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Access to Core Services in Southeast Michigan

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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.

Access to Core Services in Southeast Michigan

Abstract

The *Access to Core Services in Southeast Michigan* report sets a framework focused on defining and understanding accessibility in Southeast Michigan through establishing regional benchmarks and identifying gaps and barriers in the accessibility of the transportation system. It sets regional policies and local actions designed to address the identified gaps in accessibility and improve the current benchmarks of residents' ability to reach needed core services. This report can viewed online at www.semcog.org.

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Executive Summary

The ability of Southeast Michigan's transportation system to effectively and efficiently connect residents to the places they need to go is a driving force to the economic success of the region. As such, the aim of the region's transportation system is to not just provide fast and safe transportation. It also needs to provide accessible and convenient transportation options that meet the vital needs of residents and enhance the region's quality of life.

The purpose of the *Access to Core Services in Southeast Michigan* report is to develop common measures of accessibility for comparison across the region, establish benchmarks to identify gaps and challenges where accessibility is low, set regional policies and local actions to be implemented by various stakeholders, and integrate accessibility measures and policies into regional transportation planning and decision making processes.

The *Access to Core Services in Southeast Michigan* report is data-driven. Using travel time (i.e., in "x" minutes, a household can access "y" destinations), access to seven core services has been measured across four modes of transportation – automobile, fixed-route transit, walking, and bicycling. This report benchmarks accessibility provided by the existing transportation system, documents the challenges and gaps, and recommends regional policies and local actions to improve accessibility in the region.

Core Services in Southeast Michigan

The core services measured for accessibility are:

- Fixed-route transit
- Jobs
- Supermarkets
- Health care facilities
  - Hospitals
  - Community health centers
  - Urgent care facilities
- Parks
- Schools
- Libraries

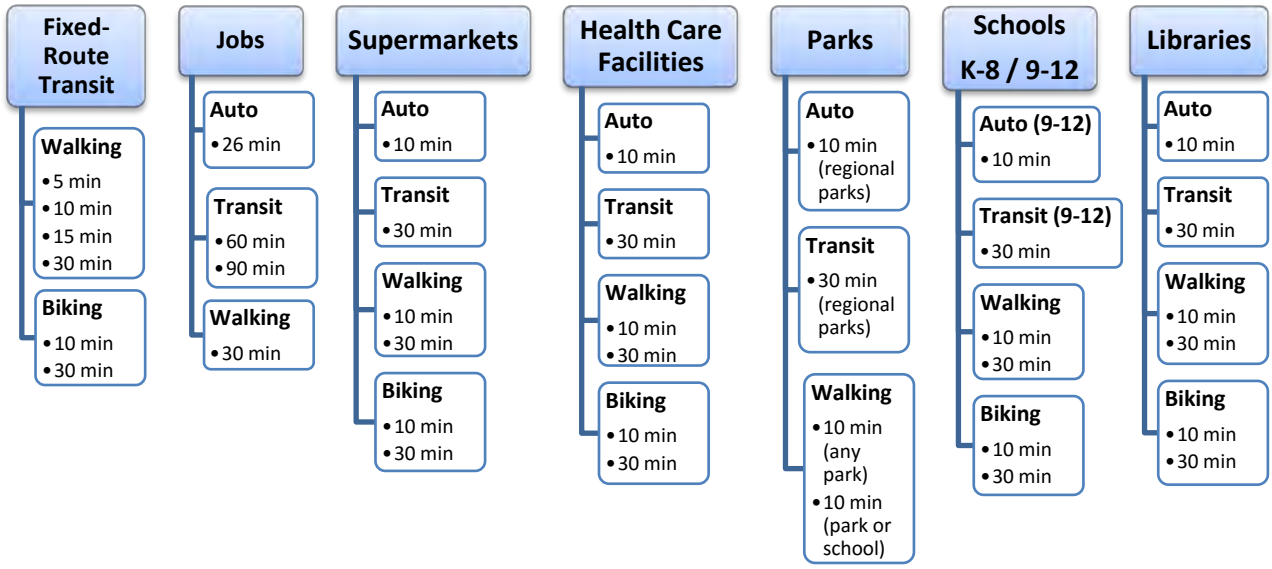
These seven core services were selected because they are the major destinations that households need to access on a regular basis. Each play vital roles in enhancing the quality of life in Southeast Michigan.

Benchmarking Accessibility

To benchmark accessibility in Southeast Michigan, this analysis is measuring travel times in reaching core services across four modes of transportation – automobile, fixed-route transit, walking, and bicycling. For each core service, a "reasonable" travel time was established through input from the

Access to Core Services Task Force and through analysis of national studies and research. Figure 1 provides the travel time benchmarks for core services that were used in the analysis for accessibility in the region.

Figure 1
Travel Time Benchmarks for Accessibility in Southeast Michigan



For each of the core services and travel modes identified in Figure 1, accessibility was measured across four "focus populations" – all households, transit-dependent households, households in poverty, and households with seniors. Additionally, depending on the core service being measured, additional populations were also assessed, including households with children (access to parks and schools) and working age population (access to jobs).

This analysis is regional in scope and, as such, it is recognized that it has limitations. The data, benchmarks, and key findings included in this analysis establish a starting point for further assessments and understanding at the local level. Addressing the accessibility challenges in the region will take the coordination of stakeholders at all levels.

Identifying Gaps

Using the benchmark analysis data, deliberation from the Access to Core Services Task Force, and input from local residents through community conversations, a number of accessibility challenges and gaps have been identified.

Throughout the region, the automobile provides moderate-to-high levels of accessibility across all seven core services measured in this report. While there are certainly gaps in access by automobile, including access to hospitals and jobs, these gaps are generally less significant than by the other three modes of transportation – fixed-route transit, walking, or bicycling. These gaps primarily relate to geographic and distance challenges (i.e., the location of a household is beyond a reasonable travel time in reaching core services) and to population and transportation challenges (i.e., the household has limited means, ability, or transportation options available to reach core services). Key gaps and challenges identified include:

- One in five (20 percent) transit-dependent households are beyond a 30-minute walk to fixed-route transit service, and 35 percent are beyond a 10-minute walk;
- Even for households with high (within five-minute walk) or moderate (15-30-minute walk) access to fixed-route transit, bus availability, and frequency of service is often a challenge;
- Only 22 percent of the region's jobs are accessible within a 90-minute fixed-route transit trip;
- 40 percent of households in poverty are beyond a 30-minute transit trip to a supermarket, and 22 percent are beyond a 30-minute walk;
- 65 percent of households with seniors are beyond a 30-minute transit trip to any health care facility, and nearly half (49 percent) are beyond a 30-minute walk; and
- 87 percent of transit-dependent households are beyond a 30-minute transit trip to a large regional park, and 38 percent are beyond a 10-minute walk to either a public park or school.

Regional Access to Core Services Policies

Through deliberation of the Access to Core Services Task Force and direct input from residents through community conversations, as well as data analysis and benchmarking of existing conditions, the following 10 regional policies are proposed to improve and enhance transportation accessibility and address the identified accessibility challenges in Southeast Michigan.

These 10 policies are designed to achieve three core objectives: 1) improve and expand transportation options to safely and efficiently connect people and places; 2) better align the location of core services to meet the needs and demands of residents; and 3) increase coordination and planning to decrease barriers to accessing both transportation modes and desired destinations.

- Integrate accessibility measures and policies into local and regional planning and decision making processes.
- Improve public transit coverage, frequency, and availability to better serve and connect residents to core services, especially for persons with disabilities, older adults, low-income households, and transit-dependent households.
- Increase connectivity and integration of the pedestrian and bicycling system to encourage usage, improve safety, and provide better access to core services.
- Support and promote alternative transportation mobility services and technologies, including transportation demand management strategies (TDM) and private and public ridesharing services.
- Coordinate with local and regional stakeholders, including local governments, road and transit agencies, and advocacy groups to improve accessibility and address identified challenges and gaps in accessibility.
- Encourage a mix of land uses to combine housing, jobs, and core services within convenient travel times.
- Encourage infill development in infrastructure supported areas, especially in areas near and along transit corridors, employment centers, and core services locations.
- Incorporate elements of complete streets that ensure that roadways are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities.

- Encourage and support development of age-friendly communities (i.e., communities that provide residents of all ages with safe, walkable neighborhoods; integrated or nearby services; opportunities for civic engagement; affordable and accessible housing; and transportation options).
- Identify local strategies and actions and provide technical support to address gaps and needs in identified low- or limited-access areas and, where appropriate, seek opportunities to address challenges identified at or near core services locations.

Chapter 1: Introduction

The aim of any transportation system is not to just provide fast and safe transportation. It is also about providing accessible and convenient transportation options that meet the vital needs of residents and enhance the region's quality of life. The purpose of this report is to understand the challenges, benchmark the existing transportation system, and recommend regional policies and local actions to improve how well that system connects people to the places they need to go.

Background

Accessibility is concerned with measuring the ease of reaching destinations and opportunities. As such, it is a key component of measuring how well the region's transportation system is functioning and serving the people using it. For this analysis, accessibility is specifically being measured and evaluated to understand how well Southeast Michigan's transportation system provides access to core services across four modes of travel – automobile, transit, walking, and bicycling. The core services measured for accessibility are fixed-route transit, jobs, health care facilities (including hospitals, community health centers, and urgent care facilities), supermarkets, public parks, schools, and libraries. In measuring accessibility, the main focus is on the number of valued destinations, or core services, reachable within a given travel time (i.e., in "x" minutes, a household can access "y" destinations). Travel time has been selected as the key determinate of accessibility, as opposed to proximity or distance, because it is generally the way that most residents view getting to and from places.

In an ideal region, all residents would be able to easily and conveniently access both core services and the other preferred destinations and activities they wish to engage in throughout the region. However, in Southeast Michigan, like all other major metropolitan regions, levels of accessibility differ depending on the geographic location of residents and desired destinations, and the availability of transportation options. This study analyzes the ability of households, both by population type and location, to access core services in reasonable travel times across four transportation modes.

Process and Engagement

SEMCOG established an Access to Core Services Task Force to provide input and guide the development of this work (see Acknowledgments on page ii).

Through deliberation of the task force, the framework for this report was developed. It focuses on defining and understanding accessibility in Southeast Michigan through establishing regional benchmarks and identifying gaps and barriers in the accessibility of the transportation system. The regional policies and local actions included in this report were designed to address the identified gaps in accessibility and improve the current benchmarks of residents' ability to reach needed core services.

In addition to the Access to Core Services Task Force, SEMCOG partnered with the Michigan Fitness Foundation to collect direct community feedback by collaborating with six Southeast Michigan community-based nonprofit organizations to host creative community conversations about transportation and accessing core services. These community conversations were designed to engage residents and collect input through collaborative processes to ensure that local voices were integrated into this project. To more fully understand the needs of those who are disproportionately impacted by low-car access (i.e., youth, elderly, low-income, people with disabilities), these organizations engaged over 450 residents,

asking them what challenges they face in getting where they need to go on a daily basis. Through creative engagement strategies, each of the six local organizations asked the following three questions:

- Where do you need to go (i.e., what destinations must you get to on a daily basis to meet your basic needs)?
- How do you get where you need to go (i.e., what mode(s) of transportation do you use to access core services)?
- Why can't you easily get where you need to go (i.e., what barriers and challenges do you face in accessing core services)?

These six local organizations partnered with SEMCOG and the Michigan Fitness Foundation to gain a greater understanding of the local challenges of accessing core services in Southeast Michigan:

- Area Agency on Aging 1-B
- Community Health and Social Services (CHASS) Center
- Growing Hope
- Programs to Educate all Cyclists (PEAC)
- Urban Neighborhood Initiatives
- The Youth Connection

Community Conversations in Southeast Michigan: Understanding Accessibility Challenges through Creative Local Engagement provides additional information on the process and input received through community conversations, as well as a detailed overview of the unique engagement strategies each organization employed throughout the process.

Chapter 2: Defining and Measuring Accessibility

Accessibility (or *access*) measures the ease of reaching destinations and opportunities. Access is the ultimate goal of a transportation system. In other words, accessibility is a means of answering the question – how well does our transportation system connect people to the places they need to go.

Another way to define accessibility is by comparing it with other transportation evaluation measures, such as mobility. One simple definition of mobility is the potential for movement, the ability to get from one place to another (Handy, 1994; Hansen, 1959). Whereas accessibility is interested in the "ease of reaching places," mobility is primarily interested in the "ease of movement." As a result, using mobility to evaluate transportation systems usually involves measuring level-of-service (LOS), traffic speeds, and traffic volumes. Mobility measures are often misleading since they are looking at the costs of travel while ignoring the benefits or goals. As such, policies and strategies to enhance mobility often focus on the means (transportation network) without directly considering the ends (why are people using the system, and where are they going).

For measuring accessibility, the time and cost of reaching destinations, as well as the opportunity to participate in activities need to be assessed. Higher levels of accessibility tend to be found where there are a greater number and variety of destinations, as well as wider variety of transportation modes. For example, improving the quality of the region's roadways, reducing congestion, and increasing transit services may be means to improving mobility in the region. However, in order to improve accessibility, additional transportation options need to be considered, such as improved walking and bicycling conditions and connections, more accessible and mixed land-use patterns to reduce travel distances, and expanding telecommuting options that can substitute for physical travel.

In measuring for accessibility, the focus is on the number of "valued" destinations reachable within a given travel time (i.e., in "x" minutes, a household can access "y" destinations). Travel time has been selected as the key determinant of accessibility. Accessibility may also be measured by distance or proximity. However, people generally view getting to and from places in terms of time rather than distance, since time is often impacted by additional attributes such as transportation mode and congestion.

Individuals perceive accessibility based on their individual priorities in life. For some, an increase in accessibility from their home to their job may be of the highest priority, while for others having higher levels of accessibility to parks and outdoor activities may be of the highest priority. Additionally, as we see more jobs that depend less on a fixed location (i.e., growth in IT sectors jobs and technological advances in telecommuting), there is reason to believe that increased accessibility to services and amenities beyond employment will be of high importance to both retaining and attracting residents.

Another key component of accessibility is affordability – both the cost of the transportation mode and the affordability of living in more accessible locations. The cost of automobile travel is high compared to transit. The most affordable transportation modes are walking and biking, but both generally provide the most limited accessibility in terms of distance and time.

Higher costs of automobile ownership can further impact the ability of lower-income residents to own a car. The level of access in the region differs due to distances between two locations and the quality of the transportation system, as well as the costs, ability, and priorities of the user. For these reasons, it is important to measure for various population groups. For example, the priorities and ability of reaching

desired destinations will likely differ for households without access to an automobile and for senior households (65+ years of age).

Core Services

The following seven core services have been measured and evaluated for accessibility across four modes of travel – automobile, fixed-route transit, walking, and bicycling:

- Fixed-Route Transit
- Jobs
- Supermarkets
- Health care facilities
  - Hospitals
  - Community health centers
  - Urgent care facilities
- Parks
- Schools
- Libraries

These seven core services were selected for measurement because they are the major destinations that households need to reach on a regular basis. Each play vital roles in enhancing the quality of life in Southeast Michigan.

Fixed-Route Transit

There are five fixed-route transit providers in the region included in this analysis– Ann Arbor Area Transit Authority (AAATA), Blue Water Area Transit (BWAT), Detroit Department of Transportation (DDOT), Lake Erie Transit (LET), and Suburban Mobility Authority for Regional Transportation (SMART).

Residents also rely on other transportation modes (e.g., walk or bicycle) to access fixed-route transit locations or stations/stops. As a core service, this study is measuring the accessibility households have in reaching the region's fixed-route transit network by walking and bicycling travel times, as well as the frequency (i.e., how often and how many buses run along different transit routes) and the availability (i.e., when is service available by time of day and day of the week) of fixed-route transit service.

Jobs

How well the region's transportation system connects workers with jobs is a major indicator of economic growth and the efficiency of labor markets for both workers and employers. Understanding where people live and work, and what transportation options are available to connect them with jobs is vital to the region's success.

Job accessibility measures the ease for workers to reach employment by various modes of transportation. For this study, job accessibility is measured by automobile, fixed-route transit, and walking. For each mode, the higher the number of jobs reachable within a certain travel-time results in greater accessibility.

Health Care Facilities

Access to care is a pressing public health concern. While there are many barriers to accessing health care, including income and insurance coverage, the quality of our transportation network and the ability of households to physically access health-care facilities is the focus of this study. Transportation barriers can often lead to rescheduled or missed health care appointments, delayed care, and missed or delayed medication use. These consequences may lead to poorer management of chronic illness and poorer health outcomes.

For this study, three health care facilities are measured for accessibility – hospitals, community health centers, and urgent care facilities. In addition to measuring accessibility for each, this study also includes "total access," which looks at access to any of the three types of health care facilities.

Hospitals

Hospitals provide patient treatment with specialized staff and equipment. All the hospitals measured for accessibility in this study have an emergency department and/or trauma center, and provide acute care to patients who arrive without prior appointment.

In total, this study measures accessibility to 63 hospitals (53 within the SEMCOG region and an additional 10 are out-region, but may serve regional residents). These out-region hospitals are primarily located in the cities of Toledo and Sylvania in northern Ohio.

Community Health Centers

Community health centers generally provide primary care and other health and social services by removing common barriers, e.g., financial, geographic, language, cultural and others. In many cases, these are also known as Federally Qualified Health Centers (FQHCs), which:

- are **located in high-need areas** identified as having elevated poverty, higher than average infant mortality, and where few physicians practice;
- are **open to all residents**, regardless of insurance status or ability to pay;
- **tailor services** to fit the special needs and priorities of their communities, and provide services in a linguistically and culturally appropriate manner;
- provide **comprehensive primary and other health care services**, including services that help patients access care, such as transportation, translation, and case management;
- provide **high quality care**, reducing health disparities and improving patient outcomes; and
- are **cost effective**, reducing costly emergency, hospital, and specialty care.

The services provided by community health centers vary depending upon location, but most provide a mix of professional services (i.e., general primary medical care, prenatal care, mental health, dental care); preventive services (i.e., breast cancer screening, HIV testing and counseling, smoke and tobacco use cessation); and enabling services (i.e., health education; case management; eligibility assistance).

In total, this study measures accessibility to 134 community health centers (125 are within the SEMCOG region and an additional nine are out-region, but may serve residents within the region).

Urgent Care Facilities

Urgent care is often considered the bridge between traditional physicians and emergency rooms. Urgent care is most often used for medical care that does not require an emergency, or care that is needed during extended hours in which a primary care physician is unavailable.

It should be noted that each urgent care facility may differ in the services offered. Generally, urgent care facilities:

- are for immediate, but non-emergent health care conditions;
- are open 8 am to 8 pm, seven days a week;
- are walk-in clinics, but some may offer online check-in or call ahead services;
- do not replace primary care physicians; and
- accept insurance, including Medicare, but vary by location.

In total, this study measures accessibility to 174 urgent care centers (163 are within the SEMCOG region and an additional 11 are out-region, but may serve residents within the region).

Supermarkets

According to the United States Department of Agriculture (USDA), more than 23 million people in America live in urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. This lack of access can contribute to poor diets and lead to higher levels of obesity and other diet-related illness, such as diabetes and heart disease.

For this study, supermarkets are defined as retail food stores that offer a full range of products – including fresh meat and poultry, produce, dairy, dry and packaged foods, and frozen foods. Examples of supermarkets in Southeast Michigan include Meijer, Kroger, Wal-Mart Supercenters, Aldi, Trader Joe's, and Whole Foods.

In total, this study measures accessibility to 483 supermarkets (472are within the SEMCOG region, and an additional 11 are out-region, but may serve residents within the region).

It is recognized that this is only a proxy for the total number of locations where households purchase food. Many convenience stores, ethnic/specialty stores (i.e., meat and/or fruit markets), dollar stores, and farmers markets also provide households with food options. However, there is not consistency in the products provided at these locations and, as such, these are not included in this study. Farmers' markets provide fresh and healthy food to many households in the region; however they are not included in this analysis because they are generally seasonal and often only open minimal days a week (often 1-3 days). Without these additional options included, there may be an overestimate in the number and percentage of households with limited access to healthy food choices.

One of the efforts to address neighborhoods with low food access is to establish a local farmers' market and improve and expand the offerings of healthy and fresh food options at these locations.

Parks

Parks provide health, social, and economic benefits in an environmental context. The availability of park and recreation resources and easy and safe access to them is considered a core service. Parks provide residents both an avenue to a healthier lifestyle, as well as a connection to nature and green space, which can have a positive impact on mental and social well-being. While parks provide a venue for physical activity, an important factor in preventing obesity and maintaining health, being physically active is also associated with increased mental alertness, higher academic achievement, and lower levels of stress and depression (Centers for Disease Control and Prevention, 2010). Additionally, parks provide designed spaces for congregating and active recreation. Such amenities make neighborhoods more attractive and provide meeting areas and activity hubs that can help build community.

In total, there are 1,743 parks in Southeast Michigan, accounting for 135,075 acres of public park land. Since not all parks provide the same types and diversity of services and activities, the region's parks have been divided into five categories based upon park size (i.e., total number of acres). Table 1 displays the number of total parks and acres for each of the five different types of parks in the region.

Table 1
Public Parks in Southeast Michigan by Type

Park Type (by size)	Number of parks	Total number of acres
Large Regional Parks (> 200 acres)	64	108,789
Regional Parks (50-200 acres)	139	13,365
Community Parks (15-50 acres)	281	7,782
Neighborhood Parks (2-15 acres)	745	4,723
Mini-Parks (< 2 acres)	514	416
Total	**1,743**	**135,075**

In addition to public parks, many schools, especially elementary schools, provide park-like amenities such as playgrounds and play equipment, as well as ball fields and maintained open green space. Joint planning for schools and parks could increase opportunities to provide neighborhoods with parks and recreation. In order to gain a greater understanding of the availability of public park space, this study measures accessibility to public parks (as a standalone destination) and jointly public parks and public schools (K-8 and 9-12 grades).

It is recognized that for a complete picture of access to parks and their impact on communities in the region, further study should be conducted to better understand the different types of park facilities, as well as condition and maintenance levels.

Schools

For this study, schools were broken down into two categories by grade level: 1) Kindergarten-8th grade; 2) 9th-12th grade. These schools include public schools and schools with special status (charter and alternative schools), but do not include private or religious schools. It is acknowledged that due to school district boundaries and schools of choice, the nearest school to a household may not actually be the school a student attends. For this study, SEMCOG is simply looking at accessibility to schools as the travel time by different modes to the nearest elementary, middle, and/or high school.

In total, this study is measuring accessibility to 1,179 schools (875 K-8th grade schools and 304 9th-12th grade schools) within the SEMCOG region. It should be noted that there are some schools include K-12 grades, while others include 6th-12th grades. These schools are included in both categories.

Libraries

Libraries provide far more services than loaning out books and providing reference materials. For many families, libraries are important gathering spaces and act as centers for community engagement. Additionally, they provide classes, programs, lectures, and events for adults and children, as well as a public place for computer and internet access. While the purpose of a library visit may differ depending on the user, the services provided are major drivers to building and connecting communities.

In total, this study measured accessibility to 177 libraries (170 within the SEMCOG region, and an additional seven that are out-region).

Transportation Modes

This study measures and evaluates how well the transportation system in Southeast Michigan provides access to core services across four modes of transportation:

- Automobile;
- Fixed-route transit;
- Walking; and
- Bicycling.

It is important to look at each of these modes individually since they offer different speeds of travel and, as a result, different scales of accessibility. For example, the number of opportunities or destinations reachable within 10 minutes travel time will vary significantly depending on the mode. This variation is caused both by the speed of the mode and the availability of a facility (road, sidewalk, transit route) suitable for the mode. While distance and time are important in a person's decision to drive, take transit, walk, or bike, additional factors contribute to the varying degrees of accessibility.

Each transportation mode offers differing levels of convenience, comfort, safety, and cost, which impact the ability of residents to choose a mode that most appropriately meets their means and needs. For example, inadequate information, lack of shelters and benches, or poor security/safety around a transit stop can limit transit use (e.g., potential riders may not know how to use it, where it goes, or have fears of discomfort or risk).

Automobile

The most common mode of transportation in the region is personal automobile. Currently, 92 percent of resident workers age 16 and over commute by automobile – either as a driver or a passenger. In total, there are 25,116 miles of public roads in the region with over 118 million miles traveled on any given day. If a households owns or has access to a personal automobile, the ability to reach desired destinations throughout the region in a reasonable time is high and, in almost all cases, far exceeds the accessibility of the other three modes of transportation. Figure 2 displays the comprehensive and expansive road network in Southeast Michigan.

Common accessibility factors and limitations for automobiles:

- High cost to own and operate (7.8 percent of households in the region are zero-car households)
  - Operation costs include fuel and insurance costs, parking fees, and periodic maintenance expenses
- High speed; can travel long distances with minimal effort of the operator
- Not impacted by service frequency or hours of operation (generally available "on-demand" to those who own a car)
- Generally protected from the impacts of minor weather and climate

Fixed-Route Transit

Fixed-route transit is both a transportation mode and a core service. As a transportation mode, residents use fixed-route transit to access core services throughout the region (e.g., jobs or supermarkets). As a core service, this study is measuring the accessibility that households have in reaching the region's fixed-route transit network by walking and bicycling. For additional information, see Fixed-Route Transit under *Core Services* in this report.

There are five fixed-route transit providers in the region included in this study – Ann Arbor Area Transit Authority (AAATA), Blue Water Area Transit (BWAT), Detroit Department of Transportation (DDOT), Lake Erie Transit (LET), and Suburban Mobility Authority for Regional Transportation (SMART). Fixed-route transit in Southeast Michigan (Figure 3) currently includes buses that pick up and drop off at designated stops and times. These transit providers offer:

- a total of 123 fixed routes,
- approximately 866 transit vehicles,
- 16 hours a day service operation, and
- More than 64 million rides annually.

According to SEMCOG's Regional On-Board Survey Study, in 2010 the average weekday ridership for these five providers was estimated to be 188,204, or roughly four percent of the region's total population.

Common accessibility factors and limitations for transit:

- Moderate cost to ride
  - Average cost for an adult ranges from 80 cents to $2.50 per trip, depending on the provider and type of service
- Travel time and reliability of service are significant factors to using transit
- Highly dependent on availability and directness of route, service frequency, and hours of operation
- Reliant on other transportation modes
  - 85 percent of transit trips begin or end with walking
- External factors, such as available amenities (e.g., benches, shelters, and lighting near transit stops), as well as safety concerns (speed and volume of passing traffic and local crime levels) also impact transit use

While this study is concerned with the accessibility of the region's fixed-route transit system, there are also demand response transit and "dial-a-ride" services, as well as a variety of public, nonprofit, and private transit services that provide additional access to destinations. These additional transit services provide differing levels of coverage and services in all seven counties of Southeast Michigan. For example, in Livingston County, Livingston Essential Transportation Services (LETS) provides dial-a-ride service for residents to reach destinations by advanced scheduling. Beyond fixed-route buses, SMART and AAATA provide shuttle buses, ADA paratransit service, community transit service, and senior-specific services. Additionally, churches, community groups, schools, and shopping centers provide demand-responsive services (often in the form of shuttle service) in many parts of the region not served by the fixed-route system. Figure 4 provides the existing conditions for regional transit mobility in Southeast Michigan, including the region's coverage for demand-response transit services.

Walking

Understanding walking accessibility in the region is important. It enhances and improves the accessibility of the other three transportation modes. Those who primarily use the automobile to access core services in the region are likely to walk from a parking lot to a destination. Similarly, those who rely on transit are likely to walk and rely on sidewalks and crosswalks to access a transit stop, as well as walk from the transit stop to a destination. Approximately 85 percent of all transit trips are accessed by walking. Additionally, walking is both a means of transportation, as well as a method of increasing connections to place and nature and to improve health through exercise. In order to encourage more walking, both as recreation and as a mode of transportation to destinations, connectivity enhancements and reductions of conflicts between automobiles, transit, and rail are important. Most walking trips use sidewalks, wide paved shoulders of roadways, and shared-use paths. As such, efforts to improve and enhance these pedestrian facilities are important, where appropriate.

Common accessibility factors and limitations for walking:

- Low cost (most affordable mode of travel)
- Most limited on travel distance and time needed to reach destinations
- Requires physical ability
- Not impacted by service frequency or hours of operation (generally available "on-demand"); however, availability of lighting at night is often a concern
- Least impacted by availability of facilities (although a dedicated facility, i.e., sidewalk or trail is preferred, in general walking is possible in areas where other modes cannot)
- In some areas, safety and security are concerns (street-crossing conditions, lighting, quality/slope of sidewalk or terrain)
- Ability to walk distances and quality of facilities are impacted by weather and climate
- Limited ability to carry or transport goods, such as groceries

For additional information on walking and pedestrian travel in Southeast Michigan, please see SEMCOG's *Bicycle and Pedestrian Travel Plan for Southeast Michigan*.

Bicycling

Similar to walking, bicycling is both a means of transportation, as well as a method of increasing connections to place and nature and improving health through exercise. The most common facilities for bicycling in the region are both on-road and off-road facilities. On-road facilities include bike lanes, wide paved shoulders, marked shared lanes, and signed bicycle routes. Off-road facilities include shared use side paths and independent shared use paths (trails).

Southeast Michigan currently has over 2,600 miles of existing bicycle facilities and nearly 1,500 additional miles of planned facilities. According to SEMCOG's Bicycle User Survey, most bicycle trips in the region are 3-5 miles in length; 80 percent of all trips are 10 miles or less and 42 percent are three miles or less. While some experienced and confident bicyclists may reach speeds up to 25 mph traveling on road or trails, typically bicyclist speeds (especially in more urban areas) are between 8 and 12 mph. Speeds and distances can vary significantly depending on the availability facilities (i.e., bike lanes, trails, sidewalks, etc.), grade of surfaces, and surrounding potential conflicts (i.e., automobiles, pedestrians, other bicyclists, etc.).

Common accessibility factors and limitations for bicycling:

- Low cost
- Travel distance and time needed to reach destinations is limited
- Requires physical ability
- Not impacted by service frequency or hours of operation (generally available "on-demand"); however, availability of lighting at night often a concern
- Dependent on availability and quality of facilities (e.g., bike lanes, wide paved shoulders, sidewalks/side paths, etc.), as well as other external factors (e.g., safety concerns of often sharing the roadway with automobiles)
- Ability to bike distances and quality of facilities are impacted by weather and climate
- Limited ability to carry or transport goods, such as groceries

For additional information on walking and pedestrian travel in Southeast Michigan, please see SEMCOG's *Bicycle and Pedestrian Travel Plan for Southeast Michigan*.

Figure 2
Major Road Network, Southeast Michigan

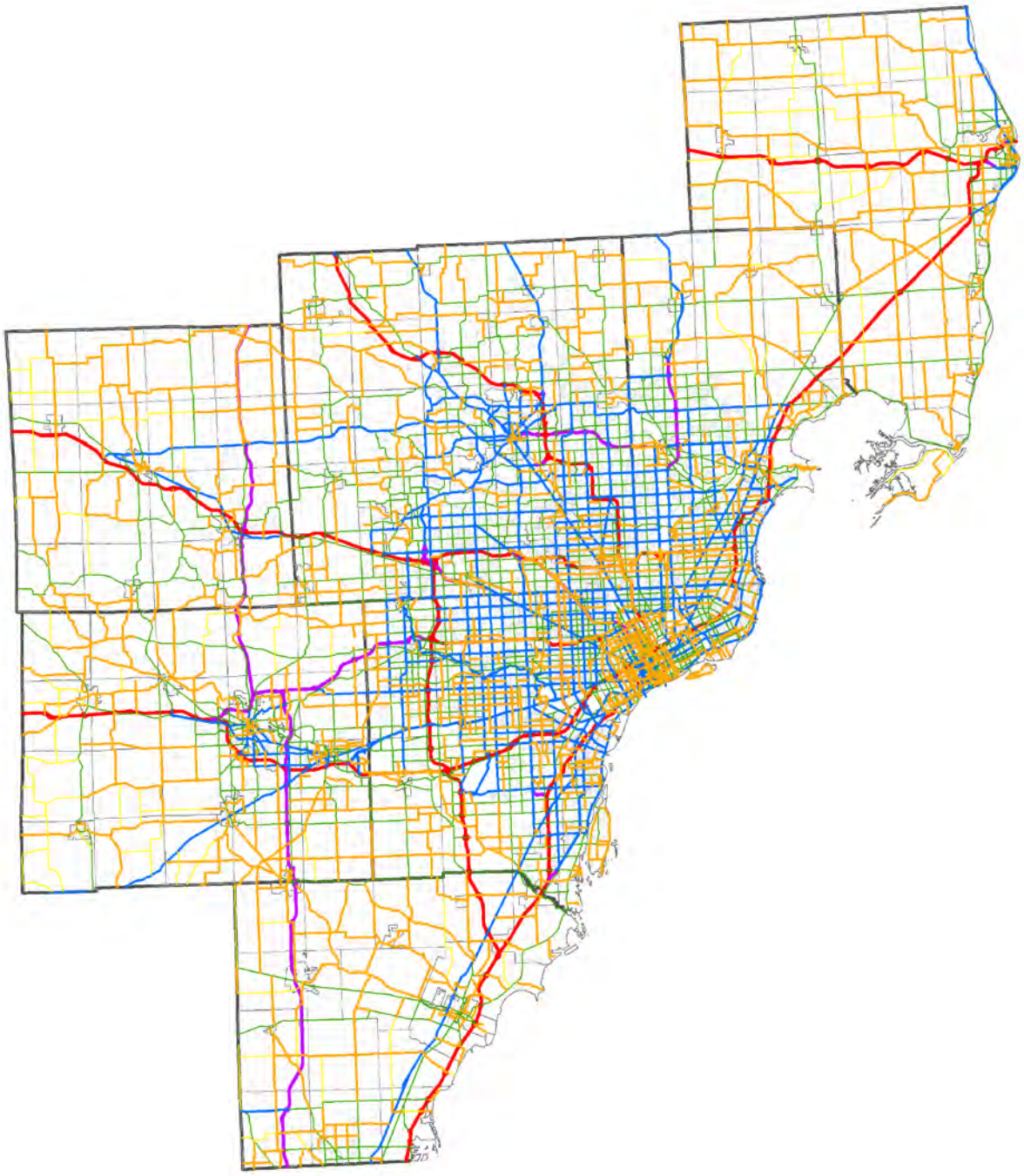


Figure 3
Fixed Route Transit in Southeast Michigan, by Provider

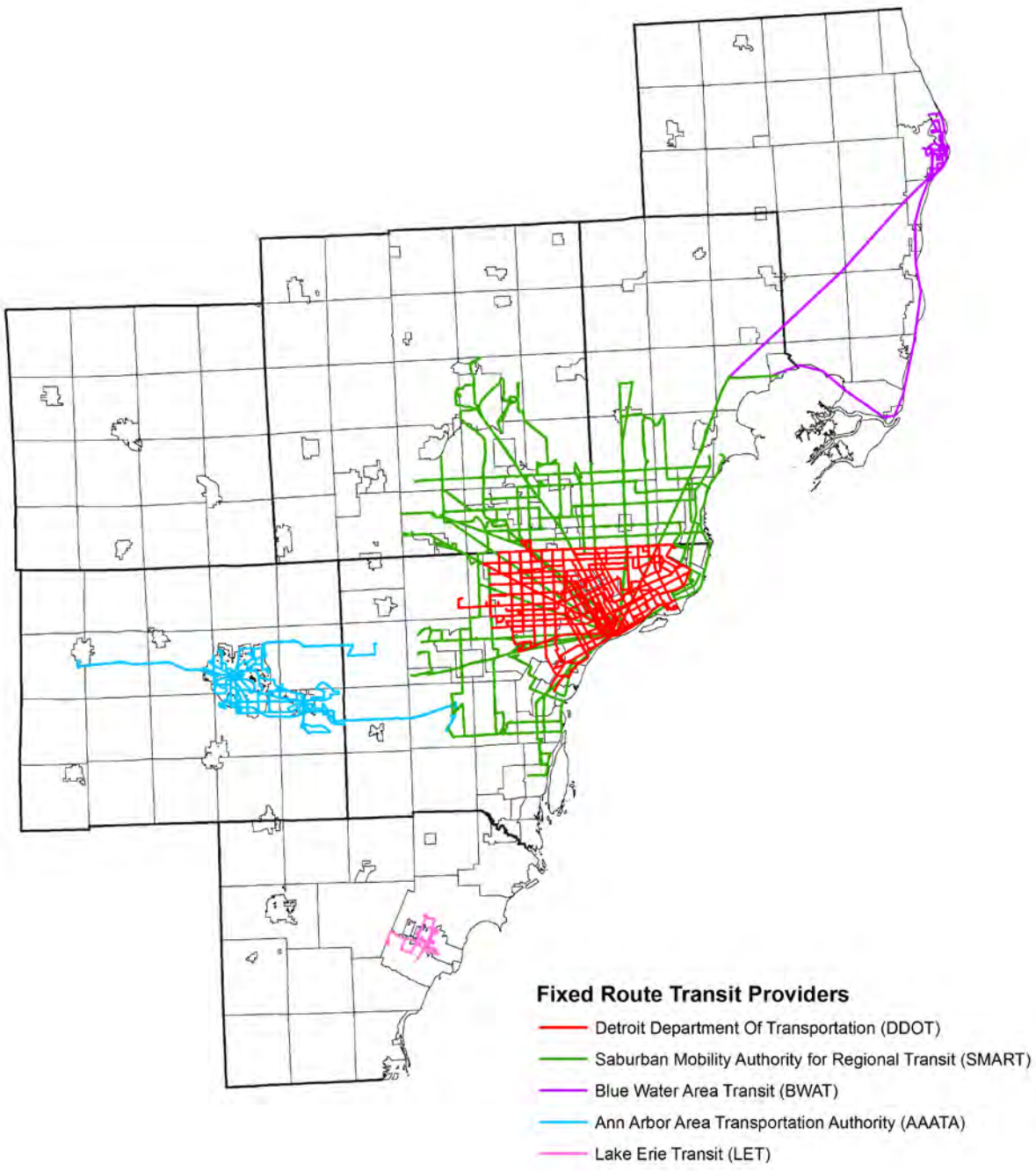
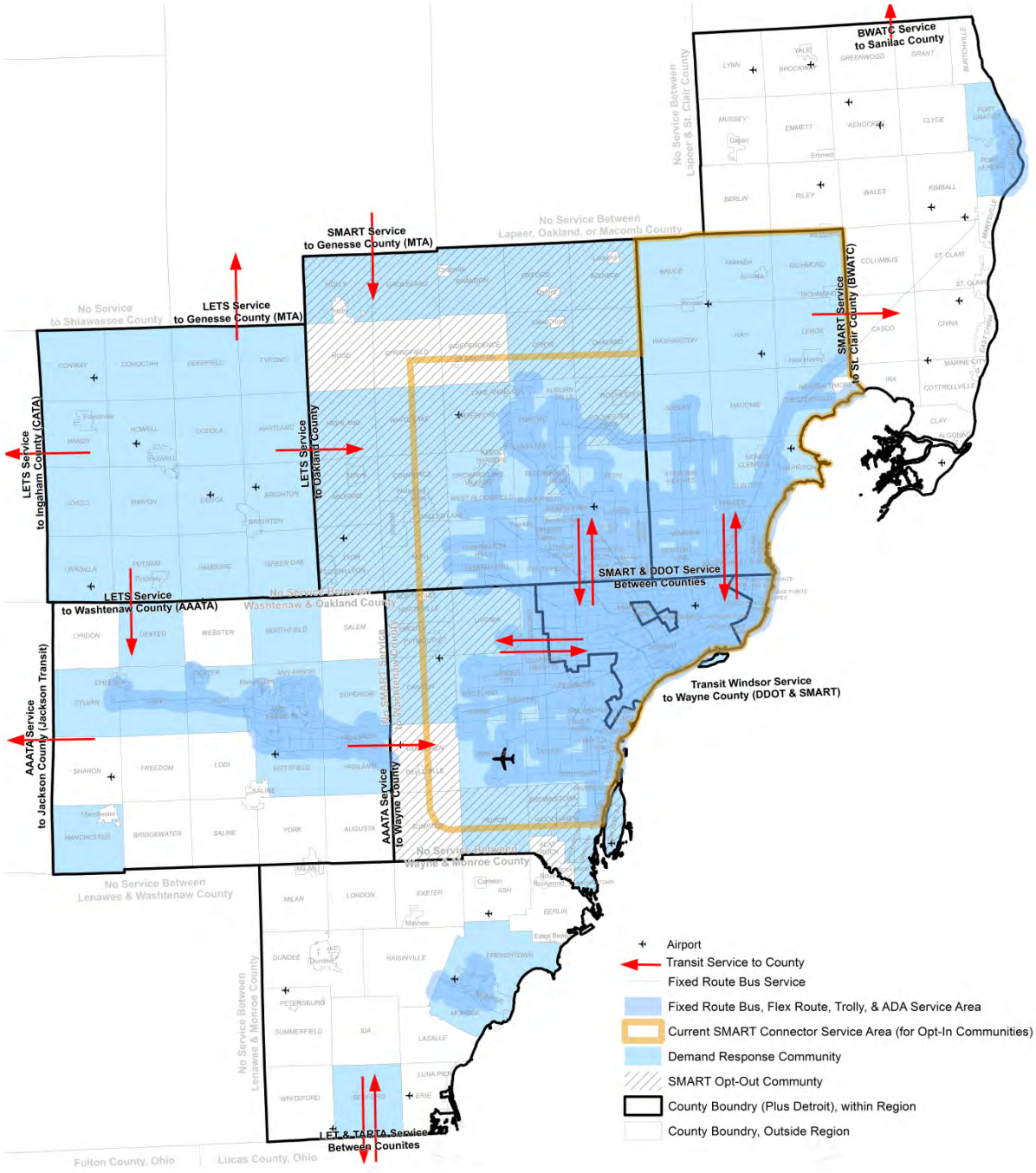


Figure 4
Regional Transit Mobility in Southeast Michigan



Focus Populations

For a significant number of people in the region, including those with low incomes, older people, people with disabilities, and others, the automobile is not always a viable mobility option. For these people, alternative modes of transportation, including fixed-route transit and specialized transportation (i.e., door-to-door paratransit or demand response community transit) are critical. Walking and bicycling may provide access to core services for some, especially those with low incomes, but there are several limitations (including distance, physical ability, and lack of facilities) that often make either mode not practical or possible.

For this report, these three population groups have been defined as "focus populations" and are particularly and specifically impacted by accessibility challenges associated with transportation:

- Transit-dependent Households
- Households in Poverty
- Senior households (+65 years of age)

Transit-dependent Households

For this report, Transit-dependent Households combine two "sub-populations" – zero-car households and households with fewer cars available than workers (+16 years of age). There are 143,358 (7.8 percent) households in the region without an automobile; an additional 138,341 (7.5 percent) of households have fewer automobiles available than workers. Combined, these two groups of households make up 12.5 percent of the region's households and are defined as "transit-dependent" because of their reliance on transit, bicycling, walking, or some other alternative to a personal automobile as a means of travel (i.e., borrowing an automobile from a friend or family member, or relying on a friend or family member for rides to and from destinations). Regardless of the travel mode, these populations are limited in their ability to reach services and, thus, are at a disadvantage in accessing needed services and employment opportunities in the region.

Households in Poverty

There are 237,494 households in poverty in the region (13 percent). Household poverty thresholds are based upon the number of people in the household and income (Table 2).

Households in poverty are primarily clustered in the region's larger cities and urban areas, most of which are served by fixed-route transit and more likely to have services closer in distance than suburban or rural areas. Regionally, 13 percent of households are in poverty; however, this number increases significantly in several of the region's largest cities. In the City of Detroit, 30.8 percent of households are in poverty; for Pontiac, it's 27.6 percent, and 17.7 percent of Ann Arbor households are in poverty.

Table 2
Poverty Thresholds for 2010

Size of family unit	Weighted average income
One person	$11,137
Two people	$14,216
Three people	$17,373
Four people	$22,315
Five people	$26,442
Six people	$29,904
Seven people	$34,019
Eight people	$37,953
Nine people or more	$45,224

Senior Households (+65 years of age)

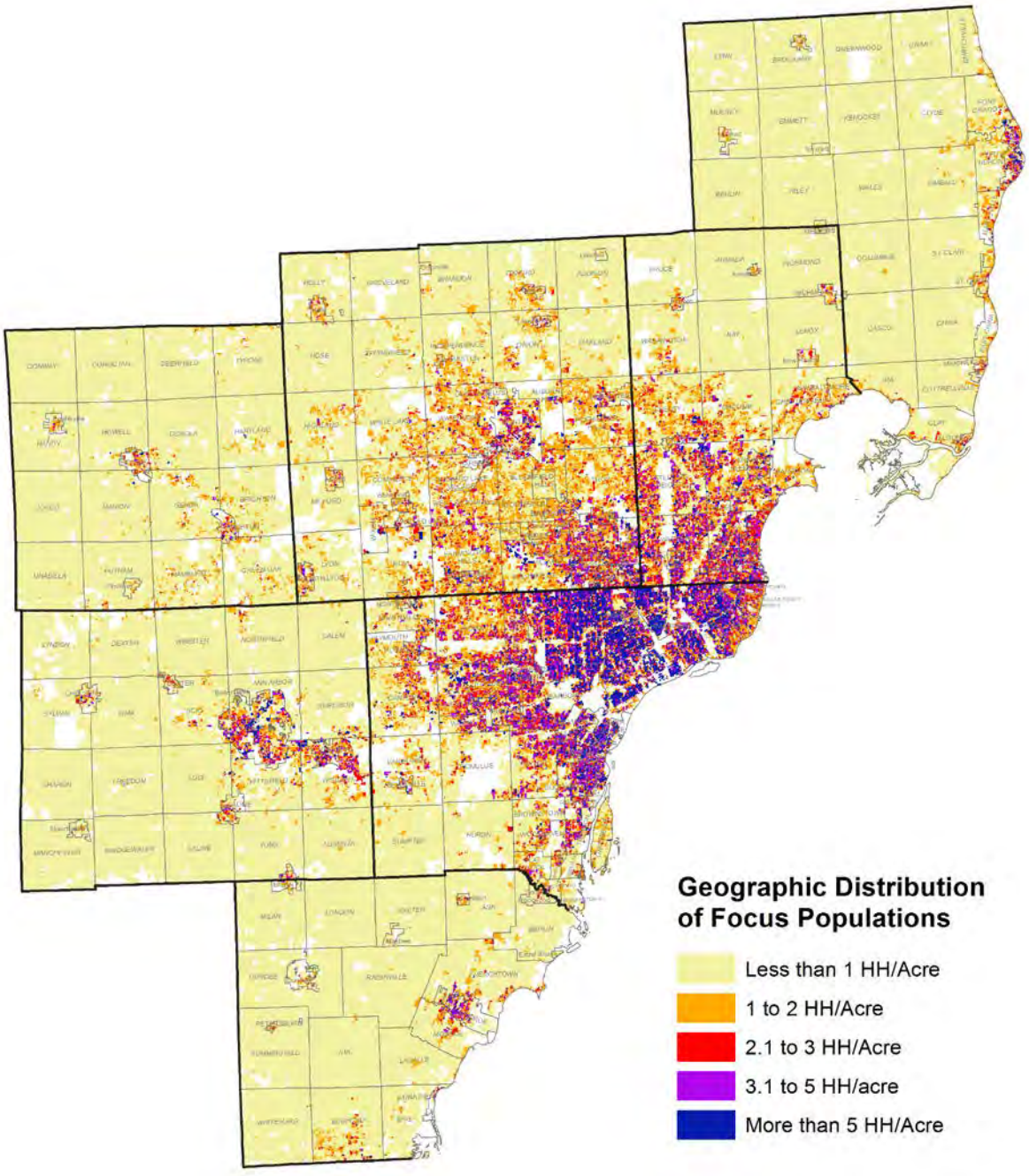
Southeast Michigan (along with the nation) is experiencing the demographic shifts associated with the aging of baby boomers. Transportation is the vital link that connects older adults to social activity, economic opportunity, and community services. Without accessible and appropriate transportation options, the ability of older adults to age in their community and home is often compromised. In order to support their independence, older adults need transportation options and accessible services. As such, safe, accessible, affordable, dependable, and user-friendly transportation options are needed to overcome the physical limitations associated with aging.

Households with seniors currently make up 24.6 percent of all households in the region. Unlike transit-dependent households and households in poverty, senior households are less concentrated in the more urban areas of the region currently served by fixed-route transit. The number of households with seniors is forecasted to grow to 37.2 percent of the population by 2040. This demographic shift is likely to lead to a greater number of people in the region having transportation difficulties, particularly those who live in suburban, rural, and other areas with limited transportation options.

Composite – Focus Populations

Figure 5 displays the concentration of the three focus population groups by households per acre. In total, 40 percent of the region's population is identified as a focus population. Figure 5 shows that the majority of focus population households for this study are located primarily in the urbanized areas of the region, with the highest concentrations in the City of Detroit and neighboring communities.

Figure 5
Focus Populations, Households by Acre



Chapter 3: Benchmarks and Key Findings

Access to Fixed-Route Transit

For this study, access to transit services includes measuring walking and bicycling access by travel time to the region's five fixed route-transit systems (AAATA, BWAT, DDOT, LET, and SMART), and the frequency (daily bus trips) and availability of weekday and weekend fixed-route transit within a 10-minute walk. Table 3 provides the regional travel time benchmarks for walking and bicycling to fixed-route transit for four household types in Southeast Michigan.

Table 3
Regional Accessibility Benchmarks, Access to Fixed-Route Transit

	Walking				Bicycling	
	5 min.	*10 min.*	*15 min.*	*30 min.*	*10 min.*	*30 min.*
Total Households	30.6%	46.2%	58.1%	64.1%	65.7%	83.1%
Transit-dependent Households	48.3%	65.2%	74.7%	79.7%	80.8%	91.2%
Households in Poverty	52.2%	69.5%	78.4%	82.8%	83.7%	91.8%
Households with Seniors	29.9%	45.9%	59.1%	65.5%	67.3%	84.4%

Key Findings

- 80 percent of transit-dependent households are within a 30-minute walk to fixed-route transit; 65 percent of transit-dependent households are within a 10-minute walk
- Two-thirds (64 percent) of all households in the region are within a 30-minute walk to fixed-route transit
- The majority of households in communities with fixed-route transit have some level of access to service; households within communities without fixed-route transit have limited or zero access to service (Figure 6)
- Regardless of transit provider, gaps in accessibility exist in communities with fixed-route transit service for transit-dependent households and households in poverty (Figures 7, 8)
- Even for households with high (within five-minute walk) or moderate (15- to 30-minute walk) access to fixed-route transit, bus availability and frequency of service is often a challenge (Figures 9, 10, and 11).

- Service frequency and availability of fixed-route buses is impacted by the specific route/corridor, day of week, and time of day
- Specific areas and corridors within the region (downtown Detroit; downtown Ann Arbor and Ypsilanti; downtown Port Huron; Woodward Avenue in Detroit and Oakland County; Gratiot Avenue in Detroit and Macomb County; and Grand River Avenue in Detroit) have significantly more fixed-route buses available, both in total number and availability on different days of the week and times of day
- Many households within a 10-minute walk of fixed-route transit service may not have service at the time of day or day of the week in which it is needed to reach core services

  These gaps are especially pronounced on weekends and in fixed-route transit service areas not along major corridors

  There are several routes that do not provide service on either Saturday or Sunday, which significantly limits the ability of residents using those routes to access core services on weekends

- For areas and communities outside of the fixed-route transit service area, demand-response and community transit services may provide additional accessibility to core services. However, greater understanding and coordination of these services is needed. There are needs throughout the region for enhanced and potentially expanded demand-response and community transit services
- The quality and safety of fixed-route transit facilities (e.g., shelters, benches, and lighting) and infrastructure connecting to transit stops (e.g., accessible, safe, and maintained sidewalks, ramps, and mid-block and intersection crossings) needs to be improved to support and encourage transit as a viable transportation option for all households
- On average, households in poverty and transit-dependent households have higher accessibility to fixed-route transit than all households in the region
- Senior households have similar accessibility to fixed-route transit as all households in the region; however, the quality of transit infrastructure to meet the needs and abilities of seniors may provide additional challenges

Figure 6
Walking Access to Fixed-Route Transit, 10-Minute and 30-Minute Travel Times

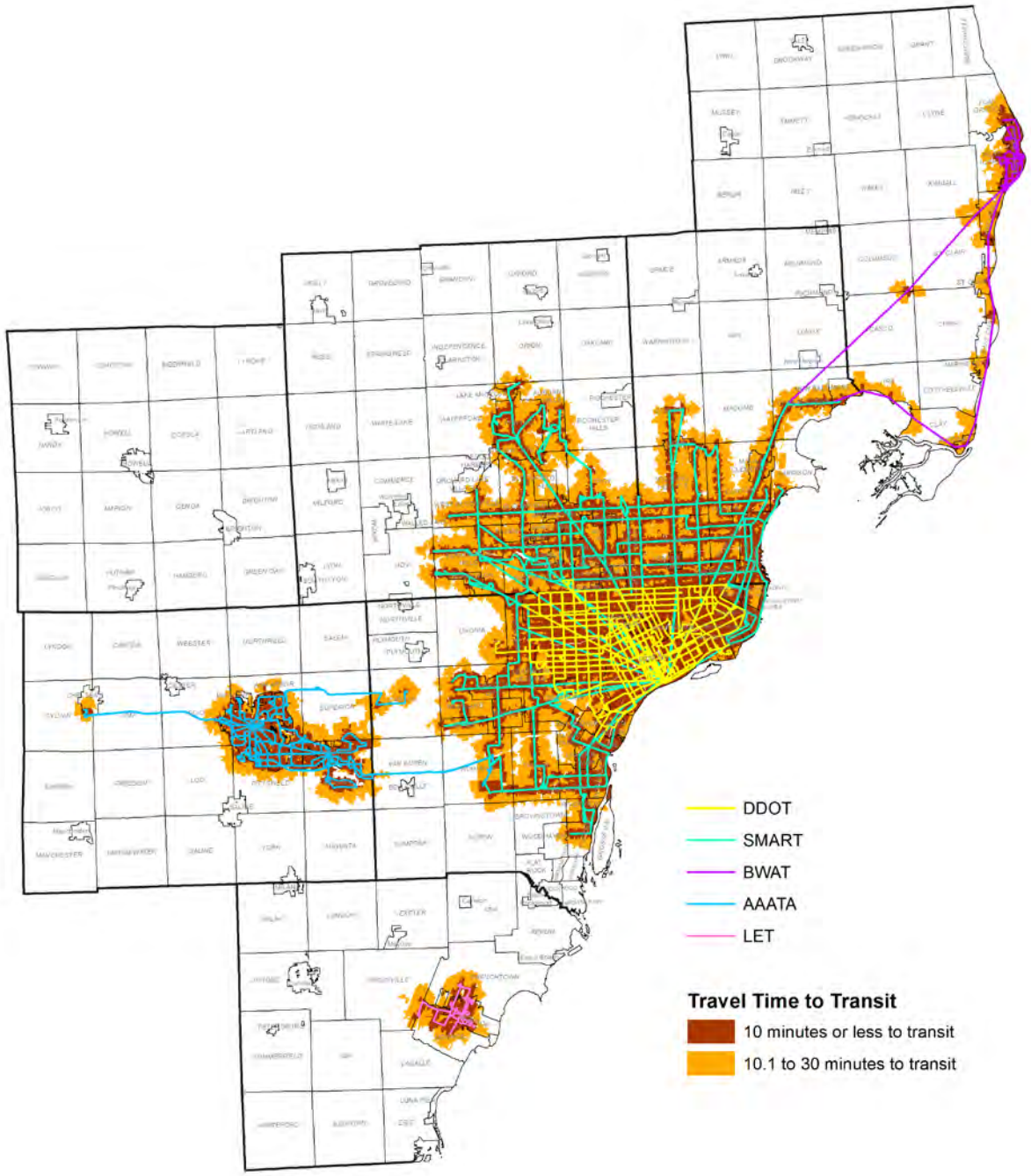


Figure 7
Walking Access to Fixed-Route Transit, Detroit Area

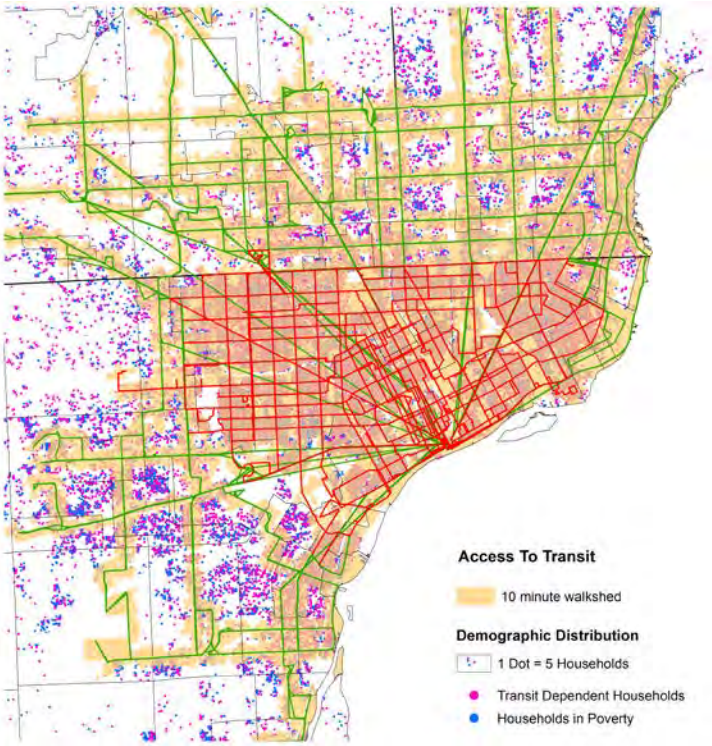


Figure 8
Walking Access to Fixed-Route Transit, Ann Arbor Area

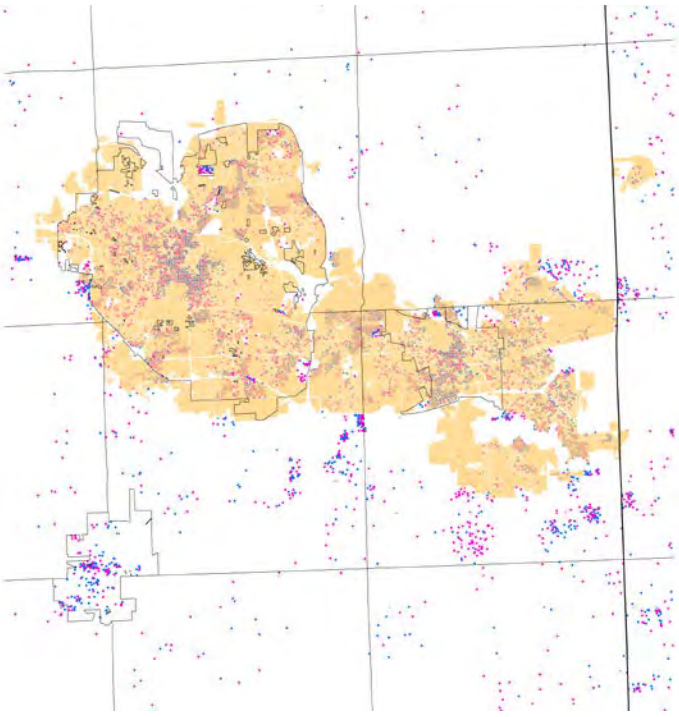


Figure 9
Weekday Fixed-Route Bus Availability, Within 10-Minute Walk

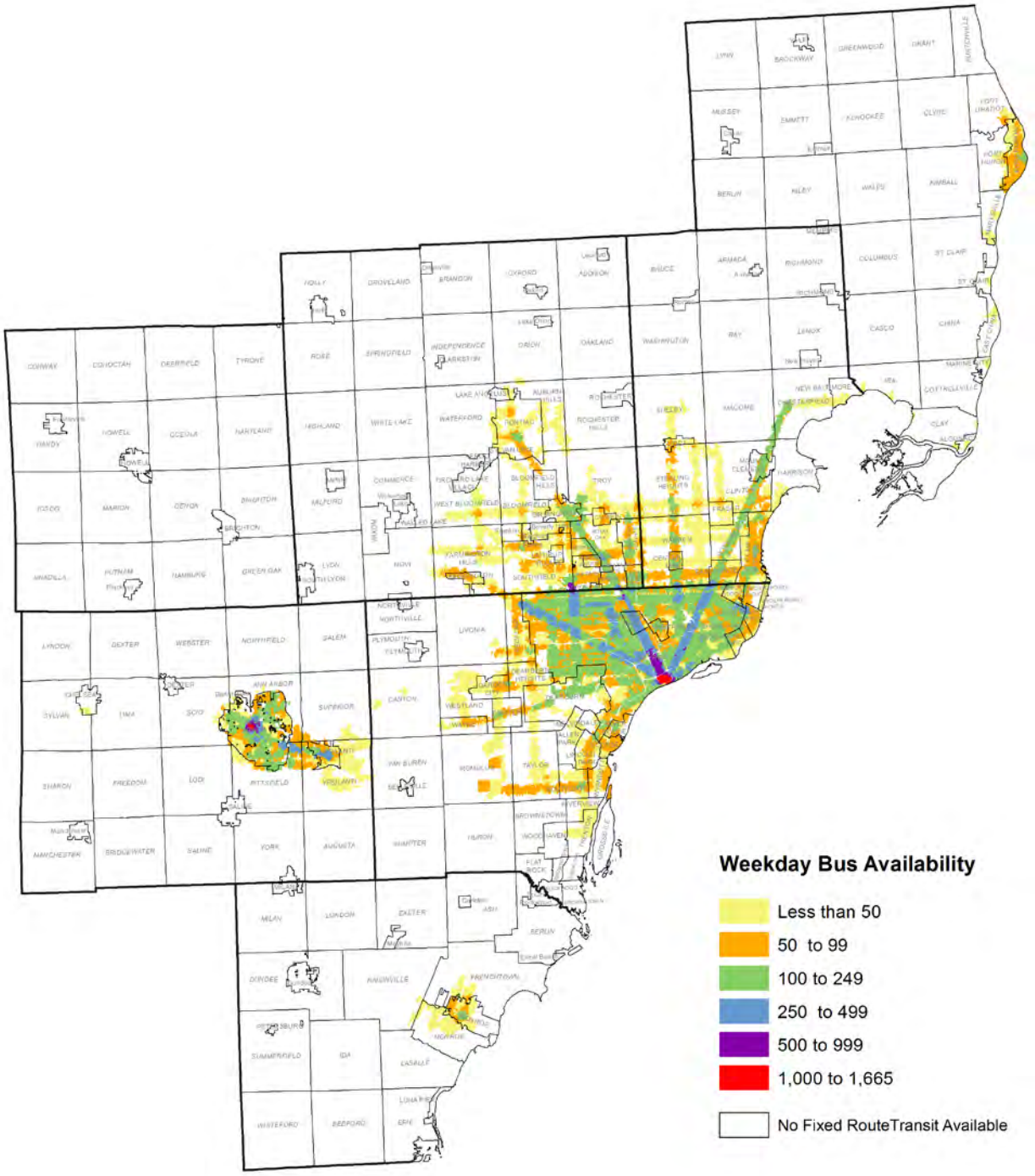


Figure 10
Saturday Fixed-Route Bus Availability, Within 10-Minute Walk

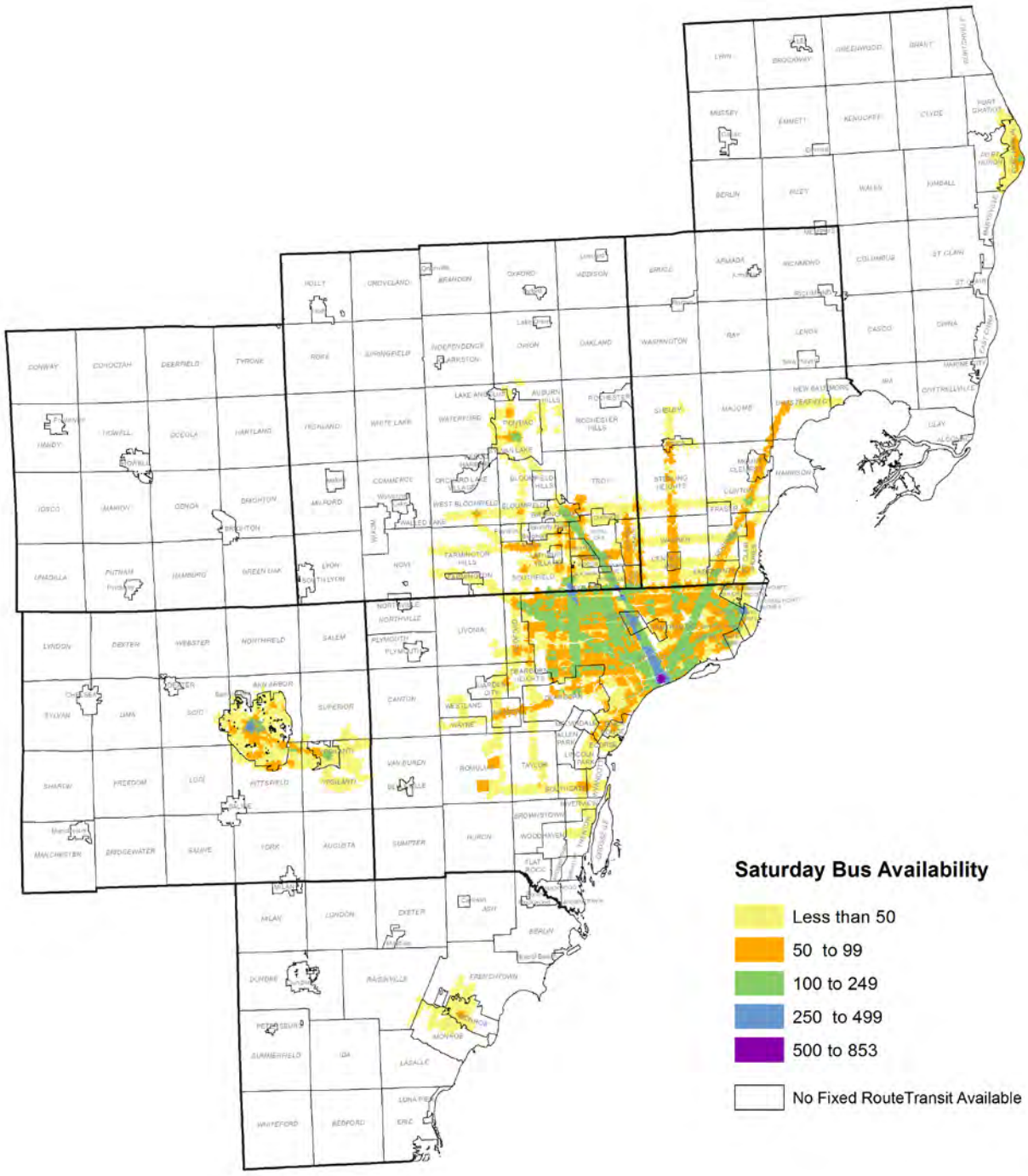
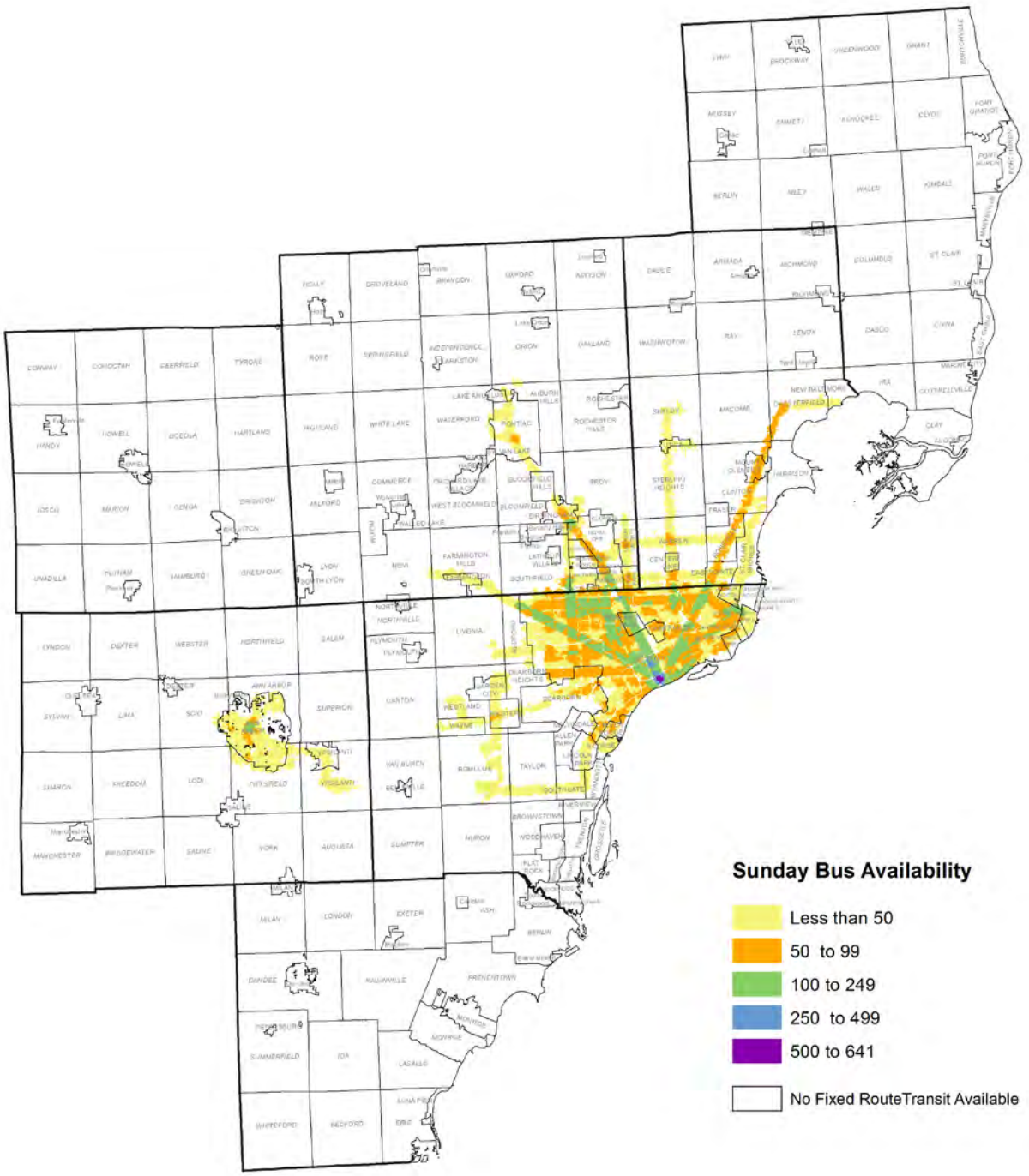


Figure 11
Sunday Fixed-Route Bus Availability, Within 10-Minute Walk



Access to Jobs

Job accessibility measures the ease of workers to reach employment by various modes of transportation. For this study, job accessibility is measured by automobile, fixed-route transit, and walking. For each mode, the higher the number of jobs reachable within a certain travel time results in greater accessibility.

Automobile accessibility to jobs

One method of measuring accessibility to jobs by automobile is to count the number of jobs that can be reached within the region's average driving commute time (26 minutes). However, a simple count of jobs within a time threshold may lead to a biased accessibility measurement. For example, using all jobs in the calculation could be misleading because jobs with occupational requirements that mismatch workers' skills are not real opportunities to job seekers. SEMCOG enhanced this measure by considering the types of jobs and workers' occupations.

Seven types of jobs based on occupation classification are measured independently for this study:

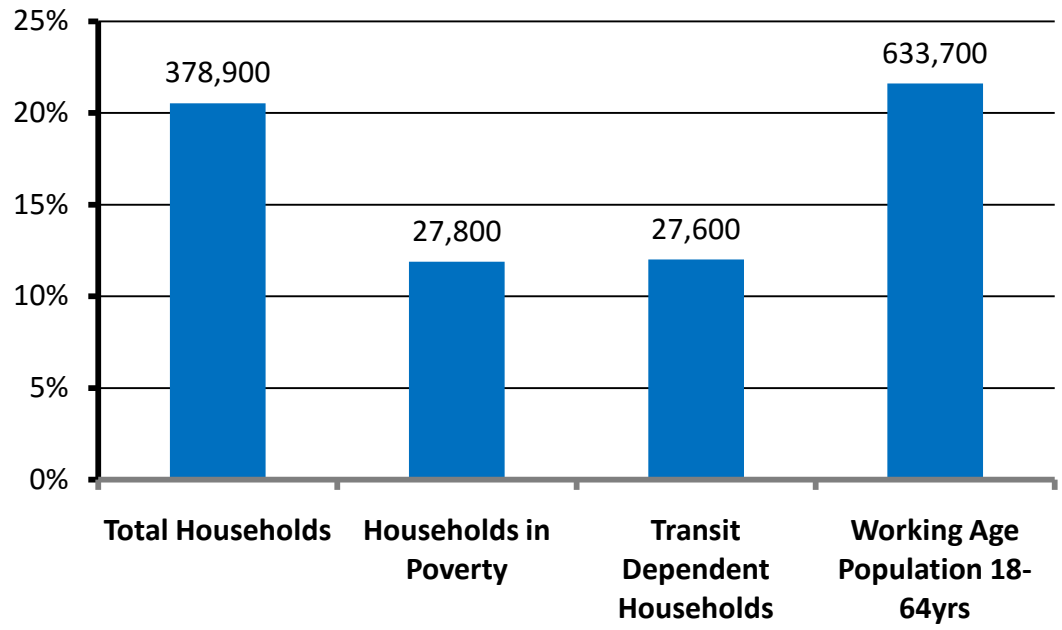
1. Management, business, science, and arts
2. Service
3. Sales and office
4. Natural resources, construction, and maintenance
5. Transportation and material moving
6. Health care practitioners and technicians
7. Production

For example, Figure 13 displays automobile accessibility to production jobs (i.e., jobs in the automotive manufacturing industry). This accessibility index reflects the production jobs that can be reached within 26 minutes of driving time, weighted by production workers in the area. The shaded areas in blue, purple, and pink are the areas with the highest accessibility to production jobs most easily reached by driving. For production jobs, these areas are highest in west and central Oakland County and east Macomb County. Maps for the other six occupation classifications are available upon request.

A combined accessibility index to all types of jobs was then created based on the accessibility indices of the seven occupations. Figure 14 displays the areas in the region with the highest concentration of jobs and lowest impedance for workers to reach those jobs by automobile (shown in blue and green). Those areas shown in the lightest shade are areas with limited job accessibility because the composite accessibility index is lower than the median index for the region.

Demographic analysis reveals the population and household characteristics in areas with limited job accessibility by automobile. Figure 15 displays the density of working age population by acre in these limited jobs areas. Figure 12 provides the benchmark data for the limited jobs areas in the region.

Figure 12
Regional Benchmarks, Limited Access to Jobs by Automobile



Fixed-route transit accessibility to jobs

Transit accessibility to jobs measures how many jobs can be reached by fixed-route transit during the morning peak commute time on a typical work day. It takes into account the coverage of the transit system in the region as well as the level of service of each transit route. Areas within a ¾-mile distance of transit stops are considered "transit covered areas" in the analysis. Detailed street networks in the covered areas are used to measure the ease of walking to and from bus stops. The level of transit services is considered in the analysis by using the GTFS (General Transit Feed Specification) file, which includes information on transit stops, routes, and schedules. Figures 16 and 17 display fixed-route transit accessibility results for 60 and 90 minutes.

Walking accessibility to jobs

Walking accessibility to jobs is measured by the number of jobs within a 30-minute walking time, which is equivalent to approximately 1.5 miles. A detailed street network is used for the analysis, with non-walkable roads, such as freeways, excluded. The result is shown in Figure 18.

Key Findings

- Accessibility to jobs by automobile is much higher than all other transportation modes
- 21 percent of working-age residents are in areas with limited automobile access to jobs based upon the regional average commute time of 26 minutes
- There are several areas in the region with high job accessibility by automobile (Figure 14).These areas are primarily in the metropolitan Detroit area, Ann Arbor, and southeastern Oakland County
- Accessibility to jobs by automobile is highly determined upon the location of workers and the location of jobs available by employment occupation

  - There are specific high concentration areas of working-age residents that have limited access to jobs by automobile (Figure 15). These areas either have a mismatch between occupation type and workers, or are beyond a 26-minute commute from high concentrations of workers

- Seven percent of the region's jobs are accessible within a 60-minute transit trip; access increases to 22 percent at 90 minutes (Figures 16 and 17)
  - Increasing transit coverage and level of services would have a positive impact on job accessibility by fixed-route transit
  - The highest percentages of jobs are accessible along the region's major fixed-route transit corridors primarily connecting to and from downtown Detroit, including Woodward Avenue, Gratiot Avenue, Grand River Avenue, and Van Dyke Avenue
  - The area with the highest accessibility to jobs by fixed-route transit is in northern Detroit and southeast Oakland County along and adjacent to the Woodward Avenue corridor

    Within a 60-minute transit commute, households in this area can reach major job centers in downtown Detroit, Southfield, Troy, Warren, Dearborn, and others

- Outside of the very highest density job clusters, walking to jobs is not a viable mode for the majority of residents (Figure 18)
  - Although only four percent of the jobs in the region can be accessed by walking 30 minutes or less, it provides an important alternative mode of transportation to jobs with additional benefits such as increasing public health

Figure 13
Automobile Access to Production Jobs

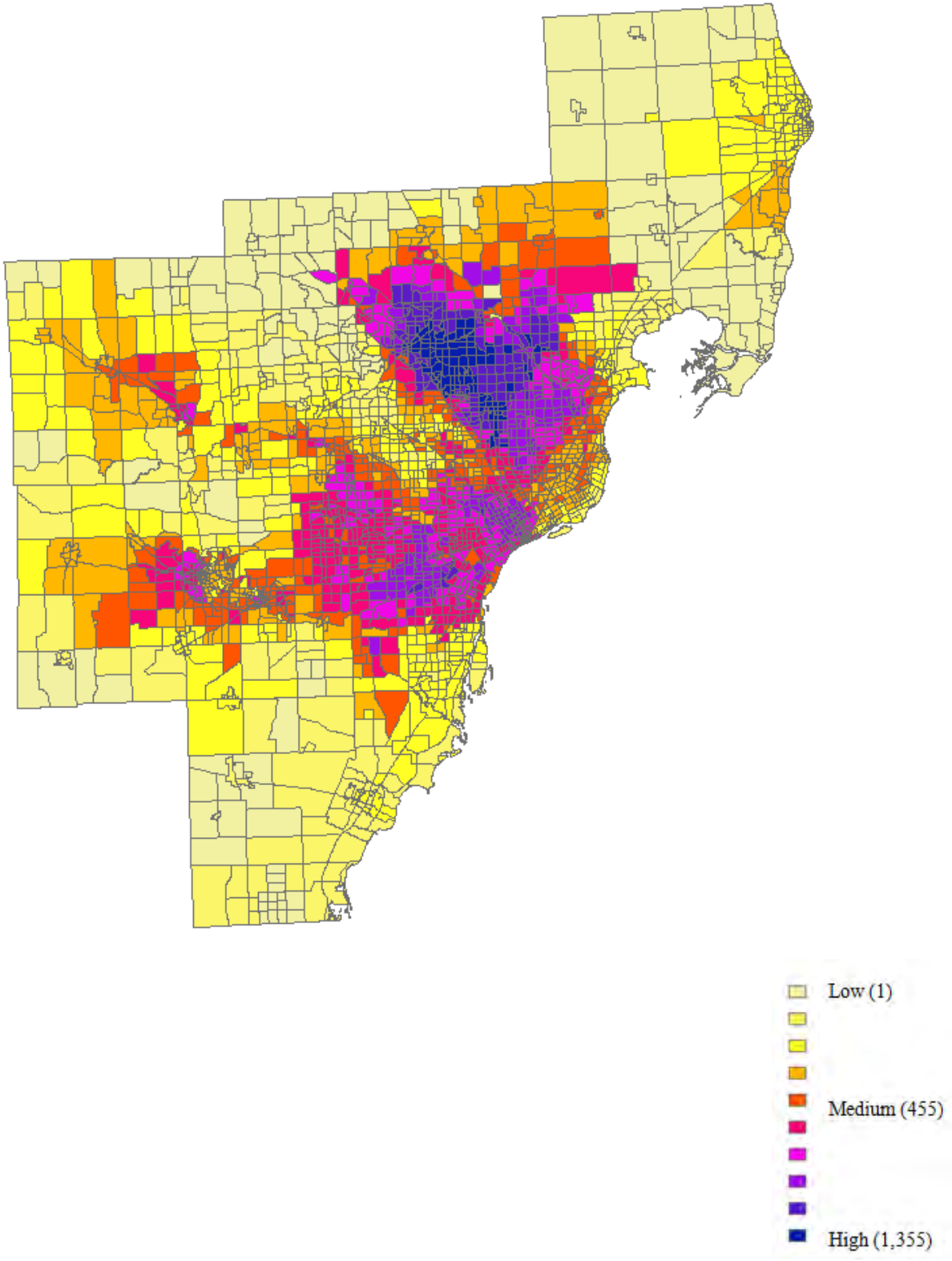


Figure 14
Automobile Access to Jobs Across All Occupations, 26-Minute Drive Time

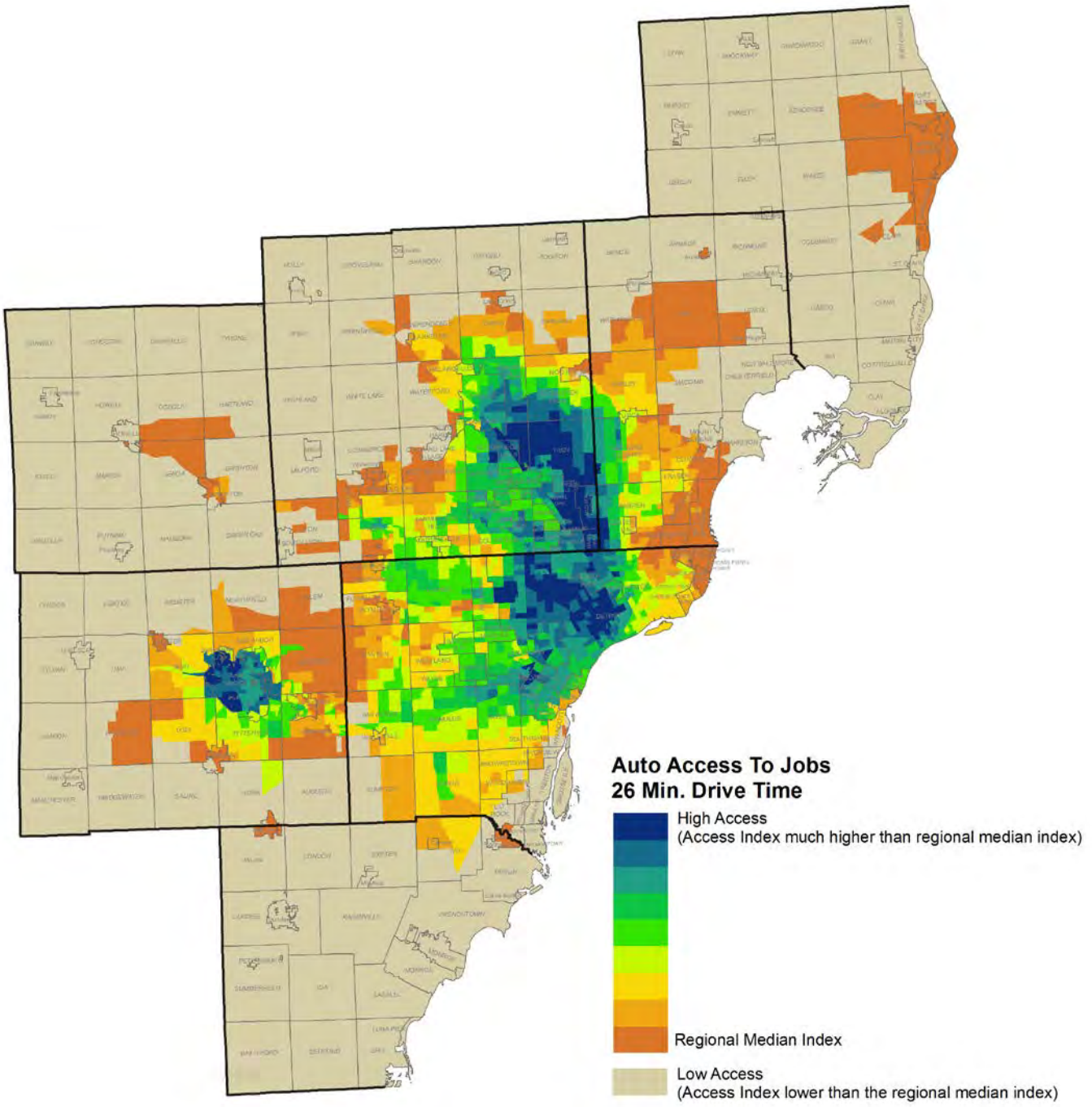


Figure 15
Low Automobile Access to Jobs, by Working-Age Population

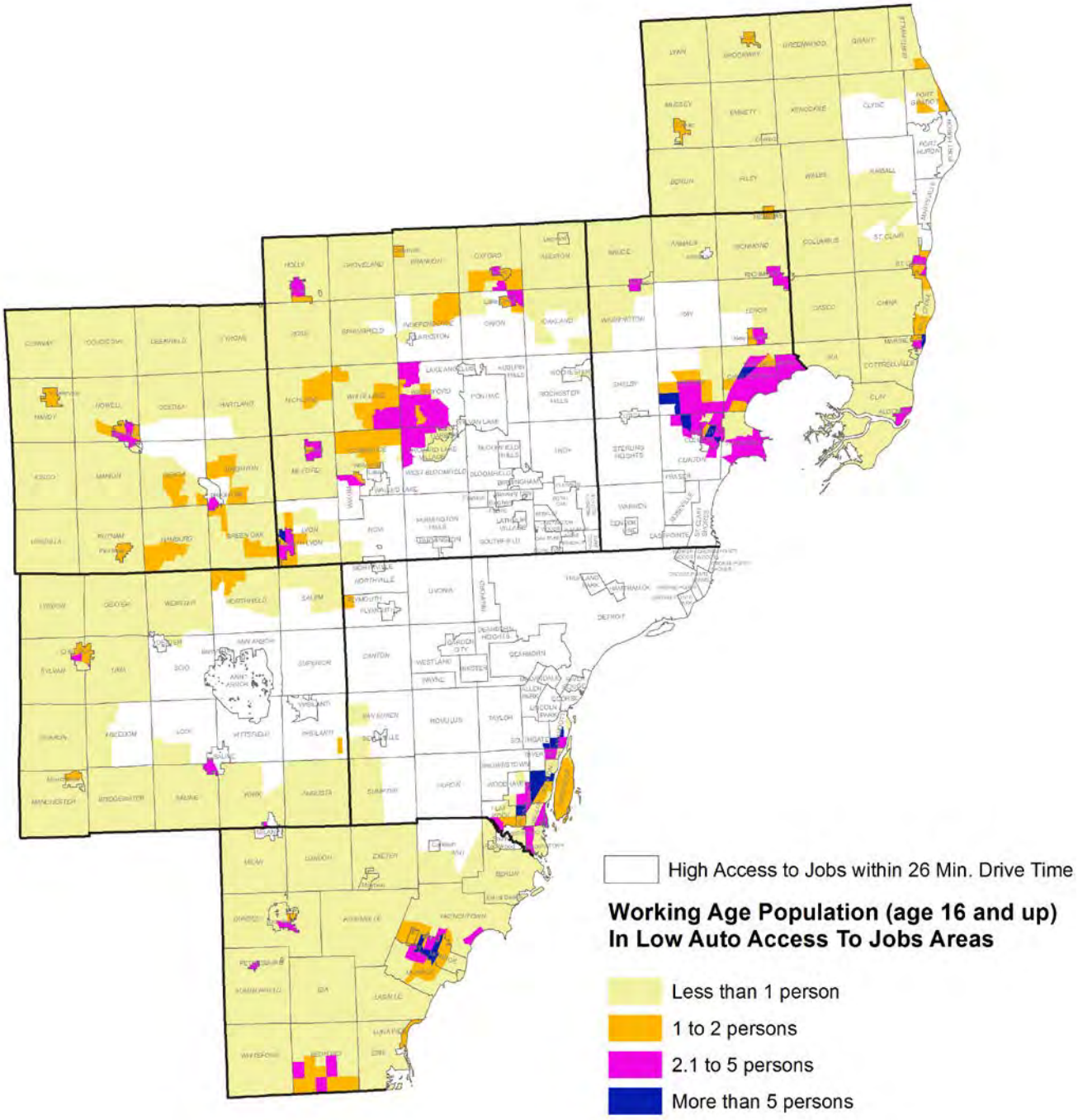


Figure 16
Fixed-Route Transit Access to Jobs, Within 60 Minutes

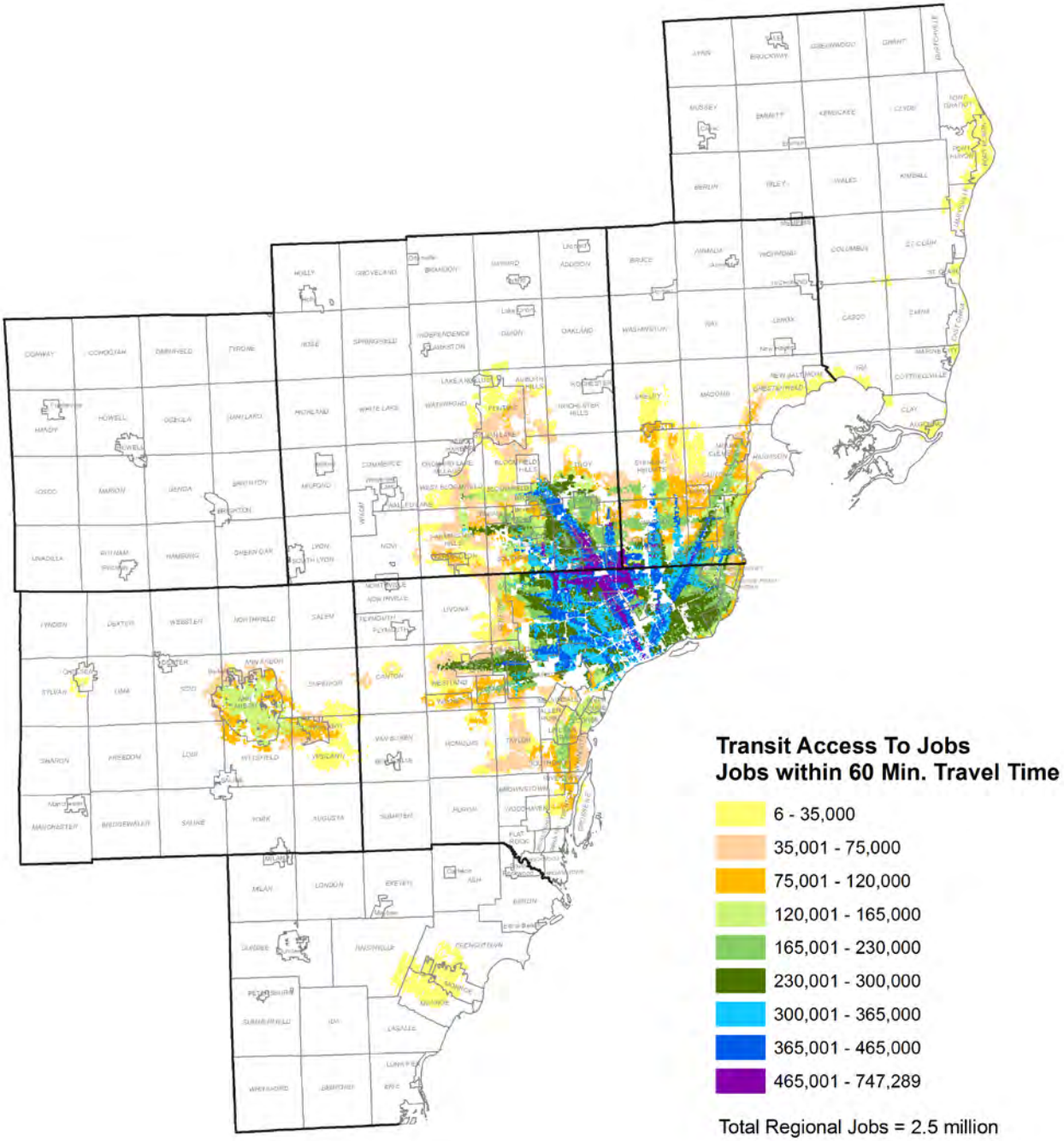


Figure 17
Fixed-Route Transit Access to Jobs, Within 90 Minutes

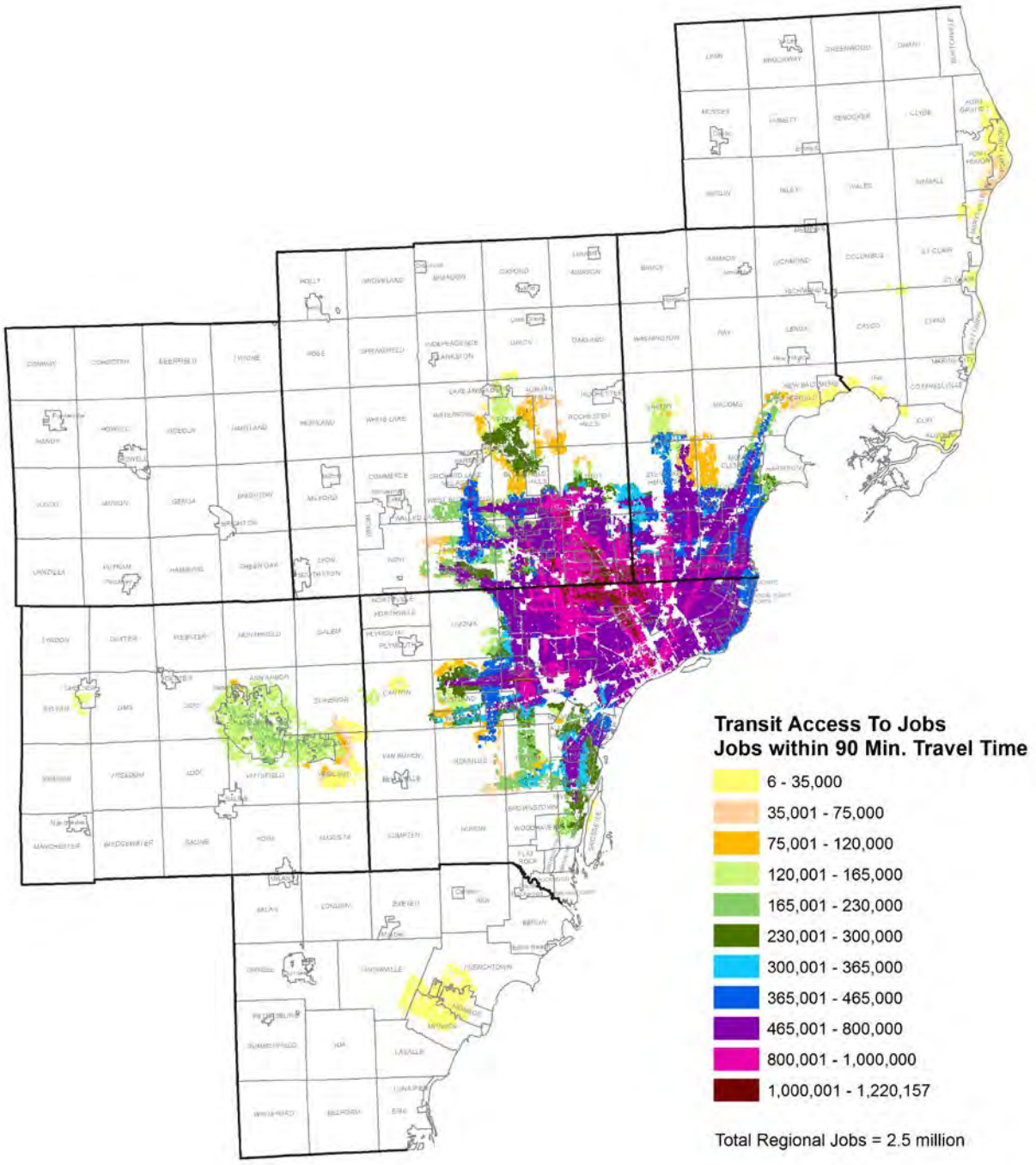
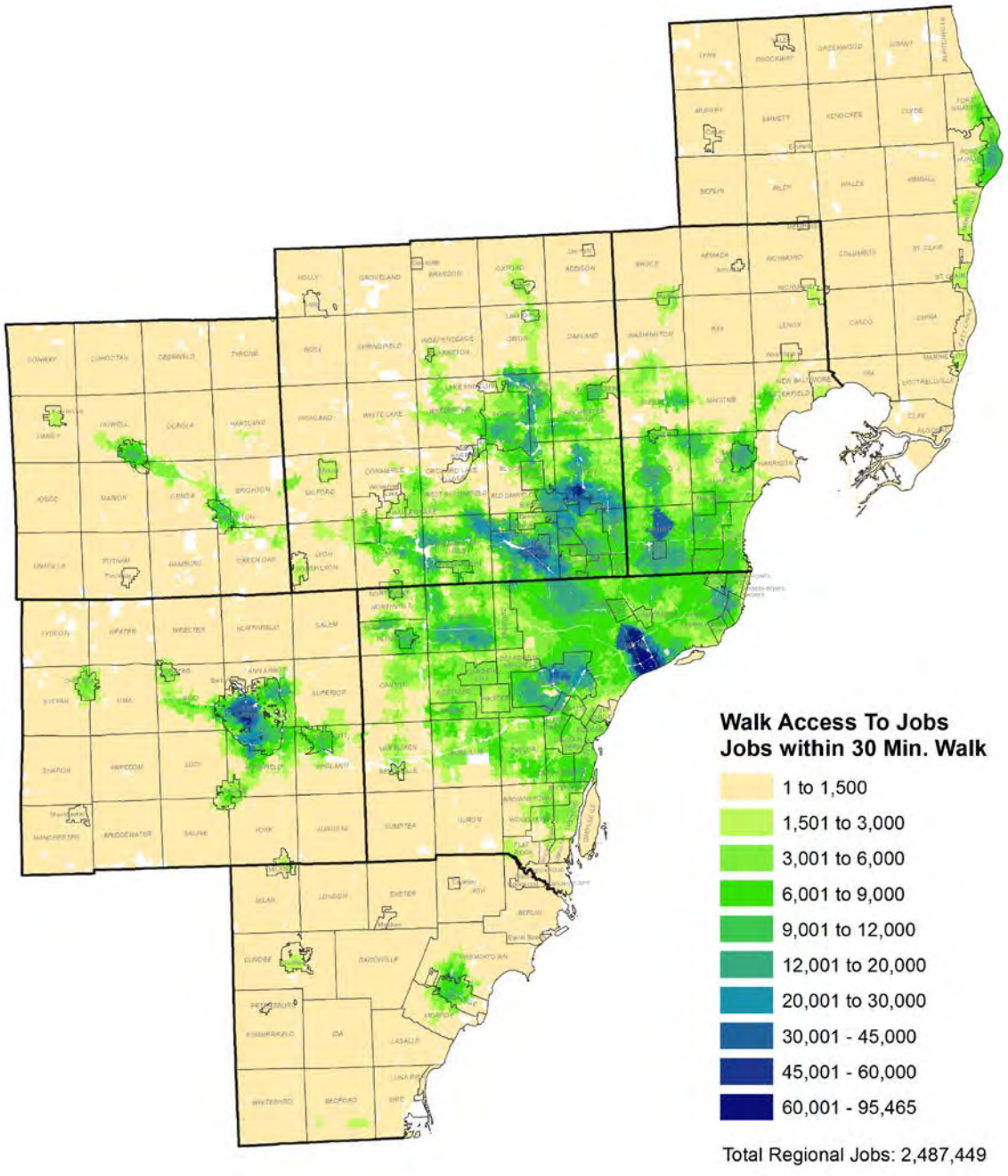


Figure 18
Walking Access to Jobs, Within 30 Minutes



Access to Health Care Facilities

Accessibility to three types of health care facilities is measured in this study – hospitals, community health centers, and urgent care facilities. In addition to measuring accessibility for each of the three health care facility types, this study also includes "total access," which looks at access to any of the health-care-facility types. Accessibility for each is measured by automobile, fixed-route transit, walking, and bicycling travel times. For automobile access, a travel-time threshold of 10 minutes has been measured; for fixed-route transit access a travel-time threshold of 30-minutes has been measured; and for both walking and bicycling access, 10 minute and 30-minute travel times have been measured.

Hospitals

Table 4 provides regional travel time benchmarks for accessibility to hospitals by automobile, fixed-route transit, walking, and bicycling for all households, transit-dependent households, households in poverty, and senior households.

Table 4
Regional Benchmarks, Access to Hospitals

	Fixed-Route Transit	**Walking**		**Bicycling**		**Automobile**
	30 min.	*10 min.*	*30 min.*	*10 min.*	*30 min.*	*10 min.*
Total Households	13.3%	1.3%	12.0%	14.9%	76.0%	79.8%
Transit-dependent Households	21.8%	1.8%	14.9%	18.4%	85.5%	88.7%
Households in Poverty	22.8%	1.9%	15.8%	19.4%	86.4%	89.7%
Households with Seniors	13.6%	1.3%	12.0%	14.9%	77.0%	80.8%

Key Findings

- 80 percent of all households are within a 10-minute drive to a hospital; those households beyond a 10-minute drive are primarily located in the region's outer-townships and more rural areas (Figure 19)
- Hospitals located "outside" the SEMCOG region (primarily in Toledo and Sylvania in northern Ohio and southern Genesee County) enhance the region's accessibility, primarily by automobile, for communities in southern Monroe County and northern Oakland County
- Gaps exist in transit-dependent households accessing a hospital within either a 30-minute walk or 30-minute transit trip (Figure 20)
    - Only 22 percent of transit-dependent households are within a 30-minute fixed-route transit trip to a hospital

- With only 13 percent of all households within a 30-minute transit trip, fixed-route transit is not an viable transportation mode for the majority of these households accessing a hospital
- 15 percent of transit-dependent households and 16 percent of households in poverty are within a 30-minute walk to a hospital
- Across all modes of transportation, households in poverty and transit-dependent households (on average) have higher accessibility to hospitals than all households in the region
- Senior households have similar accessibility to hospitals as all households in the region

Figure 19
Automobile Access to Hospitals, Within 10 minutes

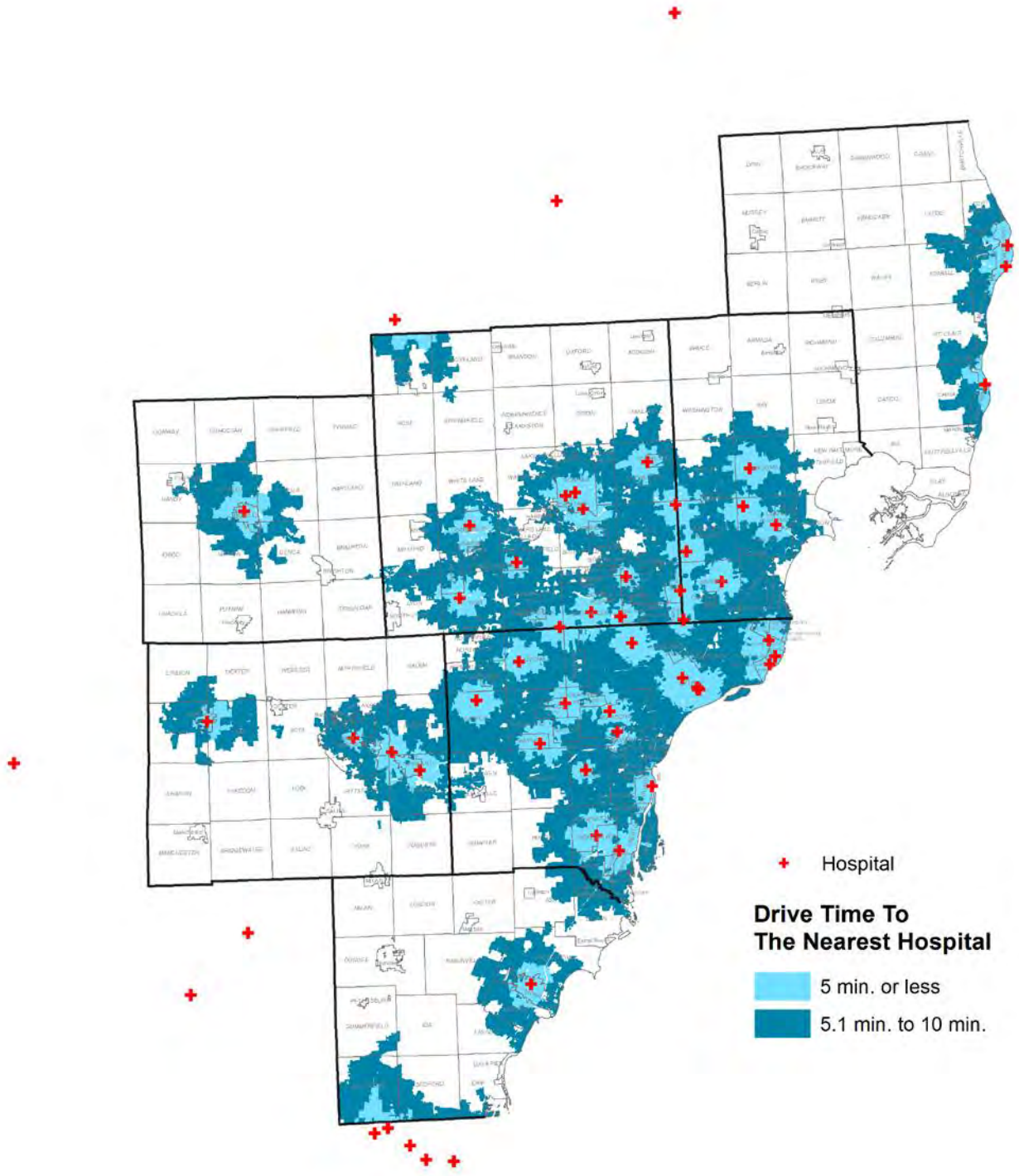
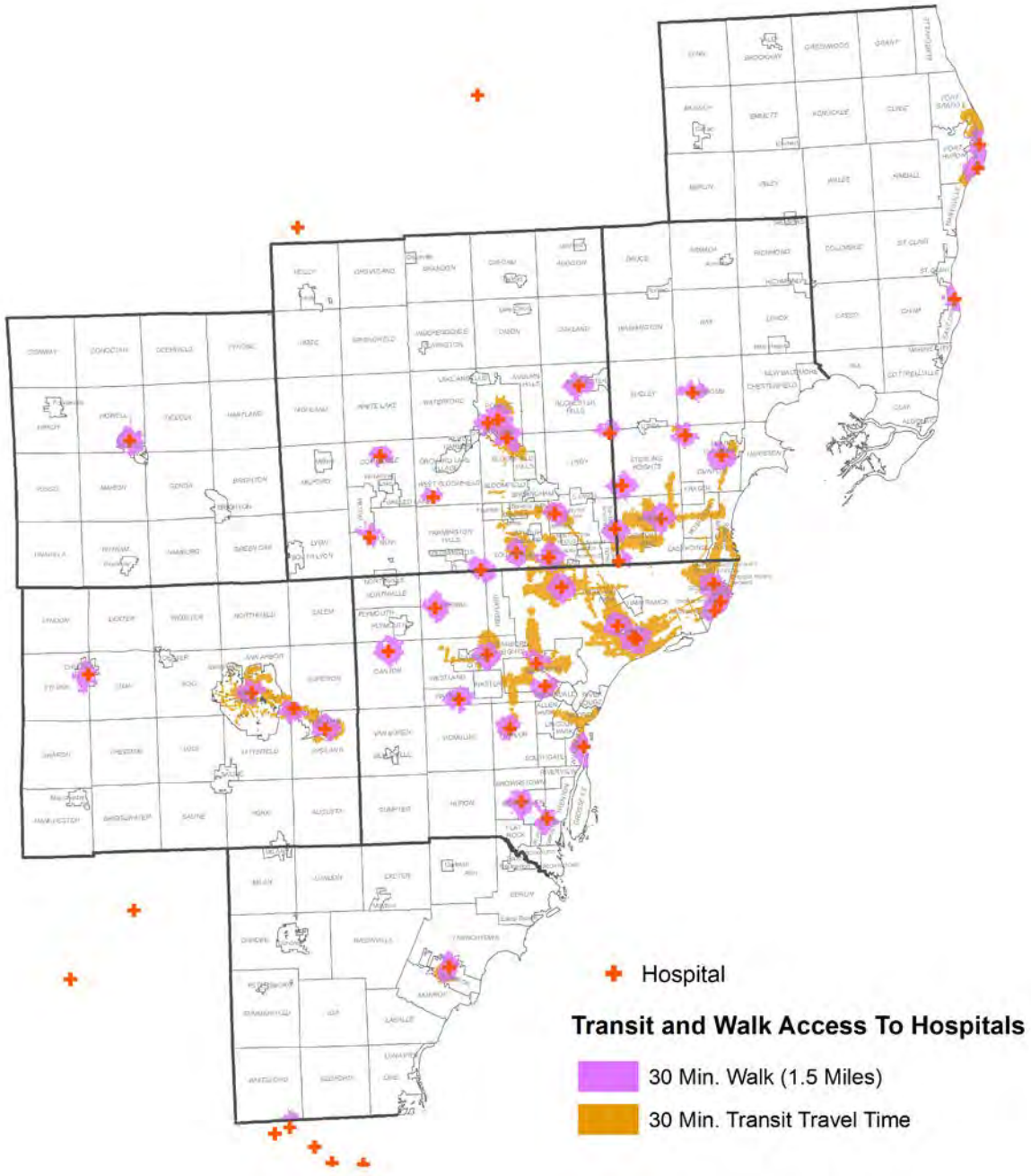


Figure 20
Walking and Fixed-Route Transit Access to Hospitals, Within 30 Minutes



Community Health Centers

Table 5 provides regional travel time benchmarks for accessibility to community health centers by automobile, fixed-route transit, walking, and bicycling for all households, transit-dependent households, households in poverty, and senior households.

Table 5
Regional Benchmarks, Access to Community Health Centers

	Fixed-Route Transit	Walking		Bicycling		Automobile
	30 min.	*10 min.*	*30 min.*	*10 min.*	*30 min.*	*10 min.*
Total Households	26.8%	4.2%	24.8%	28.4%	71.4%	81.7%
Transit-dependent Households	45.5%	7.9%	38.4%	43.3%	84.0%	90.2%
Households in Poverty	49.3%	8.8%	41.8%	47.1%	86.4%	91.8%
Households with Seniors	25.4%	3.7%	23.4%	27.0%	71.7%	81.8%

Key Findings

- 82 percent of households are within a 10-minute drive to a community health center
- 46 percent of transit-dependent households are within a 30-minute fixed-route transit trip to a community health center. Of the three health care facilities measured for this report, transit-dependent households have the greatest accessibility to community health centers
- 38 percent of transit-dependent households and 42 percent of households in poverty are within a 30-minute walk to a community health center
- Community health centers are primarily located in “high-need areas” identified as having elevated poverty, higher-than-average infant mortality, and where few physicians practice. Outside of region’s urban areas and cities, walking and fixed-route transit do not provide adequate access to community health centers (Figure 21)
- There are significant concentrations of transit-dependent households and households in poverty that are beyond both a 30-minute walk and 30-minute transit trip to a community health center
    - As displayed in Figures 22 and 23, these concentrations of transit-dependent households and households in poverty that have limited access by transit or walking to a community health center are pronounced in several areas in the Detroit and Ann Arbor areas
- Across all modes of transportation, on average households in poverty and transit-dependent households have higher accessibility to community health centers than all households in the region

Figure 21
Walking and Fixed-Route Transit Access to a Community Health Centers, Within 30 Minutes

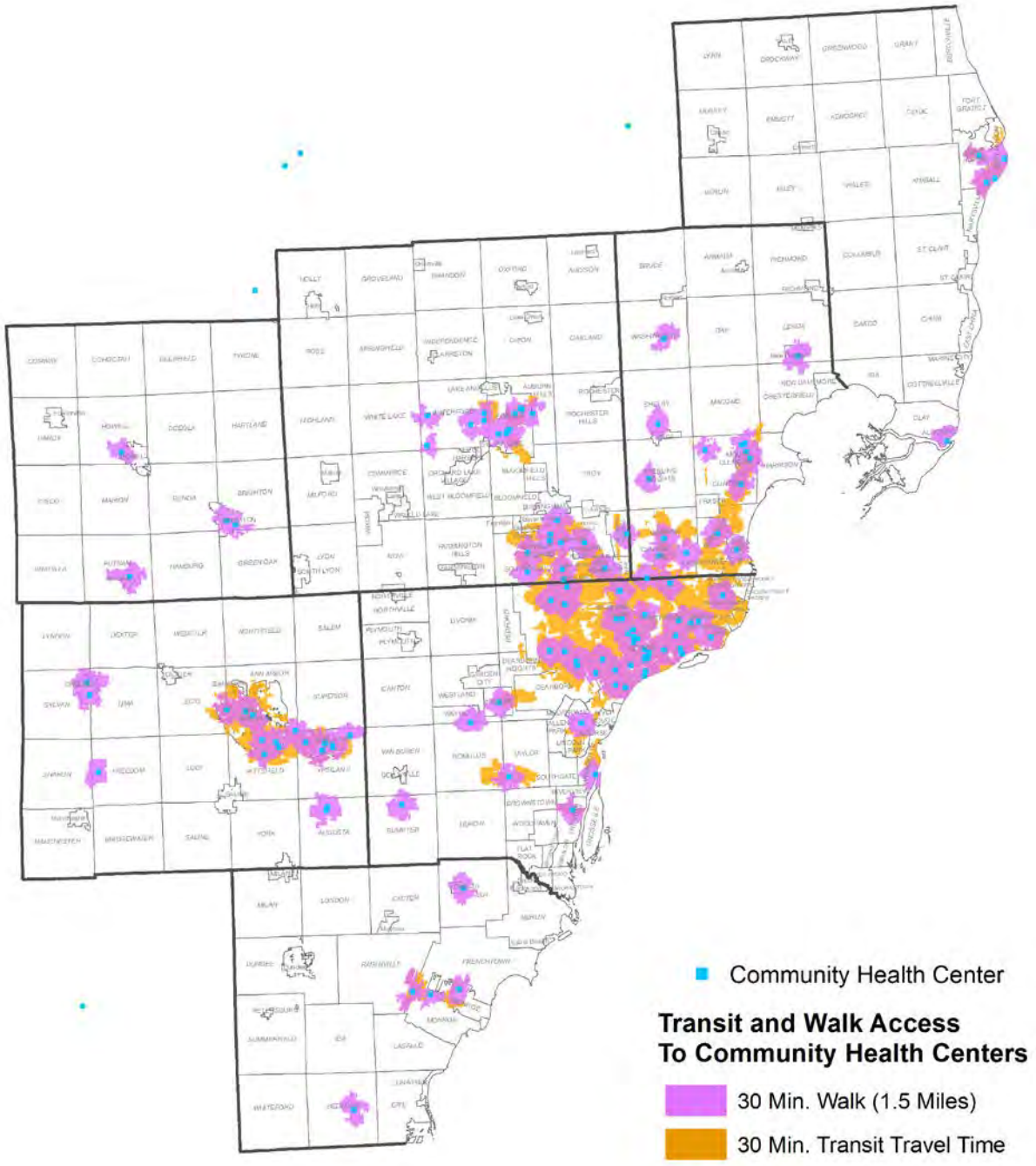


Figure 22
Walking and Fixed-Route Transit Access to Community Health Centers, Detroit Area

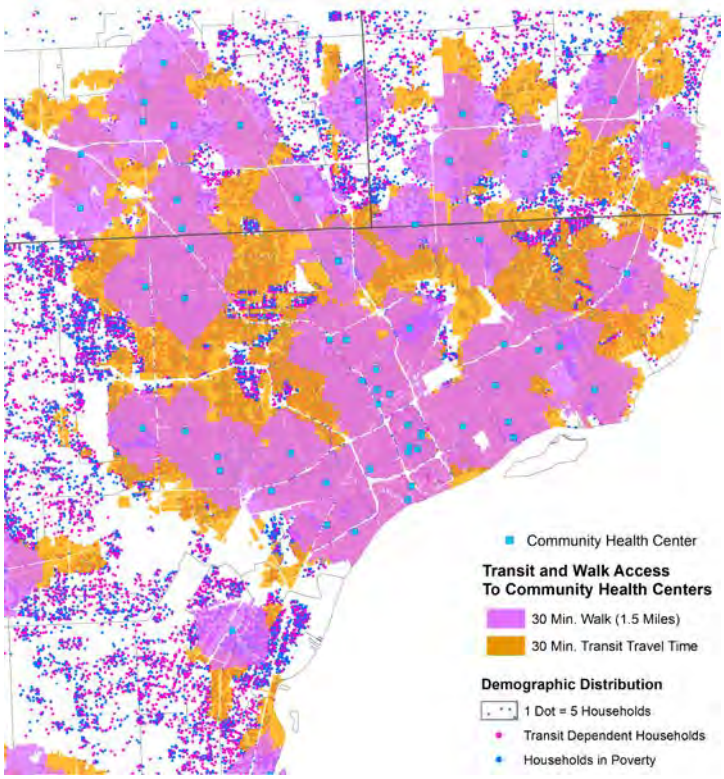
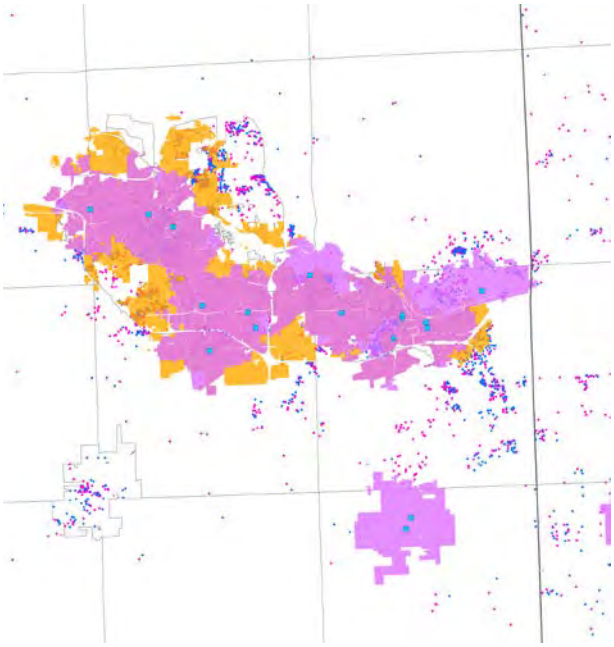


Figure 23
Walking and Fixed-Route Transit Access to Community Health Centers, Ann Arbor Area



Urgent Care Facilities

Table 6 provides regional travel time benchmarks for accessibility to urgent care facilities by automobile, fixed-route transit, walking, and bicycling for all households, transit-dependent households, households in poverty, and senior households.

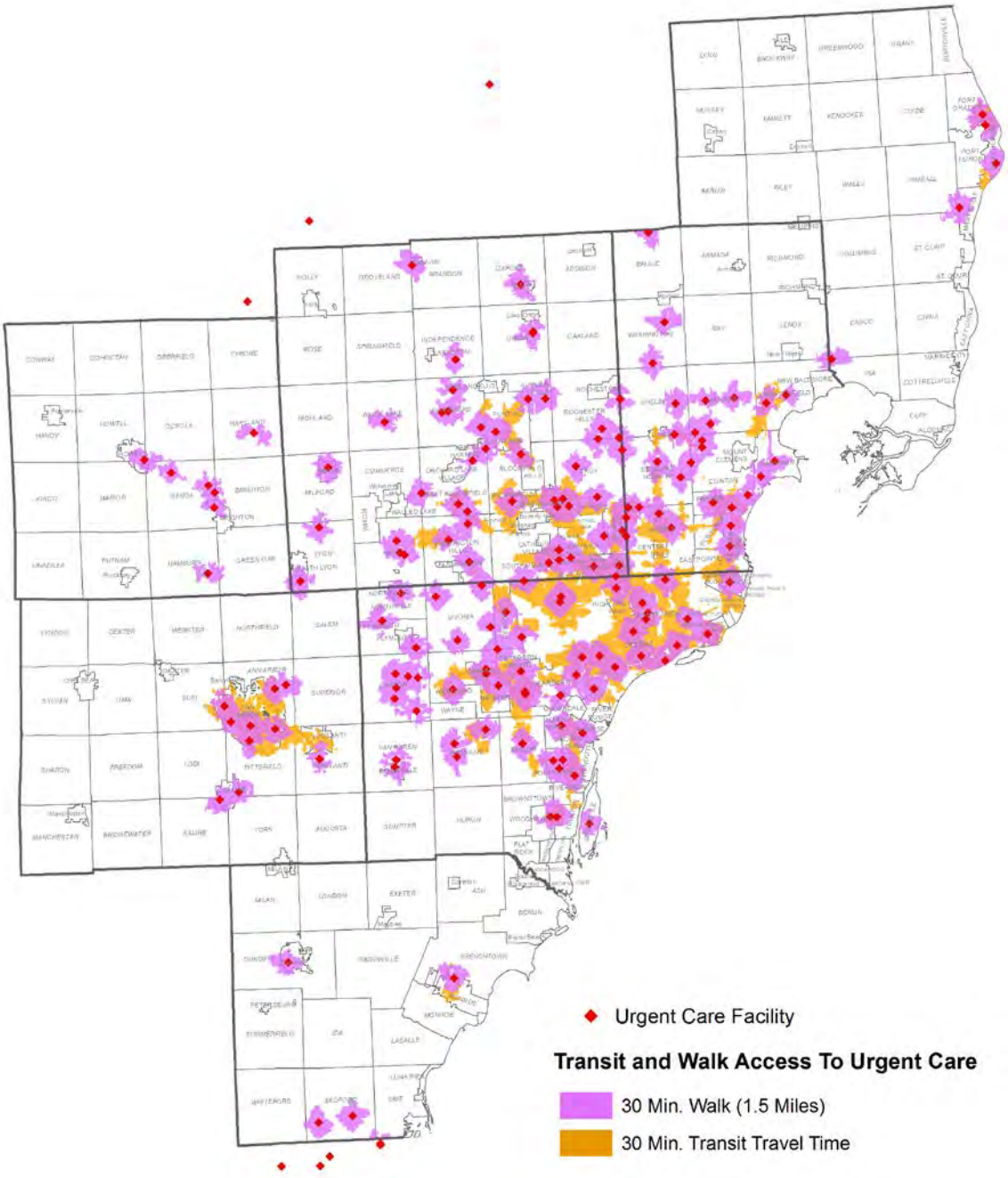
Table 6
Regional Benchmarks, Access to Urgent Care Facilities

	Fixed-Route Transit	Walking		Bicycling		Automobile
	30 min.	*10 min.*	*30 min.*	*10 min.*	*30 min.*	*10 min.*
Total Households	26.5%	4.7%	34.4%	40.4%	91.2%	95.4%
Transit-dependent Households	40.1%	6.0%	39.7%	46.1%	95.1%	97.5%
Households in Poverty	42.3%	6.5%	39.9%	46.3%	95.0%	97.5%
Households with Seniors	26.1%	4.6%	35.2%	41.2%	91.4%	95.3%

Key Findings

- Automobile access to urgent care facilities is high, with over 95 percent of all households within a 10-minute drive to a facility
- Only 40 percent of transit-dependent households are within a 30-minute fixed-route transit trip to an urgent care facility. Transit-dependent households have greater accessibility to urgent care facilities than hospitals, but less accessibility than to community health centers
- Only40 percent of transit-dependent households and households in poverty are within a 30-minute walk to an urgent care facility
- While urgent care facilities fill several accessibility gaps identified in reaching hospitals and community health centers, especially in suburban areas of the region, there are still significant gaps in several higher density areas (Figure 24)
- Across all modes of transportation, on average households in poverty and transit-dependent households have higher accessibility to urgent care facilities centers than all households in the region
- Senior households have similar accessibility to urgent care facilities as all households in the region

Figure 24
Walking and Fixed-Route Transit Access to Urgent Care Facilities, Within 30 Minutes



Composite of All Three Health Care Facilities

Table 7 provides regional travel time benchmarks for accessibility to any of the three health care facilities (hospitals, community health centers, urgent care facilities) by automobile, fixed-route transit, walking, and bicycling for all households, transit-dependent households, households in poverty, and senior households.

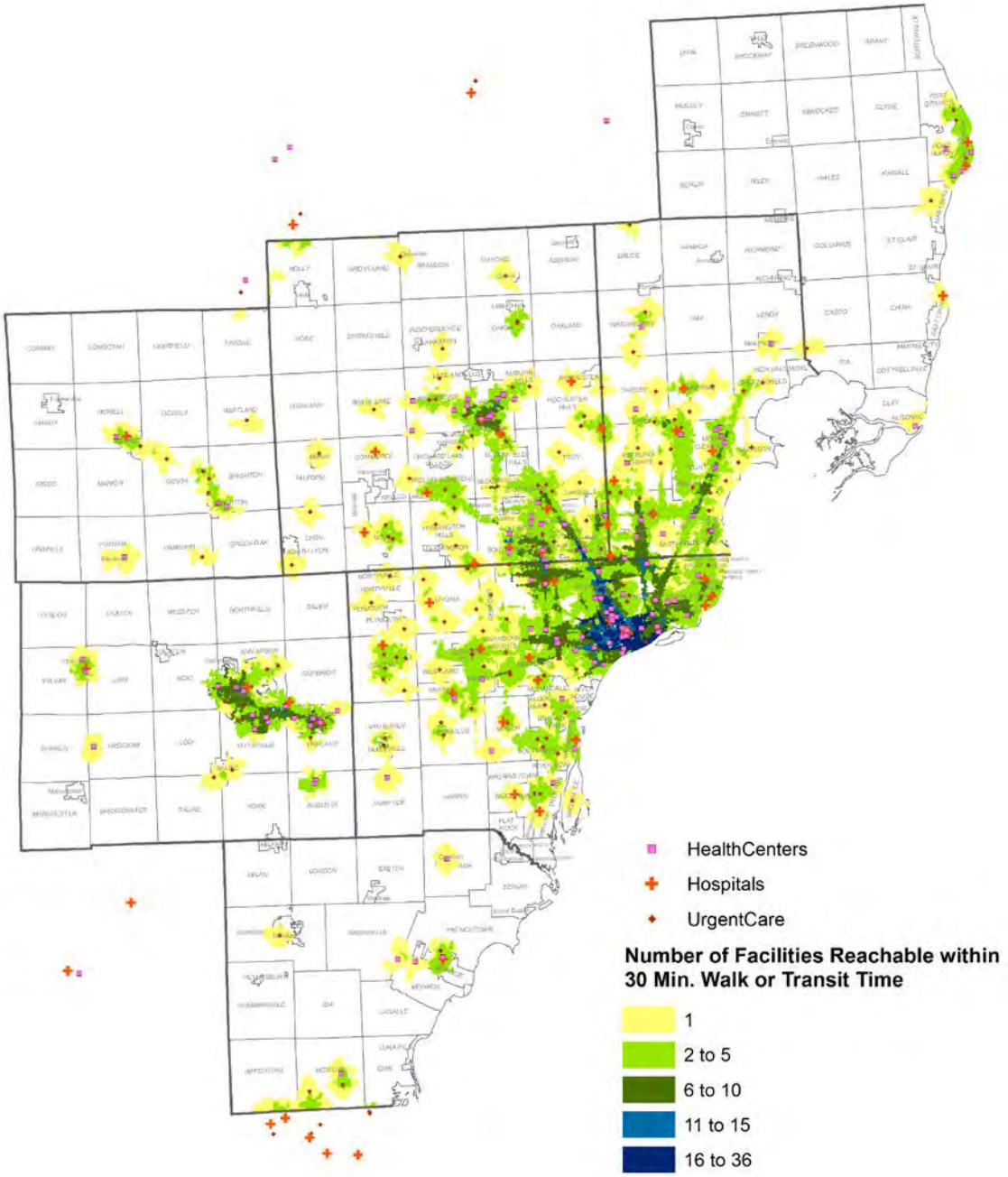
Table 7
Regional Benchmarks, Access to Any Health Care Facility

	Fixed-Route Transit	Walking		Bicycling		Automobile
	30 min.	*10 min.*	*30 min.*	*10 min.*	*30 min.*	*10 min.*
Total Households	35.2%	9.0%	50.7%	57.0%	94.0%	96.8%
Transit-dependent Households	52.9%	13.2%	60.7%	67.1%	96.8%	98.4%
Households in Poverty	55.9%	14.4%	62.3%	68.8%	96.5%	98.3%
Households with Seniors	34.8%	8.6%	51.1%	57.4%	94.2%	96.9%

Key Findings

- Half (51 percent) of all households in the region are within a 30-minute walk to any type of health care facility
- Only one out of three (35 percent) senior households is within a 30-minute fixed-route transit trip to any health care facility; only half (51 percent) are within a 30-minute walk
- 97 percent of all households in the region are within a 10-minute automobile drive to a health care facility
- 53 percent of transit-dependent households are within a 30-minute fixed-route transit trip, and 61 percent are within a 30-minute walk to any health care facility
- Several areas in the region (primarily in the more densely populated areas) have multiple (six or greater) health care facilities accessible within either a 30-minute walk or 30-minute fixed-route transit trip. As displayed in Figure 25, households in these areas (shaded in light and dark green) likely have several health care facility choices within a reasonable travel time
- Although several of the accessibility gaps for hospitals, community health centers, and urgent care facilities are filled when combining accessibility for all three facilities, there are still areas throughout the region that are beyond a 30-minute walk or 30-minute fixed-route transit trip to a facility
    - These areas include northeastern Macomb County, western St. Clair County, and northwestern Oakland and Livingston counties

Figure 25
Number of Health Care Facilities by Walking or Fixed-Route Transit, Within 30 Minutes



Access to Supermarkets

Table 8 displays supermarket accessibility by automobile, transit, walking, and bicycling travel times. For automobile access to supermarkets, a 10-minute travel time is measured. For fixed-route transit access, a threshold of 30-minute travel time is measured. For walking and bicycling access to supermarkets, both 10-minute and 30-minute travel times are measured.

Table 8
Regional Benchmarks, Access to Supermarkets

	Fixed-Route Transit	Walking		Bicycling		Automobile
	30 min.	*10 min.*	*30 min.*	*10 min.*	*30 min.*	*10 min.*
Total Households	36.8%	12.9%	64.2%	69.8%	96.1%	98.1%
Transit-dependent Households	55.7%	18.7%	76.3%	80.6%	98.0%	99.1%
Households in Poverty	59.2%	19.6%	77.6%	81.8%	98.0%	99.1%
Households with Seniors	36.2%	12.9%	65.1%	70.8%	98.0%	98.2%

Key Findings

- Supermarkets are generally accessible throughout the region by automobile (greater than 98 percent of all households in the region are within a 10-minute drive to a supermarket)
- 56 percent of transit-dependent households are within a 30-minute transit trip to a supermarket, and three out of four (76 percent) are within a 30-minute walk to a supermarket
- 78 percent of households in poverty are within a 30-minute walk, and 59 percent are within a 30-minute transit trip to a supermarket
- 70 percent of all households and 80 percent of transit-dependent households are within a 10-minute bicycle trip to a supermarket
- Even in areas served by fixed-route transit, there are concentrations of focus population groups with limited access by transit to supermarkets (Figures 27 and 28)
- Challenges exist in entering and exiting many larger supermarkets by transit, walking, or bicycling. Barriers such as the ability to safely cross parking lots, lack of parking facilities for bicycles, inaccessible or distant location of transit stops, and lack of lighting exist in accessing supermarkets by transit, walking, or bicycling
- Across all modes of transportation, on average, households in poverty and transit-dependent households have higher accessibility to supermarkets than all households in the region
- Senior households have similar accessibility to supermarkets as all households in the region

Figure 26
Walking and Fixed-Route Transit Access to Supermarkets

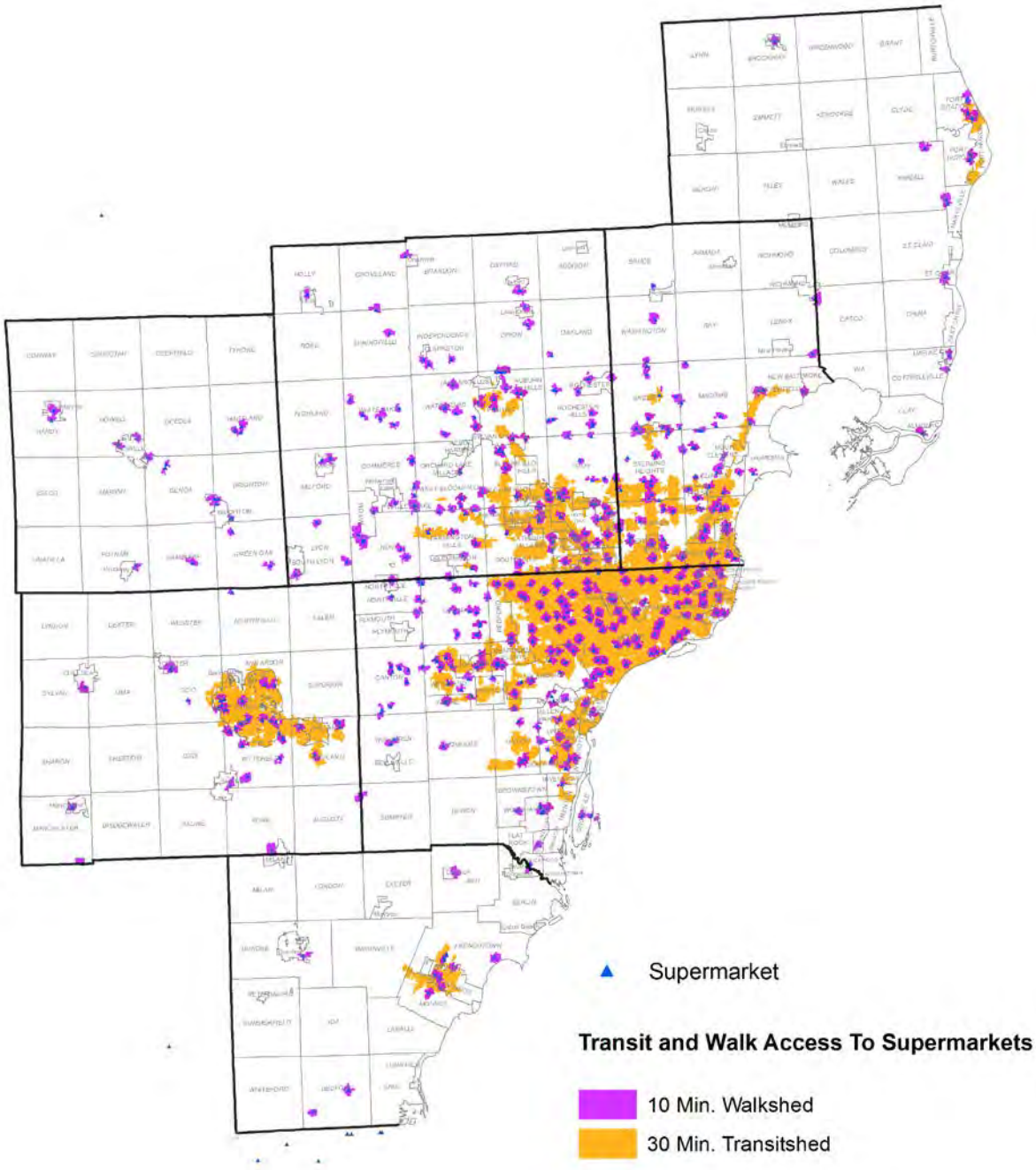


Figure 27
Walking and Fixed-Route Transit Access to Supermarkets, Detroit Area

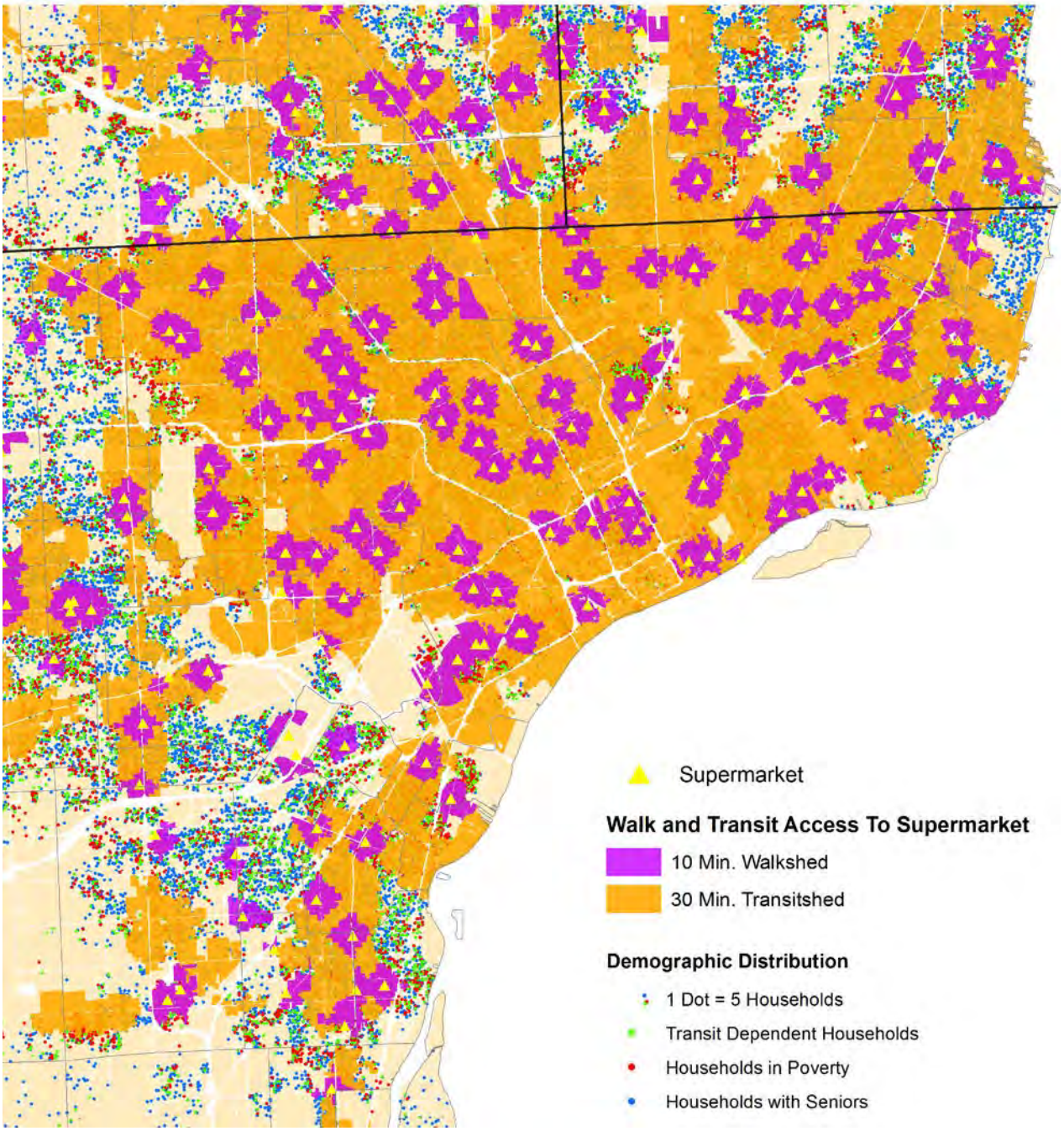
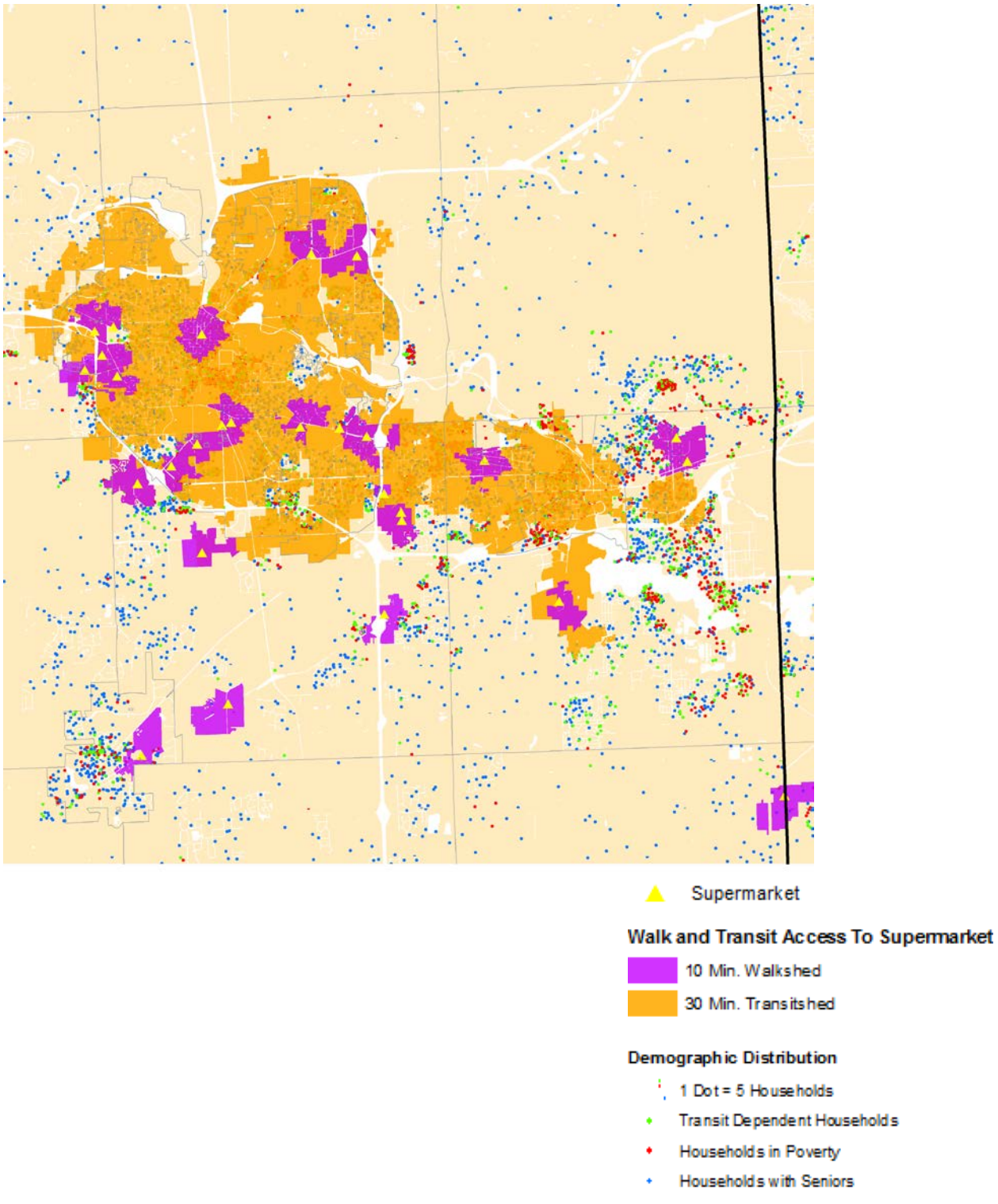


Figure 28
Walking and Fixed-Route Transit Access to Supermarkets, Ann Arbor Area



Access to Parks

Table 9 displays accessibility to large regional parks (those parks greater than 200 acres in size) by automobile and fixed-route transit. For automobile and transit access to parks, travel times of 10 minutes by automobile and 30 minutes by fixed-route transit to a larger regional park were measured. This measure was selected because these parks are primarily designed to serve a large population beyond the community or communities where they are located. These parks include state parks, Huron Clinton Metroparks, and a number of large county and city parks.

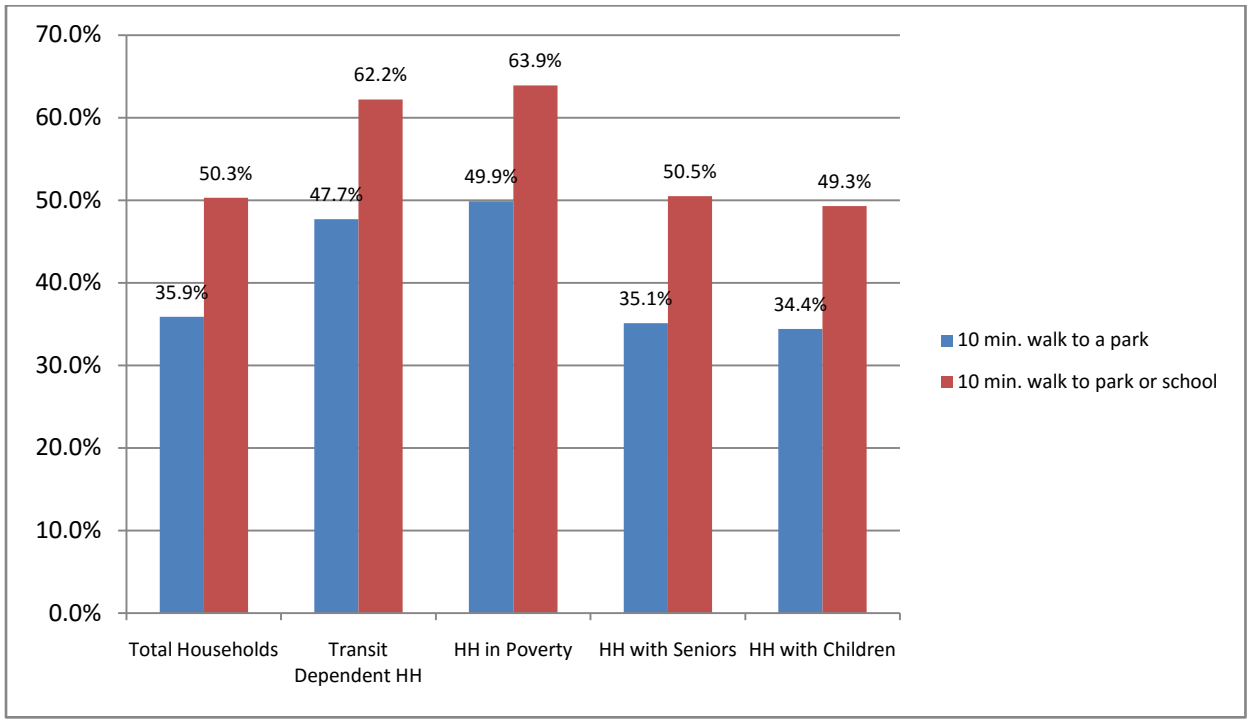
Table 9
Regional Benchmarks, Access to Large Regional Parks (> 200 acres)

	Automobile	**Fixed-Route Transit**
	10 min.	*30 min.*
Total Households	73.3%	6.8%
Transit-dependent Households	77.0%	13.4%
Households in Poverty	76.8%	14.3%
Households with Seniors	72.9%	6.9%
Households with Children	74.2%	7.0%

For walking access to parks, Figure 29 displays 10-minute travel times to any public park, as well as to any public park or public K-12 school. All parks in the region are included in this walking access analysis regardless of size or facilities available. As such, accessibility to a small neighborhood park is "weighted" the same as to a large county or state park. Like with other accessibility measures, in order to gain a greater understanding of needs, a more localized and specific analysis is needed.

When available and especially for the region's larger parks, the designated points of entrance for each park were used to measure accessibility, either by automobile or walking.

Figure 29
Regional Benchmarks, Walking Access to Parks and Parks or K-12 Schools



Key Findings

- Only 36 percent of all households are within a 10-minute walk to a public park
- 50 percent of all households are within a 10-minute walk to either a public park or a K-12 school
- Only seven percent of all households and 13 percent of transit-dependent households are within a 30-minute fixed-route transit trip to a large regional park. Overall, the region's fixed-route transit system does not provide adequate access to large regional parks
- Significant gaps exist in automobile access (within 10-minute travel time) to large regional parks in high population areas, including central Washtenaw County, southeastern Oakland County, and eastern Wayne County (Figure 30)
- Many of the gaps in automobile access to large regional parks are filled by walking access (10-minute travel time) to any public park. However, there are still high population areas in the region beyond a 10-minute drive to a large regional park, or a 10-minute walk to any park (Figure 31)
- Access to parks (especially automobile access to large regional parks) is dependent on the location of entrances. For all parks, a greater understanding of how and where residents have access is needed for a more complete picture of park accessibility

Figure 30
Automobile Access to Large Regional Parks (> 200 acres), Within 10 Minutes

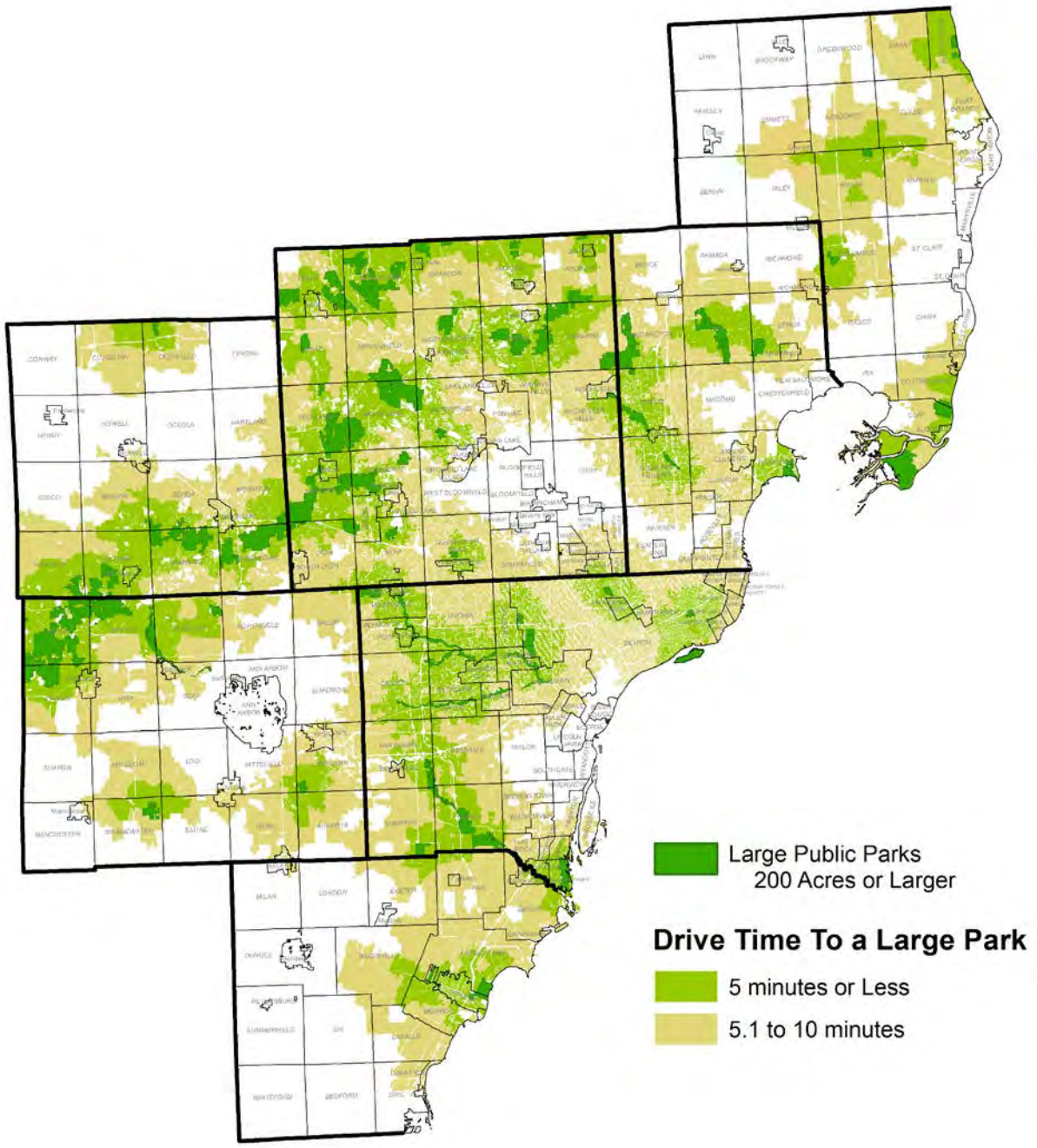


Figure 31
Walking Access to Any Public Park, Within 10 Minutes

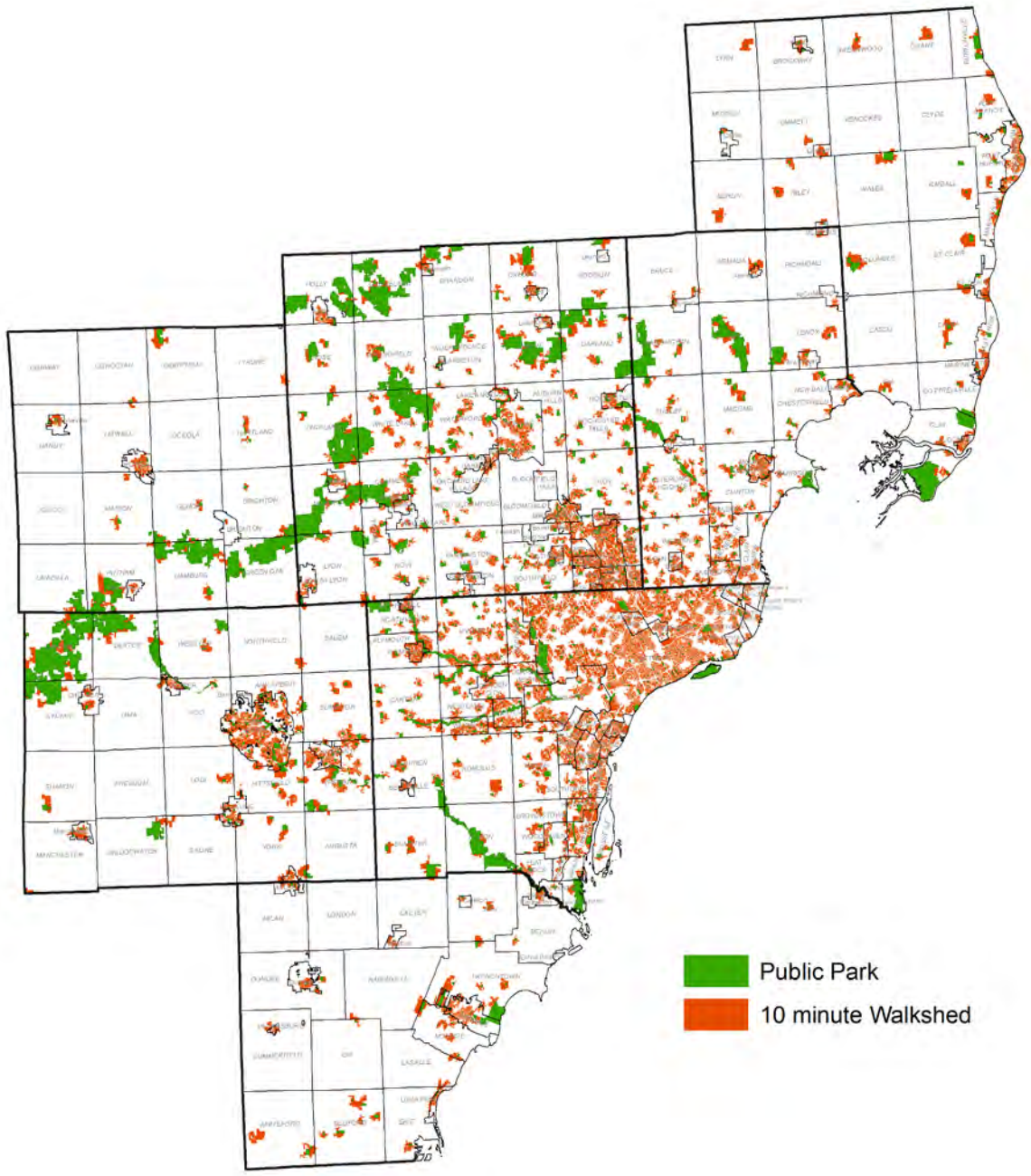
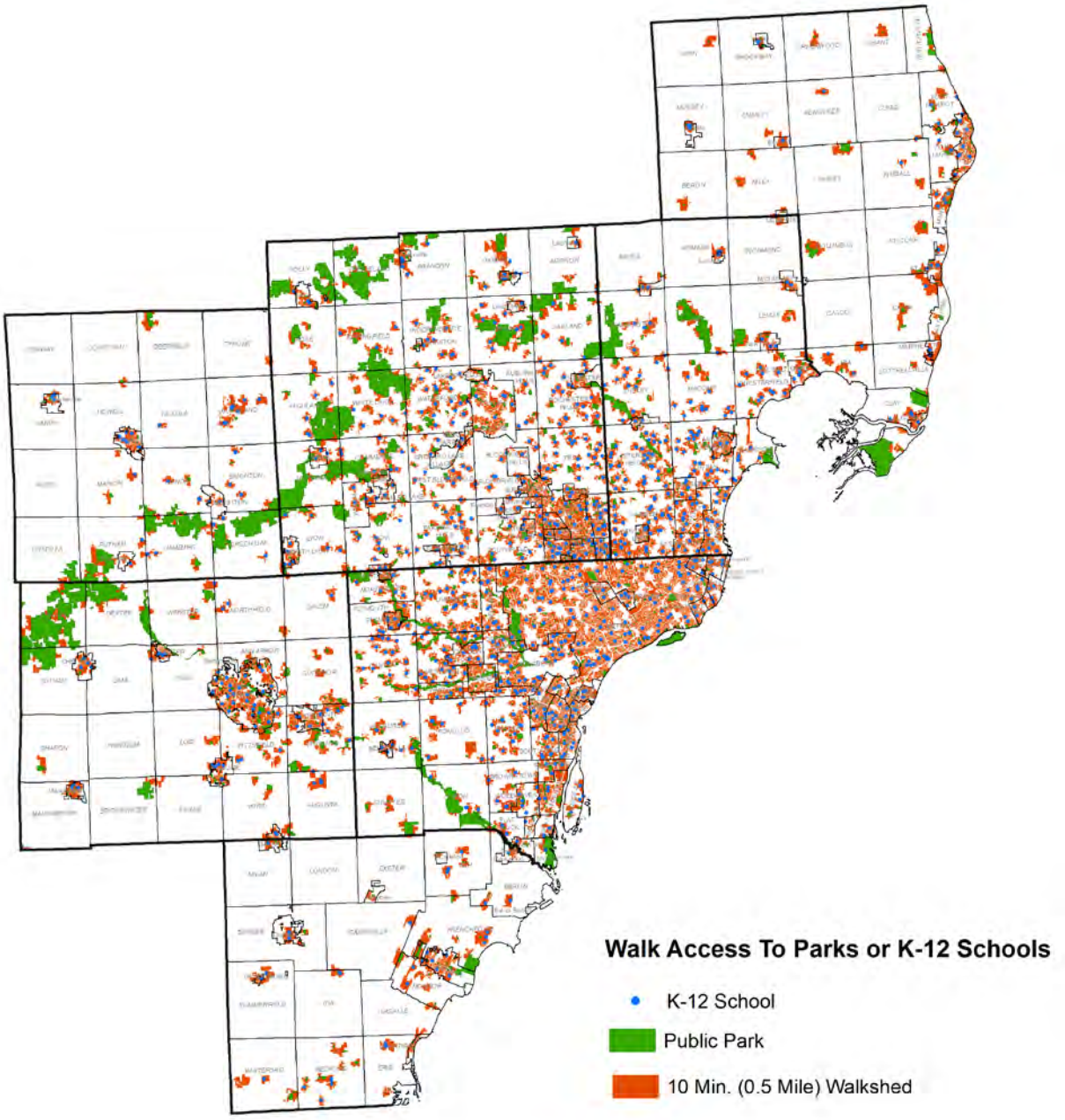


Figure 32
Walking Access to Any Public Park or K-12 School, Within 10 Minutes



Access to Schools

For this study, schools were broken down into two categories by grade level: 1) Kindergarten-8th grade; 2) 9th-12th grade. As displayed in Table 10, accessibility to Kindergarten-8th grade schools is measured by walking and bicycling travel times (10- and 30-minute travel times by walking and 10 minutes by bicycling). Table 11 displays accessibility to 9th-12th grade schools as measured by automobile (10-minute travel time), fixed-route transit (30-minute travel time), walking (10- and 30-minute travel times), and bicycling (10- and 30-minute travel times).

Table 10
Regional Benchmarks, Access to K-8 Schools

	Walking		Bicycling
	10 min.	*30 min.*	*10 min.*
Total Households	24.9%	79.4%	83.2%
Transit-dependent Households	28.0%	86.3%	89.4%
Households in Poverty	28.3%	87.0%	90.1%
Households with Children	25.5%	80.1%	83.9%

Table 11
Regional Benchmarks, Access to 9-12 Schools

	Fixed-Route Transit	Walking		Bicycling		Automobile
	30 min.	*10 min.*	*30 min.*	*10 min.*	*30 min.*	*10 min.*
Total Households	14.1%	7.9%	48.5%	54.9%	95.6%	97.5%
Transit-dependent Households	14.0%	10.6%	58.9%	65.6%	97.7%	98.7%
Households in Poverty	13.6%	10.5%	59.5%	66.5%	97.9%	98.9%
Households with Children	28.8%	7.4%	46.9%	53.3%	95.2%	97.2%

Key Findings

- Access to schools is greatly determined by district boundaries, choice, and availability of school-provided buses
- One in four (25 percent) households with children are within a 10-minute walk to a K-8 school; while four in five (80 percent) households with children are within a 30-minute walk
- In addition to the travel time benchmarks in reaching schools by foot or bike, the quality of the infrastructure – presence of a sidewalk, bicycle facilities, appropriate and accessible pedestrian crossing treatments, road design, and level and speed of road traffic – can greatly impact a student's access to a school
- 84 percent of households with children are within a 10-minute bicycle trip to a K-8 school; while only 53 percent are within a 10-minute bicycle trip to a 9-12 grade school
- Less than half (47 percent) of households with children are within a 30-minute walk to a 9-12 grade school

Figure 33
Walking and Bicycling Access to Schools, Within 10 Minutes

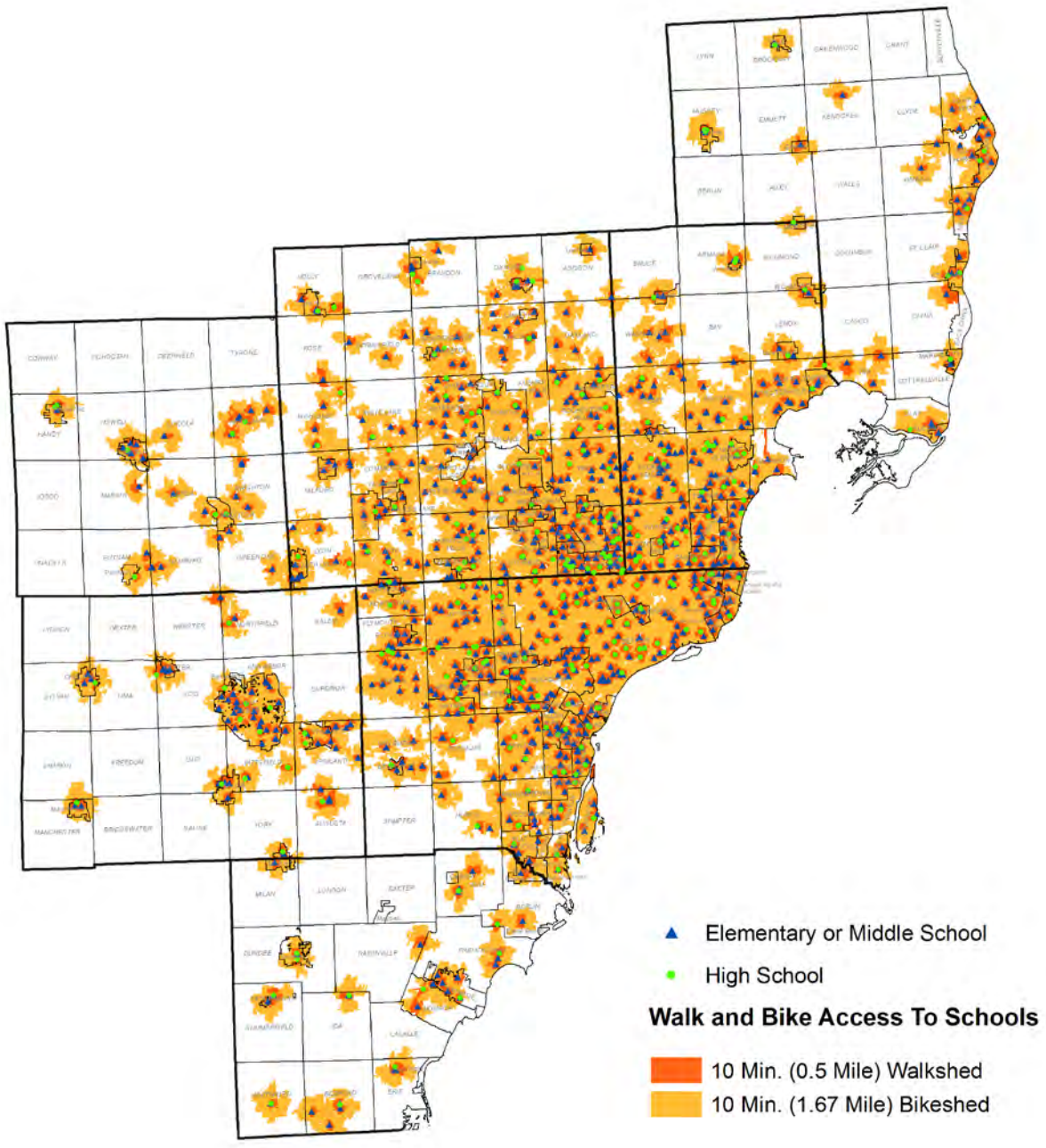


Figure 34
Walking and Bicycling Access to K-8 Grade Schools, Detroit Area

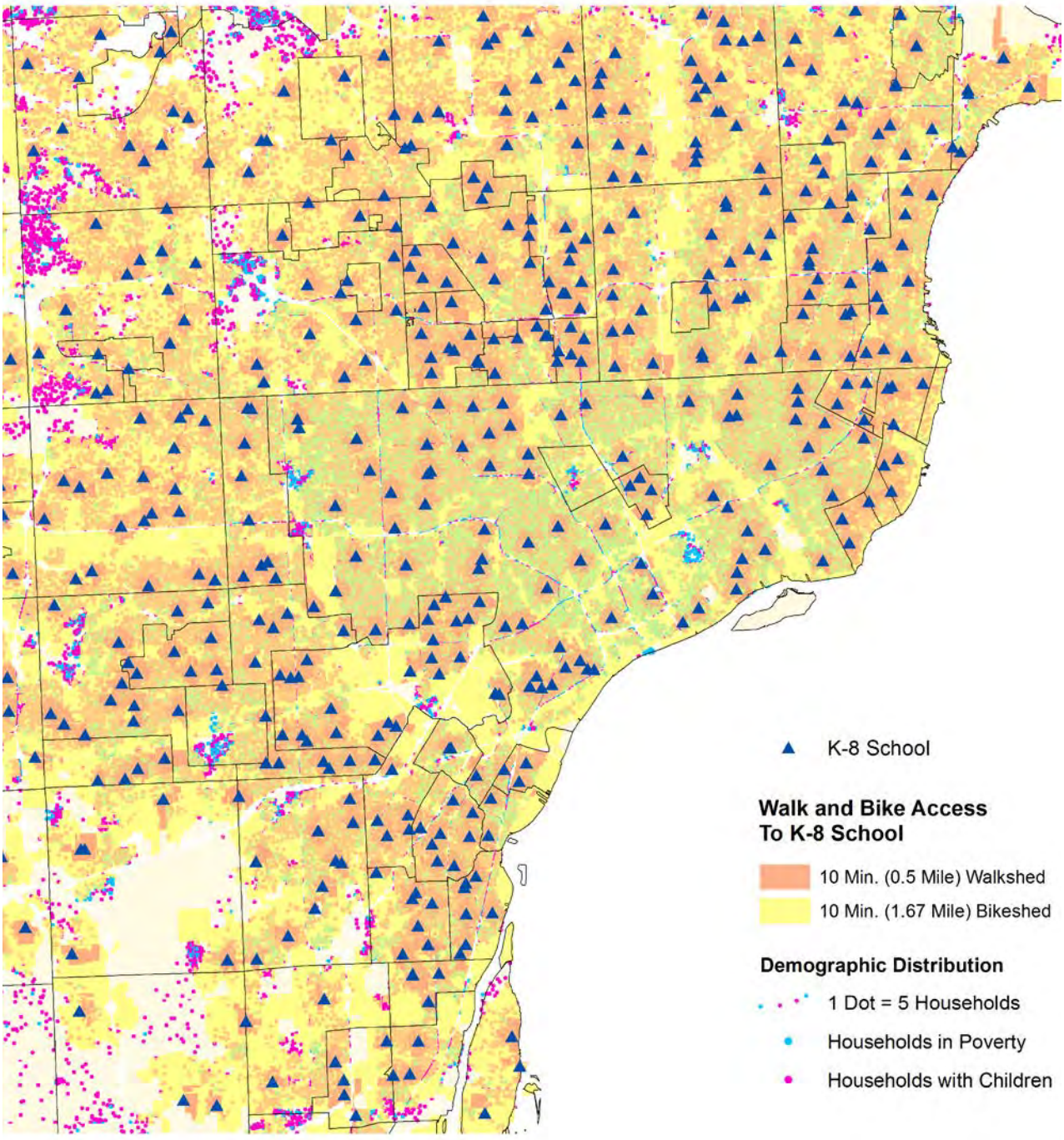
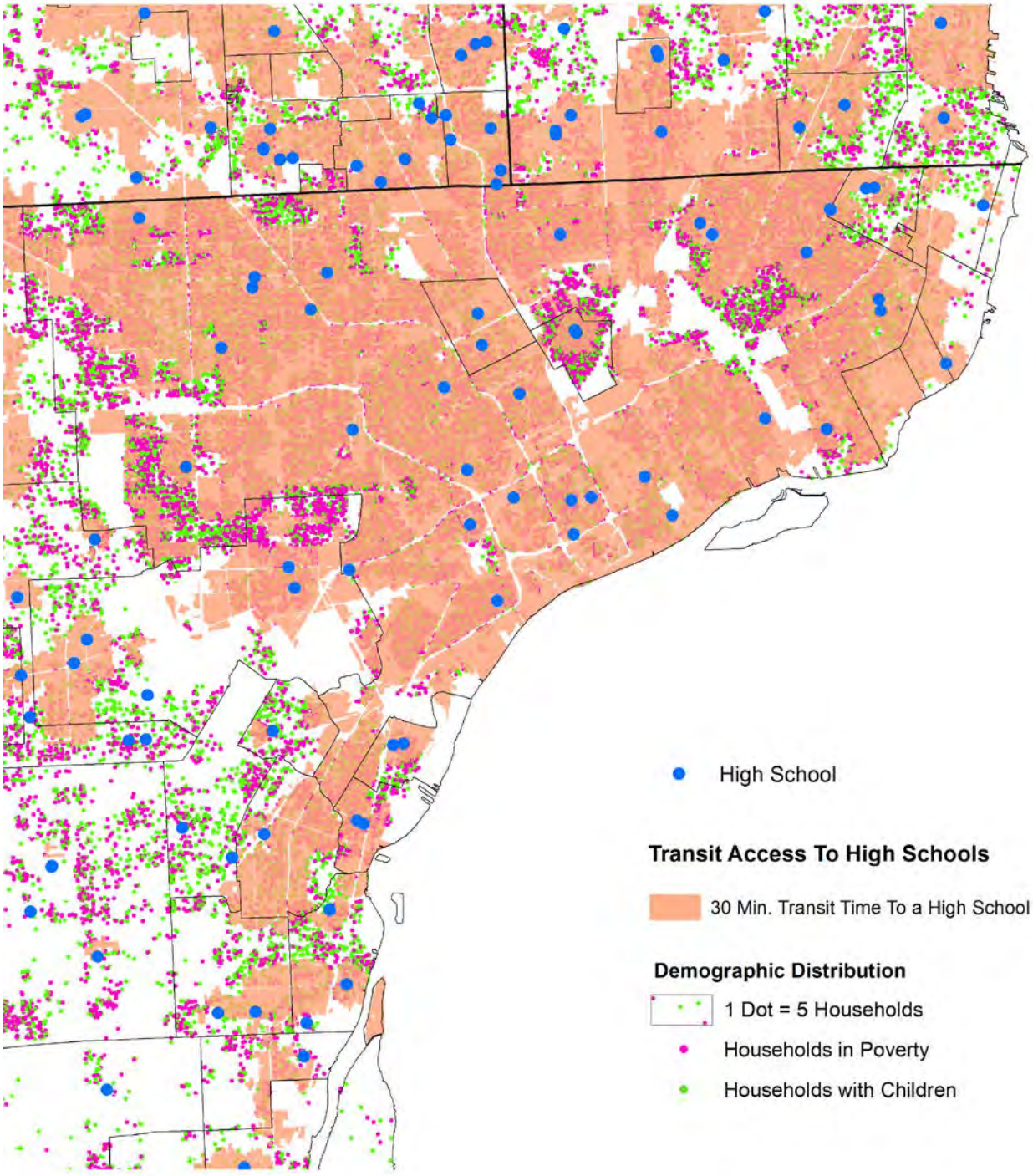


Figure 35
Fixed-Route Transit Access to 9-12 Grade Schools, Detroit Area



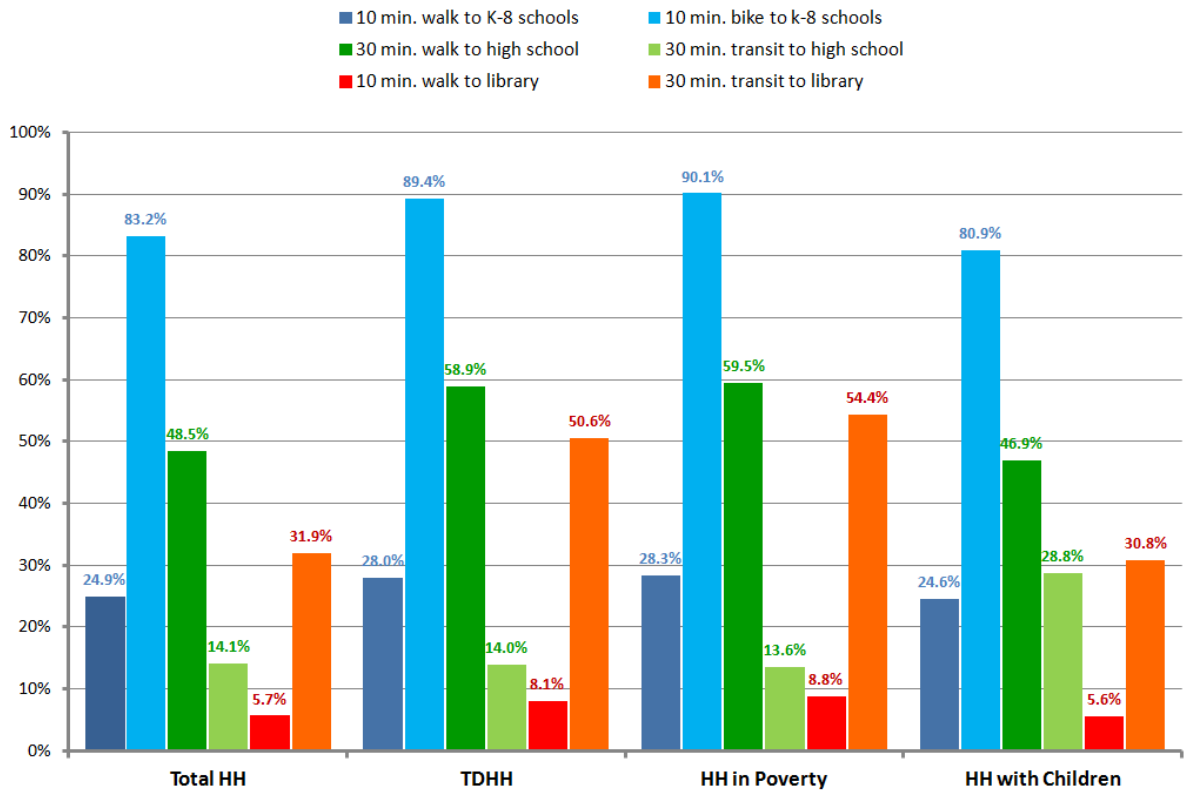
Access to Libraries

For this study, library accessibility is being measured by automobile, fixed-route transit, walking, and bicycling travel times. For automobile access to libraries, a 10-minute travel time has been measured. For transit access, a threshold of 30-minute travel time has been measured. For walking and bicycling access to libraries, both 10-minute and 30-minute travel times have been measured.

Table 12
Regional Benchmarks, Access to Libraries

	Fixed-Route Transit	**Walking**		**Bicycling**		**Automobile**
	30 min.	*10 min.*	*30 min.*	*10 min.*	*30 min.*	*10 min.*
Total Households	31.9%	5.7%	39.0%	45.4%	96.5%	98.5%
Transit-dependent Households	50.6%	8.1%	49.3%	57.0%	98.1%	99.3%
Households in Poverty	54.4%	8.8%	51.9%	59.6%	98.3%	99.4%
Households with Seniors	30.8%	5.6%	38.2%	44.6%	96.5%	98.6%

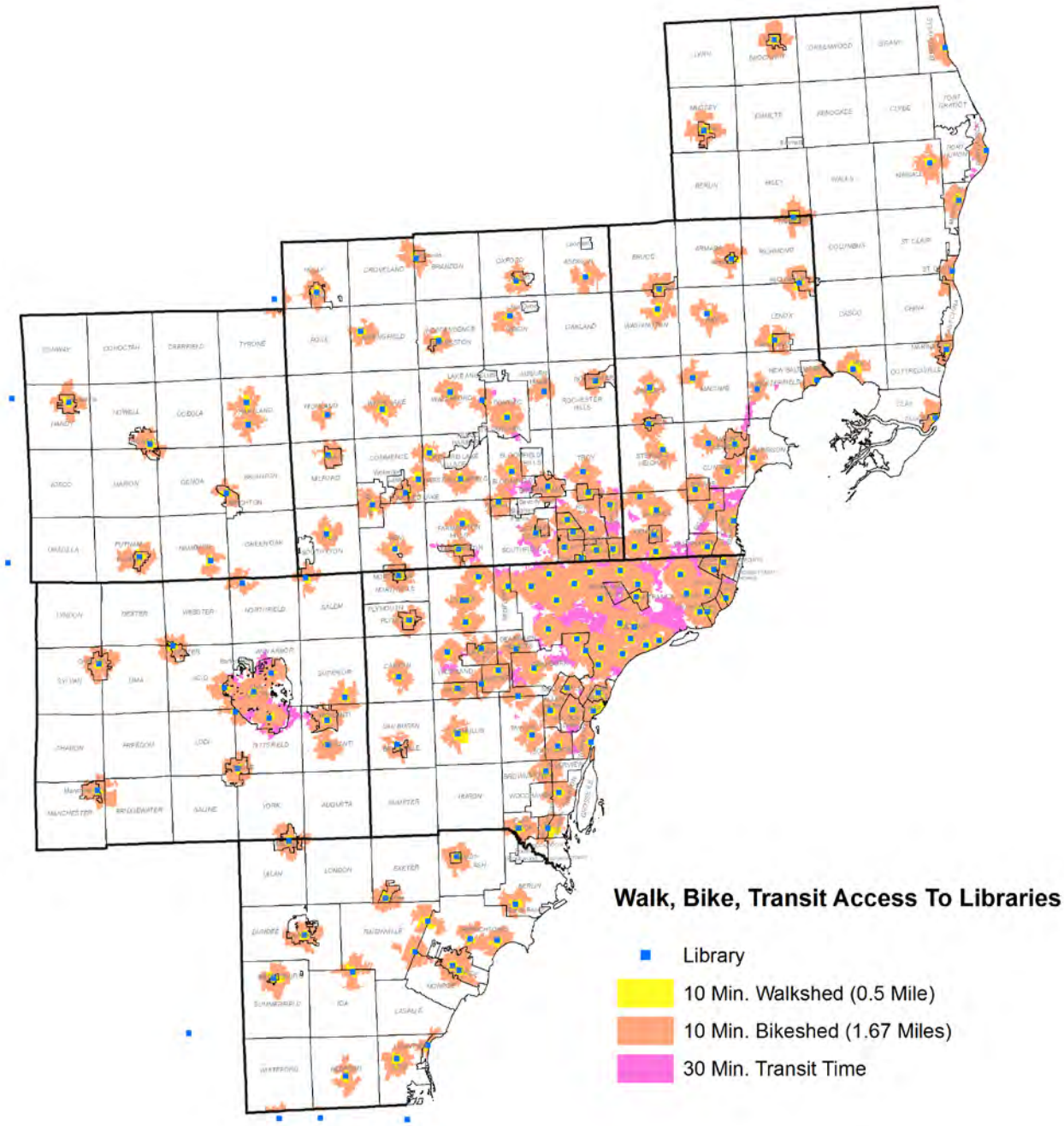
Figure 36
Access to Schools and Libraries, By Focus Populations



Key Findings

- Nearly every household in the region is within a 10-minute automobile trip to a library
- Only 39 percent of all households are within a 30-minute walk to a library
- One half of transit depend households are within a 30-minute fixed-route transit trip or a 30-minute walk to a library (Figure 34)
- Across all modes of transportation, on average households in poverty and transit-dependent households have higher accessibility to libraries than all households in the region
- Senior households have similar accessibility to libraries as all households in the region

Figure 37
Walking, Bicycling, and Fixed-Route Transit Access to Libraries



Chapter 4: Regional Policies and Implementation

Through deliberation of the Access to Core Services Task Force and direct input from residents through community conversations, as well as data analysis and benchmarking of existing conditions, the following 10 regional policies are proposed to improve and enhance transportation accessibility and address the identified accessibility challenges in Southeast Michigan.

The regional policies are designed to achieve three core objectives: 1) improve and expand transportation options to safely and efficiently connect people and places; 2) better align the location of core services to meet the needs and demands of residents; and 3) increase coordination and planning to decrease barriers to accessing both transportation modes and desired destinations.

Regional Policies

Integrate accessibility measures and policies into local and regional planning and decision making processes

Improve public transit coverage, frequency, and availability to better serve and connect residents to core services, especially for persons with disabilities, older adults, low-income households, and transit-dependent households

Increase connectivity and integration of the pedestrian and bicycling system to encourage usage, improve safety, and provide better access to core services

Support and promote alternative transportation mobility services and technologies, including transportation demand management strategies (TDM) and private and public ridesharing services

Coordinate with local and regional stakeholders, including local governments, road and transit agencies, and advocacy groups to improve accessibility and address identified challenges and gaps in accessibility

Encourage a mix of land uses to combine housing, jobs, and core services within convenient travel times

Encourage infill development in infrastructure supported areas, especially in areas near and along transit corridors, employment centers, and core services locations

Incorporate elements of complete streets that ensure that roadways are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities

Encourage and support development of age-friendly communities (i.e. communities that provide residents of all ages with safe, walkable neighborhoods; integrated or nearby services; opportunities for civic engagement; affordable and accessible housing; and transportation options)

Identify local strategies and actions and provide technical support to address gaps and needs in identified low or limited access areas, and where appropriate seek opportunities to address challenges identified at or near core services locations

Implementation

The following actions are designed to be implemented by various stakeholders, including SEMCOG, MDOT, transit providers, local governments, nonprofit organizations, the business community, and other local and regional stakeholders. They are not meant to be an exhaustive list, but serve to support and enhance the actions and strategies included in the region's adopted plans.

Improve and expand transportation options to safely and efficiently connect people and places

Policy: Improve public transit coverage, frequency, and availability to better serve and connect residents to core services, especially for persons with disabilities, older adults, low income households, and transit-dependent households

Implementation and Local Actions

- Coordinate findings and measures for accessibility with the Regional Transit Authority (RTA) of Southeast Michigan and transit providers in the region
- Ensure that focus populations (transit-dependent households, households in poverty, and households with seniors) have access to transit service and that routes that get people to the places they need to go are preserved and expanded
- Increase coordination between transit providers, human service agencies, and private and non-profit agencies providing demand response transit, dial-a-ride, and paratransit services, especially in areas identified as having limited accessibility to core services
- Improve and expand where necessary demand response and community transit services, especially those that provide non-emergency medical transportation services
- Identify resources and strategies to fund improvements for first and last mile transit connections (both fixed-route and demand response transit) in neighborhoods, job centers, and core service locations

Policy: Increase connectivity and integration of the pedestrian and bicycling system to encourage usage, improve safety, and provide better access to core services

Implementation and Local Actions

- Expand and improve pedestrian and bicycle infrastructure to ensure that a network of facilities is in place to make bicycling and walking viable modes of travel that directly connect to transit routes and core services
    - Improvements to the pedestrian and bicycle infrastructure should increase the comfort level of users so these modes not only provide access to core services, but are attractive transportation options, especially in bicycle and pedestrian supportive areas, as identified in the *Bicycle and Pedestrian Travel Plan for Southeast Michigan*
    - Encourage development of pedestrian and bicycle facilities near core services and ensure that these facilities are accessible to all users and safely connect to the entrances and exits of buildings, especially through parking lots
    - Educate road users (drivers, bicyclists, and pedestrians) of their roles and responsibilities in traffic safety, as identified in the *Southeast Michigan Traffic Safety Plan*

- Work with the State of Michigan to enhance education (in schools, in drivers training courses, and through public education and information campaigns) on the rights of bicyclists and pedestrians
- Promote the development and implementation of the *Bicycle and Pedestrian Travel Plan for Southeast Michigan* to encourage pedestrian and bicycle infrastructure and non-automobile access to parks, trails, recreation areas, and community civic areas
- Work with communities to identify limited transportation funding such as the Transportation Alternatives Program (TAP) to enhance and increase connectivity of the regional pedestrian and bicycling system

Policy: Support and promote alternative transportation mobility services and technologies, including transportation demand management (TDM) strategies and private and public ridesharing services

Implementation and Local Actions

- Encourage and promote public and private transportation demand management (TDM) strategies, including ridesharing, telecommuting, and flextime (flexible work scheduling), that could enhance accessibility and reduce travel impedance
  - Examples – Ridesharing/ridematching/vanpool (i.e., MiRideshare), e-hailing (i.e., Uber), on-demand private shuttles and buses, car sharing (i.e., zipcar), and bikesharing
- Support and promote continued research and development of connected vehicles, Intelligent Transportation Systems (ITS), driverless cars, and mobile app technology that provide on-demand information on all available transportation services and options

Better align the location of core services to meet the needs and demands of residents

Policy: Encourage a mix of land uses to combine housing, jobs, and core services within convenient travel times

Implementation and Local Actions

- Support Transit Oriented Development (TOD), Leadership in Energy and Environmental Design for Neighborhood Development (LEED ND), and other innovative planning and zoning practices
- Identify consistent and reliable solutions for financing mixed use developments
- Educate and encourage local communities on Placemaking principles and strategies
- Encourage and promote employer assisted housing and live-near work programs in areas with concentrations of employment centers and core services (i.e. Live Midtown and Live Downtown)

Policy: Encourage infill development in infrastructure supported areas, especially in areas near and along transit corridors, employment centers, and core services locations

Implementation and Local Actions

- Support development and preservation of affordable and accessible housing in areas near transit and other core services

- Support development and preservation of core services and other commercial developments in areas with existing infrastructure
- Encourage local plans and zoning ordinances that facilitate and encourage reuse of buildings and lots

Policy: Incorporate elements of complete streets that ensure that roadways are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities

Implementation and Local Actions

- Encourage and provide assistance to communities in aligning, developing, and implementing local complete streets plans and policies that enhance accessibility for all users of the transportation system

Policy: Encourage and support development of age-friendly communities (i.e., communities that provide residents of all ages with safe, walkable neighborhoods; integrated or nearby services; opportunities for civic engagement; affordable and accessible housing; and transportation options)

Implementation and Local Actions

- Ensure that residents of all ages and abilities can remain in their community by, developing, expanding, and diversifying housing options and services that increase access to core services
- Ensure that ADA and universal design standards are incorporated into the planning and development of infrastructure near core services

Increase coordination and planning to decrease barriers to accessing both transportation modes and desired destinations

Policy: Integrate accessibility measures and policies into local and regional planning and decision making processes

Implementation and Local Actions

- Integrate accessibility measures and policies into SEMCOG plans and planning efforts, including SEMCOG's Regional Transportation Plan (RTP). Information will also be provided to the region's Federal Aid Committees for use in the Transportation Improvement Program (TIP), as well as linked to and supported in other regional plans.
- Provide accessibility data in usable formats for use in local planning efforts, including Land Use Master Plans, Parks and Recreation Master Plans, and community and economic development planning and strategies
- Periodically update accessibility measures and benchmark data to measure success over time and to gain a greater understanding of gaps in access to core services in the region
    - Included in this periodic review and update of measures and benchmarks, additional core services, travel times, and other accessibility related updates, as appropriate, should be considered for analysis

Policy: Coordinate with local and regional stakeholders, including local governments, road and transit agencies, and advocacy groups to improve accessibility and address identified challenges and gaps

Implementation and Local Actions

- Improve coordination of services among transportation providers, human services agencies, and other regional stakeholders to address accessibility gaps
- Improve the performance and interaction between transportation modes (automobile, transit, walking, and bicycling) and core services

Policy: Identify local strategies and actions and provide technical support to address gaps and needs in identified low or limited access areas, and where appropriate seek opportunities to address challenges identified at or near core services locations

Implementation and Local Actions

- In areas with low/limited access to transit:
  - Work with the Regional Transit Authority for Southeast Michigan (RTA) and transit providers to identify and support expanding or adjusting fixed-route and demand response transit service to provide and increase access, especially for transit-dependent households
- In areas with low/limited access to jobs:
  - Encourage and promote employer-based transportation demand management (TDM) strategies, including ridesharing, telecommuting and flexible scheduling, that could enhance accessibility and reduce travel impedance
  - Promote affordable, high-speed broadband access and cell phone coverage to all areas of the region, including "last mile" connections
- In areas with low/limited access to a supermarket:
  - Work with local small food retailers ("corner stores") to stock a wider variety of fresh fruits, vegetables, and other healthy food options
  - Establish farmers markets and provide space and venues that offer healthy food options both seasonal and throughout the year
  - Support and provide information to residents on food delivery services and other on-demand provided services – especially in low access areas or areas with high concentrations of seniors, low income, or other potentially vulnerable populations
- In areas with low/limited access to a park:
  - Coordinate services and recreational activities of schools and parks
  - Coordinate shared park usage/access across jurisdictional boundaries
  - Develop strategies to reuse vacant and publicly owned open space for future park and playground usage
  - Develop school and community building closure strategies and plans that prioritizes continued maintenance of park and playground facilities
- In areas with low/limited access to a health care facility:
  - Provide accessibility data and analysis to local officials and stakeholders to further understand the need and advocate for solutions

  - Coordinate and collaborate with Michigan's 2-1-1 and human services agencies to assist in promoting and providing Non-Emergency Medical Transportation (NEMT) information and services
  - In partnership with area health care organizations, coordinate and make arrangements to offer health services at community facilities
- In areas with low/limited access to schools and/or libraries:
  - Encourage and support Safe Routes to School (SRTS) programs and projects that promote walking and bicycling to school through infrastructure improvements, enforcement, tools, safety education, and incentives to encourage walking and bicycling to school
  - Encourage coordination between public transit providers, schools, and libraries to ensure that, where feasible, access is provided and enhanced to meet the needs of students and users
- In areas near and at core services locations:
  - Encourage pedestrian lighting and safety enhancements that promote and encourage walking and bicycling
  - Encourage sidewalk and intersection snow removal along key pedestrian corridors, including bikelanes and wide-paved shoulders
  - Ensure transit, pedestrian, and bicycling facilities are maintained and accessible to all users; this includes but is not limited to pedestrian oriented lighting, transit shelters, benches, bicycle parking, and meeting ADA and Universal Design standards

Appendix A – Regional Benchmarks, Summary Table

Core Service (access to)	Mode	Travel Time	*All Households*	*Transit-dependent Households*	*Households in Poverty*	*Households w/ Seniors*	*Households w/Children*
Transit (fixed route)							
	Walking	Within 5 min	30.6%	48.3%	52.2%	29.9%	
		Within 10 min	46.2%	65.2%	69.5%	45.9%	
		Within 15 min	58.1%	74.7%	78.4%	59.1%	
		Within 30 min	64.1%	79.7%	82.8%	65.5%	
	Biking	Within 10 min	65.7%	80.8%	83.7%	67.30%	
		Within 30 min	83.1%	91.2%	91.8%	84.40%	
Supermarkets							
	Auto	Within 10 min	98.1%	99.1%	99.1%	98.2%	
	Transit	Within 30 min	36.8%	55.7%	59.2%	36.2%	
	Walking	Within 10 min	12.9%	18.7%	19.6%	12.9%	
		Within 30 min	64.2%	76.3%	77.6%	65.1%	
	Biking	Within 10 min	69.8%	80.6%	81.8%	70.8%	
		Within 30 min	96.1%	98.0%	98.0%	96.3%	
Hospitals							
	Auto	Within 10 min	79.8%	88.7%	89.7%	80.8%	
	Transit	Within 30 min	13.3%	21.8%	22.8%	13.6%	
	Walking	Within 10 min	1.3%	1.8%	1.9%	1.3%	
		Within 30 min	12.0%	14.9%	15.8%	12.0%	
	Biking	Within 10 min	14.9%	18.4%	19.4%	14.9%	
		Within 30 min	76.0%	85.5%	86.4%	77.0%	

Core Service (access to)	Mode	Travel Time	*All Households*	*Transit-dependent Households*	*Households in Poverty*	*Households w/ Seniors*	*Households w/Children*
Community Health Centers							
	Auto	Within 10 min	81.7%	90.2%	91.8%	81.8%	
	Transit	Within 30 min	26.8%	45.5%	49.3%	25.4%	
	Walking	Within 10 min	4.2%	7.9%	8.8%	3.7%	
		Within 30 min	24.8%	38.4%	41.8%	23.4%	
	Biking	Within 10 min	28.4%	43.3%	47.1%	27.0%	
		Within 30 min.	71.4%	84.0%	86.4%	71.7%	
Urgent Care Facilities							
	Auto	Within 10 min	95.4%	97.5%	97.5%	95.3%	
	Transit	Within 30 min	26.5%	40.1%	42.3%	26.1%	
	Walking	Within 10 min	4.7%	6.0%	6.5%	4.6%	
		Within 30 min	34.4%	39.7%	39.9%	35.2%	
	Biking	Within 10 min	40.4%	46.1%	46.3%	41.2%	
		Within 30 min	91.2%	95.1%	95.0%	91.4%	
Any Health Care Facility							
	Auto	Within 10 min	96.8%	98.4%	98.3%	96.9%	
	Transit	Within 30 min	35.2%	52.9%	55.9%	34.8%	
	Walking	Within 10 min	9.0%	13.2%	14.4%	8.6%	
		Within 30 min	50.7%	60.7%	62.3%	51.1%	
	Biking	Within 10 min	57.0%	67.1%	68.8%	57.4%	
		Within 30 min	94.0%	96.8%	96.5%	94.2%	
Parks & Recreation (access to a public park)							
	Walking	Within 10 min	35.9%	47.7%	49.9%	35.1%	34.4%
Parks & Recreation (access to public park or school)							
	Walking	Within 10 min	50.3%	62.2%	63.9%	50.5%	49.3%

Core Service (access to)	Mode	Travel Time	*All Households*	*Transit-dependent Households*	*Households in Poverty*	*Houeholds w/ Seniors*	*Households w/Children*
Parks & Recreation (large regional park > 200 acres)							
	Auto	Within 10 min	73.3%	77.0%	76.8%	72.9%	74.2%
	Transit	Within 30 min	6.8%	13.4%	14.3%	6.9%	7.0%
Schools (K-8)							
	Walking	Within 10 min	24.9%	28.0%	28.3%		25.5%
		Within 30 min	79.4%	86.3%	87.0%		80.1%
	Biking	Within 10 min	83.2%	89.4%	90.1%		83.9%
Schools (9-12)							
	Auto	Within 10 min	97.5%	98.7%	98.9%		97.2%
	Transit	Within 30 min	14.1%	14.0%	13.6%		28.8%
	Walking	Within 10 min	7.9%	10.6%	10.5%		7.4%
		Within 30 min	48.5%	58.9%	59.5%		46.9%
	Biking	Within 10 min	54.9%	65.6%	66.5%		53.3%
		Within 30 min	95.6%	97.7%	97.9%		95.2%
Libraries							
	Auto	Within 10 min	98.5%	99.3%	99.4%	98.6%	
	Transit	Within 30 min	31.9%	50.6%	54.4%	30.8%	
	Walking	Within 10 min	5.7%	8.1%	8.8%	5.6%	
		Within 30 min	39.0%	49.3%	51.9%	38.2%	
	Biking	Within 10 min	45.4%	57.0%	59.6%	44.6%	
		Within 30 min	96.5%	98.1%	98.3%	96.5%	
Jobs (all)							*Working Age (18-64)*
	Auto	< 26 min commute	79.20%	87.40%	87.90%		78.80%
Jobs (% of jobs)							
			% of Jobs				
	Transit	Within 60 min	6.96%				
		Within 90 min	22.07%				

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