2025

Transportation Access to Core Services in Southeast Michigan

SEMCOG

SOUTHEAST MICHIGAN COUNCIL OF GOVERNMENTS

MISSION

SEMCOG, the Southeast Michigan Council of Governments, is the only organization in Southeast Michigan that brings together all governments to develop regional solutions for both now and in the future. SEMCOG:

- Promotes informed decision making to improve Southeast Michigan and its local governments by providing insightful data analysis and direct assistance to member governments
- Promotes the efficient use of tax dollars for infrastructure investment and governmental effectiveness
- Develops regional solutions that go beyond the boundaries of individual local governments; and
- Advocates on behalf of Southeast Michigan in Lansing and Washington

Transportation Access to Core Services in Southeast Michigan

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SEMCOG

Southeast Michigan Council of Governments
Information Center
1001 Woodward Avenue, Suite 1400
Detroit, MI 48226-1904
313-961-4266 • fax 313-961-4869
semcog.org • infocenter@semcog.org

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This report was written by SEMCOG staff.

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EXECUTIVE SUMMARY

PURPOSE AND CONTEXT

Transportation accessibility is about having options—not only where residents can go, but how they can get there. The *Transportation Access to Core Services in Southeast Michigan* report evaluates how well residents of Southeast Michigan (the seven-county SEMCOG region) can reach key destinations by walking, biking (considering biking comfort levels), fixed-route transit, and driving. In 2016 SEMCOG conducted an "Access to Core Services" analysis looking at how accessible basic services were via various transportation options. This analysis is an update to that study, using updated methodology and data, as well as expanded demographics and destinations.

The core services analyzed include jobs, fixed-route transit, educational and workforce training facilities, health care facilities, recreational facilities, grocery stores, childcare facilities, libraries, fire stations, passenger train stations, and Detroit Metropolitan Airport (DTW). Accessibility was evaluated for 16 demographic groups, including all households and key population segments such as transit-dependent households, households with seniors, households with children, minority-headed households, low-income households, working-age populations, households with limited English proficiency, populations with a disability, female-headed households, and the Transportation Access Focus Population—an overlay of eight demographic groups, among others.

Accessibility provides a comprehensive view of how transportation and land use work together to connect people to opportunity. Examining accessibility as both a transportation and land-use outcome can inform long-range planning, project prioritization, and policy development at the local and regional levels. Expanding transportation accessibility supports broader goals of economic vitality, community well-being, and overall quality of life.

Although not included in this analysis, Demand-Response Transit plays a critical role in enhancing regional accessibility, particularly in lower-density and more rural areas where fixed-route transit service is limited or unavailable. These flexible, on-demand systems—and other community-based services—provide essential mobility options for residents who may not have access to a private vehicle or nearby fixed-route service.

REGIONAL TRANSPORTATION ACCESSIBILITY SNAPSHOT

1. **Mode Comparison and Regional Patterns**

   Driving remains the most dominant mode of reaching key destinations throughout the SEMCOG region. Across nearly all destination types, shifting from driving to non-driving modes—walking, biking, or fixed-route transit—results in substantial reductions in accessibility. For example, access to grocery stores varies greatly depending on the transportation mode. Within a 10-minute drive, 97% of households have access to a grocery store, but this declines significantly for all other modes: 39% of households are within a 30-minute fixed-route transit trip; 57% within a 10-minute bike ride; and 13% within a 10-minute walk. Although there are speed differences between these travel modes, these results reflect the interplay between transportation and land-use patterns that are more auto oriented, and a highly developed road and freeway network supportive of the car as the most practical travel option for most trips.

Among non-driving modes, biking provides the broadest reach, particularly in areas with connected biking networks and lower traffic stress levels. Walking and fixed-route transit, while essential for many residents, offer lower accessibility due to factors such as land-use separation, incomplete pedestrian infrastructure, and gaps in fixed-route transit coverage or service frequency.

2. **Accessibility for Households with Seniors and Children**

   Households with seniors and households with children tend to have below-average accessibility to many key destinations when traveling by walking, biking, or fixed-route transit. This disparity reflects the combined effects of lower-density development, dispersed land uses, and infrastructure gaps that limit safe and convenient access for both older adults and families. The table below highlights destinations where households with seniors and households with children have below-regional-average access:

Below Regional Average Access	Households Seniors	Households with Children
Walking	Fixed-route transit, pharmacies, grocery stores, local parks, and libraries	Fixed-route transit, urgent care facilities, pharmacies, grocery stores, local and school parks, community colleges, and libraries
Biking (Comfort Level Considered)	Fixed-route transit, pharmacies, grocery stores, and libraries	
Fixed-Route Transit	Hospitals, community health centers, urgent care facilities, pharmacies, grocery stores, regional parks, and libraries	Hospitals, community health centers, urgent care facilities, pharmacies, grocery stores, regional parks, community colleges, and libraries

These findings emphasize the need for mobility-oriented planning, strengthening first- and last-mile connections, expanding fixed-route transit service, and improving bike and pedestrian safety and comfort—particularly for households with limited mobility or caregiving responsibilities.

KEY DESTINATION REGIONAL ACCESS HIGHLIGHTS

Access to Fixed-Route Transit

- Approximately 75% of transit-dependent households are within a 15-minute walk of fixed-route transit service, and 67% are within a 10-minute walk.

Access to Jobs and Job Training Centers

- Areas with strong fixed-route transit service—such as Downtown Detroit, Royal Oak, and Ann Arbor—offer the highest levels of transit access to jobs.
- 53% of the working-age population can reach an American Job Centers (job training center) within a 10-minute drive, indicating moderate proximity by car but limited accessibility by fixed-route transit or active transportation modes.

Access to Childcare Facilities and Schools

- 69% of households with children are within a 15-minute walk of a childcare facility, indicating relatively strong neighborhood-level access to early childhood services.

- 45% of households with children are within a 15-minute walk of a K–8 school.
- Considering biking comfort levels, 41% of households with children are within a 10-minute bike ride of a 9-12 school, increasing to 76% within 20 minutes, highlighting the potential of safe bike infrastructure to expand access.

Access to Passenger Rail and Airport

- Only 10% of transit-dependent households are within a 30-minute transit ride of a passenger train station.
- Access to Detroit Metropolitan Airport (DTW) by fixed-route transit is extremely limited: just 0.4% of all households and 0.8% of transit-dependent households can reach DTW within 45 minutes by transit.

CONCLUSION AND PLANNING IMPLICATIONS

The findings of this report underscore the importance of coordinating land Use, housing, and transportation planning and building a connected, multimodal transportation system that supports access to opportunity for all residents—regardless of where they live or how they travel. While driving remains the most efficient way to reach key destinations in Southeast Michigan, strengthening walking, biking, and transit options can significantly enhance access to jobs, education, health care, and recreation—core components of community well-being and regional prosperity.

STUDY LIMITATIONS AND ACKNOWLEDGEMENTS

This analysis applies multiple measures to evaluate potential accessibility across different travel modes, time thresholds, and household characteristics. While these measures provide a robust and consistent basis for comparing access across the region, it is important to acknowledge that actual travel behavior and use may differ from modeled accessibility. Factors such as individual travel preferences/availability, affordability, physical ability, trip purpose, weather, construction/congestion, safety perceptions, and real-time transit reliability can all influence how residents choose—or are able—to travel. Additionally, the core services analyzed for this report are primarily only assessed by time and distance. This means that for a destination, like childcare, the analysis is only providing results for the nearest available location, and not on availability, cost, quality, or the many other aspects that may impact where a household chooses or is able to access childcare.

INTERACTIVE ONLINE TOOL

SEMCOG developed an interactive Transportation Access to Core Services mapping tool to help communities explore the results of this analysis. The user-friendly online resource allows users to visualize access patterns by county, community, travel mode, and demographic group, making it easier to identify where access is strong and where improvements may be needed. The tool is available at maps.semcog.org/AccessToCoreServices.

CHAPTER 1: INTRODUCTION

Transportation accessibility is a core measure of how effectively a region's transportation systems and land use work together to connect residents with daily needs and opportunities. Unlike traditional performance metrics that focus primarily on congestion or travel speeds, accessibility evaluates the extent to which households can reach jobs, education, health care, retail, and other core services within a reasonable travel time by four transportation modes of travel: walking, biking (plus biking considering biking comfort levels), transit, and driving.

Transportation accessibility in Southeast Michigan varies depending on geography, demographic characteristics, and the availability of travel options. As such, this report assesses transportation accessibility to key destinations for the residents of Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne counties, with three core objectives:

- **Establish a regional framework for defining and evaluating accessibility in Southeast Michigan** by identifying limitations and barriers to reaching key destinations through the existing multimodal transportation system.
- **Highlight the importance of local and regional actions** to address identified accessibility gaps, with an emphasis on enhancing residents' ability to reach key destinations. Including but not limited to fixed-route transit, jobs, health care facilities, schools K-12, and parks.
- **Develop the Southeast Michigan Transportation Accessibility Online Interactive Tool** to provide a user-friendly platform for exploring accessibility analysis at the regional, county, and local levels.

The first two objectives are addressed in this report. The third has been advanced through the development of an online platform, available as the "Transportation Access to Core Services" interactive tool, which provides public access to accessibility analysis at local and regional level.

This report builds upon and expands the 2016 Access to Core Services in Southeast Michigan analysis, integrating updated data sources, expanded demographic representation, and additional travel modes to provide a more comprehensive assessment of regional accessibility. Key updates include the incorporation of additional demographic groups, most notably the Transportation Access Focus Population—an overlay of eight demographic groups encompassing transit-dependent households, households in poverty, households with seniors, households with children, population with disabilities, households with members aged 14 and older who have limited English proficiency, minority-headed households, and female-headed households. This enhanced framework allows for a more detailed understanding of how access to destinations varies across different population groups.

The 2025 analysis also broadens the range of key destinations to better represent essential services and daily core services throughout the region. For biking accessibility, SEMCOG's biking comfort level dataset was introduced alongside the existing bikeway network to provide a more realistic measure of low-stress connectivity to key destinations. The fixed-route transit analysis now incorporates additional fixed-route transit systems that have been introduced, expanded, and in some cases reduced since 2016, resulting in a more complete representation of the multimodal network.

By examining accessibility as both a transportation and land-use outcome, the analysis can inform long-range planning, investment prioritization, and policy development at the local and regional levels, ensuring that the region's transportation system advances broader goals for economic vitality, community well-being, and overall quality of life.

CHAPTER 2: DEFINING AND MEASURING ACCESSIBILITY

ACCESSIBILITY IN CONTEXT

Transportation accessibility fundamentally concerns what people can reach, not just how fast they can travel. This chapter defines accessibility for Southeast Michigan and describes how it will be measured across places, people, times of day, and travel modes. The aim is practical: to establish a repeatable measurement framework that can guide decisions such as project prioritization, land use coordination, service planning, and long-range regional and local investments and policies.

WHAT WE MEAN BY ACCESSIBILITY

For this study, accessibility is defined as: the ease with which residents can reach everyday opportunities—jobs, schools, health care facilities, grocery stores, parks, childcare facilities, and more—within a reasonable amount of time. Accessibility reflects the interaction of three key elements:

- **Land use** – where opportunities are located.
- **Transportation (including networks by travel mode)** – how walking and biking facilities, fixed-route transit, and roads connect people to destinations. Includes conditions – when travel options are available and reliable, shaped by various factors including headways - the time intervals between vehicles on a transit route-along with congestion.
- **Travelers** – who is traveling, including transit-dependent households, households with seniors, households with children, and low-income households.

While mobility often refers to the speed of travel, accessibility focuses on how well transportation options meet people's everyday needs. In other words, transportation accessibility encompasses not just how fast people can travel, but how effectively transportation options serve their requirements and enhance their daily experiences.

HOW ACCESSIBILITY IS MEASURED

To capture both the potential and lived experience of Southeast Michigan residents, this analysis uses several measures that evaluate accessibility across different travel modes, time thresholds, and household characteristics:

- **Nearest-access** measures proximity of key destinations across demographic groups (e.g., the share of households within a 10-minute walk of a local park)
- **Cumulative-opportunity** measures the total number of opportunities or destinations that can be reached within a specific time or distance (e.g., the number of jobs accessible within 30 minutes by transit during the morning peak).
- **Gravity measures**, which account for the fact that closer destinations are more attractive than distant ones, enabling community-level comparisons (e.g. if a resident can reach 10 jobs within 1 mile, those jobs have a full impact on accessibility. However, if jobs are 10 miles away, their influence diminishes, and so on)
- **Demographic**-weighted reporting, ensuring that results reflect where people live and highlight differences in accessibility across demographic groups. (e.g., reporting the

share of all households, the share of transit-dependent households, as well as the share of households with children within 10-minute walk of a library.)

SCOPE OF ANALYSIS

Accessibility is evaluated across the seven-county SEMCOG region using a consistent spatial framework. In certain cases, the analysis also considers key destinations located outside of the SEMCOG region to reflect the broader travel patterns and access needs of residents. For example, for some residents the nearest or most accessible destination may be located outside the SEMCOG region (e.g., regional parks, hospitals, and grocery stores). Detailed geographies—such as parcels, and block groups,—are applied to minimize aggregation bias. Modes of travel include walking, biking (accounting for biking comfort levels), fixed-route transit (including walk access to/from fixed-route transit stops), and driving. Results are reported by time of day (AM peak) and by day type (weekday and weekend), with particular attention to schedule-based variations in transit service as drawn from the General Transit Feed Specification (GTFS). Key travel time thresholds (10, 15, 20, 30, and 45 minutes) are applied to reflect common travel expectations and to support scenario testing in future planning efforts.

DATASETS AND MODELING

The analysis integrates multiple datasets, including GTFS feeds for fixed-route transit, Open Street Map (OSM) datasets for pedestrian, and biking networks with speed assumptions, SEMCOG travel model road network for highway and arterial speeds, and destination inventories for employment (from SEMCOG's Regional Demographic Forecast data) and other key destination. Results are reported as:

- Absolute accessibility – the number of jobs that can be reached within defined travel times.
- Accessibility disparities – differences in access across demographic groups, destinations, and geographies.

CORE SERVICES

The following core services have been measured and evaluated for accessibility across four modes of travel – walking, biking (including biking comfort levels), fixed-route transit, and driving:

- Jobs
- Grocery Stores
- Health care Facilities:
  - Hospitals
  - Community Health Centers
  - Urgent Care Facilities
- Pharmacies
- Parks
  - Local parks and local parks plus school parks
  - Regional Parks (over 100 acres in size)
- Educational and Workforce Training Facilities

    - Schools K-8
    - Schools 9-12
    - Community Colleges
    - American Job Centers – Job Training Centers
- Libraries
- Childcare Facilities
- Fire Stations
- Passenger Train Stations
- Passenger Airport – Detroit Metro Airport (DTW)

Fixed-Route Transit as a destination has been measured and evaluated for accessibility across two modes of travel including walking and biking (including biking comfort levels).

These core services were selected for measurement because they are the major destinations that households need to reach on a regular basis as well as to reach opportunities. Each destination plays a vital role in enhancing the quality of life in Southeast Michigan.

Fixed-Route Transit Services

Fixed-route transit is considered both a transportation mode and a destination. Access to fixed-route transit is vital for expanding regional access to employment, education, and other opportunities. This analysis includes eleven fixed-route transit systems operating in the region—an increase from five systems in 2016—reflecting efforts within the region to broaden mobility options and improve data availability. These systems are:

1. Ann Arbor Area Transportation Authority (AAATA; TheRide)
2. Blue Water Area Transit (BWAT)
3. City of Detroit Department of Transportation (DDOT)
4. Detroit People Mover (DPM)
5. Lake Erie Transit (LET)
6. Michigan Flyer (East Lansing, Whitmore Lake, Ann Arbor, Detroit Metropolitan Airport (DTW).
7. Regional Transit Authority (RTA)'s Detroit Air Express (DAX)
8. Regional Transit Authority (RTA)'s Detroit Ann Arbor Express (D2A2)
9. Regional Transit Authority (RTA)'s QLINE
10. Suburban Mobility Authority for Regional Transportation (SMART)
11. University of Michigan Transit

Access to these fixed-route transit systems is not limited to transit service alone; it also depends heavily on the ability of residents to reach transit stops using other modes such as walking and biking. This study measures household accessibility to fixed-route transit based on walking and biking (including biking comfort levels) travel times, service frequency (how often services run), and service availability (the times and days transit services operate). Viewing access through an accessibility lens highlights the need for integrated transportation, land use, and technology strategies to close gaps and ensure more residents can reliably connect to the regional transit

network.

Definition: *The Fixed-Route Transit service accessibility evaluation measures the availability of services on weekdays and weekends, counting the total number of fixed-route transit services within walking and biking distance of residential parcels.*

Jobs

Transportation accessibility is a fundamental factor in connecting both workers and working-age populations to employment opportunities that support regional economic growth. Reliable access to jobs—whether by walking, biking, fixed-route transit, or driving—directly influences labor market efficiency, workforce participation, and quality of life. Viewing transportation through an accessibility perspective unlocks a wider range of solutions to these challenges. It expands beyond traditional transportation investments to include land-use planning strategies that bring jobs closer to where people live, mobility alternatives such as improved fixed-route and demand response transit, and active transportation networks such as walking and biking, and non-mobility solutions like remote work options and digital infrastructure.

Definition: *SEMCOG uses two distinct definitions of job accessibility to reflect the importance and unique characteristics of access to employment.*

1. **Cumulative opportunities:** Counts the total number of jobs reachable from a given residential location within a specified travel time or distance for each travel mode (walking, biking (including biking comfort levels), fixed-route transit, and driving).
2. **Gravity-based accessibility:** Measures job access by weighting jobs based on their size and proximity, ensuring that larger and closer opportunities have a greater impact on overall job accessibility.

Please note that this analysis is limited and does not include the types of jobs available or the education attainment or skills of workers. For a much more accurate access to jobs analysis, data and tools are needed. SEMCOG plans to re-evaluate and update this analysis over-time, with the results integrated into online tools and maps, including SEMCOG's Laborshed and Empoyment Density Maps.

Grocery Stores

Transportation accessibility is a critical factor in ensuring that residents can reach key destinations like grocery stores. Easily accessing grocery stores—whether by walking, biking, fixed-route transit, or driving—directly affects community health, food security, and overall quality of life. In areas served by fixed-route transit, the ability to walk, bike, or take reliable fixed-route transit to grocery stores is especially important for populations without consistent access to a personal vehicle, such as transit-dependent households, low-income households, household with seniors, households receiving Supplemental Nutrition Assistance Program (SNAP), and people with disabilities.

This study evaluates household accessibility to grocery stores by considering several travel modes. Accessibility is measured by the travel time required to reach grocery stores by walking, biking (considering biking comfort levels), transit, and driving. For transit users, the analysis also factors in service frequency (how often fixed-route transit services run) and service availability (whether service is offered at different times of day and week). Understanding transportation

accessibility to grocery stores helps identify gaps in food access and points to where improvements in fixed-route transit services, walking infrastructure, or biking infrastructure can support healthier communities.

Definition: *This study defines grocery stores as retail locations that are capable of supporting a full week's worth of grocery shopping. Included are supermarkets and ethnic grocery stores, while gas stations, liquor stores, and farmers markets are excluded from this definition. While the nearest grocery store may be geographically closest to a residence, individuals may choose to shop at a different location due to factors such as product selection, pricing, store hours, or personal preference. For this study, SEMCOG is measuring accessibility based on travel time by various modes to the nearest grocery store as a standardized indicator of potential access to food resources, while recognizing that actual shopping behaviors may differ.*

Health care Facilities

Transportation accessibility is a crucial determinant of how easily residents can reach health care facilities, including hospitals, community health centers, and urgent care facilities. Timely and reliable access to health care is essential for promoting public health, managing chronic conditions, and responding to emergencies. The accessibility perspective expands the range of solutions for addressing transportation challenges by not only improving mobility options—such as fixed-route transit, walking, and biking connections—but also by encouraging land-use strategies that bring health care facilities closer to where people live and by leveraging non-mobility solutions like telehealth services and prescription delivery programs.

This study evaluates how accessible health care facilities are to households across the region by measuring travel times via walking, biking (including biking comfort levels), fixed-route transit, and driving. For fixed-route transit access, service frequency and availability are also considered to reflect how dependable fixed-route transit options are at different times of day and week. By examining accessibility through multiple lenses, the analysis identifies where infrastructure, land use, and service enhancements can help bridge gaps in health care access—particularly for vulnerable populations who may be more dependent on transit or active transportation to meet their medical needs.

In addition to measuring accessibility to individual health care facility types—including hospitals, community health centers, urgent care facilities—this study also evaluates total health care access, which captures the ability to reach at least one of these three facilities. This broader measure provides a more comprehensive understanding of how well residents are connected to critical health care services across the region.

Hospitals

Access to hospitals is essential for ensuring timely medical care, particularly in emergencies where quick response times can be lifesaving. Proximity to hospitals allows individuals to receive critical services, from emergency treatments to specialized care and preventive services, which can significantly improve health outcomes and reduce the likelihood of chronic conditions worsening. For vulnerable populations often lacking reliable transportation options, such as households with seniors, populations with disabilities, or low-income households, easy access to hospitals is crucial. Furthermore, improving hospital accessibility not only enhances individual health but also reduces overall health care costs by promoting timely care, reducing emergency room visits, and improving the efficiency of the health care system.

Definition: *All hospitals included in this accessibility analysis have an emergency department and/or trauma center and offer acute care services to patients arriving without prior appointments, ensuring immediate medical attention for urgent and unplanned health needs. While the nearest hospital with an Emergency Room (ER) may provide geographically close emergency care, individuals may choose—or need—to access a different facility due to factors such as ambulance routing protocols, insurance coverage, perceived quality of care, or specialty service availability. For this study, SEMCOG is evaluating accessibility based on travel time by various modes to the nearest hospital with an ER as a standardized measure of potential access to emergency medical services, while recognizing that actual utilization may vary*

Community Health Centers

Access to Community Health Centers, also known as Federally Qualified Health Centers (FQHCs), is vital for ensuring health care access for vulnerable populations, including low-income households. FQHCs provide comprehensive, affordable care, including primary care, dental services, mental health support, and preventive care, regardless of a patient's ability to pay. By offering services on a sliding fee scale, FQHCs make health care accessible to those who might otherwise face barriers due to cost or lack of insurance. Ensuring easy access to FQHCs is essential for reducing health disparities, promoting early intervention, and improving overall community health outcomes, particularly in areas where other health care options may be limited or unavailable.

Definition: *Typically located in high-need areas with elevated poverty, limited physician availability, and poorer health outcomes, these centers are open to all residents regardless of insurance status or ability to pay. They offer comprehensive, linguistically, and culturally appropriate services—including transportation, translation, case management, and preventive care like cancer screenings and HIV testing. While a community health center may be the closest option geographically, individuals may choose to access a different center due to factors such as service availability, sliding fee eligibility, cultural or language preferences, or continuity of care. For this study, SEMCOG is using travel time by various modes to the nearest community health center as a standardized measure of potential access to primary and preventive health services, while recognizing that actual usage patterns may differ.*

Urgent Care Facilities

Access to urgent care facilities is crucial for providing timely medical attention for non-life-threatening but urgent health issues, such as minor injuries, infections, or illnesses, that require immediate attention but are not severe enough for an emergency room visit. These facilities offer a convenient, cost-effective alternative to emergency departments, reducing overcrowding and wait times at hospitals while ensuring patients receive appropriate care. Easy access to urgent care centers helps alleviate strain on health care systems, especially during peak times,. It also ensures that individuals can quickly receive the care they need, which is vital for preventing conditions from worsening and reducing overall health care costs. For communities with limited access to primary care providers, urgent care locations play an essential role in maintaining public health and providing convenient, quality care when needed.

Definition: *Urgent care centers serve as a critical bridge between primary care providers and emergency rooms, offering immediate medical attention for non-life-threatening conditions, especially during evenings and weekends when regular physicians may be unavailable. While*

services can vary by location, most urgent care facilities operate daily from 8 a.m. to 8 p.m., accept walk-in patients (with some offering online check-in), and accept a range of insurance plans, including Medicare. They are not a replacement for primary care but provide a convenient option for timely, non-emergency care. Individuals may not always seek care at the nearest urgent care center due to factors such as insurance network participation, wait times, specific medical services offered, or perceived quality of care. For this study, SEMCOG is assessing accessibility based on travel time by various modes to the nearest urgent care facility as a consistent measure of potential access to immediate, non-emergency medical services, while recognizing that actual utilization may vary.

Pharmacies

Access to pharmacies is essential for ensuring that individuals can obtain necessary medications, which are vital for managing chronic conditions, treating acute illnesses, and maintaining overall health. Pharmacies provide not only prescription medications but also over-the-counter products, health consultations, and vaccination services, playing a critical role in preventive care and health management. Easy access to pharmacies helps patients adhere to prescribed treatment regimens, ensuring they can fill prescriptions promptly and receive guidance on proper medication use. This access is especially important for households with seniors and low-income households who may face barriers to obtaining medications elsewhere.

Definition: *In this study, pharmacies are defined as retail locations that dispense prescription medications and may also offer over-the-counter drugs, basic health screenings, immunizations, and limited health consultations. Although a pharmacy may be geographically closest to a residence, individuals may choose to access a different location due to factors such as insurance coverage, medication availability, service quality, or operating hours. For this study, SEMCOG is evaluating accessibility based on travel time by various modes to the nearest pharmacy as a standardized proxy for potential access to essential health services, while recognizing that actual usage may differ.*

Parks

Access to local parks, school parks, and regional parks plays a vital role in fostering community well-being, physical health, and social engagement. The accessibility perspective expands the solutions available to address transportation challenges in reaching these spaces. Beyond improving direct mobility options such as walking, biking, or fixed-route transit, this approach encourages land-use planning that integrates local parks into residential areas, reducing the need for long-distance travel.

This study measures access to parks across a range of scales, from smaller local and school parks to larger regional parks, focusing on the accessibility of these spaces by walking, biking (including biking comfort levels), fixed-route transit, and driving. Accessibility is evaluated by the travel times it takes for households to reach parks, considering not just proximity but also the availability and frequency of transportation options. Incorporating the accessibility perspective allows for a more holistic approach, identifying opportunities to improve connectivity and ensure that all residents—regardless of income, age, or mobility—can easily reach and enjoy these crucial community assets.

Definition: *In addition to dedicated local parks, many schools—particularly elementary schools—offer park-like amenities such as playgrounds, athletic fields, and maintained green spaces*

that contribute to neighborhood recreation. Coordinated planning between school districts and park agencies presents an opportunity to expand community access to recreational spaces. This study measures accessibility both to local parks, to a combined network of local parks and schools (K–8 and 9–12), as well as access to regional parks, offering a more complete picture of how residents access recreation in their communities. While the nearest park may offer recreational space, it may not be the one individuals or families choose to visit due to differences in amenities, personal preference, or cultural relevance. For this study, SEMCOG is measuring accessibility based on travel time by various modes to the nearest park as a consistent way to evaluate potential access to green and recreational spaces, while recognizing that actual usage patterns may vary.

- **School Parks:** include publicly owned parks within the SEMCOG region.
- **Local Parks:** include county parks, municipal parks, state parks, and state recreation areas.
- **Regional parks:** defined as parks greater than 100 acres in size. Includes park entrance for vehicles and park entrance for bicyclists/pedestrians.

Educational and Workforce Training Facilities

Access to educational and workforce training facilities, such as K-12 schools, community colleges, and employment centers such as American Job Centers, is crucial for helping individuals develop the skills necessary for employment and career advancement. From the accessibility perspective, solutions include land-use planning that places these facilities near residential areas, reducing the need for long commutes. Fixed-route transit options, along with well-maintained walking and biking infrastructure, ensure that students and job seekers can reach these facilities easily. Non-transportation solutions, like online learning platforms and remote workforce training programs, also expand access for those who may face mobility challenges or live in areas with limited transportation options. By improving access to these educational and workforce training facilities, communities can better support lifelong learning, skills development, and economic opportunity.

K-8 Schools

Access to K-8 schools is crucial for ensuring children receive a strong educational foundation. Proximity to schools helps improve attendance, reduces transportation barriers, and supports overall well-being. It also fosters community engagement by making it easier for families to connect with educators and local resources. Ultimately, access to schools is essential for giving all children the opportunity to succeed.

9-12 Schools

Access to 9-12 schools is essential for providing students with the education and skills needed for future success, including college preparation, workforce readiness, and personal development. Proximity to schools ensures consistent attendance, reduces travel time, and supports students' engagement in extracurricular activities, which are vital for well-rounded growth. Easy access also helps bridge gaps for families in underserved areas, ensuring all students have equal opportunities to succeed academically and prepare for their futures.

Definition: *For schools servicing grades K-12, this study covers public schools, charter schools, and alternative schools and does not include private schools or religious schools. It is recognized that, due to school district boundaries and schools of choice policies, the closest*

school to a household may not be the one a student ultimately attends. For the purposes of this study, SEMCOG is using nearest accessibility—measured as travel time by various modes—to the nearest K-8 and 9-12 schools. This approach allows for a consistent, location-based assessment of how easily students could reach schools, regardless of enrollment status, while acknowledging that actual attendance patterns may vary.

Community Colleges

Access to community colleges is key to providing affordable, accessible higher education and workforce training opportunities. Community colleges offer a wide range of programs, from associate's degrees to technical certifications, that help individuals gain the skills needed for career advancement or transition into four-year universities. Proximity to these institutions reduces barriers related to cost and transportation, making education more attainable for low-income and non-traditional students.

Definition: *the following 21 community colleges are included in the study:*

1. *Center for Learning Technology | Wayne County Community College District*
2. *Henry Ford College*
3. *Jackson Community College*
4. *Lansing Community College - Livingston County Center*
5. *Macomb Community College*
6. *Macomb Community College - Center Campus*
7. *Monroe County Community College*
8. *Mott Community College*
9. *Oakland Community College - Auburn Hills Campus*
10. *Oakland Community College - Highland Lakes Campus*
11. *Oakland Community College - Orchard Ridge Campus*
12. *Oakland Community College - Royal Oak Campus*
13. *Oakland Community College - Southfield Campus*
14. *Schoolcraft College*
15. *St. Clair County Community College*
16. *Washtenaw Community College*
17. *Wayne County Community College District - Ted Scott Campus*
18. *Wayne County Community College District - Downtown Campus*
19. *Wayne County Community College District - Downriver Campus*
20. *Wayne County Community College District - Eastern Campus*
21. *Wayne County Community College District - Northwest Campus*

While many students choose to attend the community college nearest to their residence, this is not always the case due to program availability or other factors. For this study, SEMCOG is using the travel time by various modes to the nearest community college as a consistent measure of accessibility. This approach provides a location-based perspective on potential access to

post-secondary education, while recognizing that actual enrollment choices may differ.

American Job Centers (Job Training Centers)

Access to job training centers such as American Job Centers is essential for helping individuals develop the skills needed to enter or advance in the workforce. These centers provide critical employment services such as job search help, resume support, career counseling, skills training, and connections to employers. Proximity to job training centers makes it easier for job seekers, especially those facing transportation challenges, to participate in programs and complete their training. Expanding access to these centers strengthens the regional economy by building a more skilled workforce and helping individuals achieve greater financial stability.

Definition: *American Job Centers provide job seekers with comprehensive support—including training referrals, career counseling, and job listings—all in one location, as established by the Workforce Innovation and Opportunity Act of 2014. Individuals may not always access the nearest American Job Center due to factors such as specific service needs, appointment availability, or personal preference. For this study, SEMCOG is assessing accessibility based on travel time by various modes to the nearest American Job Centers as a standardized way to evaluate potential access to workforce development services. This approach offers a consistent spatial lens on access, while recognizing that actual usage patterns may vary.*

Libraries

Access to libraries is vital for supporting education, lifelong learning, digital access, and community engagement. Libraries provide free resources such as books, internet access, technology tools, educational programs, and meeting spaces, making them essential hubs for information and opportunity. From the accessibility perspective, improving access to libraries involves not only enhancing transportation options like fixed-route transit, walking, and biking connections but also applying land-use strategies that place libraries near where people live and work. Additionally, non-mobility solutions, such as expanding digital collections, virtual programming, and mobile library services, allow residents to benefit from library resources even if physical access is limited.

Definition: *The study includes public libraries with computers available and does not include university libraries or specialty libraries. While the nearest library may be geographically closest, individuals may choose to visit a different branch due to factors such as programming, available resources, facility amenities, or personal preference. For this study, SEMCOG is assessing accessibility based on travel time by various modes to the nearest public library as a consistent measure of potential access to educational, cultural, and digital resources, while recognizing that actual usage may vary.*

Childcare Facilities

Access to childcare facilities is crucial for supporting working families, early childhood development, and overall economic stability. Improving access to childcare includes not only expanding fixed-route transit, walking, and biking options but also encouraging land-use planning that places childcare centers near residential areas, workplaces, and fixed-route transit to reduce travel demand. Additionally, non-mobility solutions, such as offering flexible hours, virtual enrollment services, and employer-supported childcare options, can further ease access for families. Ensuring that childcare facilities are conveniently reachable helps

parents maintain steady employment, supports children's early learning and socialization, and strengthens the broader community by making it easier for all families to participate fully in the workforce and regional economy.

Definition: *This study covers licensed childcare homes, group homes and centers under the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP). While the nearest childcare facility may be geographically closest to a household, families may choose providers based on factors such as availability, hours of operation, cost, curriculum, or trust and familiarity. For this study, SEMCOG is evaluating accessibility based on travel time by various modes to the nearest licensed childcare facility as a standardized measure of potential access to early childhood care, though actual enrollment decisions may vary.*

Fire Stations

Access to fire stations is critical both for rapid emergency response and community resilience, especially in times of crisis. Fire stations serve as emergency hubs, providing essential services such as firefighting, emergency medical response, disaster coordination, and public safety outreach. Ensuring that fire stations are well distributed and easily reachable through fixed-route transit, walking, and biking infrastructure is vital for minimizing emergency response times. Land-use planning that integrates fire stations within communities reduces travel demand during emergencies, while non-mobility solutions, such as enhanced emergency communication systems and community education programs, strengthen preparedness even when immediate access is challenged. Reliable access to fire stations ultimately protects lives, property, and public health, making it a foundation of a safe and resilient community.

Definition: *This study covers fire stations as well as volunteer fire stations. While most individuals do not typically travel to fire stations, their proximity plays a critical role in emergency preparedness and community resilience. For this study, SEMCOG is evaluating accessibility based on travel time by various modes to the nearest fire station as a potential access to emergency response infrastructure, while this reflects availability rather than direct public use.*

Passenger Train Stations

Access to passenger train stations connects people to regional and national destinations, supports economic development, and provides an alternative to car travel. Easy access to train stations allows residents to commute efficiently, reduces road congestion, and offers additional travel options for both work and leisure. From the accessibility perspective, locating stations near residential areas and employment centers, along with strong walking, biking, and fixed-route transit connections, helps reduce travel demand and makes train travel a convenient and attractive choice.

Definition: *This study covers Amtrak Services, including Chicago – Grand Rapids/East Lansing – Port Huron/Detroit – Pontiac, and New York/Boston – Albany – Chicago Lake Shore Limited.*

- *Blue Water: connects Port Huron to Chicago,*
- *Wolverine: connects Pontiac, Troy, Royal Oak, Detroit, Dearborn, Ann Arbor and to Chicago,*
- *New York/Boston – Albany – Chicago: Service between Chicago and New York City, through South Bend, Cleveland and Buffalo, along some of the prettiest shorelines of*

the USA, which provides access to southern parts of Monroe County.

While the nearest train station may be the most geographically accessible, individuals may choose a different station based on service frequency, destinations served, parking availability, or personal convenience. For this study, SEMCOG is assessing accessibility based on travel time by various modes to the nearest passenger train station as a standardized measure of potential access to intercity transit options, while recognizing that actual station usage may vary.

Passenger Airport - Detroit Metro Airport (DTW)

Access to passenger airports is essential for connecting communities to national and international networks, supporting economic growth, tourism, and business development. Easy access to airports allows residents and businesses to travel efficiently, attract investment, and maintain strong ties with broader markets and opportunities. From the accessibility perspective, integrating airports with fixed-route transit, walking, biking connections (in dense urban areas), and nearby land uses helps reduce travel demand and makes air travel more convenient for a wider range of people. While walking and biking access to airports is more practical in very dense urban areas, in Southeast Michigan, access relies more heavily on coordinated fixed-route transit services and road networks. Ensuring reliable access to airports strengthens regional competitiveness, expands personal and professional opportunities, and supports the overall vitality of the community.

Definition: *This study covers two terminals within the Detroit Metro Airport (DTW) including the Evans (North) Terminal and McNamara Terminal which serves as Southeast Michigan's primary hub for air travel, providing vital connections to both national and international destinations. As a major gateway for the region, DTW plays a key role in supporting business, tourism, and economic mobility. While the nearest passenger airport may be geographically closest, individuals may choose to travel through a different airport based on factors such as flight availability, destination options, ticket pricing, or airline preference. For this study, SEMCOG is evaluating accessibility based on travel time by various modes to the nearest commercial passenger airport as a standardized measure of potential access to air travel, while recognizing that actual airport usage may vary.*

TRANSPORTATION MODES

This study evaluates how well Southeast Michigan's transportation system provides access to core serives through four modes of travel:

- Walking
- Biking
- Fixed-route transit
- Drive
- Demand-response transit

Analyzing each mode separately is essential because they offer different travel speeds, coverage, and user experiences, leading to varying scales of accessibility. For example, the number of opportunities reachable within a 10-minute trip will differ widely between driving, walking, biking, and using fixed-route transit, depending not just on speed, but also on the presence and quality of supportive infrastructure such as roads, sidewalks, bike lanes, and transit routes.

From an accessibility perspective, it is crucial to recognize that access is influenced by how the built environment and transportation services interact to reduce or create barriers to reaching destinations.

Distance and time are important, but they are only part of the accessibility picture. Other factors—such as safety, comfort, convenience, cost, and the clarity of available information—directly impact a resident's ability to realistically use a particular mode. For instance, when a fixed-route transit stop is nearby, poor lighting, lack of seating or shelters, lack of snow/ice removal, unclear schedules, or personal safety concerns could still discourage people from using the service.

Walking

Most trips begin and end with walking, even when cars or fixed-route transit are involved. According to SEMCOG's Vision 2050: Regional Transportation Plan (RTP), walking and biking in the region have increased by 110% since 2019. A well-connected walking network is fundamental to improving accessibility to destinations, particularly for short trips and for connecting people to fixed-route transit, schools, parks, health care, and retail. Sidewalks, safe crossings, trails, and pedestrian-friendly infrastructure enable people of all ages and abilities to reach key destinations without relying on a car.

However, walking also has limitations—it is less practical for long distances, may not be suitable for individuals with mobility challenges, and can be hindered by unsafe infrastructure, poor weather, or inadequate maintenance. Despite these challenges, investing in pedestrian infrastructure remains a critical strategy for building healthier and vibrant communities.

Biking

Connected biking networks are a vital part of creating an accessible and resilient transportation system. A connected biking network offers numerous benefits, making biking a safe and viable mode of transportation. A biking network also expands access to jobs, schools, fixed-route transit, and key destinations—especially for those who do not drive—while promoting physical and mental health, reducing traffic congestion, lowering transportation costs, and cutting greenhouse gas emissions.

However, biking can be limited by factors such as weather, distance, physical ability, and the absence of adequate infrastructure in some areas. Additionally, developing and maintaining high-quality bike facilities requires investment and available space, which can be challenging in built-up environments. To address this concern, the SEMCOG Multimodal Tool allows communities to test complete street designs and understand how they serve people walking, biking, driving, riding fixed-route transit, and moving freight.

SEMCOG utilized OpenStreetMap's (OSM) bike-able networks as a foundational to assess biking accessibility by analyzing the travel distances between residents and key destinations. However, actual bike travel experiences are significantly influenced by local factors, including congestion levels, the availability of bike facilities, and terrain conditions. SEMCOG has established four distinct comfort levels for biking and applied these classifications to bike network in its Bicycle and Pedestrian Mobility Plan for Southeast Michigan. In this study, a discount factor was integrated into each comfort level, allowing the adjusted travel times to reflect real-world conditions more accurately. By comparing the accessibility results from both the OSM bike-able networks and the network with comfort levels, SEMCOG aimed to identify potential improvement opportunities

in biking accessibility throughout the region.

Fixed-Route Transit

Fixed-route transit is considered both a transportation mode and a destination, serving as a vital link to jobs, education, health care, and other key destinations. Fixed-route transit provides affordable mobility options, reducing the financial burden associated with car ownership—especially for low-income households, households with seniors, and populations with disability. Transit can strengthen economic opportunity by connecting people to jobs, education, health care, and other key destinations, it promotes healthier lifestyles by encouraging walking to and from stops and stations. Transit also supports environmental sustainability by lowering greenhouse gas emissions, improving air quality, and reducing traffic congestion. Transit-oriented communities often benefit from vibrant, walkable neighborhoods that foster social interaction, reduce isolation, and enhance overall quality of life.

According to the SEMCOG 2019 On-Board Transit Survey report, the region's eight transit systems (DDOT, SMART, AAATA, QLINE, DPM, LET, BWAT, UM) recorded a combined average weekday ridership of 178,520. However, transit ridership experienced a significant decline during the COVID-19 pandemic due to public health restrictions, remote work, and safety concerns. While ridership has begun to recover, it remains below pre-pandemic levels in Southeast Michigan, highlighting the need for ongoing investment in service reliability, safety measures, and rider confidence to rebuild transit usage.

In addition to the region's major fixed-route transit services, the Regional Transit Authority (RTA) operates supplemental services that enhance regional connectivity. The D2A2 commuter bus pilot connects Detroit and Ann Arbor through a partnership with TheRide and Michigan Flyer, offering hourly weekday service and limited weekend service. Launched in March 2024, the Downtown Detroit to Airport Express (DAX) is another RTA pilot providing up to 16 daily round trips between Downtown Detroit and Detroit Metropolitan Airport, improving access to air travel for residents and visitors alike, airport shuttle service is also available via Michigan Flyer, further strengthening regional connectivity, these routes are reflected in the current study.

Demand-response services are an additional layer that would need to be individually studied for a more complete picture of access to core services via these systems. This study analyzed fixed-route transit access to key destinations by time of day (Table 2).

Table 2: Fixed-Route Transit Access to Key Destinations by Time of Day

Destinations for which fixed-route transit access was calculated using peak-hour service (6:30 – 9:30 AM)	Destinations for which fixed-route transit access was calculated using off-peak-hour service
Jobs (Cumulative accessibility)	Grocery Stores
Jobs (Gravity-based accessibility)	Pharmacies
Hospitals	Regional Parks (over 100 acres)
Community Health Centers	Local Parks
Urgent Care Facilities	Libraries
Composite of all three Healthcare Facilities	Fire stations
Schools K-8	
Schools 9-12	
Community Colleges	
American Job Centers	
Childcare	
Passenger Train Stations	
Passenger Airports	

Driving

According to Vision 2050, Southeast Michigan has approximately 25,000 miles of public roads. In both urban and rural areas, these roads are heavily relied upon by on-road passenger vehicles, which contribute 92.9% of total transportation emissions in the region, as highlighted in the SEMCOG 2019 GHG Inventory. This underscores the importance of reducing car dependency across the region, though the solutions may differ between urban and rural settings.

In urban areas, reducing car reliance can significantly lower infrastructure costs by reducing congestion, allowing for better allocation of public funds to other services like transit and active transportation networks. This shift can also foster more walkable communities, increasing accessibility to local businesses and improving the quality of life for residents. In rural areas, where car dependency is even more pronounced due to longer distances and limited fixed-route transit, reducing reliance on personal vehicles may focus on improving mobility options like ridesharing or expanding demand-response transit services.

While driving offers flexibility and convenience, it is not a viable option for many individuals—a challenge expected to grow as Southeast Michigan's population ages. A significant portion of future residents may be unable or unwilling to rely on personal vehicles, highlighting the need for more accessible transportation alternatives. Car dependency presents numerous barriers to access, including the high cost of ownership, traffic congestion, and limited parking. It also contributes to environmental degradation and public health issues through increased emissions and reduced physical activity, which can lead to conditions such as obesity. Road safety concerns and the physical design of car-oriented communities further limit access for those who walk, bike, or rely on transit. Additionally, inequities arise as many individuals—due to age, disability, income, or health—lack the ability or means to drive, making them disproportionately affected by a car-dependent system.

This study analyzed driving access to key destinations at different times of day (Table 3).

Table 3: Driving Access to Key Destinations by Time of Day

Destinations for which drive access was calculated using peak-hour (6:30 – 9:30 AM)	Destinations for which drive access was calculated using off-peak-hour
Jobs (Cumulative accessibility)	Grocery Stores
Community Health Centers	Pharmacies
Composite of all three Healthcare Facilities	Regional Parks (over 100 acres)
Schools K-8	Libraries
Schools 9-12	Fire Stations
Community Colleges	Hospitals
American Job Centers	Urgent Cares
Childcare	
Passenger Train Stations	
Passenger Airports	

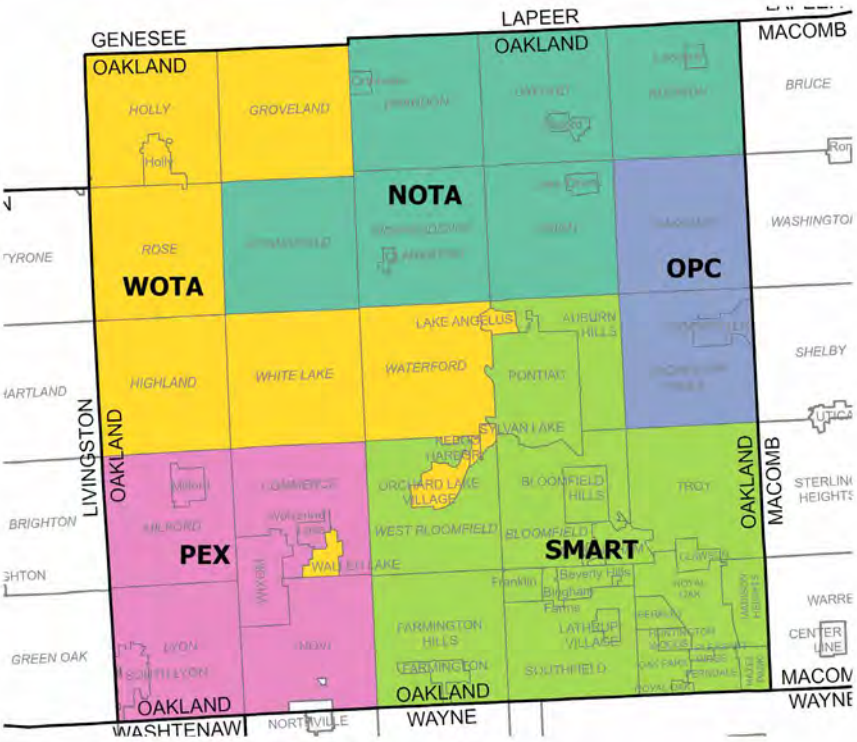
Demand-Response Transit

While not included in this report, Demand-Response Transit is another major Transportation Mode that enhances accessibility across the region. There are several demand-response transit services within the SEMCOG region. The Americans with Disabilities Act requires fixed-route providers to provide demand-response services within 0.75 miles of any fixed route to be compliant. Generally offered in lower densities and more rural areas, these systems can play a critical role in addressing regional mobility needs, particularly for residents without access to fixed-route transit.

Livingston Essential Transportation Service (LETS), provides flexible, demand-response transportation within and beyond Livingston County, with fare rates based on trip distance. Additionally, this study does not include community-sponsored or nonprofit transportation programs such as North Oakland Transportation Authority (NOTA), People's Express (PEX), Rochester Older Persons Commission (OPC), Western Oakland Transportation, Western-Washtenaw Area Value Express (WAVE), Richmond/Lenox Community Transit, ADA paratransit, or other demand response services like TheRide FlexRide, SMART Flex Zones, and SMART Flex Metropark Express.

While demand-response transit offers flexibility, improved access in low-density areas, and valuable first-/last-mile connections, it also faces limitations such as lower capacity, higher per-trip costs, technology access barriers, inconsistent availability, and limited scalability in high-demand urban settings. Note that several of the Planning Implications and Acknowledgments and Limitations identified in Chapter 3 include Demand-Response Transit as a potential solution or consideration to improve accessibility. As an example of how demand-response transit provides service, Figure 1 is a map of services provided in Oakland County.

Figure 1: Oakland County Demand-Response Transit Service



DEMOGRAPHIC GROUPS

As Southeast Michigan continues to evolve, it is crucial to ensure that the region's transportation system serves all residents equitably, especially those who may face barriers to accessing key destinations and opportunities. This section identifies key demographic groups that experience disproportionate challenges in mobility, including low-income households, population with disability, households with seniors, and Transportation Access Focus Population. These populations are often more reliant on public transit, active transportation, and other alternatives to private automobile use, and are therefore particularly vulnerable to gaps in accessibility.

For this report, the following population groups have been identified as a "focus populations."

Table 4: Focus Populations by Geography Type

No.	Focus Populations	Geography Type
1	All Households	Parcel
2	Transit-Dependent Households	Parcel
3	Households with Seniors (65 and older)	Parcel
4	Households with Children (17 and younger)	Parcel
5	Working Age population (18-64)	Parcel
6	Workers	Parcel
7	Minority-Headed Households	Parcel
8	Low-income Households	Parcel
9	Transportation Access Focus Population	Block Group
10	Housing Cost <30% of Household's Income	Block Group
11	Households with Persons 14 Years and Older Who Have Limited English Ability	Block Group
12	Households in Poverty	Block Group
13	Single-Parent Households	Block Group
14	Female-Headed Households	Block Group
15	Population with Disability	Block Group
16	Households Receiving Supplemental Nutrition Assistance Program (SNAP)	Block Group

All Households

Total: 1,935,000 households (RDF); 1,933,000 households (ACS 2023)

Data source: 2050 Regional Development Forecast (2020 Base Year Data) and Census ACS 2023 5-Year Data

Transit-Dependent Households

Definition: *Households with no vehicle or with a number of vehicles less than the number of workers in the household. Transit-dependent households are a focus population in this study because they rely heavily on public transportation or other non-driving modes to meet their daily mobility needs. These households often do not have access to private vehicles, making them more vulnerable to gaps in transit coverage, service reliability, and affordability.*

Total: 242,000 transit-dependent households

Data Source: 2050 Regional Development Forecast (2020 Base Year Data)

Households in Poverty

Definition: *If a household's total income is less than the federal poverty threshold, then that household and every individual in it is considered to be in poverty.*

Total: 252,000 households in poverty

Data Source: Census ACS 2023 5-Year Data

Low-income Households

Definition: *Low-income households are a focus population due to the increased barriers they face in accessing transportation and essential services. These households often have limited financial resources, which can reduce their ability to afford private vehicles or use public transit. As a result, they may struggle to reach jobs, health care, education, and other vital destinations.*

Total: 484,500 low-income households

Data Source: 2050 Regional Development Forecast (2020 Base Year Data)

Households with Seniors (65 and older)

Definition: *Households with older adults aged 65 or older. Households with seniors (65 and older) are a focus population due to the unique mobility and accessibility challenges they face. As people age, they may experience physical limitations, reduced access to private vehicles, and greater dependence on public transportation or walking.*

Total: 587,000 households with seniors

Data Source: 2050 Regional Development Forecast (2020 Base Year Data)

Households with Children (17 and younger)

Definition: *Households with children (17 and younger) are a focus population due to their unique transportation needs and dependence on accessible, reliable mobility options. Parents and caregivers often depend on public transportation, walking, or driving to ensure children can access school, health care, and extracurricular activities as well as other key destinations that support their well-being and development.*

Total: of 547,000 households with children

Data Source: 2050 Regional Development Forecast (2020 Base Year Data)

Populations with Disability

Definition: *Includes persons with any of the following disabilities: hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty. Populations with one or more disabilities are a focus due to the unique mobility challenges they face. Individuals with disabilities often require specialized transportation services or infrastructure to access core services.*

Total: 653,000 persons with a disability

Data Source: Census ACS 2023 5-Year Data

Working-Age Population (18-64)

Definition: *The working-age population (18-64) is a focus population due to its critical role in the region's economic vitality. This group is highly dependent on reliable transportation to access employment, education, health care, and other key destinations.*

Total: 2,906,000 working-age people

Data Source: 2050 Regional Development Forecast (2020 Base Year Data)

Workers

Definition: *According to U.S. Census, workers are Individuals who worked for pay or profit during the referenced period, including those who were self-employed or worked for someone else.*

Total: 2,201,000 workers in Forecast input base year data (2020): 2,229,000 workers in CTPP (2021)

Data Source: 2050 Regional Development Forecast (2020 Base Year Data) and CTPP 2021

Households with Persons 14-Years-and-Older Who Have Limited English Ability

Definition: *No member 14 years-old-and-over (1) speaks only English or (2) speaks a non-English language and speaks English "very well." In other words, all members 14-and-over have had some difficulty with English. Households with adults 14-and-older who have limited English proficiency are a focus population because language barriers can significantly impact access to transportation information, services, and resources. They may face difficulties navigating transit systems, understanding signage or service changes, and accessing assistance.*

Total: 51,000 households with persons 14-years-and-older who have limited English ability

Data Source: Census ACS 2023 5-Year Data

Minority-Headed Households

Definition: *Minority-headed households are included as a focus population due to longstanding disparities in access to transportation, economic opportunity, and essential services. These households are more likely to experience barriers related to residential segregation, underinvestment in infrastructure, and limited mobility options.*

Total: 589,000 minority-headed households

Data Source: 2050 Regional Development Forecast (2020 Base Year Data)

Single-Parent Households

Definition: *Single-parent households are included as a focus population due to their unique mobility needs and time constraints. Often managing work, childcare, and household responsibilities alone, single parents may face greater challenges accessing key destinations—particularly when transportation options are limited.*

Total: of 189,000 single-parent households

Data Source: Census ACS 2023 5-Year Data

Female-Headed Households

Definition: *Female-headed households are included as a focus population in this study due to their increased likelihood of experiencing economic hardship, transportation challenges, and caregiving responsibilities. These households often have limited access to private vehicles and greater reliance on transit, walking, or other non-driving modes to meet daily needs such as accessing work, childcare, education, and health services. They may also face heightened safety concerns, particularly when traveling at night or in poorly lit or isolated areas, which can further limit mobility and access to key destinations.*

Total: 246,000 female-headed households

Data Source: Census ACS 2023 5-Year Data

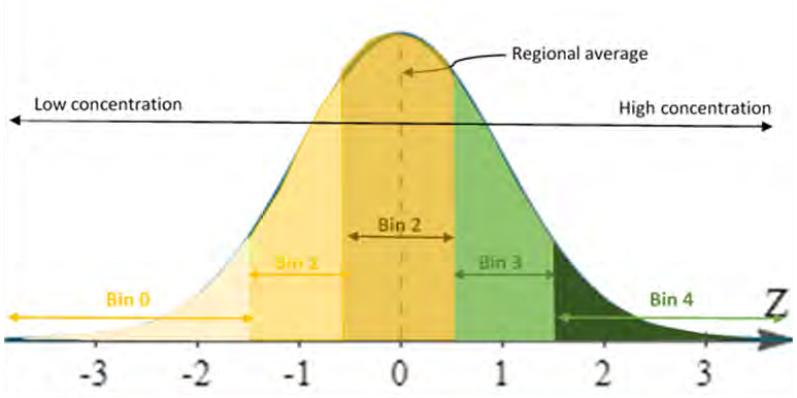
Transportation Access Focus Population

Definition: *SEMCOG identifies Transportation Access Focus Population using its Demographic Emphasis Areas (DEA) analysis. This approach uses a statistical, score-based method to identify concentrations of vulnerable population groups within the region.*

Each demographic indicator in the DEA analysis is assessed relative to the regional average using standard deviation as the measure of dispersion. Standard deviation quantifies how much individual data values deviate from the mean and is useful for identifying areas with unusually high or low concentrations.

For each indicator, data values for all communities and census tracts are classified into five bins (Figure 2):

Figure 2: Process for Identifying Transportation Access Focus Areas



This classification produces a relative concentration score for each indicator, with higher bin values indicating higher concentrations of the demographic population.

A composite score is calculated for each geography by averaging the bin scores of the selected demographic indicators. This composite score reflects the overall concentration of priority population characteristics for each community or census tract.

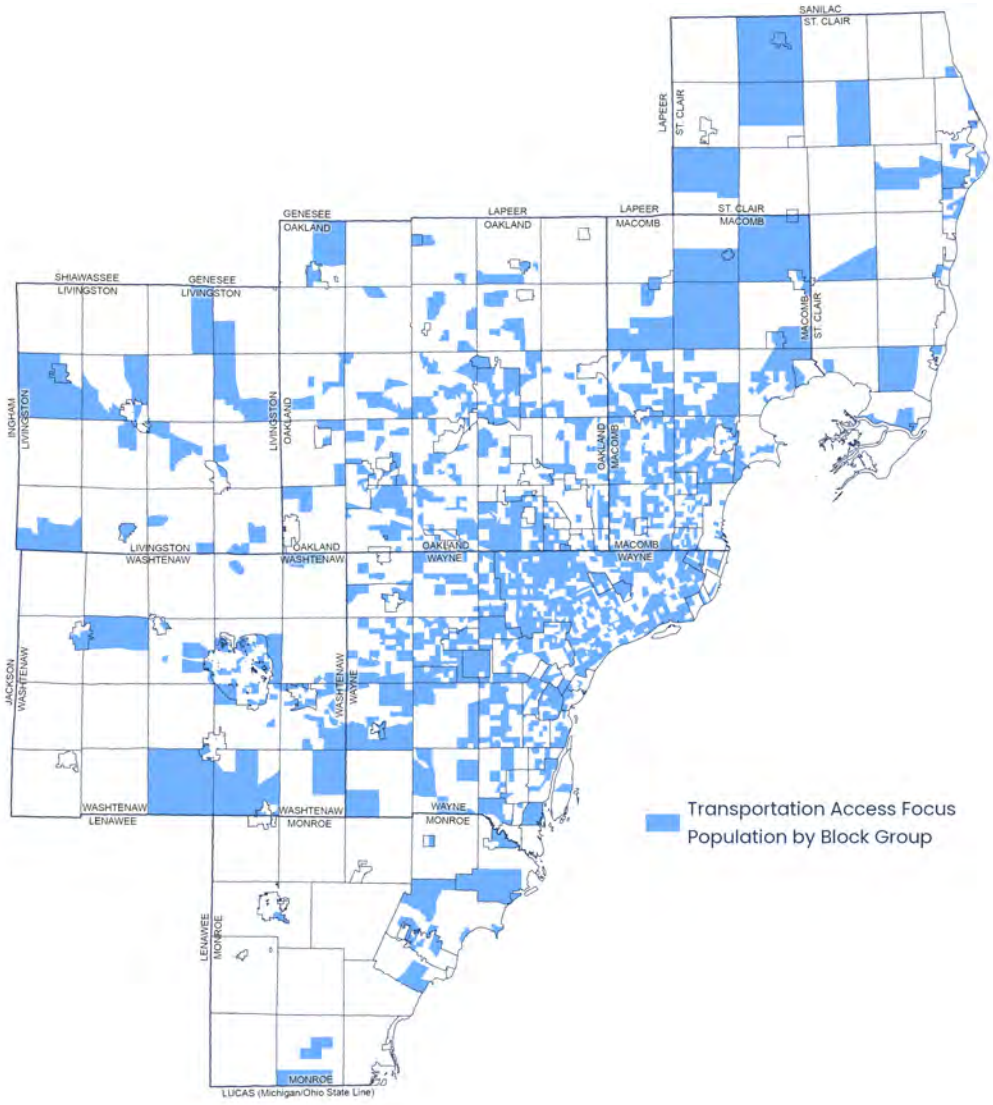
The selected indicators include transit-dependent households, households in poverty, households with seniors, households with children, populations with a disability, households with persons 14-years-and-older who have limited English ability, minority-headed households, and female-headed households.

SEMCOG defines Transportation Access Focus Population as households located in areas where the composite mean bin score exceeds 2. This threshold identifies communities and census tracts with above-average concentrations of vulnerable groups, ensuring that transportation access analysis focuses on areas with the greatest need (Figure 3).

Total: 1,552 out of 3,997 (39%) Block Groups are classified as Transportation Access Focus Population

Data Source: Census ACS 2023 1-Year and 5-Year Data; 2020 Forecast Baseyear Data

Figure 3: Transportation Access Focus Population by Block Group



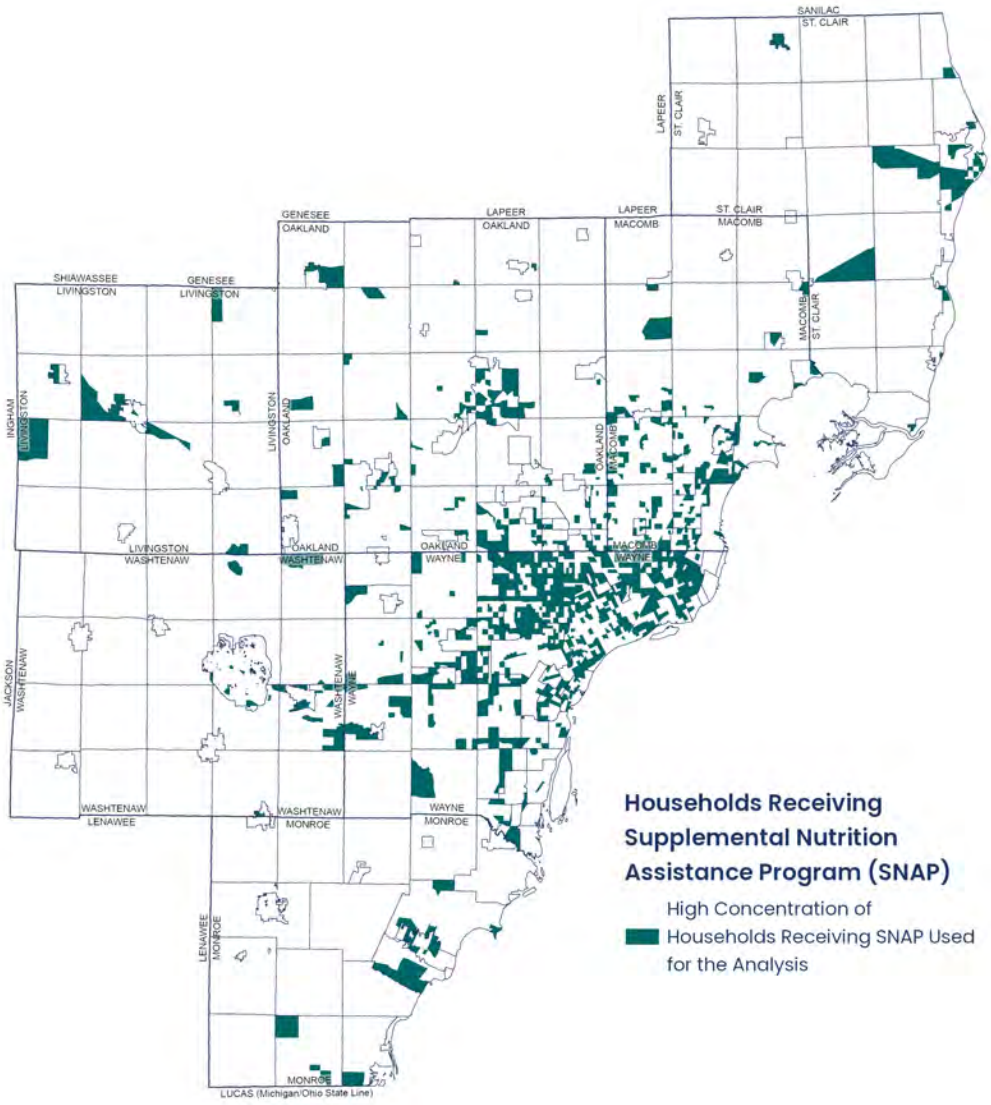
Households Receiving Supplemental Nutrition Assistance Program (SNAP)

Definition: *SNAP provides vital nutritional support to low-income households, including working families, older adults, and people with disabilities. According to the Center on Budget and Policy Priorities, nationally, nearly two-thirds of participants are in families with children, and over one-third are in households with seniors or individuals with disabilities. Households receiving Supplemental Nutrition Assistance Program (SNAP) benefits are included as a focus population due to their increased vulnerability to transportation and access limitations. With lower household incomes and reduced access to private vehicles, these residents often rely on transit, walking, or other non-driving modes to reach key destinations such as food retailers, employment centers, and health services (Figure 4).*

Total: 289,000 households receiving SNAP

Data Source: Census ACS 2023 5-Year Data

Figure 4: Households Receiving Supplemental Nutrition Assistance Program (SNAP)

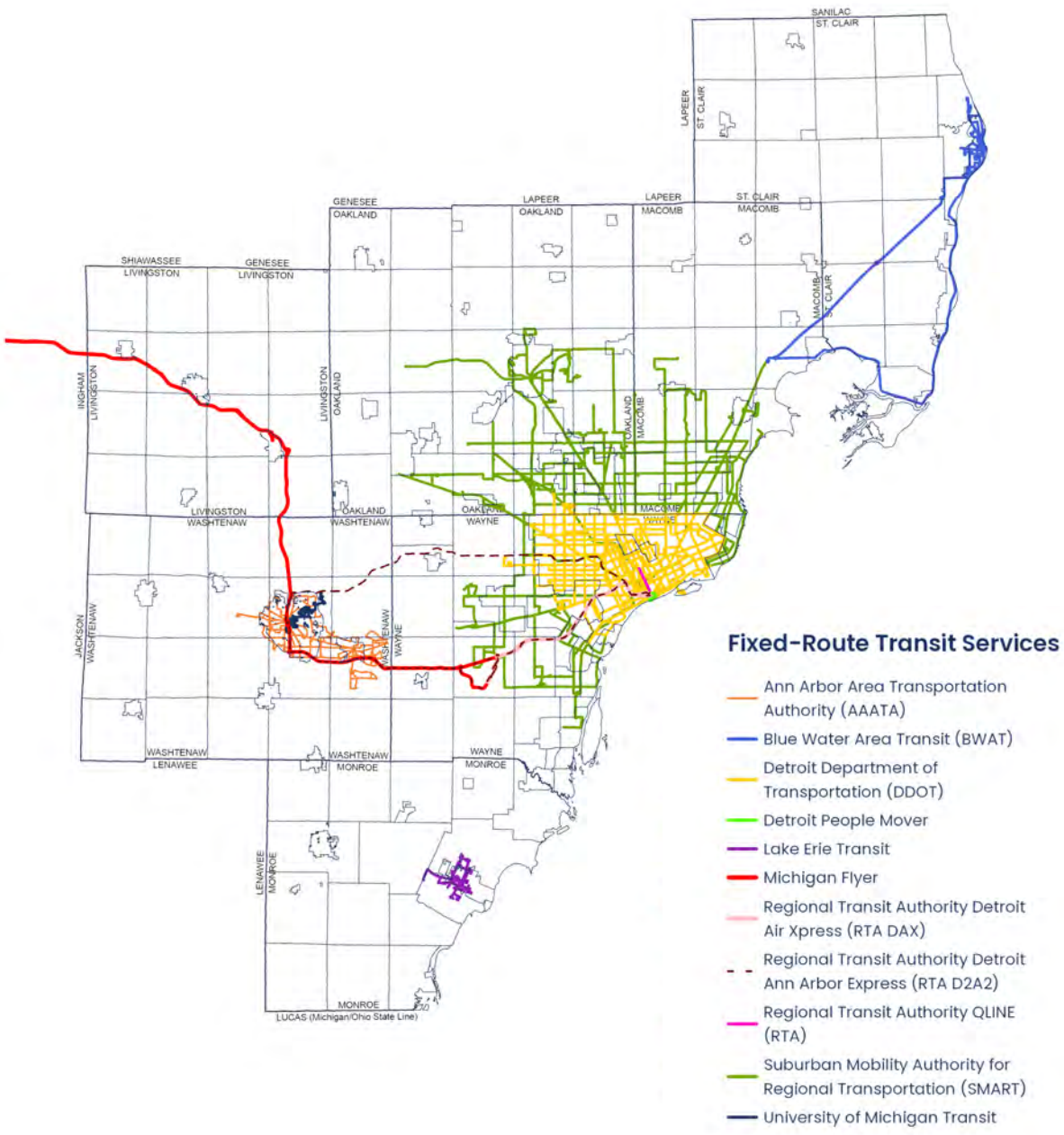


CHAPTER 3: KEY FINDINGS

ACCESS TO FIXED-ROUTE TRANSIT

This study defines access to transit services as the ability to reach fixed-route transit systems by walking or biking within specified travel times. It evaluates walking and biking access to Southeast Michigan's eleven fixed-route transit systems: Ann Arbor Area Transportation Authority (AAATA), University of Michigan Transit (UM), Detroit Department of Transportation (DDOT), Detroit People Mover (DPM), RTA's QLINE, RTA's Detroit to Ann Arbor (D2A2), RTA's Detroit Air Express (DAX), Suburban Mobility Authority for Regional Transportation (SMART), Blue Water Area Transit (BWAT), Lake Erie Transit (LET), and Michigan Flyer (Figure 5).

Figure 5: Fixed-Route Transit Services



Transit access is assessed based on:

- Travel time to the nearest fixed-route transit service by walking and biking (when considering comfort levels).
- Service frequency, measured by the number of daily trips.
- Service availability, with separate evaluations for weekday and weekend service within a 10-minute (approximately 0.5 mile) walk from each household.

Table 5 presents regional travel time benchmarks for walking and biking access to fixed-route transit across different household types in Southeast Michigan (Figure 6-8).

Table 5: Access to Fixed-Route Transit

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS						
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*
Fixed-Route Transit	**Walk**	10	46	67	43	43	70	62	45
		15	54	75	52	51	77	70	53
	Bike (considering biking comfort levels)	10	64	82	62	61	85	78	63
		30	79	90	78	77	93	88	78
	Bike	10	68	84	66	65	88	81	67
		30	86	93	85	84	97	92	85

Figure 6: Walking Access to Fixed-Route Transit

Figure 7: Biking Access to Fixed-Route Transit

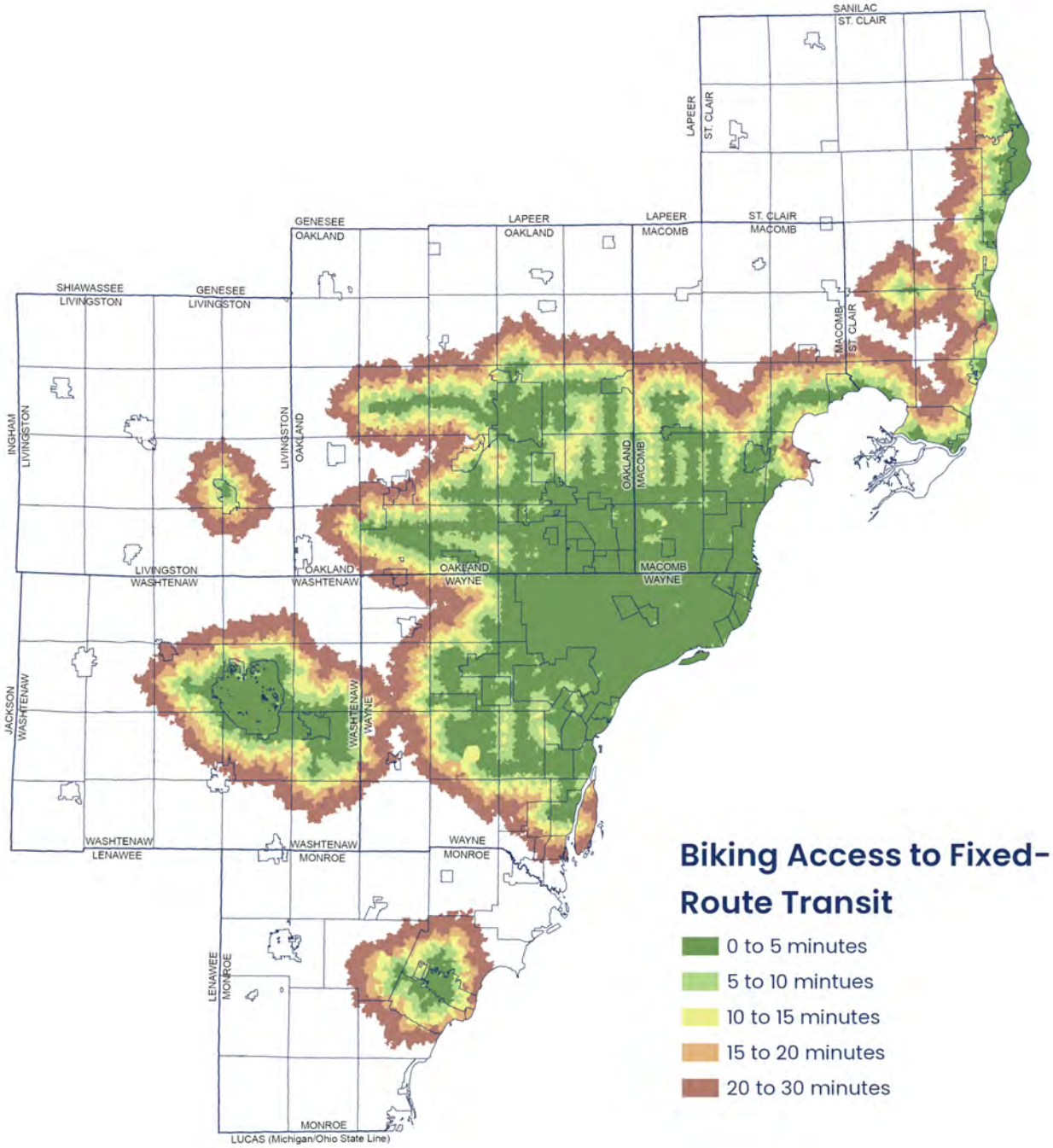
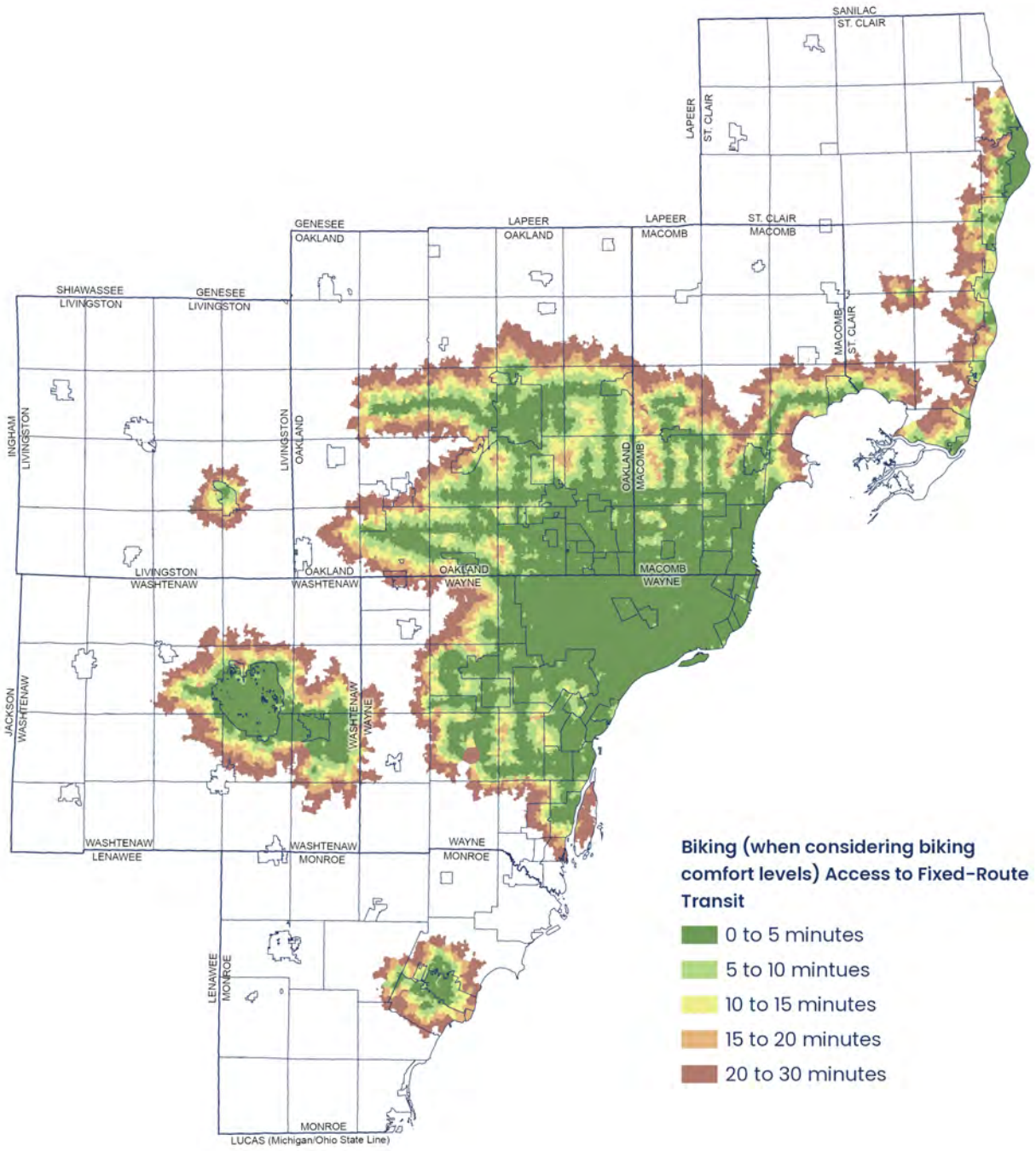


Figure 8: Biking (when considering biking comfort levels) Access to Fixed-Route Transit



Key Insights

- Approximately 75% of transit-dependent households are within a 15-minute walk of fixed-route transit, and 67% are within a 10-minute walk.
- About 46% of all households in the region are within a 10-minute walk of fixed-route transit.
- When considering biking comfort levels, 64% of all households are within a 10-minute bike ride of fixed-route transit. This share increases to 79% within 30-minutes.
- Transit-dependent households, minority-headed households, and low-income households demonstrate above-average walking and biking access to fixed-route services. These groups are often more reliant on transit to reach jobs, schools, and other key destinations.
- Walking and biking access is below the regional average for households with seniors and households with children. Only 43% of households with seniors and 43% of households with children are within a 10-minute walk of fixed-route transit. By bike, when considering comfort levels, access improves to 62% and 61% respectively.
- Walking and biking access for working-age populations aligns closely with the regional average.
- Across all demographic groups and travel-time thresholds, biking provides significantly higher access to fixed-route transit than walking.

Planning Implications

These findings highlight the importance of aligning transportation and land use planning to improve access to fixed-route transit:

- Transit Service Enhancements:
  - Consistent with priorities in the Regional Transit Authority of Southeast Michigan's 2024 Regional Transit Master Plan Update, expanding the Rapid Transit Network and improving frequency, reliability, and service hours of existing fixed-route transit are critical.
- First/Last-Mile Connections:
  - Expanding safe, comfortable bike infrastructure and improving pedestrian connections, particularly for households with children, seniors, and populations with a disability
  - Programs such as the Regional Transit Authority's Access to Transit Program (ATP) and Oakland County's Access to Transit program are strong examples of initiatives aiming to improve first/last-mile connections. DDOT and SMART also have initiatives improving bus stop safety and design.
  - Completing walking and biking networks in bicycle-and-pedestrian demand areas to strengthen access to transit stops.
  - Prioritizing regular maintenance of pedestrian and bicycle infrastructure, with a focus on transit corridors and stop locations.
- Land-Use Integration:
  - Using access-to-fixed-route transit data to inform zoning, housing, and mixed-use development policies that bring more households within short walking or biking distances of fixed-route transit.

    - Prioritizing Transit-Oriented Development (TOD) and Mobility-Oriented Development (MOD) in areas with the highest potential for access to fixed-route transit.
- Service Expansion Beyond Fixed Routes:
    - For communities outside fixed-route service areas, expanding demand-response transit services. Utilize data and mapping from this report to inform potential new or expanded service areas and populations served through demand-response transit.
- Regional Collaboration:
    - Coordination between transit agencies, SEMCOG, counties, local governments, and advocacy groups to secure funding and deliver targeted infrastructure and service investments.

Acknowledgments and Limitations

- Service frequency and availability of fixed-route buses vary significantly by route, corridor, day, and time. Figures 9–12 illustrate these variations. Service frequency and reliability are important factors, which would be valuable for further study. Transit providers generally review on-time performance for scheduled buses and service frequencies for routes to enhance cost-effective service.
- Many households within a 10-minute walk or bike ride of transit may not have access during the times they need to travel, including individuals who work primarily on the weekends or evenings.
- The quality and safety of transit facilities—including pedestrian facilities, shelters, benches, and lighting, can play a role in the level of comfort riders experience using transit.

Figure 9: 10-Minute Walking Access to Fixed-Route Transit - Weekday

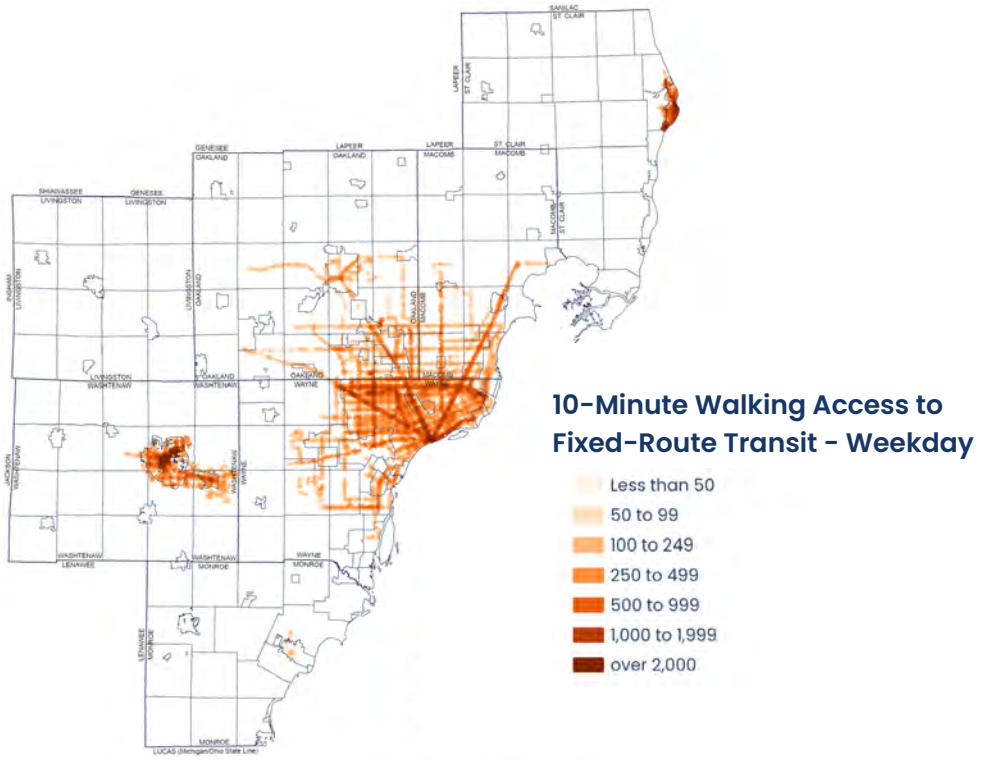


Figure 10: 10-Minute Walking Access to Fixed-Route Transit - Weekend

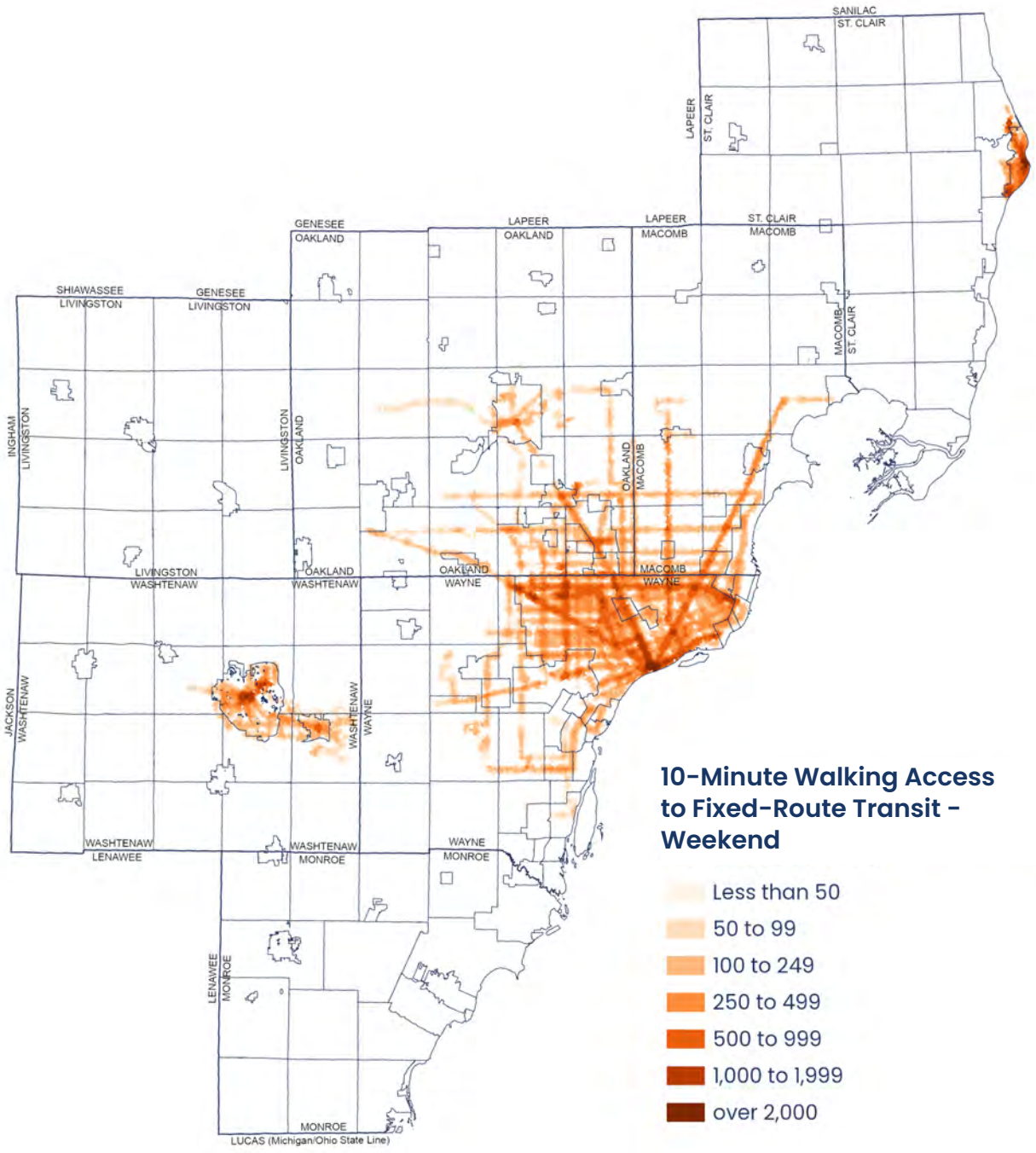


Figure 11: 10-Minute Biking Access to Fixed-Route Transit - Weekday

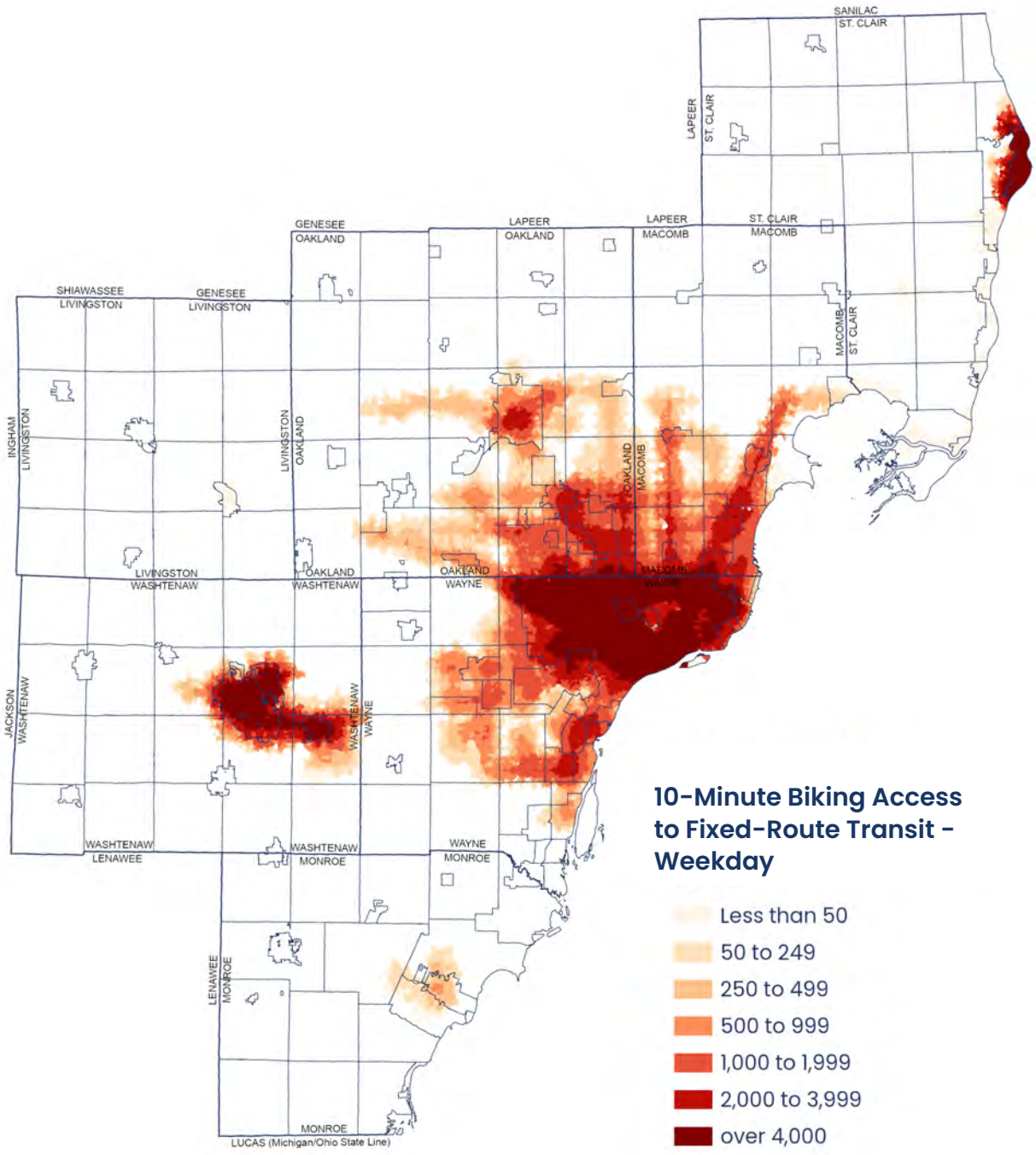
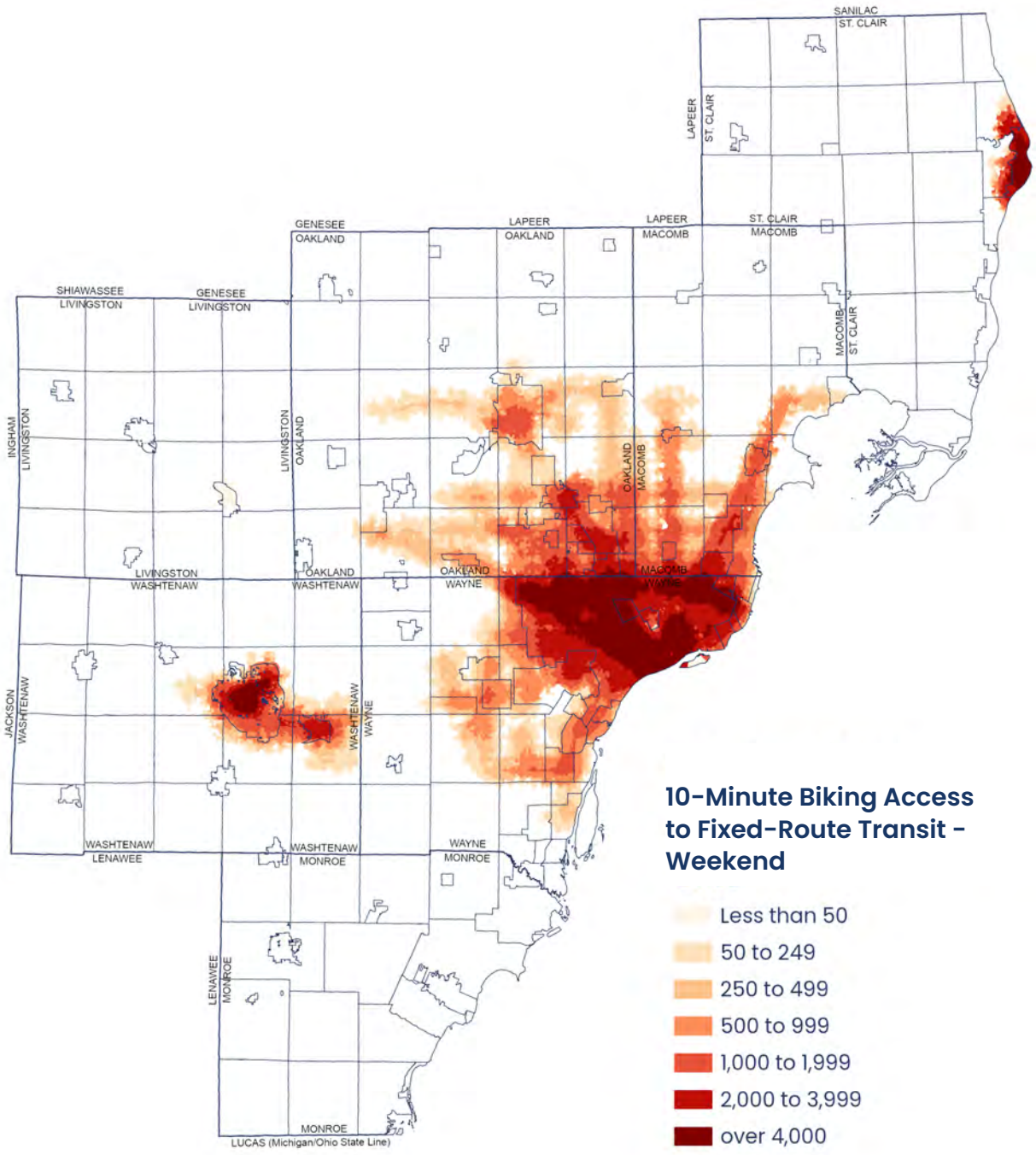


Figure 12: 10-Minute Biking Access to Fixed-Route Transit - Weekend



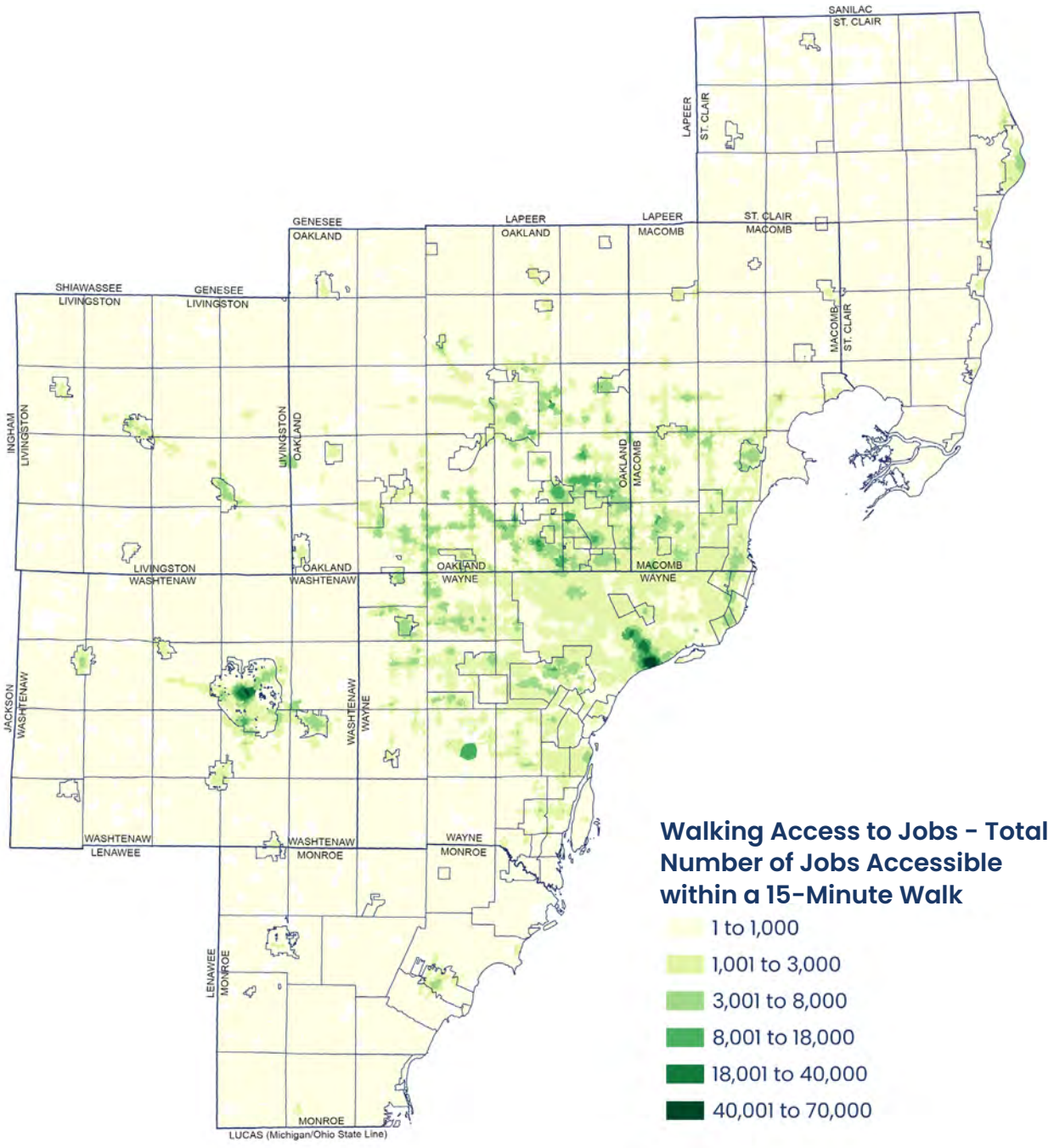
ACCESS TO JOBS

Job accessibility is measured by the number of jobs reachable within a set travel time by walking, biking, fixed-route transit, and driving. The more jobs that are within reach may result in greater accessibility.

Walk access to Jobs

Figure 13 presents the total number of regional jobs accessible in a 15-minute walking travel time.

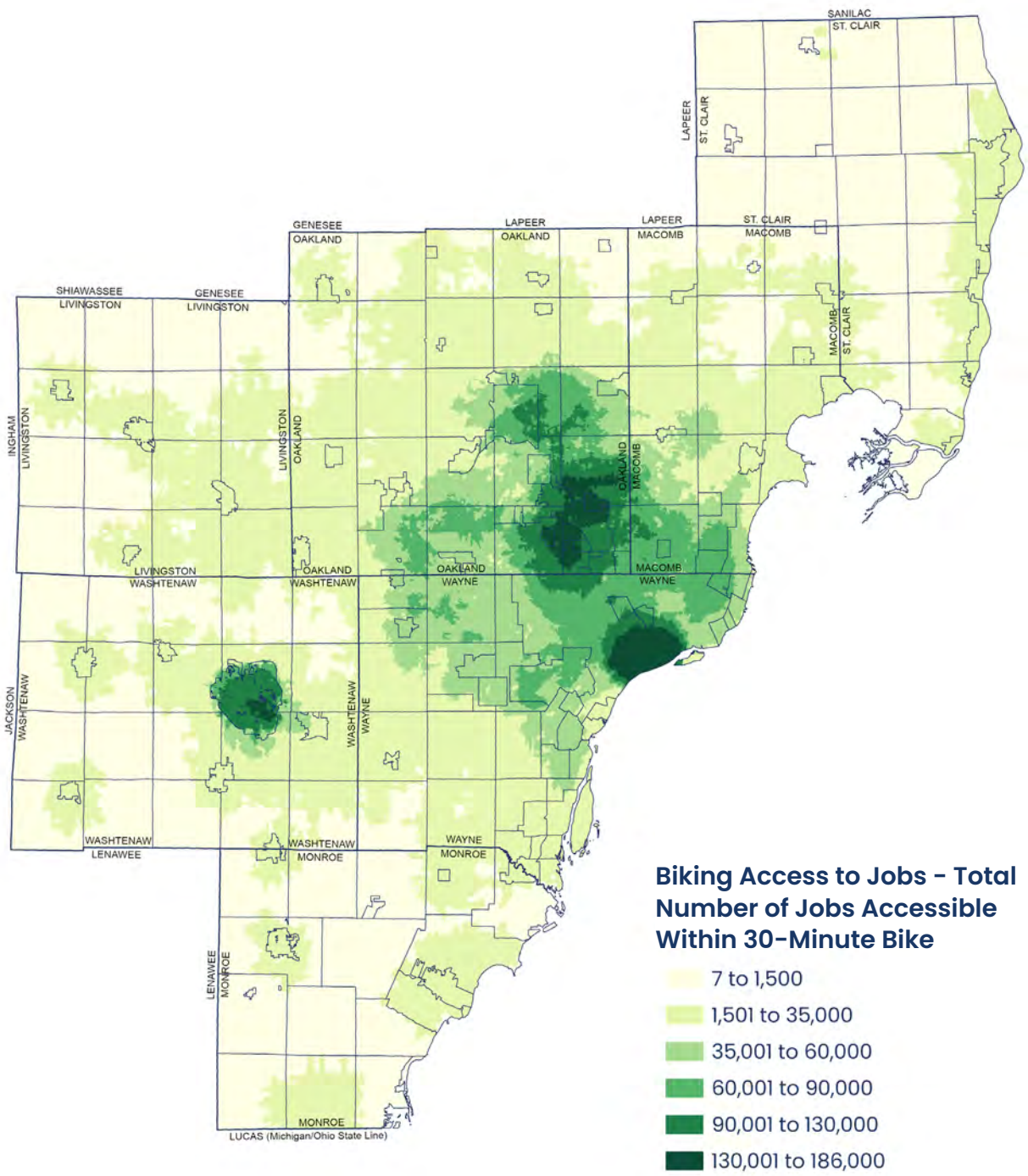
Figure 13: Walking Access to Jobs - Total Number of Jobs Accessible within a 15-Minute Walk



Biking access to Jobs

Figure 14 presents the total number of jobs accessible within 30 minutes of biking travel time.

Figure 14: Biking Access to Jobs - Total Jobs Accessible Within a 30-Minute Bike Ride



Fixed-Route Transit Access to Jobs

Transit accessibility to jobs is measured by the number of jobs reachable by fixed-route transit during the morning peak hours on a typical weekday. The analysis considers both the extent of transit coverage—defined as areas within 0.5 miles (10-minute walk) of a transit stop as well as the quality of service, using detailed street networks and GTFS data (stops, routes, and schedules). Figure 15 shows results for 45-minute commute times. The gravity-based measure emphasizes job opportunity sizes at work sites, while accounting for travel impedance using SEMCOG's gravity friction formula. This approach provides a more realistic assessment of job access compared to a simple cumulative measure (Figure 16).

Figure 15: Fixed-Route Transit Access to Jobs - Total Number of Jobs Accessible Within 45-Minute Transit

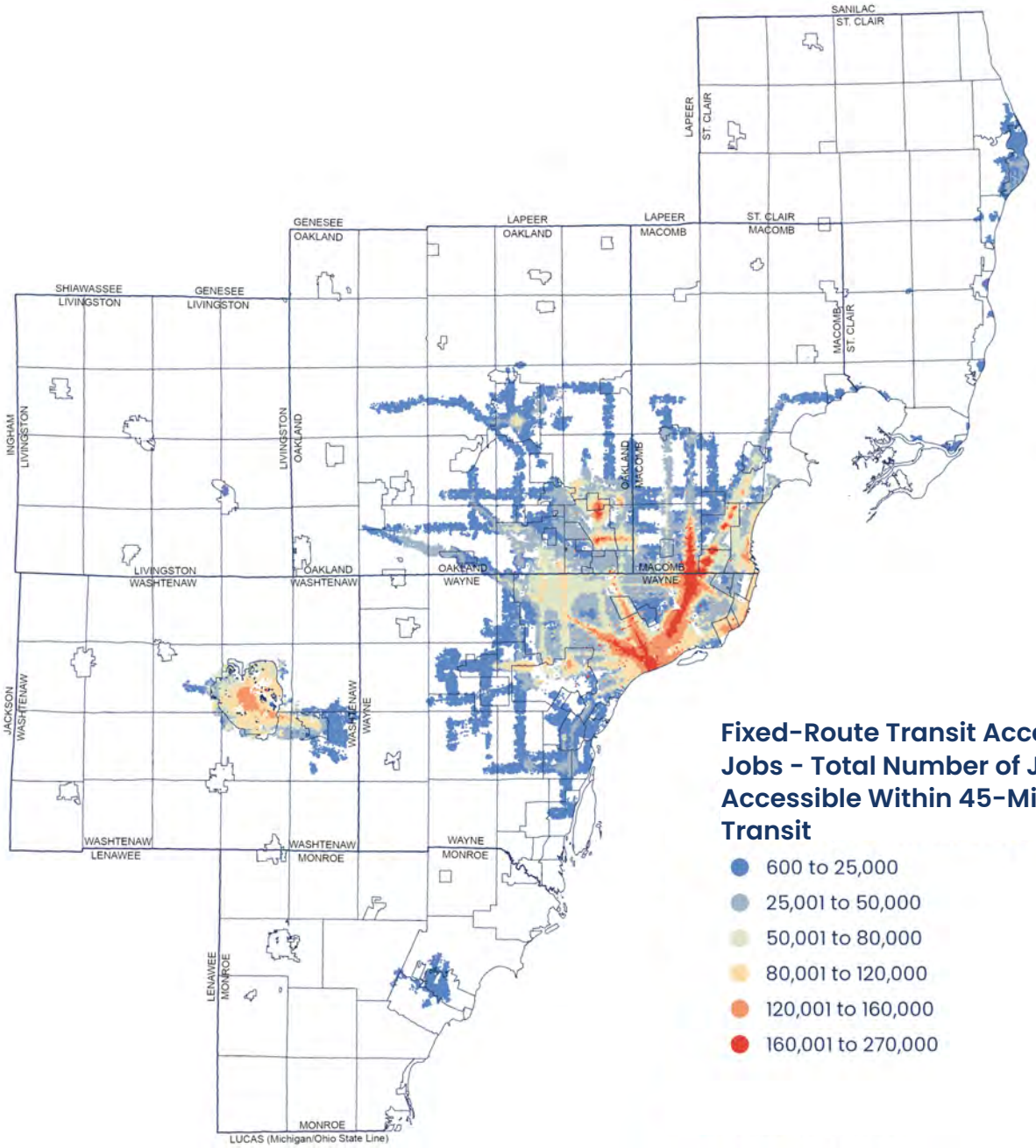
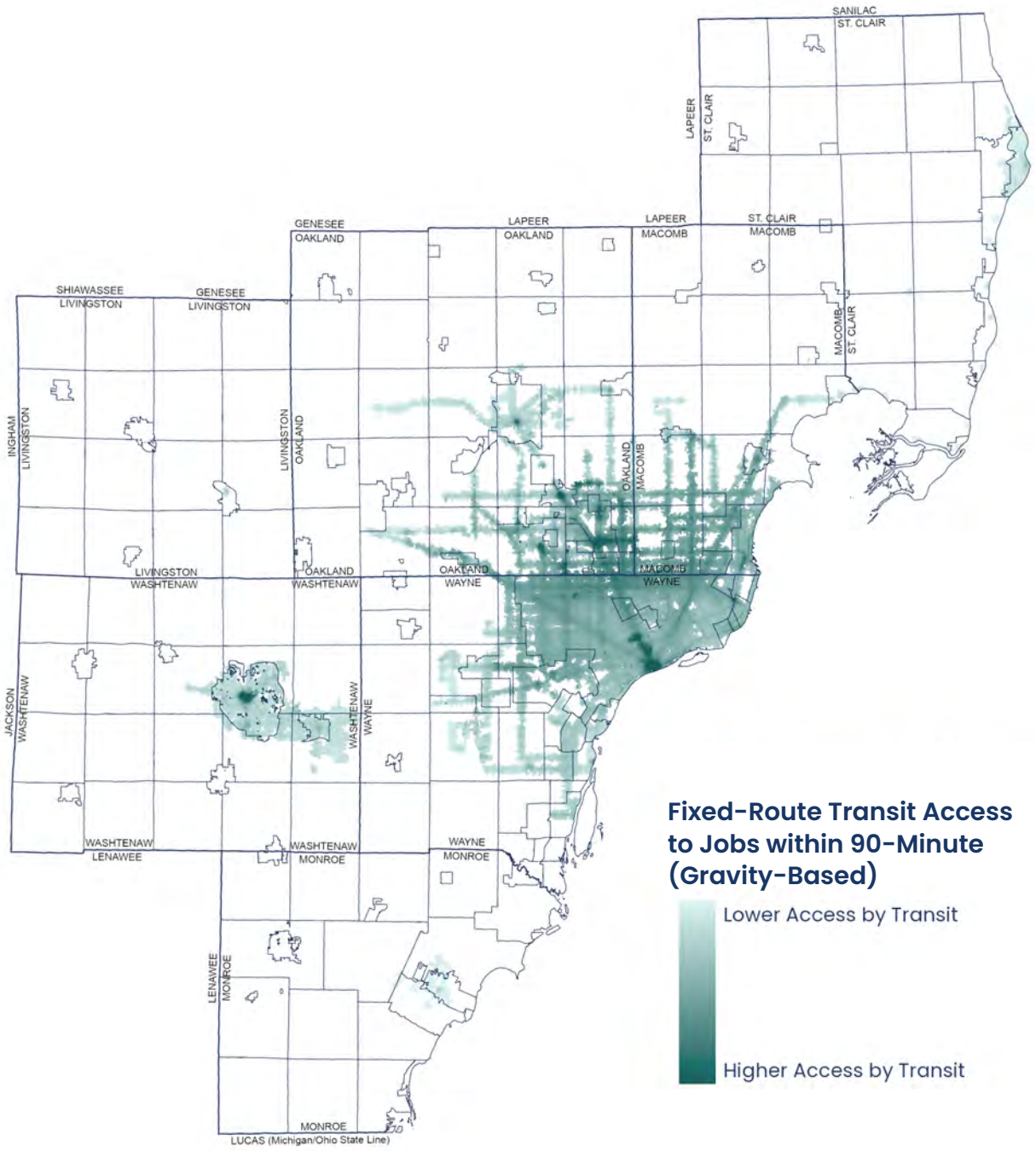


Figure 16: Fixed-Route Transit Access to Jobs within 90-Minute (Gravity-Based)

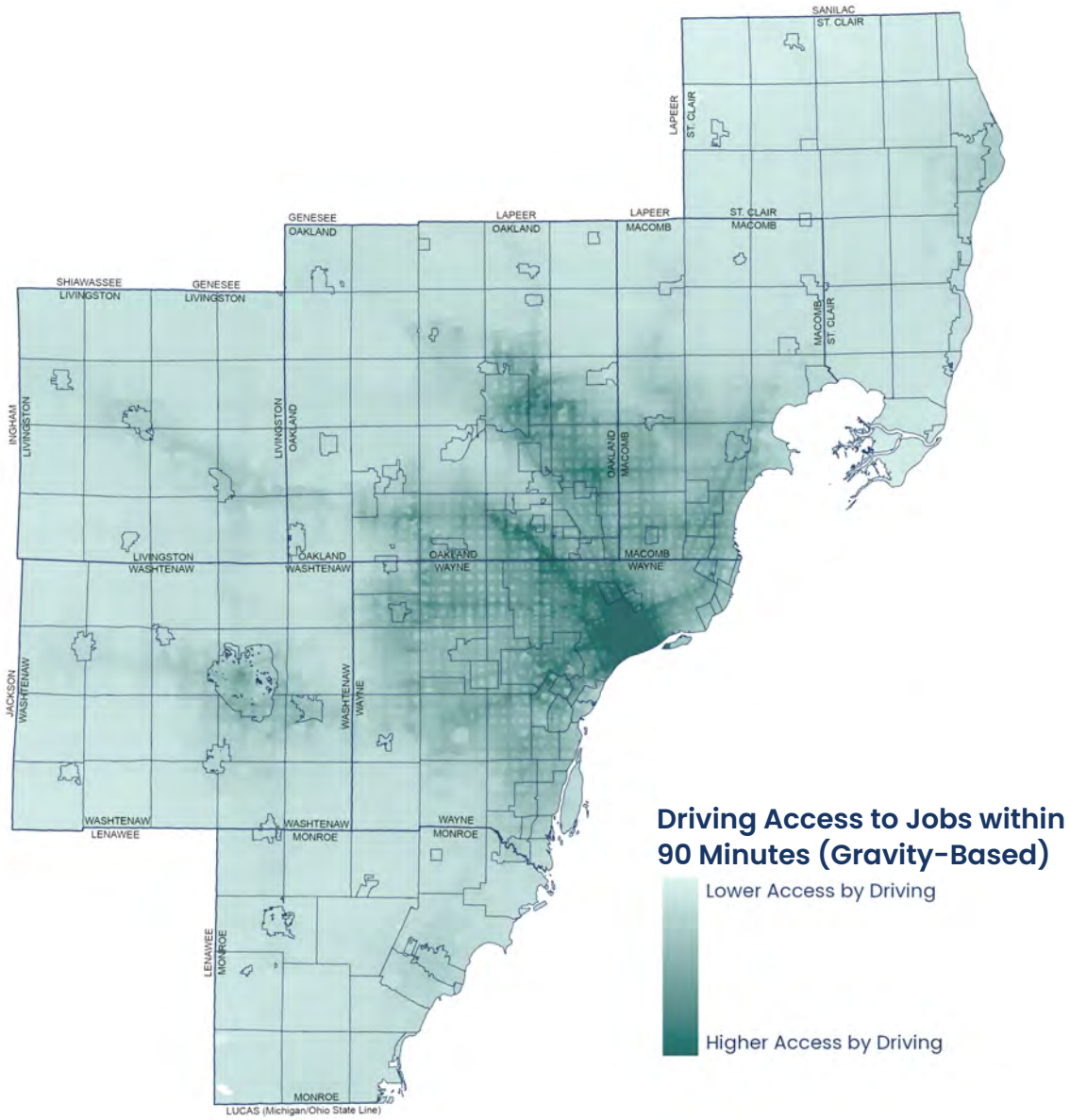


Driving access to Jobs

Cumulative drive job accessibility measures the total number of jobs reachable within a specified driving time during peak weekday hours. This assessment considers travel along highways and major local roads, accounting for variable driving speeds that change by time of day. The chosen travel time thresholds are based on previous studies or reflect the average commute time in our region, which is 25 minutes according to the SEMCOG Household Travel Survey.

In contrast, gravity-based accessibility goes beyond simply counting jobs by also weighting employment opportunities according to their size and the likelihood of travel, which decreases nonlinearly with distance. This decay in travel reflects the realistic behavior that people are less willing to commute longer distances for work. The travel time decay formula used in this approach was developed by the SEMCOG travel model and incorporates multiple factors influencing automobile trip costs. Overall, the gravity-based method provides a more nuanced and realistic understanding of how individuals access job opportunities by car.

Figure 17: Driving Access to Jobs within 90 Minutes (Gravity-Based)



Key Insights

Cumulative job accessibility

- Walk: On average, workers can reach about 1,500 jobs (0.05% of the region) within 15 minutes on foot — a share that rises to 0.23% within 30 minutes.
- Bike: On average, workers can reach about 18,000 jobs (0.67% of the region) within 15 minutes by bike — a share that rises to 2.78% within 30 minutes However, when limiting trips to the most comfortable bike facilities, access drops to about 11,000 jobs (0.43% of the region) within 15 minutes and 1.75% within 30 minutes, underscoring how the quality of bike infrastructure significantly shapes access to opportunity.
- Fixed-Route Transit: On average, workers can reach about 22,000 jobs (0.82% of the region) within 45 minutes by transit — a share that rises to 6.39% within 90 minutes. Figure 16 illustrates total number of jobs accessible by fixed-route transit using cumulative accessibility.
- Driving: On average, workers can reach about 68,000 jobs (2.51% of the region) within a 10-minute drive – a share that rises to 19.98% within a 25-minute drive.

Gravity-Bases job accessibility

- Fixed-Route Transit: Figure 16 illustrates gravity-based transit accessibility to jobs across the region. Areas with higher accessibility indicate that residents can reach a larger share of employment opportunities within shorter transit travel times, weighted by both job density and travel impedance. These concentrations of high accessibility are generally located near major job centers with strong transit service. Notable examples include Downtown Detroit, Downtown Royal Oak, Southfield, Troy, and Downtown Ann Arbor.
- Drive: Figure 17 illustrates gravity-based driving accessibility to jobs across the region. Higher accessibility indicates locations where residents can reach a greater share of employment opportunities within shorter driving times. Key areas of high driving accessibility include the City of Detroit, Southfield along the M-10 corridor, and Troy near the Big Beaver and I-75. In contrast, areas with lower accessibility reflect places where residents face longer travel times to job centers or have fewer employment opportunities within a shorter driving distance.

Planning Implications

The findings highlight the importance of:

- Addressing geographic disparities in job accessibility, especially for the large share of working-age residents with limited access by car or fixed-route transit.
- Integrating land use and transportation planning to bring jobs and housing closer together, reducing commute distances.
- Prioritizing walking and biking access to jobs by completing walking and biking networks, specifically in Bicycle and Pedestrian Demand Areas.
- Ensuring sidewalk and bike infrastructure maintenance, specifically where key to accessing fixed-route transit stops and jobs.
- Supporting and promoting alternative transportation mobility services and technologies, including Transportation Demand Management (TDM) strategies by employers.
- Supporting remote work options.

Acknowledgments and Limitations

- Job accessibility by all modes is influenced by factors such as service frequency, schedule reliability, congestion, and quality of infrastructure.
- The analysis measures potential access to jobs, not actual travel behavior. Many households may not have service availability or reliable travel options at the time they need to commute.
- The gravity-based analysis provides a more realistic representation of accessibility than the cumulative measures.
- The quality and safety of fixed-route transit facilities, sidewalks, crossing, and bike networks-which are not fully captured in this analysis-also influence real-world accessibility.
- This study does not include a competition-based analysis of access to jobs and does not account for job type or workers' skills and education. These factors may influence the actual accessibility experienced by different populations and should be considered in future research.

ACCESS TO HEALTH CARE FACILITIES

This study evaluates accessibility to three categories of health care facilities: hospitals, community health centers, and urgent care facilities. In addition to assessing access to each facility type individually, the analysis also incorporates a composite measure of "total access" representing access to at least one of the three health care facility types. Accessibility to each health care facility type is assessed based on travel times by walking, biking (considering biking comfort levels), fixed-route transit, and automobile.

Hospitals

Table 6 presents regional travel time benchmarks for hospital accessibility by walking, biking (when considering biking comfort levels), using fixed-route transit, and driving.

Table 6: Access to Hospitals

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Hospitals	Walk	10	1	2	1	1	1	1	1	
		15	2	4	2	2	3	3	2	
	Bike (considering biking comfort levels)	10	8	12	8	7	10	10	8	
		15	18	24	17	16	22	21	17	
		20	29	36	29	27	36	34	28	
	Bike	10	12	17	12	11	15	15	12	
		15	26	33	25	24	31	30	25	
		20	42	50	42	40	49	48	42	
	Fixed-Route Transit	30	11	18	10	9	16	15	10	13
		45	25	40	23	23	42	35	24	31
	Drive	10	72	84	72	71	85	81	72	79

Key Insights

- Hospital access by walking is extremely limited across the region. Only 2% of transit-dependent households, 1% of all households, and a similarly small share of low-income households are within a 10-minute walk of a hospital. Even at a 15-minute threshold, only 2% of all households are within walking distance of hospital care.
- Biking provides broader access, though it is still limited compared to driving. When biking comfort levels are considered, 18% of households are within a 15-minute bike ride of a hospital and 29% are within 20 minutes. Without considering comfort levels, access increases to 26% and 42%, respectively. Households with children have below-average biking access compared to the regional average.
- Hospitals are relatively difficult to reach by fixed-route transit. Within 30 minutes, 18% of transit-dependent households, 15% of low-income households, 13% of Transportation Access Focus Population, 11% of all households and populations with a disability, 10% of households with seniors, and 9% of households with children can access hospitals; the share reaches 40% of transit-dependent households and 25% of all households within 45 minutes. Figure 18 illustrates fixed-route access to hospitals by Transportation Access Focus Population. In this map, the dark purple colors are highlighting a high concentration of focus populations within fixed-route transit service areas who have higher transit travel times (30-60 minutes) to access hospitals.
- Driving is the dominant mode for reaching hospitals. A 10-minute drive provides access for 72% of all households, and by 20 minutes nearly all households across demographic groups (95–99%) can reach a hospital (Figure 20).

Planning Implications

Hospital access in the region is overwhelmingly dependent on driving. Households without reliable vehicle access—particularly low-income households, households with seniors, and transit-dependent households—face barriers to timely health care provided by the region's hospitals. This highlights the importance of:

- Expanding transit routes, increasing frequency, and strengthening first/last-mile connections to major hospitals, particularly for transit-dependent and low-income households.
- Investing in bike infrastructure to improve medium-distance connections to hospitals,

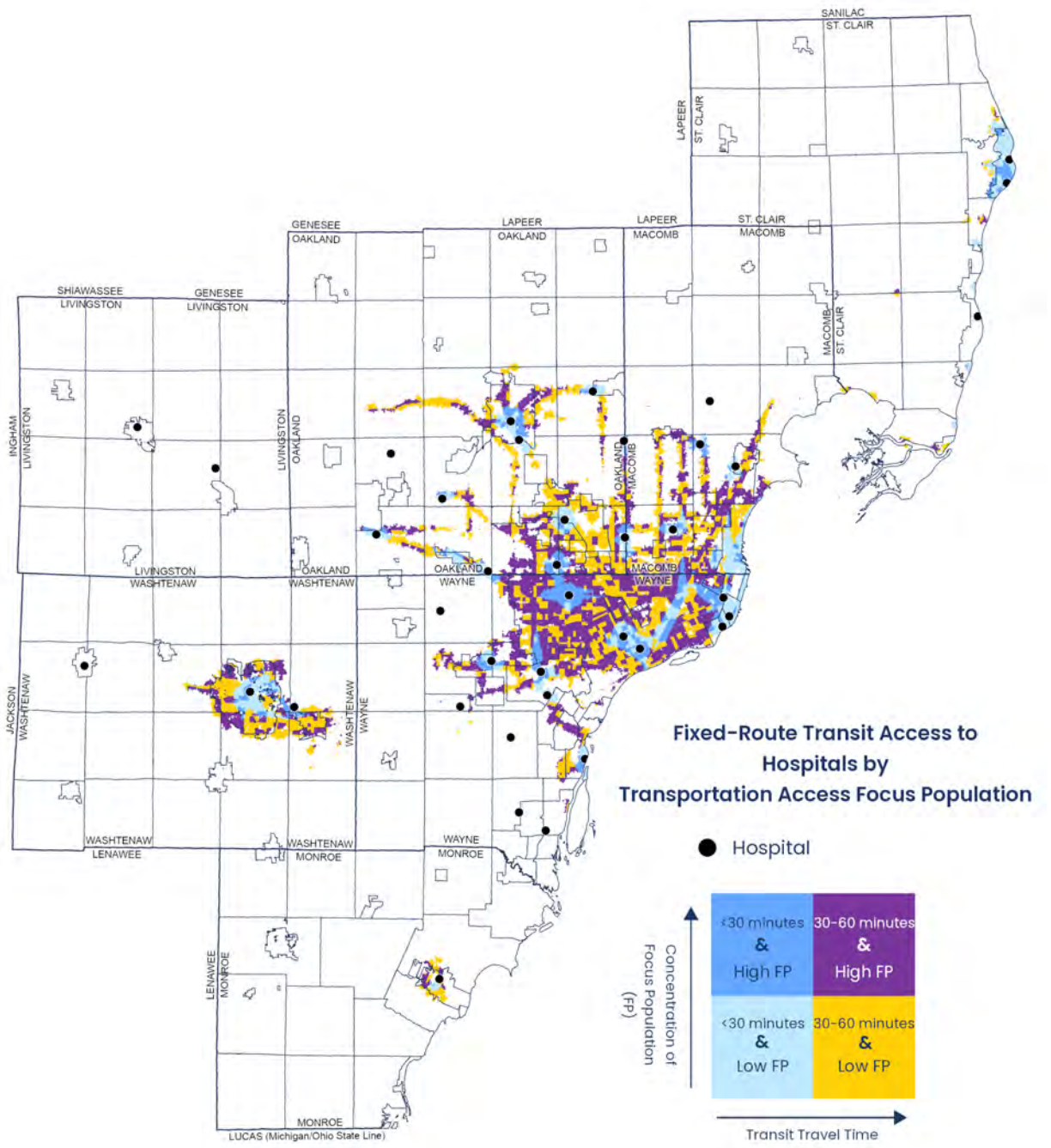
while recognizing that biking access has more limited potential compared to urgent care centers.

- Partnering with health care systems to encourage future expansions along multimodal corridors could substantially improve access.

Acknowledgments and Limitations

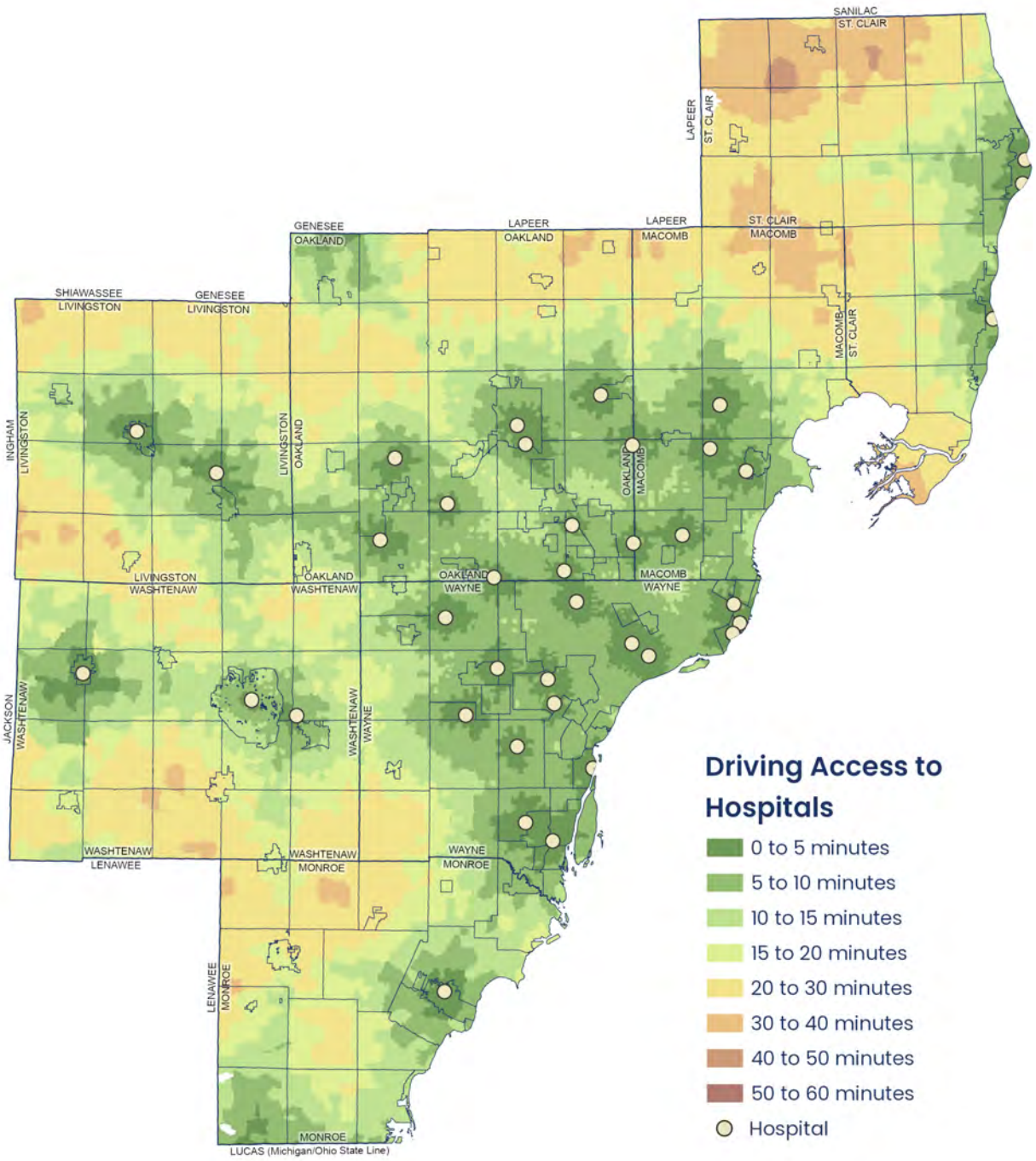
- While the nearest hospital with an Emergency Room (ER) may provide geographically close emergency care, individuals may choose—or need—to access a different facility due to factors such as ambulance routing protocols, insurance coverage, perceived quality of care, or specialty service availability.
- Access measures capture geographic proximity but not hospital type, specialty services, or capacity.
- Walking access does not consider safety and comfort factors, such as arterial crossings or steep grades.
- High car access does not equate to affordability or vehicle availability, especially among transit-dependent, low-income households, or populations with a disability.

Figure 18: Fixed-Route Transit Access to Hospitals by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Figure 19: Driving Access to Hospitals



Community Health Centers

Table 7 presents regional travel time benchmarks for accessibility to community health centers by walking, biking (considering biking comfort levels), fixed-route transit, and driving.

Table 7: Access to Community Health Centers

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Hospitals	Walk	10	3	7	3	3	7	6	3	
		15	7	14	6	6	14	12	7	
	Bike (considering biking comfort levels)	10	19	33	16	18	35	29	19	
		15	30	50	27	29	53	45	30	
		20	40	61	37	38	64	55	40	
	Bike	10	24	41	21	23	43	36	24	
		15	38	58	35	36	62	53	37	
		20	49	69	47	47	73	64	49	
	Fixed-Route Transit	30	20	38	18	19	41	32	20	30
		45	32	55	30	31	58	49	32	46
	Drive	10	64	80	62	62	83	77	63	73

Key Insights

- Only 7% of all households can reach a community health center within a 15-minute walk, which reduces to 3% within 10-minute walk (Figure 20).
- 14% of transit-dependent households are within a 15-minute walk of a community health centers, while 7% are within a 10-minute walk.
- When considering biking comfort levels, 40% of all households and 61% of transit-dependent households are within a 20-minute bike ride compared to only 20% and 38%, respectively, within 30 minutes by transit.
- Community health centers are relatively difficult to reach by fixed-route transit. Within 30 minutes by fixed-route transit, 38% of transit-dependent households, 32% of low-income households, 30% of transportation access focus population, 24% of populations with a disability, 20% of all households, 19% of households with children, and 18% of households with seniors can access community health centers. 55% of transit-dependent households and 32% of all households are within a 45-minute transit ride. Figure 20 illustrates fixed-route access to community health centers by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations who have higher transit travel times (30-60 minutes) to access community health centers.
- Nearly all groups exceed 90% access within a 20-minute drive, including low-income, minority-headed, and female-headed households. This confirms that automobile access remains the dominant way households reach community health centers.
- Households with seniors have below-regional-average biking (when considering biking comfort levels) and fixed-route transit access to community health centers.

Planning Implications

The findings highlight the importance of:

- Expanding short-trip access through walking and biking investments around health centers could help reduce car dependence and effect a higher level of walking and biking access.
- Strengthening transit connections to health centers. At a 45-minute travel time threshold, fewer than 60% of any demographic group can reach a community health center by fixed-route transit.
  - Targeted improvements in first/last-mile access and service frequency could help increase usability of transit for health-related trips.
- Strengthening demand-response and paratransit services to fill geographic and accessibility gaps, especially for populations with disabilities.
- Coordinating transportation and land use policy:
  - Encouraging community health centers along transit-rich, walkable, and bike-friendly corridors could significantly reduce reliance on automobiles.
  - Land-use strategies such as Transit-Oriented Development (TOD) and Mobility-Oriented Development (MOD) could prioritize locations where groups with below-regional-average access can realistically access community health centers without driving.

Acknowledgments and Limitations

- While a community health center may be the closest option geographically, individuals may choose to access a different center due to factors such as service availability, sliding fee eligibility, cultural or language preferences, or continuity of care.
- Service frequency and availability of fixed-route transit buses vary by route or corridor, day of the week, and time of day.
- Walking access results do not capture safety or comfort factors, such as availability of crosswalks, sidewalk conditions, traffic stress for walking, or lighting, which could strongly influence travel choices.
- Many households technically within a walk, bike, or transit shed may still rely on automobiles due to time constraints, reliability, or perceived safety barriers.

Figure 20: Walking Access to Community Health Centers

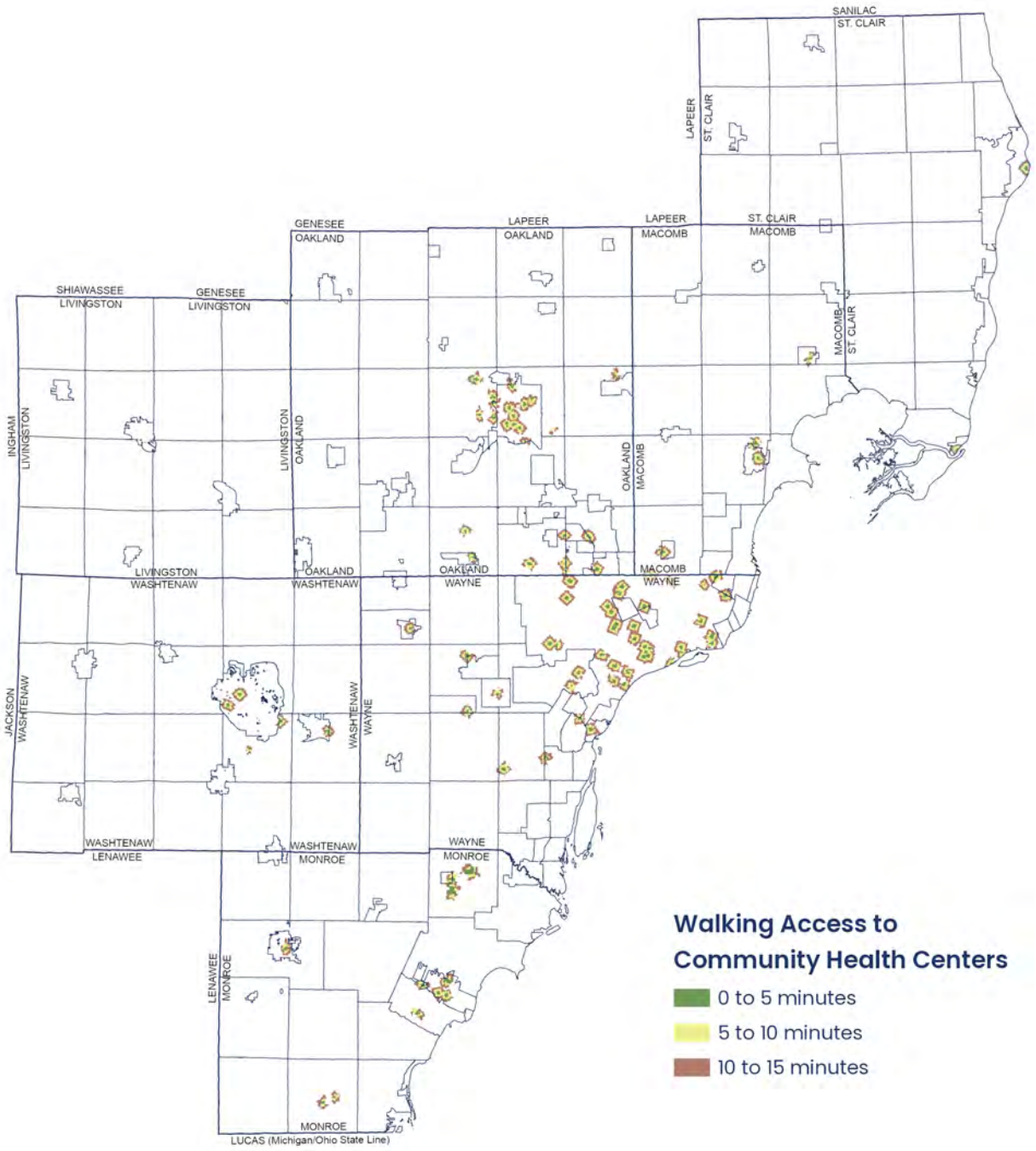
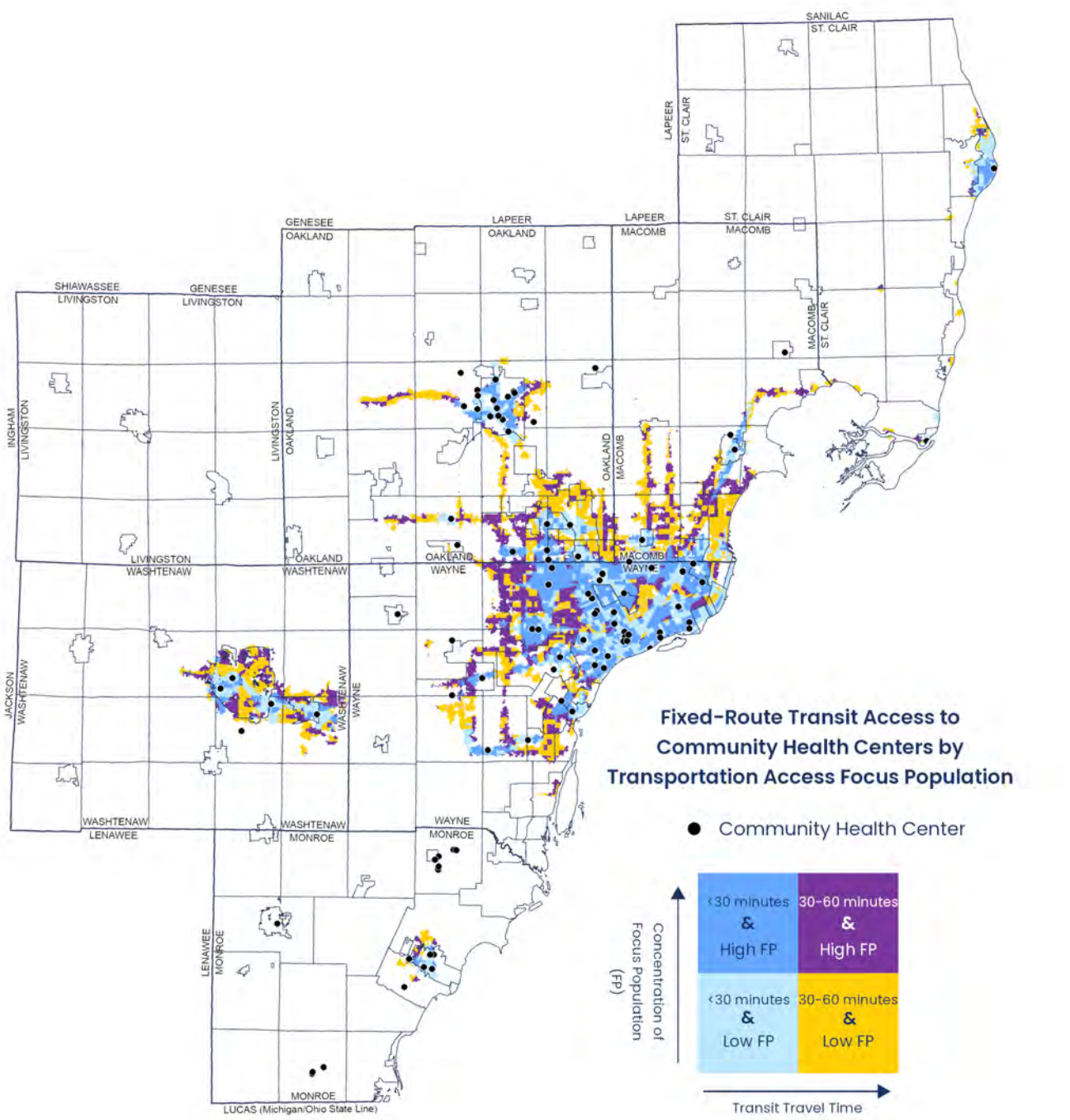


Figure 21: Fixed-Route Transit Access to Community Health Centers by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Urgent Care Facilities

Table 8 presents regional travel time benchmarks for accessibility to urgent care facilities by walking, biking (considering biking comfort levels), fixed-route transit, and driving.

Table 8: Access to Urgent Care Facilities

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit-Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Urgent Care Facilities	Walk	10	8	8	7	7	7	8	8	
		15	17	18	17	16	15	18	17	
	Bike (considering biking comfort levels)	10	41	42	40	39	39	42	41	
		15	62	64	62	60	64	64	61	
		20	76	81	76	75	82	80	76	
	Bike	10	54	55	54	52	53	55	54	
		15	76	78	75	74	78	78	75	
		20	87	91	86	86	93	90	86	
	Fixed-Route Transit	30	29	39	27	27	37	36	29	33
		45	41	61	39	39	63	56	41	53
	Drive	10	95	98	95	95	99	97	95	97

Key Insights

- Walking access is limited: only 17% of all households can reach urgent care within a 15-minute walk, decreasing to 8% within 10 minutes (Figure 22).
- When considering biking comfort levels, 41% of all households and 42% of transit -dependent households are within 10-minute bike of an urgent care facility. This share grows to 76% and 81% within 20 minutes.
- Households with children have below-regional-average walking and biking access to urgent care facilities.
- Transit access to urgent care centers is highly constrained. 39% of transit-dependent households, 36% of low-income households, 33% of Transportation Access Focus Population, 29% of all households and population with disability, 27% of households with children and households with seniors are within a 30-minute transit ride of an urgent care facility. The share grows to 41% of all households and 61% of transit-dependent households within a 45-minute transit ride. Figure 23 illustrates fixed-route access to urgent care facilities by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations who have higher transit travel times (30-60 minutes) to access urgent care facilities.
- Driving access is nearly universal across all demographic groups. Over 90% of all demographic groups are within a 10-minute drive of an urgent care facility.
- Biking outperforms fixed-route transit across all thresholds:
  - At 20 minutes, 76% of all households can access an urgent care facility by bike (when considering biking comfort levels), compared to only 29% by 30-minute transit.
  - The bike-comfort network offers near-identical gains, showing that investments in low-stress bike infrastructure could provide reliable short-trip access.

Planning Implications

The findings highlight the importance of,

- Prioritizing first/last-mile and short-trip connectivity around urgent care facilities, which could meaningfully improve walking and biking access, especially for households with children.
- Expanding transit reach and frequency to urgent care facilities. Strategic transit service planning (routes, stop locations, service hours) could consider access to urgent care facilities as a public health priority.
- Demand-response transit could provide vital service for populations with disabilities and other households who may otherwise remain underserved by fixed-route service.
- Aligning land use and health care access strategies:
  - Locating urgent care centers in transit-rich, mixed-use development areas would improve access for transit-dependent households and Transportation Access Focus Population.

Acknowledgments and Limitations

- Individuals may not always seek care at the nearest urgent care center due to factors such as insurance network participation, wait times, specific medical services offered, or perceived quality of care.
- Service frequency and availability of fixed-route transit buses varies by route or corridor, day of the week, and time of day.
- Walking access percentages do not reflect infrastructure quality (e.g., safety, comfort, ADA compliance), which can significantly affect travel behavior.
- While driving achieves a high level of access compared to other modes, it is not a guaranteed option for transit-dependent, low-income, Transportation Access Focus Population, and populations with disability.

Figure 22: Walking Access to Urgent Care Facilities

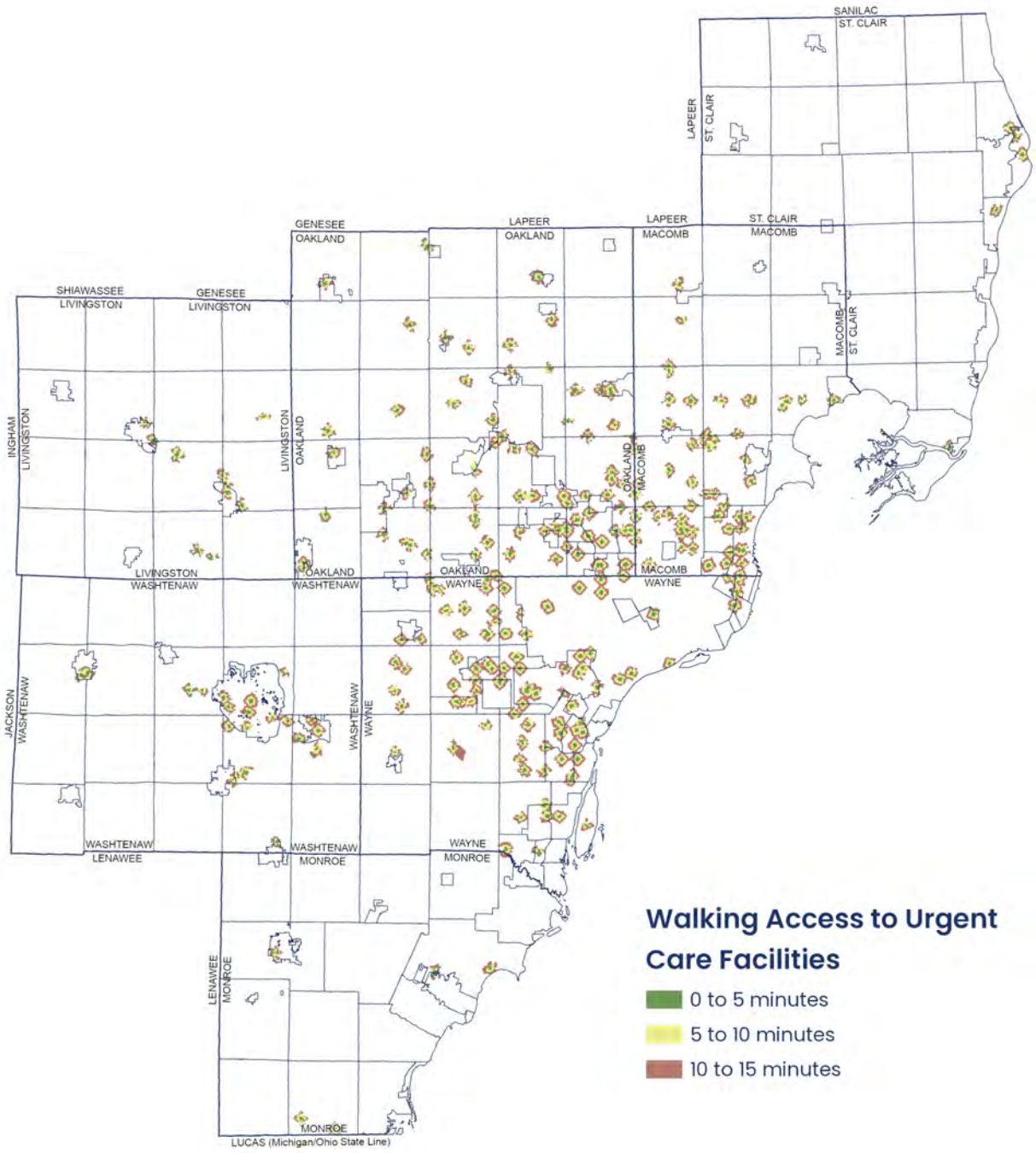
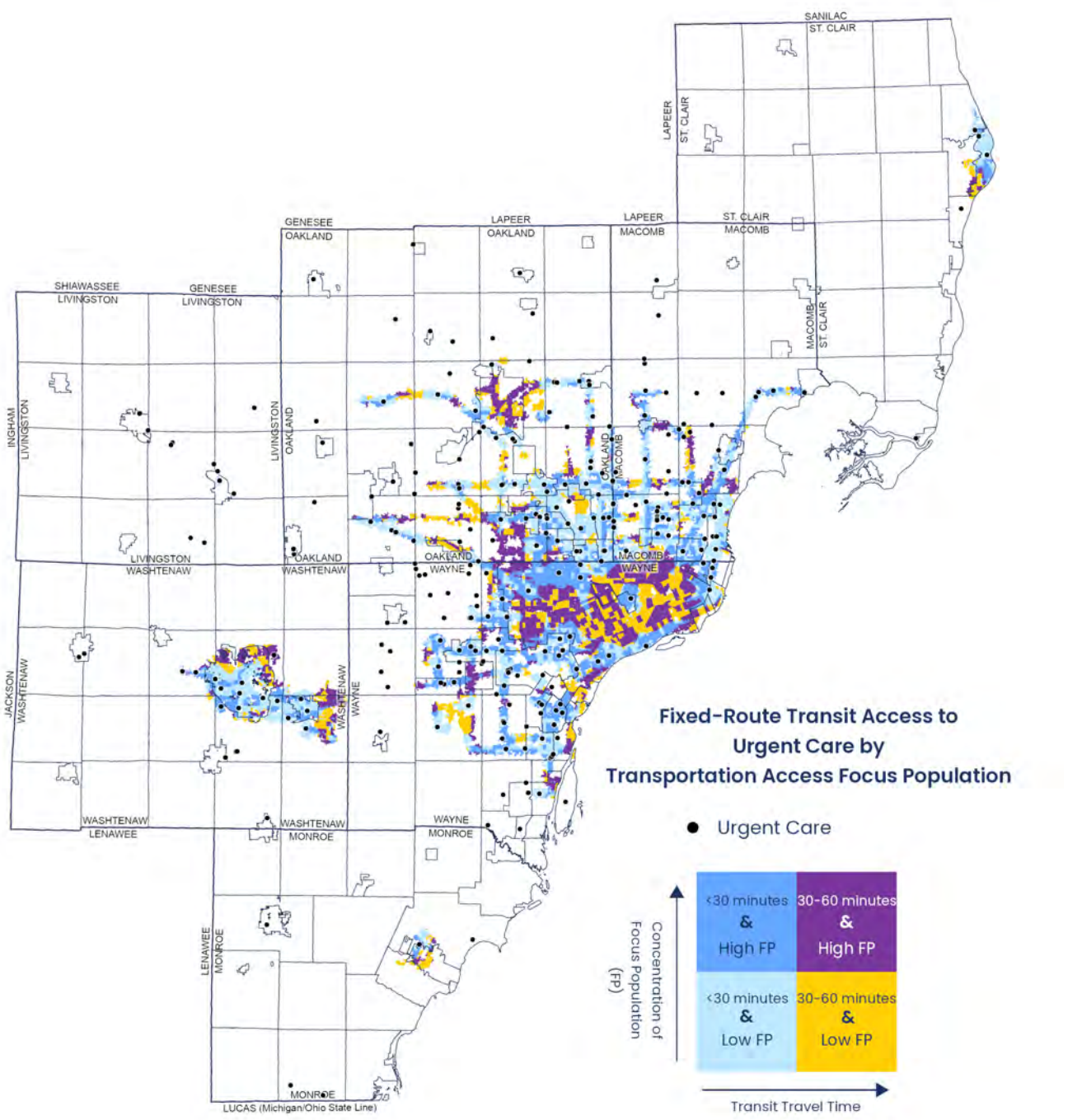


Figure 23: Fixed-Route Transit Access to Urgent Care Facilities by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Composite of All Three Health Care Facilities

Table 9 presents regional travel time benchmarks for accessibility to at least one of the three health care facilities (hospitals, community health centers, urgent care facilities) by walking, biking (considering biking comfort levels), fixed-route transit, and driving.

Table 9: Access to at Least One of the Three Health Care Facilities

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
At least one of the three Health Care Facilities	Walk	10	11	16	11	10	14	15	11	
		15	24	31	23	22	28	29	23	
	Bike (considering biking comfort levels)	10	53	64	51	51	63	61	52	
		15	72	84	70	70	84	81	71	
		20	82	91	81	80	93	89	81	
	Bike	10	65	76	64	63	76	74	64	
		15	83	92	82	81	93	90	82	
		20	90	96	89	89	97	94	89	
	Fixed-Route Transit	30	40	59	38	38	60	54	40	50
		45	45	67	43	43	69	61	45	58
	Drive	10	94	98	94	94	99	97	94	97
		20	99	100	99	99	100	99	99	99

Key Insights

- Only 24% of all households and 31% of transit-dependent households are within a 15-minute walk; this declines to 11% and 16% within a 10-minute walk (Figure 24).
- Walking access is particularly constrained for households with children:
  - At 10 minutes, only 10% of households with children can reach at least one of the three health care facilities (hospitals, community health centers, urgent care facilities) by walking.
- Biking access, while considering biking comfort levels, expands quickly: 20% all households and 27% of transit-dependent households are within a 5-minute ride; 53% and 64% are within 10 minutes; and 82%, and 91% are within 20 minutes.
- Households with seniors and households with children have below-the-regional-average biking access to at least one of the three health care facilities.
- Driving access is nearly universal with over 94% of all demographic groups within 10 minutes and 99% within 20 minutes.
- Transit access remains limited:
  - 59% of transit-dependent households, 54% of low-income households, 50% of Transportation Access Focus Population, 42% of people with disability, 40% of all households, 38% of households with seniors, and households with children are within a 30-minute transit ride of at least one of the three health care facilities (hospitals, community health centers, urgent care facilities). This share increases to 67% of transit-dependent households and 45% of all households within 45 minutes. Figure 25 illustrates fixed-route access to at least one of the health care facilities (including hospitals, community health centers, urgent care facilities) by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high

concentration of focus populations who have higher transit travel times (30-60 minutes) to access at least one of the health care facilities (including hospitals, community health centers, and urgent care facilities).

- Households with seniors and households with children have below-regional-average walking, biking (both when considering and not considering comfort levels), and transit access to at least one of the health care facilities), suggesting geographic concentration outside walkable, bike-able, and transit-rich areas.

Planning Implications

The findings highlight the importance of:

- Expanding safe and direct pedestrian and bicycle connections to health care facilities
  - Filling sidewalk gaps, adding intersection pedestrian crossings, and completing low-stress bike networks could meaningfully improve short-trip access, while prioritizing areas with high concentrations of households with seniors, and households with children.
- Improving transit access to health care facilities
  - Service expansion, frequency increases, and first/last-mile solutions will make health care facilities more accessible for transit-dependent and Transportation Access Focus Populations.
  - Prioritizing facilities located in corridors with frequent transit in future siting and land-use decisions.
  - Investment in demand-response transit services will remain critical for people with disabilities, and Transportation Access Focus Population.
- Aligning health care facility siting with multimodal accessibility goals:
  - Zoning and development review can encourage siting of health care facilities in mixed-use, walkable, and transit-oriented locations.
  - Partnerships with health care providers could support Transit-Oriented Development (TOD) and Mobility-Oriented Development (MOD) strategies.

Acknowledgments and Limitations

- Access percentages represent geographic proximity but not the quality or affordability of health care services available.
- Service frequency and availability of fixed-route transit buses varies by route or corridor, day of the week, and time of day.
- Demand-response transit can provide critical access to health care facilities for populations with a disability and households who may be underserved by fixed-route transit service.
- Walk sheds do not capture safety, comfort, or ADA accessibility factors, which strongly influence actual use.
- High driving access does not address accessibility concerns, as it implies reliance on owning/operating an automobile, which might not be a viable option for various demographic groups, including, low-income, people with a disability, households with seniors, and Transportation Access Focus Population.

Figure 24: Walking Access to at Least One of the Health care Facilities Including: Hospitals, Community Health Centers, and Urgent Care Facilities

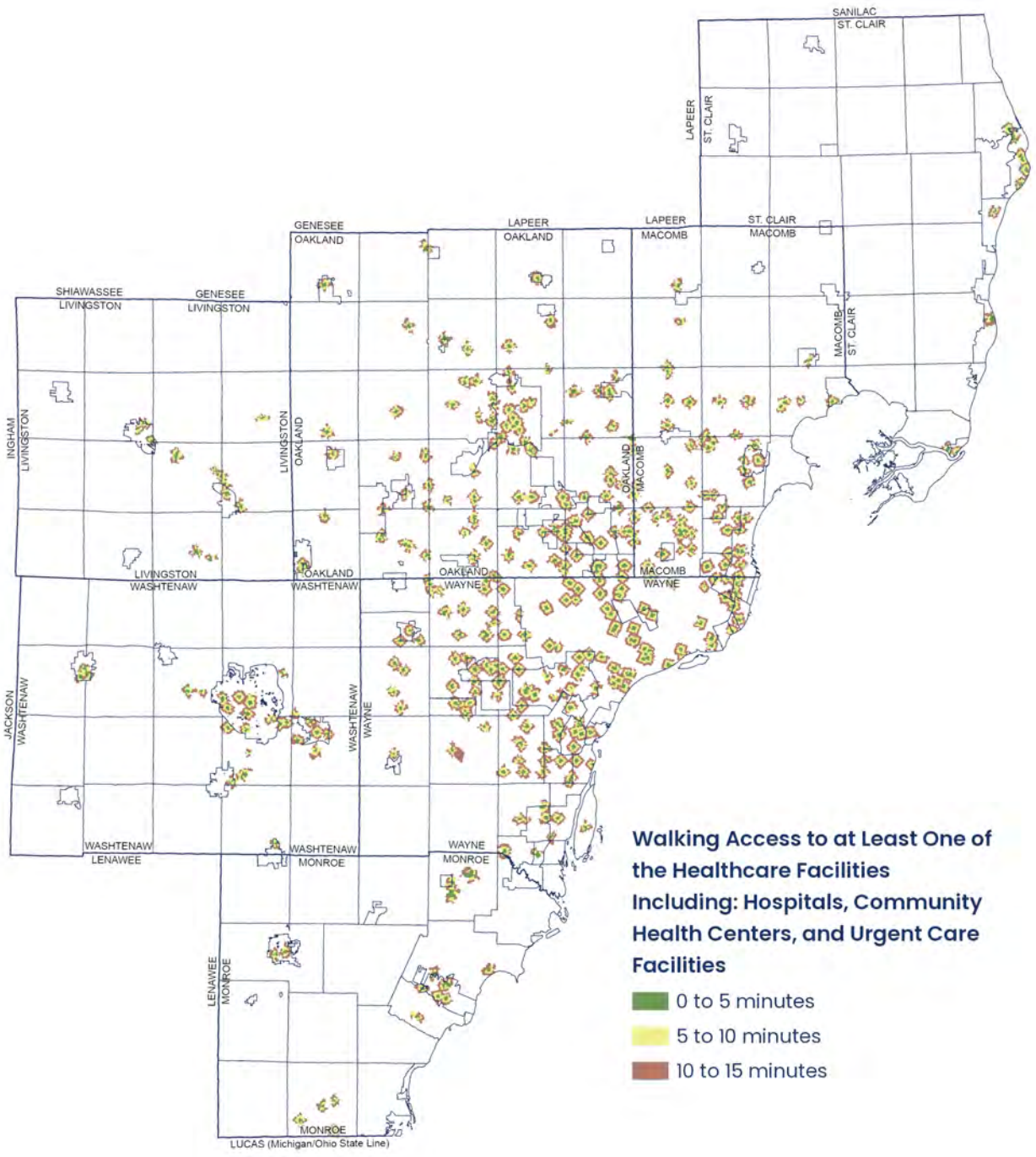
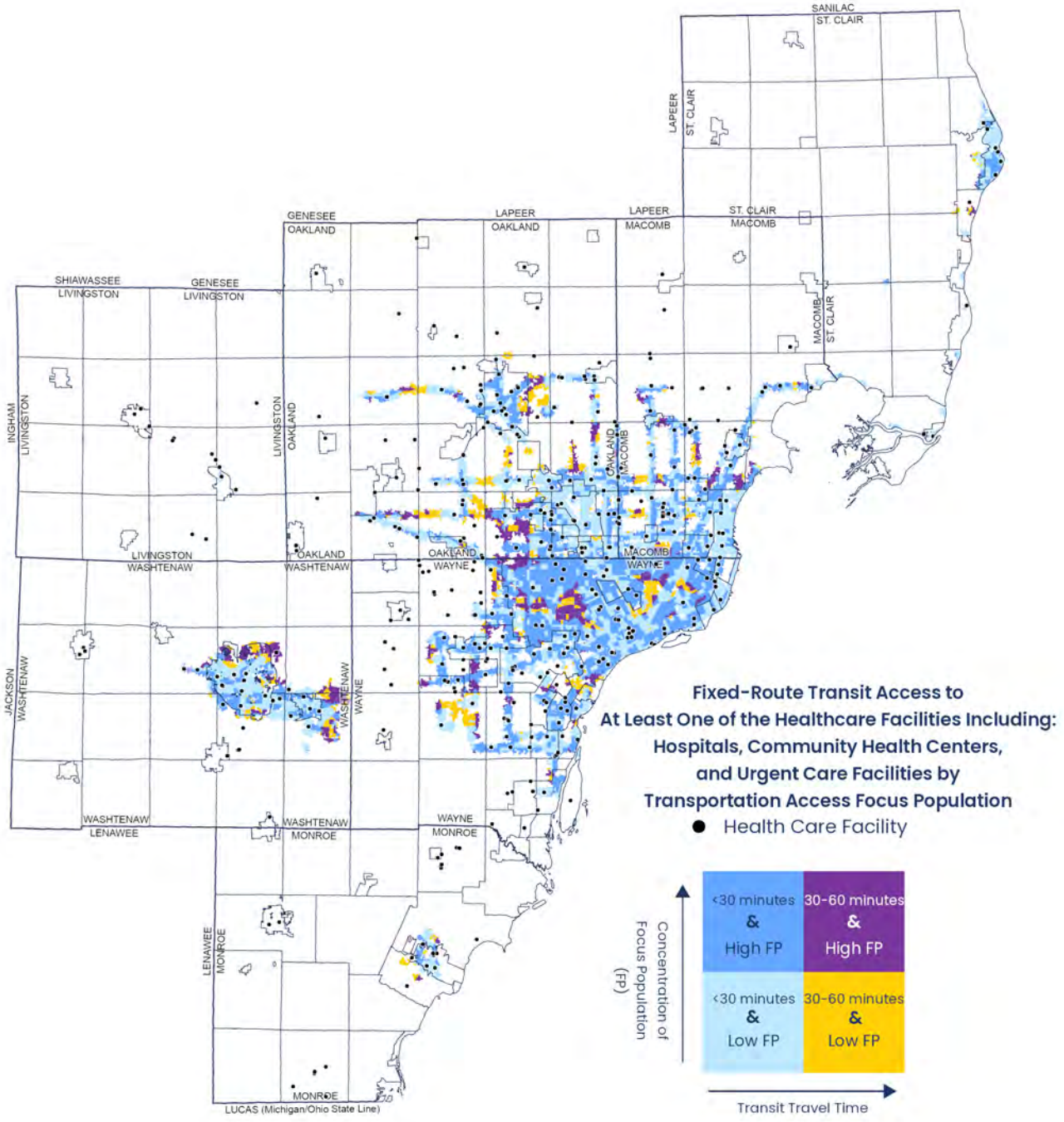


Figure 25: Fixed-Route Transit Access to at Least One of the Health care Facilities Including: Hospitals, Community Health Centers, and Urgent Care Facilities by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

ACCESS TO PHARMACIES

Table 10 presents regional travel time benchmarks for accessibility to pharmacies by walking, biking (considering biking comfort levels), fixed-route transit, and driving.

Table 10: Access to Pharmacies

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Pharmacies	Walk	10	24	33	23	22	30	30	23	
		15	43	55	42	41	53	52	42	
	Bike (considering biking comfort levels)	10	69	82	68	68	83	79	69	
		15	83	92	82	81	93	89	82	
		20	89	95	88	88	97	93	88	
	Bike	10	79	89	78	78	91	87	79	
		15	89	96	89	89	97	94	89	
		20	93	97	93	93	99	96	93	
	Fixed-Route Transit	30	43	64	40	40	67	59	42	55
		45	44	66	42	42	69	60	44	57
	Drive	10	97	99	97	97	100	99	97	99

Key Insights

- Walking provides some level of access (Figure 26):
  - 43% of all households are within a 15-minute walk of a pharmacy, and this share changes to 24% within a 10-minute walk.
  - Households with seniors and households with children have below-average walk access.
  - 55% of transit dependent households are within a 15-minute walk of a pharmacy, and 33% are within a 10-minute walk of a pharmacy.
- Biking comfort levels slightly impact biking access:
  - Biking access to a pharmacy is high for most households at the 20-minute threshold. When considering biking comfort levels, 95% of transit-dependent households, 93% of low-income households, 89% of all households, and 88% of households with seniors and households with children are within a 20-minute bike ride of a pharmacy, and the share respectively changes to 82%, 79%, 69%,68% within 10 minutes.
- Access via fixed-route transit is limited:
  - 64% of transit-dependent households, 55% of Transportation Access Focus Population, and 43% of all households are within a 30-minute transit ride of a pharmacy.
  - Households with seniors and households with children have below-regional-average transit access. Figure 27 illustrates fixed-route access to pharmacies by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations who have higher transit travel times (30-60 minutes) to access pharmacies.
- Driving provides the highest coverage:
  - 97% of all households are within a 10-minute drive of a pharmacy (Figure 28).

Planning Implications

The findings highlight the importance of:

- Expanding safe and direct pedestrian and bicycle connections to pharmacies:
  - Filling sidewalk gaps, adding crossings, and completing low-stress bike networks could meaningfully improve short-trip access, while prioritizing improvements in areas with high concentrations of households with seniors, children, and other vulnerable populations.
- Improving transit access to pharmacies:
  - Service expansion, frequency increases, and first/last-mile solutions make pharmacies more accessible for transit-dependent households and vulnerable populations, while prioritizing pharmacies located in corridors with frequent transit in future siting and land-use decisions.
  - Investment in demand-response services will remain critical for people with disabilities and those with limited mobility options.
- Aligning pharmacy siting with multimodal accessibility goals:
  - Zoning and development review can encourage pharmacies to locate in mixed-use, walkable, and transit-oriented areas.
  - Partnerships with health care providers and pharmacy operators could support Transit-Oriented Development (TOD) and Mobility-Oriented Development (MOD) strategies that improve equitable access.

Acknowledgments and Limitations

- Although a pharmacy may be geographically closest to a residence, individuals may choose to access a different location due to factors such as insurance coverage, medication availability, service quality, or operating hours.
- Service frequency and availability of fixed-route transit buses varies by route or corridor, day of the week, and time of day.
- Walk sheds do not capture safety, comfort, or ADA accessibility factors, which strongly influence actual use.
- High driving access does not address accessibility concerns, as it implies reliance on owning/operating an automobile, which might not be a viable option for various demographic groups, including low-income, people with a disability, households with seniors and Transportation Access Focus Population.

Figure 26: Walking Access to Pharmacies

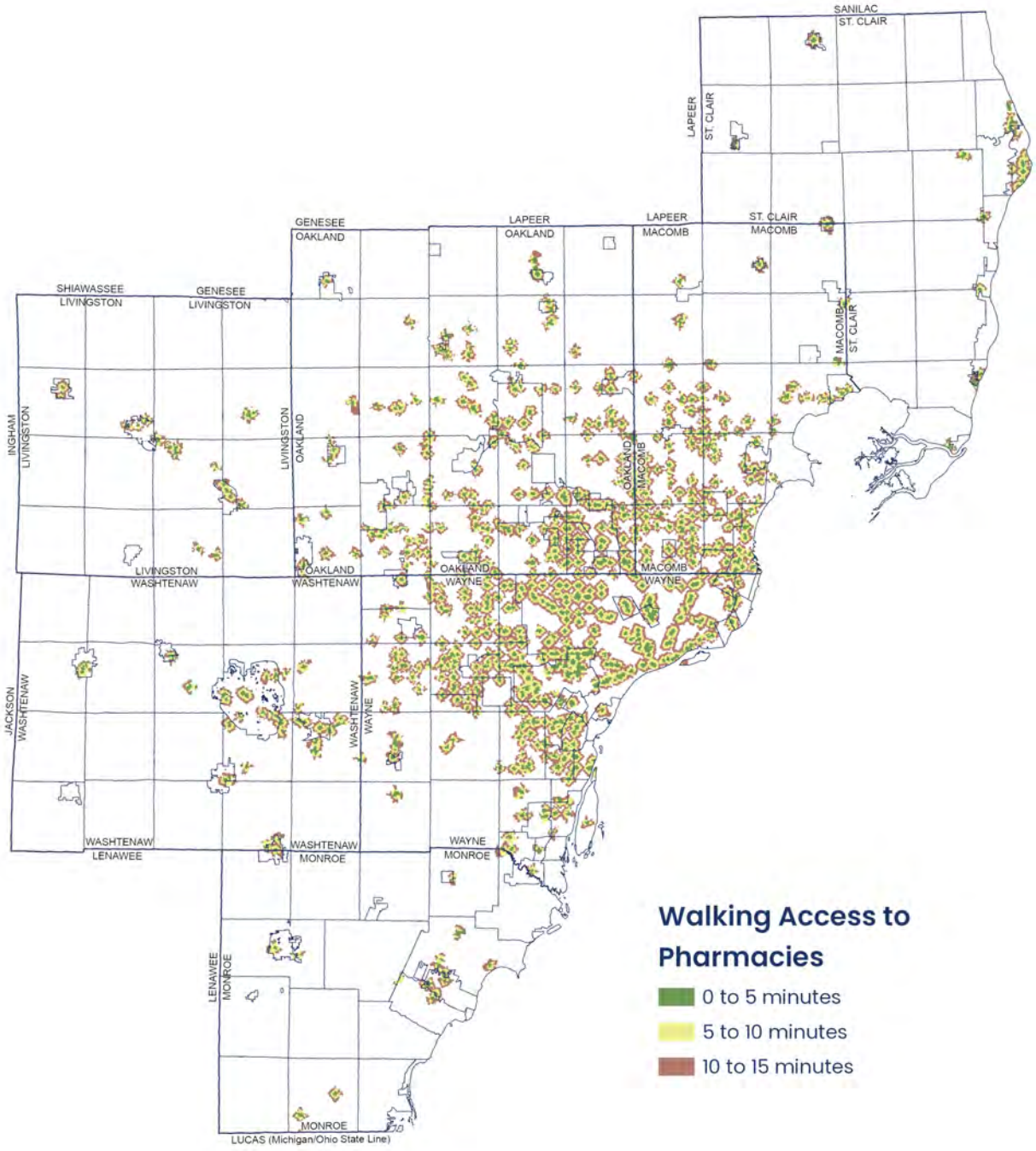
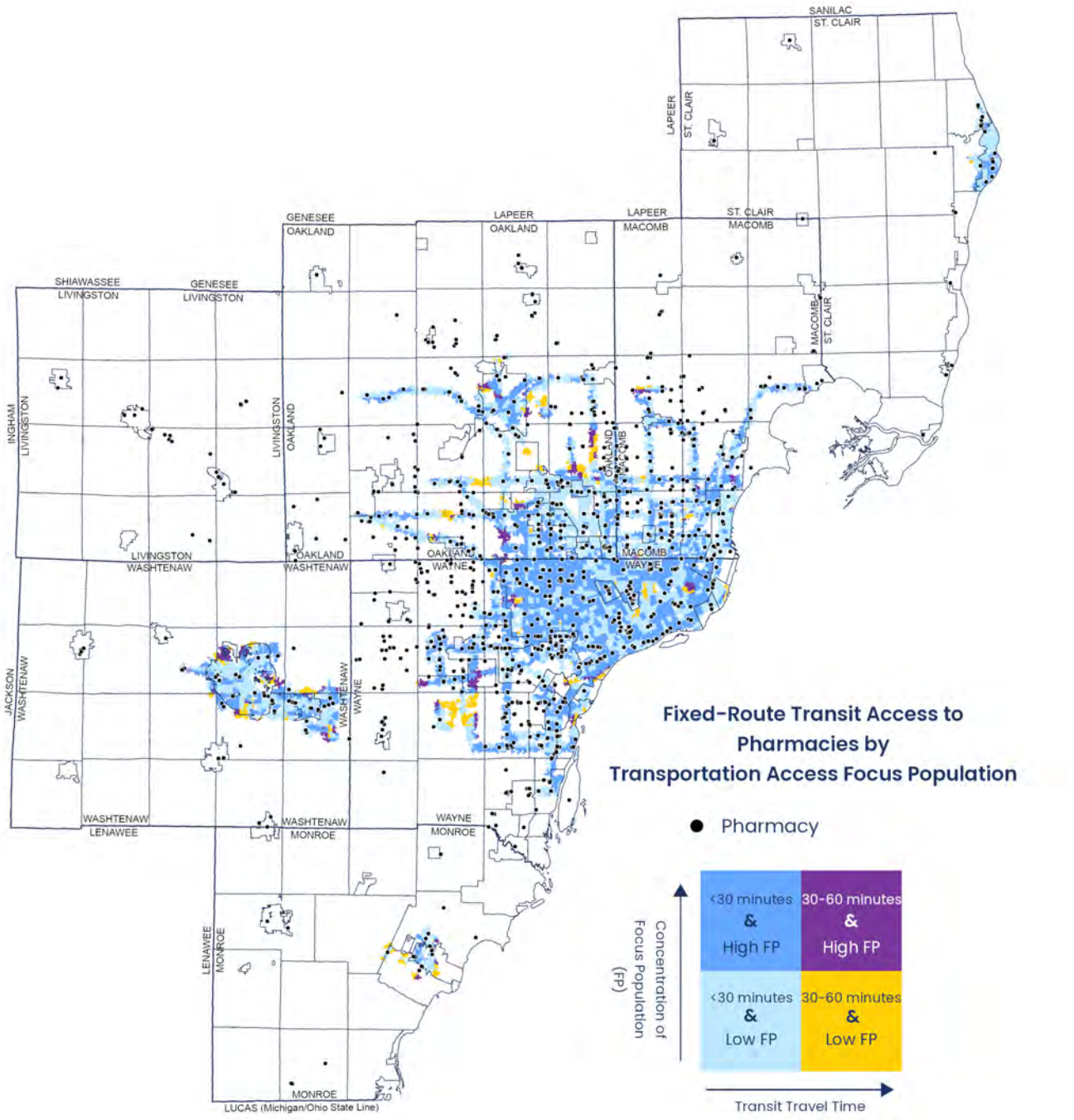
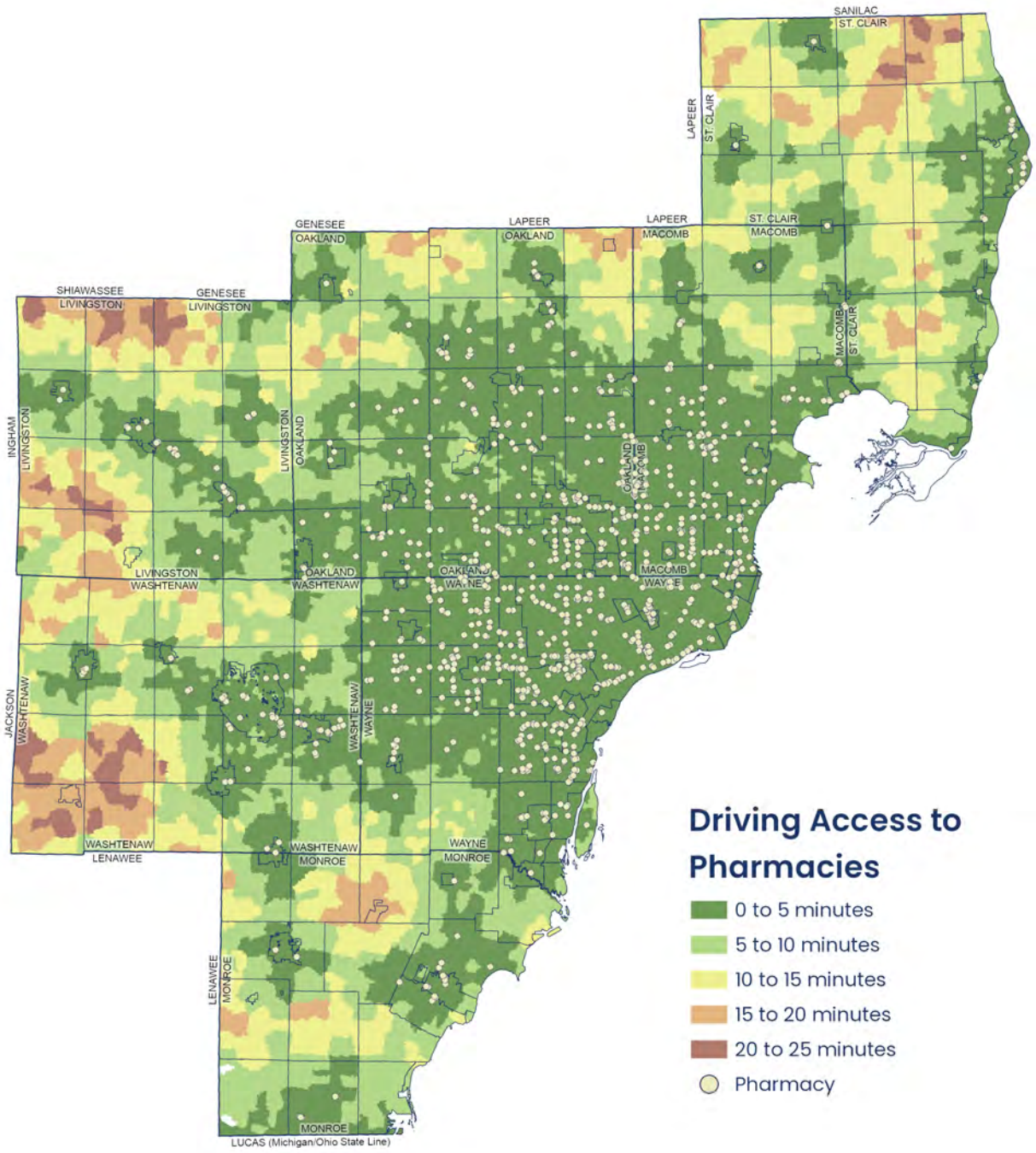


Figure 27: Fixed-Route Transit Access to Pharmacies by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Figure 28: Driving Access to Pharmacies



ACCESS TO GROCERY STORES

Table 11 presents regional travel time benchmarks for accessibility to pharmacies by walking, biking (considering biking comfort levels), fixed-route transit, and driving.

Table 11: Access to Grocery Stores

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS								
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*	*Households Receiving SNAP (%)*
Grocery Stores	Walk	10	13	20	12	12	18	18	12		
		15	27	39	26	25	37	35	26		
	Bike (considering biking comfort levels)	10	57	72	55	56	72	67	57		
		15	75	86	74	74	88	82	74		
		20	85	93	84	83	94	90	84		
	Bike	10	70	82	69	68	83	78	69		
		15	86	93	85	85	95	91	85		
		20	92	97	91	91	98	95	91		
	Fixed-Route Transit	30	39	60	36	37	62	54	38	51	60
		45	43	65	40	41	67	59	43	56	65
	Drive	10	97	99	97	97	100	98	97	99	99

Key Insights

- Walking access is very limited (Figure 29):
  - Only 27% of all households and 39% of transit-dependent households are within a 15-minute walk to a grocery store, and this share respectively changes to 13% and 20% within 10 minutes.
  - Biking, even at shorter durations, provides higher access to grocery stores than walking.
- When considering biking comfort levels, 72% of transit-dependent households and 57% of all households are within a 10-minute bike ride of a grocery store (Figure 30).
- Biking access decreases when considering biking comfort levels across all time thresholds.
- Households with seniors and households with children have below-regional-average walk and biking access to grocery stores both when considering and not considering biking comfort levels.
- In comparable travel times, transit provides less access than biking even when considering biking comfort levels:
  - 60% of transit-dependent households, 54% of low-income households, and 51% of Transportation Access Focus Population, and 39% of all households are within a 30-minute transit ride of a grocery store. The share respectively changes to 65%, 59%, 56%, and 43% within 45 minutes. Figure 31 illustrates fixed-route access to grocery stores by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations who have higher transit travel times (30-60 minutes) to access grocery stores.
  - 60% of households receiving SNAP are within a 30-minute transit ride to a grocery store. This increases to 65% within 45 minutes.
- Driving access is nearly universal across all groups:

- 97%-99% of all demographic groups are within a 10-minute drive of a grocery store, this rises to 100% within a 20-minute drive.

Planning Implications

The findings highlight the importance of:

- Expanding pedestrian and biking access to grocery stores:
  - Filling sidewalk gaps, adding safe crossings, and enhancing pedestrian infrastructure near grocery stores to improve access for Transportation Access Focus Population.
  - Completing low-stress bike networks to expand short-trip access, particularly within 10 minutes, where biking already provides higher coverage than walking.
  - Prioritizing improvements in areas with high concentrations of households with seniors and households with children who currently have below-average walking and biking access.
- Improving transit access to grocery stores:
  - Expanding service coverage, increasing frequency, and strengthening first/last-mile connections to grocery destinations to improve access for Transportation Access Focus Population as well as Households receiving SNAP.
  - Prioritizing grocery store siting along frequent transit corridors in future land-use and economic development decisions.
  - Continuing investment in demand-response services to support Transportation Access Focus Population.
- Aligning grocery store siting with multimodal accessibility goals:
  - Using zoning and development review to encourage grocery store locations in mixed-use, walkable, and transit-oriented neighborhoods.
  - Strengthening partnerships with grocery providers, community organizations, and developers to advance Transit-Oriented Development (TOD) and Mobility-Oriented Development (MOD) strategies that integrate key destinations.

Acknowledgments and Limitations

- While the nearest grocery store may be geographically closest to a residence, individuals may choose to shop at a different location due to factors such as product selection, pricing, store hours, or personal preference.
- Service frequency and availability of fixed-route transit buses varies by route or corridor, day of the week, and time of day.
- Demand-response transit can provide critical access to grocery stores for population with disability and other households who may be underserved by fixed-route transit service.
- Walk sheds do not capture safety, comfort, or ADA accessibility factors, which strongly influence actual use.
- Driving access assumes vehicle availability: While access is universal by car, many households—especially Transportation Access Focus Population and households receiving SNAP—may not have reliable access to a private vehicle. Walk access is very limited:

Figure 29: Walking Access to Grocery Stores

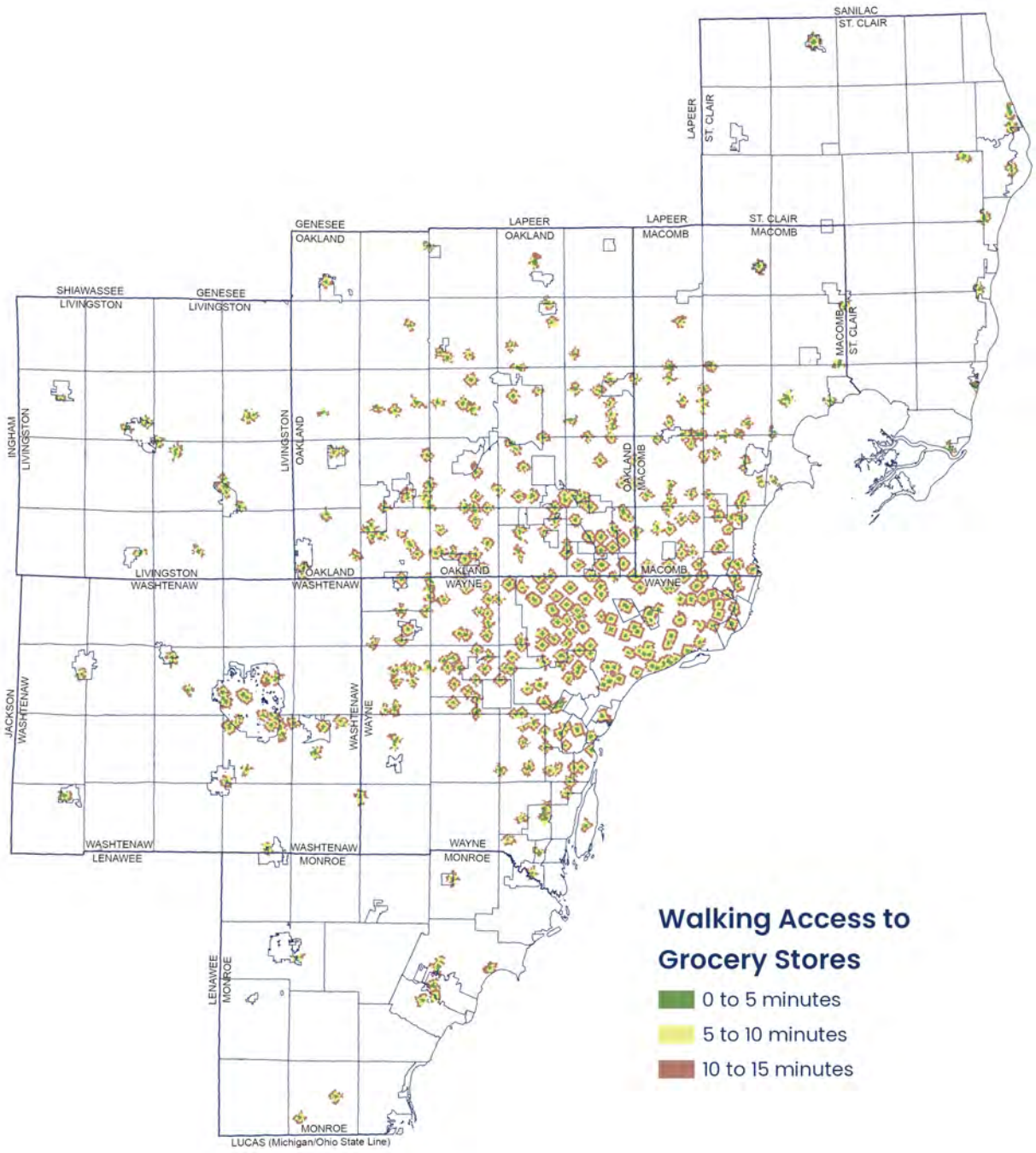


Figure 30: Biking (when considering biking comfort levels) Access to Grocery Stores

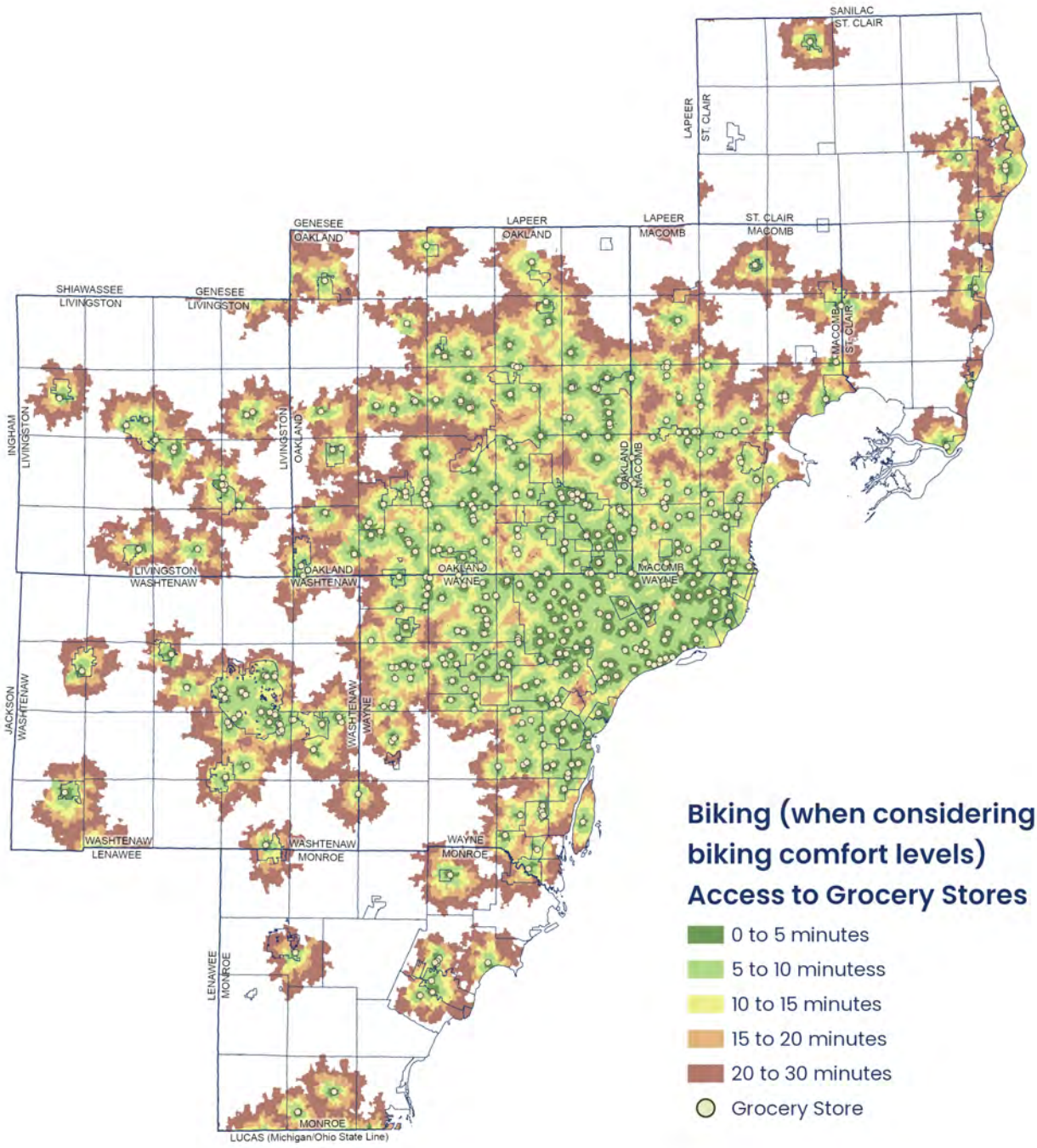
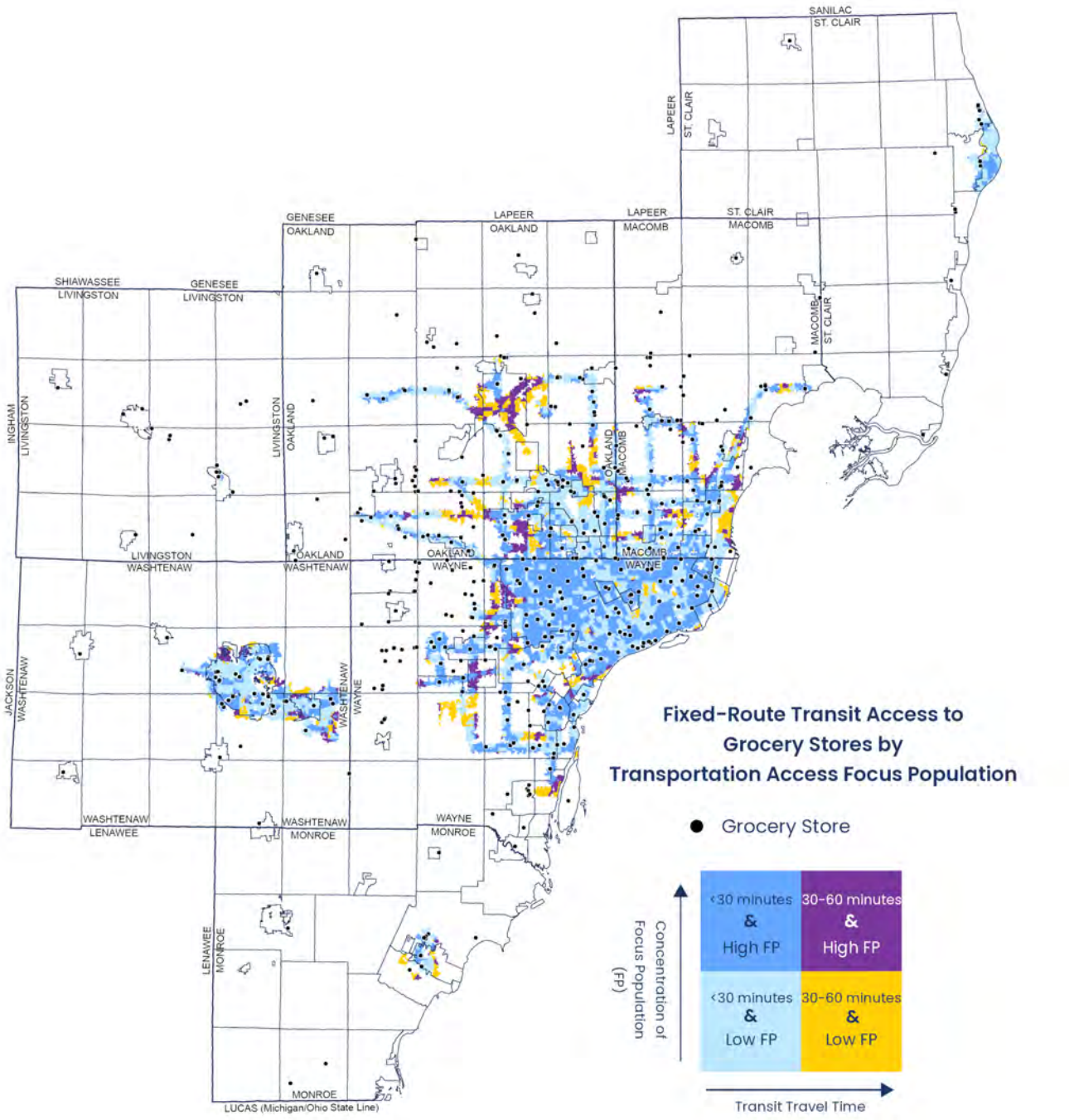


Figure 31: Fixed-Route Transit Access to Grocery Stores by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

ACCESS TO PARKS

Table 12 shows accessibility to regional parks (over 100 acres) by walking, biking (considering biking comfort levels) where bike entrances exist, fixed-route transit and driving to park entrances. Included in this category are state parks, Huron-Clinton Metroparks, and several large county and city parks.

Table 12: Access to Regional Parks

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Regional Parks (over 100 acres) - Bike Entrance	Walk	10	3	3	3	3	3	3	3	
		15	7	7	7	6	7	7	7	
	Bike (considering biking comfort levels)	10	18	19	18	18	19	18	18	
		15	35	35	34	34	36	34	34	
		20	50	51	50	50	53	49	50	
		30	75	76	74	74	79	74	74	
	Bike	10	27	26	27	26	26	26	27	
		15	48	47	48	47	48	46	48	
		20	65	64	65	64	66	62	65	
		30	86	87	86	85	88	86	85	
Regional Parks (over 100 acres) - Vehicle Entrance	Fixed-Route Transit	15	2	4	2	2	4	4	2	3
		30	10	16	9	9	16	14	10	12
		45	22	36	20	20	38	32	22	30
	Drive	5	49	47	49	48	47	47	48	43
		10	89	91	89	88	92	90	89	89
		15	99	99	99	99	100	99	99	99
		20	100	100	100	100	100	100	100	100

Table 13: Access to Local Parks and Local Parks Combined with School Parks

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS						
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*
Local Parks	Walk	5	12	15	10	11	14	14	11
		10	35	47	33	33	44	44	35
		15	54	68	52	52	67	65	53
	Bike (considering biking comfort levels)	5	51	66	50	50	65	62	51
		10	76	87	75	74	88	85	75
		15	86	94	86	85	95	93	86
	Bike	5	58	73	57	57	72	70	58
		10	84	93	83	82	93	91	83
		15	93	97	92	92	98	96	92
Local Parks Combined with School Parks	Walk	5	12	16	11	12	15	15	12
		10	38	48	36	36	46	46	38
		15	57	70	56	56	69	67	57
	Bike (considering biking comfort levels)	5	55	68	53	53	68	65	55
		10	79	88	78	78	90	86	78
		15	88	95	88	87	96	93	88
		30	98	99	97	97	100	99	97
	Bike	5	62	75	60	60	74	72	62
		10	87	94	86	85	95	93	86
		15	94	98	94	94	99	97	94
		30	99	100	99	99	100	100	99

This study analyzed walking, biking, transit, and driving access to regional parks larger than 100 acres. Where data were available—primarily for larger regional parks—designated park entrances were used as access points: bike entrances for walking and biking (accounting for biking comfort levels), and vehicle entrances for transit and driving travel time calculations.

Additionally, this study analyzed walking and biking accessibility to any park less than 100 acres, regardless of available amenities, and including publicly owned school playgrounds, meaning that small neighborhood parks are weighted equally with large county or state parks. As with other accessibility measures, more detailed, localized analyses are necessary to fully understand community needs and service gaps. SEMCOG's Access to Parks tool measures travel times between the region's parks and households, allowing users to search by park amenities, travel modes, and demographic groups.

Key Insights (Regional Parks):

- Walking access to regional parks is very limited. Only 7% of all households and transit-dependent households are within a 15-minute walk of a regional park entrance point (Figure 32).
- Access increases significantly for bicyclists. Considering comfortable biking routes, approximately half of most households are within 20-minute biking access of a regional park. The share respectively changes to 19% of transit-dependent households, and 18% of all households, households with seniors, households with children, and low-income households within 10-minute bike ride.
- Driving provides near-universal access to regional parks within 15 to 20-minute drive for 99-100% of any demographic group. In contrast, transit access is far more limited, even at longer thresholds.
- Only 16% of transit-dependent households, 12% of Transportation Access Focus Population, 10% of all households, and 9% of households with seniors and households with children are within 30-minute transit ride of a regional park. The share respectively changes to 36%, 30%, 22%, and 20% within a 45-minute transit ride. Figure 35 illustrates fixed-route access to regional parks by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations who have higher transit travel times (30-60 minutes) to access regional parks
- Households with seniors and households with children lag slightly in transit access. This suggests that these populations may be more concentrated in areas with weaker transit service connections to regional parks.

Key Insights (Local parks with and without School Playgrounds)

- Just over half of all households are within 15-minute walking access to local parks, with approximately one-third within 10 minutes.
- 86% of all households are within 15-minute biking access to local parks, with 76% at 10 minutes.
- 68% of transit-dependent households are within 15-minute walking access to a local park, which is considerably higher than other demographic concentrations.
- Biking helps cover longer distances faster and provides substantially higher access than walking (Figure 33):

    - When considering biking comfort levels, 94% of transit-dependent households, 93% of low-income households, 86% of all households and households with seniors, and 85% of households with children are within 15-minute bike of a local park. The share changes to 87% of transit-dependent households, 76% of all households, 75% of households with seniors and low-income households, and 74% of households with children within a 10-minute bike ride.
    - When considering biking comfort levels at 15 minutes, all households' biking access to local parks is 86% compared to only 54% by walk.
- Households with children and households with seniors have below-regional-average walk access to local parks.
- Households with children have below-regional-average biking access to local parks.
- Considering school playgrounds with local parks only slightly increases walking and biking access:
    - 57% of all households, 56% of households with seniors and households with children are within 15-minute walk of a local park or school parks. The share changes to 38% of all households and 36% of households with seniors and households with children within a 10-minute walk.
    - Considering biking comfort levels, 79% of all households are within a 10-minute bike ride of a local park or school park.
    - Even when combining local parks and schools, households with children have below-regional-average walking and biking access to local parks or school parks.

Planning Implications

The findings highlight the importance of:

- Expanding and improving transit service connections to regional parks:
    - Prioritize transit service planning to ensure parks are accessible for households without cars, especially transit-dependent, low-income, households in poverty, and minority headed households.
- Investing in comprehensive park accessibility strategies:
    - Ensure that Transportation Access Focus Population (most reliant on transit) can access parks without needing to drive.
    - Coordinate regional transit planning with parks and recreation planning.
- Expanding and enhancing walking and biking networks near parks:
    - Investments in sidewalks, crosswalks, and safe biking routes could significantly increase short-trip access, especially for households with children and households with seniors.
- Leveraging bike infrastructure as a key access tool:
    - Since biking dramatically improves access to both local and school park types, expanding protected bike lanes, comfort-oriented designs, and end-of-trip facilities will deliver broad benefits.
- Integrating land use and housing strategies with park planning:
    - Zoning and development policies can bring more households—especially households

with children and seniors—within walking distance of both local and school parks.

- Coordinating between local parks and schools Including schools increases walk access for all household types, but households with children still remain below regional average.

- Framing parks as health resources:
  - Access to parks provides significant health, social, and environmental benefits.

Acknowledgments and Limitations

- Service frequency and availability of fixed-route transit buses varies by route or corridor, day of the week, and time of day.
- Walk sheds do not capture safety, comfort, or ADA accessibility factors, which influence actual use.
- Driving access assumes vehicle availability: While access is universal by car, many households—especially Transportation Access Focus Population—may not have reliable access to a private vehicle.
- Park amenities vary: Even when households can reach a park, the quality, safety, and availability of facilities can influence whether the park is used.

Figure 32: Walking Access to Any Parks

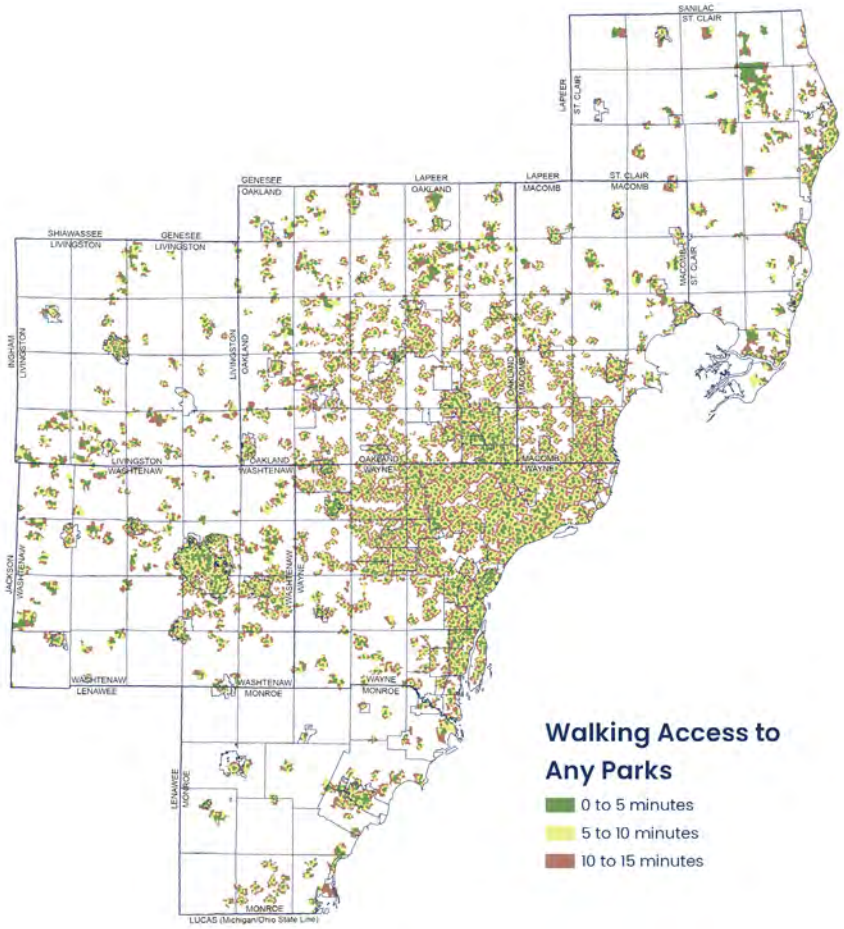


Figure 33: Biking (when considering biking comfort levels) Access to Local Park or K-12 School Parks

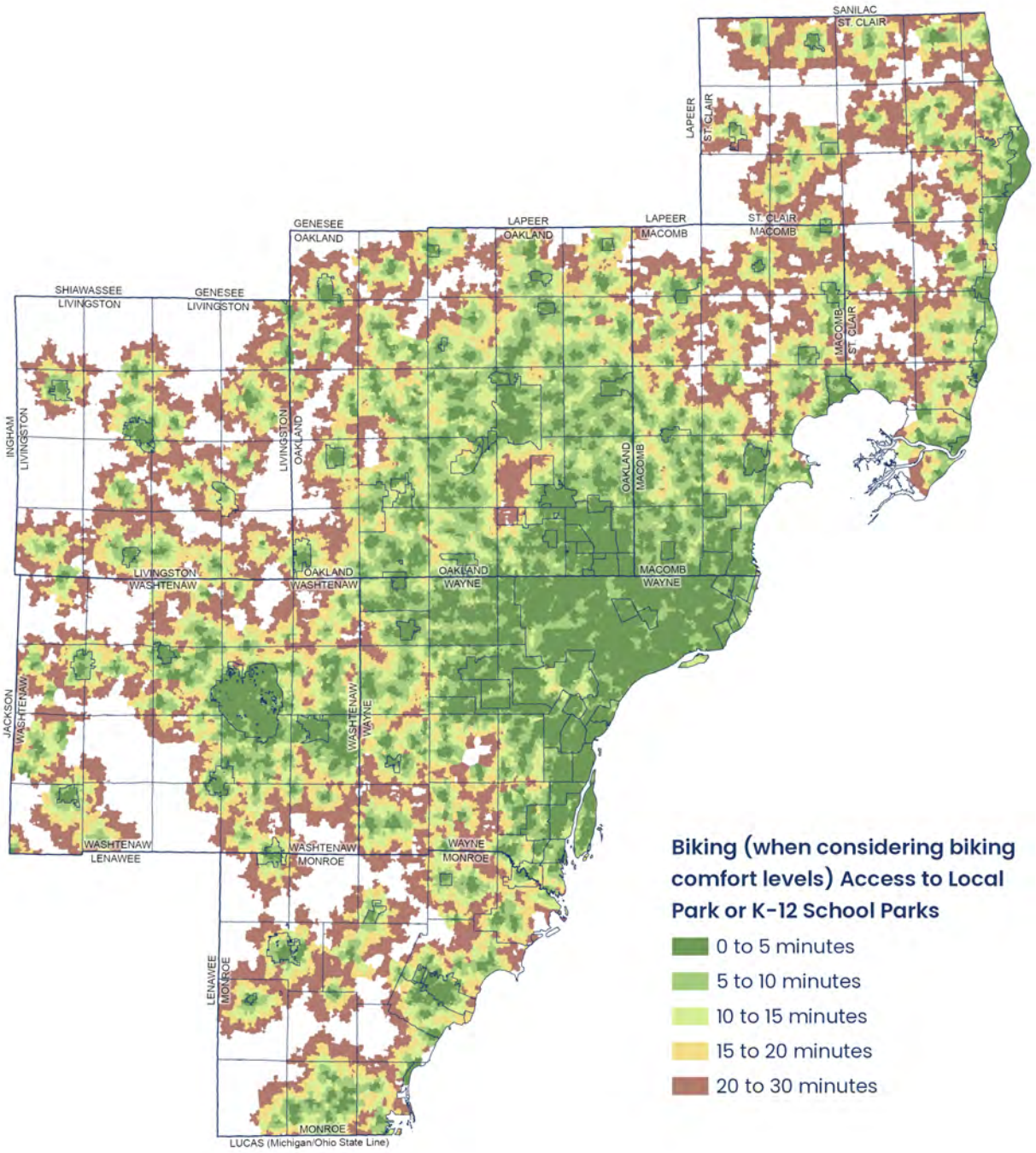


Figure 34: Walking Access to Any Parks

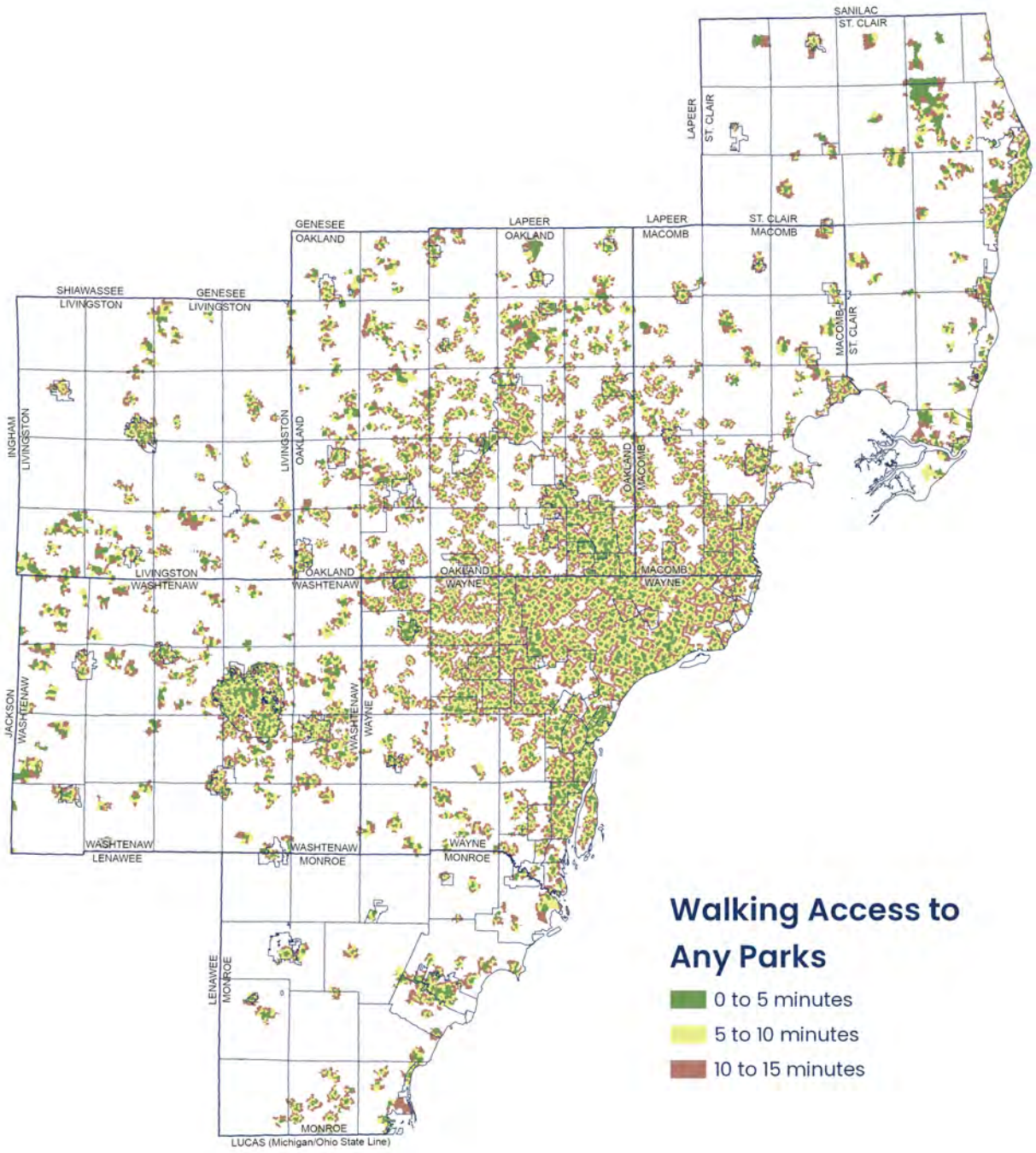
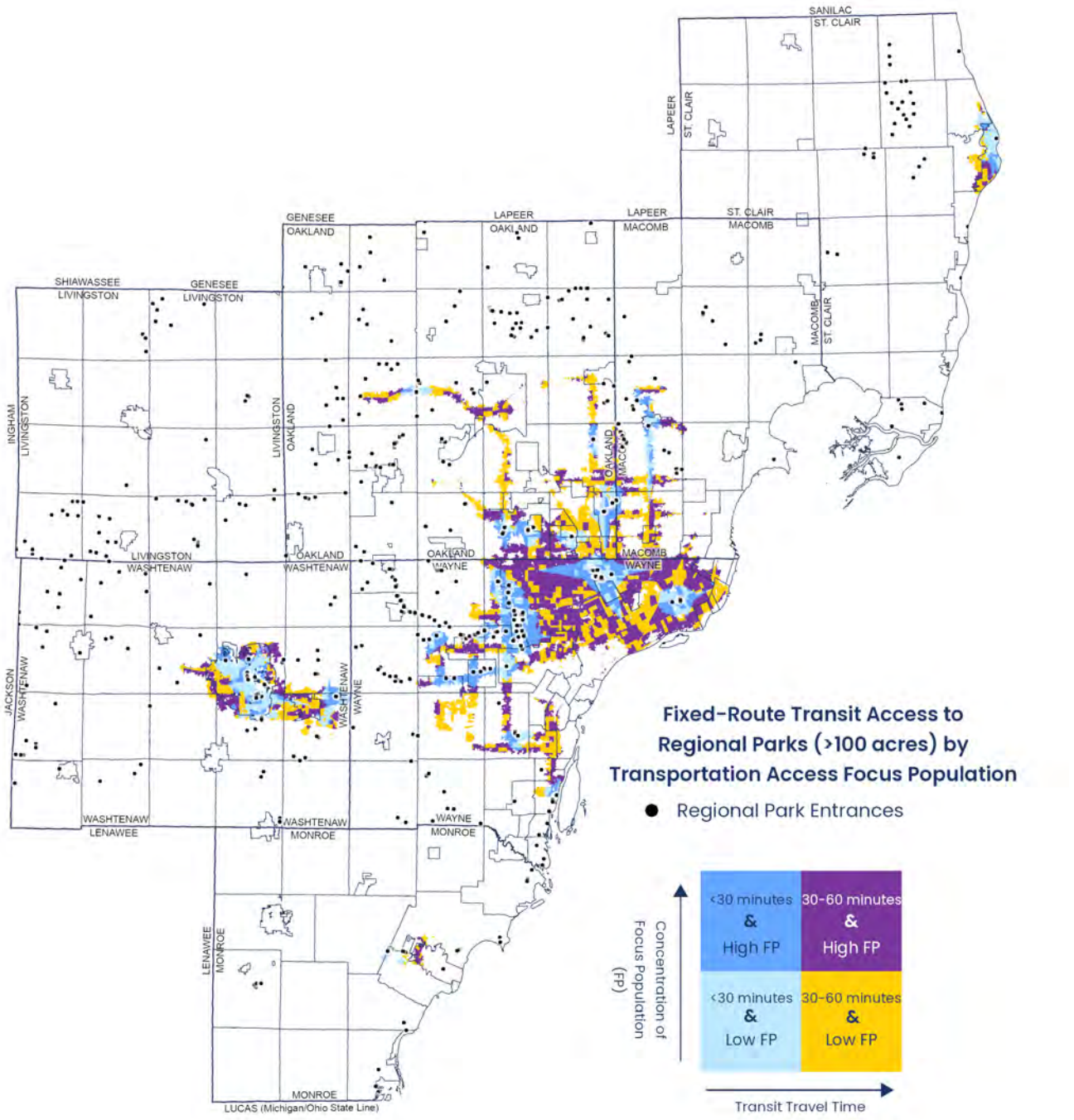


Figure 35: Fixed-Route Transit Access to Regional Parks (>100 Acres) by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Access to Schools K-12

For this study, schools were categorized by grade level into two groups: (1) Kindergarten through 8th grade and (2) 9th through 12th grade. As shown in Table 14, accessibility to K–8 schools is evaluated based on walking and biking travel times. Table 15 presents accessibility to 9-12 schools, measured across four modes: walking, biking (considering biking comfort levels) fixed-route transit, and driving.

Table 14: Access to Schools K-8

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Schools K-8	Walk	5	6	8		6	8	7	6	
		10	24	31		25	31	30	25	
		15	45	55		45	56	52	46	
	Bike (considering biking comfort levels)	5	42	52		43	53	49	43	
		10	74	84		74	86	81	74	
		15	86	93		86	95	91	86	
		20	92	96		91	98	95	91	
	Bike	5	50	61		50	61	58	51	
		10	83	91		83	92	89	83	
		15	92	97		92	98	95	92	
		20	96	98		96	99	98	96	
	Fixed-Route Transit	30	41	63		39	65	57	41	54
		45	44	66		42	69	61	44	57
	Drive	10	98	99		98	100	99	98	99
		20	100	100		100	100	100	100	100

Table 15: Access to Schools 9-12

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Schools 9-12	Walk	5	1	2		1	2	2	1	
		10	6	10		6	9	9	6	
		15	15	22		15	21	20	15	
	Bike (considering biking comfort levels)	5	13	19		13	19	18	13	
		10	42	54		41	55	51	42	
		15	64	76		63	78	73	64	
		20	76	86		76	90	84	76	
		30	89	95		88	97	93	89	
	Bike	5	18	26		18	25	24	18	
		10	54	65		53	67	63	54	
		15	76	86		75	89	84	76	
		20	87	94		86	96	92	87	
		30	96	98		96	99	98	96	
	Fixed-Route Transit	30	32	51		30	53	46	32	42
		45	41	63		39	66	57	41	54
	Drive	10	94	97		93	98	97	94	97
		20	100	100		100	100	100	100	100

Key Insights (Schools K-8):

- 45% of households with children (17 and younger) are within a 15-minute walk to a K-8 school, and 25% are within 10 minutes (Figure 36).
  - Transit-dependent and minority headed households show slightly higher access at 15-minute walk.
- Biking substantially increases access:
  - When considering biking comfort levels, 74% of households with children can reach a school within 10-minute biking, increasing to 91% within 20 minutes.
  - Biking comfort reduces effective access compared to unrestricted biking.
- Transit provides moderate access but falls behind biking:
  - 39% of households with children can reach a K-8 school within 30 minutes by transit, growing to 42% at 45 minutes.
  - 54% of female-headed households and 53% of single-parent households are within a 30-minute transit ride of a K-8 school.
  - 54% of Transportation Access Focus Population are within a 30-minute transit ride of a K-8 school.
- Driving offers nearly universal access:
  - By 10 minutes, 98% of households with children can access a K–8 school by car.
  - At 20 minutes, 100% access across all demographic groups. This again demonstrates car dependency for guaranteed access to schools.

Key Insights (Schools 9-12)

- Walking access to schools grades 9-12 is very limited:
  - Only 1% of households with children (17 and younger) are within a 5-minute walk and 6% at 10 minutes.
  - Even at 15 minutes, only 15% of households with children can walk to a grade 9-12 school, indicating that these facilities are generally sited farther from dense neighborhoods compared to schools K-8.
- Biking significantly increases access (Figure 37):
  - When considering biking comfort levels, at 10 minutes biking, 41% of households with children can access a 9-12 school, increasing to 76% at 20 minutes, and 88% at 30 minutes.
- Transit access is modest:
  - 30% of households with children have access within 30 minutes by transit, and 39% at 45 minutes.
  - 42% of female-headed households and 41% of single-parent households are within a 30-minute transit ride of a 9-12 school.
  - 51% of transit-dependent households, 42% of Transportation Access Focus Population, and 32% of all households are within a 30-minute transit ride of a 9-12 school.
- Driving provides nearly universal access:
  - By 10 minutes, 93% of households with children can reach a 9-12 school by car, increasing to 100% at 20 minutes across all demographic groups.

Planning Implications

The findings highlight the importance of,

- Expanding safe walking and biking access to schools:
  - For K–8 schools, walking access is moderate but declines sharply within a 10-minute walk, and is below average for certain groups. For 9–12 schools, walking access is limited, reflecting school siting patterns farther from dense neighborhoods.
  - Completing sidewalks, filling gaps in pedestrian networks, and enhancing crossings near schools could strengthen safe routes to schools, particularly for households with children.
  - Expanding low-stress bike networks is critical, as biking provides substantial access gains across both K–8 and 9–12 schools. Prioritizing improvements in neighborhoods with large shares of children, single-parent households, and transit-dependent households will improve accessibility outcomes.
- Improving transit access to schools:
  - Enhancing service frequency, expanding routes to better connect schools, and investing in first/last-mile connections are necessary to strengthen school access for non-driving households.
- Aligning school siting with multimodal accessibility goals:
  - Schools 9–12 are generally located farther from dense residential areas, which limits walking access and reinforces car dependency. Future school siting can consider proximity to population centers, transit corridors, and safe walking/biking routes.
- Coordinating land use and school district planning is essential to ensure schools remain accessible by walking, biking, and transit. As some districts consolidate schools due to declining enrollment and reduce or eliminate school bus service—often limiting it to students living more than one mile away—families may need to travel farther. Without adequate pedestrian and bicycle infrastructure, these changes can increase dependence on driving and reduce safe, non-driving access for students.
- Expanding multimodal travel options and Safe Routes to School programs such as National Safe Routes and Michigan Safe Route to School can reduce car dependency while supporting student independence, public health, and environmental goals. SEMCOG can jump-start a program in your community by increasing your understanding of the National Safe Routes to School Program. SEMCOG can also provide data for your application including: traffic volume data, traffic crash data, other community data.

Acknowledgments and Limitations

- Access to schools (K–12) is primarily determined by district attendance boundaries, school choice policies, and the availability of school-provided bus service. While this study evaluates access to schools by walking, biking, transit, and driving, it does not account for school bus service, which is an additional means of access for many students.
- Walk sheds do not capture safety, comfort, or ADA accessibility factors, which strongly influence actual use.
- Female-headed and single-parent households may be less likely to use transit, even when it is accessible, due to real or perceived concerns about personal safety.

- Barriers to pick-up and drop-off times or locations, and/or work schedules may impact relying on driving as the predominate form of access.
- Access does not equal access with safety: Even when a household is within 10–15 minutes walking or biking distance, unsafe crossings, lack of sidewalks, or heavy and high-speed traffic can limit real access.

Figure 36: Walking Access to Schools (K-8)

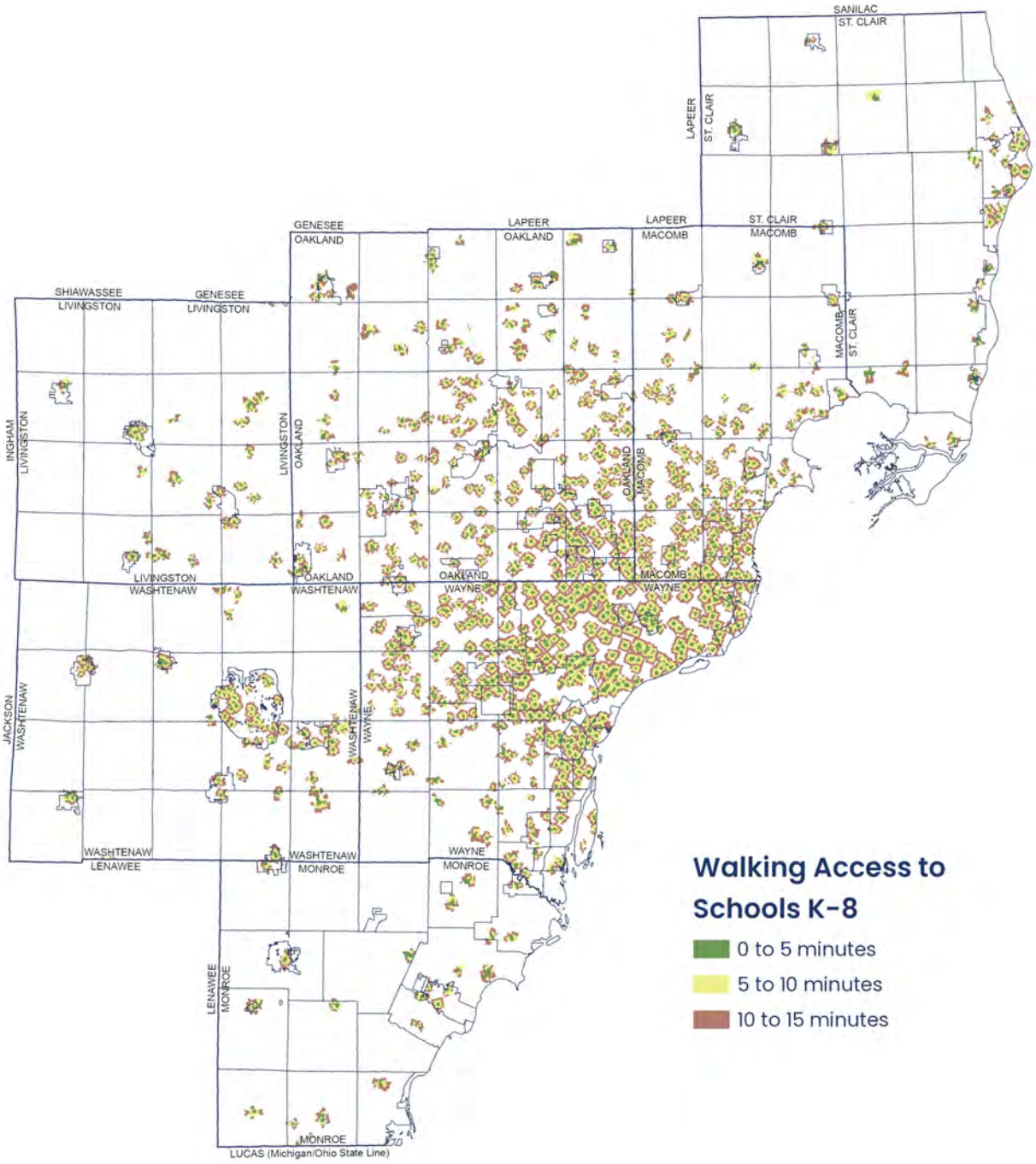
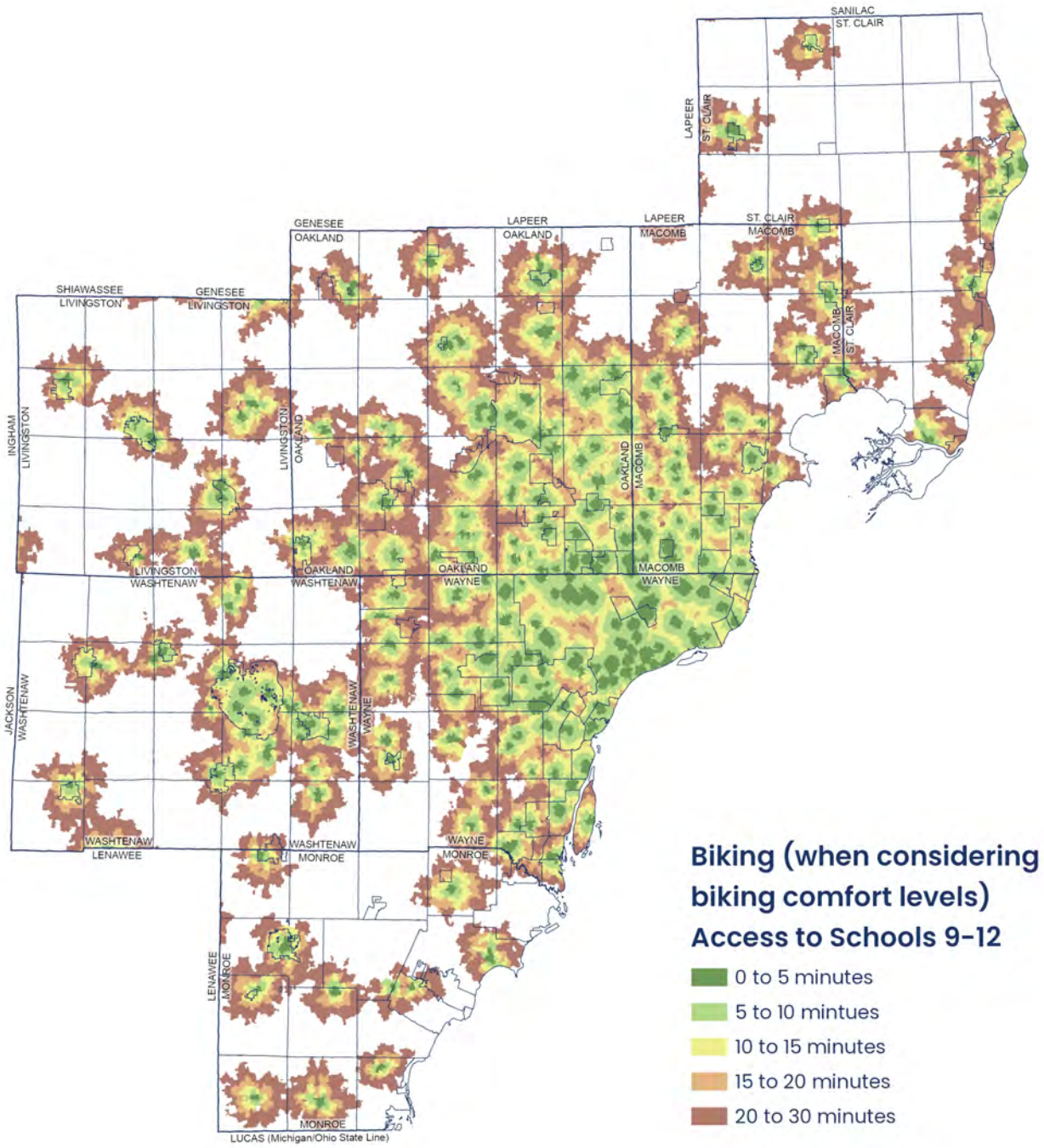


Figure 37: Biking (when considering biking comfort levels) Access to Schools (9-12)



Access to Community Colleges

As shown in Table 16, accessibility to community colleges is evaluated based on walking, biking (accounting for biking comfort levels), fixed-route transit, and driving travel times.

Table 16: Access to Community Colleges

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Community Colleges	Walk	10	0	1	0	0	1	0	0	
		15	1	1	1	1	2	1	1	
	Bike (considering biking comfort levels)	10	3	5	3	3	5	4	3	
		20	17	24	16	16	27	21	17	
		30	35	45	34	32	49	42	34	
	Bike	10	6	8	6	5	10	7	6	
		20	26	34	25	24	37	32	26	
		30	50	62	49	47	66	59	49	
	Fixed-Route Transit	30	5	7	5	5	9	7	5	7
		45	16	25	14	14	27	22	15	20
	Drive	10	48	63	47	46	67	60	47	58
		20	88	94	88	87	97	93	88	94

Key Insights

- Walking access to community colleges is very limited across all thresholds (Figure 38):
  - Only 1% of all households, households with children, low-income households, and working-age populations are within a 15-minute walk of a community college.
- Biking provides limited access to community colleges:
  - When accounting for biking comfort levels, 24% of transit-dependent households, 21% of low-income households, 17% of all households and working-age populations, and 16% of households with children are within a 20-minute bike ride of a community college. The share changes to 5% of transit-dependent households, 4% of low-income household, and 3% of all households, households with children and working-age population, within 10 minutes.
  - 50% of all households are within a 30-minute bike ride of a grocery store, while biking comfort levels impact access and limit access to 35%.
  - 45% of transit-dependent households, 42% of low-income households, 34% of working-age populations, and 32% of households with children are within a 30-minute bike ride of a community college, considering biking comfort levels.
- Fixed-route transit falls behind biking across the same time thresholds:
  - 25% of transit-dependent households, 22% of low-income households, 20% of Transportation Access Focus Population, 16% of all households, 15% of working-age populations, and 14% of households with children are within 45-minute transit ride of a community college. Figure 39 illustrates fixed-route access to community colleges by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations within fixed-route transit service areas, who have higher transit travel times (30-60 minutes) to access community colleges.

    - A 30-minute transit ride provides access to less than 10% of any demographic group.
    - Demographic groups with below-regional-average 45-minute transit access include: households with children, working-age populations, households with adults with limited English proficiency.
- Driving provides the highest coverage for accessing community colleges.
    - 48% of all households are within a 10-minute drive of a community college. This share increases to 88% within a 20-minute drive of a community college.

Planning Implications

The findings highlight the importance of:

- Improving walking and biking access to community colleges:
    - Walking access to community colleges is extremely limited, with almost no households within a 15-minute walk. This indicates that colleges are generally located far from neighborhoods and major residential areas.
    - Biking provides broader access, but effective coverage drops significantly when biking comfort levels are considered. Completing low-stress biking networks and improving safe routes to campuses could meaningfully expand access for transit-dependent, low-income, and working-age populations.
- Strengthening transit connections to community colleges:
    - Transit currently provides less access than biking at comparable travel times, with fewer than 1 in 4 transit-dependent households within 45 minutes of a community college.
    - Expanding service frequency, extending routes, and enhancing first/last-mile solutions can reduce disparities for households without reliable access to cars.
    - Special focus should be given to groups below the regional average—households with children and working-age populations—to ensure inclusive access to educational opportunities.
- Coordinating land use and community college siting decisions:
    - Current siting patterns place most campuses beyond reasonable walking and biking distance, reinforcing car dependency. Future siting or expansion can consider proximity to high-density residential areas and frequent transit corridors.
    - Zoning and development review can encourage community-serving facilities, including education, to locate in mixed-use, transit-oriented, and walkable and bike-able areas.

Acknowledgments and Limitations

- While many students choose to attend the community college nearest to their residence, this is not always the case due to program availability, personal preferences, or other factors.
- Many community colleges and universities have satellite campuses located throughout the region. These satellite campuses were not included in this analysis. In some cases these locations likely increase accessibility for many households.

- Walking access does not capture safety, comfort, or ADA accessibility factors, which strongly influence actual use.
- Service frequency and availability of fixed-route transit buses vary by route or corridor, day of the week, and time of day.
- Driving access assumes vehicle availability: While access is universal by car, many households—especially Transportation Access Focus Population—may not have reliable access to a private vehicle.

Figure 38: Walking Access to Community Colleges

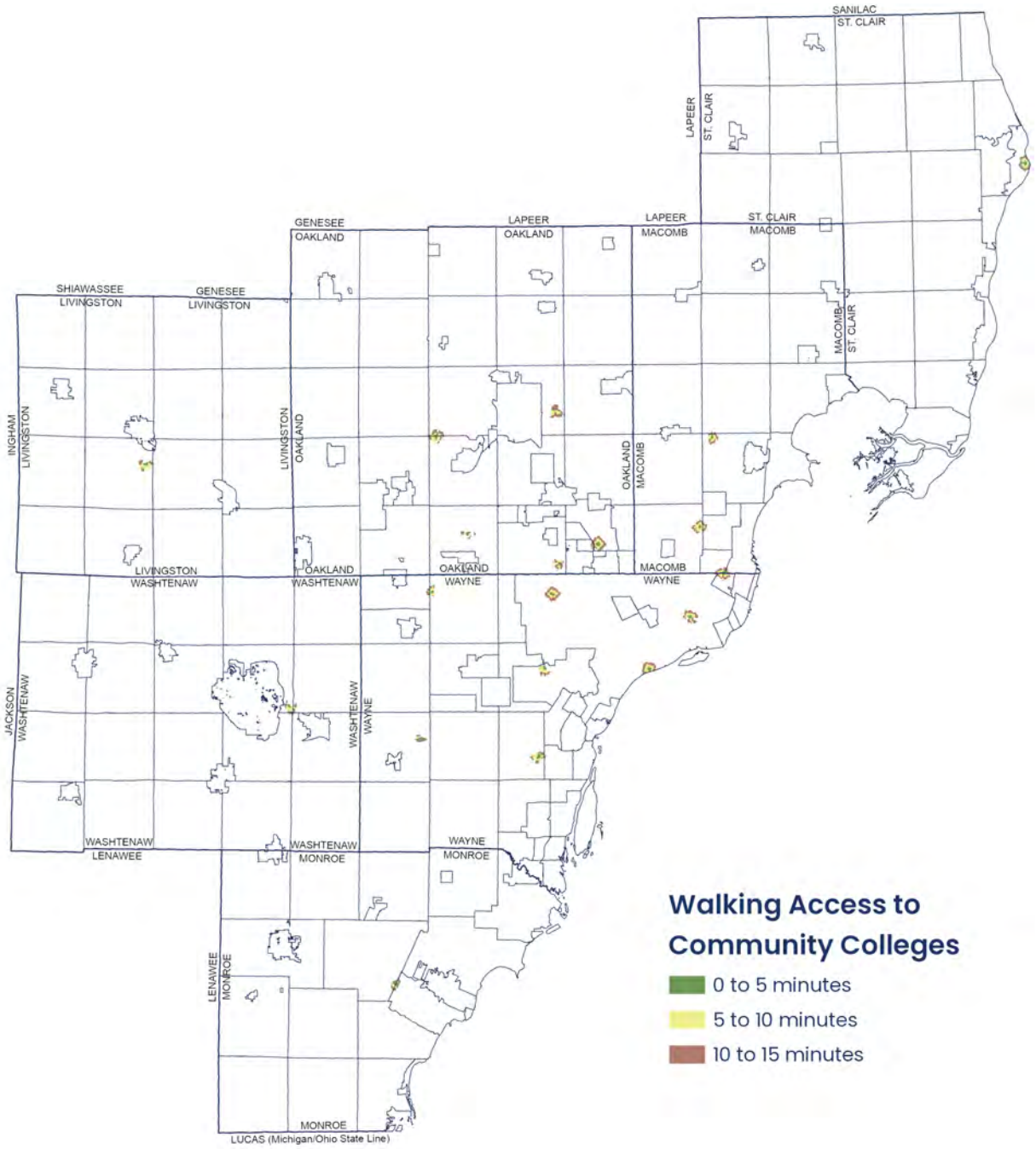
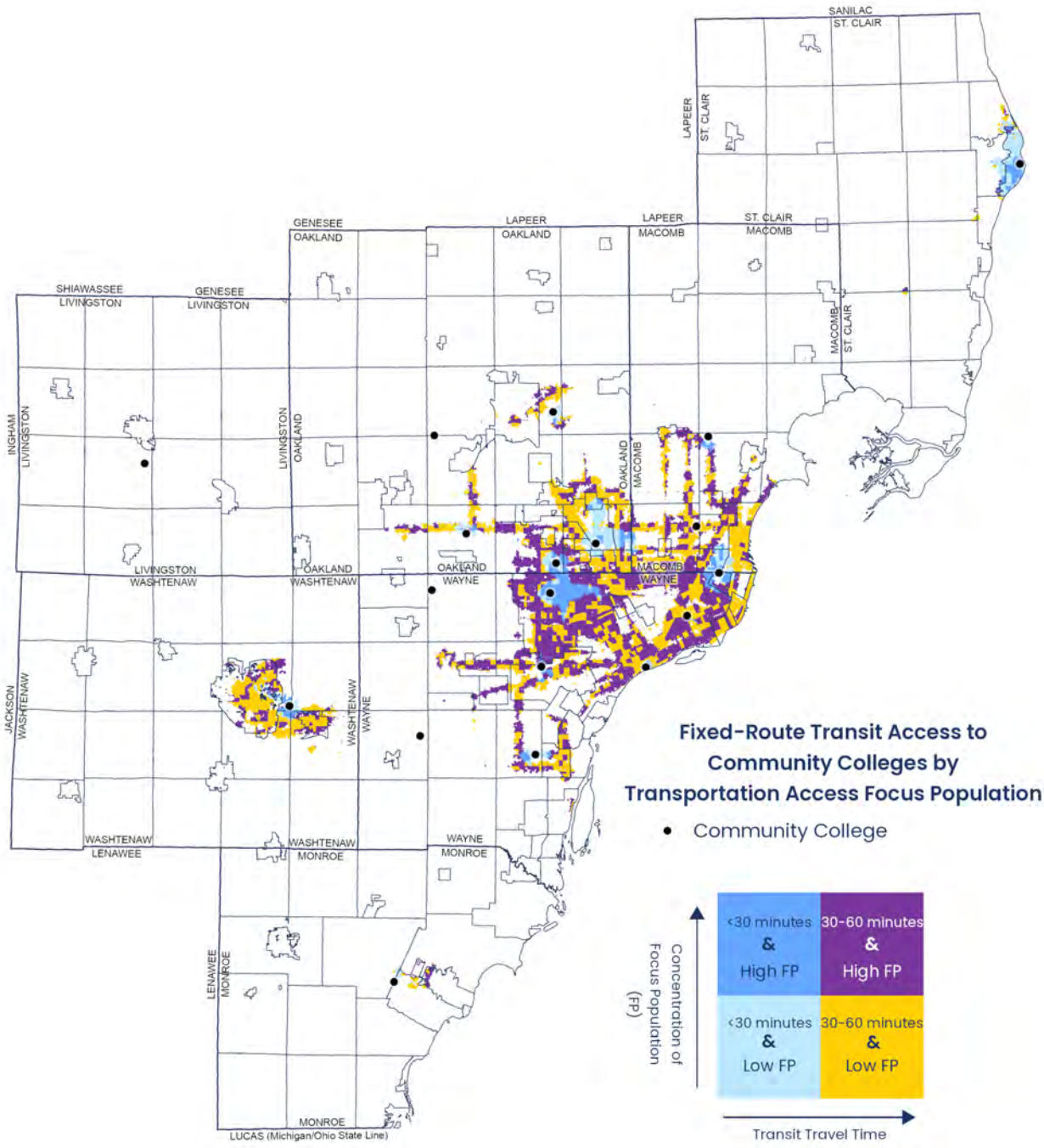


Figure 39: Fixed-Route Transit Access to Community Colleges by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Access to American Job Centers (Job Training Centers)

As shown in Table 17, accessibility to American Job Centers is evaluated based on walking, biking (accounting for biking comfort levels), fixed-route transit, and driving travel times.

Table 17: Access to American Job Centers (Job Training Centers)

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
American Job Centers (Job Training Centers)	Walk	10	1	2			2	2	1	
		15	2	4			4	3	2	
	Bike (considering biking comfort levels)	10	7	12			13	11	7	
		15	16	25			29	23	16	
		20	25	38			42	35	25	
		30	43	59			63	55	43	
	Bike	10	11	16			18	15	11	
		15	23	35			38	32	23	
		20	35	49			54	46	35	
		30	57	73			76	69	56	
	Fixed-Route Transit	30	11	20			21	18	12	18
		45	27	46			49	41	27	39
	Drive	10	53	69			74	67	53	67
		30	97	99			100	98	97	98

Key Insights

- Walking provides very limited access to American Job Centers (Figure 40):
  - Only 2% of all households and working-age population can reach an American Job Center within 15-minute walk. The share changes to 1% within a 10-minute walk.
  - Only 4% of transit-dependent households and 3% of low-income households are within a 15-minute walk of an American Job Center. The share changes to 2% of both demographic groups within 10-minute walk.
- Biking comfort levels slightly impact biking access to American Job Centers:
  - 12% of transit-dependent households, 11% of low-income households, and 7% of all households, and working-age population are within 10-min bike (when accounting for comfort levels) of an American Job Centers. The share changes to 38% of transit-dependent households, 35% of low-income households, and 25% of all households and working-age populations within a 20-minute bike ride.
  - Within a 30-minute bike ride (when accounting for biking comfort levels), 43% of all households can reach an American Job Centers.
  - 59% of transit-dependent households, 55% of low-income households, and 43% of working-age population are within a 30-minute bike ride (when considering biking comfort levels) of an American Job Center.
- Transit falls behind biking access even when considering biking comfort levels across similar time thresholds.
  - Only 20% of transit-dependent households, 18% Transportation Access Focus Population, low-income households, and households with adults with limited English proficiency, 14% of population with disability, 12% of working-age population, and 11% of all households are within a 30-minute transit ride of an American Job Center.

- 46% of transit-dependent households, 41% of low-income households, 37% of households with adults with limited English proficiency, 32% of populations with a disability, and 27% of all households and working-age population are within a 45-minute transit ride of an American Job Center. Figure 41 illustrates fixed-route access to American Job Centers by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations within fixed-route transit service areas, who have higher transit travel times (30-60 minutes) to access American Job Centers.

- Driving provides the highest access (Figure 42):
  - 53% of all households and working-age populations are within a 10-minute drive of an American Job Center. 97-99% of any demographic group are within 30-minute driving access to an American Job Center.

Planning Implications

The findings highlight the importance of:

- Expanding safe walking and biking access to American Job Centers:
  - Walking access is extremely limited, with fewer than 2% of households within 15 minutes. This highlights the need to strengthen pedestrian connections and consider siting future centers closer to dense residential areas.
  - Biking expands access significantly, but comfort levels affect short-distance trips. Completing low-stress bike networks, adding bike parking at centers, and improving local routes could meaningfully increase access for working-age, low-income, and transit-dependent populations.
- Improving transit connections to American Job Centers:
  - Fixed-route transit provides substantially less access than biking, even when accounting for longer travel times. Only about 1 in 5 transit-dependent households can reach an American Job Center within 30 minutes, and less than half within 45 minutes.
  - Expanding route coverage, increasing service frequency, and strengthening first/last-mile solutions are critical to improving access, especially for households with adults with limited English proficiency, populations with disabilities, and Transportation Access Focus Population.
  - Coordination between workforce development programs and transit planning agencies can ensure job centers are located and served in ways that support improved access.
- Aligning job training centers siting with multimodal accessibility goals:
  - Current siting patterns favor automobile access, with over half of households within 10 minutes by car but very limited coverage by walking, biking, or transit.
  - Future siting and facility planning can prioritize locations near frequent transit corridors and in mixed-use, walkable, and bike-able neighborhoods to reduce car dependency.

Acknowledgments and Limitations

- Individuals may not always access the nearest American Job Center due to factors such as specific service needs, appointment availability, or personal preference.
- Walking access does not capture safety, comfort, or ADA accessibility factors, which strongly influence actual use.
- Service frequency and availability of fixed-route transit buses varies by route or corridor, day of the week, and time of day.
- Driving access assumes vehicle availability: While access is universal by car, many households—especially Transportation Access Focus Population—may not have reliable access to a private vehicle.

Figure 40: Walking Access to American Job Centers (Job Training Centers)

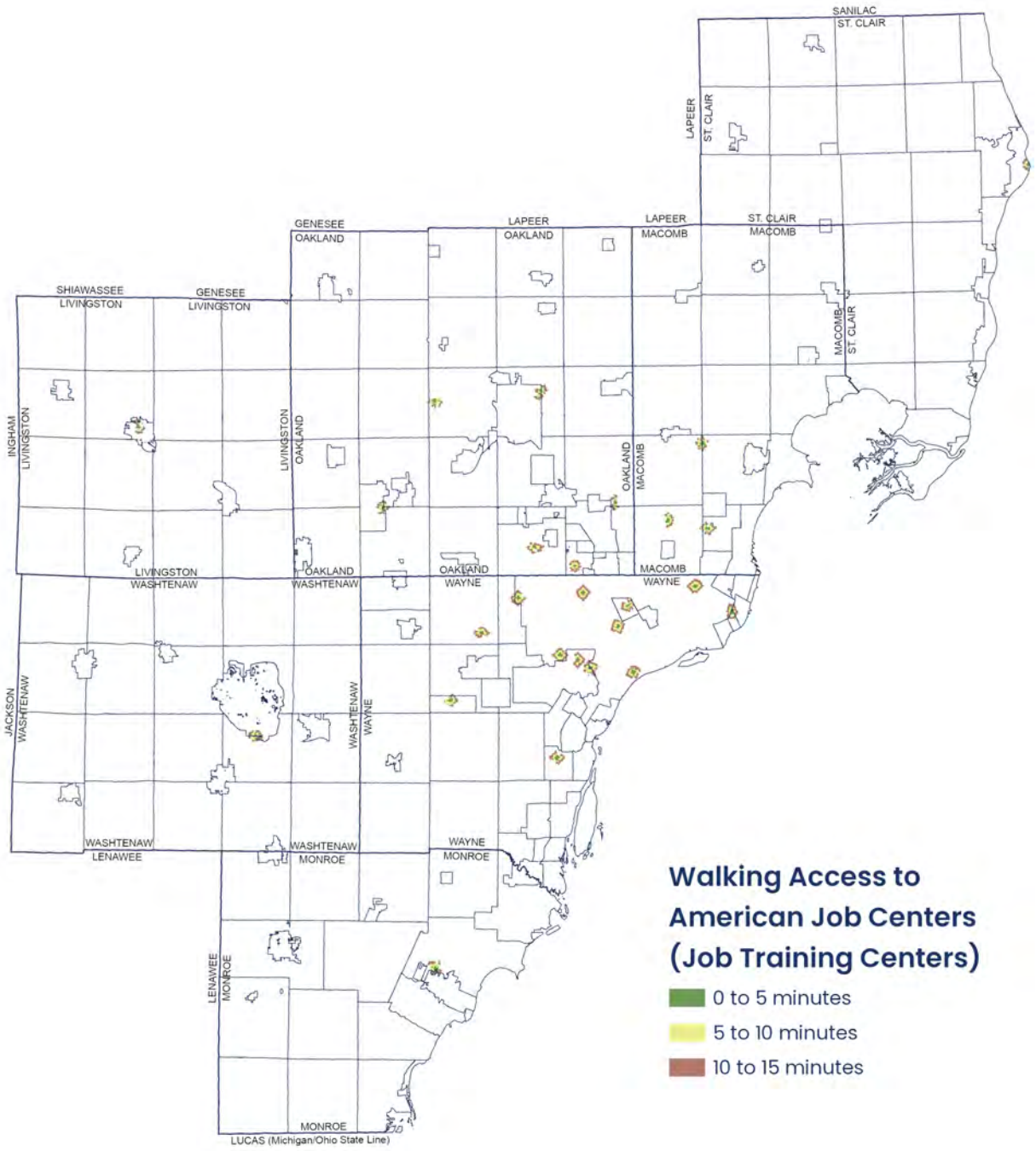
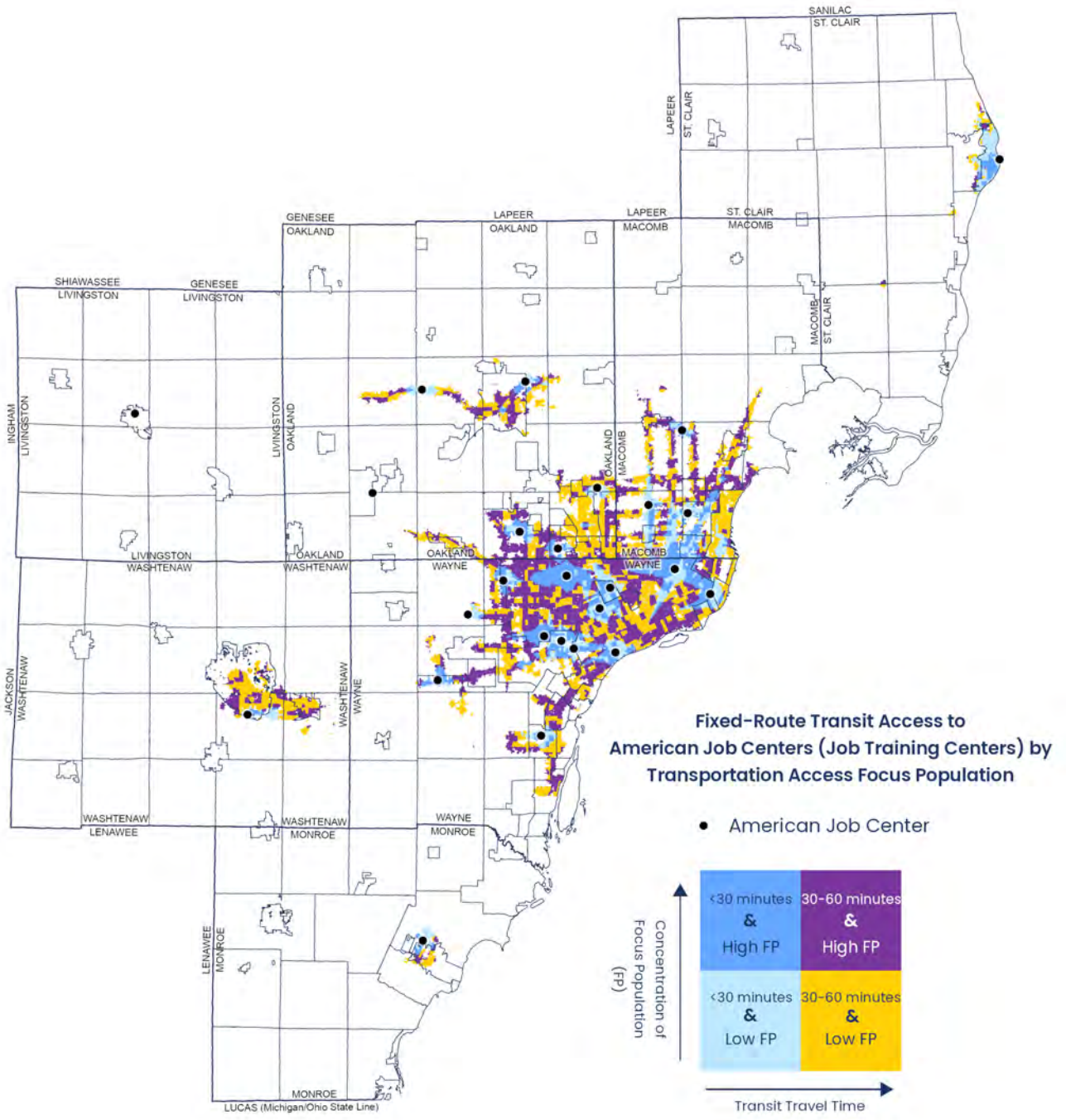
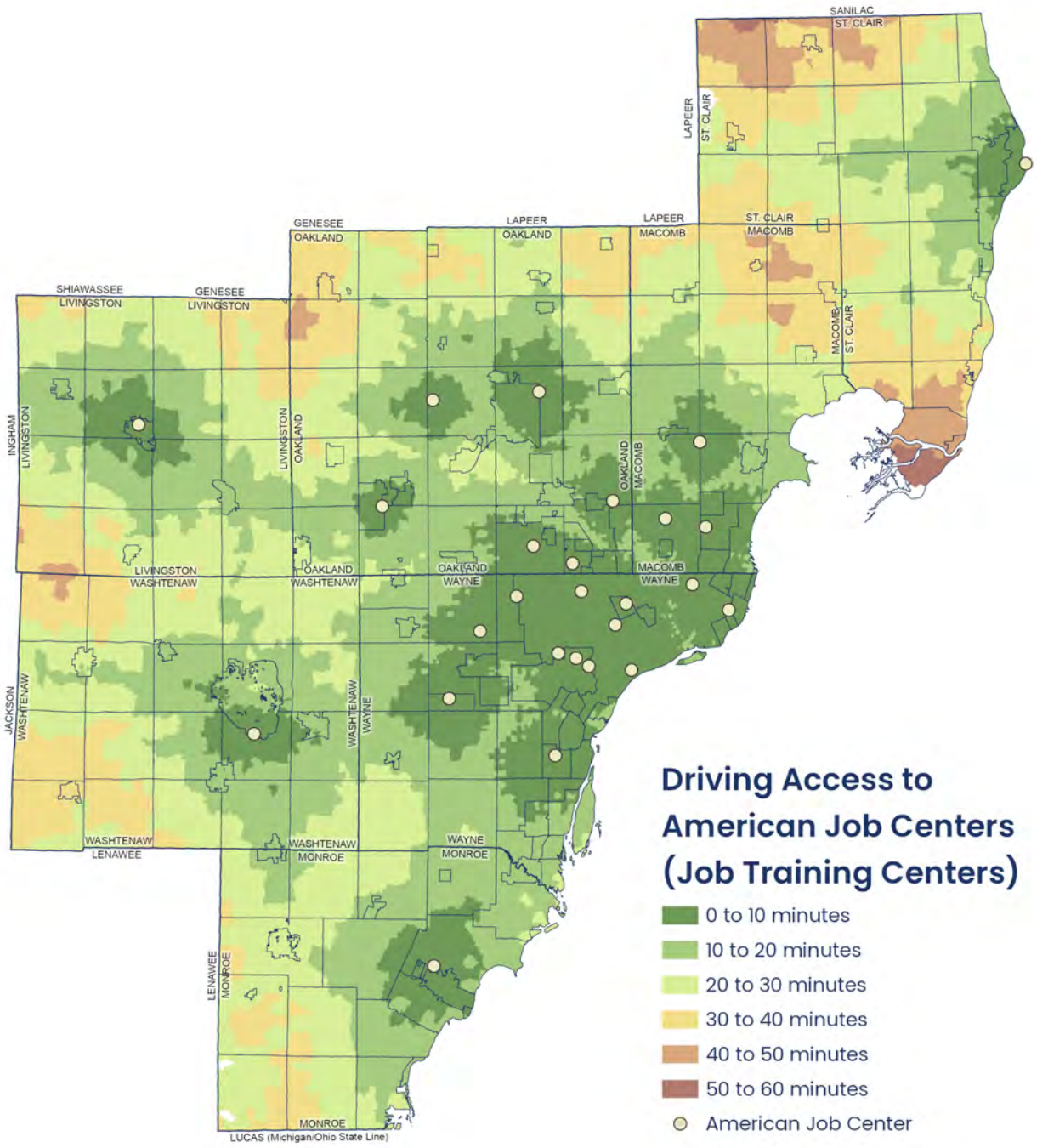


Figure 41: Fixed-Route Transit Access to American Job Centers (Job Training Centers) by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Figure 42: Driving Access to American Job Centers (Job Training Centers)



ACCESS TO LIBRARIES

In this study, accessibility to public libraries is assessed using travel times by walking, biking (accounting for comfort levels), fixed-route transit, and driving.

Table 18: Access to Libraries

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Libraries	Walk	10	5	8	5	4	6	7	5	
		15	12	17	11	10	15	16	11	
	Bike (considering biking comfort levels)	10	33	46	30	32	44	42	33	
		15	53	68	51	52	68	65	53	
		20	68	80	66	66	81	78	67	
		30	87	93	86	85	94	92	86	
	Bike	10	43	57	41	41	55	54	43	
		15	67	80	65	65	79	78	66	
		20	83	91	82	81	92	90	82	
		30	97	99	96	96	99	98	96	
	Fixed-Route Transit	30	26	44	24	25	44	39	26	36
		45	38	60	35	36	62	54	38	51
	Drive	10	97	99	97	97	99	99	97	99

Key Insights

- Walking provides limited access to libraries:
  - 17% of transit-dependent households, 16% of low-income households, and 12% of all households, 11% of households with seniors, and 10% of households with children are within a 15-minute walk of a library. This share changes to 8% of transit-dependent households, 7% of low-income households, 5% of all households, 4% of households with children within a 10-minute walk.
- Across similar time thresholds, biking even when accounting for biking comfort levels provides a higher level of access to libraries compared to walking.
  - When accounting for biking comfort levels, 46% of transit-dependent households, 42% of low-income households, 33% of all households and working-age populations, 32% of households with children, 30% households with seniors, are with 10-minute bike ride of a library. The share changes to 68% of all households, 80% of transit-dependent households, 66% of households with seniors, and households with children, 78% of low-income households, and 67% of working-age population within a 20-minute bike ride (Figure 43).
  - When accounting for biking comfort levels, 68% of transit-dependent households, 65% of low-income households, 53% of all households and working-age population, 52% of households with children, and 51% of households with seniors are within a 15-minute bike ride to a library.
  - 87% of all households in the region are within a 30-minute bike ride (accounting for biking comfort levels) of a library.
- Transit falls behind biking even when considering biking comfort levels:
  - 44% of transit-dependent households, 39% of low-income households, 36% of

Transportation Access Focus Population and households with adults with limited English proficiency, 29% of households with population with disability, 26% of all households and working-age population, 25% of household with children, and 24% of households with seniors are within a 30-minute transit ride of a library.

  - Households with seniors and households with children have below-average walking, biking, and transit access to libraries.
- A 10-minute drive provides access for 97-99% of any demographic group.

Planning Implications

The findings highlight the importance of:

- Expanding walking access to libraries:
  - Fewer than 1 in 6 households can reach a library within a 15-minute walk, and access is especially low for households with seniors and children.
  - Investments in sidewalks, crossings, and safe walking routes near libraries can strengthen local access, particularly in neighborhoods with higher concentrations of Transportation Access Focus Population.
- Enhancing biking connections to libraries:
  - Biking substantially increases access compared to walking, even when accounting for biking comfort levels. However, access still varies by group, with seniors and households with children below the regional average.
  - Completing low-stress bike networks, adding secure bike parking at libraries, and prioritizing improvements in underserved areas can help expand equitable access to library resources.
- Strengthening transit access to libraries:
  - Transit provides lower access than biking at comparable thresholds, with only about 1 in 4 households with children and seniors able to reach a library within 30 minutes.
  - Expanding service frequency, extending routes, and improving first/last-mile connections can improve access for transit-dependent households, low-income households, and populations with limited English proficiency or disabilities.
- Aligning library siting with multimodal accessibility goals:
  - Current siting patterns favor automobile access, as nearly universal coverage is achieved within a 10-minute drive across all demographic groups.
  - Future siting and facility planning can emphasize locations along frequent transit corridors and in walkable, bike-friendly neighborhoods to reduce overreliance on driving.

Acknowledgments and Limitations

- Proximity does not guarantee accessibility: Seniors, children, and people with disabilities may face additional barriers, even when libraries are technically within a short walk or bike ride.
- Walk access does not capture safety, comfort, or ADA accessibility factors, which strongly influence actual use.

- Service frequency and availability of fixed-route transit buses varies by route or corridor, day of the week, and time of day.
- Driving access assumes vehicle availability: While access is universal by car, many households—especially Transportation Access Focus Population—may not have reliable access to a private vehicle.

Figure 43: Biking (when considering biking comfort levels) Access to Libraries

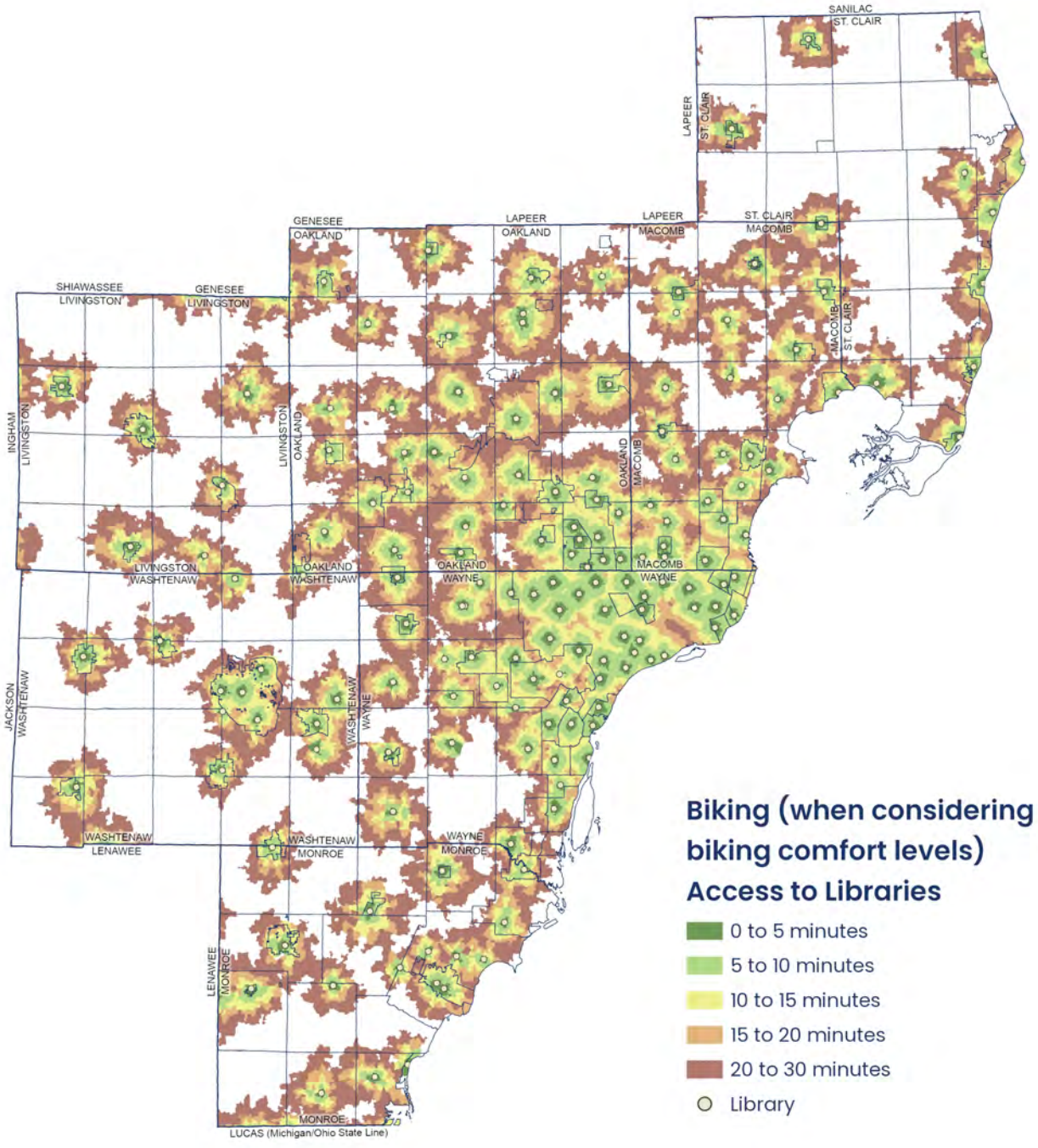


Table 19: Access to Childcare Facilities

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Childcare Facilities	Walk	5	18	23	17	18	25	21	18	
		10	49	59	47	49	63	56	49	
		15	69	80	68	69	82	77	70	
	Bike (considering biking comfort levels)	5	65	75	63	66	79	72	66	
		10	86	93	85	86	94	91	86	
		15	92	97	92	92	98	95	92	
		20	95	98	95	95	99	97	95	
	Bike	5	74	84	73	74	86	81	74	
		10	92	97	91	92	98	95	92	
		15	96	98	96	96	99	98	96	
		20	98	99	98	98	100	99	98	
	Fixed-Route Transit	30	45	66	42	42	69	61	44	57
		45	46	67	43	43	70	62	45	58
	Drive	10	99	100	99	99	100	100	99	100

Key Insights

- Childcare has the highest level of walking access for any destination (Figure 44).
  - 69% of all households and households with children are within a 15-minute walk of a childcare facility. The share changes to 49% within a 10-minute walk.
  - 80% of transit-dependent households, 77% of low-income households, and 70% of working-age populations are within a 15-minute walk of a childcare facility. The share respectively changes to 59%, 56%, and 49% within a 10-minute walk.
- Biking (when NOT considering comfort levels) provides comparable access to driving:
  - 92% of all households are within a 10-minutes bike ride of a childcare facility compared to 99% of all households within 10-minute driving access.
  - Biking comfort levels limit biking access to childcare facilities, decreasing all households' access to 86% (compared to 92%) within a 10-minute bike ride.
  - When accounting for biking comfort levels, 98% of transit-dependent households, 95% of all households, households with children, working-age population, and 97% of low-income households are within a 20-minute bike ride.
- Transit falls behind walking, biking, and driving access for similar time thresholds.
  - 45% of all households are within a 30-minute transit ride of a childcare facility. The share changes to 46% within 45 minutes.
  - Households with children have below-regional-average transit access to childcare.
  - 66% of transit-dependent households are within a 30-minute transit ride of a childcare facility. The share changes to 67% within 45 minute.
  - 57% of female-headed households and 56% of single-parent households are within a 30-minute transit ride of a childcare facility. The share changes to 57% of single-parent households with 45 minutes.
- Driving is universal across all groups, with 99-100% of all demographic groups within a 10-minute drive of a childcare facility.

Planning Implications

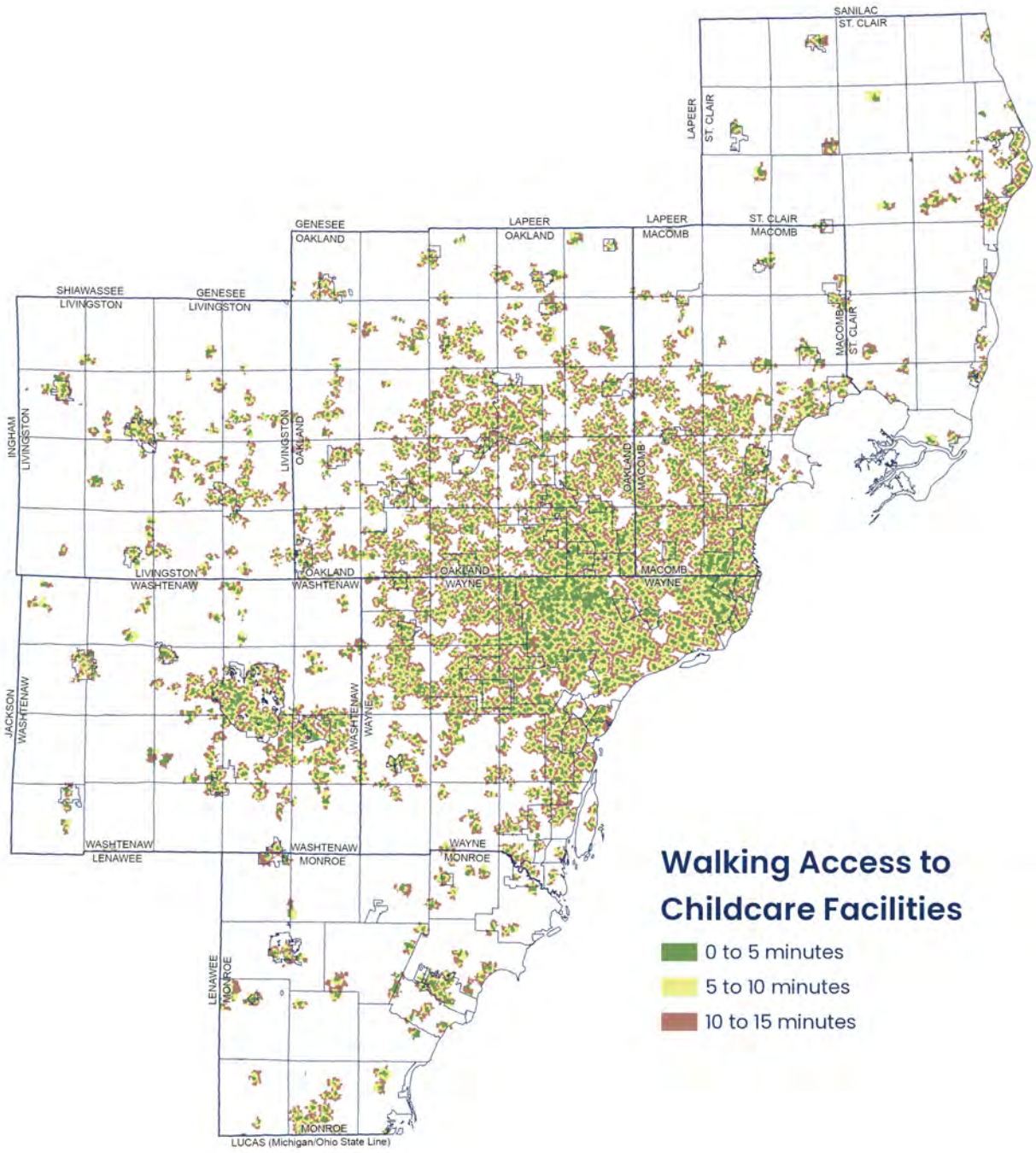
The findings highlight the importance of:

- Strengthening walking access to childcare facilities:
  - Childcare facilities provide the highest level of walking access among all destination types, with nearly 7 in 10 households within a 15-minute walk.
  - Investments in sidewalks, safe crossings, and ADA-compliant routes near childcare centers can further improve local access, particularly for families with young children and transit-dependent households.
- Expanding low-stress biking access to childcare facilities:
  - Biking provides access nearly comparable to driving, but comfort levels matter. Access drops from 92% to 86% of households within 10 minutes when accounting for biking comfort.
  - Completing low-stress biking networks, ensuring safe routes to schools and childcare facilities, and adding secure bike parking can expand options for parents and caregivers who may bike with children.
- Improving transit access to childcare facilities:
  - Transit lags walking, biking, and driving, with fewer than half of all households able to reach childcare within 30 minutes. Access is especially limited for households with children, female-headed households, and single-parent households.
  - Expanding service frequency, extending routes, and improving first/last-mile connections can better serve families who rely on transit to access childcare.
- Recognizing universal but inequitable driving access:
  - Nearly all households can reach childcare within a 10-minute drive, underscoring the dominance of auto access. However, reliance on driving overlooks the needs of households without reliable vehicle access, reinforcing inequities among vulnerable populations.

Acknowledgments and Limitations

- Proximity does not guarantee accessibility: Parents and caregivers may face added challenges walking or biking with small children, strollers, or childcare supplies, even when facilities are technically within a short distance.
- Walking access does not capture safety or comfort factors: Sidewalk quality, safe crossing, and ADA accessibility strongly influence actual use.
- Transit access varies by service quality: Frequency, route coverage, time of day, and reliability determine whether transit is a viable option for reaching childcare, particularly for households with tight scheduling needs.
- Driving access assumes vehicle availability: While auto access is nearly universal, many low-income, single-parent, and transit-dependent households may not have consistent access to a private vehicle, limiting their childcare options.

Figure 44: Walking Access to Childcare Facilities



ACCESS TO FIRE STATIONS

In this study, accessibility to fire stations is assessed using travel times by walking, biking (accounting for biking comfort levels), fixed-route transit, and driving.

Table 20: Access to Fire Stations

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Fire Stations	Walk	10	8	11	8	8	9	10	8	
		15	19	24	18	18	21	22	18	
	Bike (considering biking comfort levels)	10	51	62	49	50	61	59	51	
		15	77	85	76	76	86	83	76	
		20	89	94	88	88	95	93	88	
		30	97	99	96	97	99	98	97	
	Bike	10	69	78	67	67	77	76	68	
		15	91	96	90	90	96	94	90	
		20	96	98	96	96	99	98	96	
		30	99	100	99	99	100	100	99	
	Fixed-Route Transit	30	34	54	32	32	55	48	34	45
		45	43	65	40	40	68	59	42	56
	Drive	10	99	100	99	99	100	100	99	100

Key Insights

- Walking provides access for a limited share of demographic groups to fire stations (Figure 45):
  - 24% of transit-dependent households, 22% of low-income households, and 19% of all households are within a 15-minute walk of a fire station. The share changes to 11% of transit-dependent households, 10% of low-income households, and 8% of all households within a 10-minute walk access to a fire station.
- Biking comfort slightly impacts biking access to fire stations:
  - When considering biking comfort levels, 62% of transit-dependent households, 59% of low-income households, 51% of all households, 50% of households with children, and 49% of households with seniors are within a 10-minute bike ride of a fire station. The share changes to 89% of all households, 94% of transit-dependent households, 88% of households with seniors and households with children, and 93% of low-income households within a 20-minute bike ride.
  - When considering biking comfort levels, 96% - 99% across all the demographic groups are within a 30-minute bike ride of a fire station, including Transit-dependent households (99%), low-income households (98%), all households (97%), households with children (97%).
- Transit provides limited access to fire stations compared to biking (even when considering biking comfort levels) and driving for the same time thresholds.
  - 54% of transit-dependent households are within a 30-minute transit ride of a fire station compared to 99% within a 30-minute bike ride of a fire station when considering biking comfort levels.
  - 65% of transit-dependent households, 59% of low-income households, 56% of

Transportation Access Focus Population, 53% of households with adults with limited English proficiency, 46% of population with disability, 43% of all households, 40% of households with seniors, and households with children are within a 45-minute transit ride of a fire station.

- Driving is universal across all demographic groups, 99 – 100% of all demographic groups are within a 10-minute drive of a fire station.

Planning Implications

The findings highlight the importance of:

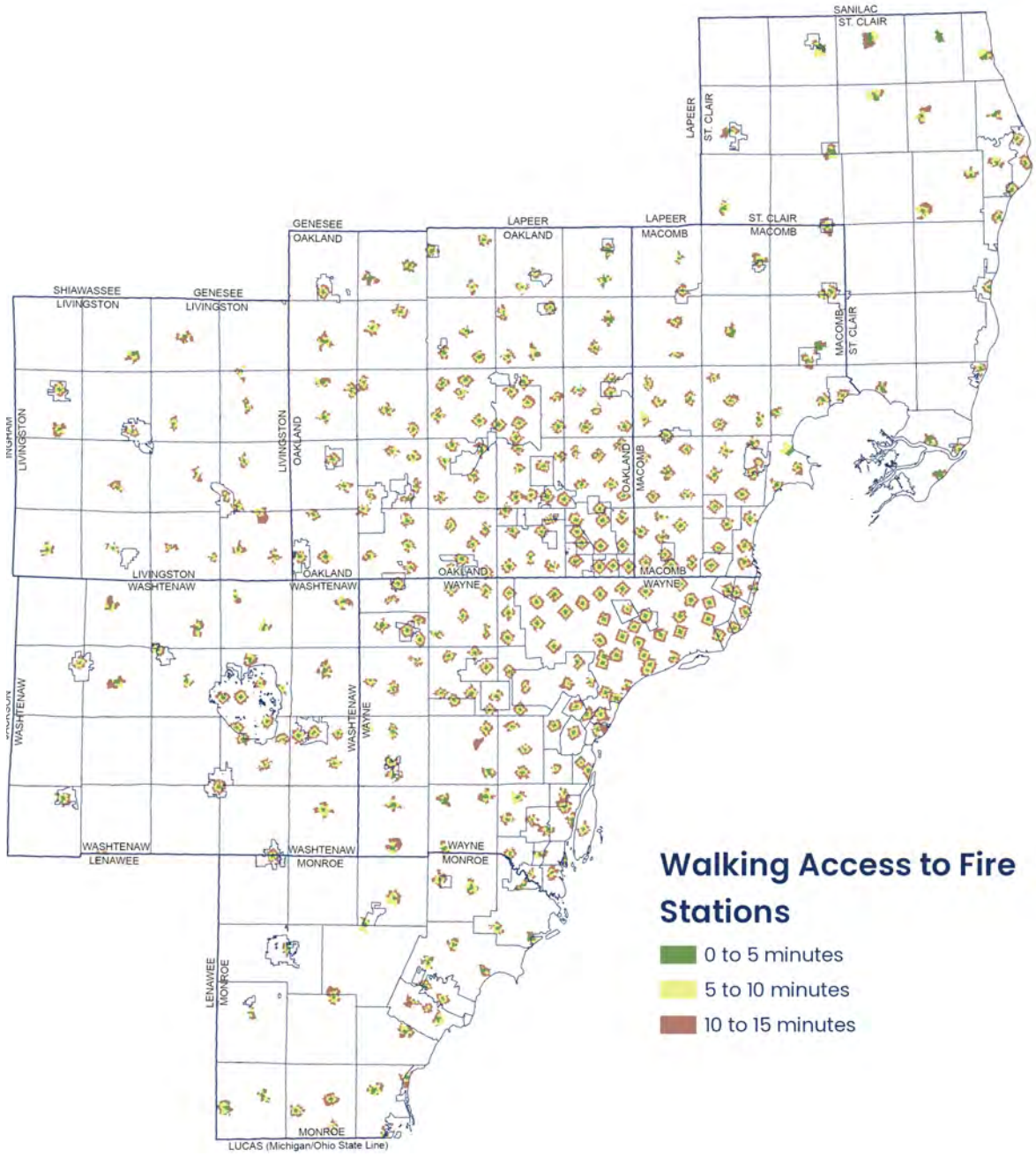
- Expanding walking access to fire stations:
  - Fewer than 1 in 4 transit-dependent or low-income households, and fewer than 1 in 5 households overall, can reach a fire station within a 15-minute walk.
  - Investments in sidewalks, crossings, and safe walking routes near stations can help improve community access, particularly in neighborhoods with higher concentrations of Transportation Access Focus Population.
- Enhancing biking connections to fire stations:
  - Biking substantially increases access compared to walking and transit, with near-universal coverage within 30 minutes when considering biking comfort levels. Still, shorter-trip access (10–20 minutes) varies across groups.
  - Completing low-stress bike networks and prioritizing improvements near stations can strengthen access for households with seniors, children, and other vulnerable populations while also supporting staff or volunteers traveling by bike.
- Strengthening transit access to fire stations:
  - Transit provides far more limited access than biking or driving. Only about half of transit-dependent households can reach a station within a 30-minute transit ride, and even at 45 minutes, 1 in 3 remain without access.
  - Expanding service frequency, extending routes, and improving first/last-mile connections can improve access for transit-dependent households, low-income households, and populations with limited English proficiency or disabilities.
- Aligning fire station siting and community use with multimodal accessibility goals:
  - Current siting patterns ensure nearly universal automobile access, as almost all households can reach a station within a 10-minute drive. However, this reinforces reliance on driving and limits accessibility for non-auto households.
  - Future facility planning can emphasize multimodal connections, co-location with other civic services, and siting along frequent transit corridors to broaden access and reduce inequities.

Acknowledgments and Limitations

- Recognizing the strengths of current fire station coverage:
  - The existing network ensures nearly universal driving access, supporting reliable vehicle-based emergency response across all demographic groups.
- Proximity does not guarantee accessibility: Seniors, children, and people with disabilities may face additional barriers.

- Walking access does not capture safety, comfort, or ADA accessibility factors: Sidewalk quality, crossing safety, and overall walkability strongly influence whether residents can realistically reach fire stations by foot.
- Transit access varies significantly by service levels: Frequency, span of service, and route coverage differ by corridor, day of week, and time of day, which limits consistent access for transit-dependent households.
- Driving access assumes vehicle availability: While fire station access is nearly universal by car, many Transportation Access Focus Population may not have reliable access to a private vehicle.

Figure 45: Walking Access to Fire Stations



ACCESS TO PASSENGER TRAIN STATIONS

As shown in Table 21, accessibility to Passenger Train Stations is evaluated based on walking, biking (accounting for biking comfort levels), fixed-route transit, and drive travel times.

Table 21: Access to Passenger Train Stations

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Passenger Train Stations	Walk	10	0	0	0	0	0	0	0	
		15	1	1	0	0	1	1	1	
	Bike (considering biking comfort levels)	10	3	4	2	2	3	3	3	
		15	5	9	4	4	6	7	5	
		20	9	13	7	7	10	11	9	
		30	18	26	15	15	23	22	17	
	Bike	10	4	7	2	2	5	5	4	
		15	7	11	6	6	8	9	7	
		20	12	18	10	10	14	15	12	
		30	23	33	21	21	31	30	23	
	Fixed-Route Transit	30	5	10	3	3	6	7	5	5
		45	12	21	10	10	17	17	12	14
	Drive	10	21	34	19	20	32	31	21	26
		20	57	73	55	56	78	69	57	68
		30	87	94	87	85	95	92	86	91

Key Insights

- Walking provides very limited access to passenger train stations in the region (Figure 46):
  - Only 1.4% of transit-dependent households, 1% of low-income households, 0.7% of all households and working-age population, and 0.4% of households with seniors, and households with children are within a 15-minute walk of a passenger train station.
- Biking comfort levels slightly impact biking access to passenger train station:
  - 18% of all households are within 30-minute bike ride (when considering biking comfort levels) of a passenger train station compared to 23% within a 30-minute bike ride.
  - When considering biking comfort levels, 26% of transit-dependent households, 22% of low-income households, 18% of all households, 17% of working-age population, and 15% of households with seniors, and households with children are within 15-minute bike ride of a passenger train station.
- Transit falls behind biking and driving access across the same time thresholds:
  - Only 10% of transit-dependent households are within a 30-minute transit ride of a passenger train station, compare to 33% within a 30-minute bike ride (considering biking comfort levels) of a passenger train station. Figure 47 illustrates fixed-route access to passenger train stations by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations within fixed-route transit service areas, who have higher transit travel times (30-60 minutes) to access passenger train stations.
  - Only 21% of transit-dependent households, 17% of low-income households and households with adults with limited English proficiency, 12% of all households and

working-age population, and population with disability, 14% of Transportation Access Focus Population, and 10% of households with seniors and households with children are within a 45-minute transit ride of a passenger train station.

- Driving provides highest level of access to passenger train stations:
  - 21% of all households are within a 10-minute drive of a passenger train station, this number increases to 87% within a 30-minute drive.

Planning Implications

The findings highlight the importance of:

- Addressing the very limited walking access to passenger train stations:
  - Fewer than 2% of households across all demographic groups can reach a passenger train station within a 15-minute walk.
  - Passenger rail is therefore not a walk-accessible destination for most residents, underscoring the importance of connecting stations to surrounding neighborhoods through safe walking routes, transit shuttles, and mixed-use development near stations.
- Expanding low-stress biking access to passenger train stations:
  - Biking provides better access than walking or transit, with up to 1 in 4 of transit-dependent households able to reach a station within a 15-minute ride when comfort is considered.
  - Building out regional low-stress bike networks and adding secure bike parking or bike-share at stations can help increase first/last-mile access.
- Improving transit connections to passenger train stations:
  - Transit access is limited compared to biking and driving, with only 10% of transit-dependent households able to reach a station within 30 minutes. Even at 45 minutes, only 1 in 5 transit-dependent households has access.
  - Enhancing bus service, improving service frequency, and coordinating schedules between bus and train service can improve accessibility for populations most reliant on transit.
- Recognizing reliance on driving for train station access:
  - Driving is the most effective way to reach passenger train stations, with 87% of households able to reach a station within a 30-minute drive.
  - While this ensures regional coverage, it reinforces reliance on cars for accessing intercity rail. Expanding multimodal station access strategies can reduce overdependence on driving and broaden equitable access.

Acknowledgments and Limitations

- Proximity does not guarantee accessibility: Seniors, children, and people with disabilities may face additional barriers, even when train stations are technically within a short walk, bike ride, or transit trip.
- Walk access does not capture safety, comfort, or ADA accessibility factors: Sidewalk quality, crossing safety, and overall walkability strongly influence whether residents can realistically reach train stations by foot.

- Transit access varies significantly by service levels: Frequency, span of service, and route coverage differ by corridor, day of week, and time of day, which limits consistent access for transit-dependent households.
- Driving access assumes vehicle availability: While a majority of households can reach stations by car within 30 minutes, many low-income, transit-dependent, and priority populations may lack consistent vehicle access, limiting their ability to use passenger rail.

Figure 46: Walking Access to Passenger Train Stations

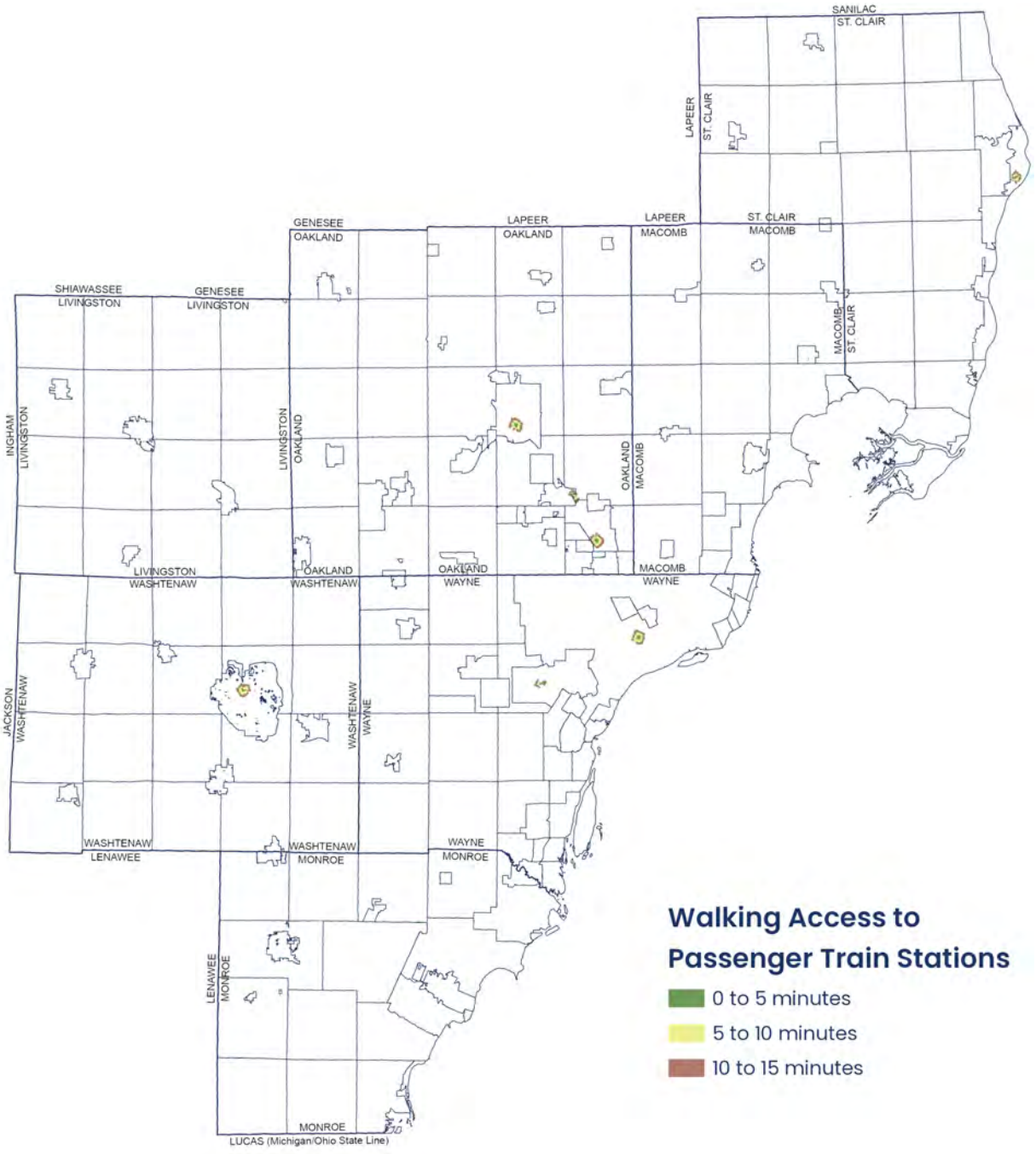
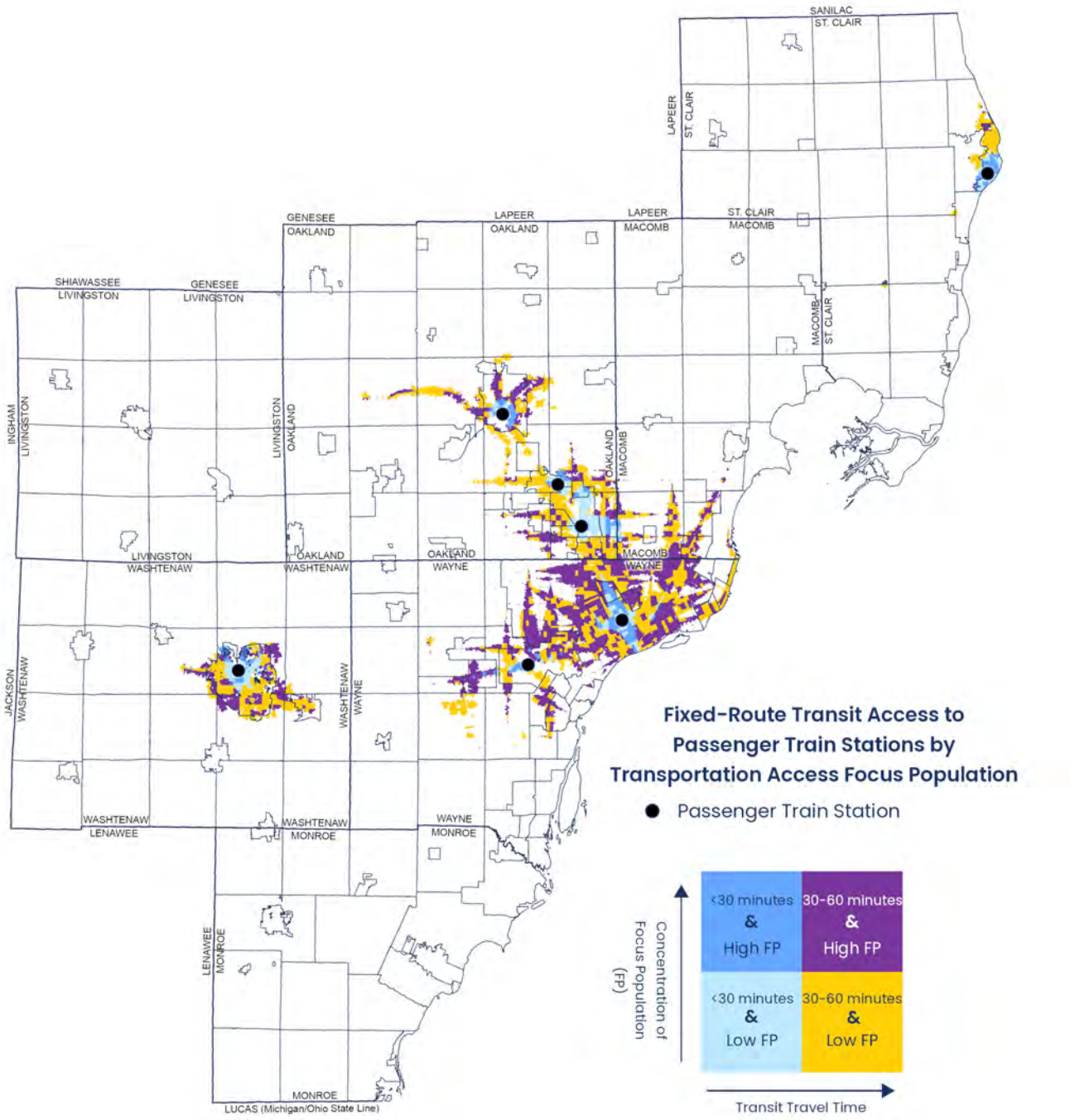


Figure 47: Fixed-Route Transit Access to Passenger Train Stations by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

ACCESS TO PASSENGER AIRPORT - DETROIT METRO AIRPORT (DTW)

In this study, accessibility to Southeast Michigan's passenger airport, DTW, is assessed using travel times by biking (accounting for biking comfort levels), fixed-route transit, and driving.

Table 22: Access to Passenger Airports - Detroit Metro Airport (DTW)

DESTINATION	MODE	TRAVEL TIME (MINUTES)	DEMOGRAPHIC GROUPS							
			Total Households (%)	*Transit Dependent Households (%)*	*Households with Seniors (%)*	*Households with Children (%)*	*Minority-Headed Households (%)*	*Low-Income Households (%)*	*Working-Age Population (%)*	*Transportation Access Focus Population (%)*
Passenger Airport - Detroit Metro Airport (DTW)	Bike (considering biking comfort levels)	15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		30	0.06	0.05	0.05	0.06	0.07	0.08	0.06	
	Bike	15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		20	0.10	0.10	0.10	0.10	0.10	0.10	0.10	
		30	1.10	1.20	1.00	1.10	1.50	1.30	1.10	
	Fixed-Route Transit	30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		45	0.40	0.80	0.20	0.30	0.60	0.60	0.30	0.30
	Drive	20	18.00	20.00	17.00	19.00	20.00	22.00	19.00	22.00
		30	40.00	52.00	39.00	40.00	57.00	50.00	40.00	51.00
		45	66.00	79.00	65.00	65.00	84.00	75.00	66.00	75.00

Key Insights

- Biking access is very limited:
  - A 30-minute bike ride, when not considering biking comfort levels, provides very limited access (1.1% of all households and 1.2% of transit-dependent households).
- Transit is lagging bike and drive modes:
  - In a 45-minute transit ride, only 0.4% of all households and 0.8% of transit-dependent households can reach the passenger airport.
  - At a 45-minute transit ride threshold, households with children and households with seniors, working-age populations, households with adults with limited English proficiency, population with disability, single parent households, female-headed households, and Transportation Access Focus Population have below-regional-average access to airports (range from 0.1% - 0.3%). This encourages car dependency to reach passenger airport service in the region. Figure 48 illustrates fixed-route access to passenger airport by Transportation Access Focus Population. In this map, the dark purple colors are highlighting high concentration of focus populations who have higher transit travel times (30-60 minutes) to access DTW.
- Only 18% of all households and 20% of transit-dependent households are within a 20-minute drive of the region's passenger airport, which increases to 66% and 79% within 45 minutes.
- 30- and 45-minute driving access to airports for working-age population mirrors the regional average (40% and 66%).

Planning Implications

The findings highlight the importance of,

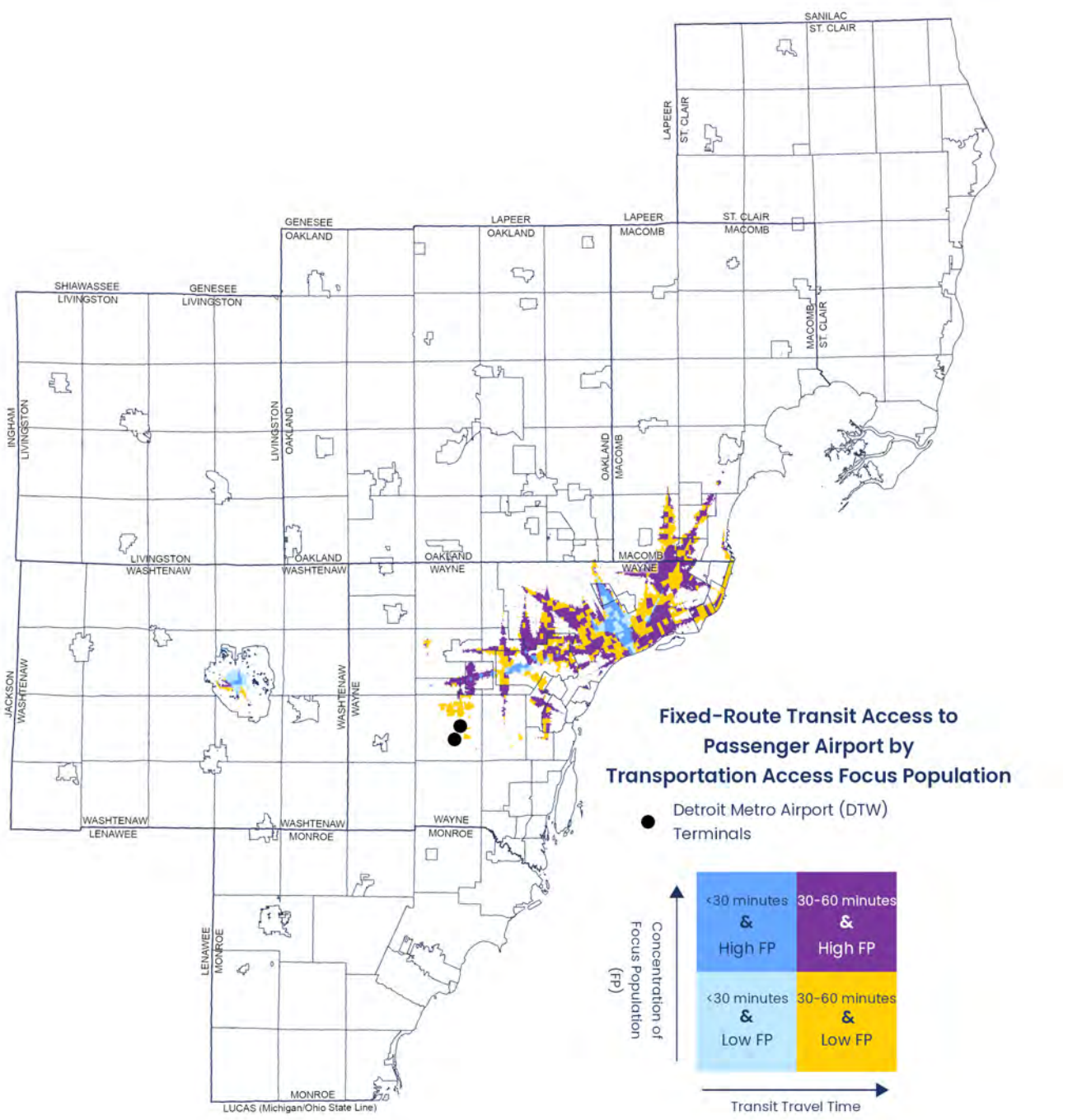
- Expanding transit access to passenger airports:
  - Transit access is extremely limited, with fewer than 1% of households able to reach the airport within 45 minutes. Access is especially low among Transportation Access Focus Population, households with children, and households with seniors.

    - Investments in airport transit services—such as direct bus routes, express shuttles, or rail extensions—can improve access, reduce congestion, and lower household transportation costs, building upon pilot programs such as Detroit Air Express (DAX), and Michigan Flyer's Ann Arbor to Detroit Metro Airport (DTW) services.
- Recognizing the economic benefits of airport transit connections:
    - Airports are critical regional economic hubs, supporting both travel and employment. Transit access expands opportunities for working-age populations and households without reliable car access to reach job centers at or near airports.
    - Improved airport transit service can also strengthen business competitiveness, tourism access, and regional connectivity.
- Enhancing bike and multimodal options for first/last-mile access:
    - Coordinated investments in multimodal facilities at airport terminals (bike parking, shuttle hubs, and transit integration) can reduce car dependency and expand workforce options.
- Reducing overreliance on driving to airports:
    - Currently, automobile access is the only viable option for most households, with 66% of households within 45 minutes by car. This reinforces car dependency and limits options for households without vehicles.
    - Expanding transit, shared mobility, and multimodal infrastructure can make them more accessible to a broader share of the population.

Acknowledgments and Limitations

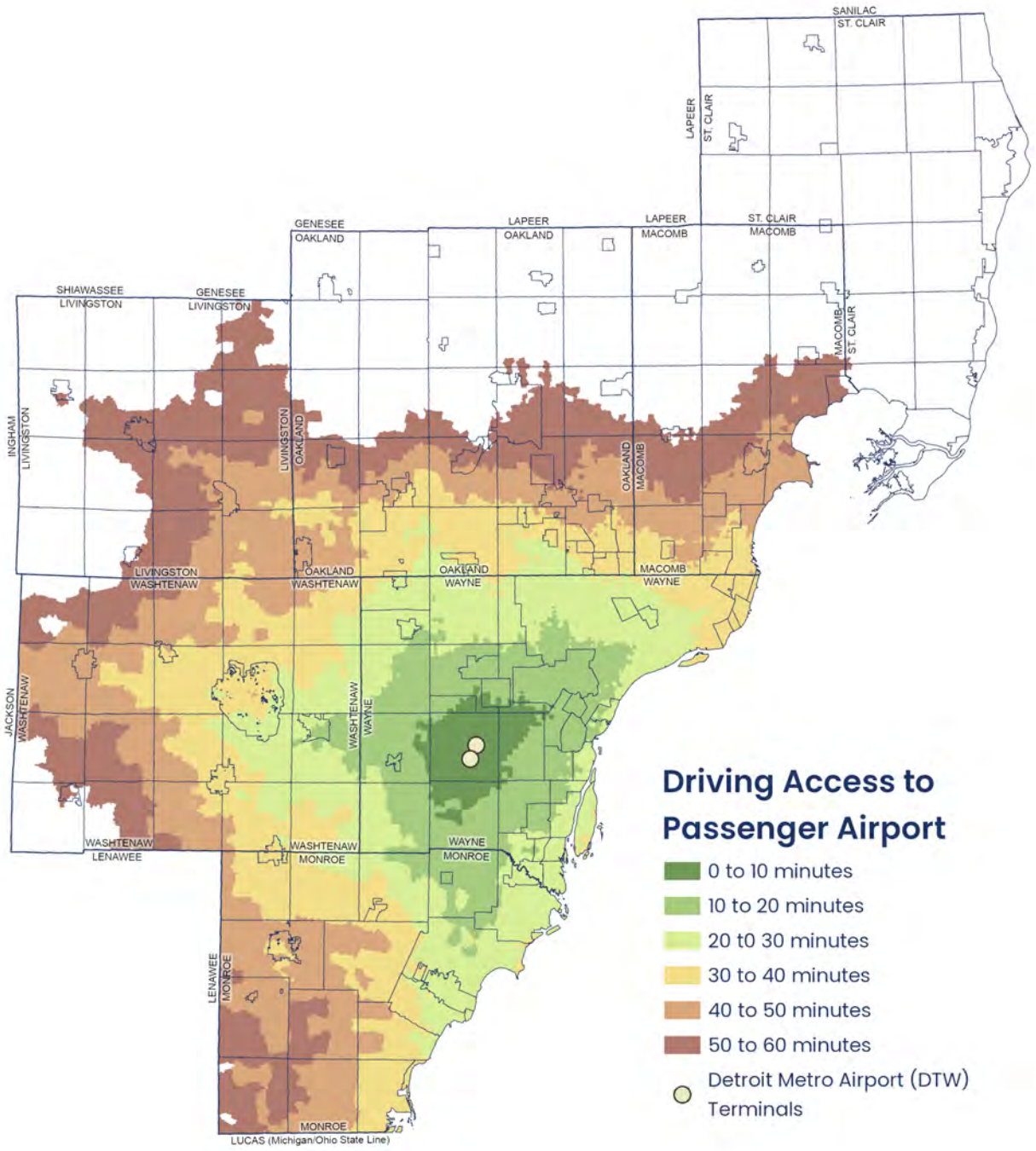
- In communities where Airports are in denser areas, there might be options to provide biking access to airports.
- Airports and residential neighborhoods are not compatible uses.
- Proximity does not guarantee accessibility: Even where households fall within potential travel sheds, factors such as cost, service availability, and first/last-mile barriers limit real-world access to airports.
- Transit access is highly service-dependent: Frequency, directness, and dedicated connections strongly influence whether transit is a viable way to reach airports, particularly for working-age populations and employees.
- Driving access assumes car availability: While 2 of 3 of households can reach the airport within a 45-minute drive, many transit-dependent, low-income, and single-parent households may not have consistent access to a private vehicle.
- Improved access supports regional competitiveness: Expanding transit to airports not only improves mobility for underserved populations but also strengthens economic opportunity, workforce connectivity, and the region's long-term resilience.
- In communities where airports are in denser areas, biking access may be feasible: While generally limited, safe bike connections and micromobility could provide viable access for nearby residents and employees.
- Airports and residential neighborhoods are not compatible uses: Land-use conflicts limit opportunities for households to live within proximity to airports, which constrains walking and biking access potential.

Figure 48: Fixed-Route Transit Access to Passenger Airport - Detroit Metro Airport (DTW) - by Transportation Access Focus Population



This map highlights the accessibility in areas served by fixed-route transit, as well as how the region's Transportation Access Focus Population can utilize this service to access selected core service. For example, the dark purple areas display areas of high concentration of Transportation Access Focus Population who have between a 30-60-minute travel time to selected core service. These areas can be viewed as potential gaps in accessibility, both by travel-time and by populations most reliant on transit. Similarly, the dark yellow areas display 30–60-minute travel-times, but are areas with lower concentration of Transportation Access Focus Populations.

Figure 49: Driving Access to Passenger Airport - Detroit Metro Airport (DTW)



APPENDIX A - ACKNOWLEDGEMENT OF 2016 REGIONAL POLICIES

SEMCOG's 2016 Access to Core Services report was developed through a task force of local and regional leaders and stakeholder. This report included regional policies implementation recommendations and local actions and established a comprehensive framework to improve accessibility in the region. These policies emphasized integrating accessibility considerations into planning and decision-making processes, enhancing public transit coverage and frequency, expanding pedestrian and bicycle connectivity, and supporting alternative mobility services and technologies. They also encouraged mixed-use and infill development near transit corridors and core services, promoted complete streets and age-friendly community design, and fostered coordination among local governments, transit agencies, and advocacy groups. By identifying local strategies to address accessibility gaps, these policies continue to provide an important foundation for assessing and improving access to essential destinations across Southeast Michigan, including the analyses presented in the current report.

2016 Access to Core Services Report

APPENDIX B - REGIONAL BENCHMARKS

Table 4: Access to Fixed-Route Transit

Destination	Mode	Travel Time (Minutes)	Demographic Groups						
			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)
Fixed-Route Transit	Walk	5	30	49	28	27	50	43	29
		10	46	67	43	43	70	62	45
		15	54	75	52	51	77	70	53
	Bike (considering biking comfort levels)	5	53	73	50	50	76	68	52
		10	64	82	62	61	85	78	63
		15	69	85	68	67	89	82	68
		30	79	90	78	77	93	88	78
	Bike	5	56	76	54	53	79	72	55
		10	68	84	66	65	88	81	67
		15	74	88	73	71	91	84	73
		30	86	93	85	84	97	92	85

Table 5: Access to Hospitals

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Hospitals	Walk	5	0.1	0.2	0.1	0.1	0.1	0.2	0.1							
		10	1	2	1	1	1	1	1							
		15	2	4	2	2	3	3	2							
	Bike (considering biking comfort	5	2	3	2	2	2	3	2							
		10	8	12	8	7	10	10	8							
		15	18	24	17	16	22	21	17							
		20	29	36	29	27	36	34	28							
	Bike	5	3	5	3	2	4	4	3							
		10	12	17	12	11	15	15	12							
		15	26	33	25	24	31	30	25							
		20	42	50	42	40	49	48	42							
	Fixed-Route Transit	10	1	2	1	1	1	1	1	1	1	2	1	1	2	1
		15	2	4	2	2	3	3	2	1	2	4	3	3	3	3
		30	11	18	10	9	16	15	10	8	11	17	13	14	16	13
		45	25	40	23	23	42	35	24	23	26	37	32	33	37	31
	Drive	5	24	31	25	23	30	30	24	20	24	29	26	27	29	27
		10	72	84	72	71	85	81	72	81	74	81	77	78	82	79
		15	89	95	89	88	97	93	88	97	89	94	92	92	94	93
		20	95	98	95	95	99	97	95	99	95	97	96	97	97	97

Table 6: Access to Community Health Centers

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Community Health Centers	Walk	5	1	2	1	1	1	1	1							
		10	3	7	3	3	7	6	3							
		15	7	14	6	6	14	12	7							
	Bike (considering biking comfort	5	6	12	5	6	12	10	6							
		10	19	33	16	18	35	29	19							
		15	30	50	27	29	53	45	30							
		20	40	61	37	38	64	55	40							
	Bike	5	8	16	7	7	16	13	8							
		10	24	41	21	23	43	36	24							
		15	38	58	35	36	62	53	37							
		20	49	69	47	47	73	64	49							
	Fixed-Route Transit	10	3	6	2	2	6	5	3	3	3	5	4	3	5	4
		15	6	12	5	5	12	10	6	7	7	11	8	8	12	9
		30	20	38	18	19	41	32	20	23	24	37	30	30	38	30
		45	32	55	30	31	58	49	32	40	38	54	46	46	56	46
	Drive	10	64	80	62	62	83	77	63	63	67	79	75	75	80	73
		15	81	91	80	79	94	88	80	86	82	90	87	88	90	88
		20	90	95	89	89	98	94	89	97	91	95	93	93	95	95

Table 7: Access to Urgent Care Facilities

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Urgent Care Facilities	walk	5	2	2	1	1	1	2	2							
		10	8	8	7	7	7	8	8							
		15	17	18	17	16	15	18	17							
	Bike (considering biking comfort	5	14	14	13	13	13	14	14							
		10	41	42	40	39	39	42	41							
		15	62	64	62	60	64	64	61							
		20	76	81	76	75	82	80	76							
	Bike	5	20	21	20	19	18	21	20							
		10	54	55	54	52	53	55	54							
		15	76	78	75	74	78	78	75							
		20	87	91	86	86	93	90	86							
	Fixed-Route Transit	10	5	6	5	5	5	6	5	9	5	6	5	5	6	6
		15	11	13	11	10	11	13	11	17	10	12	9	9	12	11
		30	29	39	27	27	37	36	29	41	29	36	31	31	36	33
		45	41	61	39	39	63	56	41	52	44	59	52	52	60	53
	Drive	5	77	79	77	75	79	79	76	85	73	75	74	75	76	77
		10	95	98	95	95	99	97	95	99	94	97	96	96	97	97
		15	98	99	98	98	100	99	98	99	98	98	98	99	99	99
		20	99	100	99	99	100	99	99	100	99	99	99	100	99	99

Table 8: Access to at Least One of the Three Health Care Facilities

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
At least one of the three Health Care Facilities	Walk	5	2	4	2	2	3	3	2							
		10	11	16	11	10	14	15	11							
		15	24	31	23	22	28	29	23							
	Bike (considering biking comfort	5	20	27	19	18	25	25	20							
		10	53	64	51	51	63	61	52							
		15	72	84	70	70	84	81	71							
		20	82	91	81	80	93	89	81							
	Bike	5	28	36	27	26	33	34	27							
		10	65	76	64	63	76	74	64							
		15	83	92	82	81	93	90	82							
		20	90	96	89	89	97	94	89							
	Fixed-Route Transit	10	9	14	9	8	12	12	9	12	9	12	9	9	12	11
		15	18	27	17	16	24	24	18	24	18	24	18	19	24	21
		30	40	59	38	38	60	54	40	51	42	57	49	49	58	50
		45	45	67	43	43	69	61	45	57	49	65	57	57	66	58
	Drive	5	78	88	78	76	88	86	77	84	78	85	82	83	86	83
		10	94	98	94	94	99	97	94	99	94	97	95	96	97	97
		15	98	99	98	98	100	99	98	100	97	98	98	99	99	99
		20	99	100	99	99	100	99	99	100	99	99	99	99	99	99

Table 9: Access to Pharmacies

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Pharmacies	Walk	5	6	10	6	6	8	9	6							
		10	24	33	23	22	30	30	23							
		15	43	55	42	41	53	52	42							
	Bike (considering biking comfort	5	37	49	36	36	48	47	37							
		10	69	82	68	68	83	79	69							
		15	83	92	82	81	93	89	82							
		20	89	95	88	88	97	93	88							
	Bike	5	48	60	47	46	59	57	47							
		10	79	89	78	78	91	87	79							
		15	89	96	89	89	97	94	89							
		20	93	97	93	93	99	96	93							
	Fixed-Route Transit	10	17	27	17	16	26	24	17	27	17	24	19	19	25	22
		15	28	43	27	26	43	39	28	39	29	40	34	34	41	36
		30	43	64	40	40	67	59	42	55	46	62	54	55	64	55
		45	44	66	42	42	69	60	44	56	48	64	56	56	66	57
	Drive	5	90	96	90	90	97	95	90	96	88	93	91	92	94	93
		10	97	99	97	97	100	99	97	100	97	98	98	98	99	99
		15	99	100	99	99	100	100	99	100	99	100	100	100	100	100
		20	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Table 10: Access to Grocery Stores

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Grocery Stores	Walk	5	3	5	3	2	4	4	3							
		10	13	20	12	12	18	18	12							
		15	27	39	26	25	37	35	26							
	Bike (considering biking comfort	5	23	34	22	22	33	31	23							
		10	57	72	55	56	72	67	57							
		15	75	86	74	74	88	82	74							
		20	85	93	84	83	94	90	84							
	Bike	5	32	45	30	30	43	41	31							
		10	70	82	69	68	83	78	69							
		15	86	93	85	85	95	91	85							
		20	92	97	91	91	98	95	91							
	Fixed-Route Transit	10	10	18	9	9	17	16	10	16	10	17	12	12	16	13
		15	20	33	18	18	33	29	19	27	21	31	25	25	32	27
		30	39	60	36	37	62	54	38	48	42	58	50	50	60	51
		45	43	65	40	41	67	59	43	54	46	63	54	55	65	56
	Drive	10	97	99	97	97	100	98	97	100	97	98	98	98	99	99
		20	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Table 11: Access to Regional Parks

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Regional Parks (over 100 acres) - Bike Entrance	Walk	10	3	3	3	3	3	3	3							
		15	7	7	7	6	7	7	7							
	Bike (considering biking comfort levels)	5	5	5	5	5	5	5	5							
		10	18	19	18	18	19	18	18							
		15	35	35	34	34	36	34	34							
		20	50	51	50	50	53	49	50							
		30	75	76	74	74	79	74	74							
	Bike	5	8	8	8	8	8	8	8							
		10	27	26	27	26	26	26	27							
		15	48	47	48	47	48	46	48							
		20	65	64	65	64	66	62	65							
		30	86	87	86	85	88	86	85							
Regional Parks (over 100 acres) - Vehicle entrance	Fixed-Route Transit	10	1	2	1	1	2	2	1	1	1	2	1	2	2	1
		15	2	4	2	2	4	4	2	3	3	4	3	3	4	3
		30	10	16	9	9	16	14	10	11	10	16	12	12	15	12
		45	22	36	20	20	38	32	22	27	24	35	29	30	36	30
	Drive	5	49	47	49	48	47	47	48	41	44	43	43	43	42	43
		10	89	91	89	88	92	90	89	87	87	89	87	88	89	89
		15	99	99	99	99	100	99	99	100	99	99	99	99	99	99
		20	100	100	100	100	100	100	100	100	100	100	100	100	100	100
		30	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Table 12: Access to Local Parks and Local Parks Combined with School Parks

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)
Local Parks	Walk	5	12	15	10	11	14	14	11
		10	35	47	33	33	44	44	35
		15	54	68	52	52	67	65	53
	Bike (considering biking	5	51	66	50	50	65	62	51
		10	76	87	75	74	88	85	75
		15	86	94	86	85	95	93	86
	Bike	5	58	73	57	57	72	70	58
		10	84	93	83	82	93	91	83
		15	93	97	92	92	98	96	92
Local Parks Combined with School Parks	Walk	5	12	16	11	12	15	15	12
		10	38	48	36	36	46	46	38
		15	57	70	56	56	69	67	57
	Bike (accounting for comfort levels)	5	55	68	53	53	68	65	55
		10	79	88	78	78	90	86	78
		15	88	95	88	87	96	93	88
		30	98	99	97	97	100	99	97
	Bike	5	62	75	60	60	74	72	62
		10	87	94	86	85	95	93	86
		15	94	98	94	94	99	97	94
		30	99	100	99	99	100	100	99

Table 13: Access to Schools K-8

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Schools K-8	Walk	5	6	8		6	8	7	6							
		10	24	31		25	31	30	25							
		15	45	55		45	56	52	46							
	Bike (considering biking comfort levels)	5	42	52		43	53	49	43							
		10	74	84		74	86	81	74							
		15	86	93		86	95	91	86							
		20	92	96		91	98	95	91							
		30	96	98		96	99	98	96							
	Bike	5	50	61		50	61	58	51							
		10	83	91		83	92	89	83							
		15	92	97		92	98	95	92							
		20	96	98		96	99	98	96							
		30	99	99		99	100	99	98							
	Fixed-Route Transit	10	15	24		15	25	22	15	24	18	24	21	22	26	22
		15	26	43		26	43	38	27	35	30	41	37	37	44	37
		30	41	63		39	65	57	41	53	45	61	53	54	63	54
		45	44	66		42	69	61	44	56	48	64	56	57	66	57
	Drive	10	98	99		98	100	99	98	100	98	99	99	99	99	99
		20	100	100		100	100	100	100	100	100	100	100	100	100	100

Table 14: Access to Schools 9-12

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Schools 9-12	Walk	5	1	2		1	2	2	1							
		10	6	10		6	9	9	6							
		15	15	22		15	21	20	15							
	Bike (considering biking comfort levels)	5	13	19		13	19	18	13							
		10	42	54		41	55	51	42							
		15	64	76		63	78	73	64							
		20	76	86		76	90	84	76							
		30	89	95		88	97	93	89							
	Bike	5	18	26		18	25	24	18							
		10	54	65		53	67	63	54							
		15	76	86		75	89	84	76							
		20	87	94		86	96	92	87							
		30	96	98		96	99	98	96							
	Fixed-Route Transit	10	5	9		5	8	8	5	9	5	9	6	6	8	7
		15	11	20		10	19	17	11	18	12	19	14	15	19	16
		30	32	51		30	53	46	32	41	35	49	41	42	51	42
		45	41	63		39	66	57	41	52	45	61	53	53	63	54
	Drive	10	94	97		93	98	97	94	97	94	97	96	96	97	97
		20	100	100		100	100	100	100	100	100	100	100	100	100	100

Table 15: Access to Community Colleges

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Community Colleges	walk	5	0	0	0	0	0	0	0							
		10	0	1	0	0	1	0	0							
		15	1	1	1	1	2	1	1							
	Bike (considering biking comfort levels)	5	1	1	1	1	1	1	1							
		10	3	5	3	3	5	4	3							
		15	9	12	9	8	14	11	9							
		20	17	24	16	16	27	21	17							
		30	35	45	34	32	49	42	34							
	Bike	5	1	2	1	1	2	2	1							
		10	6	8	6	5	10	7	6							
		15	15	20	14	13	23	18	14							
		20	26	34	25	24	37	32	26							
		30	50	62	49	47	66	59	49							
	Fixed-Route Transit	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		15	1	1	1	1	1	1	1	0	1	1	1	1	1	1
		30	5	7	5	5	9	7	5	2	6	7	7	8	8	7
		45	16	25	14	14	27	22	15	12	17	23	21	22	24	20
	Drive	10	48	63	47	46	67	60	47	54	51	61	57	57	65	58
		20	88	94	88	87	97	93	88	96	89	93	91	92	94	94

Table 16: Access to American Job Centers (Job Training Centers)

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
American Job Centers (Job Training Centers)	Walk	5	0	0			0	0	0							
		10	1	2			2	2	1							
		15	2	4			4	3	2							
		30	9	13			14	12	9							
	Bike (considering biking comfort levels)	5	2	3			3	3	2							
		10	7	12			13	11	7							
		15	16	25			29	23	16							
		20	25	38			42	35	25							
		30	43	59			63	55	43							
	Bike	5	3	5			5	4	3							
		10	11	16			18	15	11							
		15	23	35			38	32	23							
		20	35	49			54	46	35							
		30	57	73			76	69	56							
	Fixed-Route Transit	10	1	2			2	1	1	2	1	1	1	1	1	1
		15	2	4			4	3	2	4	2	3	2	3	4	3
		30	11	20			21	18	12	18	14	19	19	18	22	18
		45	27	46			49	41	27	37	32	45	40	40	49	39
	Drive	10	53	69			74	67	53	64	58	68	64	65	73	67
		30	97	99			100	98	97	99	96	98	98	98	98	98

Table 17: Access to Libraries

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Libraries	Walk	5	1	2	1	1	1	2	1							
		10	5	8	5	4	6	7	5							
		15	12	17	11	10	15	16	11							
	Bike (considering biking comfort levels)	5	10	15	9	9	13	14	10							
		10	33	46	30	32	44	42	33							
		15	53	68	51	52	68	65	53							
		20	68	80	66	66	81	78	67							
		30	87	93	86	85	94	92	86							
	Bike	5	14	20	13	13	18	19	14							
		10	43	57	41	41	55	54	43							
		15	67	80	65	65	79	78	66							
		20	83	91	82	81	92	90	82							
		30	97	99	96	96	99	98	96							
	Fixed-Route Transit	10	3	7	3	3	5	5	3	7	4	6	4	4	6	5
		15	8	14	7	7	12	12	8	12	8	12	8	8	12	10
		30	26	44	24	25	44	39	26	36	29	44	35	35	45	36
		45	38	60	35	36	62	54	38	48	42	59	50	51	61	51
	Drive	10	97	99	97	97	99	99	97	99	97	99	98	98	99	99

Table 18: Access to Childcare Facilities

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Childcare Facilities	Walk	5	18	23	17	18	25	21	18							
		10	49	59	47	49	63	56	49							
		15	69	80	68	69	82	77	70							
	Bike (considering biking comfort	5	65	75	63	66	79	72	66							
		10	86	93	85	86	94	91	86							
		15	92	97	92	92	98	95	92							
		20	95	98	95	95	99	97	95							
	Bike	5	74	84	73	74	86	81	74							
		10	92	97	91	92	98	95	92							
		15	96	98	96	96	99	98	96							
		20	98	99	98	98	100	99	98							
	Fixed-Route Transit	10	30	46	28	29	50	42	30	36	33	45	40	41	47	40
		15	39	60	37	38	63	54	39	48	42	57	50	51	59	51
		30	45	66	42	42	69	61	44	57	48	64	56	57	66	57
		45	46	67	43	43	70	62	45	57	49	65	57	57	67	58
	Drive	10	99	100	99	99	100	100	99	100	99	100	99	100	100	100
		15	100	100	100	100	100	100	100	100	100	100	100	100	100	100
		20	100	100	100	100	100	100	100	100	100	100	100	100	100	100
		30	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Table 19: Access to Fire Stations

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Fire Stations	Walk	5	2	3	2	2	2	2	2							
		10	8	11	8	8	9	10	8							
		15	19	24	18	18	21	22	18							
	Bike (considering biking comfort levels)	5	16	21	15	15	19	19	16							
		10	51	62	49	50	61	59	51							
		15	77	85	76	76	86	83	76							
		20	89	94	88	88	95	93	88							
		30	97	99	96	97	99	98	97							
	Bike	5	23	29	22	22	26	27	23							
		10	69	78	67	67	77	76	68							
		15	91	96	90	90	96	94	90							
		20	96	98	96	96	99	98	96							
		30	99	100	99	99	100	100	99							
	Fixed-Route Transit	10	6	9	5	5	8	8	5	6	5	7	5	6	8	6
		15	12	19	11	11	18	17	12	16	13	18	14	14	18	15
		30	34	54	32	32	55	48	34	43	37	52	43	44	53	45
		45	43	65	40	40	68	59	42	53	46	62	55	55	64	56
	Drive	10	99	100	99	99	100	100	99	100	99	100	99	99	100	100
		20	100	100	100	100	100	100	100	100	100	100	100	100	100	100
		30	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Table 20: Access to Passenger Train Stations

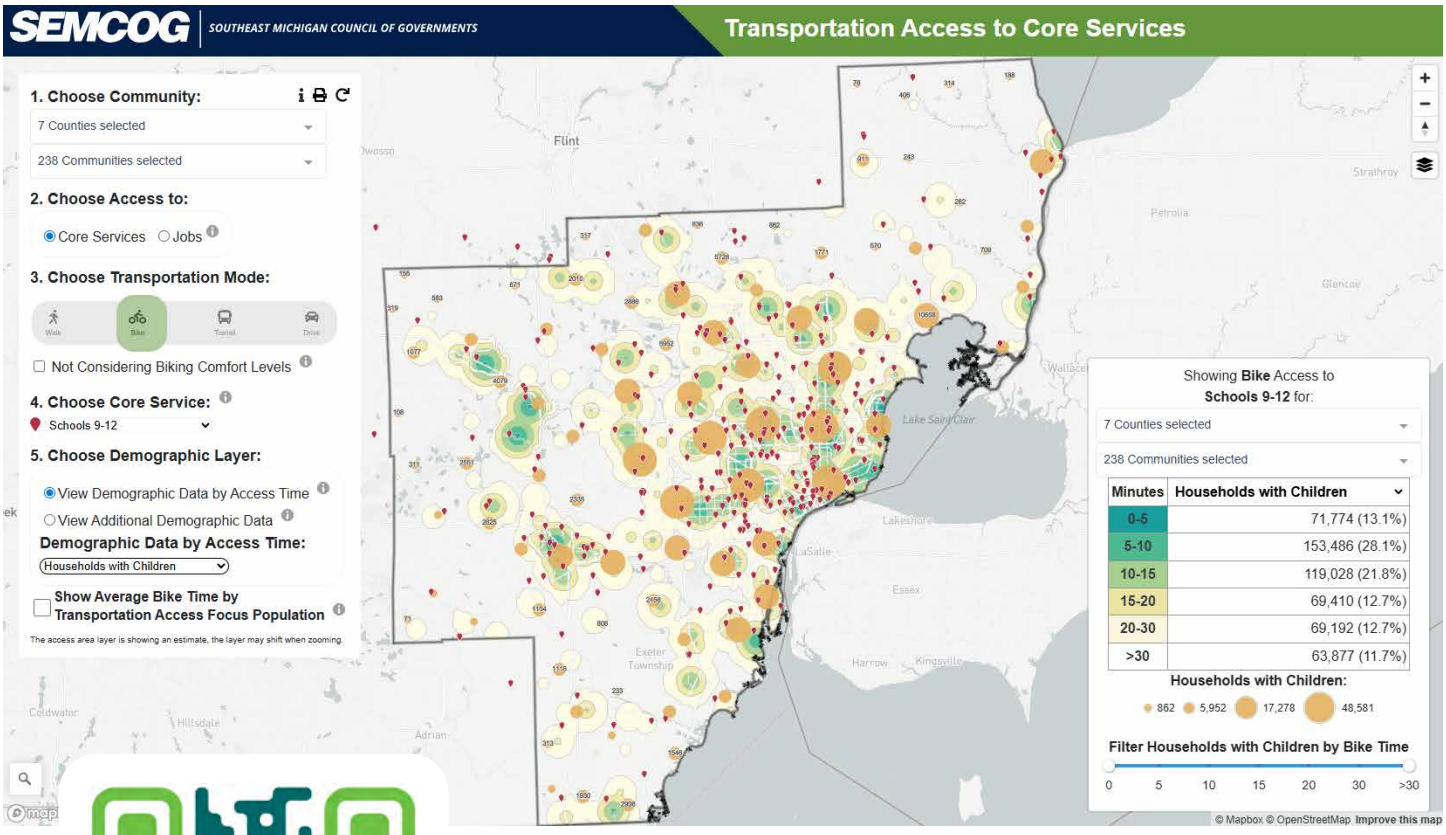
			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Passenger Train Stations	Walk	5	0	0	0	0	0	0	0							
		10	0.3	0.5	0.1	0.1	0.3	0.4	0.3							
		15	0.7	1.4	0.4	0.4	0.9	1.0	0.7							
	Bike (considering biking comfort levels)	5	1	1	0	0	1	1	1							
		10	3	4	2	2	3	3	3							
		15	5	9	4	4	6	7	5							
		20	9	13	7	7	10	11	9							
		30	18	26	15	15	23	22	17							
	Bike	5	1	2	1	0	1	1	1							
		10	4	7	2	2	5	5	4							
		15	7	11	6	6	8	9	7							
		20	12	18	10	10	14	15	12							
		30	23	33	21	21	31	30	23							
	Fixed-Route Transit	10	0.3	0.6	0.2	0.2	0.3	0.4	0.3	0.5	0.3	0.9	0.2	0.1	0.4	0.4
		15	0.9	1.6	0.5	0.5	1.0	1.2	0.9	1.0	0.7	1.5	0.6	0.5	1.0	0.8
		30	5	10	3	3	6	7	5	4	4	8	4	4	6	5
		45	12	21	10	10	17	17	12	17	12	20	12	13	17	14
	Drive	10	21	34	19	20	32	31	21	35	23	34	24	25	32	26
		20	57	73	55	56	78	69	57	67	60	73	66	67	75	68
		30	87	94	87	85	95	92	86	92	88	93	90	91	93	91

Table 21: Access to Passenger Airports - Detroit Metro Airport (DTW)

			All Households (%)	Transit-Dependent Households (%)	Households with Seniors (%)	Households with Children (%)	Minority-Headed Households (%)	Low-Income HHs (%)	Working-Age Population (%)	Households with Limited English Proficiency (%)	Population with Disability (%)	Households in Poverty (%)	Single-Parent Households (%)	Female-Headed Households (%)	Households receiving SNAP (%)	Transportation Access Focus Block Groups (%)
Passenger Airport - Detroit Metro Airport (DTW)	Bike (considering biking	**15**	0	0	0	0	0	0	0							
		20	0	0	0	0	0	0	0							
		30	0.06	0.05	0.05	0.06	0.07	0.08	0.06							
	Bike	**15**	0	0	0	0	0	0	0							
		20	0.1	0.1	0.1	0.1	0.1	0.1	0.1							
		30	1.1	1.2	1.0	1.1	1.5	1.3	1.1							
	Fixed-Route Transit	**10**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		30	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		45	0.4	0.8	0.2	0.3	0.6	0.6	0.3	0.1	0.2	0.5	0.3	0.3	0.5	0.3
	Drive	**20**	18	20	17	19	20	22	19	28	20	22	21	21	23	22
		30	40	52	39	40	57	50	40	47	44	53	47	49	54	51
		45	66	79	65	65	84	75	66	71	68	78	73	74	79	75

APPENDIX C - INTERACTIVE ONLINE TOOL

SEMCOG conducted a comprehensive analysis of transportation access to core services across the seven-county region. The analysis measures travel times between households and core services—such as jobs, healthcare, education, parks and recreation, food, and fixed-route transit—for various demographic groups and across four modes of travel: walking, biking (accounting for biking comfort levels), fixed-route transit, and driving – and illustrates potential access. To help communities explore these insights, SEMCOG developed an interactive Transportation Access to Core Services mapping tool. This easy-to-use online resource allows users to visualize access patterns by county, community, travel mode, and demographic group—making it a powerful way to understand where access is strong and where opportunities for improvement exist. It is accessible at maps.semcog.org/AccessToCoreServices or by scanning the QR code.



Questions: contact Beheshteh Makari at makari@semcog.org

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