



Public Health, Public Transit

The Public Health Case for
Improving Public Transit

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Information

Transportation Riders United is a Detroit-based nonprofit organization with over 25 years of transit advocacy experience. TRU believes everyone should be able to get where they need to go, regardless of whether they drive. TRU educates, advocates, and mobilizes for more and better public transit and other affordable, sustainable mobility options throughout the Detroit region.

Written by Kiersten Bushbaker, Petra Mihalko, Michael Goldman Brown Jr, and Deb Freer

Edited by Deb Freer and Petra Mihalko

Designed by Petra Mihalko

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Contact TRU

Email: info@DetroitTransit.org

Phone: 313-963-1840

Mail: PO Box 2668, Detroit, MI 48208

Website: DetroitTransit.org

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An electric bus in front of a hospital ((Ncube and Jefford 2024).

Executive Summary

Michigan has a very car-centered transportation system that does not serve all residents. Often-times, people who are physically or cognitively unable to drive, who cannot afford a vehicle, who do not want to own a vehicle or cannot legally drive are left stranded. Non-drivers struggle to access jobs, educational opportunities, shopping and healthcare. This creates an implied mandate that Michiganders must own personal vehicles in order to live in Michigan.

According to Rob Wood, Senior Director of Partnerships at the Michigan Health and Hospital Association, transportation “is a pain-point all over the state” (“TRU Public Health / Public Transit Forum” 2026). When reviewing the Community Health Needs Assessments (CHNA) for Michigan hospitals, most hospital systems reported transportation as a barrier to healthcare (MPHI’s Office of Public Health Improvement and Michigan Department of Health and Human Services 2019).

Per the CDC in 2010, improving public transit has a myriad of positive outcomes, including (Centers for Disease Control and Prevention 2010):

- Reducing injuries associated with motor vehicle crashes
- Encouraging healthy community design
- Promoting safe and convenient opportunities for active transportation
- Reduces human exposure to air pollution and Reducing health impacts associated with these pollutants
- Ensuring that all people have access to safe, healthy, convenient, and affordable transportation

In Michigan, all 83 counties have some level of transit service that’s provided by roughly 80 transit providers, including urban bus systems, rural dial-a-rides, ferries, Detroit streetcars, and senior shuttles. with nearly 47 million trips a year provided on transit in Michigan (MDOT 2026b).

The state government provides support for our

transit agencies via Local Bus Operating (LBO) funds. In prior decades, this covered nearly 60% of operating budgets for rural agencies and 50% for urban ones. Nowadays, the state covers just one-third of local transit costs, limiting how much service can be provided. Restoring LBO funding is essential to delivering reliable, high-quality services statewide.

In addition to issues with local transportation services, Michigan’s cross-state bus and train services are relatively infrequent, so using them is often inconvenient (Mihalko, Batterman, and Puno 2025). This issue applies to most Michiganders, but particularly for rural patients that need to cross great distances for healthcare.

Navigating transportation services in Michigan is difficult. Many on-demand services throughout the state require at least a 48 hour advanced reservation and/or operate on a first-come-first-serve basis, so capacity is often lacking for same-day and next-day medical appointments. Most agencies have limited service hours generally between 7am and 5pm Monday through Friday. Generally office hours and dispatch center hours have less hours of service provided than the actual transportation service, causing disruptions when there are service issues for customers. Additionally, transit agencies have wide variations on who they will serve with what service where and for what cost.

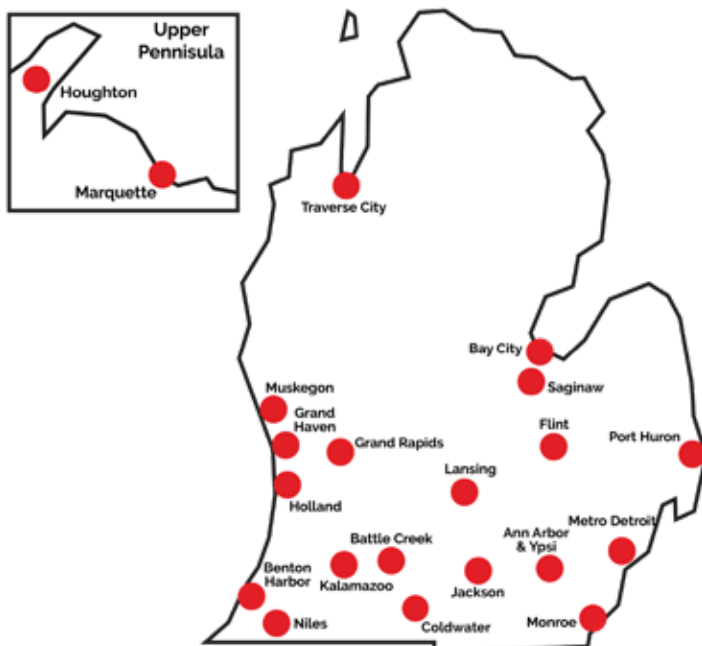
Michigan’s transit agencies, hospitals and legislators must come together to truly understand and fix issues at the intersection of public health and public transportation.

Michigan's Transit Network

Michigan is home to over 80 local transit agencies, who provide fixed-route bus service, dial-a-ride bus service, paratransit, ferries, regional connectors, and rail transport. Our public transit system provides over 45 million rides annually, with the majority coming from large metro areas like Detroit, Ann Arbor, Lansing, and Grand Rapids. However, even outside of those metro areas, there are countless people who rely on transit, and many people who would benefit from public transit.

There are 21 metropolitan and micropolitan areas in Michigan with fixed-route transit. These are buses on a fixed schedule with designated stops, and is probably what you think of when thinking about transit. For some of these areas, like Lansing, Detroit, Ann Arbor, Grand Rapids, Flint, service is across many routes into neighboring suburbs and towns. For smaller cities like Coldwater, Benton Harbor, or Houghton, there are only a couple of routes. However, even fixed route buses are not just confined to Michigan's largest cities!

Michigan Metropolitan Areas with Fixed Route Transit



The 21 Michigan urban areas with fixed-route transit. In most of these places, service extends into neighboring suburbs, municipalities, and townships. Map created by TRU.

Michigan has one of the most extensive and used rural transit networks in the country. Michigan's rural transit agencies provide 4,715,000 million rides out of the 45 million total (Mattson and Mistry 2024). Out of every state in the country, Michigan has the third highest rural transit ridership! Most of these are from dial-a-ride agencies, that require an advanced reservation to ride and provide curb-to-curb transportation, dropping you off anywhere in a service area (much like a taxi or uber). In many rural areas, these services may be used by any resident. Service levels vary heavily by county, with some restricted to a couple of hours in a specific town, while others have service late into the night across multiple counties.

By law, most communities provide ADA paratransit service, which traditionally is reserved for seniors and people with disabilities. This is a more expansive dial-a-ride service, which operates in addition to traditional fixed-route buses or dial-a-ride services.



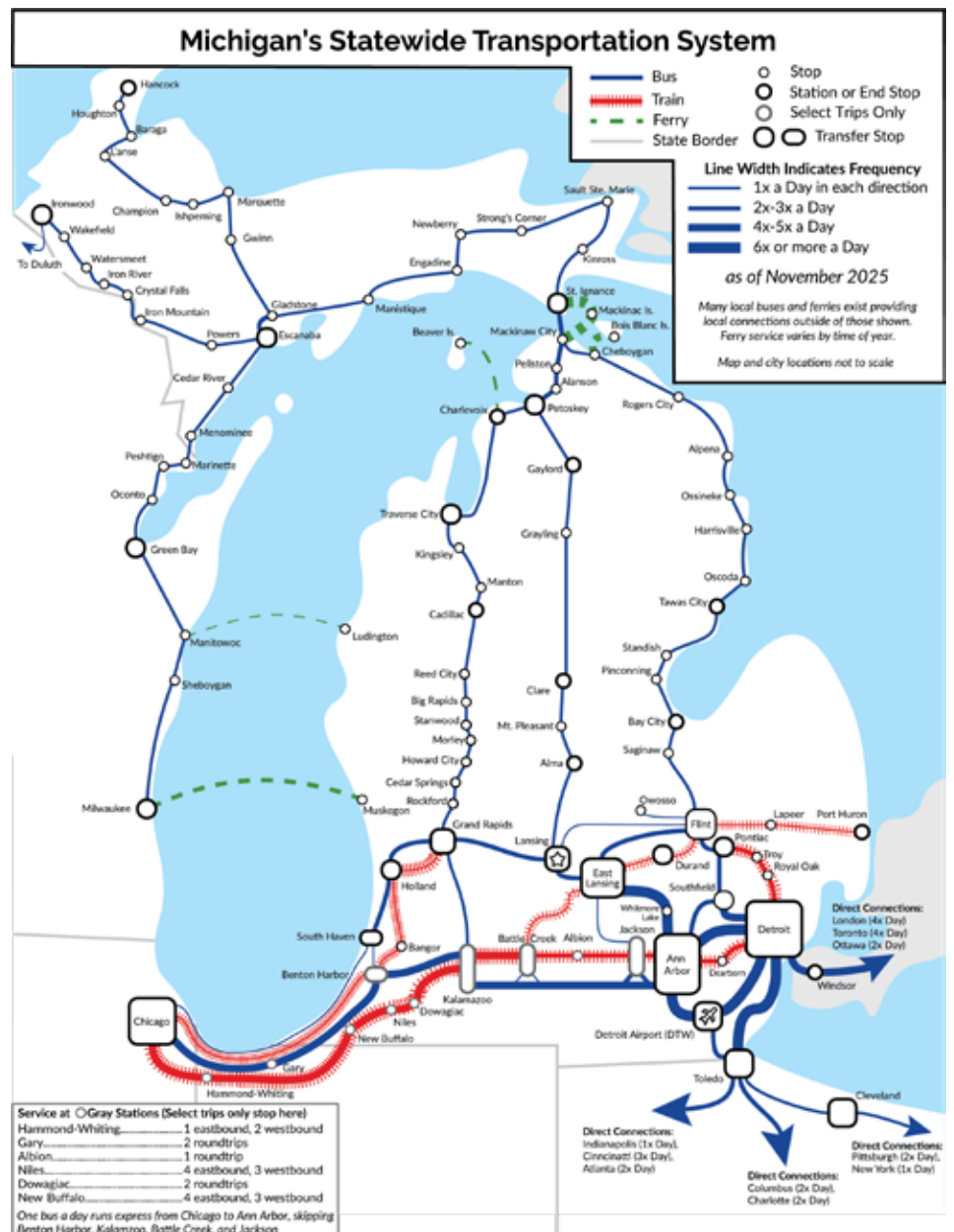
A MarqTran bus, which provides various fixed-route and dial-a-ride services in Marquette and Marquette County (MarqTran 2026).

Most agencies also provide non-emergency medical transportation (NEMT). NEMT trips often go far outside their service area, providing paratransit riders with trips to regular medical care and specialist care. Often, these must travel very far - sometimes requiring drives from Escanaba to Ann Arbor! The state reimburses this travel to the agency.



Hour Transportation vehicles, a private NEMT provider in Michigan (Hour Transportation 2025)

Michigan also has connections between our cities and regions. Michigan has three Amtrak train lines running to Chicago, and multiple intercity bus routes connecting Michigan's cities to neighboring states and Ontario. These operate at various frequencies; most rural Up North bus routes run only once a day, while the train from Detroit to Chicago runs 3 times a day and there are 16 buses a day between Detroit and Ann Arbor. Additionally, some local buses connect cities in Michigan (such as Detroit to Flint; Mackinaw City to Cheboygan and Petokey). There is even a bus between Detroit and Windsor, Ontario!



Map showcasing Amtrak and intercity (cross-state) bus routes in Michigan, as of Summer 2025. Map created by TRU.

The Need for Better Transit

At one point in time, Michigan had one of the most expansive public transit networks in the world. However, decades of underfunding has led us to today, with many transit riders left isolated, vulnerable, and without dignity. While recent progress has been good in improving transit across our state, there's still much more to do.

While some of us ride transit, all of us need it. Transit is crucial for the people who depend on it: Seniors, people with disabilities, working families, young people who can't afford cars, students who can't drive, people without drivers licenses, and so many others. Public transit connects people to jobs, school, healthcare, friends and family, and opportunity. And even if you don't ride it, transit attracts young people to stay in Michigan, brings economic development, reduces carbon emissions, and makes your community safer for you.

While there are many reasons to improve public transit, one of the largest impacts it has on our public health system. Transit has direct benefits to individuals' health, but also improves most social determinants of health for people. Transit directly connects people to vital healthcare that they need, and helps alleviate issues facing healthcare providers like missed appointments or connecting workers to hospitals. One of the most surefire ways to help us live healthier lives is to improve transit.



Jeffrey from Detroit saying why transit matters to him. Photo by TRU.

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Transits Impact on People's Health

Transit is not just important for our health system; it's important for individual health and safety. Using public transit has been shown to improve people's physical and mental health outcomes in various ways, by promoting more active lifestyles and providing more connections with their communities. Crashes while driving are also one of the leading causes of death and injury for drivers and non-drivers; taking more cars off the road by investing in transit means safer communities and safer lives for us all.

Individual Safety

Transit is crucial for making our streets safe. Safe streets not only improve people's lives, but also keep people alive. One out of every 34 deaths is related to cars, which would be 1.67 million dying a year globally to cars. Most of these are due to car crashes (Miner et al. 2024). Thankfully, a person can reduce their chance of being in a crash by over 90% simply by taking public transit as opposed to commuting by car (APTA 2026). But we need systemic change as well. Deaths from motor vehicle crashes with pedestrians have increased 78% since reaching their low point in 2009, and 7,314 deaths occurred in 2023 alone (IIHS HLDI 2022).

In total, transit-oriented communities are five times safer than automobile-oriented communi-

ties (APTA 2016). This means transit cuts a community's crash risk in half even for those who do not use transit. But a major impediment to transit-orientated communities in our state comes from state-owned roads. In a 2024 study by Smart-growth America, they found that in the 101 largest US metros, 66% of pedestrian fatalities occurred on state owned roads (Smart Growth America and National Complete Streets Coalition 2024). Between 2018 and 2022, Metro Detroit saw on average 1.87 pedestrian deaths per 100K people. Grand Rapids saw 1.18 (Smart Growth America and National Complete Streets Coalition 2024). While MDOT has a goal to have zero fatalities on roads in the state (called Towards Zero Deaths), the agency has made little progress towards it, with almost 200 deaths from car crashes in 2026 as of April 16th (MDOT 2024). Requiring MDOT to prioritize pedestrian safety on state owned roads would greatly improve safety in our communities; after all, improvements in roads go hand-in-hand with transit.

Physical Health

Public transit improves our health by promoting healthy lifestyles. People who take transit are 44% less likely to be overweight, 34% less likely to have diabetes, and 27% less likely to have high blood pressure compared to people who drive. Most of



The Laker Line BRT in Grand Rapids (McVicar 2020).

this is due to public transit promoting walking. Transit users in the USA spend 30% more time walking per day than car commuters. 29% of all transit users ended up meeting a “sufficiently active” level of steps purely from their commute (Rissel et al. 2012). And in total, transit users end up spending an average of 41 more minutes a day walking or cycling than people who solely use private transportation (Rissel et al. 2012).

Mental Health

Transit is also crucial for mental health. The increased walking associated with transit usage is one avenue that increases mental health, but transit improves people’s connection to social events, opportunity, and communities. A lack of transportation is a major factor in feelings of isolation (Centers for Disease Control and Prevention 2024). It’s well documented that social isolation causes harms to our physical health (Miner et al. 2024), but also put people at risk to develop severe mental health issues including depression and anxiety. Additionally, many people find driving incredibly stressful: Transit can help reduce this stress by providing a viable alternative (Litman 2020).



James Daniel shows up twice a week to guide We Walk Detroit participants, a group aiming to address mental health issues with walking (Russell 2025)

Social Determinants of Health

While public transit has direct impacts on health, transit and active transportation are linked to many social determinants of health as well. Public transit has countless benefits, improving air quality, providing access to jobs, increasing affordability, and improving transit addresses issues around racial, economic, age, or ability based discrimination.

Air Quality & Our Environment

Air pollution is very high near major roads due to vehicle exhaust, which can cause cancer, asthma, and other issues with your respiratory system. By providing transit alternatives that reduce congestion and get some vehicles off the road, local air quality can be greatly improved (EPA 2014). Out of all transit modes, light rail produces 62% less greenhouse gas emissions per passenger mile than cars. Bus transit produces 33% less (Hodges 2010). And out of all global CO2 emissions, transportation accounts for 23%. 70% of direct transport emissions came from road vehicles, and transport-related carbon emissions are rising. By increasing access to transit, we can take vehicles off the road and improve our environment.

Affordability

Many people choose between affording transportation and healthcare due to the high cost of both. The average American spends ~\$13K a year on car ownership (APTA 2023). For most households, transportation is the largest expense after housing (APTA 2026). And for the poorest 1/5 of American households, over 40% of their household income is spent on transportation (Creger, Espino, and Sanchez 2023). And while not directly linked to helping families save money, lower income areas have the highest rate of pedestrian fatalities: With 5.23 fatalities per 100K people in census tracts below 15k in income (Smart Growth America and National Complete Streets Coalition 2024).

Older People

78% of caregivers provide or arrange for rides for their older relatives (National Aging and Disability Transportation Center 2009). Providing transit for older Michiganders could make caregivers' lives easier, and give older people more autonomy. Northern Michigan is one particular region with a much older population than the rest of the country (Mattson and Mistry 2024), meaning they need more transit access to get around freely. By providing better public transit, older people will be able to access health care easier.

Addressing Structural Racism

In Michigan, 18% of households without a car are Black (National Equity Atlas 2023). Additionally, 3 out of every 4 Black motorists are struggling with the cost of auto ownership (Wilson 2024). In total, 24% of public transit riders in the US are Black, despite Black people making up 12% of the US population (Clark 2017). Interestingly, Black transit users (10%) are less cost burdened than White transit users (15%) by the price of fares (Wilson 2024). While these percentages are not as large for other racial minorities, across all races, People of Color are more dependent on transit than White people. Investing in transit helps improve access to health for people of any race.



Emissions from cars (Mann + Hummel 2024).

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Transportation Inequality and Community Health

While transit improves various social determinants of health by connecting people to opportunity and improving their lives, arguably the largest impact transit has on community health is connecting people to healthcare.

Individuals living in higher-income neighborhoods are significantly more likely to have access to personal vehicles, safe walking environments, and reliable transit connections to employment centers and healthcare providers. In contrast, residents of lower-income neighborhoods often face both transportation barriers and greater health risks. Wealthier communities are more likely to have well-maintained sidewalks and bike lanes, allowing residents to walk or cycle to nearby destinations (Schweninger, Edmunds, and Atherton 2021). Bicycle networks are frequently concentrated in downtown districts or wealthier neighborhoods designed to attract tourism and new development. Meanwhile, lower-income communities often lack these safety features. As a result, drivers kill significantly more pedestrians in low-income neighborhoods due to the absence of protected crossings

or adequate lighting for example.

Transportation inequities are deeply connected to historical planning decisions because during the 20th century, zoning policies and discriminatory housing practices concentrated industrial facilities and environmental hazards in communities of color and lower-income neighborhoods. Industrial factories and toxic refineries were frequently located near these communities, exposing residents to elevated levels of pollution and environmental health risks. One of the most well-known examples in Michigan is ZIP code 48217 in Southwest Detroit, which has some of the highest pollution levels and asthma rates in the state. The nearby Delray neighborhood, surrounded by heavy industrial zoning, faces both environmental hazards and limited public transit access. Residents of these communities often experience higher rates of respiratory illness and chronic disease, increasing their need for healthcare services while simultaneously facing barriers to reaching those services. As they're left with deteriorating health, the cost burdens will only increase overtime.



Navigating Transit with a Disability

Transit accessibility is vital for those with disabilities who simply are not able to drive regardless of other factors. Kathy Meagher, a TRU volunteer and Grosse Pointe Park resident, had consistently relied on public transportation due to her visual impairment that impedes her ability to drive. Since the pandemic, service cuts have often led to missed runs, causing Kathy to rely on Uber or her husband to pick her up. And when she does use SMART (the Detroit suburb bus agency), her visual disability makes it difficult to see where bus stops are and when to expect the next bus.

Not only does this undermine her independence, but it also exposes broader gaps in systems that fail to accommodate riders with disabilities and health issues. In rural areas, where routes are already infrequent with minimal alternatives, a single missed or unclear connection can become hours-long delays or a complete loss of mobility for that day.



A poor household in the suburbs. Recently, many poorer families have been moving to suburbs (Herriges 2016).

Recently, many families have been relocating to more affordable suburban areas where housing costs are lower but public transportation is far more limited. These suburban communities frequently depend on car ownership for daily mobility. Without reliable vehicles, individuals may struggle to reach workplaces or medical providers. A 2013 study by the Federal Reserve Board found that limited transit options and the high cost of owning a car are major impediments to maintaining employment (Schweninger, Edmunds, and Atherton 2021). Workers without dependable transportation often cannot accept certain shifts or struggle to arrive on time, missing work entirely. Nationally, 91% of adults report having access to a vehicle, but access varies by demographic group (Smith et al. 2023). Among Black adults, 81% report vehicle access; 78% for low-income households; 83% for individuals with disabilities;

and 79% for individuals with public health insurance (Smith et al. 2023).

These disparities translate directly into healthcare access challenges as data from the Urban Institute shows that 21% of adults lacked necessary medical care in 2022 due to limited access to public transit or a vehicle, compared with 5% of nonelderly adults overall (Smith et al. 2023). Transportation barriers prevented 14% of low-income households from accessing healthcare, compared with much lower rates among higher-income populations (Smith et al. 2023). Adults with disabilities who may not be able to work experienced obstacles at a rate of 19%, compared with 2% among those without disabilities (Smith et al. 2023). Transportation challenges affected 16% of individuals with public health insurance, 8% of uninsured individuals, and 2% of those with private insurance

(Smith et al. 2023). Income also plays a significant role. Among households at or below 138% of the federal poverty level, 16 percent reported transportation barriers to healthcare, compared with 4% for those earning 139-399% of the poverty level and only 1% for those earning above 400% (Smith et al. 2023). Geographic differences also persist, with 7% of rural residents experiencing transportation-related healthcare barriers compared with 5% in urban areas (Smith et al. 2023).

Missed Appointments & the Financial Cost

Transportation access plays a big role in determining whether people receive medical care. Across the US, transportation barriers lead to millions of missed or delayed medical visits each year. National estimates indicate that 5.8 million Americans delay or skip medical care every year because they lack reliable transportation and 3.6 million Americans receive no medical care at all due to this reason. According to the Centers for Medicare and Medicaid Services, transportation problems are responsible for 25% or more of missed clinic appointments nationwide. (Smith et al. 2023)

In Michigan and across the country, when patients cannot reach care, preventive treatment is kicked down the road as medications are delayed and manageable health conditions eventually become emergencies. The financial cost is significant for both patients and healthcare providers. A national survey conducted by Tebra found that 27% of healthcare professionals reported losing revenue due to patient cancellations and no-shows, with the average practice losing approximately \$22,872 per year (Lee 2025). Across the national healthcare system, missed appointments result in \$150 billion in annual losses (Lee 2025). 14% of patients cited a lack of transportation as the most common reason for missing appointments; the second largest rea-

son in total (Lee 2025).

Travel distances also place considerable burdens on patients. 33% of patients travel <15 minutes for medical appointments, 53% travel 15-30 minutes, and 13% travel between 30 and 60 minutes (Lee 2025). For individuals living in rural areas, the distances are far greater. 20% of rural patients report traveling >50 miles for a medical appointment (Lee 2025). On average, patients spend 9 hours per year commuting to medical appointments, and 20% report missing work or losing wages because of long medical commutes (Lee 2025). Since 2001, there has been a 33% increase in the number of rural residents traveling >30 min to access medical care, which increases the likelihood of missed appointments and delayed treatment (Lee 2025).

Transportation barriers also affect appointment reliability when public transit is the only option. Research shows that 80% of patients relying on public transit arrive >20 min late to medical visits, often because transit schedules do not align with appointment times. These delays disrupt clinic operations, create scheduling challenges for healthcare staff and delay care for other patients. Non-emergency medical transportation (NEMT) services have become an increasingly important



Transit Issues Delaying Healthcare

Deanne Austin's experience living with a chronic condition that requires frequent medical care has led her to rely mostly on family members to reach treatment. Although she lives in Detroit, public transit was still unreliable and other options were financially out of reach. During a medical emergency, she delayed seeking care because she lacked transit, insurance, and a vehicle, ultimately requiring a blood transfusion after finally reaching the hospital. Even in dense regions like Detroit where transit is more accessible, individuals without any reliable vehicles face heightened health risks and delayed treatment regardless. Improving transit means providing reliable preventative care for all patients.



The Need for Transit & The Last Mile

During the pandemic, many cities temporarily closed streets to vehicles in order to create safe spaces for outdoor dining and pedestrian activities. The intent was to improve mobility and health opportunities in some areas, and it did, for some. Higher-income communities often benefited most from street redesigns which included new bike infrastructure and access to services; lower-income neighborhoods remained disconnected from the same opportunities. At the same time, several transit connections have increasingly relied on privately operated micromobility services such as bikesharing and electric scooters. (Schweninger, Edmunds, and Atherton 2021) These investments and options have addressed what's known as the 'last mile' problem, which addresses how people get to their destination or home from the public transit stop. These services allow more movement and connections in dense urban areas, but they are commonly unstable business models that disappear when profits decline. The reality is that transportation systems that support health and access to care cannot rely primarily on private services. It must be publicly supported and designed to serve all communities rather than only unreliable profitable markets.

way to overcome these problems. These services are particularly important for older adults and patients with chronic conditions. Over 20% of older adults (and an even larger share of those with chronic diseases) do not drive, making public transportation or transportation assistance essential for maintaining access to care (McLaren Northern and Michigan Antrim 2022).

The demand for these services is growing as the NEMT market is projected to increase from \$8.66 billion in 2021 to \$15.58 billion by 2028 (Kasey, Love, and Yalcin 2025). Between 2018 and 2021, NEMT services were used by 3 to 4 million Medicaid beneficiaries annually, representing roughly about 5% of all Medicaid recipients nationwide (Kasey, Love, and Yalcin 2025). These trips are most commonly

used for preventative healthcare visits, evaluations of acute and chronic conditions, laboratory testing, imaging services, and behavioral health treatment (Kasey, Love, and Yalcin 2025). Reducing missed appointments is one of the most important intermediate steps toward improving health outcomes and reducing the financial burdens of those who

need it most. When patients can reliably reach healthcare providers, conditions are diagnosed earlier, medications are taken consistently, and costly medical crises can be avoided. Increasing access to public transit and providing more frequent, reliable public transit would greatly improve access to healthcare for everyone in Michigan.



Two people getting into a NEMT vehicle (SPEDSTA 2023).

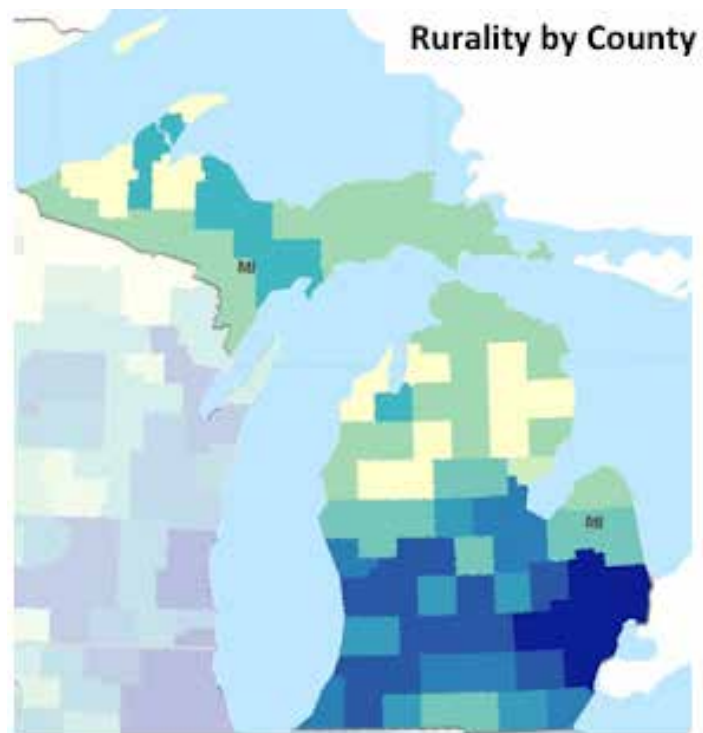
Economic and Community Impacts of Transit Access

Transportation access also shapes the economic stability of communities, which in turn influences overall public health. Data from several Michigan community health assessments shows the extent of this relationship. In Saginaw County, 42% of residents report annual incomes of \$50,000 or less, and 24% say transportation is a barrier to accessing food (Saginaw County Health Department 2023). Within the City of Saginaw, transportation challenges occur frequently: 20% of residents experience transportation issues on a daily or weekly basis, 10% report issues monthly, and 13% report experiencing problems annually (Saginaw County Health Department 2023).

Community health assessments from northern Michigan counties (including Otsego, Antrim, Charlevoix, Cheboygan, Emmet, and Presque Isle) provide additional insight into how transportation shapes community well-being. When residents were asked to rank the factors necessary for a “thriving community,” reliable transportation ranked 8th, while access to quality healthcare services ranked 2nd (Mclaren Northern and Michigan Antrim 2022). However, when respondents were asked which issues were actively impacting their communities, the relationship between these 2 factors became clearer and closely connected. 12% identified unreliable transportation as a major issue, while 11% cited access to healthcare services (Mclaren Northern and Michigan Antrim 2022). Economic instability also emerged as a major concern. 23% of respondents identified economic instability as a key community challenge, showing how employment, healthcare access, and transportation are closely interconnected (Mclaren Northern and Michigan Antrim 2022).

Survey responses in Northern Michigan also revealed differences across age groups and income levels. Among adults ages 25 to 64, 73% identified reliable transportation as a top factor affecting community health (Mclaren Northern and Michigan

Antrim 2022). For individuals ages 18 to 24, only 25% identified transportation as a top priority, suggesting that younger residents may be more likely to relocate to urban areas with stronger transportation networks and employment opportunities (Mclaren Northern and Michigan Antrim 2022). This means that the wealth of communities will continue to be sourced in urban centers as people move, leading to even less investment in smaller,



Classification

- Metro - population 1 million or more
- Metro - population 1 mil. - 250,000
- Metro - fewer than 250,000 pop.
- Urban pop. 20,000 + adj.
- Urban pop. 20,000 + not adj.
- Urban pop. 2,500-19,999 adj.
- Urban pop. 2,500 - 19,999 not adj.
- Completely rural - adjacent
- Completely rural - not adjacent

Map showing rurality by county in Michigan

rural cities. Income differences were also evident. Transportation concerns were relatively evenly distributed among households earning \$0 to \$80,000 annually (Mclaren Northern and Michigan Antrim 2022). However, the importance of transportation declined significantly for individuals earning more than \$80,000 per year, reflecting the greater likelihood of car ownership and financial flexibility.

Insurance status also influenced transportation priorities. 50% of respondents with private or employer-sponsored insurance identified reliable transportation as a key factor, compared with 30% of those with Medicare and 15% of individuals with Medicaid or Healthy Michigan Plans (Mclaren Northern and Michigan Antrim 2022). Transportation access also affects broader health behaviors. Nearly 20% of residents reported being unable to engage in regular physical activity because recreational spaces and exercise facilities were too far from their communities. Over time, limited access to physical activity contributes to chronic health conditions, particularly among older adults. These conditions eventually increase demand for healthcare services- services that many residents may already struggle to reach.

Healthcare providers themselves recognize these challenges. In northern Michigan surveys, 31% of providers reported that reliable transportation is the most important factor affecting their patient's well-being, while 25% cited economic instability as the primary concern (Mclaren



Corewell Health Pennock hospital's MRI room, the only hospital in Barry County (Adams 2025).

Northern and Michigan Antrim 2022). Nearly 47% of providers stated that their communities lack adequate transportation options that would benefit the patients they serve (Mclaren Northern and Michigan Antrim 2022). Other Michigan communities report similar concerns. In Barry County, 86% of survey respondents agreed that social needs such as transportation, food access, and housing are just as important to address as medical care itself (Barry-Eaton District Health Department and Corewell Health 2024). Community partners identified several factors that negatively impact health in their region, including unlivable wages (40%), lack of transportation (33%), inability to prioritize health-conscious decisions (27%), and poor living conditions (27%) (Barry-Eaton District Health Department and Corewell Health 2024).

Transportation costs also place significant financial burdens on

households. In Macomb County, residents spend an average of 23% of their income on transportation, with the majority of those costs associated with private vehicle ownership rather than public transit (Macomb County 2024). Some counties have begun developing targeted solutions. For example, St. Clair County's Community Health Improvement Plan for 2023-2027 includes a goal to provide transportation assistance for mental health appointments by 2026. The program will focus on individuals ages 18 to 24 with low socioeconomic status or less than a high school education and will involve partnerships between the Michigan Department of Health and Human Services, the St. Clair County Community Mental Health Authority, Blue Water Area Transit, Medicaid health plans, and the Council on Aging.

Data from the 2024 Upper Peninsula Community Health

Needs Assessment shows about 4-6% of residents report being unable to access healthcare due to transportation, a rate that has remained virtually unchanged since 2017. Most counties cluster tightly within this range, suggesting a shared structural limitation rather than isolated gaps, though places like Iron and Houghton/Keweenaw Counties stand out with noticeably higher barriers. While overall rates appear low, they are not evenly distributed. Individuals without a high school diploma face transportation barriers at rates up to 16.7%, compared to roughly 1-2% among those with a bachelor's degree, and lower-income residents experience significantly higher constraints than higher-income households. Transportation barriers affect roughly 5-6% of residents seeking general or dental care, with some counties reaching as high as 1 in 10 residents unable to access dental services.

However, barriers to mental health care remain extremely low (1%), likely reflecting the expansion of telehealth and reduced need for in-person visits. Even so, perceptions of transportation need remain substantial as nearly 60% of residents describe transportation as at least fairly important to their access to care. At the same time, the region is losing population across every county, which risks further weakening already limited transit systems. As demand becomes more dispersed and harder to serve, those who remain, particularly older adults, who make up over 40% of single-person households in the region, are left increasingly vulnerable to the same stable but unresolved access barriers.



Image souece: Route Genie 2026.



Aspirius Health Iron River hospital, one of the only hospitals in the Western UP (Aspirius Health 2018).

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The Economic Case for Transit Investment

Public transit systems connect individuals to employment opportunities, healthcare providers, educational institutions, and essential services. When these connections are reliable, communities experience higher workforce participation, improved health outcomes, and stronger local economies. Research consistently shows that every \$1 invested in public transit generates approximately \$4 in economic returns through increased productivity, access to education, improved access to employment, and reduced healthcare costs.

When individuals cannot reach workplaces or medical appointments, they may lose wages or leave the workforce entirely due to untreated health conditions. In this context, public transit should be viewed as infrastructure that builds a major component of the healthcare system. This means providing multiple modes of transit for those who need it.

In 2016, when Dawn Hammontree had a stroke while driving on the freeway, that would be the last time she'd drive a car. She now uses not just fixed route transit, but paratransit, her motor scooter, the D2A2, and Indian Trails. Without them, she'd have a much harder time seeing her cardiologist and primary care physician. It also allows her to focus on her mental health by allowing her to access things like her local cider mill, the zoo, or going to the Opera House. In an interview with TRU, Dawn told us: "People are missing out on meeting their needs and living more fulfilling lives because of limited operating hours, that's why I think it's very important for transportation to expand its operating hours."

When communities invest in transit systems that connect residents to healthcare providers and essential services, they are also investing in long-term public health, economic stability, workforce productivity, and access to recreational activities.



Dawn smiling in her motor scooter. Photo by TRU.



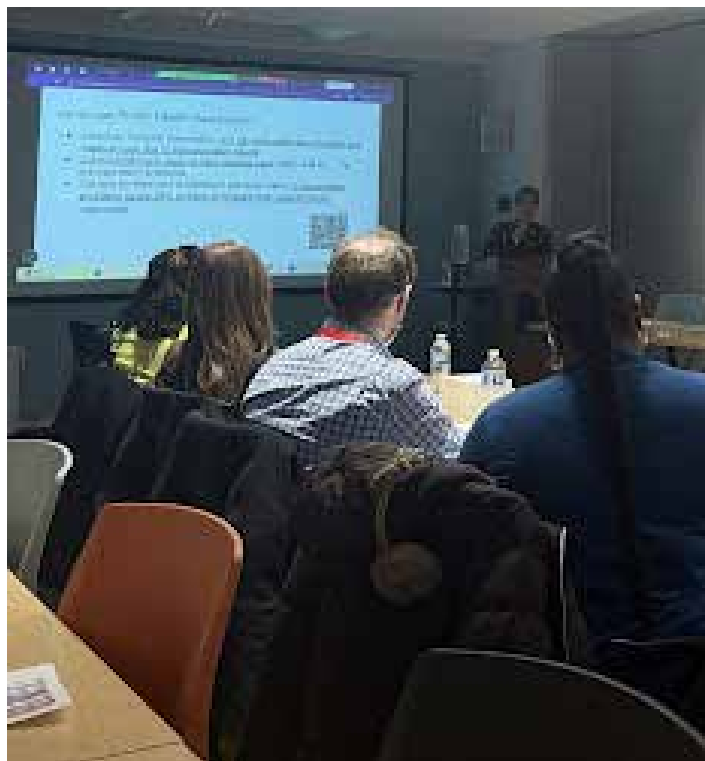
Detroit Opera House (Guettler 2026).

MI Public Health in Motion: Health & Transit Forum

Michigan Health and Hospital Association (MHA) Henry Ford Health (HFH) and Michigan Public Transit Association (MPTA) teamed up with Transportation Riders United (TRU) to bring the healthcare and public transit sectors together to discuss the issues facing each sector at a forum on March 19th, 2026.

This event helped healthcare sector representatives understand why transportation is such a complicated issue and TRU's role in education, advocacy and mobilization of communities to bring about the services Michiganders need.

Deborah Freer, Assistant Director of TRU and John Dulmes, Director of the Michigan Public Transit Association, were able to explain current services, the funding landscape and upcoming opportunities to improve/expand transit at the county and state level, including joining the Move MI Transportation Alliance state coalition. At the Public Health event on March 19, 2026 the following issues were identified by participants:



1. It would be helpful to have a list of hospital contacts and transit agency contacts to facilitate coordination of non-emergency medical trips (NEMT) patient trips.
2. It would be helpful for third-party paratransit providers to be held to the same service standards as public transit agencies.
3. Michigan Medicine is the top hospital in Michigan and draws patients from everywhere around Michigan and the world. Paratransit services and NEMT trips require advanced reservations, vary widely in fees for pick-ups, per mile charges, late fees and the services they provide. This particular Michigan hospital spends 70% of their transportation budget on 30% of patient rides.
4. It is cheaper to fly patients long distances than it is to provide ground transportation, however it is "illegal" to do so with NEMT funds.
5. Patients are backed up in the emergency department with long waits for a bed, so hospital staff are pressured to discharge patients as soon as possible. Back-ups in the emergency department cause fights between patients, and between patients and staff, resulting in high stress for all, a need for an increased police presence and people being trespassed from the local hospital.
6. Transportation benefits are structured so you can't use them because of the need for 24-48 hours notice for NEMT trips.
7. NEMT transportation is a pain point for every hospital system in the state.
8. There are some NEMT models that we can explore and highlight in the next healthcare-transit forum.

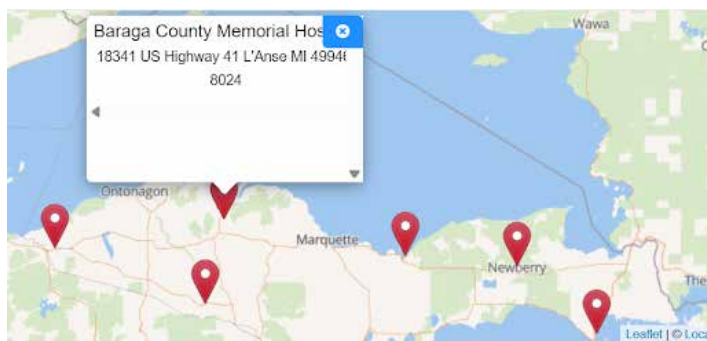
Future events with this group will include topics such as NEMT transit models that work and potential data collection from Michigan hospitals to frame the issue in a compelling way for decision-makers.

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Case Studies

Oftentimes, medical issues need to be addressed soon to avoid costly emergency room visits. Additionally, patients are sometimes discharged at a time when transportation services are not available. These case studies offer a look at some of the gaps between when medical care is available and when transportation services are available.

Upper Peninsula: Baraga County Memorial Hospital is open 24 hours each day, while Baragaland Senior Citizens provide transportation services 8am-4pm Tuesday through Friday each week. Baragaland staff use buses, vans and personal vehicles to transport consumers mainly in Baraga County with routes to Watersmeet, Iron Mountain, Houghton and Marquette between 1-2 times per month. One bus in the fleet has a wheelchair ramp. The hours in which transportation services are available and required advanced reservations do not allow hospitals to discharge patients in a timely manner in order to efficiently fill those beds with waiting patients (Get Around the Western UP 2019).



Michigan Health & Hospital Association hospital locator showing Baraga County Hospital (Michigan Hospitals Association 2026).

Middle Lower Peninsula: Corewell Health Reed City Hospital in Osceola County is open 24 hours per day. Mecosta Osceola Transit Authority has front office hours Monday through Friday from 8am-4pm (closed for lunch,) dispatch hours Monday through Friday from 5am-7pm. Demand response services in Osceola County are available from 5:30am to 7pm and are closed for holidays and their Rides to Wellness hours are Monday through Friday from 6am-6pm. While customers can book Rides to Wellness trips six months in ad-

vance, the closer you get to the day you need service, the less likely a trip will be available that day. While demand response trips cost \$1.00-\$2.00 per ride, Rides to Wellness trips cost \$15.00 one-way within the service area and \$45.00 per hour for out-of-county trips.)

Ann Arbor & Southeast Michigan: Michigan Medicine Hospital (formerly University of Michigan Hospital) provides service 24 hours per day and is located in Ann Arbor (Washtenaw County.) The Ann Arbor Area Transportation Authority (also known as AAATA or TheRide,) offers a wide range of transportation services such as fixed-route service, services for seniors and people with disabilities (A-Ride) and FlexRide Late Night & Holiday Service when regular fixed-route services are not available for a standard \$5 fare one-way.



Baragaland Senior Citizens bus route map (Get Around the Western UP 2019).

Despite the services AAATA offers, Michigan Medicine Hospital spends 70 percent of their transportation budget on 30 percent of their NEMT service to discharged patients that are traveling outside of AAATA's service area. This is due to the fact that Michigan Medicine Hospital has several specialty services that are sought by many patients all over Michigan and nationally (University of Michigan Health 2025). Because the hospital is often at capacity, staff look to discharge patients immediately in order to serve patients that must be admitted for care and have been waiting for a bed for many hours. This is very difficult to do given the advanced reservations required and the first-come-first-served nature of demand-response rides locally. Additionally, transportation providers must be secured for patients who come from large distances for care. Hospital staff must work with a variety of transportation vendors with various rates, fees and rules to find the soonest ride available for the least cost

Florida: The College of Business at the University of Florida's Transportation Disadvantaged Programs Return on Investment Study found that for every \$1 spent on nonemergency transportation (NEMT), \$11.08 of avoidable hospital costs were saved. This is due to access to NEMT increasing the number of preventative appointments people are able to schedule, reducing the number of missed appointments, and generally providing a link to the healthcare system that would otherwise be non-existent. Florida has a wide variety



TheRide's FlexRide Late Night & Holiday Service area (AAATA 2026).



A UofM bus used at UofM's hospitals (Shanbom 2023)

of NEMT providers that have evolved over the years, mirroring trends seen nationally; many NEMT offerings started through partnerships between healthcare

providers and local transit agencies, a patchwork that slowly grew to include other nonprofit and for-profit providers (Lambert, Jimenez, and Roseman 2019).

Solutions

Michigan needs to enhance both cross-state bus and rail service concurrently. Both provide similar benefits, but differ in cost to implement, timeline, and operation. Rail service can be much faster, convenient, and comfortable than cross-state bus, but bus is much more flexible, inexpensive (for riders and the State), and faster to implement, as all the state needs to do is develop a service contract and select the best provider that applies.

Increase Local Bus Operating (LBO) Funds: In Michigan, most funding for transit, freight and passenger rail, and ferries come from the Comprehensive Transportation Fund (CTF). State law allows up to 25% of auto-related sales tax revenue to support the CTF, yet only about 7% is used —leaving transit systems underfunded.limited coordination between MDOT’s Office of Passenger Transportation (OPT), which oversees

Integrated Rail and Cross-State Bus Planning: Currently, there is the state’s intercity bus program, and the Office of Rail, which oversees passenger rail service. These offices should work together to develop an integrated plan for expanding, improving, and promoting cross-state rail and bus services.

Enhancing Cross-State Bus Service: While Michigan has a reasonable breadth of cross-state bus services, most run too infrequently and at such inconvenient times to be of serious use to most Michiganders. At a minimum, existing intercity bus service frequencies should be doubled with day-time routes, throughout the state. Examples of this service include coast-to-coast routes in southern and northern lower Michigan and more north-south connections. Doubling state investment in cross-state bus routes would provide a Grand Rapids-Lansing-Detroit express bus running up to 8 times a day between Michigan’s largest communities, doubled cross-state bus service Up North and provide a more reliable, higher-quality service with an improved rider experience.

Better Publicize Existing Cross-State Transit: Currently, many residents are unaware of what intercity transportation options exist and how much money they could save using them. MDOT should develop a plan to encourage use of both train and bus service, create unified branding for cross state transportation options, advertise Amtrak and Indian Trails and other intercity bus services, and provide more rider-friendly information on all cross-state transportation services, whether public or private.

Statewide Mobility Wallet: MDOT should work with Amtrak, Greyhound/Flix, and Indian Trails to provide a unified ticketing system for any route in Michigan, or at least allow tickets to be purchased across all platforms regardless of operator. Additionally, the state should pass a law allowing Amtrak to sell bus only Amtrak Thruway tickets. This will benefit riders at zero cost to the state.

Allow Multiple Modes for Long Distance NEMT: In some instances, flights from down-state Michigan to the northern lower and upper peninsula are cheaper to provide because they require less time from transportation professionals. This would provide transit agencies in northern Michigan a hub to connect patients with their Rides to Wellness programs.

Required Service Standards: Currently third-party transportation providers are not held to the same standards as public transportation agencies.

State Database for Transit Information: Organizations like Disability Rights Michigan have databases and maps for helping clients find transportation options, but may not have the capacity to keep it updated (Disability Rights Michigan 2023). Michigan should have access to and make available the General Transit Feed Specifications (GTFS) data or other data formats of transportation information available to the public in a user-friendly and widely-promoted way to help Michiganders understand available transportation options.

Rail Service: As of fiscal year 2025, the state's passenger rail investment is about \$52 million per year, of which \$28 million goes towards operations, with the rest going to track maintenance, equipment, and capital expenses. Capital expenses are uniquely challenging, as they are mostly funded through federal grants, which must be competed for against other states. Since there is a fixed number of Amtrak trains each day, and these trains are frequently sold out, there is little room for further ridership growth in Michigan. Additionally, like airline tickets, Amtrak prices increase the later they tickets are purchased.

Whether you support public transit to bolster tourism, help the environment, spur economic development or increase access to healthcare, jobs and educational opportunities ; public transportation affects all aspects of daily living.

Michigan's transit agencies, hospitals and legislators must come together to truly understand and fix issues at the intersection of public health and public transportation.



High quality BRT system in Madison, Wisconsin (Vance 2025).

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 www.DetroitTransit.org

 Info@DetroitTransit.org

    [@DetroitTransit](https://www.instagram.com/DetroitTransit)

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