Census.gov*, 2010).

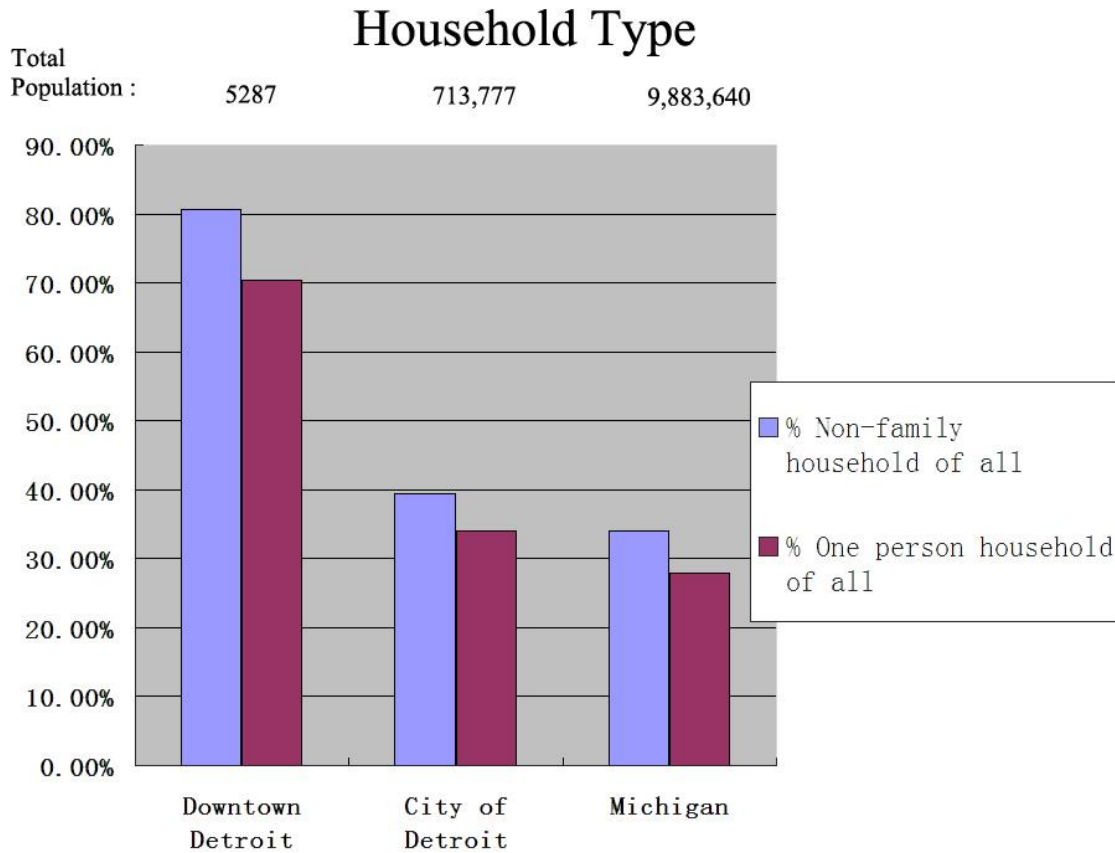


Figure 8: How the project compares to surrounding areas in terms of type of household. The project area has a much higher level of residents living alone or with non-family members than the rest of Detroit and Michigan. This is a result of seniors living independently and young professionals living either alone or with room-mates (in the market-rate housing) (U.S., *Census.gov*, 2010).

Poverty Rate

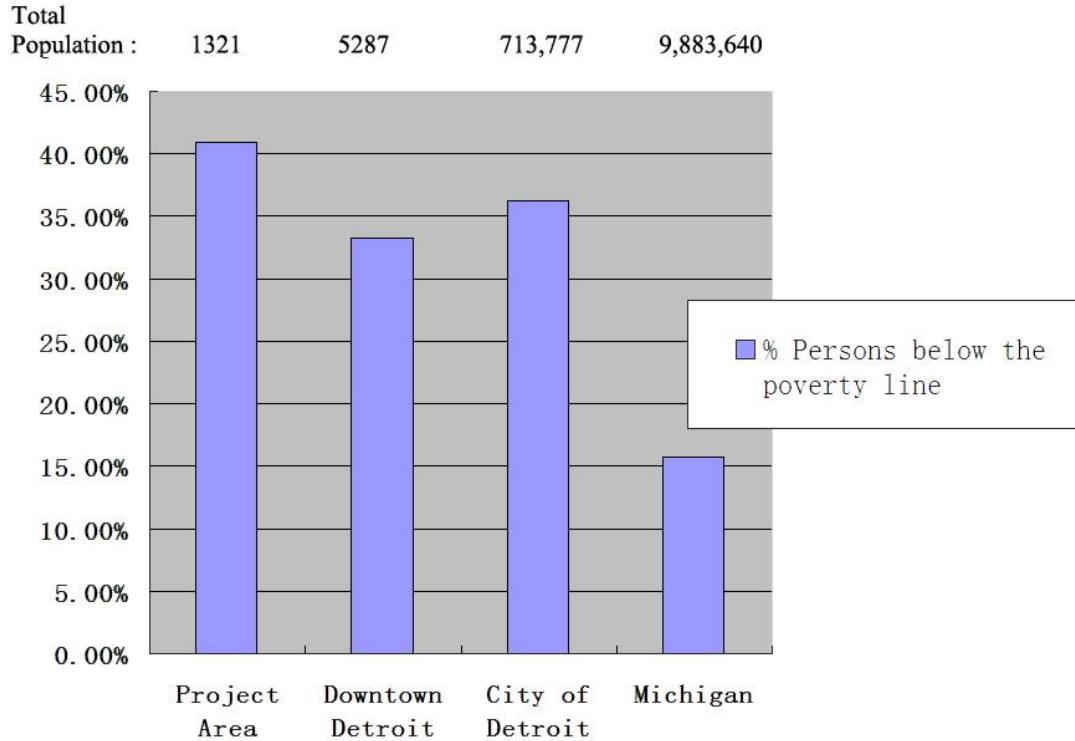


Figure 9: How the project area compares to surrounding areas in terms of the poverty rate. The project area has much higher poverty levels than the rest of downtown and the city of Detroit as a whole. It is worth noting the few downtown residences in downtown that are outside our project area are market-rate and not specifically for seniors. The seniors buildings all being in the immediate area has a significant impact on these demographics (U.S., *Census.gov*, 2010).

The current non-profits operating in our project area are varied. St. Aloysius is the only one based specifically in the area, but there are other agencies that provide services to the community without actually having a physical location within the boundaries of the neighborhood. Some of these include the Michigan Senior Advocates Council (M.S.A.C.) which acts as a political lobbying group to affect changes and policy decisions to benefit seniors. The Detroit Community Health Connection provides medical care (including dental) regardless of a patient's ability to pay, but not all of the residents are familiar with them. In addition, St. Aloysius partners with the Wayne State University School of Medicine and College of Nursing to

bring in students to assist the community with residents' health concerns. A residents' rights group founded in the area that represents many Housing and Urban Development (H.U.D.) section 8 residents is the United Tenants' Council of Councils. In addition, the map below shows other non-profits and locations to get a hot meal for those that cannot afford one on their own.

Another factor at play and a potentially undervalued resource is the associations within the project area. Some of these are the Seniors for Health, Advocacy, Reform and Education (S.H.A.R.E.) and various building tenants' councils. These community associations can be of great benefit to the neighborhood if empowered with the



Figure 10: Locations of soup kitchens in proximity to our project area (highlighted in red).

proper tools (knowledge, resources, and space to operate).

In addition, the United Tenants' Council of Councils (U.T.C.C.) is a larger community association that has representatives (usually building council Presidents) from

various section 8 buildings through-out Detroit. The U.T.C.C. was founded in our project area and is still strongly represented. We have been working with them specifically to form a sub-committee/task force of representatives from the buildings in our project area.

One study spoke specifically of this potential in saying “[l]ocal associations in low-income communities clearly represent an extraordinarily diverse array of energy, creativity and mutual support. They can be encouraged to contribute even more than they already do to the economic and human development of neighborhoods” (Kretzmann and McKnight, 1996). With regard to purpose, the neighborhood associations in our project area vary greatly, but they all can be utilized in improving the quality of life

for the residents of downtown Detroit. The S.H.A.R.E. group, for instance, meets weekly and is an excellent opportunity for both gathering and disseminating information to the community at-large. There is tremendous opportunity in this community in getting the various associations working together and communicating. Most of the other associations are building specific and only work with the residents of their specific building.

The living conditions for the residents, in particular, are large high-rise apartment towers that are predominantly age-specific. That is to say, the towers with seniors living in them are predominantly only seniors and the apartments with working-age adults residing in them are primarily only working-age residents. There is little-to-no age diversity

within individual buildings, but there is some between buildings in the area.

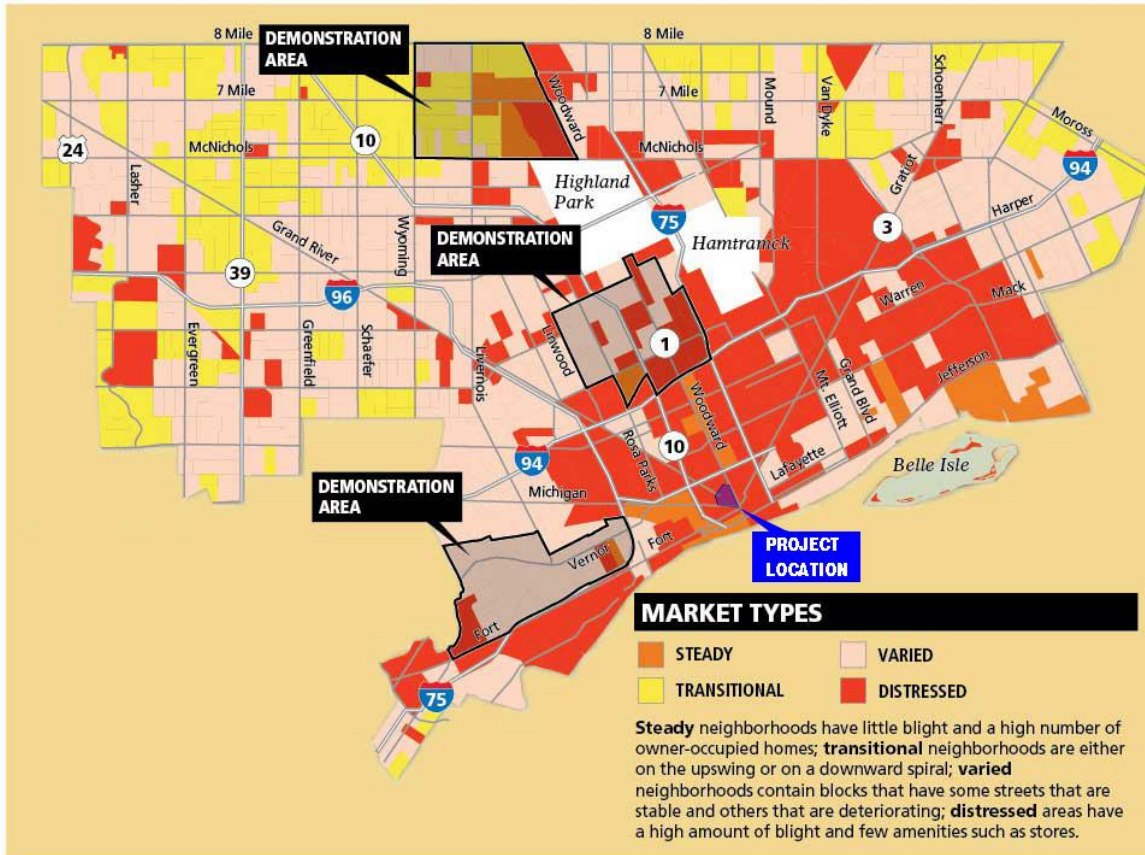
The downtown Detroit area is considered to be “distressed,” which is defined as having “a high amount of blight and few amenities such as stores” (City of Detroit). While this designation is concerning for residents, there are some benefits to the area that make it more appealing than many of the other communities that share the distressed designation.

Detroit has a reputation of lacking adequate grocery stores – it is often referred to by residents as a ‘food desert.’ However, the downtown core has some options in a short-drive distance away and a recent study by Data Driven Detroit suggests that this reputation is unwarranted

as there are 115 full-service grocery stores in Detroit city limits (*Data Driven Detroit.org*). This is particularly relevant to our project in terms of the needs of the seniors and others living in the area as acquiring groceries and other consumer goods can be a challenge if a person has mobility issues.

The problems for most of the residents in the project area are lack of transportation (mobility) and lack of financial resources for quality/healthy options. While the downtown residents struggle with transportation and acquiring groceries, this neighborhood does have options available as discussed in the following paragraph.

There are small convenience stores located in the community (figure 1, page 2 – indicated by red dots), but the prices are prohibitive to most of the residents that are living below the poverty line in income. In addition, the new downtown transit center is located at the edge of this community which provides easy access to public transportation for the residents. The residents who spoke of concerns with transportation primarily discussed issues related to disabilities as public transit is difficult for persons with disabilities and issues related to grocery shopping as it is difficult to use public transit while carrying grocery bags.



SOURCE: City of Detroit Planning and Development Department

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Figure 11: The city of Detroit market types as provided by the City of Detroit Planning and Development Department. Our project area is highlighted in purple with the blue textbox. (City of Detroit, 2012)

There are a few convenience stores in our area that offer groceries, but the prices are high compared to full-service grocery stores and the stores are not particularly well stocked or clean. An example of price differences would be notable in bananas being sold individually for 75 cents when you can get a complete bunch at a full-service grocer for a few dollars. One store, Eve's Gourmet Grocery, is cleaner, but the prices are not affordable to residents living below the poverty line. One resident spoke to us about liking State Deli & Groceries for quality, but it has limited selection. It is also relatively new to the neighborhood as it took over the space that was previously being used by the Westin Book Cadillac construction-renovation offices. It is located on the ground floor of the

Washington Boulevard Apartments, which is one of the seniors' buildings in the area. While this is a convenient option, the residents do not feel it is an option for normal grocery shopping.



Figure 12: A local convenience store at the corner of State Street and Washington Boulevard – this store is located on the ground floor of the “Washington Boulevard Apartments,” a seniors’ building.



Figure 13: Inside the State Deli and Groceries store



Figure 14: H&S Deli at Griswold Street and Grand River Boulevard – located near Capital Park and the “Griswold Building.”



Figure 15: Inside the H&S Deli

Research Exploring the Influences of Diversity, Justice Issues, and Regional Forces

The total population in this geographical border is 1,321. Of those residents, 52 percent are male and 48

percent are female. The predominant ethnic group is African-American at 75.5 percent with Caucasian residents at 17 percent with 7.5 percent listed as other. The largest age demographic is 45 to 64 at 40.6 percent with residents over 64 coming in second at 17.8 percent. This community does not have many youth living in it as the population under 18 only makes up 4.9 percent of the residents (*Census.gov*, 2010). This data is not particularly surprising given the majority of the buildings are for seniors and disabled persons and the remaining buildings tend to be young professionals that work in the downtown core.

The ethnic diversity in this community varies slightly from Detroit as a whole, which is 82.2 percent African-American, 7.8 percent white, and 10 percent other.

As you can see, our target community has a slightly lower percentage of African-American and other minorities and more than double the percentage of white residents from Detroit as a whole. This would indicate that while there is still a noticeable majority of African-American residents, there is a higher level of diversity, based on racial make-up, in this community than the rest of the city of Detroit (*Census.gov*, 2010).

According to Deacon Leach, there is a shuttle-bus that picks up many of the working-professionals from the market rate apartments and drives them to work, which is only a few blocks away (2013). This is problematic because it removes the working-age population from interaction within their own neighborhood. If these residents walked

from their buildings to their offices, there would be increased pedestrian visibility throughout the area, which would give the community a livelier feel and increased safety for all residents.

There does not seem to be a noticeable influence of the diversity on the community as the residents we encountered seemed to all relate to being in the same circumstances together. All the meetings we attended had attendees from the various ethnicities and education levels (according to our surveys which will be discussed in greater detail later). The S.H.A.R.E. meetings had members ranging from those with no high school diploma to one with a graduate degree. There is socio-economic diversity among the residents of the many buildings though. The

buildings with working-age adults have many young professionals living in them that have considerably higher incomes than the senior residents. Residents aged 18 – 44 represent approximately 36 percent of the total residents in our project area (*Census.gov*, 2010). There is, however, no socio-economic diversity represented within the community seniors' meetings. For this reason, we are hoping the community association task force we formed will bring together these residents from different buildings. The initial meetings that have already taken place have mainly been attended by seniors, though we have reached out to residents in the market-rate buildings.

There are many social justice concerns at play in the project area. The predominant concerns, according to

discussions with residents, are poverty levels and lack of quality and/or affordable health-care. It remains to be seen what health-care issues will be enhanced and approved upon through the Affordable Care Act as more provisions come into effect. The Affordable Care Act was federal legislation designed to assist citizens in acquiring medical coverage more universally; It was enacted by congress and signed by President Obama in 2010 with various provisions enacting at different times through 2014 when the full legislation should be in effect (*Whitehouse.gov*). With regard to the poverty level, the current system of support through the government does not allow for adequate living conditions and the residents must rely upon the benefits of non-profits, faith-based organizations, and the community

at-large. However, the current economic circumstances in the city of Detroit are dire. As a result, the need for resources greatly outnumbers the resources currently available. An additional factor that would affect the seniors is the current government push for reduced social security benefits, while this has not been enacted as of this writing; it is a potential concern that would have dire consequences for the residents barely surviving on their current benefits.

Research Exploring Historical Conditions

A) Recent Trends and Activities

We learned a lot of information about the history of St. Aloysius and its community center through attending meetings and speaking with Deacon Leach and other members of St. Aloysius' staff. St. Aloysius' community

center opened its doors in 1992 and was operated by the Catholic Church until the building was sold by the Archdiocese in 2011. It provided much needed services to Detroit's homeless population and senior population. The center was a place for many in the community to have contact with others in the neighborhood and learn of more programs offered by other organizations in the city. A resident living in one of the subsidized apartments located near St. Aloysius stated, "the community center is where I socialized with other people. It was safe and I could talk to people dealing with the same issues as me" (personal interviews, 2012).

St. Aloysius community center housed a diverse group including, but not limited to, 12-step programs,

senior programs, homeless programs, street ministries, and food programs. When the community center was sold to the owners of the Book Building in 2011, the populations being served had to fulfill their needs elsewhere. Washington Boulevard between State Street and Grand River was full of Detroit residents seeking the community center's free services (Leach, 2012). Today, Washington Boulevard resembles a ghost town to many observers, only active during game days when the Tigers, Lions, or Red Wings fans are searching for a place to park. Deacon Don Leach, one of St. Aloysius outreach ministers, stated that the people St. Aloysius once served have disappeared overnight. St. Aloysius' outreach ministries now use bikes to ride around downtown area to hand out food, toiletries,

and clothing to the needy. The loss of the community center created a gaping hole in the church's outreach ministries (*Ibid*).

The friars came to Detroit with the idea of serving the people. St. Aloysius was always known as "everybody's church," serving a very multi-ethnic population (*Stalsdetroit.com*). Volunteers from around southeastern Michigan gave their time to support the community center in helping the needy. There has never been a shortage of clients since the opening of the community center in 1992 (Leach, 2012). Detroit has been in an economic decline since the first auto-manufacturer decided it was cheaper to build cars outside of the city. When the jobs left Detroit it created high unemployment in

a city already suffering from many other issues. St. Aloysius' community center came in to address those needs related to homelessness, drug abuse, and unemployment. The closing of the community center created a void that has yet to be filled.

Currently St. Aloysius conducts seniors' meetings in the church office building which is adjacent to the church. St. Aloysius still provides the services; they are just now done without a specific 'place.' St. Aloysius' outreach ministries knows the people are still out there and without a place to offer the services, many of their services go unused and the request by volunteers to support is sometimes turned down due to lack of activities. The

church has been trying to find space for their community services ever since the center was closed.

B) Influence of Larger Historical Trends

The Washington Boulevard corridor was once a booming section of the city with very busy shops, restaurants, and attractions (Austin, *Historic Detroit*). It was originally developed in the early 1900's by the Book brothers with the intention of making it similar to New York City's Fifth Avenue. They expected to make it an upscale destination for Detroit. It remained a prominent part of the city with shops and activity until the 1960's when Detroit was becoming mostly abandoned due to urban sprawl, the Detroit riots, and white-flight (*Ibid*).



Figure 16: The construction of the Book Building which opened in 1917 (historicdetroit.org).



Figure 17: Washington Boulevard (circa 1940s and 1950s) (Detroit Public Library).

At this time in Detroit's history, white residents were leaving the city limits rapidly and moving to the suburbs and other cities. Hence the term white-flight is used to describe this migration of residents.

However, in recent years there has been some renovation and rejuvenation to the area. The Book Cadillac, abandoned since 1984, was renovated in 2007 and re-opened in 2008 as a Westin hotel. The Westin “had an impact on the block. It was ... in some manner the reason for the closure of the center and inability to locate a service building in the immediate area” (Leach, 2012). According to the Detroit News, the community center was purchased by AKNO Enterprises, a Canadian holding company located in Windsor, as well as several other locations along Washington Boulevard including the Book Building (Aguilar, *The Detroit News*, 2011). The sentiment by some local residents that was expressed to the team during interviews is that the multi-million renovation project had a

gentrification effect, though there is little evidence that any degree of gentrification has taken place. After investing \$200-million in the renovation (*Bookcadillacwestin.com*), the completion of the Book Cadillac renovation, there is an assumption that future property values may rise as more businesses are moving back into downtown Detroit. According to the residents and members of the church, the investors and property owners have shown little interest in accommodating a community center space in the area that caters to poor and homeless individuals (personal interviews, 2012).

Literature Review

We looked at readings focused on the social role of churches in specifically urban and minority communities.

We then looked at additional research focused on community development as it relates to individual and group mental health and wellness – particularly in relation to identity and space.

A major issue for St. Aloysius and downtown Detroit is funding – the decision to close the community center was a financial one. This is a common trend in the urban-northern cities. As one author discusses, “as businesses and upwardly mobile residents have relocated to the suburbs, the populations that have remained in the central cities have been “subject to persistent poverty” and

have been “increasingly isolated” (Smith, 2001, 301-313).

This is a major factor to the current situation in downtown Detroit because as the more affluent members of the community relocate, they also move to a new church and the donations and money the church needs to operate are reduced. Another reading specifically focused on how similar churches survived in downtown Columbus through the many years of changing demographics. It discusses how many churches moved with their congregations to the suburbs and many closed. The churches’ reactions varied based on availability of funds and the sociological leanings of the leadership – some reached out to new members, while others tried to create social programs and accommodate alcoholics/narcotics anonymous meetings

and related social needs of the neighborhoods (Form and Dubrow, 2005, 271-290).

An additional factor we consider in our project is the geography of the region and how the “religious district” of St. Aloysius is a consideration for the impact of the closing of the community center. That is to say, the geographical and spatial area in which St. Aloysius is the community church – as opposed to another Catholic church. There are many other churches and a synagogue (Catholic, Jewish, and Protestant) in the downtown area, but we must consider the impact of the community center on the greater community as well. In addition, the district is shaped by the congregation of the church itself. The term “religious district” refers to “a context for understanding

the geographic, cultural, and social environment that competes with the initiatives of congregational members for defining their congregational identities and etching into place particular social roles” (Wedam, 2003, 47-64).

The subsequent readings about mental health and community development relate specifically to the need for interaction and activity in the community for the residents. The community center played a significant role in community interaction and that is a void that is being felt by the community currently. The *Community Development Journal* recently published a series of articles relating to community development and mental health that are considerably useful to this project. “[M]embers of mental health service user and survivor movements experienced

direct connections between individual mental distress and community well-being” (McCabe and Davis, 2012).

Further studies have also shown the connection to mental well-being and community. Christens stated that “[r]esearch in community psychology has discovered that positive psychological outcomes, such as well-being and resilience, are systemic and can have compounding effects” (Christens, 2012). This is particularly relevant for this community because of the loss of the community center that acted as a catalyst for human/community interaction among the residents of this area. In addition, “[i]t is well established that people living in areas and circumstances of high socioeconomic disadvantage have higher rates of mental health problems, including diagnosed depression,

anxiety and other forms of serious psychological distress, than people living in more advantaged areas and circumstances” (Rose and Thompson, 2012).

The research of Seebohm, Gilchrist, and Morris very specifically relates to our own findings about the void the community feels in having lost the center. Their findings that “[c]ommunity development supports people in communities to generate their own initiatives and networks while also supporting them to work with public and voluntary services” (Seebohm, Gilchrist, and Morris, 2012). In our findings section, we discuss the residents missing the community center for various reasons beyond the services (food, clothing, *et cetera*) that it offered. These

include inclusion in a community interaction setting and time spent volunteering at the center to assist others.

Case Studies

One study we reviewed was of the Mount Pleasant Community Centre in Vancouver, British Columbia, Canada. The case study first discussed the nature of the mixed-use aspect of the community center and the neighborhood at-large. The project area for this project also focuses on a mixed-use community as there are high-density residential buildings surrounded by commercial buildings with first-floor retail, though the retail is severely diminished from the previous history of the community. One aspect the Mt. Pleasant case-study focused on was the inter-sectionality of relationships between the needs of the

residents (Unknown, *Mt. Pleasant Case Study*). The community center addresses needs that relate to and improve upon each other. An example of this from the St. Aloysius Community Center would be the relationship between the many services they offered (food, clothing, healthcare, counseling, *et cetera* – all with the intent on enriching the well-being of the resident using the services). The nature of the Mt. Pleasant Community Centre, which is recreational, and the St. Aloysius Community Center were different because the Mt. Pleasant Community Centre is a recreational complex whereas the St. Aloysius Community Center was intended for social services, but the social benefits to the communities they serve are important nonetheless.

Another case-study we reviewed was from the Rider Street Community Center in Brooklyn, New York. The Rider Street Community Center was established in 1975 specifically “to address the needs of African-American and Caribbean teenagers ages 12-18” (Unknown, “Case Study: The Rider Street ...”). The Rider Center focuses on youth with domestic violence, alcohol, or drug abuse backgrounds, providing them a safe and educational environment in which they can thrive. While this center focuses more on youth (as opposed to our project area which is predominantly seniors), the center serves an important role in the community in providing social safety-net services that are under-served through familial or governmental means. In fact, many of the articles and case-

studies we read provided insight into the importance of communities (particularly low-income communities) having a place for providing these social safety-net services.

Needs Assessment Methodology

We began the process of meeting the residents by attending weekly meetings in the basement of the church offices. The seniors conduct these weekly meetings to focus on community needs, healthcare concerns, and social activities. These meetings have been instrumental in getting to know the seniors as well as gaining valuable information about the community and the needs of the residents.

In addition to attending the meetings, the team has gone into the buildings with the nurses and food delivery to

meet with some of the residents face-to-face and discuss the community and needs with them directly. The



Figure 18: Photo from one of the weekly S.H.A.R.E. meetings at St. Aloysius Parish

majority of residents have been quite responsive and eager to assist us in our data collection. We have also toured the project area with the Vice-President of the United Tenants

Council of Councils, John Worsham, who is also a resident in the Stevens building.

The S.H.A.R.E. meetings include an active group of seniors who take part in various social events and planning as well as nurses/students from Wayne State University that come to assist and offer advice to the seniors. In addition, the group shares information on regulation changes that have an effect on their Medicaid and social security as well as safety and fraud prevention measures. The group also receives guests from D.T.E. and other service providers that come in to discuss information and changes that are typically available on-line, but not available to the seniors by traditional means such as paper mailings or telephone calls to the seniors may be more accustomed. They are a

well-functioning group that could probably function at an even higher level if given better space and resources. This group represents a large portion of the survey data collected and the rest were collected by speaking to seniors at their actual residential buildings.

While we were unable to gather a significant number of responses to our survey, we were able to see specific trends and concerns among the residents. The total number of respondents to the survey designed for seniors in the community was 45, while we were unable to get more than five respondents from the working-age adults. As a result, we have not used any of the information from the three working-age respondents as the sampling was too small. The team was unable to get more responses due to

the above referenced concerns that the working-age residents do not participate in the community activities and seem to rarely leave their buildings by foot (meaning they leave via car from their garage or get on a shuttle-bus to work). The few we were able to interact with gave us contact emails for building leaders, but they never responded to repeated emails from the team.

Needs Assessment Questionnaire

The needs assessment questionnaire consisted of three sections, those sections were lifestyle and needs, opinions and experience, and demographic information.

The lifestyle and needs section consisted of asking how frequently the seniors were visited by family members, where they did their grocery shopping, where

they received their medical care, what they did for entertainment, the benefits and disadvantages of living in downtown, and what were the significant differences in life now from younger years.

The opinion and experience section consisted of statements in which the residents were asked to rank the statement based on their personal importance. The residents rated these statements ranging from very important to less important with a no opinion option as well. These included statements such as “senior services should include nutrition information, recipes, healthy choices, and more,” “healthcare, insurance, prescriptions, and chronic illness affect your ability to age-well – resources are here to help you keep healthy,” “learning about fall prevention, food

safety, avoiding scams,” “starting and maintaining a program of physical fitness,” “resources to locate affordable and livable housing for older adults,” “home skills enhancement project for direct care workers in Michigan focusing on skill building in household cleaning, nutrition/food shopping, and meal preparation for older adults.” There were then open ended questions asking the residents to list specific items. These were other actions that would benefit you and other senior citizens, what social services are you currently receiving, and what social services do you think are important for you and other senior citizens. They were asked specifically if they were familiar with St. Aloysius church and if they personally or anyone they know personally receives social services from the

church. And lastly, they were asked what they felt the influence was of closing the community center.

The demographic information recorded on the surveys focused on gender, age (ranges), household size and type (family or non-family), level of education, and income range.

Needs Assessment Results

The needs assessment discovered, as expected, that there was a multiplicity of needs for the residents in this area. Some of those needs are better access to healthcare, food, and resources. Others are based on social needs and well-being. We found a large need for many services that perhaps the community center once offered or could be offered if the space still existed. Most of these services are

still offered by the church, but have delivery/outreach issues without the community center as a place to offer the services. As a result of our survey, we have a better understanding of the depth of influence the community center had on the lives of the local residents. It is important to note that the majority of the questions on the survey were open-ended questions in which the residents could give us information using their own wording without any leading being done by the capstone team.

When discussing the benefits and disadvantages of living in downtown, the results showed that the residents viewed transportation (the transit center is adjacent to our study area) and activities/camaraderie as the best benefits with lack of grocery stores being the worst disadvantage.

The community center, when it existed, offered food (via prepared meals and groceries) to local residents and the homeless. In addition, it fostered activity and socialization among the residents based on interview responses with the seniors' in the area. The church still tries to do outings for breakfast when available, but it is no longer in a fixed community space (Leach, 2012).

We also found a significant need for dental care with 25 percent of the respondents, which is something that is available through non-profits that perhaps the residents need more information. The needs suggested by the survey following dental care were improved transportation at 21 percent and exercise at 14 percent. The transportation issue seems to be both a strength as 36 percent listed it as a

strength of their community and a weakness as 23 percent listed it as a disadvantage because of mobility limitations within the senior community.

The largest social service that the current community receives from the church is through their grocery delivery program which has been very popular among the residents. This program currently delivers groceries from building to building among the seniors' apartments, but it would be beneficial to the residents if there was a location in which they could pick up low/no-cost groceries in a walkable distance. Currently, the grocery delivery service happens twice a month and rotates between the buildings alternatively.

The survey also directly asked the residents what the largest impact was on the community by the closing of the community center. The most prevalent response (27 percent of respondents) was there no longer being a place in which they could get together and socialize on a normal basis. This is consistent with the concern brought forth by Deacon Don Leach when he visited the M.C.D. program

initially. At that time, he advised us that many of the seniors simply did not leave their apartments anymore without the community center. With the challenge of finding or creating new space in the community, we are trying to work with the residents to be actively engaged in finding new ways to interact and be involved.

Strength, Weakness, Opportunity, and Threat Analysis

	Strengths	Weaknesses	Opportunities	Threats
Human	Staff at St. Aloysius; Involvement of seniors; Volunteers; Social services; Mixed-housing (Subsidized/Market-rate)	Lack of community space; Socio-economic divide; Disenfranchisement; Health concerns; Many seniors are homebound	Increased volunteerism; Connecting with professional services; Improved safety; Connecting seniors with professionals	High poverty levels; lack of resources; Lack of affordable groceries; ‘food desert’ concerns; Crime and safety
Organization	Partnerships with non-profits; Community associations; Church social services; United Tenants Council	Organizations duplicating services; lack of affordable dental in area (transportation required)	Connecting with business leaders; Close to amenities; Chance to connect with UDM Dental School and Wayne State University	Lack of affordable activities/consistency of activities; Group activities cost money and require travel

Physical	Significant amount of housing; Ample park/green space; Downtown activities, transportation, business, and cultural hub	Lack of consistent physical ‘place’ for activities; lack of affordable grocery stores in walkable distance; transportation difficult for persons with disabilities	Improving conditions along Woodward and Capital Park; Close to market-value housing; Improving transportation to mid-town/shopping	Limited space at St. Aloysius; Activities normally closed on weekends; lack of recreational opportunities for seniors
Economic	Development happening downtown; More jobs moving into the area with redevelopment of office buildings	Limited resources; majority of residents living in poverty; Lack of employment that residents are qualified to do; high cost of living in downtown	Finding affordable/convenient groceries; Finding distribution location for social services for the seniors	Gentrification; Competition among non-profits for funding; Lack of participation from residents

PROJECT RATIONALE

Identification of Needs to be Addressed by the Capstone Project

The project study area has significant threats and opportunities facing it. This allows there to be a great number of possibilities for improvement for the residents and the proposal of an action plan. The primary situation that was proposed for the capstone team was to discover the impact of the closing of the community center and make proposals to fill voids created by the closing.

In meeting with residents and completing a needs assessment, we discovered that the lack of space for the services St. Aloysius provides has had a tremendous effect on the residents. While the community center is physically

just a building, it provided a place for all the services that the low-income residents rely upon. Some of these services were specifically discussed and named as areas of opportunity by current residents. These include healthcare, dental, food distribution/hot meals, transportation, and socialization. These are all significant needs that require a great deal of time and resources to address.

The team is not able to create space in downtown Detroit for the community to gather or directly address the needs of better transportation, healthcare, and other social services. While there is plenty of vacant space available, the properties are owned by private parties. The owners of the properties have been unavailable and have shown no interest in their property being used as a community space.

The team recommends that the task force being created has a strong focus on reaching out to developers and lobbying for a space to be made available for community services/functions. In addition, St. Aloysius has been working with local building owners over the years to try and recreate the space with little success as well. They have had at least one agreement in place with the Griswold building to use its community space for services, but the plan never came to fruition as the building has now been sold (Leach, 2013).

We have worked to try to find space in the community, which has a significant amount of space available; however, we were not able to find space that was usable for various reasons. The first issue we encountered

was finding space in which the owner(s) of the property would allow the use of the space for community purposes. This was the biggest obstacle as the buildings in the community are privately owned and each owner has various reasons for not wanting the space open to the community at-large. These range from insurance/liability, to security, to property value concerns. There were two spaces that at one point were willing to allow St. Aloysius the ability to offer community services in their buildings.

The first was the Griswold Building. The Griswold Building has not only changed its position on allowing the services, but they have also been sold to new developers that have notified all residents they have one year to vacate the premises. As such, that space is no longer available and

the residents will be displaced as well. The other building that has space that was willing to allow the community services to take place on their property was the downtown synagogue. The problem with this space is that it is inadequate and not senior-friendly. The building is old without an elevator and all the space is on the upper floors. Seniors would not be able to utilize the space because of the stairs – some would be excluded.

Since we were unable to accomplish finding or creating space, we addressed the residents' needs through a comprehensive resource guide and assisting the residents in creating a community association/task force specifically focused on this community within the project area with the task force goal to be finding ways to enhance the

availability of services and information. Our recommendation is that the community association/task force should be an extension of the tenants' council of councils and is to focus on residents' needs and working together to find or create space for these services. The rationale for having the association as an extension of the U.T.C.C. is due to the organizational strengths that already exist within this organization. The task force should be made up of the tenants' councils' presidents from each building in the project area and those residents/leaders should also reach out to business owners and resident/leaders from the market-rate housing in the area as well. The team believes the residents' task force members will have a better response from business leaders and other

residents because they, as residents, have a shared interest in the community that the capstone team does not have as non-residents. We recommend the proposed task force consist of approximately 8 to 14 individuals from the various buildings. Some buildings can be double-represented as they are predominantly representing the neighborhood in the task force as opposed to their specific building as it allows more input and availability of human resources.

This will give the residents a greater ability to communicate information and work with businesses, landlords, and developers working within this area. We are hopeful that this will be the first step in the residents affecting positive results in recreating space.

Identification of Several Possible Action Proposals

Many major concerns of the residents revolve around basic needs, while others are not essential, but nevertheless important to living a decent quality of life. Transportation seems to be both a strength and a weakness of this community depending on the individual's personal mobility level and the purpose of their travels. That is to say, the bus system is adequate to get a person from one location to another, but if that person is grocery shopping and needs to bring back a lot of heavy bags, the bus is not suitable. Several of the buildings had a transportation service available, but the driver is no longer with the company and they have not been able to find a suitable replacement. One possible action proposal would be to find

a transportation service for the seniors to get them to grocery stores, doctor's appointments, *et cetera*.

Another major need of the community is the need for regular and affordable dental and health care. Many of the seniors we spoke with in the community advised us that dental services were very high on their priority of needs, but being underserved at the moment. An action step could be to find dental services that would be able to assist the community. Since there are not currently any dentists in the community, the action steps for getting dental services would involve either providing transportation for the residents to the dental services or finding someone to come in and provide the dental services. Without a community center, there are additional challenges on where the

services could be provided if we were to find dental services to come in to the neighborhood.

The other need that was highly prevalent was the need of the seniors to socialize and have activities to improve their quality of life. Some of these needs are being met with activities the church arranges that involve bussing the seniors to events in other locations. An action plan to improve the socialization for the seniors is to find space within a reasonable walking distance that they can gather and be active without having to travel out of the community or pay money for the services. They currently have some meeting space in the basement of St. Aloysius and smaller space in some buildings. The Griswold building has larger community space available, but it was just sold in the past

few weeks and the residents have informed us that all tenants must move within the year. A different action plan that allows for more input and time in finding a resolution is the creation of a community association focused on working to find or create space for the replacement of the community center activities.

Analysis of the Advantages and Disadvantages of These Proposals

The team discussed many different action plans that could be beneficial to the residents of the downtown seniors' community and tried to focus its energy on ideas that would be provide the most utility for the greatest number, while still being possible in our time-frame and

focusing on the services that are already available through St. Aloysius, our partner organization.

The first action proposal we discussed above involves transportation. Strengths of this action plan, improving transportation, would have a great benefit to many of the seniors because it is a much needed service. It would improve their ability to get groceries, get to medical appointments, see family, and get to social destinations. Strengths of finding transportation are that it would alleviate many of the other concerns of the community if reliable transportation could get them to the services that are not local. A major weakness, as the team saw it, was in the challenges of being able to accomplish anything sustainable in the solutions. Transportation requires three

key components to function. They are a vehicle, a driver, and funding for maintenance, insurance, and fuel. We do not see the ability to acquire these resources in any manner that would be lasting under current conditions.

Transportation is also the focus of other organizations in Detroit that have greater resources and may be able to find a more sustainable solution. Some of the buildings owned by Wingate do plan on resuming transportation services for their residents which will benefit the residents of those buildings. Wingate previously offered the transportation services to their residents until their driver was no longer available. The other organizations and building owned transportation are both excellent opportunities to address this need of the community, though they are limited. A

significant threat is the changing circumstances of residents. Additional weaknesses include a lack of resources to fund a transportation program and the availability of the potential transportation to be available for all the various needs and destinations. In addition, some Wingate building residents have expressed concern that other promises have not been kept and they are unsure if renewing the transportation will ever come to pass.

The next possible action plan we discussed is the need for improved dental and medical services. Again, this action would have tremendous benefit to the residents as an important need. Strengths are that there are already nursing students and services provided by St. Aloysius in this area, but they are not able to assist everyone. A major weakness

to any action proposal for acquiring medical services would revolve around lack of space to provide the services or lack of transportation to take the residents to the services both of which are issues we consider.

Opportunities exist in this area if we can find space within the community to offer services. Some of these opportunities include utilizing resources from both Wayne State University and the University of Detroit Mercy. Both institutions have colleges of health professions and U.D.M. has a school of dentistry that would be able to collaborate and assist the residents.

A consistent threat to all action proposals in our community is sustainability of funding and services. Many of the services are provided through St. Aloysius Church,

but their funding comes predominantly from general donations and other churches (nearly three-quarters of the funding). The rest comes from grants and activity fees (Leach, 2013). Reliance on the generosity of others means that funding is always a potential threat dependent upon the economy which is unstable in Detroit and reduced donations would result in reduced services.

An additional concern that poses both an opportunity and threat is the recent resurgence of business in downtown Detroit. Through collaboration and community activism, the opportunity exists to work with the commercial entities in the project area to improve the neighborhood. However, a threat exists if the commercial entities have a goal of gentrification in mind that would be

beneficial to their property values and incomes, but detrimental to the low-income residents. We hope through an active community association that is engaging the business community, the residents can eventually find a willing partner to recreate the community space that is necessary.

Analysis of the Influence of Public Policy and Other External Forces

The influence of public policy has a tremendous impact on the residents of downtown Detroit. The vast majority of social services provided by the government are the result of the Social Security Act (1935) and through the welfare system. However, the conservative movement in the U.S. which was ushered in with Reagan in 1980 has

shifted the U.S. further and further towards a system that relies on private institutions to assist the needy (Karger and Stoesz, 2013). The U.S., as a national policy, puts more emphasis on social services being provided by charitable organizations and the free-market. As a result, individuals and groups that have limited capacity to participate in the free-market are often under-served. Through this public policy, the social services the residents receive through the government are often inadequate to provide for their needs. Services being offered through churches and other non-profit organizations are expected and essential to provide the additional resources for persons living in poverty.

The community center of St. Aloysius was closed as a matter of being a financial concern by the Archdiocese of

Detroit. However, the church still receives funding in the form of donations and grants to provide those services with reduced delivery capacity. The project we have undertaken is to find new ways to provide and distribute these services which can range from specific service delivery to finding new space options for the services. Opportunities exist within our project zone from other non-profit organizations and potentially from businesses and/or residential complexes. Some of the existing service providers that the task force can potentially partner with to provide more services and opportunities to the residents include the Detroit Food and Fitness Collaborative (DFFC), the Michigan Neighborhood Food Movers Collaborative (MNFMC), and the Promise Neighborhoods Community of

Practice (PNCP). The DFFC is a group aimed at improving access to healthy foods and recreational opportunities for the people of Detroit. The MNFMC assists local entrepreneurs that are trying to make healthy food accessible. The PNCP group works to share lessons from the Promise Neighborhoods, which is a community-focused change-initiative that originated in Harlem (*Cityconnectdetroit.org*).

Conclusions Leading to the Primary Project Proposal

While we have identified multiple action proposals and all would provide benefit to the community, we have chosen to provide a comprehensive resource guide to residents and assist in creating a community association of residents specific to this neighborhood. We found that this

community has many needs that we found/realized in our investigation cannot be addressed in the prescribed time of one capstone project, but we do have the opportunity to provide information and tools to the residents to assist them in the future. Many of the services that the residents expressed concern in not having are available through other non-profits and the residents are just not aware of them. Providing the resource guide should increase the knowledge of the residents in understanding what agencies are providing services in their area.

In addition, the community association task force would reinforce the sense of community and allow for enhanced socialization. An additional challenge in this community is the incredibly rapid rate of transition that it is

enduring. We took on this project at the same time the city and investors had decided to begin revitalization and renovations. It is still too early in the process to know what the developer's complete plans for the community are going to entail and to what extent the residents will have a say in those decisions. This only reinforces the importance of creating the community association to work on the challenges they are facing.

While there are already existing community associations such as S.H.A.R.E. and the United Tenants Council, their focus is typically on housing and other concerns. The community association we are hoping to create through this project should specifically be residents focused on working with businesses and property owners in

the area. This collaboration could help lead to finding new space for the social services to be offered in addition to giving the community a voice in the redevelopment plans of the neighborhood.

PROJECT PROPOSAL

Final Project Action Plan

The action plan we pursued was to create a comprehensive resource guide representing the services available to the residents in their community. We also worked with existing community associations to create a task force that represents residents from the various buildings. We intended the task force to include both the seniors and the working adult populations; however, we were only able to get seniors to the initial meetings. The

capstone team has expressed the importance to the task force in continuing to try to get participation from the younger residents as well. In addition, we reached out to other community churches, non-profits, and businesses to foster communication between the residents and other stake-holders in the area.

Steps in the Action Plan

Since the action plan involves two components, the resource guide and the community association, we will discuss each separately. First, the resource guide involved significant fact-finding and research in locating existing service providers and trying to get an up-to-date list of services they provide and their contact information. This involved both internet research as well as on-the-ground

and telephone research. We found many service providers that were listed through various sources as providing specific services in the area. We found that a lot of them were in similar circumstances to St. Aloysius and had either reduced or discontinued their services altogether. We tried to make sure the resource guide has listings that are accurate and reliable; however, we understand that many of these providers operate under difficult financial and volunteer restraints which make their status unpredictable.

The other component of our goal is the community association task force. The steps we have taken to try to create this group started with reaching out to the S.H.A.R.E. and U.T.C.C. established groups for active members that want to be involved in the new group as well.

The capstone team has spoken to the interested residents about being a part of the task force and provided them with information on the proposed goals and ambitions of the group – that is, the focus on delivery of social services and working with business/developers on finding/creating usable community space for the residents and delivery of social services.

Additionally, we used our data we gathered as well as touring the community with residents to discuss and communicate various strengths, opportunities, and challenges of the neighborhood. We have collected names and contact information from residents in the various buildings that want to participate in the group and have met on several occasions with the Vice-President of the

U.T.C.C., who has taken an active leadership role in working with the capstone team and the future task force. The task force has been given the information collected by the capstone team and recommendations for potential action steps. The initial meetings of the task force were specifically with the UTCC Executive members with the UTCC Vice-President, John Worsham, taking a leading role in working with the capstone team.

Some of these include contacting the developers that are working in the area. These include the Detroit Economic Growth Corporation, the City of Detroit, and the groups associated with Dan Gilbert's efforts to revitalize downtown Detroit.

An organized community association task force can hopefully provide valuable input to the developers about the needs of the community and what services/businesses are most needed.

We have also been trying to get in contact with non-resident stake-holders who are property and business owners in the area, but have not been very successful in reaching the appropriate people and realize this may be a challenge that will take an extended amount of time. Specifically, our efforts involved cold-calling businesses in the area and leaving messages. With more time in the project area, we could have potentially been able to find the best people to speak with at various corporations, but we were not able to accomplish this goal. The hope is that the

residents' association will be able to make some head-way in this area as they become better established because, as stakeholders, the businesses should be interested in their input. The final steps of forming the community association task force was holding the first meeting with the residents in which we reviewed the information collected with them, listened to their thoughts and concerns, and established a "game-plan" with them of their own design. Specifically, the capstone team provided input and expertise, but the task force will function specifically with the goals and desires of the community, as opposed to the capstone team telling the task force what to do.

Methodology of Implementation

Implementation required meetings with interested residents, non-profits, and businesses within our project area. We continued to have conversations and gather data on the on-going needs of the community and tried to find appropriate partnering organizations that have space and resources to provide to meet these goals. In addition, the implementation process needed to include conversations about program sustainability and back-up plans should some opportunities cease to exist. St. Aloysius has indicated they are willing to host the meetings for the community association. In addition, the U.T.C.C. Vice-President has indicated that most of the buildings have meeting space that can accommodate meetings for the

group, just not space big enough to provide services. So the task force's recommended size of eight to fourteen is easily accommodated in a variety of existing spaces within the community.

For the community association task force to be a success, the residents need to take on an ownership role in the group and its goals. It will be of significant importance that the group works with and communicates with both of the other established associations to ensure they are not working on competing interests. Or, if they are, that the communication is open to understanding why each group has a competing interest. This has been discussed with the residents that have met with the capstone team.

The project goal only had one specific cost element and that was printing the resource guide for the community. The guide was designed so that it can be printed on standard paper and inserted into a folder or binder. This allows it to be easily reproduced and/or photo-copied for additional distribution by any group that wants to share it. The community association should not have any significant costs as the meetings can take place in residential buildings or the church offices and it does not have a social aspect that should warrant any expenditure.

Expected Human Development Outcomes

We expect the creation of a resource guide and a community association tasked with finding service delivery and community space will have a specific benefit to the well-being of the residents. Therefore, the human development portion of the program's H.O.P.E. model would be enhanced by increased interaction, easier access to services, and consistent future access to human and social services for the residents. It should also foster an enhanced sense of accomplishment and ownership in the community.

Expected Organizational Development Outcomes

The organizational development would benefit with an additional community organization working with the

current associations. The new association should be communicating and assisting the existing groups in their missions as well. In addition, our goal is to bring together additional non-profits and faith-based organizations in the project area to work together to foster long-lasting relationships to benefit the community. The residents working with other stake-holders should provide better communication throughout the community.

Expected Physical Development Outcomes

The physical development component is not something our project will initially be able to resolve. However, if the community association is successful, the outcome could result in a physical place for the community to utilize and receive social services.

Expected Economic Development Outcomes

Economic development would benefit from closer-knit organizations within the project area that have more potential to work together on grants and charitable-giving requests. There could be increased funding opportunities for the various community associations if they band together. In addition, St. Aloysius may be able to leverage the community partnerships for increased grants and support from existing sources.

Expected Impacts on Diversity and Multi-culturalism

As we have discussed previously, the downtown Washington Boulevard corridor is ethnically more diverse than the rest of Detroit and enhanced interaction among the residents, non-profits, and businesses within the project

area should build upon that diversity. In addition, the community could become more desirable to future residents based on an enhanced sense of community and social services being offered in the area. Furthermore, the aim of fostering the creation of a community association made up of residents from various buildings would include collaboration with both the senior and working-adult populations that are all residing in the project area, but are currently not working together as they are segregated amongst the various buildings. As the redevelopment plans in the area, specifically Capital Park, proceed further along, the diversity of the neighborhood may be enhanced further as new residents move into the community. An active community association aimed at working with all residents

should improve the understanding and cohesion of the various residents of different ages and backgrounds.

Expected Impacts on Regional Development

The downtown core is essentially undergoing a rebirth as large corporations are moving from the suburbs and other metropolitan areas back into Detroit. This effort has been spear-headed by Dan Gilbert of Quicken Loans. Dan Gilbert has spent over \$1 billion in acquiring property in downtown in an effort to revitalize it (Segal, 2013). Other major players in the revitalization of downtown Detroit include the Detroit Economic Growth Corporation and the City of Detroit itself, as well as other major and minor business/land owners. The Detroit Economic Growth Corporation is a non-profit that works with businesses and

the government that is working to strengthen the city (*degc.com*).

The capstone team has been unable to reach any of these major players directly during the time-frame of our project. However, as mentioned earlier, we believe a well-organized community association consisting of residents will be more capable of getting their information heard.

This trend has been increasing costs, quality, and population density of the downtown properties. As mentioned previously, a stronger community through collaboration and organization would be better prepared to work with the business community on determining the future of downtown Detroit. That is to say, an organized community association could be involved in future

planning for the community that could prevent difficult changes for the residents and the removal or over-pricing of the current rental properties that the residents rely upon.

Opportunities for Collaboration with Other Entities

There are tremendous opportunities for collaboration in the downtown project area. St. Aloysius provides many social services for the community and there are several other entities that provide the same and similar services. The project goal was to foster collaboration among the various entities working in downtown to communicate and work together to improve the abilities of each other in providing the services the community needs. Additionally, the task force is expected to continue to reach

out to residents in the market-rate buildings for input, resources, and joint-activities between the groups.

Influence on Public Policy and Other External Forces

As one of the most populated sections of downtown Detroit, a well-organized and vocal community association has the potential to be influential on decisions regarding the future of the community. Through collaboration with the already existing community associations, the residents would be able to work with the city, developers, and business owners to share ideas and information that will affect the quality of life in downtown.

Other Resource Potentials

A) Social Justice Issues

The project goal aimed to alleviate many social needs of the project area and work with and bring together other formal and informal community associations that can potentially empower them to be a stronger voice for their community in dealing with municipal and state governments and other potential concerns such as developers and businesses in the area.

B) Projects Response and Limitations

The project created a comprehensive resource guide that provides information for the residents as they are available now. In this time of rapid change and unstable funding, those services may not be available in the near or

distant future. Therefore, the document has an unknown “shelf-life.”

In addition, the project aimed to create a resident task force within the existing community associations’ structures in the area with a specific focus on working with businesses, non-profits, and developers to have a voice in the changes that are taking place. The limitations that arise from this project rest in the residents themselves and whether or not they utilize the potential services and stay committed to the association. While the current residents are concerned about current needs, future residents may be less concerned and involved.

Proposed Project Assessment Methods

The project shall be assessed based on successfully organizing community leaders to provide them with information on forming a task force to focus on the delivery of social services and interaction with developers/business owners. The reality is that the residents may or may not continue to meet to work on these issues, but the capstone team has provided them with research and information discussed in this document. The partner agency St. Aloysius currently provides many of the services that the residents have requested, but a more effective delivery method for the services was a primary concern for both the partner organization and the residents. The assessment should also be based on the successful completion of a

resource guide that is specific to residents of this community. Specifically, the resource guide should be clear, useful, and informative. See Appendix A Sample Evaluation Questionnaire.

Final Conclusion

The team has completed a resource guide as well as encouraged a new community association task force between residents that work with the current associations not instead of them. This association has a mission of inclusion among all residents to work with non-resident stakeholders to influence decisions that foster a better sense of community; however, the residents will ultimately decide the future direction of their community association task force. This will hopefully lead to the creation of a new

community space for services to be offered, but there is no guarantee because of individual/corporate property rights.

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Roles of Team Members

Lin Liu

Lin focused on the physical development aspects of the project area. This included surveying the physical conditions, photography, mapping, and all the graphics and visual aspects of the presentation and documentation. Lin also assisted with the interviews with residents and data-collection through surveys of the residents during grocery visits and weekly S.H.A.R.E. meetings. Lin was the primary drafter of the comprehensive resource guide. Lin was also the primary drafter of the needs assessment surveys that were printed, distributed, and collected within the project area.

Lawrence Lavender

Lawrence focused specifically on doing academic research related to the project of the team. He attended the weekly S.H.A.R.E. meetings to speak with and interview seniors and worked as the primary contact with Deacon Don Leach at St. Aloysius church to stay connected with the partner organization. Lawrence also arranged for multiple meetings with representatives from the United Tenants Council of Councils, touring of the project area, photography, and organizing the new community association task force. Lawrence scheduled all team and advisory committee meetings and was the primary drafter of all sections of the capstone documentation book.

Collaboration with Partnering Organization

Throughout the project, the team was working with and communicating with various members of St. Aloysius ranging from the Parish Nurse to Deacon Leach (who also served on the advisory team). The team was meeting weekly with the S.H.A.R.E. seniors' group at St. Aloysius church which also involved communicating and meeting with staff/volunteers at the church.

Personal Reflections on Service

Lin Liu

Working with senior residents in the past year is a brand new experience I never had in my whole life. As an international student from China, I am really impressed by the independence of senior citizens in the U.S. In China,

the elder is often taken care of by family members and stay at home all day long without being involved in social activities. However, through observing, surveying, and interviewing senior residents in Downtown Detroit, I found this senior group is very dynamic and knowledgeable. St. Aloysius Church successfully helped to organized and formed this association of Seniors for Health, Advocacy, Reform and Education (S.H.A.R.E.). Seniors in the SHARE group actively engaged in their civil rights and other political, social, and economical changes in this neighborhood. They discuss social justice issues as well as health care information and other resources. Every time I attended their meeting, I was enlightened by their ideas and admired their knowledge and experiences. In addition, the

atmosphere made me feel like being at home with my families. Hopefully I could provide some valuable information to benefit them in the resource guide. Thank you!

Lawrence Lavender

The capstone project proved to be a difficult challenge in bringing together residents and other stakeholders on a common goal. Many of the residents seemed resigned to the concept that, as renters, they are powerless to the decision process of what happens in their buildings and community as a whole. It was also uplifting to hear stories and get to know the many wonderful people that attend the weekly SHARE meetings at St. Aloysius church as well as the volunteers and staff there. It is

inspiring seeing people spending so much time and energy in efforts that improve the lives of others –no matter how small the difference it makes, it still makes a difference.

While the experience was uplifting at times, it was also frustrating and heart-breaking seeing the conditions in which some of these people live (both the physical state of the buildings/community and the physical state of the some of the people). Many of these individuals worked long-hours at low paying jobs only to retire on social security payments that are not significant enough to be able to ‘enjoy retirement.’ As a person raised in a middle-class family, one has goals of a retirement spent debt-free, vacationing, spending time with loved ones; however, for these residents, their retirement is spent scraping by and

relying on the kindness of others. It was quite eye-opening to see it up close and in person. All the while, they mostly are very upbeat and positive about their circumstances. It was a pleasure to meet and work with so many of them over the last 8 months.

Appendix A – Sample Evaluation Questionnaire

Resource Guide

- 1) Does the resource guide provide you with information that you need and use?
- 2) Is the guide clear and easy to understand?
- 3) Do you feel like the guide is useful and a valuable asset to new and existing members of the community?
- 4) Do you feel like the guide considered the needs and input from the community in its development?

Community Association Task Force

- 1) Was the resident group provided with information on the importance of being active in the community?
- 2) Did the capstone team provide the residents information about what changes the community is under-going and the internal/external parties involved?
- 3) Did the capstone team recruit residents to form a task force and assist them in forming a mission?
- 4) Has information on best practices been provided and information on whom the task force should try to contact and involve been given?

Appendix B – Supporting Statistical Information

	Project Area	Downtown Detroit	City of Detroit	Michigan
Total Population	1,321.00	5,287.00	713,777.00	9,883,640.00
Population Density	19,690.00	3,671.50	5,144.00	102.00
% Females	48.00 %	42.70 %	52.70 %	50.90 %
% Males	52.00 %	57.30 %	47.30 %	49.10 %
% White persons not Hispanic	17.00 %	24.90 %	7.80 %	76.60 %
% African American	75.50 %	63.60 %	82.70 %	14.20 %
% Hispanic or Latino	2.60 %	3.30 %	6.80 %	4.40 %
% Asian and other race	2.20 %	5.20 %	0.50 %	2.50 %
% Two or more races	2.70 %	3.00 %	2.20 %	2.30 %
% Population under 17 years old	4.90 %	7.20 %	26.70 %	23.70 %
% Population 18 to 44 years old	36.80 %	47.20 %	36.10 %	33.90 %
% Population 45 to 64 years old	40.60 %	33.60 %	25.70 %	28.60 %
% Population over 64 year old	17.70 %	12.00 %	11.50 %	13.80 %
% High school graduate or higher	69.00 %	75.09 %	77.10 %	88.40 %
% Homeownership rate	0.40 %	10.01 %	53.80 %	73.50 %
% Non-familij household of all	N/A	80.70 %	39.50 %	34.00 %
% One person household of all	N/A	70.34 %	34.05 %	27.88 %
% Persons below the poverty line	40.90 %	33.30 %	36.20 %	15.70 %

(Census.gov)

Appendix C – Resource Guide (Front Cover Omitted, formatting has been condensed to fit the format of this document)

Table of Contents

Topic	Page Number
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Hospitals, Physician Referral Services, Urgent Care	17
Housing services	19
Legal Counseling	20
Public Library in Downtown Detroit	21
Taxi	22

Telephone Reassurance Programs	22
Transportation	23
Veterans Services	24

(The introduction material of each organization is **mainly from the organization’s website or phone calls**, unless otherwise noted. Information is collected before **May 9th, 2013.**)

All the travel time and bus routes below **are calculated as the departure location at St. Aloysius Church on weekdays.**

Federally Qualified Health Centers

I . Advantage Health Care Center

Mission: A non-profit agency committed to improving the health of Detroit’s medically underserved communities and every individual **regardless of insurance status or homelessness.**

Services include: Medical care for adults and children, gynecology, screening for HIV, breast and cervical cancer, flu shots, prescription assistance, social work services, family planning, laboratory services, TB skin test, linkage to substance abuse treatment and mental health treatment, assistance in locating emergency/temporary housing, and pre-employment.

Hours: Mon, Tues, Thurs, Fri 8:00am - 5:00pm, Wed 11:00am -7:00pm

Branch Locations:

1. Waller Health Center on Cathedral Green (17 minutes by bus)

60 E. Warren Ave.
 Detroit, MI
 48201.....313-416-6261

2. Advantage Family Health Center (50 minutes by bus)

4777 E. Outer Drive
 Detroit, MI 48234..... 313-416-6200

3. Thea Bowman Community Health Center (65 minutes by bus)

15400 W. McNichols
 Detroit, MI
 48235.....313-835-5990

II . Covenant Community Care

Mission: A faith based charitable non-profit Community Health Center serving the people of Metro Detroit. As a Federally Qualified Health Center, it offers integrated medical, dental and behavioral health care to everyone, **regardless of their ability to pay.**

Services include: medical, dental, and behavioral health. In addition, they offer **transportations**, or **Mobile Health Missions Team**, which can go to the communities to meet the needs. (General information: 313-554-1095)

(**Transportation:** Once the patient arrives at the center, he/she can make arrangement for future transportations.)

Branch Locations:

1. Michigan Ave. (Office Manager: Maria Oloyo) (13 minutes by bus)

5716 Michigan Ave. Medical Phone: 313-554-1095
 Detroit, MI 48210 Dental Phone: 313-554-3880
 Hours: Medical: M, W-F: 8:30am-4:30pm, T: 8:30-8pm,
 Sat: 9-noon
 Dental: M-Th: 8:00am-5:00pm, F: 9:00am-
 2:00pm, Sat: 8-noon

2. Waterman (25 minutes by bus and 0.42 mile walking)
1700 Waterman
Detroit, MI
48209.....313-841-1699
Hours: Mon, Thur, Fri: 8:30am-4:30pm, Tues, Wed:
8:30am-8:00pm
Branch Services: Family Practice, Pediatrics, Behavioral Health

III. Community Health and Social Services (Chass)
Mission: A community-based, non-profit organization providing comprehensive, accessible and affordable quality primary health care services, with emphasis on the underserved African-American and Latino populations in Detroit.

Services include: pediatric/adolescent medical care, adult medicine, family planning, dental care, behavioral health services, nutrition counseling and group education, pharmacy, transportation, wellness classes, and affordable specialty care through Henry Ford health system.

Branch Locations:

1. CHASS Southwest (13 minutes by bus)
5635 West Fort Street
Detroit, MI 48209.....313-849-3920
Hours: Mon, Wed, Thur, Fri 8:00am-5:00pm, Tues
8:00am-8:00pm

2. CHASS Midtown Center (23 minutes by bus)
7436 Woodward Ave.
Detroit, MI 48202.....313-556-9907
Hours: Mon, Tues, Thur noon-8:00pm, Wed, Fri
8:30am-5:00pm

IV. Detroit Community Health Connection, Inc.

Mission: A non-profit community-based primary care organization providing accessible, affordable and quality service, regardless of the patients' ability to pay.
Services include: adolescent care, adult medicine, ancillary services, dental care, emergency services, family planning, geriatric medicine, HIV/AIDS, obstetrics and gynecological services, pediatric care, perinatal care, pharmacy, and urgent care.

Branch Locations:

1. East Riverside Health Center (33 minutes by bus)
13901 East Jefferson
Detroit, MI
48215.....313-822-0900
Hours: Mon, Wed, Thur, Fri 8:30am-5pm, Tues
10am-6pm

2. Dr. Feleta Wilson Health Center (35 minutes by bus and 1 transfer)

6550 West Warren Medical Phone: 313-897-7700
 Detroit, MI 48210 Dental Phone: 313-361-3242
 Hours: Medical: Mon 10am-6pm Tues through Fri
 8:30am-5pm
 Dental: Tues through Fri 8:30am-5pm

3. Dr. Sophie Womack Health Center (23 minutes by bus)

7900 Kercheval Medical Phone: 313-921-5500
 Detroit, MI 48214 Dental Phone: 313-579-3242
 Hours:
 Medical: Mon, Wed, Thur, Fri 8:30am-5pm, Tues 10am-6pm
 Dental: Monday, Tuesday, Friday 8:30am-5pm
 Wednesday 9:30am-6pm

4. Woodward Corridor Family Health Center (teens care center)

611 Martin Luther King Jr. Blvd. (12 minutes by bus and 0.3 mile walking)
 Detroit, MI 48201.....313-832-6300
 Hours: Mon-Fri 8:30am-5pm

V. Health Centers Detroit Foundation, Inc.

Mission: A 501c3 organization, does business as Health Centers Detroit Medical Group (HCDMG). A patient-centered medical home improves the health of our community by providing the highest quality healthcare services in a caring and efficient manner.

Services include: family practices, internal medicine/ pediatrics. (Offers certain medical program for inspection and prescription. **First visit \$40, second visit \$20.** Call for details.)

Branch Locations:

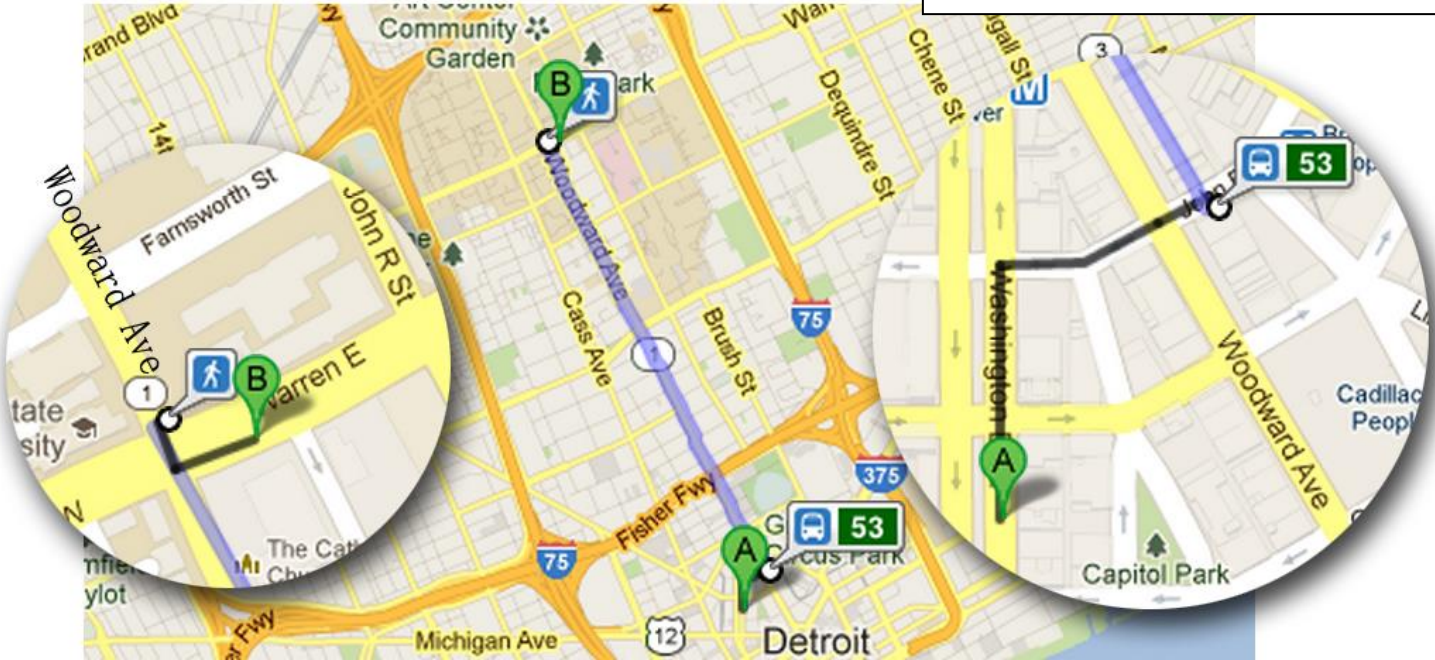
1. University Health Center 7A (18 minutes by bus and 0.45 mile walking)

4201 Saint Antoine Street, University Health Center (UHC) 7A
 Detroit, MI 48201-2153.....313-745-4091

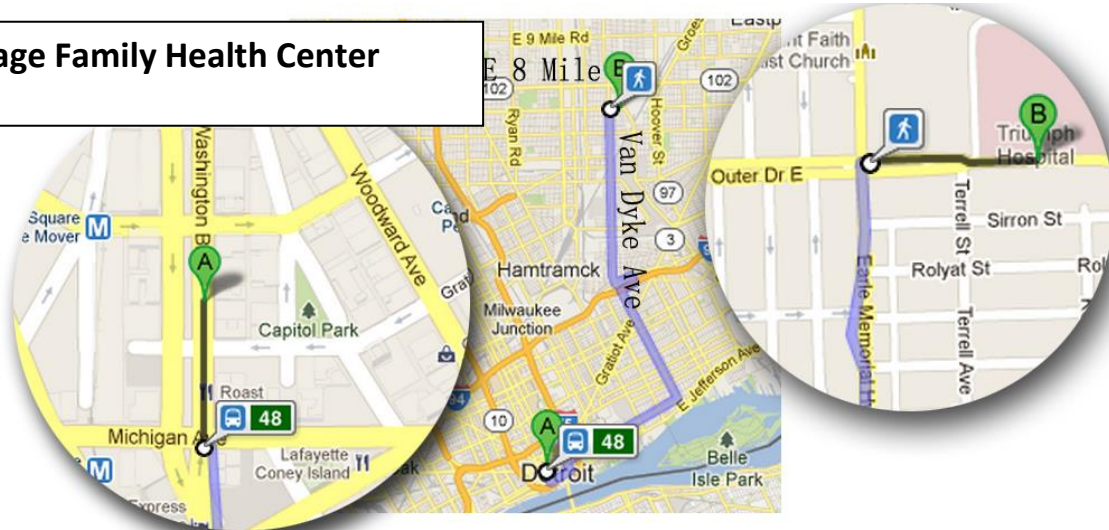
2. East Jefferson Health Center (19 minutes by bus)

7633 East Jefferson Suite 340
 Detroit, MI 48214.....313-822-9801 –
 Office Option #2

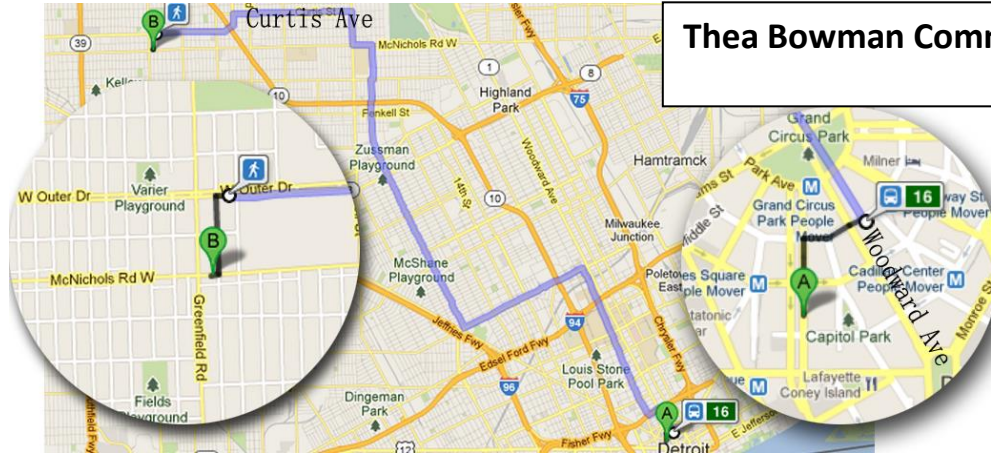
Waller Health Center on Cathedral Green

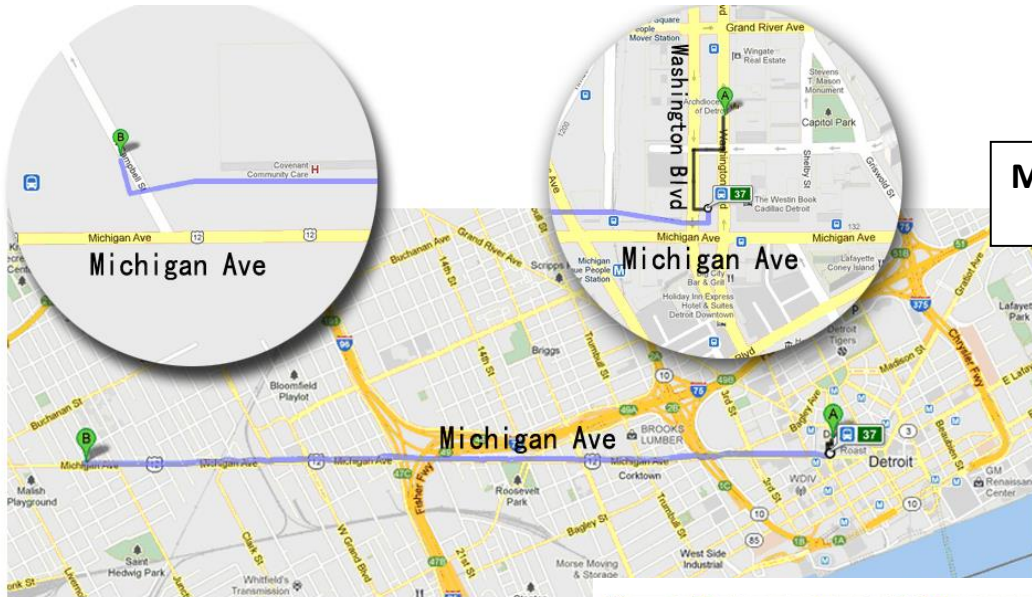


Advantage Family Health Center

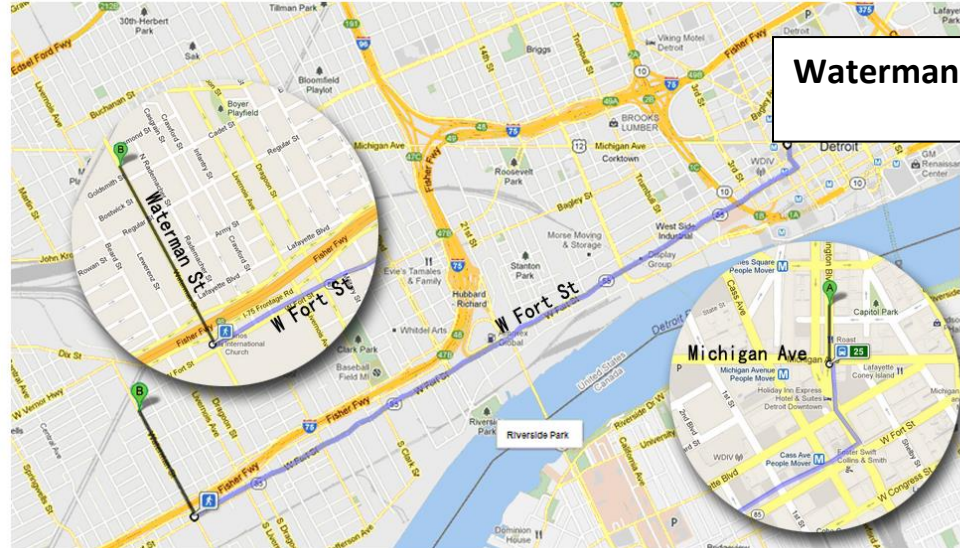


Thea Bowman Community Health Center



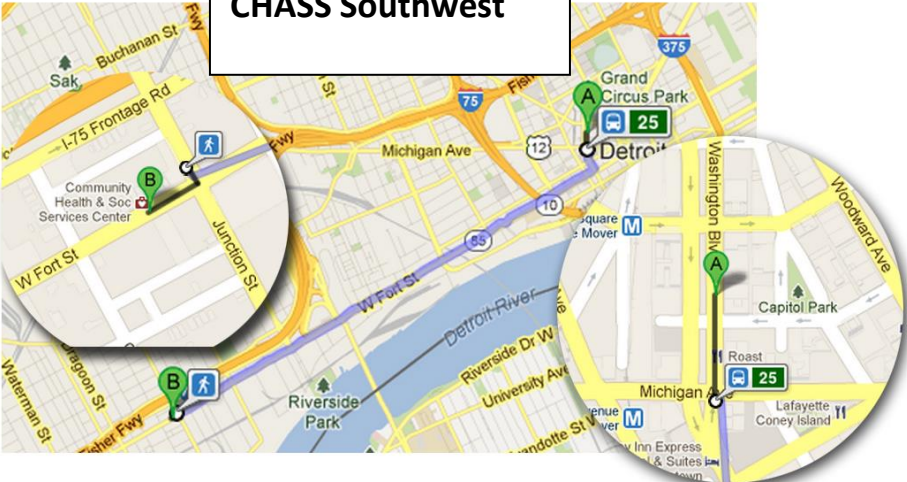


Michigan Ave

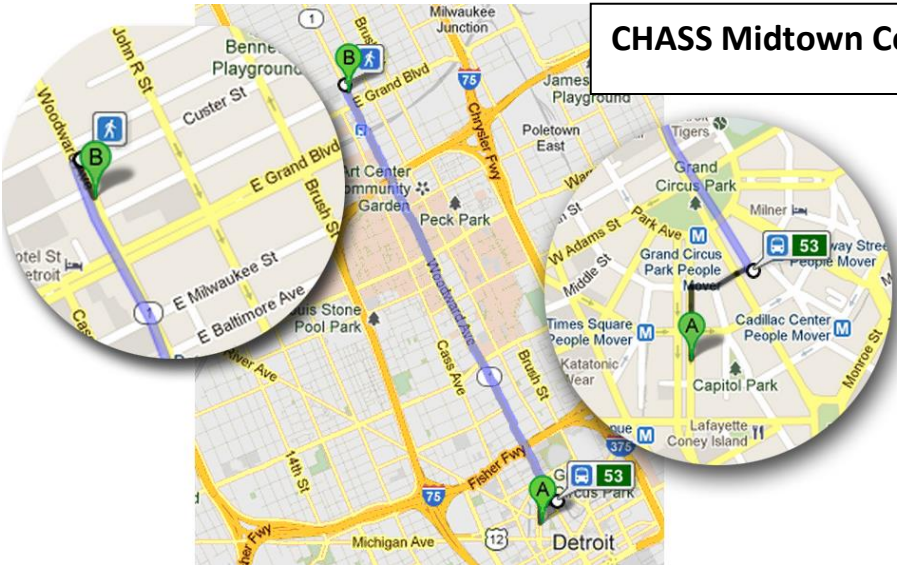


Waterman

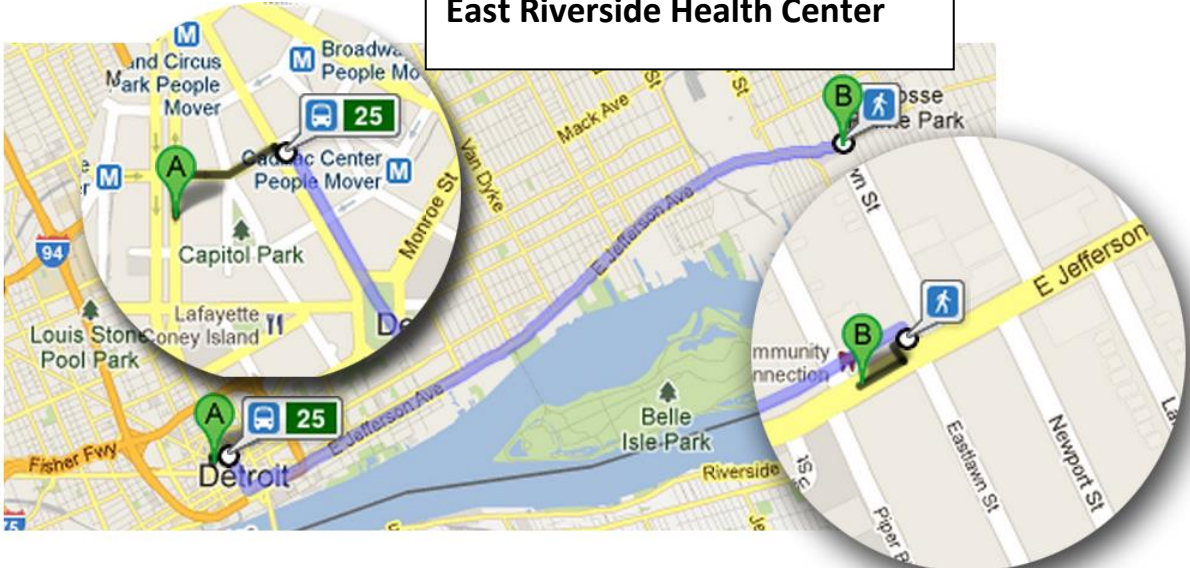
CHASS Southwest



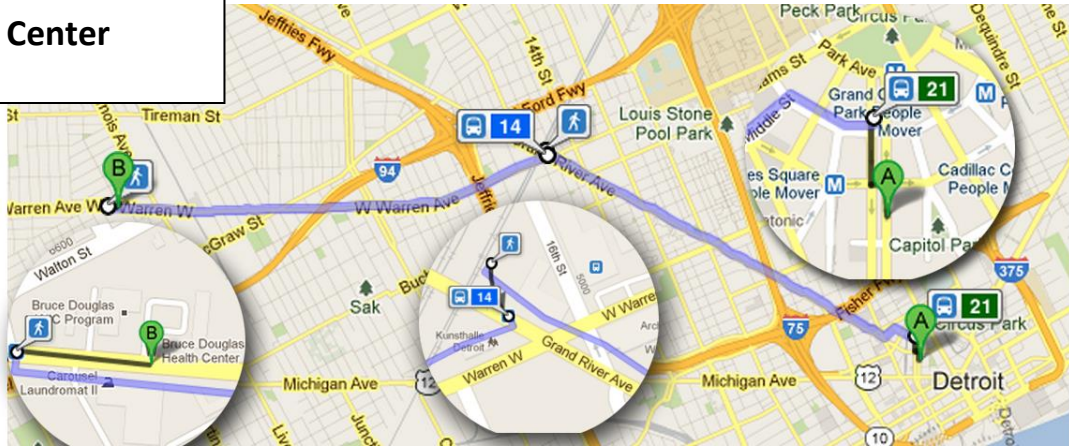
CHASS Midtown Center



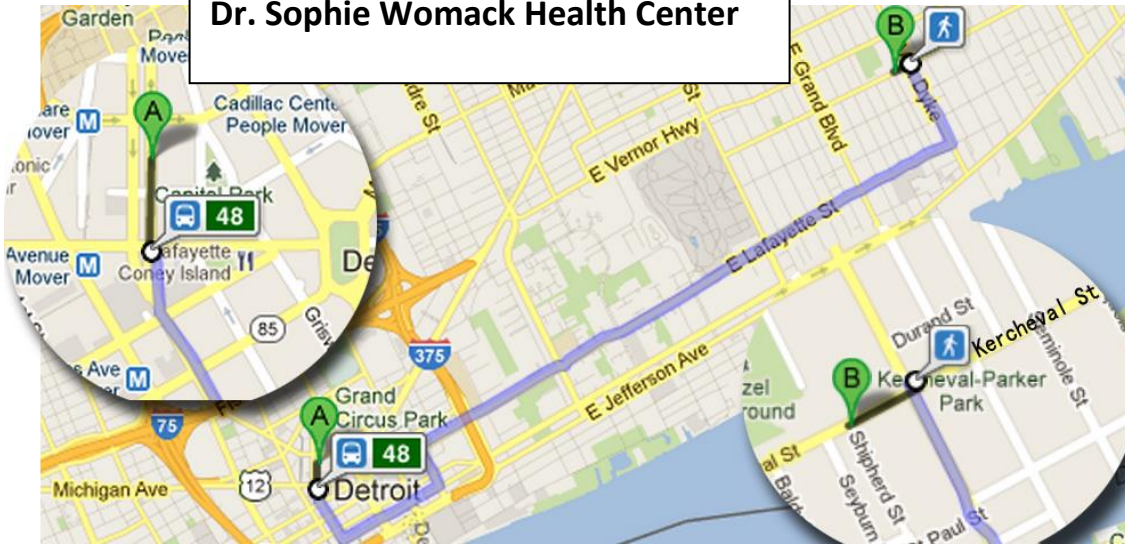
East Riverside Health Center



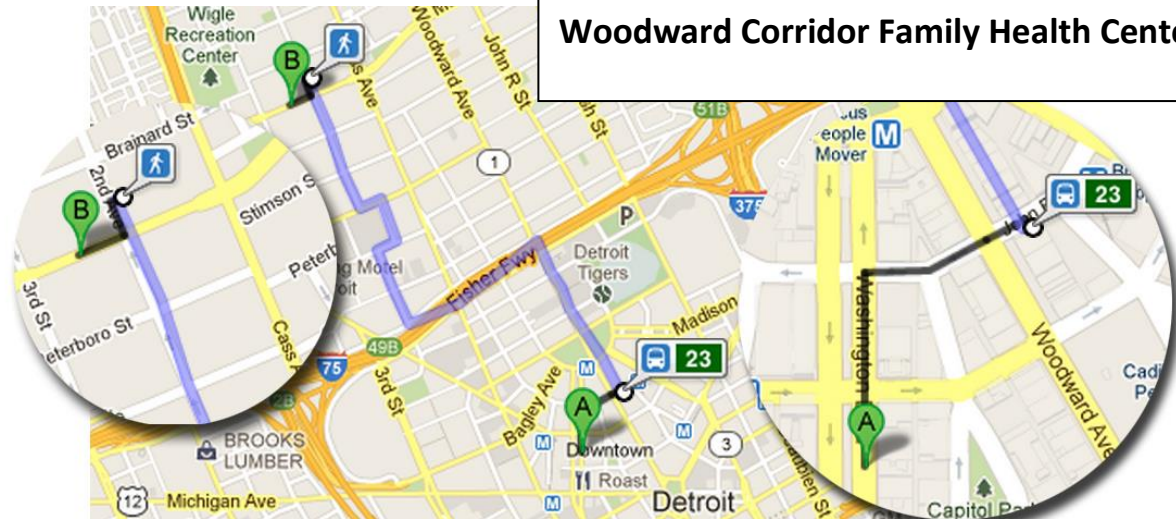
Dr. Feleta Wilson Health Center



Dr. Sophie Womack Health Center



Woodward Corridor Family Health Center



University Health Center 7A



East Jefferson Health Center



Fitness and Wellness Centers for Senior Citizens

1. St. Patrick's Senior Center (15 minutes by Bus)

(Provides a “home away from home” for over 2000 older adults all year round with 200 daily visits. It offers a wide range of programs designed to enhance the physical and psychological well-being of Detroit's seniors. By providing nutritious meals, an excellent health clinic, and a supportive community, we empower participants to live a healthier, happier life.)

58 Parsons St.
Detroit, MI
48201.....313-833-7080

2. St. John Riverview Senior Wellness Center

(Provides a variety of programs at little or no cost to enhance the physical, emotional, intellectual, social, and spiritual health and well-being of seniors. Programs include balance and coordination, fitness and chronic disease self-management, diabetes and lifestyle education, and grief and care giving program.)

Detroit Riverview Medical Pavilion II, Suite 170
7633 East Jefferson (19 minutes by bus)
Detroit, MI
48214.....313-499-4035
Education Classes Mon-Thur. (Not good for walk-in.)

Please call 1-888-751-5465 to register or for more information.

3. Patton Recreation Center (fitness center free for seniors) (25 minutes by bus)

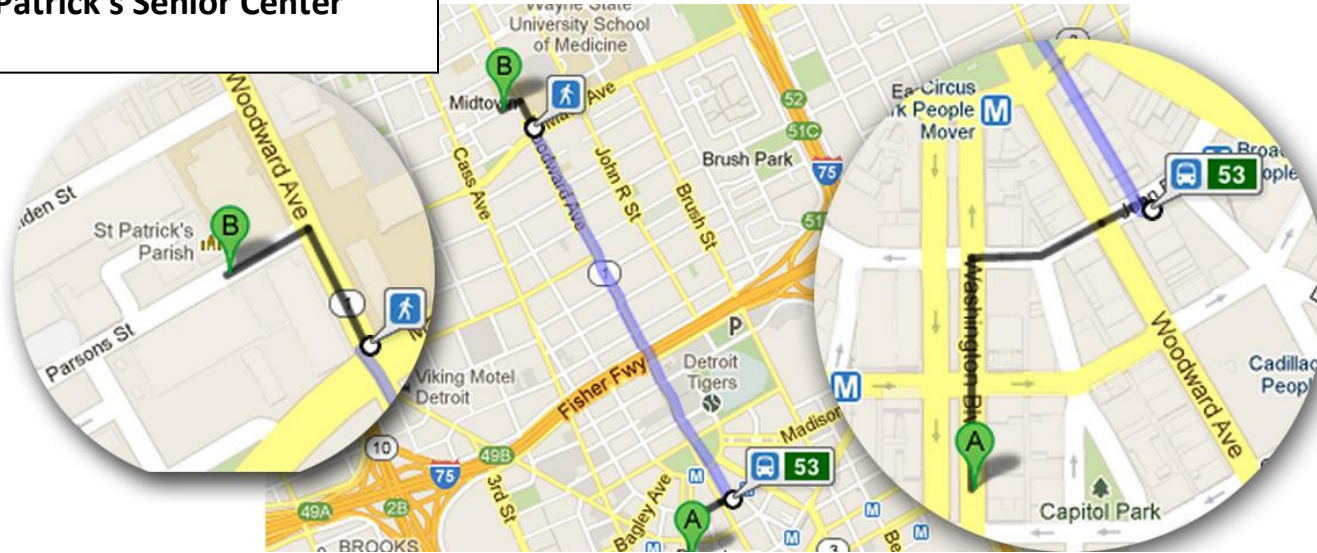
2301 Woodmere (Karla Williamson, Recreation Center Supervisor)
Detroit, MI 48209..... 313-628-2000
Hours: Mon - Fri 11 a.m. - 7 p.m.

4. Matrix Reuther Older Adult and Wellness Services (MROAWS)

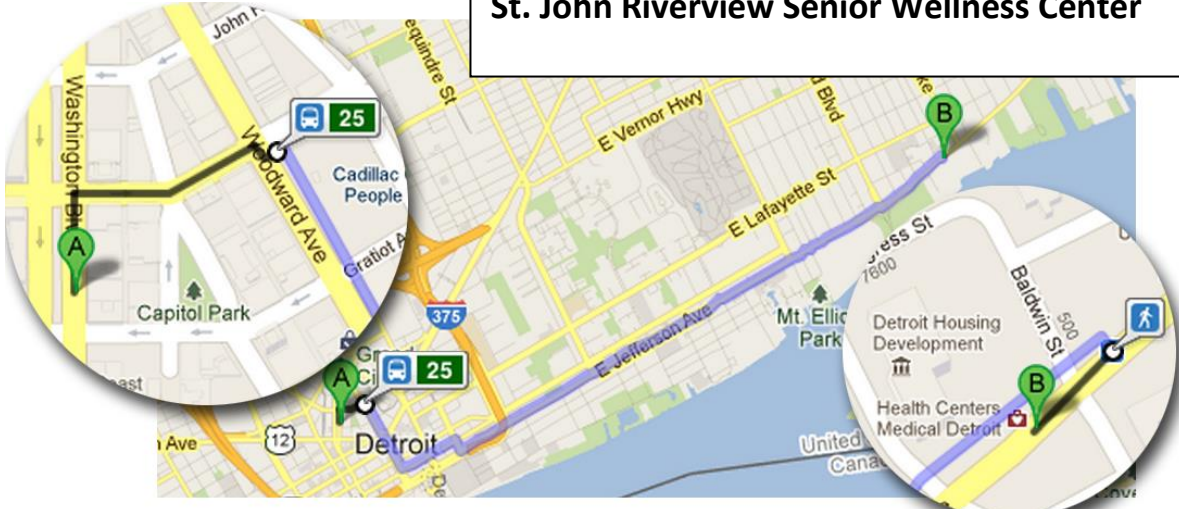
Services: in-home care services, wellness services, medical transportation, **some of the services are currently suspended due to lack of funds.** Call for details.

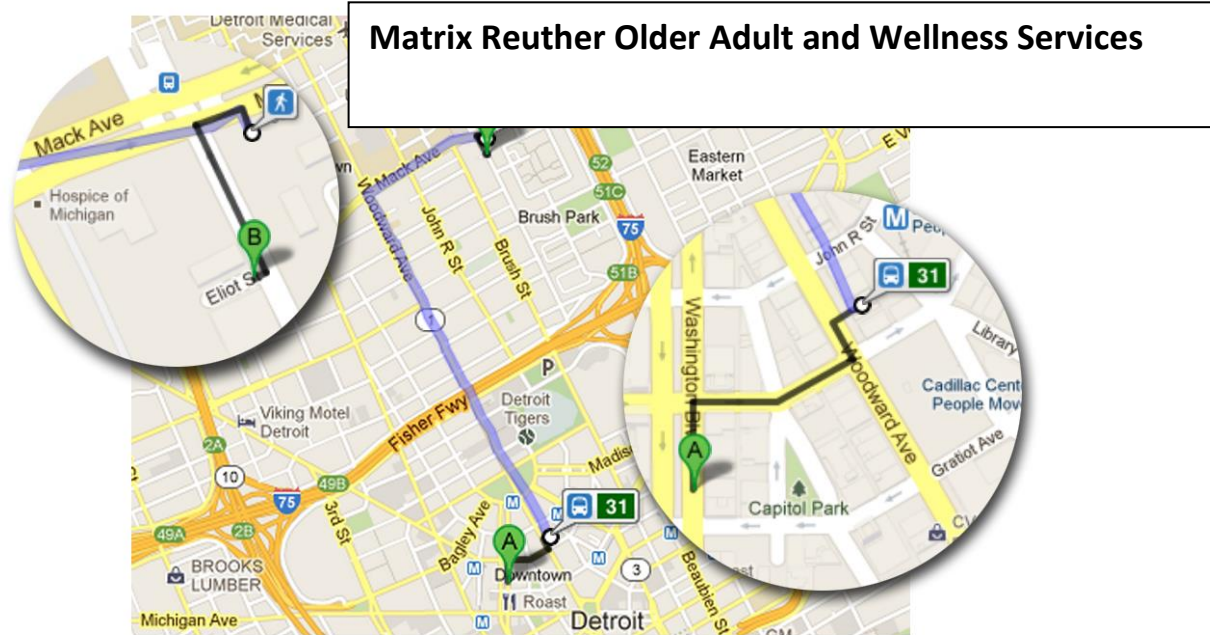
450 Eliot (12minutes by bus)
Detroit, MI 48201.....313-831-8650

St Patrick's Senior Center



St. John Riverview Senior Wellness Center





Free or Low Cost Medical / Dental Clinics

"Free" clinics may still have low/nominal cost or special rules guiding who they treat. These rules/fees are provided to you in the listing as they currently exist. Please call ahead to ensure there are no changes.

(Most of the free clinics services are **for uninsured adults under 64**, because the senior citizens over 65 could have access to Medicaid or Medicare.)

1. Joy Southfield Health and Education Center

(Primary care for **uninsured persons**, as well as screening, prevention, education, and chronic disease management programs.)

18917 Joy Road **(52 minutes by bus)**
 Detroit, MI 48228.....313-581-7773(Option #2)
Hours: T: 6PM-8PM; W: 10AM-2PM; Th: 6PM-8PM
 (1st and 3rd Thursday Monthly); Sat: 10AM- 2PM (2nd and 4th Saturday of each month)

2. Mercy Primary Care Center (Free Clinic)

5555 Conner **(NOT GOOD FOR PEOPLE OVER 64)**
 Detroit, MI
 48213.....313-579-4000
Hours: M-F: 8:30am-5:00pm; Th: 8am-8:30pm

3. Cass Community Social Services (14 minutes by bus)

(An agency that provides health services for all the homeless residents utilizing a medical doctor, nurse practitioner and a host of RNs and LPNs. Also, there is a **Free Clinic** every Saturday from 9am to noon that is open to the **entire community.**)

(ONLY GOOD FOR PEOPLE UNDER 60 with photo ID, due to limited resources)

3745 Cass Ave.
 Detroit, MI
 48201.....313-883-2277

4. St. Francis Cabrini Clinic (10 minutes bus or 17 minutes by walking)

(Serving those who fall through the medical-social safety net and helps them connect with basic resources. The clinic offers education, prevention, and treatment **without charge**, but with deep compassion and respect for the people we serve and their needs.)

Adults are seen by **appointment only**. Call for an appointment.

(ONLY GOOD FOR PEOPLE BETWEEN 19 AND 64)

1050 Porter St.
 Detroit, MI
 48226.....313-961-7863

Hours: Tue, 5pm with appointment at 4pm, Thur, 1pm with appoint at noon, also 6pm with appointment at 5pm

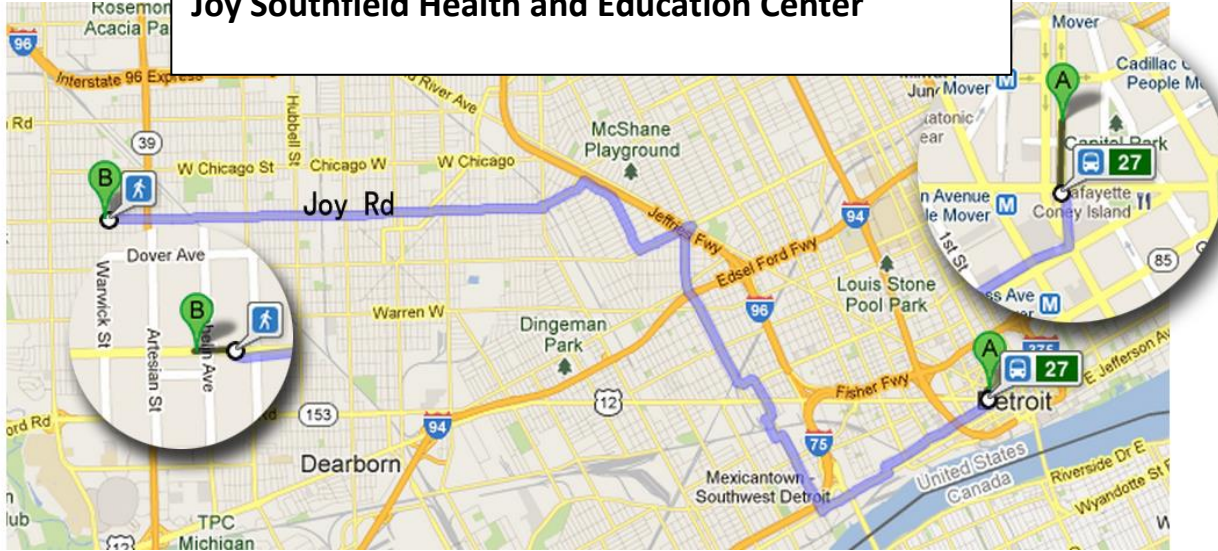
5. Detroit Health Care for the Homeless Dental Clinic
(Dental Care Services, Obstetrical and Gynecological Care, Other Professional Services, Primary Medical Care **for Uninsured, Underinsured. Only opened during limited times of the month, please call clinic for details.**)

1151 Taylor, Suite 116 C-Wing **(35 minutes by bus)**
Detroit, MI,
48202.....313-876-4117

6. Neighborhood Service Organization (NSO) (0.24 mile walking)

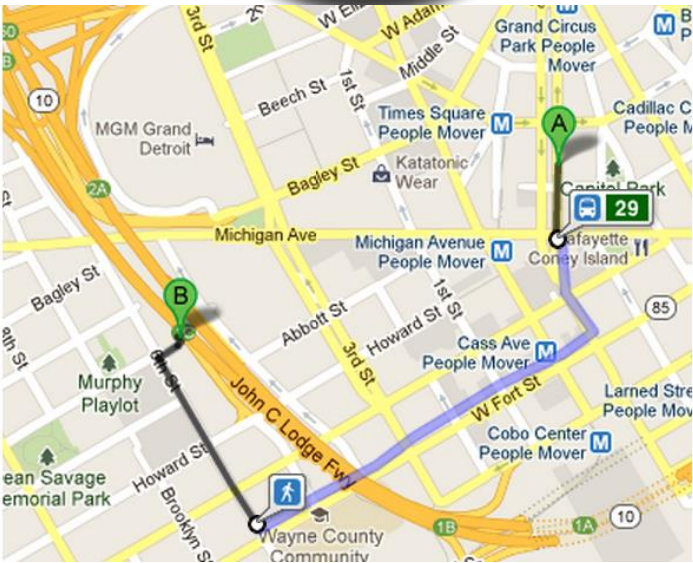
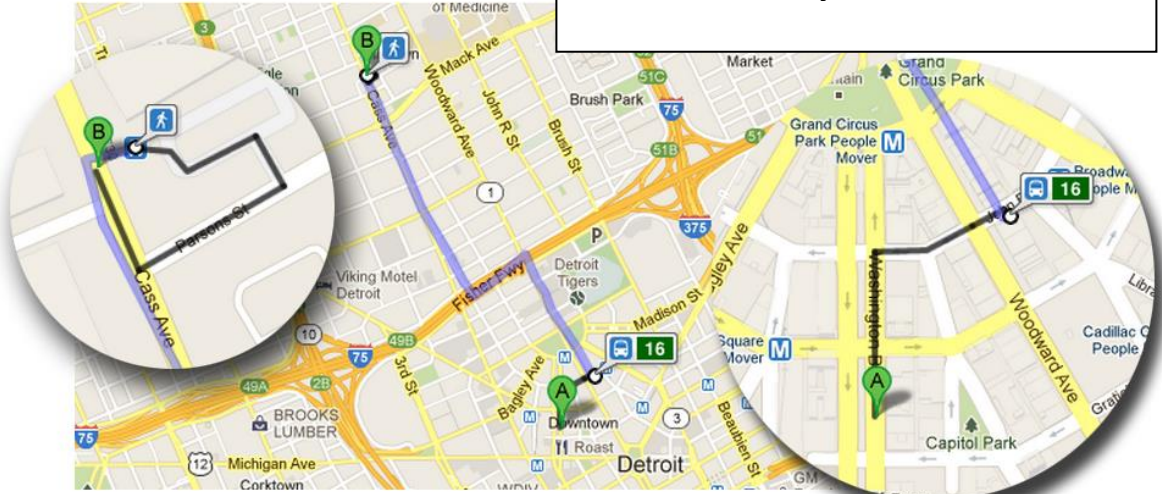
(Offering Emergency Telephone Service & Suicide Prevention Center, and Gambling Treatment Program. **Call for Details.**)
220 Bagley, Suite 1200
Detroit, MI,
48226.....313-961-4890

Joy Southfield Health and Education Center



Mercy Primary Care Center

Cass Community Social Services

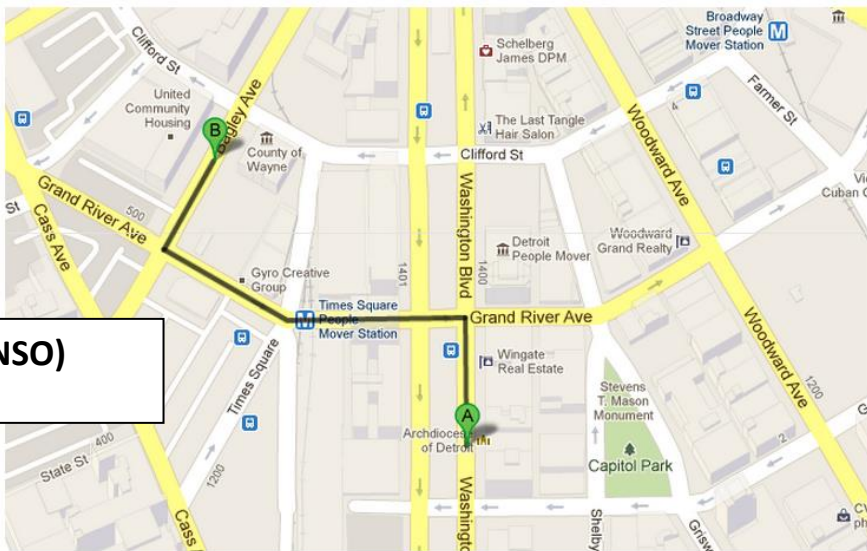


St. Francis Cabrini Clinic

Detroit Health Care for the Homeless Dental Clinic



Neighborhood Service Organization (NSO)



General Resources for Detroit Area

1. Detroit Area Agency on Aging

(Medicare, Medicaid, nutrition services, senior housing)
 1333 Brewery Park Blvd.
 Detroit, MI 48207.....313-446-4444

2. St. Aloysius Church

(A faith-based organization work with all of the people in the neighborhood to address needs of companionship, food, clothing, and emergency shelter. It also focuses on the critical needs of the tenants of many low-income housing buildings in the area. The church’s parish nurse works to address the Health and Wholeness issues within the community-at-large. Delivers services to people.)
 1234 Washington Blvd.
 Detroit, Michigan 48226.....313-237-5810

3. Crossroads of Michigan (22 minutes by bus)

(Crossroads strives to support the community at large by providing emergency assistance, advocacy, and counseling to anyone in need. Offering counseling for daily life, and material aid, such as food, transportation, clothing and the costs of identification and prescriptions. Services include: Social Service Unit, Soup Kitchen, Crossroads Employment Office, Job Club, Life Skills, and Children's Summer Lunch Program.)

2424 W Grand Blvd, Detroit, MI
 (Information).....313-831-0213
 (Reservation).....313-831-2000

Hours: Mon, Tue, Thur, & Fri: 9am-4:30pm, Wed: 1pm-4:30pm, Sat: 9- noon.

4. Crossroads East Office (28 minutes by bus)

14641 East Jefferson Ave, Detroit, MI 48215
 (Information).....313-822-3930
 (Reservation).....313-822-5200

Hours: M T Th: 9-4:30 - W: 1:15-4:30

5. Share A Smile (3 hours 18 Minutes by bus and 0.62 mile walking.)

(A Michigan-based non-profit charitable organization offering services for individual or family struggling to maintain or obtain their basic human needs such as shelter, warmth, clothing, medication, or utilities)
 5151 Corporate Dr.,
 Troy,248-312-5345

6. HUGS in Detroit

(Strives to help, understanding, guidance, and support to the homeless, disabled and poor living in the Cass Corridor and surrounding areas of Detroit. Offering **furniture** to those in need.) **Services are offered Outdoor**

Martin Luther King Jr. Blvd and Third St
Phone734-207-0690

7. St. Dominic Outreach Center (20 minutes by bus)

(Strives to meet the specific needs of guests, whether the need is chronic or temporary, within the scope of the services. At each visit, everyone seeking assistance must provide accurate, verifiable information on residency, income and household status in order to confirm eligibility.)

4835 Lincoln
Detroit, MI,
48208313-831-6070

Hours of Operation:

Food Pantry Mon., Tues., Wed. and Fri: 9:30 a.m. to 2:30 p.m.

Clothing Closet Mon., Tues., and Wed: 9:30 a.m. to 1:00 p.m.

Clannad Cribs & Tots Program M., T., W., & F: 9:30 a.m. to 2:30 p.m.

Home Visits Thursdays Upon Request **Telephone:**
313-831-6070

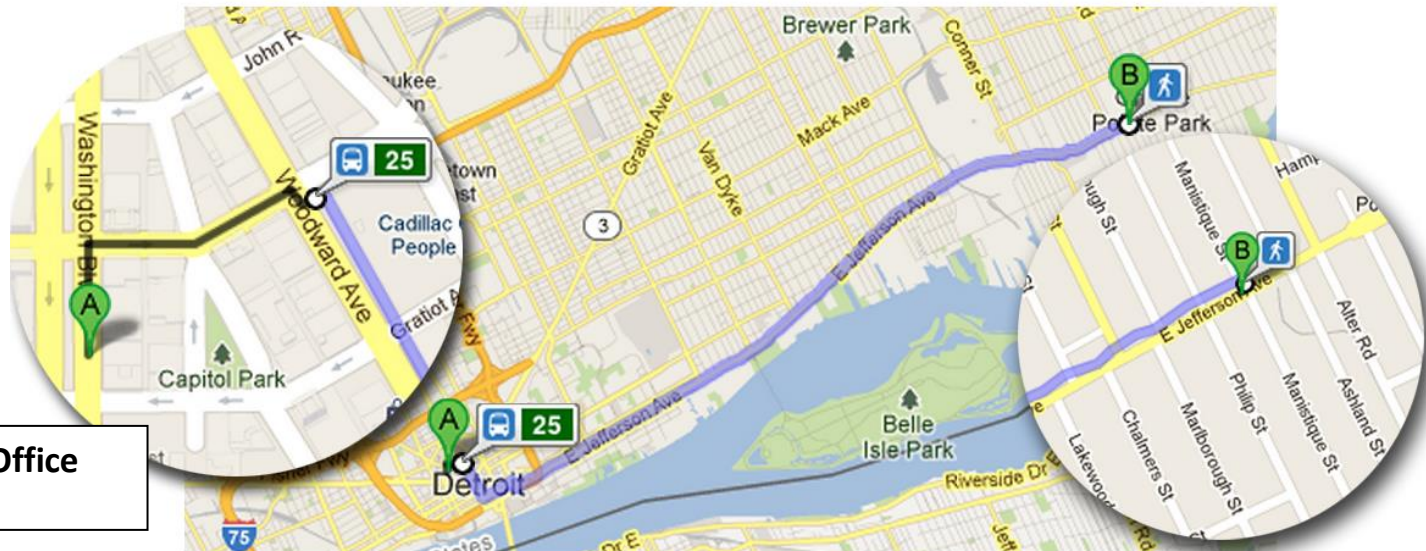
8. United Way 2-1-1 Call Center

(Provides people with a simple, effective way to get connected to available resources in their area).

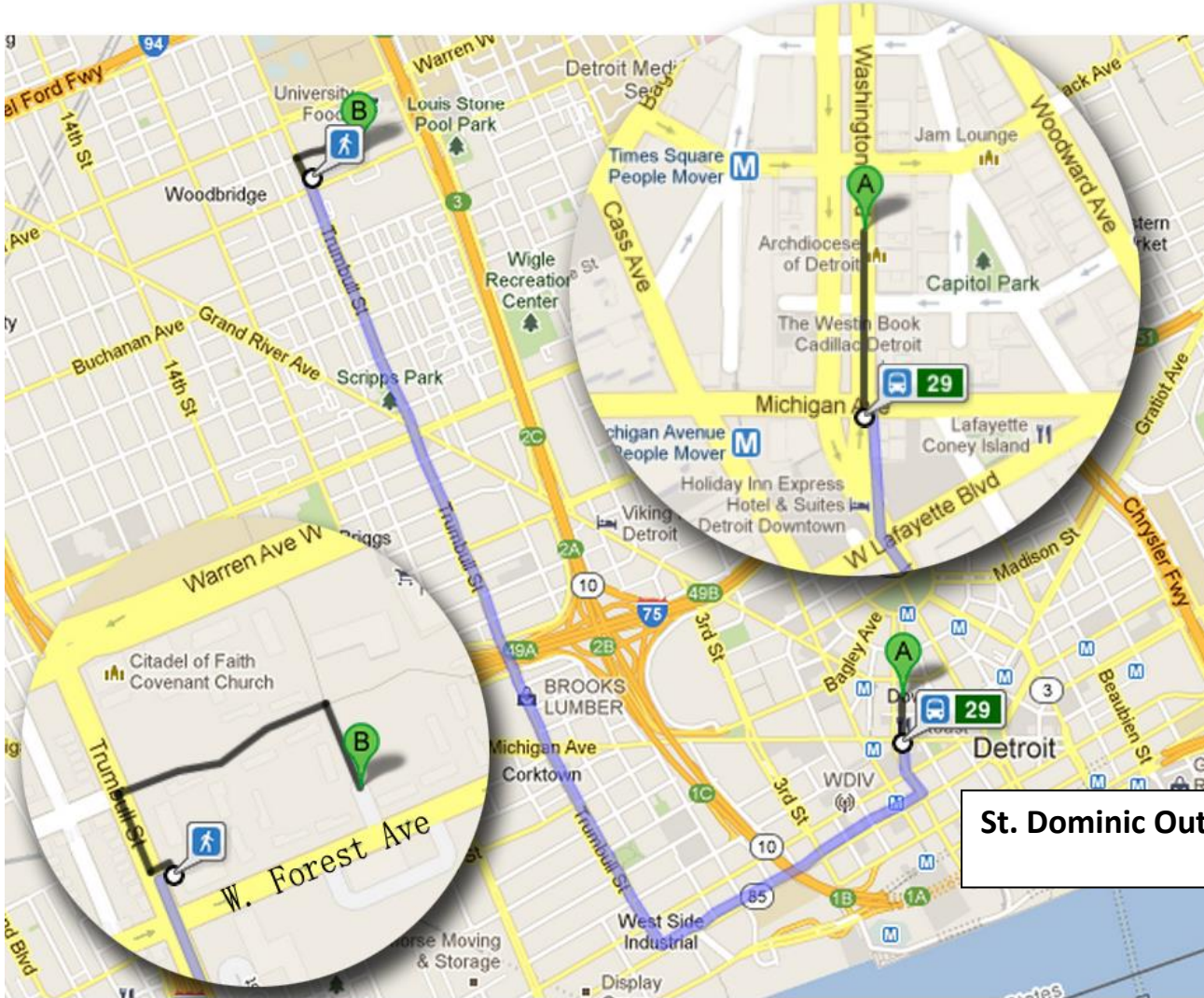
.....Dial 2-1-1



Crossroads of Michigan



Crossroads East Office



St. Dominic Outreach Center

5. Lafayette Foods

1565 East Lafayette Blvd.
Detroit, MI
48207.....313-396-5600

Hours: Mon-Sat 7:30-21:00, Sun 9:00-19:00
Distance: 14 minutes by bus from St. Aloysius Church
Variety: Large **Quality:** High
Accepts Food Stamps: Yes **Price:** Low

6. Honey Bee La Colmena

2443 Bagley Ave.
Detroit, MI
48216.....313-237-0295

Hours:
Mon-Sat 8:00-20:00, Sun 8:00-18:00 **Variety:**
Large
Distance: 11 minute's bus **Quality:** Very High
Accepts Food Stamps: Yes **Price:** Average

7. E&L Supermercado

6000 W Vernor Hwy
Detroit, MI
48209.....313-554-2140

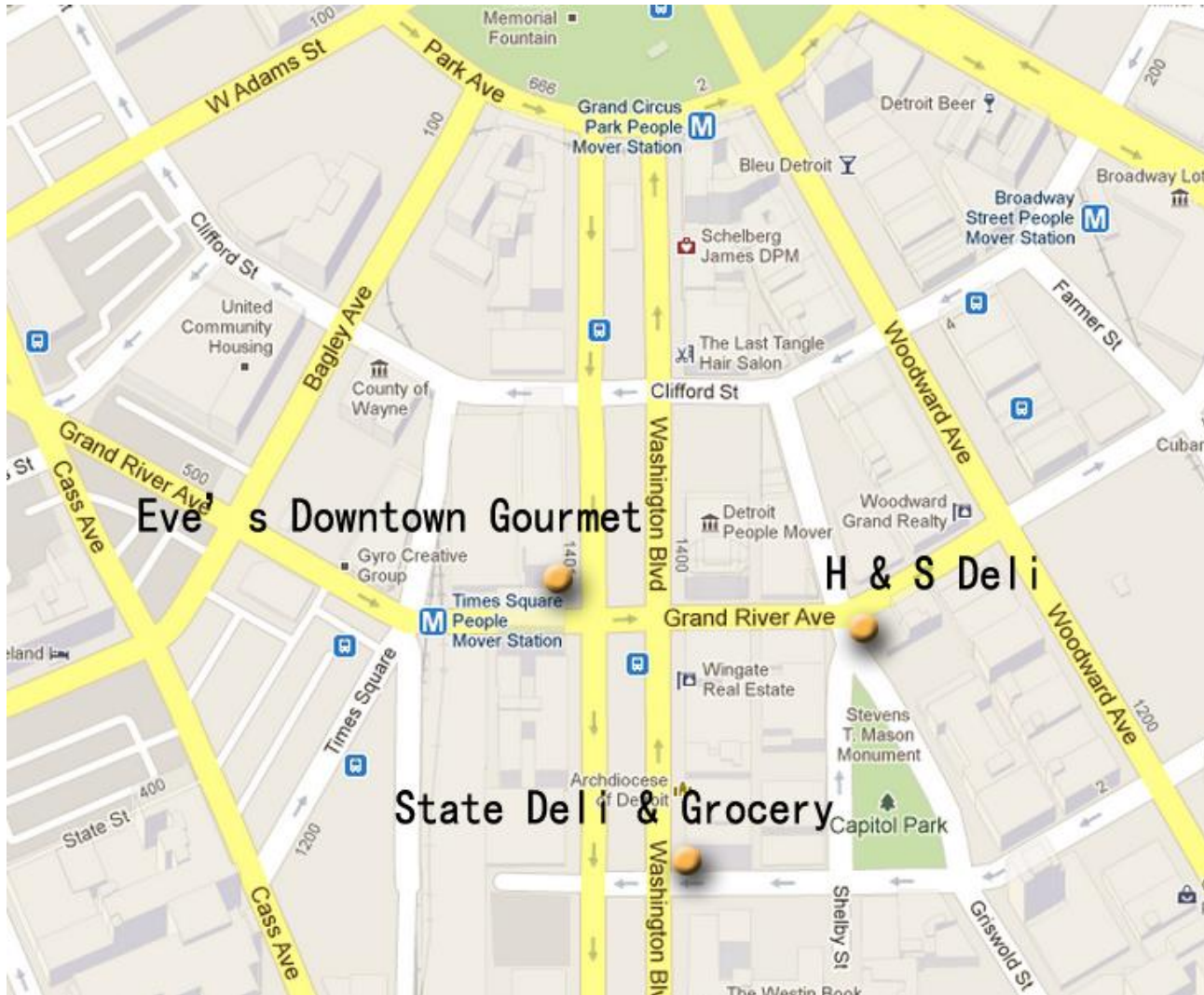
Hours: Mon-Sat 8:30-19:00, Sun 8:30-18:00
Distance: 17 minute's bus from St. Aloysius Church
Variety: Large **Quality:** Average to High

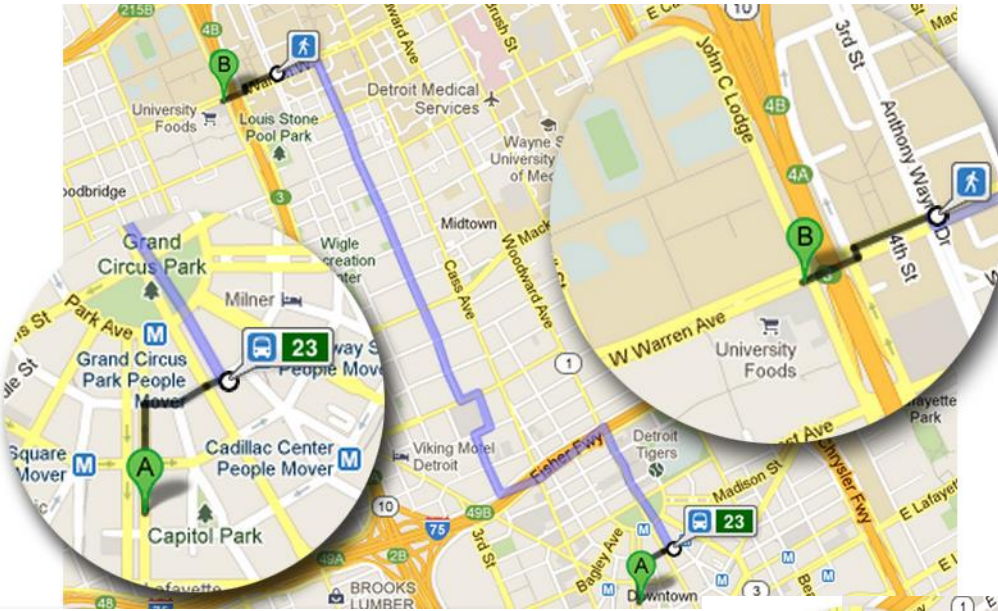
Accepts Food Stamps: Yes **Price:** Low

8. Harbortown Supermarket

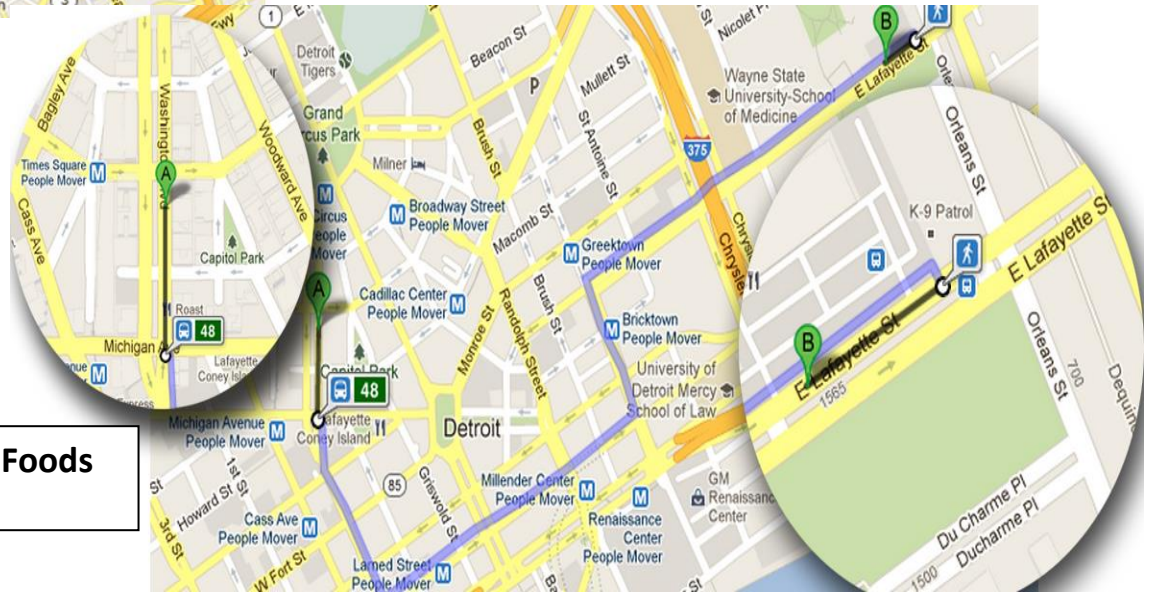
3472 E Jefferson Ave.
Detroit, MI
48207.....313-892-0093

Hours: Mon-Sat 6:00-20:00, Sun 6:00-19:00
Distance: 22 minute's bus
Variety: Large **Quality:** Average to High
Accepts Food Stamps: Yes **Price:** Low

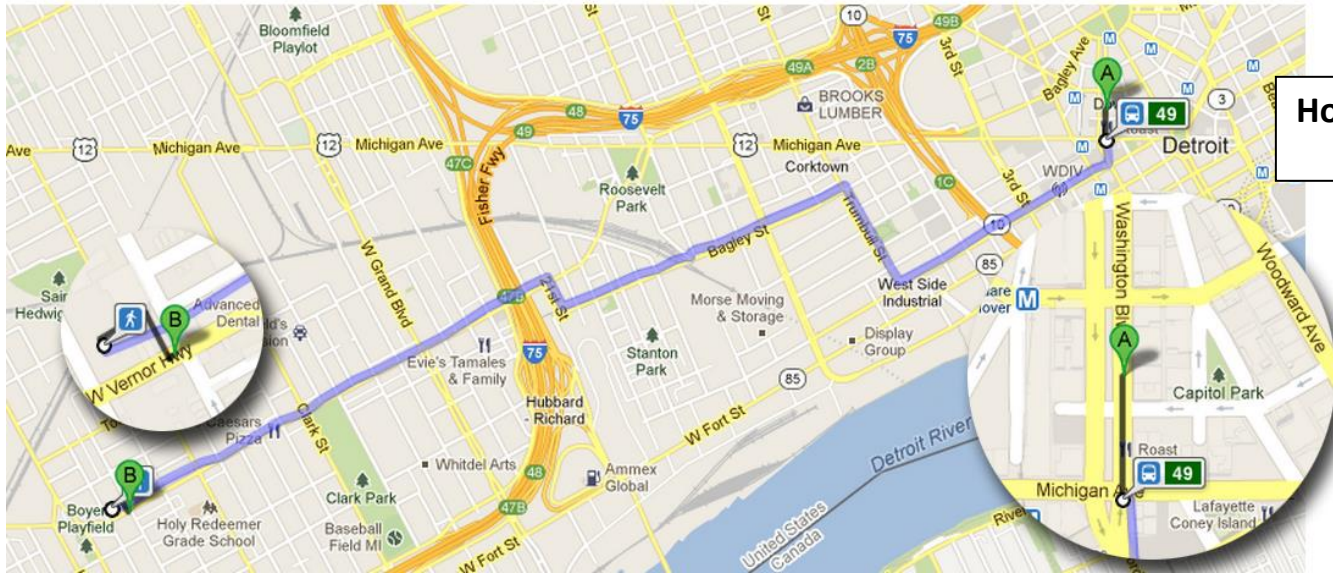




University Food



Lafayette Foods

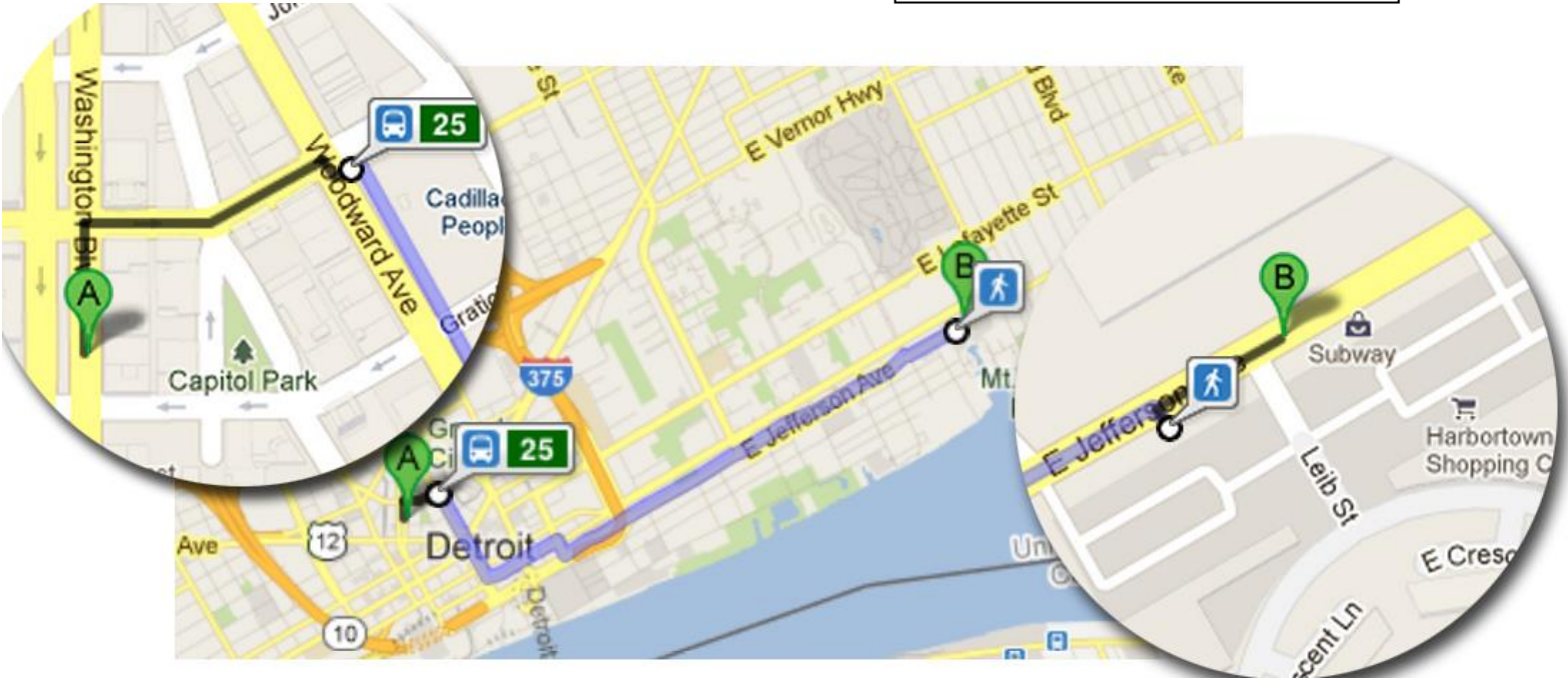


Honey Bee La Colmena



E&L Supermercado

Harbortown Supermarket



Suggested Bus Schedule for Destinations

Information is collected by May 9th, 2013.

Name	Departure Bus Route	Departure Bus Time	Transfer	Return Bus Route	Return Bus Time	Transfer
Advantage Family Health Center	48 N.	8:22, 8:42, 9:32, 10:32, 11:32, 12:02, 12:32, 1:32, 2:02, 2:32, 3:02, 3:22, 4:02, 4:42, 5:02, 5:32	N/A	48 S.	9:06, 9:36, 10:06, 10:36, 11:06, 11:36, 12:06, 12:36, 1:06, 1:36, 2:06, 2:36, 3:06, 3:26, 4:06, 4:26, 5:06, 5:33, 6:06, 6:33, 8:02,	N/A
Cass Community Social Services	16 N.	8:15, 8:37, 8:51, 9:04, 9:19, 9:34, 10:04, 10:19, 11:04, 11:19, 12:04, 12:19, 1:04, 1:19, 2:04, 2:16, 3:06, 3:16, 4:06, 4:18, 5:06, 5:18	N/A	16 S.	9:01, 9:13, 9:43, 10:13, 11:13, 12:13, 1:13, 2:13, 2:28, 3:13, 4:05, 4:15, 5:07, 6:07, 7:09, 8:20, 9:20	N/A
CHASS Midtown Center	53 N.	8:08, 8:18, 8:38, 8:48, 8:58, 9:08, 9:18, 9:38, 9:48, 10:08, 10:18, 11:08, 11:18, 12:08, 12:18, 1:08, 1:18, 2:08, 2:16, 3:04, 3:12, 4:08, 5:04, 5:12, 6:08, 6:23	N/A	53 S.	8:34, 8:44, 8:54, 9:04, 9:14, 9:34, 9:44, 10:04, 10:14, 11:04, 11:14, 12:04, 12:14, 1:04, 1:14, 2:04, 2:14, 3:04, 3:12, 3:16, 4:02, 4:10, 5:02, 5:10, 6:05, 6:13, 7:06, 7:21, 8:06, 8:18, 8:33, 9:03, 9:28	N/A
CHASS Southwest	25 W.	8:31, 9:01, 9:31, 10:01, 10:31, 11:01, 11:31, 12:01, 12:31, 1:01, 1:31, 2:01, 2:21, 2:41, 3:01, 3:21, 3:41, 4:01, 4:41	N/A	25 E.	9:09, 9:39, 10:09, 10:39, 11:09, 11:39, 12:09, 12:39, 1:09, 1:39, 2:19, 2:39, 2:59, 3:19, 3:39, 4:19, 4:39, 5:19, 5:39, 6:22, 7:02, 7:42, 8:42, 9:42	N/A
Crossroads East Office	25 E.	8:31, 9:01, 9:31, 10:01, 10:31, 11:01, 11:31, 12:01, 12:31, 1:01, 1:31, 2:01, 2:21, 3:01, 3:21, 3:41, 4:21, 5:21, 5:41	N/A	25 W.	9:21, 9:51, 10:21, 10:51, 11:21, 11:51, 12:21, 12:51, 1:21, 1:41, 2:01, 2:42, 3:01, 3:21, 4:01, 4:42, 5:01, 5:21, 6:01, 6:41, 7:31, 8:31, 9:31	N/A

Crossroads of Michigan	16 N.	8:15, 8:37, 8:51, 9:04, 9:19, 9:34, 10:04, 10:19, 11:04, 11:19, 12:04, 12:19, 1:04, 1:19, 2:04, 2:16, 3:06, 3:16, 4:06, 4:18, 5:06, 5:18	N/A	16 S.	9:13, 9:28, 9:43, 9:58, 10:13, 10:28, 11:13, 11:28, 11:43, 12:13, 12:28, 1:12, 1:27, 1:43, 2:13, 2:28, 3:13, 4:10, 4:20, 4:30, 5:04, 5:16, 6:04, 6:16, 7:08, 7:25, 7:38, 8:08, 8:38	N/A
Name	Departure Bus Route	Departure Bus Time	Transfer	Return Bus Route	Return Bus Time	Transfer
Detroit Health Care for the Homeless Dental Clinic	23 N.	8:05, 9:03, 9:48, 10:33, 11:18, 1:33, 2:15, 3:08, 4:23	N/A	23 S.	9:16, 10:01, 11:31, 12:16, 1:01, 2:31, 3:15, 4:01, 4:21, 5:11, 5:36, 6:06, 7:06, 8:02, 9:02	N/A
Dr. Feleta Wilson Health Center	21 W.	8:10, 8:30, 9:00, 9:30, 10:00, 10:30, 11:30, 2:20, 3:30, 4:10, 4:30	14 W.	14 E.	9:21am, 1:05pm, 3:02pm, 4:02pm, 5:02pm, 6:22pm,	21 E.
Dr. Sophie Womack Health Center	48 N.	8:22, 8:42, 9:32, 10:32, 11:32, 12:02, 12:32, 1:32, 2:02, 2:32, 3:02, 3:22, 4:02, 4:42, 5:02, 5:32	N/A	48 S.	9:13, 9:33, 10:03, 10:31, 11:31, 12:31, 1:01, 1:31, 2:31, 3:01, 3:31, 4:12, 4:32, 5:12, 5:32, 6:32, 7:29, 8:26	N/A
East Jefferson Health Center	25 E.	8:31, 9:01, 9:31, 10:01, 10:31, 11:01, 11:31, 12:01, 12:31, 1:01, 1:31, 2:01, 2:21, 3:01, 3:21, 3:41, 4:21, 5:21, 5:41	N/A	25 W.	9:07, 9:37, 10:07, 10:37, 11:07, 11:37, 12:07, 12:37, 1:07, 1:37, 2:17, 2:37, 3:17, 3:37, 4:17, 4:37, 5:17, 5:37, 6:17, 6:57, 7:42, 8:42	N/A
East Riverside Health Center	25 E.	8:31, 9:01, 9:31, 10:01, 10:31, 11:01, 11:31, 12:01, 12:31, 1:01, 1:31, 2:01, 2:21, 3:01, 3:21, 3:41, 4:21, 5:21, 5:41	N/A	25 W.	9:22, 9:52, 10:22, 10:52, 11:22, 11:52, 12:22, 12:52, 1:22, 1:42, 2:02, 2:22, 2:43, 3:02, 3:22, 3:43, 4:02, 4:22, 4:43, 5:02, 5:22, 6:02, 6:42, 7:32, 8:32	N/A
E&L Supermercado	49 W.	9:01, 10:01, 11:01, 12:01, 1:01, 2:01, 3:01, 4:01, 5:01, 6:01	N/A	49 E.	10:37, 11:37, 12:37, 1:37, 2:37, 3:37, 4:37, 5:37, 6:37, 7:37, 8:37, 9:37	N/A

Harbortown Supermarket	25 E.	8:31, 9:01, 9:31, 10:01, 10:31, 11:01, 11:31, 12:01, 12:31, 1:01, 1:31, 2:01, 2:21, 3:01, 3:21, 3:41, 4:21, 5:21, 5:41	N/A	25 W.	9:09, 9:39, 10:09, 10:39, 11:09, 11:39, 12:09, 12:39, 1:09, 1:39, 2:19, 2:39, 3:00, 3:19, 3:39, 4:00, 4:19, 4:39, 5:00, 5:19, 5:39, 6:19, 6:59, 7:43, 8:43	N/A
Honey Bee La Colmena	49 W.	9:01, 10:01, 11:01, 12:01, 1:01, 2:01, 3:01, 4:01, 5:01, 6:01	N/A	49 E.	9:44, 10:44, 11:44, 12:44, 1:44, 2:44, 3:44, 4:44, 5:44, 6:44, 7:44, 8:44	N/A
Name	Departure Bus Route	Departure Bus Time	Transfer	Return Bus Route	Return Bus Time	Transfer
Lafayette Foods	48 N.	8:22, 9:32, 10:32, 11:32, 12:32, 1:32, 2:32, 3:22, 4:22, 5:32, 6:32, 7:02	N/A	48 S.	9:03, 9:23, 10:13, 11:11, 11:41, 12:11, 12:41, 1:11, 1:41, 2:11, 2:43, 3:13, 4:03, 4:23, 5:03, 5:23, 6:10, 7:10, 7:40, 8:36, 9:36	N/A
Joy Southfield Health and Education Center	27 W.	8:31, 9:01, 9:51, 10:41, 11:31, 12:21, 1:11, 2:31, 3:01, 3:31, 4:01, 4:31, 5:01	N/A	27 E.	9:20, 10:10, 11:10, 12: 50, 1:35, 2:30, 3:20, 3:50, 4:19, 4:50, 5:20, 5:50, 6:20, 7:08, 8:08, 9:08	N/A
Matrix Reuther Older Adult and Wellness Services	31 E.	8:21, 8:41, 9:01, 9:33, 10:14, 10:37, 11:09, 11:41, 12:13, 1:17, 2:21, 3:21, 4:21	N/A	31 W.	9:14, 9:34, 10:06, 11:10, 12:14, 1:18, 2:22, 3:24, 4:14, 5:14, 6:14, 8:28	N/A
Mercy Primary Care Center	7 E.	8:32, 9:02, 10:02, 11:02, 12:02, 2:02, 3:02, 3:32, 4:32	N/A	7 W.	9:20, 10:19, 11:19, 12:19, 1:19, 2:18, 3:18, 4:18, 5:18, 6:20, 7:20, 8:21, 9:20	N/A
Michigan Ave	37 W.	8:31, 9:01, 9:41, 10:21, 11:01, 11:41, 12:21, 1:01, 1:41, 2:21, 3:01, 3:31, 4:01, 4:31	N/A	37 E.	9:07, 9:31, 10:17, 10:57, 11:37, 12:17, 12:57, 1:37, 2:17, 2:57, 3:37, 4:07, 4:37, 5:07, 5:37, 6:07, 6:37, 7:06, 7:36, 8:37, 9:37	N/A

Patton Recreation Center	49 W.	9:01, 10:01, 11:01, 12:01, 1:01, 2:01, 3:01, 4:01, 5:01, 6:01	N/A	49 E.	11:32, 12:32, 1:32, 2:32, 3:32, 4:32, 5:32, 6:32, 7:32, 8:32, 9:32	N/A
St. Dominic Outreach Center	29 N.	8:11, 8:46, 9:46, 3:21pm, 5:06pm,	N/A	29 S.	9:37, 10:07, 11:07, 12:07, 1:07, 2:07, 3:07, 4:07, 5:17, 6:27, 7:10, 8:40	N/A
St. Francis Cabrini Clinic	29 N.	8:11, 8:46, 9:46, 3:21pm, 5:06pm,	N/A	29 S.	9:10, 10:15, 11:15, 12:15, 1:15pm	N/A
Name	Departure Bus Route	Departure Bus Time	Transfer	Return Bus Route	Return Bus Time	Transfer
St. John Riverview Senior Wellness Center	25 E.	8:31, 9:01, 9:31, 10:01, 10:31, 11:01, 11:31, 12:01, 12:31, 1:01, 1:31, 2:01, 2:21, 3:01, 3:21, 3:41, 4:21, 5:21, 5:41	N/A	25 W.	9:07, 9:37, 10:07, 10:37, 11:07, 11:37, 12:07, 12:37, 1:07, 1:37, 2:17, 2:37, 3:17, 3:37, 4:17, 4:37, 5:17, 5:37, 6:17, 6:57, 7:42, 8:42	N/A
St Patrick's Senior Center	53 N.	8:08, 8:38, 8:48, 8:58, 9:08, 9:18, 9:38, 9:48, 10:08, 10:18, 11:08, 12:08, 12:18, 1:08, 1:18, 2:08, 2:16, 3:04, 3:12, 4:08	N/A	53 S.	9:05, 9:15, 9:35, 9:45, 10:05, 10:15, 11:05, 11:15, 12:05, 12:15, 1:05, 1:15, 2:05, 2:15, 2:25, 3:07, 3:15, 4:03, 4:11, 5:03, 5:11, 6:07, 6:15, 7:01, 7:16, 8:01, 8:16, 8:26, 9:11, 9:36	N/A
Thea Bowman Community Health Center	16 N.	8:15, 8:37, 8:51, 9:04, 9:19, 9:34, 10:04, 10:19, 11:04, 11:19, 12:04, 12:19, 1:04, 1:19, 2:04, 2:16, 3:06, 3:16, 4:06, 4:18, 5:06, 5:18	N/A	16 S.	9:18, 10:18, 11:18, 12:18, 1:18, 1:48, 2:03, 2:18, 2:48, 3:10, 4:12, 5:12, 6:15, 7:30, 8:30, 9:30	N/A
Waller Health Center on Cathedral Green	53 N.	8:08, 8:18, 8:38, 8:48, 8:58, 9:08, 9:18, 9:38, 9:48, 10:08, 10:18, 11:08, 11:18, 12:08, 12:18, 1:08, 1:18, 2:08, 2:16, 3:04, 3:12, 4:08, 5:04, 5:12, 6:08, 6:23	N/A	53 S.	9:11, 9:21, 10:11, 10:21, 11:11, 11:21, 12:11, 12:21, 1:11, 1:21, 3:03, 3:11, 4:07, 4:15, 4:36, 4:44, 5:08, 5:16, 5:32, 5:40, 5:48, 6:04, 6:12, 7:13, 8:13, 8:23	N/A

Waterman	25 W.	8:31, 9:01, 9:31, 10:01, 10:31, 11:01, 11:31, 12:01, 12:31, 1:01, 1:31, 2:01, 2:21, 2:41, 3:01, 3:21, 3:41, 4:01, 4:41	N/A	25 E.	9:37, 10:37, 11:07, 11:37, 12:07, 12:37, 1:07, 1:37, 1:57, 2:17, 2:57, 3:17, 4:17, 4:57, 5:17, 6:17, 6:57, 7:41, 8:41, 9:41	N/A
Woodward Corridor Family Health Center	23 N.	8:08, 9:03, 9:48, 11:18, 2:18pm, 3:08pm, 4:23pm,	N/A	23 S.	10:15, 1:15pm,	N/A
University Food	23 N.	8:05, 9:03, 9:48, 10:33, 11:18, 1:33, 2:15, 3:08, 4:23	N/A	23 S.	8:57, 10:12, 12:27, 1:12, 4:12, 7:17	N/A
University Health Center 7A	31 E.	8:21, 8:41, 9:01, 9:33, 10:14, 11:09, 12:13, 1:13, 2:21, 2:41, 3:21, 4:21,	N/A	31 W.	9:14, 9:34, 10:06, 10:38, 11:10, 12:14, 1:18, 2:22, 3:24, 4:14, 5:14, 6:14, 8:28	N/A