

Upper Peninsula of Michigan

Non-Emergency
Medical Transportation
Study



January 2022

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Definitions and Acronyms

ACA	Patient Protection and Affordable Care Act of 2010. The comprehensive healthcare reform law enacted in March 2010 (sometimes known as ACA, PPACA, or “Obamacare”). If a state chooses to participate, the ACA increases the number of people eligible for Medicaid, which may increase the number of people eligible for Medicaid NEMT.
ACCT	Agency Council on Coordinated Transportation. Created by lawmakers during 1998 Washington State legislative session to coordinate affordable and accessible transportation choices for people with special needs in collaboration with state and local agencies and organizations. The council’s Federal Opportunities Workgroup has been working on Medicaid transportation.
ADA	Americans with Disabilities Act of 1990. Federal civil rights legislation that requires public transit systems to make their services fully accessible to persons with disabilities, as well as to underwrite a parallel network of paratransit service for those who are unable to use the regular transit In general, the ADA requires that paratransit service be provided within $\frac{3}{4}$ of a mile of a bus route or rail station, at the same hours and days, for no more than twice the regular fixed route fare. The ADA further requires that paratransit rides be provided to all eligible riders if requested any time the previous day, within an hour of the requested time.
CAAM	Community Action Alger Marquette.
ALTRAN	Alger County Transit. Public transit that provides service for all of Alger County and a Regional Route three times a day to Marquette.
CLM CAA	Chippewa-Luce-Mackinac Community Action Agency serving Chippewa, Luce and Mackinac Counties with a demand response bus transit.
CMS	The Centers for Medicare and Medicaid Services , the federal agency that oversees Medicaid in all states.
CUPPAD	Central Upper Peninsula Planning and Development. One of 14 Regional Agencies in the State of Michigan operating under Michigan Public Act 281 of 1945 serving Alger, Delta, Dickinson, Marquette, Menominee, and Schoolcraft Counties.
Curb-to-Curb	Demand response service where the rider meets the vehicle at the curb. This is more common than door-to-door service where driver can assist rider to the door.
DATA	Delta Area Transit Authority (DATA)

DD Council	Developmental Disabilities Council is a consumer-based program of MDCH. Its Regional Inclusive Community Coalitions (RICC) are local groups of grassroots people funded and supported by the DD. Members include people with disabilities, family members, friends, local advocates, community leaders, and service providers. RICCs are the self-advocacy part of the DD Council. The DD Council is actively advocating for improved Medicaid transportation in Michigan.
Demand Response	A transportation service where the vehicle travels according to the needs of the passenger(s). This can include shared bus/van public transit or private taxi services.
DICSA	Dickinson Iron Community Services Agency - DICSA is a non-profit human services organization serving primarily Dickinson and Iron Counties since 1989.
Door-through-door	A transportation service that includes an attendant that assists the passenger in leaving the pickup location and entering the destination location.
Door-to-door	A type of transportation service that picks up a passenger outside of a building/location and drops them off outside another specific building/location indicated as the destination by the passenger.
DRA	Deficit Reduction Act of 2005. This legislation and subsequent rule-making established the ability for state Medicaid managers to use an NEMT brokerage without the need to apply for a waiver, along with the rules and requirements.
EUPRP&DC	Eastern Upper Peninsula Regional Planning & Development Commission . One of 14 Regional Agencies in the State of Michigan operating under Michigan Public Act 281 of 1945 serving Chippewa, Luce, and Mackinac Counties.
EUPTA	Eastern Upper Peninsula Transportation Authority serves Chippewa and Luce Counties with a bus fixed route and ferry services.
Fixed Route	Public transit service provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers at and deliver them to specific locations. This typically is used in reference to local transit service but can be applied to intercity and commuter bus and rail.
Flex Route	A hybrid demand-response and fixed-route transportation service where the transit vehicle picks up passengers at passenger-initiated and service stops within a corridor along a fixed route.
FOW	Federal Opportunities Workgroup . The Agency Council on Coordinated Transportation (ACCT) established the Federal Opportunities Workgroup (FOW) in June 2010 to focus on removing federal and state barriers to

sharing costs between transportation funders, safely sharing client information, streamlining performance and cost reporting systems, and establishing consistent terms and definitions.

MARQ-TRAN	Marquette County Transit Authority - Marquette County's local public transportation system with bus routes to Marquette, Negaunee, Ishpeming, Palmer, and other stops.
MDCH	Michigan Department of Community Health. MDCH sets Medicaid program policy at the state level. Several agencies within MDCH also play an important role in administering Medicaid programs.
MDHHS	Michigan Department of Health and Human Services. County departments are responsible for implementing Medicaid state policies. They assist clients in finding transportation resources.
MDS CAA	Menominee-Delta-Schoolcraft Community Action Agency
Medicaid	National health program for families and individuals with low income and resources. Medicaid is required to provide access to medical services for those who cannot transport themselves. Medicare, the national health program for seniors, does not have this requirement.
Mobility management	A systems approach to manage transportation resources that involves creating partnerships with transportation providers in a community or region to enhance travel options, and then developing means to effectively communicate those options to the public.
MSA	Medical Services Administration. A part of the MDCH, MSA has the primary responsibility for oversight of Michigan's Medicaid program.
NEMT	Non-emergency medical transportation
OSA	Office of Services to the Aging. OSA is the center point of a statewide network supporting services that benefit the elderly. It is a program of the Michigan Department of Community Health.
Paratransit	Flexible passenger transportation that does not follow fixed routes or schedules, including shared taxis and services provided by public transit operators. Within the public transportation profession, the term usually refers to transportation services required by ADA for individuals with disabilities who are unable to use fixed-route, public transit systems.
PENMED	Upper Peninsula Medical Care Center
Public paratransit	Terminology used in Medicaid literature to differentiate service provided by public transportation from shared taxis and other private sector or non-profit paratransit services. Service may be open to people who are not ADA

eligible, especially in low density areas and for services targeted towards seniors.

RPA	Regional Planning Agency
SMH	Schoolcraft Memorial Hospital
UPCAP	Upper Peninsula Commission for Area Progress. In 1974, The Upper Peninsula Commission for Area Progress (UPCAP) was designated as the Region XI Upper Peninsula Area Agency on Aging, whose purpose is to advocate for and provide services to the residents of the Upper Peninsula.
UPAAA	Upper Peninsula Area Agency on Aging. The U.P. Area Agency on Aging (UPAAA) helps to advocate for and provide services to older adults residing in the Upper Peninsula so they can lead independent, meaningful, and dignified lives in their own homes and communities for as long as possible.
UPHCS	Upper Peninsula Health Care Solutions
WUPPDR	Western Upper Peninsula Planning & Development Region. One of 14 Regional Agencies in the State of Michigan operating under Michigan Public Act 281 of 1945 serving Baraga, Gogebic, Houghton, Iron, Keweenaw, and Ontonagon Counties.

Acknowledgements

This information and analysis on region-wide non-emergency medical transportation issues was the result of significant collaboration between the Central, Eastern, and Western Upper Peninsula Planning Commissions as well as through partnerships with numerous transportation stakeholders across the entire Upper Peninsula region. Partnerships with local service agencies, transportation providers, healthcare providers, and local units of government contributed information and support for this project that went above and beyond in order to make this study possible.

CUPPAD, EUPRP&DC, and WUPPDR would like to thank those partners and their staffs in working together to bring this information together and offer a snapshot of issues that affect all of the Upper Peninsula's more than 300,000 residents. It is hoped that this study will provide a solid foundation for discussion of these issues and for possible opportunities that may exist between the health and transportation sectors and local governments to work towards improvements.

UPPER PENINSULA

NON-EMERGENCY MEDICAL TRANSPORTATION

AT-A-GLANCE

Patient access to medical care providers and means of transportation are often significant barriers to meeting a population's health needs. In the Upper Peninsula of Michigan, a highly rural and aging population will need expanded opportunities to meet these needs in the near future.

Availability	Limitations
Public Transit	Limited Health Providers
Non-profit Transit	Highly Rural Population
Private Transit	Funding Inadequacy
	Regional Connectivity Need
	Staffing



Chippewa
Luce
Mackinac

Eastern Region

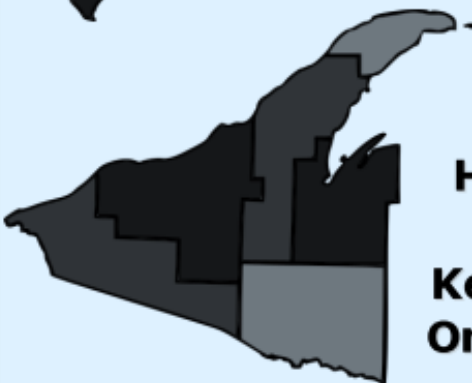
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Alger
Delta
Dickinson
Marquette
Menominee
Schoolcraft

Central Region

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Baraga
Gogebic
Houghton
Iron
Keweenaw
Ontonagon

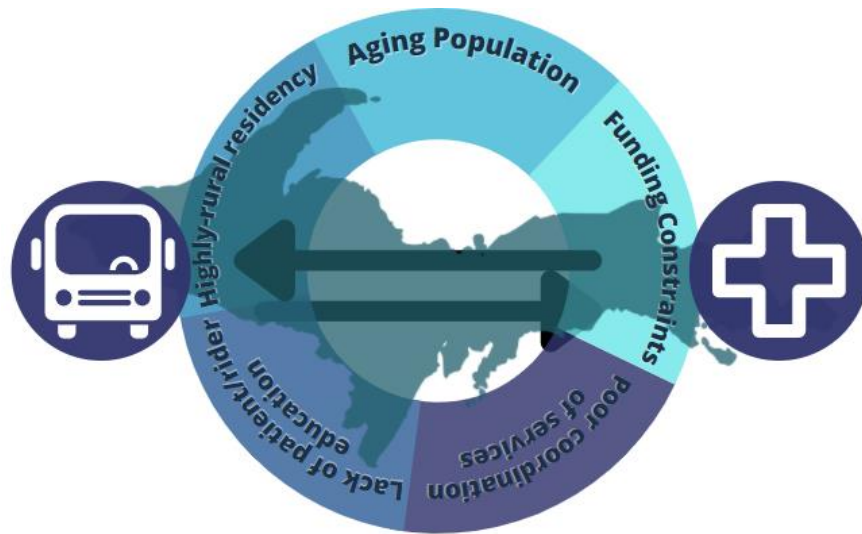
Western Region

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Executive Summary

Introduction

The Upper Peninsula Non-Emergency Medical Transportation (NEMT) Study represents a campaign to analyze and assess the region’s 300,000+ residents’ access to medical services and transportation options beyond personal vehicles. In one document, transportation and medical providers, public agencies, and policy makers will have the ability to assess the current level of service and exigent need across the region. The gathered data represents the state of service at current, however regional trends towards an aging and urbanized population will have a pronounced effect on healthcare demand, and as such, the need for expanded non-emergency medical transportation options. The study establishes the key challenges that are in place regionwide in providing reliable and accessible transportation service and offers a number of recommendations that could be pursued by agencies in meeting them.



Themes

Although this study provides information on issues that vary across service providers and the region as a whole, a few key themes are seen the region over:

Aging population: In the Upper Peninsula, over 20 percent of the population is age 65 or older, higher than the rest of the state and country as a whole. Six townships in the region have over half of their residents in this age cohort. Disease burden and disability are statistically higher among this population, as is the number of people who cannot rely on personal vehicle transportation as they age, and the number of people who require assistance with mobility of self-care. The continued increase in the proportion of the population over age 65 will have a significant impact on healthcare needs and aging services in the region.

Highly-rural residency: With one-third of the land area in the state of Michigan but only 3 percent of its population, the population density of the Upper Peninsula is significantly low. Smaller counties and municipalities do not have a sufficient tax base to support traditionally funded transportation service, and fewer have the capacity to serve residents in outlying areas on a regular basis. County seats and secondary communities act as magnets for medical services, but often residents must seek additional or

specialized care in the largest cities or extra-regionally. With few providers offering regional service options, this places additional financial and social burden on the population seeking care.

Funding constraints for transportation service providers: As outlined above, many transportation providers find issue with securing funding through tax millage, and often seek additional funding through alternative programs or grants. These programs are likely to have restrictions that preclude offering service to the wider population, or the types of service that can be offered. Funding programs through grants is often a temporary solution, and cutbacks to funding when these funds are no longer available can damage a provider's reputation in an already limited marketplace. Insufficient transportation funding also exacerbates staffing and administrative functions that could allow pursuit of additional service.

Poor coordination of services: There often exists a disconnect between transportation and health providers in collaborating to secure patient access to healthcare, and a disconnect between transportation providers in offering connectivity between service areas. Incentives in increased ridership, reduced appointment cancellations, and reallocating wasted resources exist for both kinds of providers, as well as economic benefit for secondary businesses from increased transit ridership. As previously stated, there is an unmet need for regional transportation opportunities, and often a service overlap by similar organizations providing transportation to locations in proximity or along long-distance routes.

Lack of patient/rider education: It will be increasingly important for providers and organizations to promote patient advocacy regarding the transportation options that are available to them. Existing programs suffer from unrealized utilization because of this issue, and unrealized demand exists in places where people are unaware of an offered service. Increasing utilization and voicing demand will assist in bringing transportation issues to policymakers or unlocking additional avenues of support.

Additional consideration and regional challenges are offered in Chapter 5.

Determining Priorities

Chapter 4 of this study identifies characteristics in the population that anticipate persons more likely to need medical-related transportation service such as those 65 and older, those with disabilities, with low or constrained income, and veterans. The population characteristics were then aligned with an additional assessment of existing transportation options that should be available in a given area. This analysis determines the areas of highest need for additional transportation options by township and municipality. The methodology and the results of the analysis are presented visually in Map 16 and throughout Chapter 4. Although the scope of this project was complex, the study provides a basis for additional investigation within the communities identified that have populations with the greatest need for more comprehensive non-emergency medical transportation programs.

Recommendations

While not exhaustive, a list of recommendations to stakeholders is offered in Chapter 6 of the study. It is hoped that these options will provide opportunities for conversations and funding exploration that would abate some of the issues, and work towards realizing expanded

service regionally. Throughout the Upper Peninsula there are programs, that by working together, might be able to create partnerships and collaborations in which costs and resources could be shared. Healthcare providers and their patients could be better educated and kept up to date on transportation options in their area. Organizations may be able to expand existing, or create new, transportation programs. In more rural settings, drop off and pick up sites may be an avenue to increasing ridership in current systems. A U.P. wide organization may be able to create a knowledge hub that can assist residents in locating appropriate transportation. Because of the diverse number of factors affecting service and possible remedies, none of the recommendations are a panacea; it will take the collaboration of providers and policymakers to improve the future of Non-Emergency Transportation in the Upper Peninsula.

Chapter 1 - Project Overview

Introduction

Non-emergency medical transportation (NEMT) includes transportation and patient access to doctor's offices, medical services, hospitals, and other healthcare providers. NEMT is often a barrier to service for patients in certain contexts, particularly for the elderly and/or disabled, and those in rural areas. The Upper Peninsula (U.P.) region of the State of Michigan has a significant portion of its population that meets these demographics. No comprehensive study of non-emergency medical transportation issues and opportunities has been undertaken in this region in several decades.

UPCAP, the Upper Peninsula Commission for Area Progress, oversees programs in the region that focus on promoting the development of the human, social, and community resources available to U.P. residents.¹ UPCAP serves as the regional coordinating body for the U.P. Area Agency on Aging, promoting services and resources to seniors. A needs assessment conducted in 2019 by the U.P. Area Agency on Aging ranked door-to-door transportation service as one of the highest unmet needs for seniors in the region.² UPCAP devotes significant funding on an annual basis to service providers specifically for NEMT.

UPCAP also oversees the 2-1-1 Call Center program for the U.P. region. Michigan 2-1-1 is a free, confidential service that provides information and referral to transportation services, health and human services, community preparedness, and crisis information. A program of the Michigan Association of United Ways (MAUW), Michigan 2-1-1 works with eight regional 2-1-1 providers on a shared/common delivery platform to connect Michiganders with over 7,800 agencies offering over 29,000 services across the State.³ The U.P. 2-1-1 Call Center has resource and call data that shows that non-emergency medical transportation is one of the most requested services with the fewest number of area providers.

Background

In November 2019 UPCAP applied for and received funding through the Michigan Health Endowment Fund's 2019 Healthy Aging program. The purpose of the healthy aging initiative is to improve access and availability of integrated, comprehensive services for older adults and their caregivers, delivered in a person-centered way. UPCAP's goal is the creation of an assessment and analysis of non-emergency medical transportation services in the Upper Peninsula that identifies deficiencies and offers opportunities to serve more residents.

This analysis is intended to help future funders, providers, and organizations prioritize or direct their limited resources toward the areas of that would have the greatest impact, and engage existing stakeholders in identifying the barriers to service and opportunities that currently exist. Once these are realized, strategic planning will be undertaken to address and prioritize the most critical needs in the region.

¹ www.upcap.org/about

² https://4ami.org/uploads/files/document/2019_Older_Michigander_Needs_and_Solutions_Assessment_final.pdf

³ <https://www.mi211.org/about-2-1-1>

To conduct the study and analysis, UPCAP reached out to the three Upper Peninsula Regional Planning Agencies – Central Upper Peninsula Planning and Development (CUPPAD), Eastern Upper Peninsula Regional Planning & Development Commission (EUPRP&DC), and the Western Upper Peninsula Planning and Development Region (WUPPDR). These agencies were originally founded with the support of UPCAP and the US Economic Development Administration to help regionally coordinate planning and resource development for their areas of influence.

Scope of Project

The scope of the project includes the entire Upper Peninsula of Michigan, its people, and its health and transportation providers. The Upper Peninsula contains fifteen counties, 148 townships, 20 cities, and 19 villages and 5 tribes that make up the local units of government (Map 1). Each Regional Planning Agency offers resources and expertise to the local units of government within their respective regions (Map 2).

The U.P. Non-Emergency Medical Transportation Study and Analysis was conducted over the period from January 2020 through December 2021. The study includes assessments on current available services of public, private, and specialized transportation providers, as well as medical, vision, mental, and dental healthcare providers and other agencies that provide services to the low to moderate income population or the elderly. An assessment of available providers and service areas was then undertaken to identify gaps and opportunities.

Planning Process

UPCAP provided administrative oversight to the three Regional Planning Agencies (RPAs) during the planning process. The RPA's coordinated weekly conference calls to discuss and develop the methodology of data gathering, statistical analysis, public input sessions, and final product layout. Quarterly oversight calls with UPCAP and the RPAs were held throughout the course of the project.

The project began by evaluating existing plans that address transportation issues in the U.P. to become acquainted with previously developed concepts. These plans included:

- Public Tribal Transit Implementation Plan, May 2015⁴
- Coordinated Mobility Plan – Prosperity Region 1, May 2016⁵

It was determined that an inventory of existing transit agencies and service providers would be the first step in analyzing the unmet needs related to non-emergency medical transportation. Information gathered included routes, schedules, fares, and accessibility for identified public, private, specialized transit and charitable groups. Healthcare provider information collected included days and hours of operations, services provided, and the presence of in-house or transportation partnerships. Each RPA covered their region and used different methods of collecting the data.

⁴ <https://www.saulttribe.com/about-us/transportation-department>

⁵ <http://www.kfhgroup.com/michigan/Region1-RegionalCoordinationPlan051916.pdf>

Additional research and interviews were conducted with transit organizations that were identified in the inventory process. In some instances, surveys were used to collect information. Phone interviews and on-line public input sessions were also used to collect additional information from policy makers and the public.

Once the inventory concluded, the RPAs began statistical analysis and the creation of visual representations and maps. These analyses revealed the underserved areas demographically and by existing transportation infrastructure. The results are elaborated in further detail in Chapter 4.

Draft Document

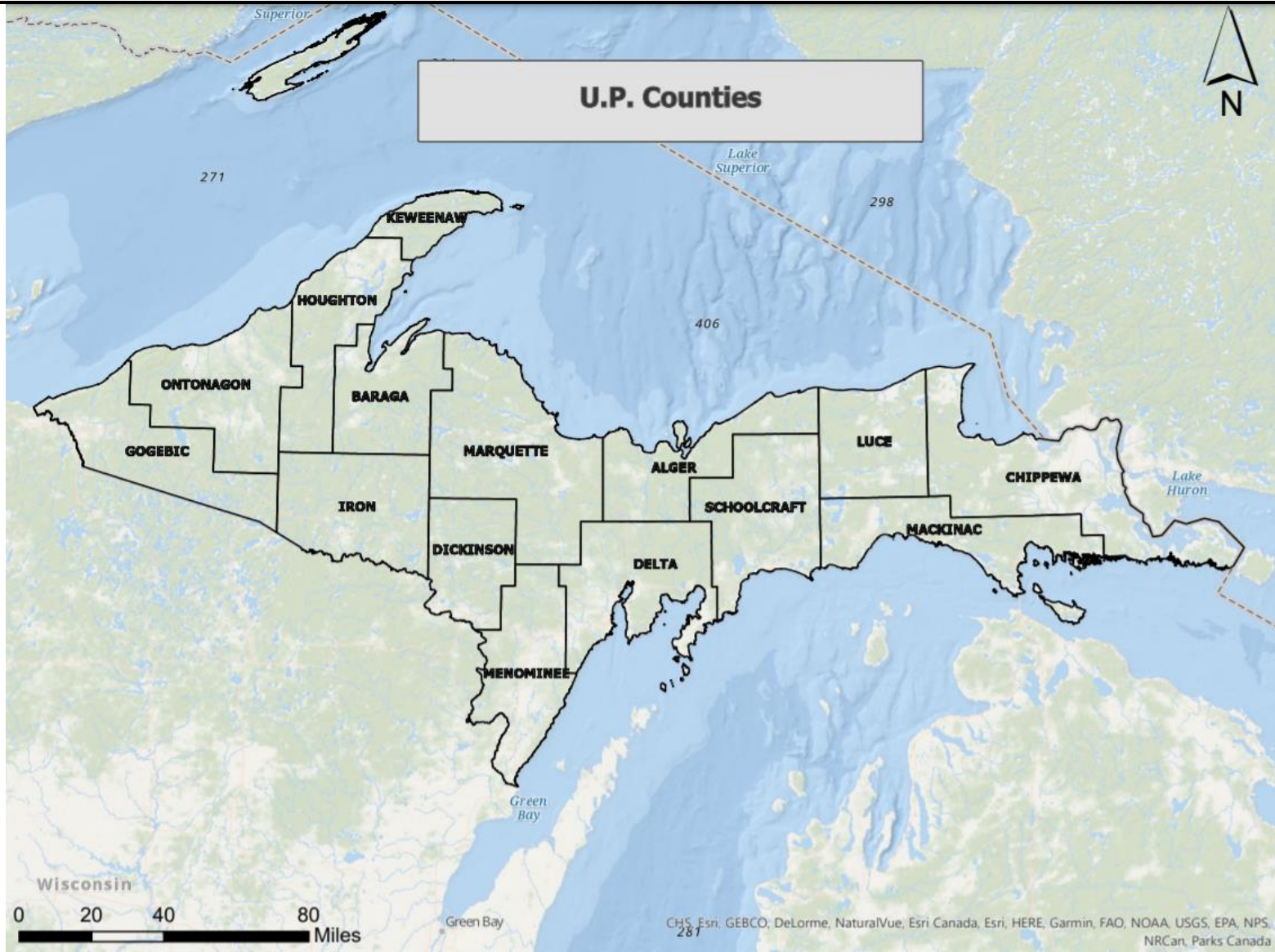
The final inventory and analysis were synthesized to form the Upper Peninsula Non-Emergency Medical Transportation Study. Each RPA published the draft document on their respective website for public review and comment. An email was sent out to all the identified stakeholders and a news release sent to local media outlets announcing the start of a 30-day comment period in November.

After the 30-day public comment period on the draft document, staff reviewed and incorporated the information received into the final study.

Chapter Layout

The following chapters present an overview of each region and summary of the key challenges surrounding NEMT service in the Upper Peninsula. Chapter 2 describes the Upper Peninsula and provides demographic information for each county. Chapter 3 is divided into the three regions overseen by the RPAs; each describes the planning process, data collection and inventory of current available services, identifies gaps in services, provides local policies and practices, and considers possible strategies and alternatives for NEMT service. Chapter 4 describes the assessment of population and transportation service to establish high priority areas. Key challenges regionwide that effect transportation service and planning are detailed in Chapter 5. Chapter 6 provides a set of recommendations that could help improve availability, efficiency, and cost effectiveness. Demographic information, surveys, interviews undertaken, and public input are provided as appendices.

Map 1 Upper Peninsula Counties



Chapter 2 - Region Description

Area Description

The Upper Peninsula of Michigan – also known as Upper Michigan or colloquially the U.P. – is the more northern of the two major landmasses that make up the state of Michigan. It is separated from the Lower Peninsula by the Straits of Mackinac, and bounded primarily by Lake Superior to the north, separated from the Canadian province of Ontario at the east by the St. Marys River, and flanked by Lake Huron and Lake Michigan along much of its south. The western border is contiguous with the state of Wisconsin, along natural and artificial boundaries.

The Upper Peninsula contains 29% of the land area of Michigan but only 3% of its total population. Its largest cities are Marquette (20,629), Sault Ste. Marie (13,337), Escanaba (12,450), Menominee (8,488), Houghton (8,386), and Iron Mountain (7,518). The peninsula is largely rural and sparsely populated; heavily forested land, poor agricultural soil types, and prolonged winter weather form natural barriers to settlement. Combined with an existing low tax base, aging population, and logistical factors (e.g. long distance to health providers, lack of infrastructure), the Upper Peninsula is an ideal area for a non-emergency medical transportation programs that service the target demographics outlined by federal and state programs and non-profit agencies.

Demographics

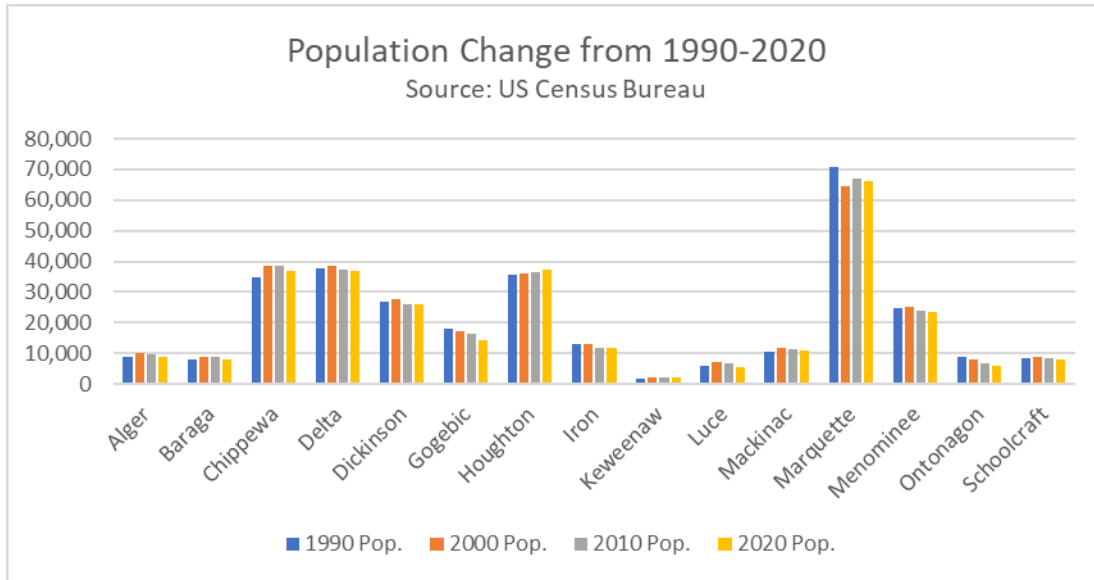
Population Density

Low population density and large areas of open land define much of the Upper Peninsula. Regions with low population density face challenges with constructing and maintaining transportation systems due to a smaller pool of local taxpayers to finance transit projects without additional means.

The table and graph on the following pages show population change from the 1990 to 2020 Decennial Censuses. In that time, just over half of the counties in the U.P. have experienced population decline, and all counties but Houghton experienced decline from 2010-2020. Representing thousands of people, Ontonagon (-35.31%) and Gogebic (-20.34%) counties had the greatest decline along with eight other counties. Five counties experienced minor to moderate growth. Keweenaw County reported a 20.28 percent increase in population during the period, with Chippewa County experiencing a 6.3 percent increase, and Houghton County reporting 5.4 percent increase. In Table 1 below, counties shaded green increased in population and counties shaded blue declined, with color gradients reflecting percentage ranges.

Table 1 - Population Change by County

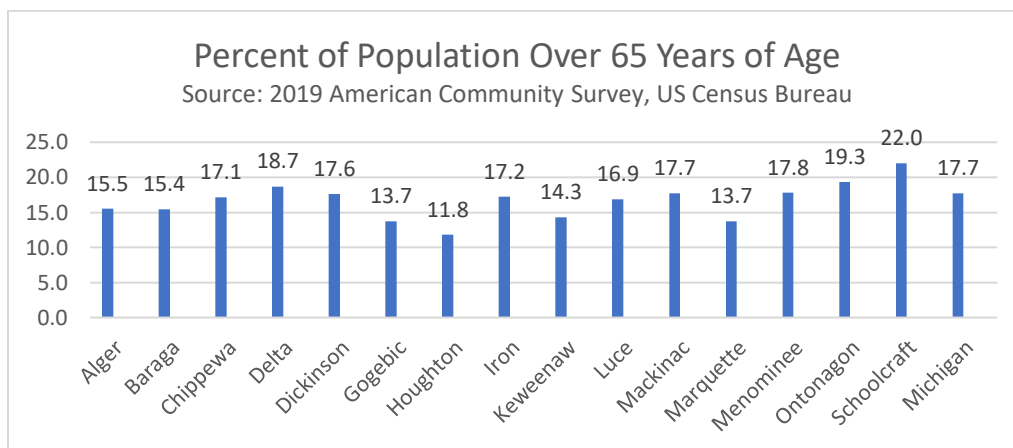
County	1990 Pop.	2000 Pop.	2010 Pop.	2020 Pop.	1990-2019 % Change
Alger	8,972	9,862	9,601	8,842	-1.45%
Baraga	7,954	8,746	8,860	8,158	2.56%
Chippewa	34,604	38,543	38,520	36,785	6.30%
Delta	37,780	38,520	37,069	36,903	-2.32%
Dickinson	26,831	27,472	26,168	25,947	-3.29%
Gogebic	18,052	17,370	16,427	14,380	-20.34%
Houghton	35,446	36,016	36,628	37,361	5.40%
Iron	13,175	13,138	11,817	11,631	-11.72%
Keweenaw	1,701	2,301	2,156	2,046	20.28%
Luce	5,763	7,024	6,631	5,339	-7.36%
Mackinac	10,674	11,943	11,113	10,834	1.50%
Marquette	70,887	64,634	67,077	66,017	-6.87%
Menominee	24,920	25,326	24,029	23,502	-5.69%
Ontonagon	8,854	7,818	6,780	5,816	-35.31%
Schoolcraft	8,302	8,903	8,485	8,047	-3.07%
Upper Peninsula	313,915	317,616	311,361	301,608	-3.92%
Michigan	9,310,462	9,952,450	9,877,597	10,077,331	8.24%



Marquette County remains the region’s most populous by far, with almost twice the population of the next county. Most of the region’s counties are fairly large in land area with overall low population density; the regional average is 18 people per square mile. Fourteen of the region’s counties are within the top 15 largest counties in Michigan, while on the opposite end, 9 UP counties are in the lowest 15 counties in population.

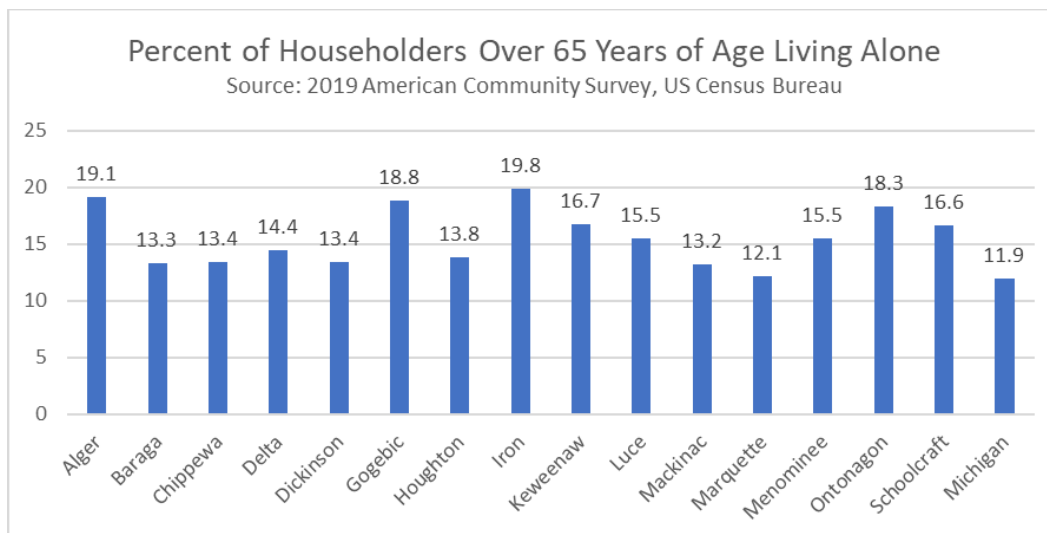
Age Distribution

Nine of fifteen counties in the U.P. have a higher proportion of elderly residents compared to the national average of 16.5 percent, so it is not surprising that most counties have experienced population declines over the past few decades. Consequences of this include higher non-age-adjusted rates of chronic disease and disability, increased healthcare utilization, and potential shortages of caregivers.



Seniors Living Alone

The following graph shows the percentage of occupied housing units for which the householder is age 65 or older and living alone, according to the 2019 American Community Survey estimates. The householder refers to the person in whose name the housing unit is owned or rented. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is intended to be occupied as separate living quarters. Not included are group quarters such as dormitories, prisons, or nursing homes where 10 or more unrelated persons live. U.P. counties have higher percentages of occupied housing units with householders ages 65 and older living alone than Michigan as a whole. Alger, Gogebic, Iron and Ontonagon Counties have populations over 50% above the statewide rate. Communities must plan for the future for the future medical and social support needs of this growing population of seniors living alone.



Upper Peninsula Wide Medical Resources

Hospitals

Regional and general hospitals represent significant destinations for users of public transportation. Major medical facilities in the Upper Peninsula are: Bay Area Medical Center, across the border in Marinette, Wisconsin; Dickinson County Hospital in Iron Mountain; Helen Newberry Joy Hospital in Newberry; Mackinac Straits Health System in St. Ignace; the U.P. Health System Hospitals in Marquette and Hancock; O.S.F. Saint Francis Hospital in Escanaba; the Aspirus Hospital Network with locations in Iron River, Ironwood, Laurium, and Ontonagon; and War Memorial Hospital in Sault Ste. Marie. Often those who rely more upon the services offered by medical facilities are older adults and persons with disabilities. Since older adults and persons with disabilities represent a large fraction of the transit-dependent population, it is imperative that these facilities are made accessible through public transit service.

Medical Clinics

A clinic is a healthcare facility that typically provides care to outpatients. They typically cover the primary healthcare needs of the residents in local communities, as opposed to hospitals who offer specialized treatments and admit inpatients for overnight stays. Clinics may be publicly or privately funded and operated. These can also include doctor's offices and specialized services. Many medical clinics in the U.P. are found clustered in the centers of population; limited primary care and few specialized services are found in rural communities. Some areas have clinics that are only open once or twice a week with staffing from physicians outside the community.

Veteran Affairs Medical Facilities

The Department of Veterans Affairs oversees a network of medical centers and smaller community-based outpatient clinics. The Upper Peninsula is home to Oscar G. Johnson VA Medical Center located in Iron Mountain. Other community-based clinics are located in Gladstone, Hancock, Ironwood, Manistique, Marquette, Menominee, and Sault Ste. Marie. Many of the smaller clinics do not offer the specialized services found at the medical center in Iron Mountain. Finding transportation to these locations can be a barrier for veterans who rely on the healthcare services that these facilities provide.

Senior Centers

Senior Centers serve senior citizens' need for social interaction, intellectual stimulation, emotional enhancement, programming, and activities that help them to improve and maintain their physical condition, wellness, and overall quality of life. Senior Centers are often home to other programs that assist seniors including transportation, assistance with government programs like veteran's benefits, Medicare, and income tax return preparation. Most centers are run by local city or county governments in cooperation with local health departments, social services, and area agencies on aging.

Centers may provide congregate meals like a breakfast or hot lunch for free or for a small donation. Congregate meals are offered to seniors in groups and provide at least one meal per day to seniors at no cost. All seniors 60 years of age and over, regardless of income, are eligible to participate in and receive free meals in a congregate meal setting. These programs contribute to nutrition and health.

Specialized Services, including those Out of State and Out of Region

Specialized medical services include areas that are generally outside the local medical providers' services. They are more likely to be used by persons diagnosed with chronic conditions or be affiliated with larger regional or national providers with the resources to provide the specialized care. Specialized services are more-likely to have a for-profit business model that prohibits them from being utilized with certain government-funded programs or services. These can include dentists and oral surgeons, optometrists, chiropractors, laboratory services, or cancer treatment and dialysis centers. Fewer rural communities have these

services locally available, and some, like specialized cancer treatment, may require patients to leave the region entirely for services in Lower Michigan, Wisconsin, and Minnesota.

Upper Peninsula Wide Medical Transportation

Upper Peninsula Health Plan (UPHP)

Based in Marquette, UPHP⁶ is a managed care and provider service organization that has been serving residents of the Upper Peninsula for more than 20 years. They provide health coverage for individuals enrolled in Medicaid, the Healthy Michigan Plan, MIChild, Children's Special Health Care Services, MI Health Link, and Medicare Advantage. Providing more than just health insurance, they support the community at large by partnering with providers, employers, and community groups who share in a vision for building a healthier Upper Peninsula. UPHP's Transportation Department can arrange medical transportation for appointments related to UPHP-covered services with a network provider or with an approved out of network provider. UPHP must use the least-costly means to meet members' needs. A user may request a ride or transportation reimbursement for an appointment, but not both. To request a ride or reimbursement, UPHP's Transportation Department is open Monday through Friday from 8 a.m. to 5 p.m. Eastern time. The answering machine is available 24 hours a day, seven days a week. Call to schedule a reservation with UPHP at least five days before the appointment.

ConnectUP Rides to Wellness

Rides to Wellness⁷ is a comprehensive NEMT program that uses existing infrastructure to broker connections between service providers. Michigan Transportation Connection (MTC) received a two-year, \$800,000 grant from the Superior Health Foundation to build a service in all 15 counties in the Upper Peninsula providing NEMT. This process involved identifying transportation providers and funding partners to make it sustainable beyond the two-year grant period. To date, eleven counties (Alger, Chippewa, Delta, Dickinson, Gogebic, Iron, Luce, Mackinac, Marquette, Ontonagon, and Schoolcraft) have partnered providers. Rides to Wellness is only available to clients who have a referral from a Rides to Wellness partner organization. There is service to non-emergency medical appointments in-state and out-of-state.

Wings of Mercy

Founded in 1991 and based in Zeeland, Michigan, Wings of Mercy⁸ is a nonprofit organization providing free air transportation for low-income individuals to distant medical centers. Flights are provided by volunteer pilots generously lending their time and often their own planes for flights. The organization is entirely funded by charitable contributions that

⁶ <https://www.uphp.com/transportation/>

⁷ <https://www.mitransit.org/connectup-about>

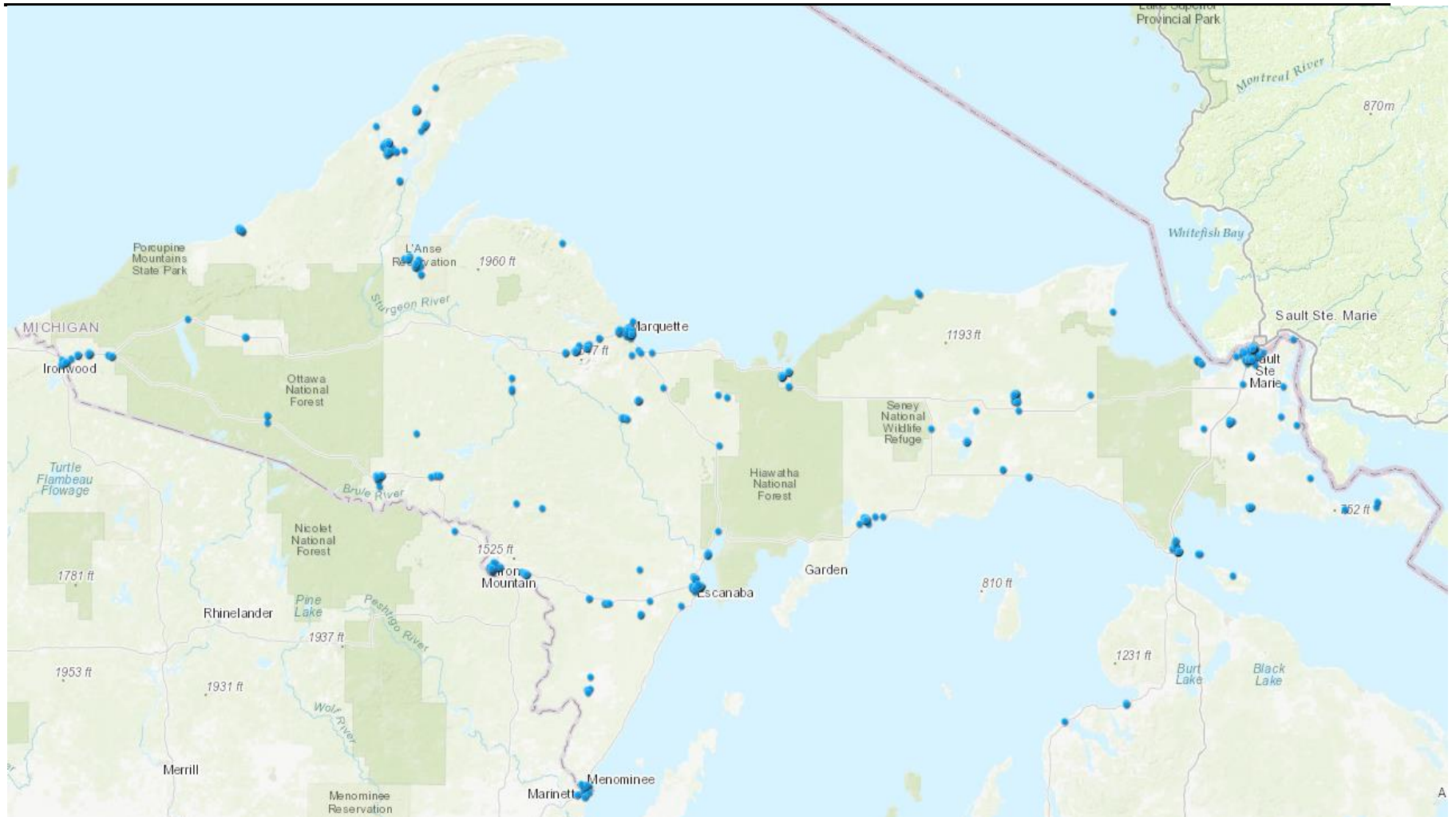
⁸ <https://wingsofmercy.org/about/>

reimburse only fuel costs. Flights are coordinated by Wings of Mercy or one of their partners to locations across the United States east of the Rocky Mountains.

Northwoods Air lifeline

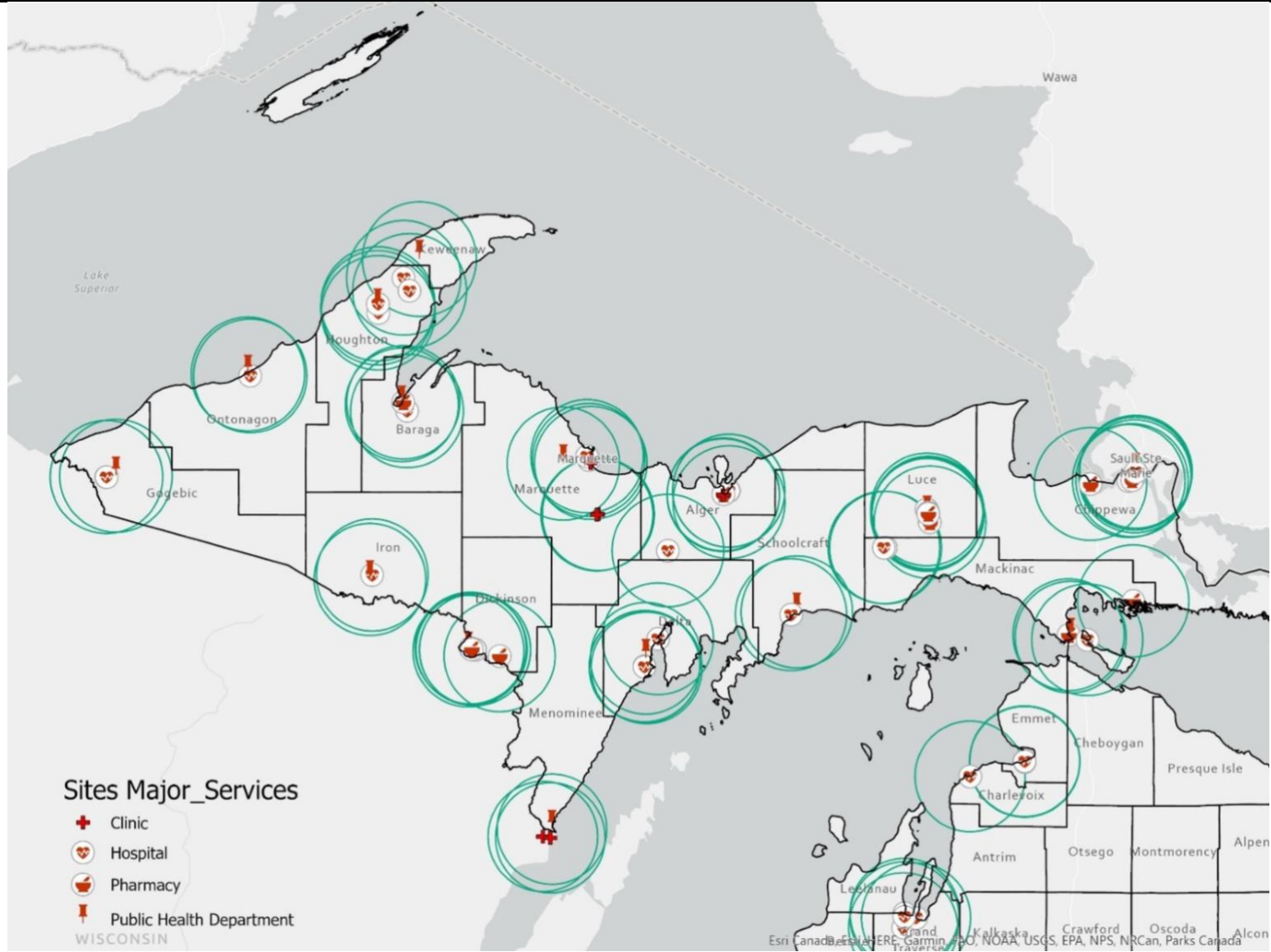
Based in Kingsford, Michigan, Northwoods Air lifeline is a non-profit organization of volunteer pilots from Michigan's Upper Peninsula and Northeast Wisconsin who donate their time and aircraft to help patients and their families with urgent medical needs for services not found locally. Since their founding in 1989, over 2000 missions have been flown to destinations in Lower Michigan, Minnesota, Wisconsin, Illinois, Indiana, South Dakota, Iowa, Nebraska, Missouri, Connecticut, and Texas; all at no cost to the individual. Northwoods Air lifeline helps meet the needs of individuals who are financially distressed and cannot afford other forms of transportation.

Map 2 Upper Peninsula Resource Service Providers Identified by 2-1-1



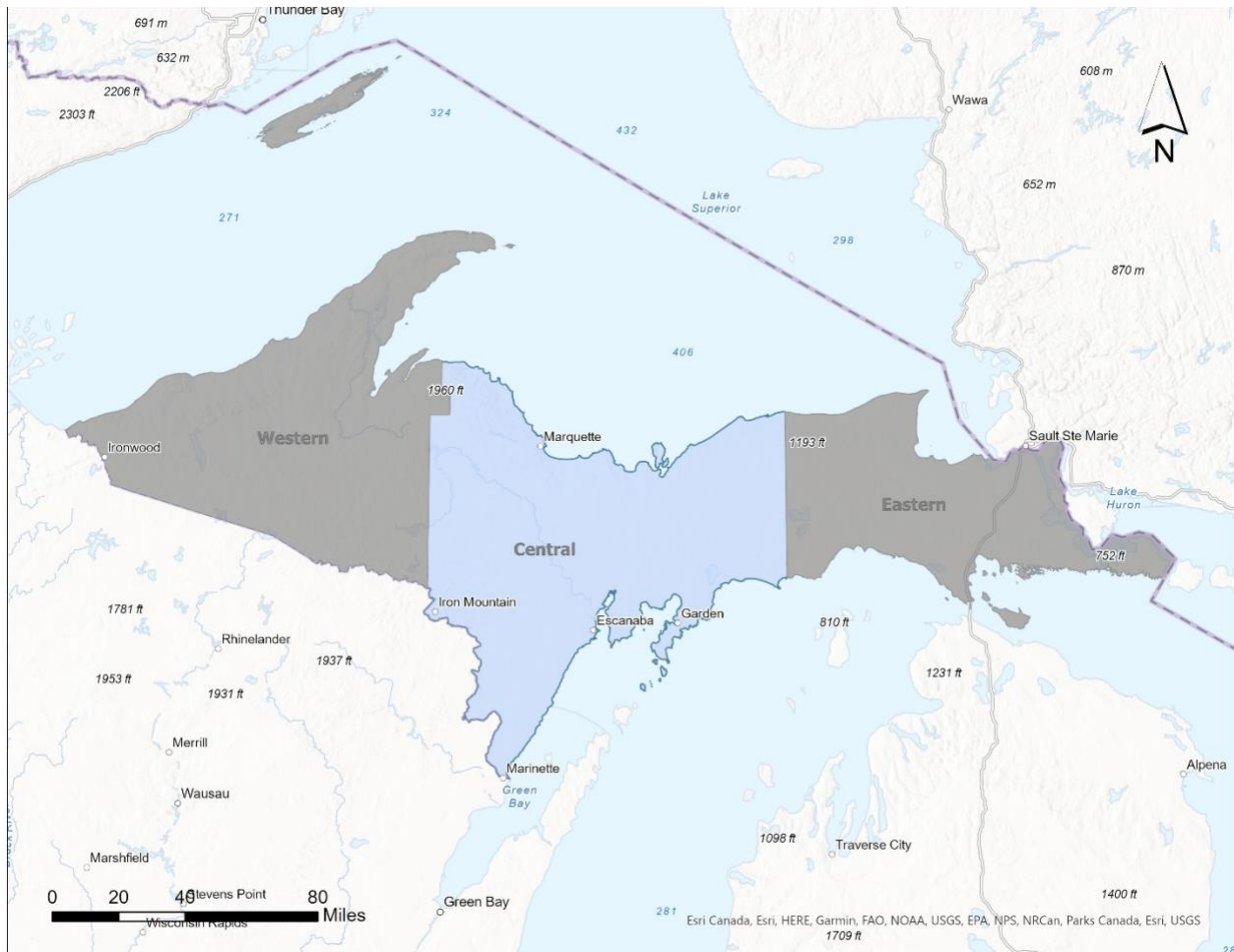
View this map online at: <https://bit.ly/UP211>

Map 3 Select Upper Peninsula Medical Service Providers and 15-Mile Radius



Chapter 3 - Inventory Resources by Region

Central Upper Peninsula



Map 4, Central Upper Peninsula Region

Initial Data Collection

Central Upper Peninsula Planning and Regional Development (CUPPAD) began the comprehensive data collection process by contacting services that were represented through UPCAP's 2-1-1 list of resources. Information was gathered from provider websites regarding hours of operations and description of services. Direct phone calls were then made to all the providers on the list to introduce the project, verify the information collected, determine if non-emergency medical transportation was provided, and to gather contact information for future stakeholder discussions.

CUPPAD developed an initial questionnaire for transit providers using ARCGIS's Survey123 module which is directly linked to a Geographic Information System (GIS) database. After hosting virtual meetings with all public transit providers and the non-profit organizations in each county in the Central region, more information was collected where gaps were

identified, maps were developed, and a strategic gap analysis process was formed and added into the plan.

Health-related services such as hospitals, home health and hospice, walk in clinics, veteran services, senior centers, health departments, healthy foods and farmers markets, pharmacies, dentistry, optometry, imaging, laboratory services, OBGYN, orthotics and more were also inventoried in the GIS database. Additional geographic consideration was made for specialized health services like oral surgeons, dialysis, and cancer treatment centers located out-of-state. This database is publicly available at the following web address:

<https://bit.ly/UP211>

One virtual meeting was hosted for all major healthcare providers in the Upper Peninsula. The discussion in that meeting focused on the obstacles and limitations patients face when they lack access to transportation services, and how healthcare providers could help. Additional information from this stakeholder session is found in the Appendix.

Transit Service Providers

Access to Transportation Services- Central Region					
	Bus Fixed Route	On Demand Door to Door	On Demand Door through Door	Private (Taxis, Uber, Lyft, etc.)	Specialty (Cancer, Ride2Wellness)
Alger County	0	0	0	0	0
City of Munising	0		0		
Village of Chatham			0		
Unincorporated Grand Marais	0		0		
Delta County	0	0	0	0	0
City of Escanaba	0	0	0		
City of Gladstone	0	0	0		
Village of Garden			0		
Dickinson County			0		
City of Iron Mountain	0		0		
City of Kingsford	0		0		
City of Norway	0		0		
Marquette County					
City of Marquette	0	0	0		
City of Ishpeming	0	0	0		
City of Negaunee	0	0	0		
Unincorporated Gwinn	0	0	0		
Menominee County			0		
City of Menominee	0		0		
Unincorporated Hermansville	0		0		
Village of Stephenson	0		0		
Village of Powers			0		
Village of Daggett	0		0		
Schoolcraft County	0		0	0	0
City of Manistique	0		0	0	0

Public Transit

Alger County Transit Authority (ALTRAN)⁹

Alger County Transit Authority (ALTRAN), a Public Act 196 transit authority, was created in March 1990 to provide countywide transit services. ALTRAN is located in the City of Munising and the current vehicle fleet consists of 17 vehicles. Local transportation can be arranged through the dispatch center or the on-call phone number seven days a week, when available. Transportation to places outside of the immediate vicinity of Munising requires 48-hour notice. Fares are based on mileage and whether the requester pays into the millage assessed through county property taxes. Standing work and medical appointments receive priority over other requests. Passengers needing pick-ups off the regular scheduled route, within a half mile, can be accommodated for an additional door-to-door fee. The fee will vary depending on where the pick-up is along the route.

ALTRAN provides a regional service run to Marquette Monday through Friday. This service is provided for medical appointments, shopping, work/school, etc. A 24-hour notice is required, 48-hour notice if pickup is needed from the outlying areas. If door-to-door service is needed in Marquette County (other than along the established route), ALTRAN can connect to the MARQ-TRAN system (additional fees through MARQ-TRAN will apply). If there is no reservation, the run is not scheduled.

Delta Area Transit Authority (DATA)¹⁰

Delta Area Transit Authority (DATA) was established through Public Act 196 in 1989. DATA's transportation, maintenance, and customer service, along with an Indian Trails regional inter-city service stop, operate out of the city of Escanaba. The service provides on average over 10,000 rides per month with 15 buses and 3 mini vans. The DATA system provides transit services to over 38,000 county residents, of which 64 percent of the reported ridership are senior and disabled. They employ 33 staff, as well as 2 Indian Trails ticket agents.

DATA provides on-demand, door-to-door, and non-emergency medical transportation services. They also offer fixed and flex routes around Escanaba, from Escanaba to Gladstone and back, Escanaba to the city of Manistique in Schoolcraft County, and Escanaba to Hermansville in Menominee County. Operating hours are Monday through Friday, 7 a.m. to 6 p.m. A priority system is used for scheduling rides along their service routes: first priority is given to subscription or recurring rides, then rides reserved with at least 24-hour notice, then rides reserved one hour in advance, and on-demand service.

Fares vary based on distance. Discounts are provided to seniors, veterans, disabled and students. Riders requesting the half fare discount must complete an ADA form and have it signed by a healthcare professional. Children 5 years of age or younger ride free with a fare paying adult. Non-emergency medical transportation outside of the service area can be scheduled as one-way or round-trip Upper Peninsula-wide; fees are assessed on an hourly rate.

⁹ <https://www.altranbus.com/>

¹⁰ <https://databus.org/>

Marquette County Transit Authority (MARQ-TRAN)¹¹

MARQ-TRAN was created in 1985 through the consolidation of two public transit systems within Marquette County and makes transit services available to all County residents. They operate both fixed-route and demand-response service. Fixed routes operate Monday through Saturday, and door-to-door service can be accommodated seven days a week. Fixed routes are connected through corresponding stops to coordinate county-wide service.

Senior citizens (60 years or older), students (K- 12 & college students with a valid school ID), veterans with valid ID, and people with disabilities ride for half fare. Preschool children ride free of charge with a paying adult. Tickets, monthly passes, and quarterly passes are available for purchase at the MARQ-TRAN offices or partner outlet sites. Door-to-door service requires a reservation with varying notice, and fares are assessed by mileage, with a maximum fare of \$5.60. Non-emergency medical transportation for appointments requires three-day advance notice.

Schoolcraft County Transit Authority (SCTA)¹²

Schoolcraft County Transit Authority has operated in Schoolcraft County for over 35 years, offering on-demand door-to-door service. Operating 11 vehicles, service is available six days a week Monday through Saturday with varying hours. In partnership with the Sault Tribe of Chippewa Indians, Schoolcraft County Transit Authority and Delta Area Transit Authority (DATA) offer a regional run between Manistique and Escanaba three times a day, Monday to Friday. Fares vary with distance and discount rates are provided to seniors, the disabled, and students. Reservations with more than one-day advance notice are preferred.

Public Non-Profit Organizations

Alger County Commission on Aging

The Alger County Commission on Aging offers transportation service to people aged 60 years and older. Their service operates Monday to Friday 8:00a.m. to 5:00p.m based on need. Door-to-door service is available and door-through-door service can be accommodated. Limited extra assistance is offered to those with a collapsible wheelchair/walker. Rides are funded through contracts with UPCAP, Sault Tribe, Veterans Administration, private insurance companies, and the Alger County transportation millage.

Dickinson Iron Community Services Agency (DICSAMI)¹³

DICSAMI is a non-profit human services organization serving primarily Dickinson and Iron Counties since 1989. DICSAMI is funded in part by federal, state, and local grants, UPCAP, the United Way of Dickinson County, local millage, and private donations. Door-to-door transportation in urban areas is available through DICSAMI's transportation program. Rides may be arranged for medical appointments, shopping, etc., and their vans are wheelchair accessible. DICSAMI operates Monday through Friday, 8:00 a.m. to 3:30 p.m. with 24-hour

¹¹ <https://marq-tran.com/>

¹² <https://sctransit.org/>

¹³ <https://www.dicsami.org/>

advance notice preferred. There is a minimal mandatory fee per ride, and fares vary by community and age. One-to-two-week notice is preferred to schedule rides.

Schoolcraft County Commission on Aging

The Schoolcraft County Commission on Aging provides limited transportation services for people aged 60 years and older. This is a volunteer-based system that pays volunteers per mile from grant money. There is no extra assistance or disability accommodation, but riders can be transported long-distance in some cases.

Marquette County Aging Services¹⁴

Marquette County Aging Services operates a volunteer-based service that covers parts of Marquette County for those aged 60 and older. There is no door-to-door service or extra assistance for passengers, and no wheelchair lifts in vehicles. The service operates Monday through Friday 8:00 a.m. to 3:00 p.m. A county millage pays for mileage reimbursement. One to three-week notice is preferred to accommodate rides.

Menominee-Delta-Schoolcraft Community Action Agency (MDSCAA)¹⁵

The Menominee-Delta-Schoolcraft Community Action Agency provides limited transportation services for seniors and those with disabilities primarily in the city of Menominee. Additional services are provided in the village of Daggett and the Hermansville area. They also provide once-a-week regional runs to Escanaba and Iron Mountain. Advanced notice is required to accommodate any on-demand ridership or determine rides outside the regular service area.

Private

Checker Transport

The Checker Transportation Group offers coach, bus, and car transportation across the United States and Canada. Based out of Marquette, Checker operates 24 hours a day, 7 days a week and provides an assortment of extra assistance for passengers. ADA-accessible service can be accommodated through the reservation of their shuttle bus. Their rates vary by vehicle with a flat fee: in Marquette \$10; outside Marquette to Walmart is \$11.00; south to Shiras Hills \$11.00, elsewhere \$2.25/mile.

City Cab

City Cab can take patrons anywhere in the U.P. and operates 24 hours a day. They provide door-to-door and door-through door-services with limited assistance. Vehicles can accommodate collapsible wheelchairs/walkers. Their passengers must be physically able to get in and out of the vehicle. Fares are \$1.60 per mile, and/or \$24 per hour of wait time.

¹⁴ https://www.co.marquette.mi.us/departments/aging_services/index.php

¹⁵ <https://www.mdscaa.org/>

Double D Cab

Double D Cab operates primarily within Dickinson County, though will travel as far as the customer is willing to pay the fare. Fares start at \$8 per trip in the city of Iron Mountain, or \$1.60 per mile outside of the city.

JN Taxi and Courier

JN Taxi and Courier of Escanaba operates primarily in Delta County but serves the entire U.P. region. Their vehicles operate 24 hours a day, 7 days a week and can accommodate collapsible wheelchairs and walkers. Fares vary by in-town or \$1.50 per mile.

M&M Taxi

M&M Taxi primarily serves the cities of Menominee and Marinette, Wisconsin and the surrounding counties. Vehicles operate 24 hours a day, 7 days a week and can accommodate collapsible wheelchairs and walkers. They can provide door-to-door, door-through-door, and limited additional service to their riders. Fares within the cities of Menominee and Marinette start at \$8, special regional run rates, or \$1 per mile.

Uber/Lyft

Uber and Lyft are private ride-sharing programs that operate in a limited capacity in the Upper Peninsula region. Service is based on mileage and the availability of participating drivers. Uber does not include a specific coverage area, though participating drivers localize in the larger cities. Lyft includes the city of Marquette in its listed coverage areas.

[Specialized Services](#)

Veterans Transportation Service Oscar G Johnson VA Medical Center

The Oscar G Johnson VA Medical Center offers transportation for veterans with destinations within a 50-mile radius of Iron Mountain. The service operates Monday to Friday, 7:30am-4:00 pm. Based on need, the service will also travel between Iron Mountain and a larger VA hospital in Milwaukee, Wisconsin. Door-to-door service is available, and a wheelchair lift is an option.

Arms of Angels Homecare

Arms of Angels Homecare specializes in transportation for individuals in wheelchairs to medical appointments, weddings, shopping, or other events. All Arms of Angels vehicles are equipped with wheelchair accessible lifts and ramps. Arms of Angels is based in Kingsford but can serve a broader geographic area across the U.P. and northern Wisconsin. Cost of Service varies by pick-up location, drop-off location, and distance traveled. They operate 24 hours, 7 days a week.

Transit Agencies Stakeholder Sessions

During the initial data gathering process, CUPPAD hosted virtual meetings with representatives of the public or non-profit transit providers in all six counties of the Central Region. These meetings were held with the focus on obtaining additional information about each organization and establishing the strengths and weaknesses of each program regarding non-emergency medical transportation services. CUPPAD also took the opportunity to provide additional information to stakeholders on regional partnership opportunities with Michigan Transportation Connection's Ride-to-Wellness program. Comments from each participating authority related to their NEMT capacity are summarized below:

Alger County Transit Authority/ ALTRAN

- To ensure that ALTRAN can provide the requested ride(s), customers must give advanced notice to guarantee a scheduled trip. The organization's driving schedule is planned a week ahead and rides are assigned to drivers and buses dependent on destination and frequency. A 7-day or more notice is ideal to schedule a ride for a non-emergency medical appointment. ALTRAN's cancellation policy requires that users cancel their rides with advance notice if possible.
- Because of Alger County's rural character, weather is often a factor in determining service, especially in the winter months. For example, driving from city of Munising to Grand Marais during the winter depends significantly on the condition of plowed roads.
- With ALTRAN's schedule determined a week in advance, finding an available vehicle or driver to take on a short-notice or unscheduled ride is difficult.
- ALTRAN participates in the Rides-to-Wellness program, however they have found that only a limited number of their riders are aware of the service and it is not a significant funding source for the organization. If awareness could be promoted and drive usage higher, ALTRAN would consider adding specific services for NEMT.

Delta Area Transit Authority (DATA)

- DATA ensures as well as possible that all rides in the Escanaba-Gladstone area are accommodated, but outside the regular route to Manistique, demand from rural areas is both difficult to schedule and receive sufficient funding for. Advanced notice for scheduling rides is a major component of their priority-response system.
- An operating millage funds DATA's services in the county, but the more-rural townships did not support an additional millage for funding. DATA does not calculate a per-mile rate for fares, so services outside their regular service area are not cost-effective.
- DATA participates in the Rides-to-Wellness program, though have not found it to be well-known by their users. They have accommodated both daily local trips and limited outside-region runs through the program.

Dickinson Iron Community Services Agency (DICSA)

- DICSA operates primarily within 20-30 miles of the city of Iron Mountain and its surrounding communities, with limited runs to Iron River and Crystal Falls. Through

their federal funding through the Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities Program, they are limited to a specific clientele and on-demand services.

- Limited hours, driver availability, and funding make it difficult for DICSA to accommodate rides outside of their regular service area. DICSA has found demand for expanded services across Dickinson and Iron Counties but does not have the resources to support it.
- DICSA's services for NEMT depend largely on the funding source and medical need. Fares vary significantly, with rides starting at \$3 per trip to \$40 per hour or more.

Marquette County Transit Authority (MARQ-TRAN)

- MARQ-TRAN primarily offer fixed routes and routed on-demand services. Advanced notice is a primary factor in scheduling routes efficiently.
- Door-to-door services are limited to three geographic service areas and the number of vehicles in operation.
- MARQ-TRAN has partnered with other local organizations to facilitate NEMT-specific services.

Menominee-Delta and Schoolcraft Community Action Agency (MDSCCA)

- MDSCCA's availability is limited by service population, hours, and available staffing. Their limited service area of Menominee, Daggett, and Hermansville makes scheduling trips outside the area difficult.
- The agency has found demand for regional service to larger medical systems in Marquette and Green Bay, Wisconsin. MDSCAA is reluctant to provide these services because of distance and the availability of service to others. Client appointments combined with route scheduling often fall outside of their regular service hours.
- Funding is the majority issue in expanding services within Menominee County, and the availability of service from DATA and SCTA prohibit expansion in those counties.

Schoolcraft County Transit Authority (SCTA)

- SCTA readily accommodates NEMT for local riders or in partnership with DATA for those needing to go to Escanaba. Trips outside of those areas are not cost-efficient, and often require a partner or volunteer organization to fund or accommodate.
- The agency has had issues with scheduling and cancellation of NEMT-specific rides. These have influenced the regular services they can provide.
- Fares can vary from regular route rates, to \$15-25 an hour within Schoolcraft and Delta Counties, or \$40 an hour for a regional trip.

Health Providers

Community Health Services- Central Region						
	Hospital	Medical Clinic	Dental	Vision	Pharmacy	*Specialty
Alger County						
City of Munising	◊	◊	◊	◊	◊	◊
Unincorporated Grand Marais		◊				
Unincorporated Trenary		◊				
Delta County						
City of Escanaba	◊	◊	◊	◊	◊	◊
City of Gladstone		◊	◊		◊	
Dickinson County						
City of Iron Mountain	◊	◊	◊	◊	◊	◊
City of Norway		◊		◊	◊	
City of Kingsford		◊	◊		◊	
Marquette County						
City of Marquette	◊	◊	◊	◊	◊	◊
City of Ishpeming		◊		◊	◊	
City of Negaunee		◊			◊	
Unincorporated KI Sawyer		◊				
Unincorporated Gwinn			◊		◊	
Menominee County						
City of Menominee		◊	◊	◊	◊	◊
City of Stephenson		◊				
Village of Daggett		◊			◊	
Village of Powers		◊				
Unincorporated Harris		◊			◊	
Schoolcraft County						
City of Manistique	◊	◊	◊	◊	◊	◊
*Specialty health care can include: Allergists, Audiologists, Chiropractors, Dermatologists, Podiatrists, Dialysis, etc.						

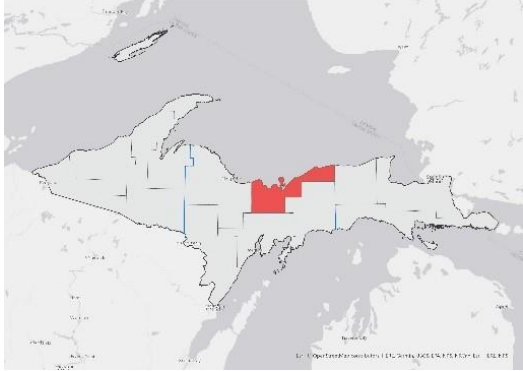
With the Upper Peninsula's highest population, the Central Region supports the highest number of medical providers. The U.P.'s largest hospital is UPHS Marquette with 222 beds, supported by over 200 doctors in 65 specialties. Marquette is a destination for specialty medical care across the entire region; the next-largest hospital system with similar services is located in Green Bay, Wisconsin, nearly 150 miles away. The Central Region's urban centers of Escanaba (OSF St. Francis), Manistique (Schoolcraft Memorial), Munising (Munising Memorial), and Iron Mountain (Dickinson County) all support smaller hospitals with varying specialty care.

Many of the cities in the region support at least one medical clinic. The Marquette-Negaunee-Ishpeming corridor and Escanaba have clusters of specialty clinics and services. Clinics are available in some rural areas such as Sawyer, Harris/Hannahville Indian Community, and Trenary. A limited clinic open once a month is available in Grand Marais. Dental and vision services are limited to the larger communities in region. Pharmacies are found in most communities, though are often part of chain enterprises.

Where door-to-door service is available, seniors and those with disabilities can often reach the majority of medical services in their communities. In the Marquette area, the fixed routes include several areas where medical services are located, though not all facilities are along these routes. In those places where door-to-door service is not available, or is not available to the general public, the majority of riders must choose private transportation services to reach their destination. In more rural areas, these services are often non-existent or are prohibitively expensive. Very few connections exist to provide services from the outlying areas to Marquette, and in the southwest to Green Bay, Wisconsin.

Representatives from health providers in the Central Region participated in a regionwide stakeholder session to discuss issues with non-emergency medical transportation. A description of this session and the comments provided is outlined in the Appendix.

Local Units of Government

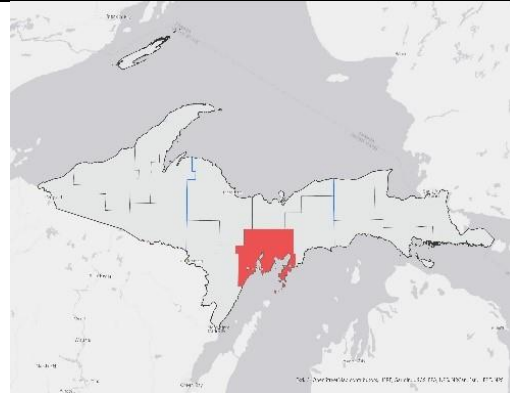
Alger County	
<p>Covering 914.8 square miles, Alger County, Michigan is the 12th-largest county in Michigan by area. Munising is the only city in the county; nearly 80% of the population live outside Munising city limits.</p>	
<p>Total Population: 9,151</p>	
Demand Population	%
People with a Disability	17.4%
Veteran	7.3%
People 65 and older	24.7%
Median Household Income	\$55,675
Below Poverty level	11.2%
<p>Source: 2019 American Community Survey 5-Year Estimates</p>	
	
Public Transit Agencies	
<p>Alger County Transit Authority (ALTRAN)</p>	
Non-Profit Transit Organizations	
<p>Alger County Commission on Aging</p>	
<p>Limitations and Obstacles:</p> <ul style="list-style-type: none"> • Weather conditions • Available vehicles and manpower • Advanced notice for scheduling or cancelation 	
<p>Recommendations:</p> <ul style="list-style-type: none"> • Expand promotion of ALTRAN services • Partner with healthcare facilities or other transit providers for dedicated routes • Identify grant funding • Establish second-passenger vouchers for clients who need caregiver assistance 	
<p>Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)</p> <p>City of Munising AuTrain Township Burt Township Grand Island Township Limestone Township Mathias Township Munising Township Onota Township Rock River Township</p>	
<p>Analysis Summary:</p> <p>ALTRAN serves clients by providing on-demand transportation, door-to-door, and fixed schedule routes. Clients with the city of Munising have priority for transportation. Operations in the more rural areas of the counties face obstacles from demand and weather. The key to schedule rides with ALTRAN is to make a reservation ahead of time, provide advanced notice in case of cancellation, and provide enough information on the client's situation and physical demands if applicable.</p>	

Delta County

Covering 1,170.8 square miles, Delta County, Michigan is the 5th-largest county in Michigan by area. Nearly half the population of the county resides in the cities of Escanaba and Gladstone.

Total Population: 35,784

Demand Population	%
People with a Disability	18.9%
Veteran	10.8%
People 65 and older	23.4%
Median Household Income	\$47,434
Below Poverty Level	12.9%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Delta Area Transit Authority (DATA)

Non-Profit Transit Organizations

Private Business (taxi, Uber, Lyft,..)

JN Taxi and Courier

Limitations and Obstacles:

- High demand for regional service with lack of funding
- Limited number of vehicles and drivers
- Limited service in rural townships that have not funded millage

Recommendations:

- Expand notice requirements to better coordinate regional route demand
- Foster relationships with healthcare providers and local units of government for additional funding resources.

Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

City of Gladstone
Escanaba Township
City of Escanaba
Baldwin Township
Bark River Township
Bay De Noc Township
Brampton Township
Cornell Township
Ensign Township
Fairbanks Township
Ford River Township
Maple Ridge Township
Masonville Township
Wells Township
Nahma Township
Garden Township

Analysis summary:

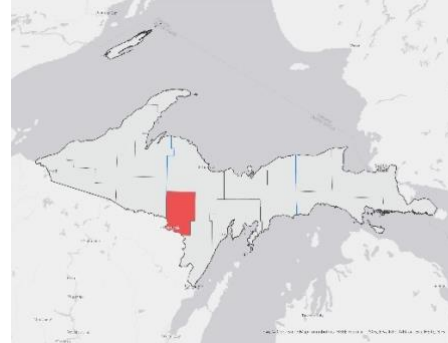
DATA's on-demand and fixed service routes, along with their established regular regional routes provide a high level of service to the general population in the area of Escanaba and Gladstone. Service for rural areas depends highly on demand and the existing funding millage that exists in the more-urban townships.

Dickinson County

Covering 761.2 square miles, Dickinson County, Michigan is the 22nd-largest county in Michigan by area, and the smallest in the Upper Peninsula. The three urbanized areas around the cities of Iron Mountain, Kingsford, and Norway exist in close proximity in the southwest corner of the county and comprise nearly 80% of the population.

Total Population: 25,239

Demand Population	%
People with a Disability	17.8%
Veteran	11.3%
People 65 and older	22%
Median Household Income	\$51,645
Below Poverty level	11.7%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

None

Non-Profit Transit Organizations

Dickinson-Iron Community Services Agency (DICSA)

Private Business (taxi, Uber, Lyft,..)

Double D Cab

City Cab

**Municipalities/Communities
Demand Ranking**
(**Highest Need, Moderate-High Need,
Moderate-Low Need, Low Need**)

City of Iron Mountain
Breitung Township
City of Kingsford
City of Norway
Breen Township
Felch Township
Norway Township
Sagola Township
Waucedah Township
West Branch Township

Limitations and Obstacles:

- Federal funding program prohibits expansion of service to wider population.
- Wide geographic service area with limited number of vehicles and drivers.
- High demand for regional service with limited capacity.

Recommendations:

- Seek possible alternative funding sources to expand service and service area.
- Expand partnership opportunities to create more-feasible regional service routes.

Analysis summary:

DICSA's transportation services are a secondary operation of the organization, and their funding through Section 5310 prevents needed expansion of transportation services in the area. The majority of service is available in only the immediate vicinity of the City of Iron Mountain, though there is a high-demand for service in the Iron River-Crystal Falls area and more-rural townships of both counties.

Marquette County

Covering 1,808 square miles Marquette County is the first-largest county in Michigan by area, and has nearly double the population of any other county in the Upper Peninsula. Most of the residents live along an urbanized core along the route of US-41 through the mid-section of the county. The City of Marquette is home to the largest hospital and medical presence found in the U.P. region.

Total Population: 66,699

Demand Population	%
People with a Disability	15%
Veteran	9%
People 65 and older	18.4%
Median Household Income	\$55,148
Below Poverty level	11.4%

Source: 2019 American Community Survey 5-Year Estimates



Public Transit Agencies

Marquette County Transportation Authority (MARQ-TRAN)

Non-Profit Transit Organizations

Marquette County Aging Services

Private Business (taxi, Uber, Lyft,..)

Checker Transport

Limitations and Obstacles:

- MARQ-TRAN focuses on fixed and on-demand routes in limited geographic service areas, with possible need for transfers or alternate providers.
- No regional service though there is a high demand for service to City of Marquette from other counties.

Recommendations:

- Seek possible funding opportunities to expand NEMT-specific service.
- Coordinate with other transportation providers to create regular regional service routes.
- Create partnerships with healthcare providers to expand the service population.

Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

Humboldt Township
 Michigamme Township
 Republic Township
 Ewing Township
 Wells Township
 City of Marquette
 City of Negaunee
 City of Ishpeming
 Champion Township
 Chocolay Township
 Ely Township
 Forsyth Township
 Ishpeming Township
 Marquette Township
 Negaunee Township
 Powell Township
 Richmond Township
 Sands Township
 Skandia Township
 Tilden Township
 Turin Township
 West Branch Township

Analysis summary:

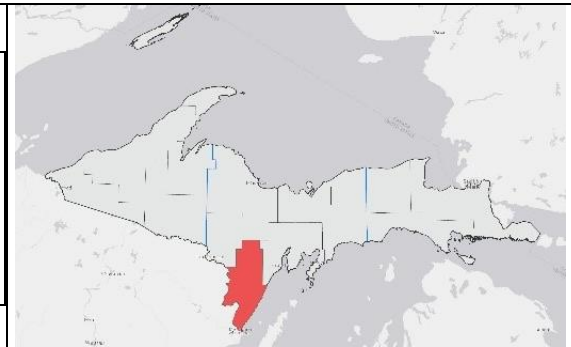
MARQ-TRAN provides a high-level of transportation service to the general population but does not consider NEMT as a specific priority. There is a high-level of demand for regional connections to the MARQ-TRAN system from other counties in the region.

Menominee County

Covering 1,043.8 square miles Menominee County is the 8th-largest county in Michigan by area. Roughly half of the population lives in the vicinity of the City of Menominee in the extreme south.

Total Population: 22,780

Demand Population	%
People with a Disability	15.4%
Veteran	11.5%
People 65 and older	21.7%
Median Household Income	\$60,698
Below poverty level	12.8%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

None

Non-Profit Transit Organizations

Menominee-Delta-Schoolcraft Community Action Agency (MDSCAA)

Private Business (taxi, Uber, Lyft,..)

M&M Taxi

Limitations and Obstacles:

- Service largely limited to the southern portion of the county
- Proximity to Green Bay, WI splits demand for services outside of U.P. region
- Lack of resources to establish regional routes

Recommendations:

- Expand local and regional service to high-demand population in the Village of Daggett.
- Seek partnership opportunities to create regional route to City of Marquette.
- Seek partnership opportunities to facilitate routes from other areas of U.P. to Green Bay, WI

Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

Cedarville Township
Lake Township
Nadeau Township
City of Menominee
City of Stephenson
Faithorn Township
Gourley Township
Harris Township
Holmes Township
Ingallston Township
Mellen Township
Menominee Township
Meyer Township
Spalding Township
Stephenson Township
Daggett Township

Analysis summary:

MDSCAA's service is largely limited to the Menominee area and the US-41 corridor. While they offer regular regional routes to Escanaba and Iron Mountain, there is a high demand for regular service to the Green Bay, WI area, which has an expanded level of medical services. MDSCAA's funding is limited because of existing program requirements.

Schoolcraft County

Schoolcraft County’s 1,171 square miles make it the fourth-largest county by land area in the state of Michigan, with the fourth-lowest population. The greater part of the population is found along the US-2 corridor paralleling the shoreline of Lake Michigan, leaving the northern expanse of the county much more rural.

Total Population: 8,094

Demand Population	%
People with a Disability	22.3%
Veteran	10.1%
People 65 and older	26.5%
Median Household Income	\$45,500
Below Poverty level	16.7%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Schoolcraft County Transit Authority (SCTA)

Non-Profit Transit Organizations

Schoolcraft County Commission on Aging/Manistique Senior Citizen Center

Private Business (taxi, Uber, Lyft,..)

Limitations and Obstacles:

- High rate of cancellation strains scheduling resources.
- Limited funding and resources to expand regular regional service routes.
- Low level of service to more-rural areas

Recommendations:

- Expand partnership opportunities to create additional capacity for regional routes.
- Seek alternative scheduling options to reduce rate of cancellations.
- Seek additional funding opportunities for volunteer driver programs

Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

City of Manistique
Manistique Township
Hiawatha Township
Doyle Township
Germfask Township
Inwood Township
Mueller Township
Seney Township
Thompson Township

Analysis summary:

SCTA’s existing local on-demand services and established regional route to Escanaba provide a number of service options. A demand exists for expanded regional routes and the outlying more-rural areas of the county. Existing partnerships with other transportation service providers do not have adequate funding plans.

UPPER PENINSULA

NON-EMERGENCY MEDICAL TRANSPORTATION

AT-A-GLANCE

Central Region

The six counties of the Central Region have the largest combined population in the U.P. and support the widest availability of transportation options and medical services. However, the residents of Dickinson and Menominee counties are particularly underserved, along with those that live in the interior areas of each county.



Alger
Delta
Dickinson
Marquette
Menominee
Schoolcraft

Availability	Limitations
Public Transit	Limited Health Providers
Non-profit Transit	Highly Rural Population
Private Transit	Funding Inadequacy
	Regional Connectivity Need
	Staffing

Alger	●	●		●	●	●			●
Delta	●		●						
Dickinson		●	●	●	●	●	●	●	●
Marquette	●		●			●	●	●	
Menominee		●	●		●	●	●	●	●
Schoolcraft	●		●	●	●	●	●	●	●

Recommendations

Regionwide

- Create regional transportation routes that connect riders to the city of Marquette.
- Promote partnerships that increase service to riders in underserved Dickinson and Menominee counties.
- Create a regional communication strategy for transportation and medical providers that works to solve NEMT issues.

Alger County

- Expand marketing and digital presence to increase ridership and educate riders to reduce the cancellation rate.
- Create rural pick-up/drop-off sites with regular service to increase ridership and reduce private transportation travel length.
- Collaborate with Schoolcraft County to provide expanded service options to residents of eastern Alger and northern Schoolcraft townships.

Delta County

- Promote and increase ridership demand in rural areas to create support millage funding from townships.
- Expand or create stops along US-2 corridor to create availability between Hermansville-Escanaba/Gladstone-Manistique regional routes.

UPPER PENINSULA

NON-EMERGENCY MEDICAL TRANSPORTATION AT-A-GLANCE Central Region

Recommendations

Dickinson County

- Create a countywide public transportation system with door-to-door service for the general public.
- Explore additional funding sources through other state and federal programs to expand the service population.

Marquette County

- Expand NEMT on-demand services and promote availability countywide.
- Develop feasibility for expanding current routes to provide access to more medical provider locations in the Ishpeming-Negaunee-Marquette area.
- Collaborate with Alger and Delta counties to expand transportation access along the US-41 corridor.

Menominee County

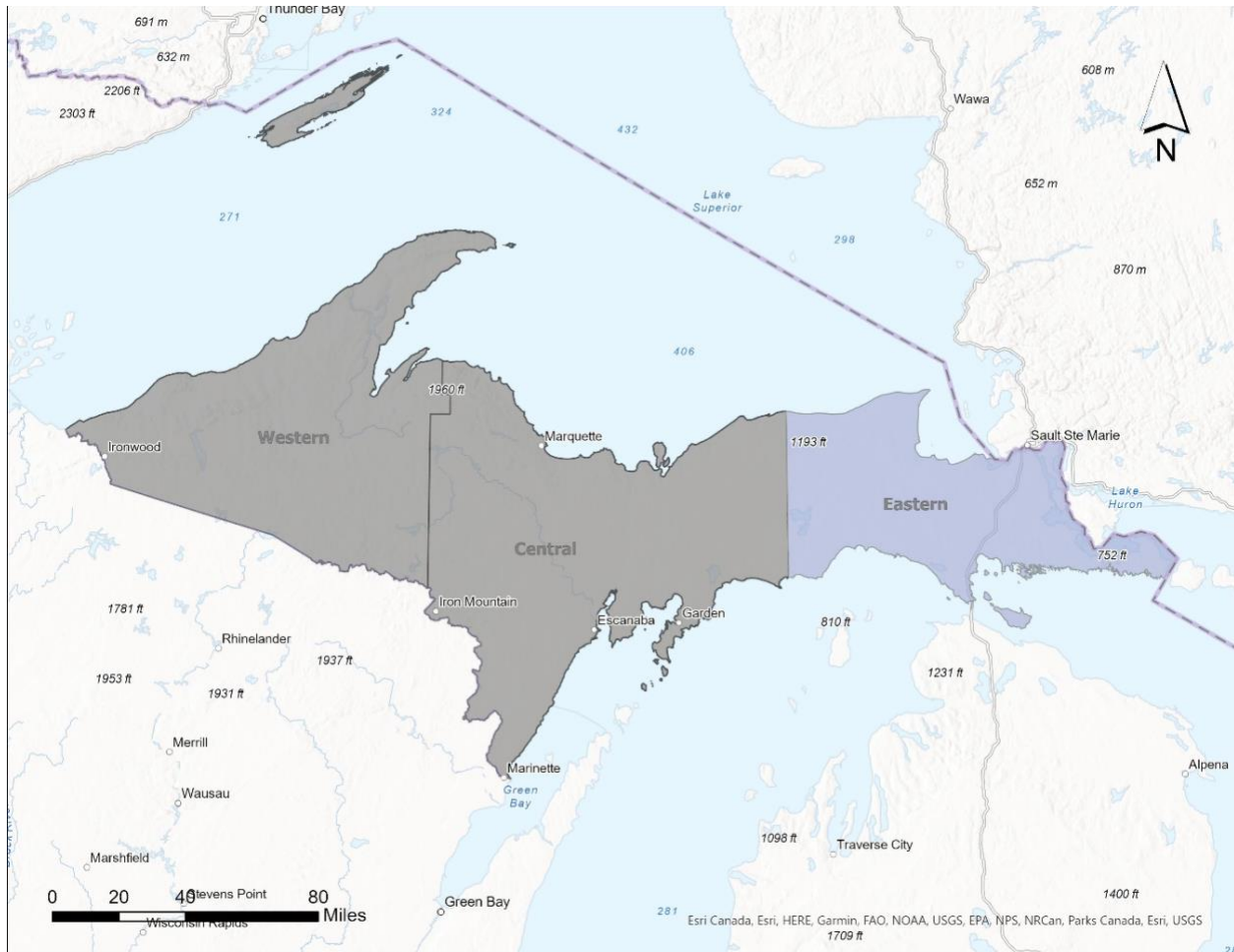
- Create a countywide public transportation system with door-to-door service for the general public.
- Expand the number of fleet vehicles and drivers to provide additional NEMT service outside of the city of Menominee.
- Develop regional connections and partnerships to create routes to medical providers in Marinette and Green Bay, Wisconsin.

Schoolcraft County

- Collaborate with Alger County to provide expanded service options to residents of eastern Alger and northern Schoolcraft townships.
- Create partnerships with transportation providers in the Eastern Region to expand regional route availability.

Priority areas: Rural Dickinson and Menominee counties, eastern Alger and northern Schoolcraft counties.

Eastern Upper Peninsula



Map 5, Eastern Upper Peninsula Region

Initial Data Collection

Eastern Upper Peninsula Regional Planning & Development Commission (EUPRP&DC) commenced initial data collection in the Eastern region by using contacts listed in 2-1-1's database. Information available from service provider websites was used to establish an initial list of phone contacts and background. Direct phone calls were then made to agencies to introduce the project, verify the previously gathered information, and to determine the extent of NEMT service offered. Agency contacts were then invited to participate in future survey and stakeholder sessions, which are elaborated upon in the Appendix.

EUPRP&DC used the survey developed by CUPPAD in ArcGIS's Survey123 module to add agency information directly into an accessible GIS database. Survey responses were gathered by invitation or phone conversations with agency contacts. Transit provider information included physical location and service areas, routes and schedules, and service availability. Health-related information on regional hospitals, medical clinics, pharmacies, specialty services, etc. was also inventoried into the GIS database. Service maps and

information were then reviewed by agency contacts for accuracy. The database is publicly available at the following web address: <https://bit.ly/UP211>

Transit Service Providers

Access to Transportation Services- Eastern Region					
	Bus Fixed Route	On Demand Door to Door	On Demand Door through Door	Private (Taxis, Uber, Lyft, etc.)	Specialty (Cancer, Ride2Wellness)
Chippewa County					
Bay Mills Indian Community	◊			◊	◊
Bay Mills Township	◊	◊			
City of Sault Ste. Marie	◊	◊		◊	◊
Kinross Charter Township	◊				
Pickford Township	◊				
Raber Township	◊				
Village of DeTour	◊				
Luce County					
Village of Newberry		◊			
Mackinac County					
Unincorporated Curtis	◊				
Mackinac Island				◊	
Clark Township	◊				
City of St. Ignace		◊		◊	

Public Transit

Bay Mills Public Transportation¹⁶

The Bay Mills Indian Community operates fixed-route and on-demand service that is available to both tribal members and the general public. Regular service occurs Monday to Friday from 6:30am-5:00pm. Fixed routes are run three times daily, with transportation from the Bay Mills area to the city of Sault Ste. Marie (20 miles). Between fixed runs, on-demand curb-to-curb service is offered in the Bay Mills-Brimley area. Bay Mills Public Transportation operates one bus and one van, both equipped with wheelchair access. Fares vary from \$1 to \$3 per one-way trip based on fixed route versus on-demand service and demographic.

¹⁶ <https://www.baymills.org/>

Eastern Upper Peninsula Transportation Authority (EUPTA)¹⁷

The Eastern Upper Peninsula Transportation Authority provides both bus and ferry service to areas of Luce and Chippewa Counties. EUPTA operates passenger ferries between Sugar, Neebish, and Drummond Islands, each with small rural communities and tourist attractions. EUPTA also offers connections to inter-regional bus service through a local Indians Trails stop, and participates in the Connect UP “Rides to Wellness” program with Michigan Transportation Connection

Their rural public bus system operates both fixed and on-demand service. During regular service, EUPTA’s fixed routes include runs between Sault Ste. Marie and the community of Kincheloe (17 miles) several times a day, seven days a week. In the Newberry area, EUPTA offers Dial-a-Ride on-demand service within a five-mile radius; a limited schedule is offered for transportation to and from the Curtis area (22 miles). The Dial-a-Ride service is offered Monday through Saturday with varying hours of operation. Before the COVID-19 pandemic, EUPTA alternated daily routes between Sault Ste. Marie and DeTour (55 miles), Pickford and Cedarville (40 miles), and Rudyard (23 miles). Fares vary on service type and demographic.

Public Non-Profit Organizations

Chippewa-Luce-Mackinac Community Action Agency (CLMCAA)¹⁸

The Chippewa-Luce-Mackinac Community Action Agency operates an on-demand and fixed route service in the city of Sault Ste. Marie, as well as on-demand bus service in Mackinac County. The Sault Ste. Marie Dial-a-Ride (SSM DAR) serves the city with a curb-to-curb, demand-response service with varying hours seven days a week. A fixed-route loop around the city operates Monday to Saturday, and a fixed spur route through the city Monday through Friday. Prior to the COVID-19 pandemic, SSM DAR also operated a cross-border route to the Canadian city of the same name. SSM DAR can accommodate wheelchair assistance with prior call ahead to their dispatch office. Fares vary from \$2 to \$4 depending on demographic.

CLMCAA also operates Mackinac County Transit (MCT) as an on-demand, door-to-door service throughout Mackinac County for both seniors and the general public. This service is available Monday to Friday, 8:00a.m. to 4:00p.m., and requires a reservation made with their dispatch office. All of their vehicles are wheelchair accessible, and rates vary from \$2 to \$4 per trip based on demographic. MCT also participates in the Rides to Wellness program to offer NEMT-specific service to medical providers in both Mackinac and Chippewa Counties.

¹⁷ <https://www.eupta.net/>

¹⁸ <https://cms.clmcaa.org/>

Private

Easy Trips and Transportation

Easy Trips and Transportation offers taxi and limousine service in the Sault Ste. Marie area. Rides within the city start at \$7 or are based on mileage for alternative destinations.

Soo Line Limo

Soo Line Limo offers a variety of transportation options and includes limited local door-to-door service in Sault Ste. Marie.

Soo Line Taxi

Soo Line Taxi offers 24-hour service in the Sault Ste. Marie area.

Mackinac Island Carriage Tours

Mackinac Island Carriage Tours offers taxi service by horse and buggy on Mackinac Island and can provide transportation to the medical clinic, airport, or ferry dock where residents must take alternate transportation to the mainland. Horse-drawn taxi cabs are available by reservation 24 hours per day during the summer season, and by appointment November through April.

Uber/Lyft

Uber and Lyft are private ride-sharing programs that operate in a limited capacity in the Upper Peninsula region. Service is based on mileage and the availability of participating drivers. Uber does not include a specific coverage area, though participating drivers localize in the larger cities. Lyft does not list a location in the Eastern Region in its listed coverage areas.

Specialized Services

War Memorial Hospital Road to Recovery

War Memorial Hospital's Road to Recovery program is a non-profit program that offers free transportation for cancer patients in the Eastern Region to an oncology treatment center in Petoskey, in the Lower Peninsula. Their vans run five days a week and are entirely supported by volunteer drivers and community donations.

Disabled American Veterans

Chippewa County Veteran Affairs, in partnership with the Disabled American Veterans organization, offers free transportation for veterans to the Iron Mountain VA Hospital. Vans are driven by volunteers and rides are coordinated by hospital service coordinators. Per national policy, DAV can only accommodate ambulatory riders. Passengers must be able to walk and get in and out of the vehicle independently. No wheelchairs are permitted. Patients with oxygen tanks cannot be transported for safety reasons.

Transit Agencies Stakeholder Sessions

During the initial data gathering process, EUPRP&DC hosted virtual meetings with representatives of the public or non-profit transit providers in the Eastern Region. These meetings were held with the focus on obtaining additional information about each organization and establishing the strengths and weaknesses of each program regarding non-emergency medical transportation services. EUPRP&DC also took the opportunity to provide additional information to stakeholders on regional partnership opportunities with Michigan Transportation Connection's Ride-to-Wellness program. Comments from each participating authority regarding their NEMT capacity are outlined below:

Representatives from EUPTA, CLMCAA, and the Sault Tribe Chippewa Indians

- The Rides to Wellness program has been very successful in the Eastern Upper Peninsula and continues to grow with increased awareness. Service providers have created additional employment opportunities to meet demand. Partner organizations have seen a decrease in the number of cancelled appointments among the service population. Service providers noted that additional vehicles would be beneficial to meet demand.
- Regional issues include limited funding or a lack thereof to provide sustainable long-term programs. The remote nature of the three-county region creates limits to the available service population, and the distance between health providers in the Eastern Region and inter-regionally limits the number of trips that are cost-effective.
- Possible strategies for expanding NEMT services include developing more partnership opportunities for funding or shared costs. Expanded partnerships would increase the number of possible users and their available service options. Groups or organizations would be more prepared to lobby for additional funding from the State Legislature. Regional partnerships would also allow for the strategic placement of vehicles and drivers, allowing more-coordinated long distance transportation.

Health Providers

Community Health Services- Eastern Region						
	Hospital	Medical Clinic	Dental	Vision	Pharmacy	*Specialty
Chippewa County						
City of Sault Ste. Marie	◊	◊	◊	◊	◊	◊
Bay Mills Indian Community		◊	◊	◊		
Village of DeTour						
Unincorporated Kinross		◊				
Unincorporated Pickford		◊				
Drummond Island		◊	◊			
Luce County						
Village of Newberry	◊	◊	◊	◊	◊	◊
Mackinac County						
City of St. Ignace	◊	◊	◊	◊	◊	◊
Bois Blanc Island		◊				
Mackinac Island		◊	◊			
Unincorporated Cedarville		◊		◊		
Unincorporated Curtis		◊		◊		
Unincorporated Engadine		◊	◊			
*Specialty health care can include: Allergists, Audiologists, Chiropractors, Dermatologists, Podiatrists, Dialysis, etc.						

The Eastern Region is the Upper Peninsula’s smallest region by both population and geography. Its rural character limits the majority of the available medical services to the larger communities of the region, though many communities support medical clinics. The city of Sault Ste. Marie is a medical destination in the region; War Memorial Hospital is the largest in the region with 49 beds. War Memorial Hospital’s network includes a number of primary and specialty care services located around the city, and satellite locations at Kinross, Cedarville, and Drummond Island. Smaller hospitals are found in the village of Newberry (Helen Newberry Joy Hospital) and the city of St. Ignace (Mackinac Straits Hospital).

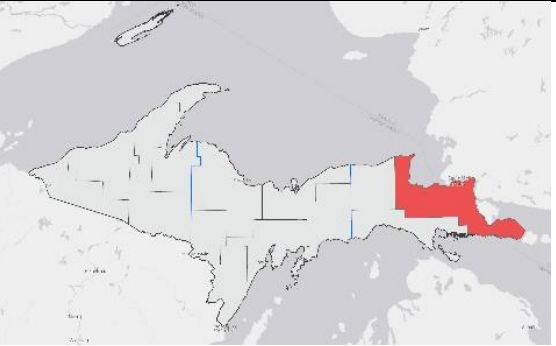
Many smaller communities support medical clinics with primary care providers. Some of these, especially on the islands, are only open for limited services due to their small populations. Many island residents must travel by ferry to a larger community to receive regular clinical care or specialty service. Due to a dispersed rural population, generally only the larger communities can support dental or vision services. Pharmacies are found in few of the more-rural communities, though some health providers, like War Memorial Hospital, support

pharmacy pickup through their rural clinics. Larger chain pharmacy providers are only located in the vicinity of Sault Ste. Marie.

Public door-to-door service is generally limited to the communities of Sault Ste. Marie, Bay Mills Township, Newberry, Curtis, and St. Ignace. Fixed route service in Chippewa County includes areas where medical services are available. The vast majority of residents living outside of these communities have little option other than private transportation to reach their destination, which can be non-existent or prohibitively expensive. Almost no options exist for inter-regional transportation to larger health providers with more options for service.

A number of representatives from health providers in the Eastern Region participated in a region-wide stakeholder session to discuss issues with non-emergency medical transportation in the region. A description of this session and the comments provided is outlined in the Appendix.

Local Units of Government

Chippewa County			
<p>Covering 1,558.0 square miles, Chippewa County, Michigan is the 2nd-largest county in Michigan by area. The City of Sault Ste. Marie is the most populous community with 36% of the county's population and is a destination for healthcare.</p>			
<p>Total Population: 37,629</p>			
Demand Population	%		
People with a Disability	18.6%		
Veteran	10.2%		
People 65 and older	17.7%		
Median Household Income Below Poverty Level	\$48,486 18.4%		
<p>Source: 2019 American Community Survey 5-Year Estimates</p>			
Public Transit Agencies			
<p>Eastern U.P. Transportation Authority (EUPTA) Bay Mills Indian Community</p>		<p style="text-align: center;">Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)</p> <p>Drummond Island Township Hulbert Township Raber Township Sugar Island Township Trout Lake Township Whitefish Township Chippewa Township Pickford Township Rudyard Township Superior Township Bay Mills Township Bay Mills Indian Community City of Sault Ste. Marie Soo Township Kinross Charter Township DeTour Township Dafer Township Bruce Township</p>	
Non-Profit Transit Organizations			
<p>Chippewa, Luce, Mackinac Community Action Agency (CLMCAA)</p>			
Private Business (taxi, Uber, Lyft,..)			
<p>Soo Line Limousine Soo Taxi Easy Trips & Transportation</p>			
Limitations and Obstacles:			
<ul style="list-style-type: none"> • Long distances between communities • Islands – ferry service • Hazardous winter weather/rural routes • Limited healthcare options outside Sault Ste. Marie 			
Recommendations:			
<ul style="list-style-type: none"> • Additional vehicles/drivers located near outlying communities • Lobby legislation change of law regarding cost share between public agencies using federal dollars • Grow partnerships/cost share 			
Analysis summary:			
<p>While the city of Sault Ste. Marie is well-served by transportation options and health providers, residents of the county in rural communities have few options, especially on the islands. Demand for service in the outlying townships and inter-regional transportation should be higher priorities.</p>			

Luce County

Covering 898.8 square miles, Luce County, Michigan is the 13th-largest county in Michigan by area. The most populous community is the Village of Newberry with 21.6% of the county's population and is a destination for healthcare.

Total Population: 6,338

Demand Population	%
People with a Disability	20.3%
Veteran	9.9%
People 65 and older	21.4%
Median Household Income	\$45,469
Below Poverty Level	17%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Eastern U.P. Transportation Authority (EUPTA)

Non-Profit Transit Organizations

Chippewa, Luce, Mackinac Community Action Agency (CLMCAA)

Private Business (taxi, Uber, Lyft,..)

Limitations and Obstacles:

- Small, widely dispersed population
- Hazardous winter weather/rural routes
- Long distances to alternative medical providers

Recommendations:

- Expand the existing service area outside the Village of Newberry
- Increase the availability of routes to more-rural areas
- Create partnerships for intra-region transportation routes

Municipalities/Communities Demand Ranking

(Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

Lakefield Township
Columbus Township
Pentland Township
McMillan Township

Analysis summary:

The Village of Newberry is the only area within the county that is relatively well-served by public transportation providers. The county's small and widely dispersed population make expanding services cost-prohibitive. Demand exists for expansion of intra-region routes to Sault Ste. Marie and St. Ignace, or inter-region to Manistique or the Lower Peninsula.

Mackinac County

Covering 1,021.7 square miles, Mackinac County, Michigan is the 9th-largest county in Michigan by area. The City of St. Ignace is the largest community with a population of 2,239. The county's population is mainly dispersed along the route of US-2 paralleling the lake shore.

Total Population: 10,780

Demand Population	%
People with a Disability	17.9%
Veteran	11.4%
People 65 and older	27.3%
Median Household Income	\$47,938
Below Poverty Level	16.4%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Eastern U.P. Transportation Authority (EUPTA)

Non-Profit Transit Organizations

Chippewa, Luce, Mackinac Community Action Agency (CLMCAA)

Private Business (taxi, Uber, Lyft,..)

Limitations and Obstacles:

- Small, widely dispersed population
- Island communities reliant on ferry services
- Proximity to larger communities in Lower Peninsula drives demand

Recommendations:

- Expand the existing service area outside the City of St. Ignace
- Increase the availability of routes to more-rural areas
- Create partnerships for intra-region transportation routes

Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

Portage Township
Hendricks Township
Hudson Township
Marquette Township
St. Ignace Township
Brevort Township
Bois Blanc Township
Clark Township
City of Mackinac Island
Garfield Township
Moran Township
Newton Township
City of St. Ignace

Analysis summary:

Mackinac County is only partially served by public transportation authorities doing limited runs in the Curtis and Cedarville areas. Mackinac County Transit through CLMCAA provides service to most of the county, with demand centered in the St. Ignace area. Mackinac County's proximity to the Lower Peninsula could make it a gateway for extra-regional transportation for access to expanded health services.

UPPER PENINSULA

NON-EMERGENCY MEDICAL TRANSPORTATION

AT-A-GLANCE

Eastern Region

The three counties of the Eastern Region have two major transportation providers, with service largely available in the Sault Ste. Marie area, but lacking in the rural areas of the rest of the region. Luce County residents have very limited transportation options in the village of Newberry.



Chippewa

Luce

Mackinac

Avallability			Limitations		
Public Transit	Non-profit Transit	Private Transit	Limited Health Providers	Highly Rural Population	Funding Inadequacy
			Regional Connectivity Need	Route Expansion Need	Staffing

●	●	●		●	●	●	●
●	●		●	●	●	●	●
●	●	●	●	●	●	●	

Recommendations

Regionwide

- Grow funding partnerships with medical providers to sustain and expand current Rides to Wellness program and create demand from ridership.
- Establish a communications program between transportation and health providers to identify issues and collaborate on solutions.
- Partner with road commissions, MDOT to establish priority snow removal areas along transportation routes.

Chippewa County

- Develop feasibility analysis regarding transit connections between ferries and bus routes, create new connections with Sugar Island Township.
- Expand regional connections to Sault Ste. Marie and to medical providers downstate, with priority on specialized medical service locations.

Luce County

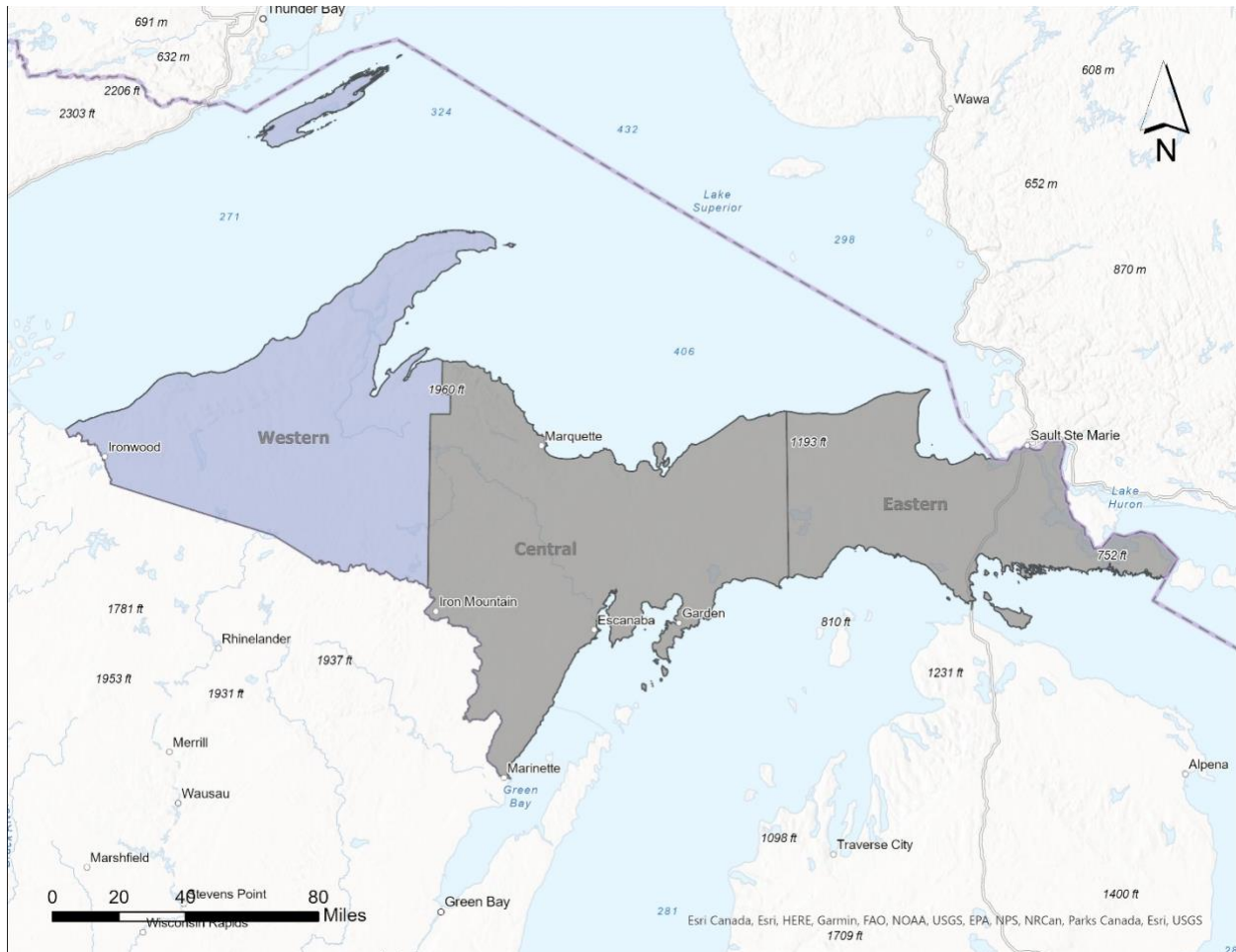
- Expand the number of fleet vehicles and drivers to provide additional NEMT service outside of the Newberry area.
- Develop regional connections with communities between Newberry and Manistique.

Mackinac County

- Expand regional connections to St. Ignace/Mackinac Bridge, and facilitate regional routes to downstate medical providers, with priority on specialized medical service locations.

Priority areas: southern Luce County and western Mackinac County

Western Upper Peninsula



Map 6, Western Upper Peninsula Region

Initial Data Collection

Following a review of relevant transportation plans, Western Upper Peninsula Planning & Development Region (WUPPDR) staff compiled a list of potential stakeholders for the Western Upper Peninsula. Utilizing contacts from the 2-1-1 database that was provided by UPCAP, the licensing data available through the State of Michigan's LARA database, and the data compiled by ESRI's Business Analyst software, over 300 organizations were identified in the region. WUPPDR inventoried the information into organization categories of service, created route maps and service areas, and supplied survey information to an accessible GIS database. This database is publicly available at the following web address: <https://bit.ly/UP211>. Through an earlier project, WUPPDR had also aggregated much of this information into its own website: www.getaroundthewesternup.org.

Two sets of phone surveys were initiated using ArcGIS's Survey123 module for identified transportation and healthcare providers. These phone conversations were used to confirm gathered information, document and correct gaps, and collect results in the GIS database. Stakeholders were then invited to participate in additional long-form interviews to

discuss the availability of NEMT service in the region. Additional information from these sessions is elaborated on in the Appendix.

Transit Service Providers

Access to Transportation Services- Western Region					
	Bus Fixed Route	On Demand Door to Door	On Demand Door through Door	Private (Taxis, Uber, Lyft, etc.)	Specialty (Cancer, Ride2Wellness)
Baraga County					
Village of L'Anse	0	0	0		
Village of Baraga			0		
Gogebic County					
City of Bessemer	0	0	0		0
City of Ironwood	0	0	0		
Unincorporated Marenisco	0	0	0		
City of Wakefield	0	0	0		
Watersmeet Township	0	0	0		
Houghton County					
City of Hancock	0	0	0		0
City of Houghton	0	0	0		0
Village of Calumet			0		
Village of Copper City			0		
Village of Lake Linden			0		
Village of Larium			0		
Village of South Range			0		
Iron County					
City of Iron River			0		0
City of Caspian			0		
City of Gaastra			0		
City of Crystal Falls			0		
Village of Alpha			0		
Keweenaw County					
Unincorporated Mohawk	0		0		
Unincorporated Eagle River			0		
Village of Ahmeek			0		
Ontonagon County					
City of Ontonagon	0	0	0		0

Public Transit

City of Hancock Public Transit¹⁹

The City of Hancock offers on-demand, door-to-door service within the city limits of Hancock and Houghton. The service operates Monday through Friday from 7:00a.m. - 5:00p.m., and fares vary based on demographic. Shuttles operated by the city are wheelchair accessible.

Gogebic County Transit (GCT)²⁰

Gogebic County Transit is a Public Act 196 transportation authority that serves the main population areas of Gogebic County. Locally known as the “Little Blue Bus,” GCT offers flex-route and on-demand door-to-door service. GCT is also a local Indian Trails ticket agent, offering regional connections to other communities in the Upper Peninsula and outside the region. With appropriate notice and availability, GCT can provide door-to-door service to any resident of Gogebic County.

Flex routes travel on a regular schedule between the cities of Ironwood and Wakefield, and Ironwood and unincorporated Watersmeet. The flex route buses will travel up to two miles to either side along the route to stop at popular locations or pick up passengers. The Ironwood-Wakefield route is available Monday to Friday from 6:45a.m. to 5:30p.m.; the Ironwood-Watersmeet route occurs twice on Thursday between 8:15a.m. and 3:30p.m. Demand-response service is available in the cities of Bessemer, Ironwood, and Wakefield between 6:00a.m. and 6:00p.m., Monday to Friday, and in Watersmeet from 10:45am to 2:15pm only on Fridays. Fares vary by demographic with discounts for seniors, disabled, students and children under 12. GCT participates in the Rides-to-Wellness program, and all buses are wheelchair accessible.

Houghton Public Transit²¹

Houghton Public Transit operates a flex route shuttle service in Houghton and a demand-response service in both Houghton and Hancock. The Downtowner Route operates Monday through Friday between 10 a.m. and 12 a.m. This route stops every 30 minutes and passes through the M-26 shopping areas, City Center, and senior housing complexes. The City Commuter Shuttle operates Monday through Friday between 7 a.m. and 5:30 p.m. with service between Michigan Technological University’s campus, downtown Houghton, and the M-26 shopping areas. Demand-response service is available within and between the Cities of Houghton and Hancock from 7 a.m. to 5 p.m. Monday through Friday. Costs vary depending on the service, and reduced rates are offered to those with MTU ID, students, seniors, and those with disabilities.

¹⁹ <https://www.cityofhancock.com/info-transit.php>

²⁰ <https://www.getaroundwup.org/providers/gogebic-county-transit-authority>

²¹ <https://www.cityofhoughton.com/transportation/>

Keweenaw Bay Indian Community Health System²²

The Keweenaw Bay Indian Community (KBIC) Health System's Donald A. LaPointe Health and Education Center provides non-emergency medical transportation for KBIC tribal members and descendants. This includes round-trip (up to 200 miles) transportation to medical, dental, mental health and counseling appointments for individuals who have no other means of transportation. All requests must be made in advance and are on a first-come-first-served basis.

Ontonagon County Transit (On-Tran)²³

The Ontonagon County Transit program offers both fixed-route and demand-response service throughout Ontonagon County. Days and hours of operation vary by route, and fares are based on mileage. Once monthly, round-trip service is offered to the city of Houghton. All On-Tran vehicles are wheelchair accessible.

Public Non-Profit

Baraga-Houghton-Keweenaw Community Action Agency (BHKCAA)²⁴

The Baraga-Houghton-Keweenaw Community Action Agency's Transit Service provides door-to-door bus service in two areas, north and south of the Portage Canal. Service is offered by reservation on Tuesdays and Fridays for residents from Keweenaw County, Lake Linden, Calumet, Laurium, and surrounding areas to Calumet/Laurium. Service by reservation is available to these residents going to the Houghton/Hancock area on the 2nd and 4th Wednesday of each month. Door-to-Door service is offered for residents south of the City of Houghton (as far as Painesdale) to the Houghton/Hancock area on Thursdays, also by reservation. Fares vary by distance along the routes and by the number of stops needed.

Baragaland Senior Citizens Inc.²⁵

Baragaland Senior Citizens provides demand-response and long-distance flex route services to senior citizens and persons with disabilities in Baraga County. Local demand-response services are provided in Baraga, L'Anse, and the surrounding communities of Aura, Covington, and Skanee 8 to 10 times a month. Variable long-distance flex routes also offer door-to-door service and generally run from the Baraga/L'Anse area to Marquette twice a month, Houghton once or twice a month, and Iron Mountain and Watersmeet once a month. Fares are charged for each of these services and vary by route. The organization also offers a separate non-emergency medical transport service to Hancock, Houghton, Marquette, and Iron Mountain. Staff use buses, vans, and personal vehicles to transport riders based on need. One bus is wheelchair accessible.

²² <https://www.kbichealth.org/medical-transportation>

²³ <https://www.ontonagoncounty.org/county-offices/on-tran/>

²⁴ <https://bhkcaa.org/index.html>

²⁵ <https://www.baragacounty.org/member-detail/baragaland-senior-center-bus-service/>

Dickinson-Iron Community Services Agency

DICSA is a non-profit human services organization serving primarily Dickinson and Iron Counties since 1989. DICSA is funded in part by federal, state, and local grants, UPCAP, the United Way of Dickinson County, local millage, and private donations. Door-to-door transportation in urban areas is available through DICSA's transportation program. Rides may be arranged for medical appointments, shopping, etc., and their vans are wheelchair accessible. DICSA operates Monday through Friday, 8:00 a.m. to 3:30 p.m. with 24-hour advance notice preferred. There is a minimal mandatory fee per ride, and fares vary by community and age. One-to-two-week notice is preferred to schedule rides.

Little Brothers-Friends of the Elderly²⁶

Little Brothers-Friends of the Elderly provides free transportation for seniors (age 60 and older) to and from medical appointments and to community meals and events. The organization provides door-through-door NEMT transportation services within Houghton and Keweenaw Counties, with regional transportation to Marquette. Transportation is typically provided on weekdays, Monday through Friday, between 9 a.m. and 5 p.m. Little Brothers requires at least one week's notice to schedule a volunteer driver or to reserve a wheelchair-accessible van.

Ontonagon County Commission on Aging

Ontonagon County Commission on Aging and Lake Gogebic Senior Citizens Club offers a limited transportation service for people over 60 years of age. The on-demand service is facilitated by volunteers who are reimbursed for mileage through a county millage. Limited assistance may be available for those with collapsible wheelchairs/walkers. Long distance transportation may be available but may require additional fees. The service operates Monday through Friday, and advance notice of at least 48 hours is preferred.

Private

B&B Wheelchair Transportation

B&B Wheelchair Transportation serves the Houghton-Hancock area and specializes in providing non-emergency transport to medical appointments for individuals in wheelchairs. All vehicles are equipped with wheelchair ramps and lifts, and vehicles can also accommodate individuals who cannot sit upright. B&B provides service from 6:00a.m.-6:00p.m., 7 days a week. Point-to-point pickup and drop-off service is provided in response to phone call requests. Fares begin at \$50 per local trip, with \$1.80 per mile for trips beyond a 10-mile radius of Houghton-Hancock.

Copper Country Limo & Taxi

²⁶ <https://houghton.littlebrothers.org/>

Copper Country Limo and Taxi provides local taxi service within Houghton and Hancock and service to and from the Houghton County Memorial Airport (CMX). They operate from 5:30a.m. to 5:30 p.m., seven days a week. Fares vary by trip.

Uber/Lyft

Uber and Lyft are private ride-sharing programs that operate in a limited capacity in the Upper Peninsula region. Service is based on mileage and the availability of participating drivers. Uber does not include a specific coverage area, though participating drivers localize in the larger cities. Lyft includes the Keweenaw Peninsula and the Iron River-Crystal Falls area in its listed coverage areas.

Mercy EMS

Based in Calumet, Mercy EMS can provide non-emergent medical transportation to residents of Keweenaw and Houghton County, excluding Duncan and Laird Townships. Mercy EMS requires one-week advance notice, though appointments can be scheduled 24 hours a day, 7 days a week.

North Star Taxi

North Star Taxi provides point-to-point pick up and drop off service 24 hours a day. Riders can request same-day rides or make a reservation in advance. North Star Taxi provides both local transport within Baraga and L'Anse and regional transport to airports or medical appointments. Fares vary by destination and mileage.

Twin City Cab Co.

Twin City Cab Co. offers point-to-point pick-up and drop-off service for passengers throughout Iron County, Gogebic County, and northern Wisconsin. Fares vary by mileage, and discounts for students, seniors, and the disabled are available. Cab service operates 24 hours a day, seven days a week.

Zipcar

Zipcar is a car sharing transportation option available to current Zipcar members who make reservations through their Zipcar membership account. After registering and receiving their Zipcard by mail, members can reserve a car online or by phone and use their Zipcard to enter and use the vehicle. Zipcar vehicles are available to members 24 hours a day, 7 days a week. Vehicles can be reserved by the hour or by the day. Gas, insurance, and maintenance are included in the cost of membership. Zipcar currently operates out of Houghton with multiple vehicles parked on the Michigan Technological University campus.

Specialized Services

Arms of Angels Homecare

Arms of Angels Homecare specializes in transportation for individuals in wheelchairs to medical appointments, weddings, shopping, or other events. All Arms of Angels vehicles are equipped with wheelchair accessible lifts and ramps. Arms of Angels is based in Kingsford but can serve a broader geographic area across the U.P. and northern Wisconsin. Cost of Service varies by pick-up location, drop-off location, and distance traveled. They operate 24 hours, 7 days a week.

Disabled American Veterans

Disabled American Veterans (DAV) provides free transportation for injured and ill veterans to Veterans Affairs (VA) medical facilities. In the western Upper Peninsula, DAV is partnered with the Gogebic, Houghton-Keweenaw, and Ontonagon County Veterans Offices to provide veterans with transportation to and from the Oscar G. Johnson VA Medical Center in Iron Mountain. Vans are driven by volunteers and rides are coordinated by hospital service coordinators. The route is based on demand (call ahead) and returns to passengers' original pick-up location by 2:00 pm each day of operation. This Monday through Friday service is free for veterans. Per national policy, DAV can only accommodate ambulatory riders. Passengers must be able to walk and get in and out of the vehicle independently. No wheelchairs are permitted. Patients with oxygen tanks cannot be transported for safety reasons.

Michigan Technological University

Michigan Technological University (MTU) Transportation Services offers fixed-route transportation service on the MTU campus and to and from major Houghton shopping centers. MTU also partners with the City of Houghton to provide transportation to downtown Houghton via Houghton Public Transit's City Commuter Shuttle. Passengers must show a valid HuskyCard to the driver. Valid HuskyCard holders and guests ride free.

Transit Agencies Stakeholder Sessions

While gathering the initial data for the report, staff from Western Upper Peninsula Planning and Development Region conducted long form interviews with public transit providers in the Western Region. Staff were able to contact all public transit providers, and the directors of Gogebic County Transit and Ontonagon County Transit offered extended conversations regarding the availability of NEMT services in the region. WUPPDR also offered additional information on partnership opportunities with the Ride-to-Wellness program. Information gathered from the agency directors is elaborated below.

Regional Highlights

- Transit needs and services vary widely not only from area to area but also from provider to provider.

- More partnerships between different levels of government and neighboring agencies are recommended and the various agencies have expressed some interest in this.
- Educating the public about these transit services as well as focusing on local marketing could be helpful to increase demand and is recommended.

Gogebic County Transit Highlights

- GCT utilizes grants from a variety of funding sources; the differences in requirements of these grants can sometimes have an effect on the services the agency is able to offer to the wider public, and can cause limits to ridership that create cost-effectiveness issues.
- Grant funding allows GCT to provide NEMT service outside of normal operating hours. To utilize these services, riders need to provide adequate notice in order schedule appropriately.
- The availability of short-term grant funding sources allows providers to offer new or extended services that the public then tends to rely on for their needs. The end of these funding programs, or their questionable renewal, means that the transit provider must seek alternative sources for long-term sustainability, and this can be difficult.

Ontonagon County Transit (On-Tran) Highlights

- On-Tran is funded by a county-wide millage along with federal and state programs and ridership fares. They do not seek out grant or outside funding that may offer the ability to expand existing services.
- Though able to offer county-wide services, On-Tran finds difficulty in scheduling rural service due to time constraints, rural road capacity for their buses, and distance from the transit hub.
- On-Tran has historically found a low-demand for services offered through fixed or flex routes that may provide more regular transportation to individuals.

Health Providers

Community Health Services- Western Region						
	Hospital	Medical Clinic	Dental	Vision	Pharmacy	*Specialty
Baraga County						
Lanse Township	◊	◊	◊	◊	◊	◊
Baraga Township		◊	◊	◊		
Gogebic County						
Bessemer Township	◊	◊				
City of Ironwood		◊	◊	◊	◊	◊
City of Wakefield		◊	◊		◊	◊
Watersmeet Township		◊	◊	◊	◊	◊
Houghton County						
Calumet Township		◊		◊	◊	◊
City of Hancock	◊	◊	◊		◊	◊
City of Houghton		◊	◊	◊	◊	◊
Village of Laurium	◊				◊	
Village of Lake Linden		◊				
Portage Township			◊			
Iron County						
City of Crystal Falls		◊	◊	◊	◊	
City of Iron River	◊	◊	◊	◊	◊	◊
Keweenaw County						
Ontonagon County						
Ontonagon Township	◊	◊	◊		◊	◊
*Specialty health care can include: Allergists, Audiologists, Chiropractors, Dermatologists, Podiatrists, Dialysis, etc.						

The Western Region of the Upper Peninsula’s population is distributed to its geographic fringes near the southern border with Wisconsin, the western-central lakeshore, and the Houghton-Hancock and L’Anse-Baraga areas of the Keweenaw Peninsula. The cities and townships located in these areas are well served by medical providers. However, outside of these more-urban areas, the rural populations of the center of the region and northern Keweenaw are significantly underserved.

All of the hospitals in the region have a smaller number of available beds; the largest of these is the U.P. Health System Portage Hospital in the city of Hancock, with 36 beds. Portage Hospital provides a number of specialty, surgical, and imaging services that are not found at other regional providers. Other hospitals in the region include Aspirus network hospitals in

Ironwood, Iron River, Laurium, and Ontonagon, and Baraga County Memorial Hospital outside Baraga. Marquette's U.P. Health System Hospital and an Aspirus Hospital in Wausau, Wisconsin are regional destinations for a higher-level of medical service.

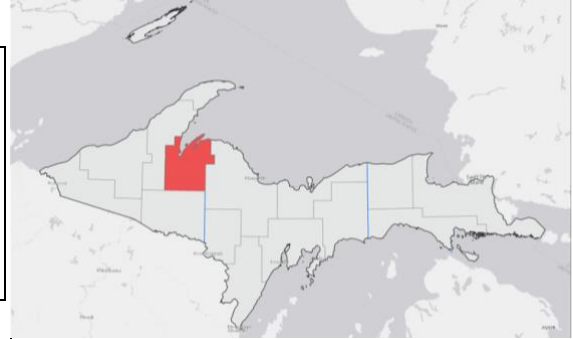
The cities of Houghton and Hancock, with a population bolstered by the presence of Michigan Technological University, are the primary medical destination for services in the Western Region. The other more-urban areas of Ironwood-Bessemer-Wakefield and Iron River-Crystal Falls have a proliferation of medical clinics, dental, vision, and specialty services. The rural area of Watersmeet township also has a number of medical providers due to the presence of the Lac Vieux Desert Indian Community. In other more-rural communities the availability of services can be scattered, leading to a higher need for transportation to the more-urban areas, limited by the long distances between those communities.

While the Western Region has the highest number of public transit providers in the Upper Peninsula, the majority of these only offer services to residents within the more-urban communities, leaving rural residents underserved. The availability of on-demand door-to-door services in these communities, however, could mean that those residents are well-served regarding their NEMT needs. A lack of both regular intra-regional and inter-regional transportation exists across the Western Region due to the long distances between communities with varying levels of medical service.

Representatives from health providers in the Western Region participated in a region-wide stakeholder session to discuss issues with non-emergency medical transportation in the region. A description of this session and the comments provided is outlined in the Appendix.

Local Units of Government

Baraga County	
<p>Baraga County covers a total area of 898 square miles of land area and is both the 14th-largest county in Michigan and in the Upper Peninsula. Baraga’s population is centered around the lower Keweenaw Bay area and includes the communities of Baraga, L’Anse, and the L’Anse Indian Reservation.</p>	
<p>Total Population: 8,164</p>	
Demand Population	%
People with a Disability	15.4%
Veteran	7.3%
People 65 and older	21.7%
Median Household Income	\$60,698
Below Poverty Level	14.8%
<p>Source: 2019 American Community Survey 5-Year Estimates</p>	
Public Transit Agencies	
Non-Profit Transit Organizations	
Private Business (taxi, Uber, Lyft,..)	
Limitations and Obstacles:	
Recommendations:	
Analysis summary:	
<p>Baraga County has no public transportation providers, though service is available to senior citizens and the disabled through several non-profit organizations. The rural character of the county means there is a higher need for intra or inter-regional transportation options to larger communities.</p>	



**Municipalities/Communities
Demand Ranking**
(Highest Need, Moderate-High Need,
Moderate-Low Need, Low Need)

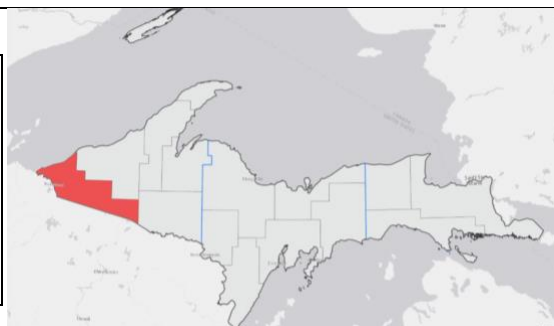
L’Anse Township
Spurr Township
Arvon Township
Covington Township
Baraga Township

Gogebic County

Gogebic County contains 1,102 square miles of land area and is the seventh-largest county in the state of Michigan. Population is centered along approximately 12 miles of the US-2 corridor in the communities of Ironwood, Bessemer, and Wakefield.

Total Population: 14,380

Demand Population	%
People with a Disability	13.7%
Veteran	10.3%
People 65 and older	25.6%
Median Household Income	\$55,695
Below Poverty Level	17%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Gogebic County Transit

Non-Profit Transit Organizations

Private Business (taxi, Uber, Lyft,..)

Twin City Cab Co.

Limitations and Obstacles:

- Low population density outside the Ironwood-Bessemer, Wakefield area
- Hazardous winter weather/rural routes
- Significant distance to next-largest area of medical service

Recommendations:

- Grow intra-regional partnerships/cost share
- Increase marketing opportunities to promote rural-area service
- Seek grant opportunities to expand NEMT-specific service

**Municipalities/Communities
Demand Ranking**
(Highest Need, Moderate-High Need,
Moderate-Low Need, Low Need)

Watersmeet Township
Wakefield Township
Ironwood Township
Marenisco Township
City of Wakefield
City of Bessemer
Erwin Township
City of Ironwood
Bessemer Township

Analysis summary:

Gogebic County Transit is one of the few service providers in the U.P. to offer complete county-wide transportation services. Within the Ironwood, Bessemer, Wakefield corridor, residents may find NEMT opportunities through a mixture of on-demand and fixed route service. There is demand for service outside the county to other medical providers, and for NEMT-specific service.

Houghton County

Houghton County has 1,009 square miles of land area arrayed over a roughly 65-mile long north-south geographic area. The majority of the population resides in the cities of Houghton and Hancock, and townships north of Portage Canal, while the southern majority of the county is increasingly rural. As the most-populous county in the Western Region, it is a destination for medical services.

Total Population: 35,126

Demand Population	%
People with a Disability	11.8%
Veteran	6.2%
People 65 and older	17.0%
Median Household Income	\$59,156
Below Poverty Level	20.2%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

City of Hancock
 City of Houghton Public Transit
 Michigan Technological University

Non-Profit Transit Organizations

Little Brothers Friends of the Elderly
 Baraga-Houghton-Keweenaw Community Action Agency (BHKCAA)

Private Business (taxi, Uber, Lyft,..)

Copper Country Limo and Taxi
 Uber/Lyft
 Zipcar
 B & B Wheelchair Transportation

Limitations and Obstacles:

- Significant distance to next-largest area of medical service
- Few service options in more-rural areas.

Recommendations:

- Broker support at the county level for expanded transit/NEMT services
- Create stronger partnerships, leverage assets to provide greater levels of service and cost sharing

Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

Laird Township
 Duncan Township
 Elm River Township
 Chassell Township
 Hancock Township
 Osceola Township
 Calumet Township
 City of Hancock
 City of Houghton
 Schoolcraft Township
 Stanton Township
 Franklin Township
 Torch Lake Township
 Adams Township
 Portage Township
 Quincy Township

Analysis summary:

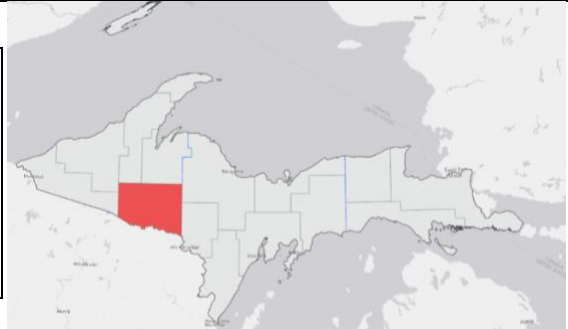
While the area of Houghton-Hancock is well-served by both transportation options and medical providers, the more-rural areas of the county have a decreasing level of both with distance. As a medical destination for the region, there is a higher demand for transportation connections with other communities.

Iron County

Iron County has 1,166 square miles of land area, making it the sixth-largest county in Michigan. Just less than half of the county's population resides in the cities in the area of Ironwood and Crystal Falls.

Total Population: 11,152

Demand Population	%
People with a Disability	17.2%
Veteran	9.8%
People 65 and older	30.0%
Median Household Income	\$53,501
Below Poverty Level	13.1%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Non-Profit Transit Organizations

Dickinson Iron Community Services agency (DICSA)

Private Business (taxi, Uber, Lyft,..)

Arms of Angels Homecare

Uber/Lyft

Twin City Cab Co.

Limitations and Obstacles:

- Significant distance to next-largest area of medical service
- Few service options in more-rural areas.

Recommendations:

- Broker support at the county level for expanded transit/NEMT services
- Create stronger partnerships, leverage assets to provide greater levels of service and cost sharing

**Municipalities/Communities
Demand Ranking**
(Highest Need, Moderate-High Need,
Moderate-Low Need, Low Need)

City of Iron River
Iron River Township
Bates Township
Hematite Township
Crystal Falls township
Stambaugh Township
Mansfield Township
City of Crystal Falls
City of Caspian
Mastodon Township
City of Gaastra

Analysis summary:

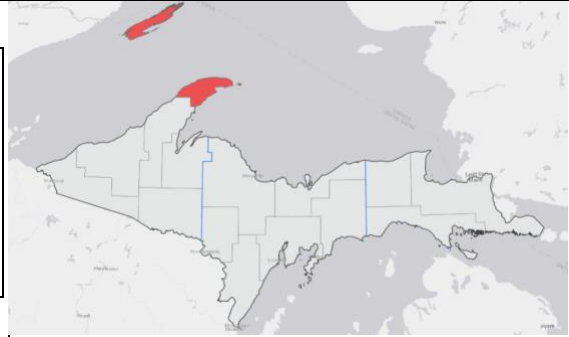
Iron County has no public transportation options and has limited service available from DICSA in the Iron River area. With a significant aging population, there may be a high-demand for NEMT service in the area. There is also an increased need for regional transportation options to other communities.

Keweenaw County

Keweenaw County is the smallest county by land area in the Upper Peninsula covering just 540 square miles divided into the northern region of the Keweenaw Peninsula and Isle Royale. Most of the population, which is also the smallest in the U.P., lives in small unincorporated communities along the north shore of the peninsula.

Total Population: 2,046

Demand Population	%
People with a Disability	14.3%
Veteran	12.5%
People 65 and older	35.1%
Median Household Income	\$50,292
Below Poverty Level	10.6%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Non-Profit Transit Organizations

Baraga-Houghton-Keweenaw Community Action Agency (BHK CAA)

Little Brothers-Friends of the Elderly

Private Business (taxi, Uber, Lyft,..)

Limitations and Obstacles:

- Low population density makes for long distances to destinations
- High number of seasonal residents unfamiliar with local NEMT services

Recommendations:

- Explore need and possible funding sources for transportation
- Create partnerships with the larger Houghton County to the south, leverage assets to provide greater levels of service and cost sharing

**Municipalities/Communities
Demand Ranking**
(Highest Need, Moderate-High Need,
Moderate-Low Need, Low Need)

Houghton Township
Grant Township
Allouez Township
Sherman Township
Eagle Harbor Township

Analysis summary:

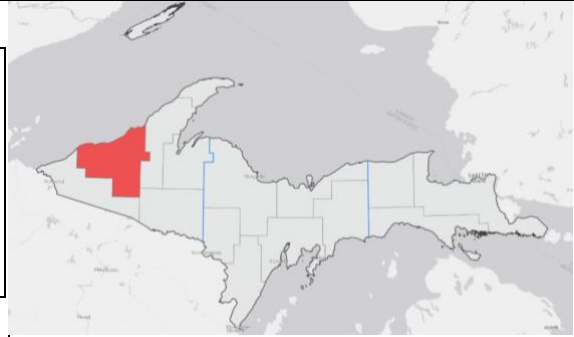
With the smallest area and population in the Upper Peninsula Region, Keweenaw County's need for transportation services may be hard to realize. Non-emergency medical transportation service is needed, as the closest medical services exist to the south in Houghton County over 20 miles from the northernmost community on the Peninsula.

Ontonagon County

Ontonagon County covers 1,311 square miles of land area, making it the largest county in the Western Upper Peninsula Region, and the third-largest county in Michigan. The county is largely rural; the Village of Ontonagon on the northern lakeshore is the largest urban area with 21% of the population.

Total Population: 5,877

Demand Population	%
People with a Disability	19.3%
Veteran	12.9%
People 65 and older	35.4%
Median Household Income	\$41,546
Below Poverty Level	13.7%



Source: 2019 American Community Survey 5-Year Estimates

Public Transit Agencies

Ontonagon County Transit (On-Tran)

Non-Profit Transit Organizations

Ontonagon County Commission on Aging

Private Business (taxi, Uber, Lyft,..)

Limitations and Obstacles:

- Low population density over a large rural area
- Hazardous winter weather/road conditions
- Difficulty in scheduling rural service outside of Village of Ontonagon

Recommendations:

- Explore options for outside funding to provide expanded services.
- Create partnerships with other providers to provide service to medical destinations.
- Expand marketing of transportation services in rural areas.

Municipalities/Communities Demand Ranking (Highest Need, Moderate-High Need, Moderate-Low Need, Low Need)

- Bohemia Township
- Ontonagon Township
- Carp Lake Township
- Rockland Township
- Bergland Township
- Matchwood Township
- Stannard Township
- Interior Township
- Greenland Township
- McMillan Township
- Haight Township

Analysis summary:

Though it offers county-wide transportation services, On-Tran has found difficulty in finding demand and providing for rural transportation service. With a large geographic area and rural population, there is a demand of expanded transportation options. Ontonagon County also has few medical providers, creating a need for regional transportation options.

UPPER PENINSULA

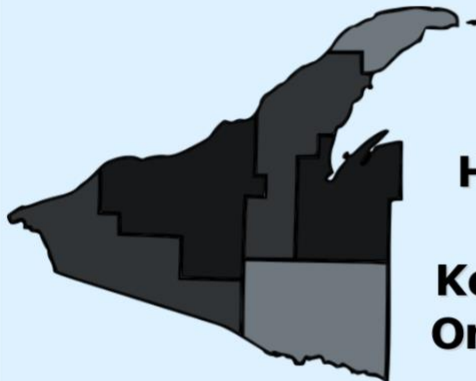
NON-EMERGENCY MEDICAL TRANSPORTATION

AT-A-GLANCE

Western Region

The six counties of the Western Region are served by county-wide options in Gogebic and Ontonagon counties, and a mix of smaller public and non-profit providers centered in the Houghton-Hancock area. Iron, Baraga, and Keweenaw counties are underserved, with residents of Iron County having the fewest options for transportation in the entire U.P.

Availability			Limitations		
Public Transit	Non-profit Transit	Private Transit	Limited Health Providers	Highly Rural Population	Funding Inadequacy
			Regional Connectivity Need	Route Expansion Need	Staffing



Baraga
Gogebic
Houghton
Iron
Keweenaw
Ontonagon

	●	●	●	●	●	●	●	
●		●	●	●	●	●		
●	●	●			●	●	●	
	●	●	●	●	●	●	●	●
	●			●	●	●	●	
●				●	●	●	●	

Recommendations

Regionwide

- Collaborate with non-profit transportation providers to establish route connections with public transportation services.

Baraga County

- Develop a countywide public transportation system with door-to-door service.
- Create collaborative partnerships between nursing facilities, Baraga County Memorial Hospital, clinics, and the Keweenaw Bay Indian Community to facilitate local and regional NEMT service.

Gogebic County

- Create partnership between Gogebic County Transit and the Lac Vieux Desert Community to expand transportation routes in eastern Gogebic County to medical providers in the western communities.
- Expand current flex route service to include on-demand transportation available in the wider area.
- Develop park & ride, or pick-up/drop-off sites along existing flex routes to expand the number of accessible stops and reduce private transportation travel length.
- Engage potential ridership through increasing marketing and digital presence to promote awareness of transportation options and availability.

UPPER PENINSULA

NON-EMERGENCY MEDICAL TRANSPORTATION AT-A-GLANCE

Western Region

Recommendations

Houghton County

- Develop a countywide public transportation system with door-to-door service through partnership and collaboration with existing public transportation providers.
- Create partnerships between public and non-profit transportation providers to increase the availability of service and expand the service area.
- Engage private companies and Michigan Technological University to fund or support solutions that make transportation more affordable.
- Collaborate with for-profit regional bus services to create regional transportation routes.

Iron County

- Develop a countywide public transportation service with door-to-door service.
- Leverage existing relationship with Dickinson-Iron Community Services Agency to create additional pick-up/drop-off sites in communities.
- Partner with existing non-profit and private transportation providers to develop NEMT service that prioritizes vulnerable populations.

Keweenaw County

- Create collaborations or partnerships that expand transportation connections to Houghton County transportation providers.
- Develop communication and partnerships between existing non-profit NEMT service providers.
- Establish park & ride, or pick-up/drop-off sites along existing transportation corridors to expand the number of accessible stops and reduce private transportation travel length.
- Partner with local businesses that provide transit services for employees to expand NEMT service to vulnerable populations.

Ontonagon County

- Engage potential ridership through increasing marketing and digital presence to promote awareness of transportation options and availability.
- Create partnerships with non-profit organizations to increase ridership and/or leverage additional funding for transportation service.

Priority areas: Iron County and the areas of eastern Gogebic, southern Ontonagon and Houghton, and western Baraga counties.

Chapter 4 - Analysis of Demand Population and Service Availability

Introduction

Using the information gathered in the previous chapter on transportation service availability and regional health providers, we can compare the availability of service against a demand population developed from a standard demographic profile. With assistance from representatives from UPCAP, demographic variables were identified as more-likely users of non-emergency medical transportation service in the Upper Peninsula Region. While the goal of this study is to provide information on the availability of service to the entirety of the region's general population, the analysis undertaken was designed to focus on a smaller subset of users identified as "high-demand" under the following variables:

- The population of those aged 65 and older, who are more likely to have medical issues and need for service from health providers, more likely to be of fixed or lower income, and more likely to have issues with finding adequate transportation for their needs.
- The population of those with disabilities, which can include persons of any age, but are more likely to have similar needs for health services, fixed or lower income, and have issues finding transportation.
- The population of veterans, who can be of any age, but have a higher likelihood of medical issues stemming from their service and a need for transportation to medical providers that are covered by their benefits.
- The median income of the geographic area compared to the regional average; those with lower incomes are more likely to utilize existing public transportation options.

These variables were sourced using the U.S. Census Bureau's 2019 American Community Survey 5-Year Estimates, before the results of the 2020 Decennial Census datasets were available to the public. The scale of the data was set at the Minor Civil Division or County Subdivision level, resulting in 173 local units of government by city divisions and townships. Using a set of matrices and scoring indexes, values were determined for the variables in relation to the Upper Peninsula wide average to identify where a higher population of possible users exists, and therefore an inferred higher demand for transportation service.

A separate set of variables was developed in order to quantify the existing level of transportation service available on a per-county basis. Because transportation service areas and routes often cross civil divisions, the county level was determined to be the most-relevant scale of comparison, though rural service within most of the region's counties is either inadequate or non-existent based on information gathered and comments from stakeholders. Service providers were categorized as public or non-profit organizations, private businesses, or providers serving specialized populations. Scores based on 15 identified levels of service in

each category were assigned to the county to identify an overall level of service available from the combination of providers identified.

Factoring together the existent demand population and the level of service available from transportation providers provided a quantifiable comparison that estimates the level of need in each civil division. Those areas on the lower end of the distribution of results have a larger demand population with a lower level of existing service, while on the higher end it is the opposite. Applying these results using GIS mapping software displays the regional need for expanded non-emergency transportation service at current. This methodology should also be applicable to the region using projected estimates in order to identify future areas in need of NEMT service.

Methodology

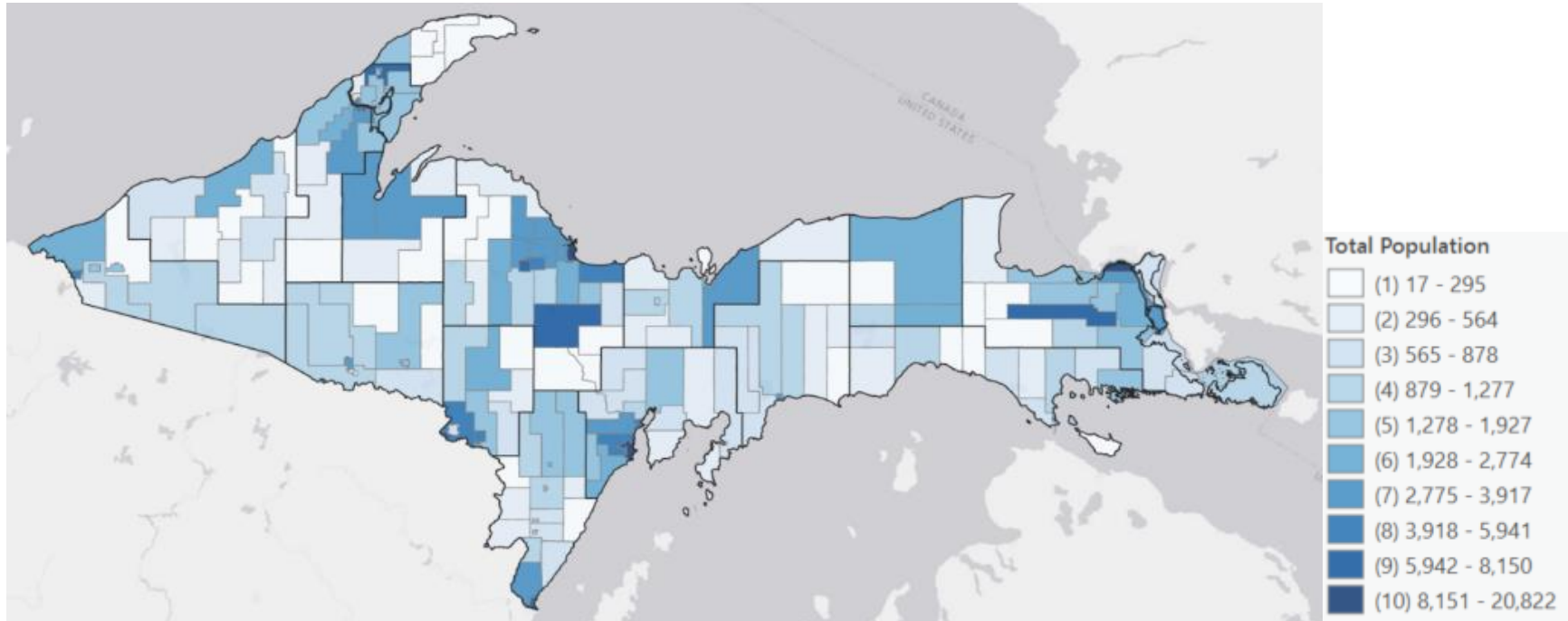
Demand Population Variables

High-demand population was determined using U.S. Census Bureau American Community Survey 5-Year Estimates for the following variables, set at a scale of minor civil or county subdivision.

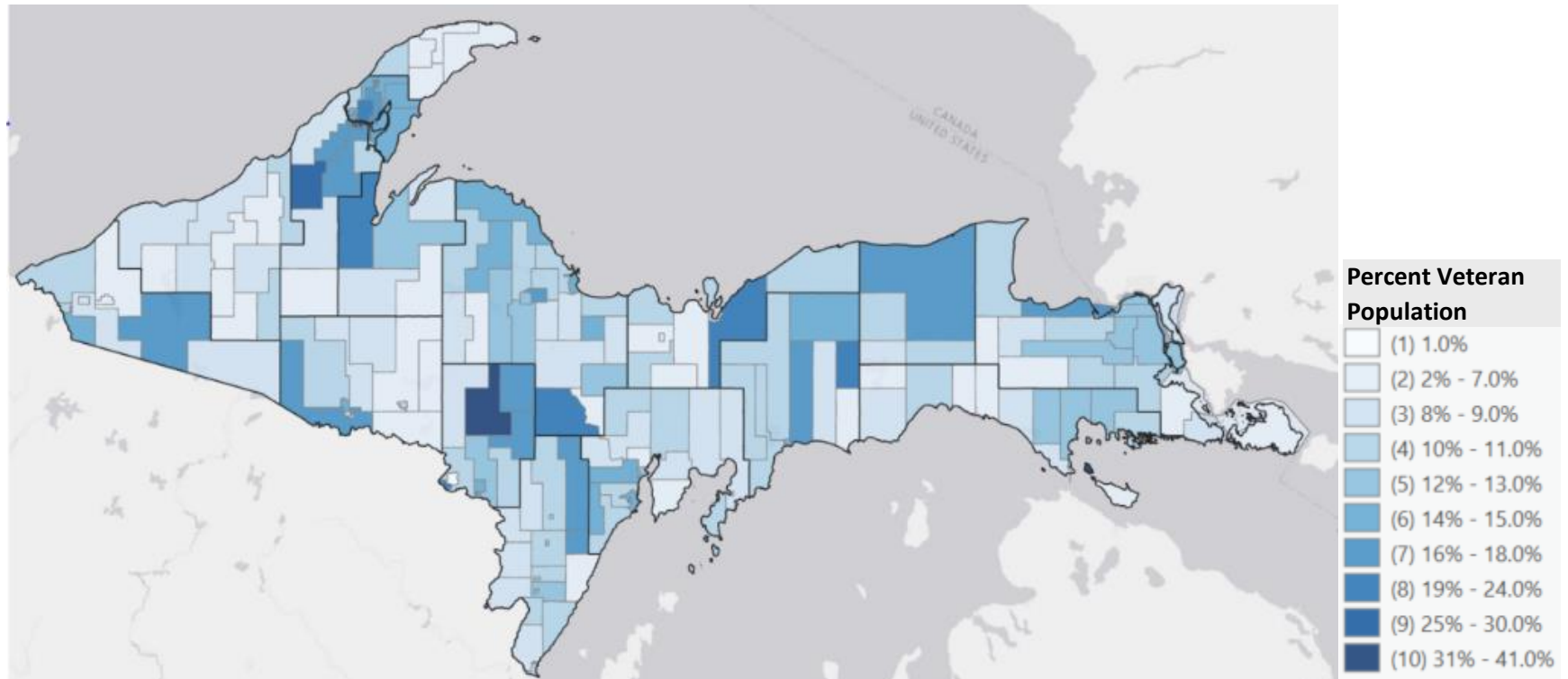
- Veteran Status Counts
- People 65 and older
- Median Household Income
- Total Population Counts
- People with a Disability

Using GIS mapping software (ESRI ArcMap Pro) regional profiles of these variables could be graphically displayed, with the variable quantities scaled using a 10-natural break method. The variable table based on civil division is included in the Appendix.

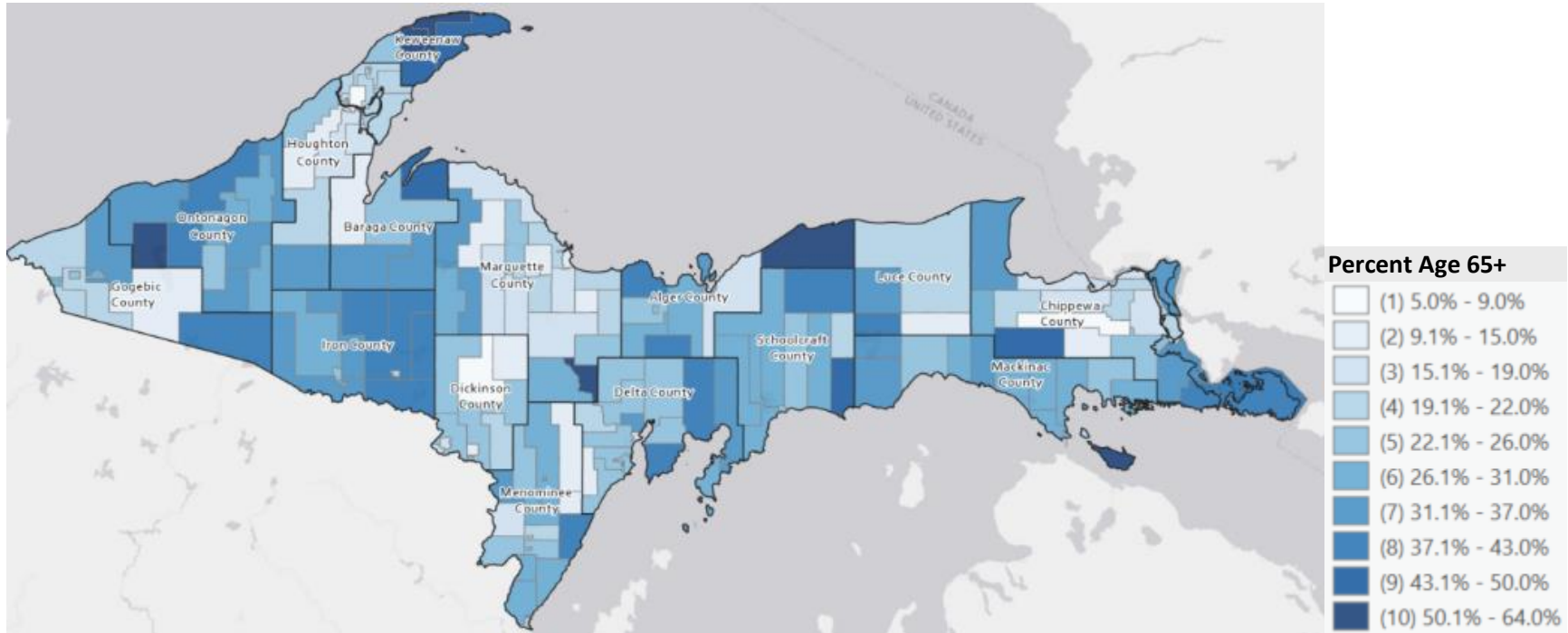
Map 7 Distribution of Total Population, Upper Peninsula Region



Map 8 Distribution of Veteran Population, Upper Peninsula Region

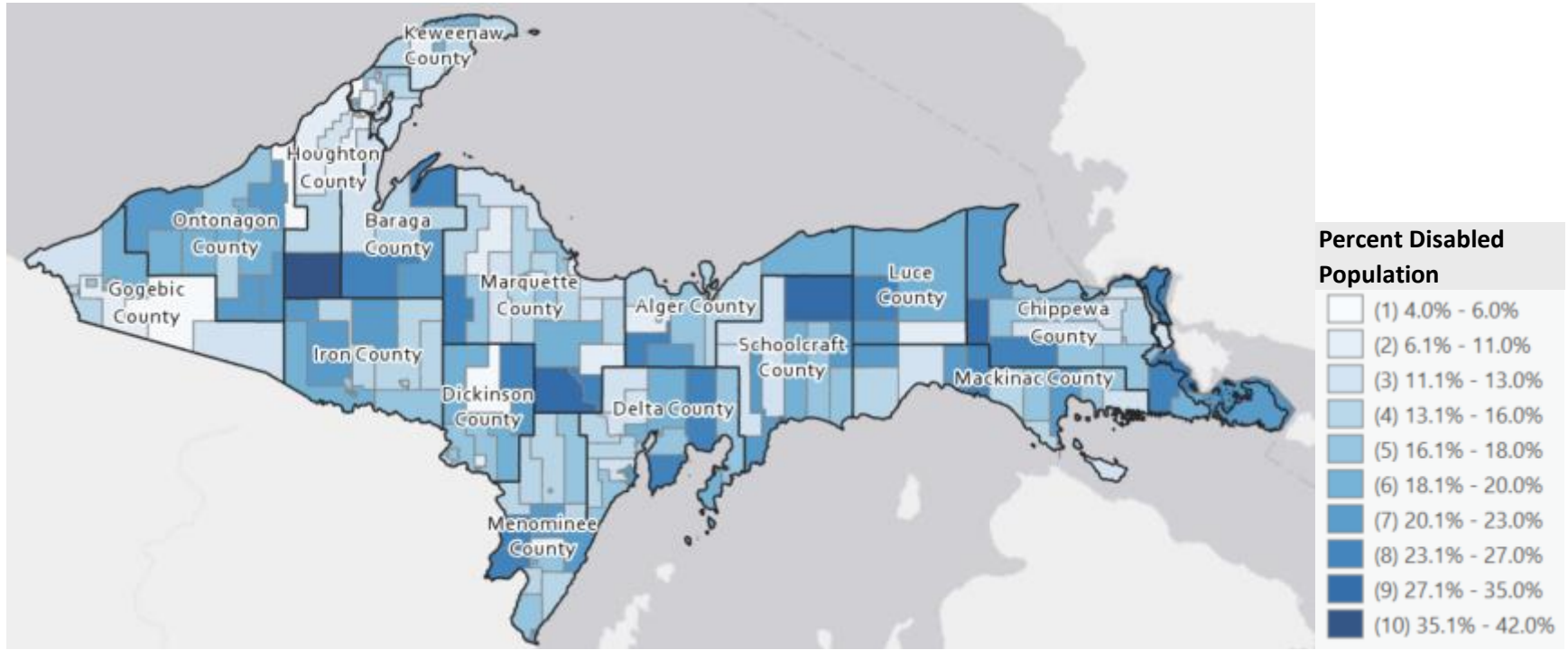


Map 9 Distribution of those Age 65 or Older, Upper Peninsula Region



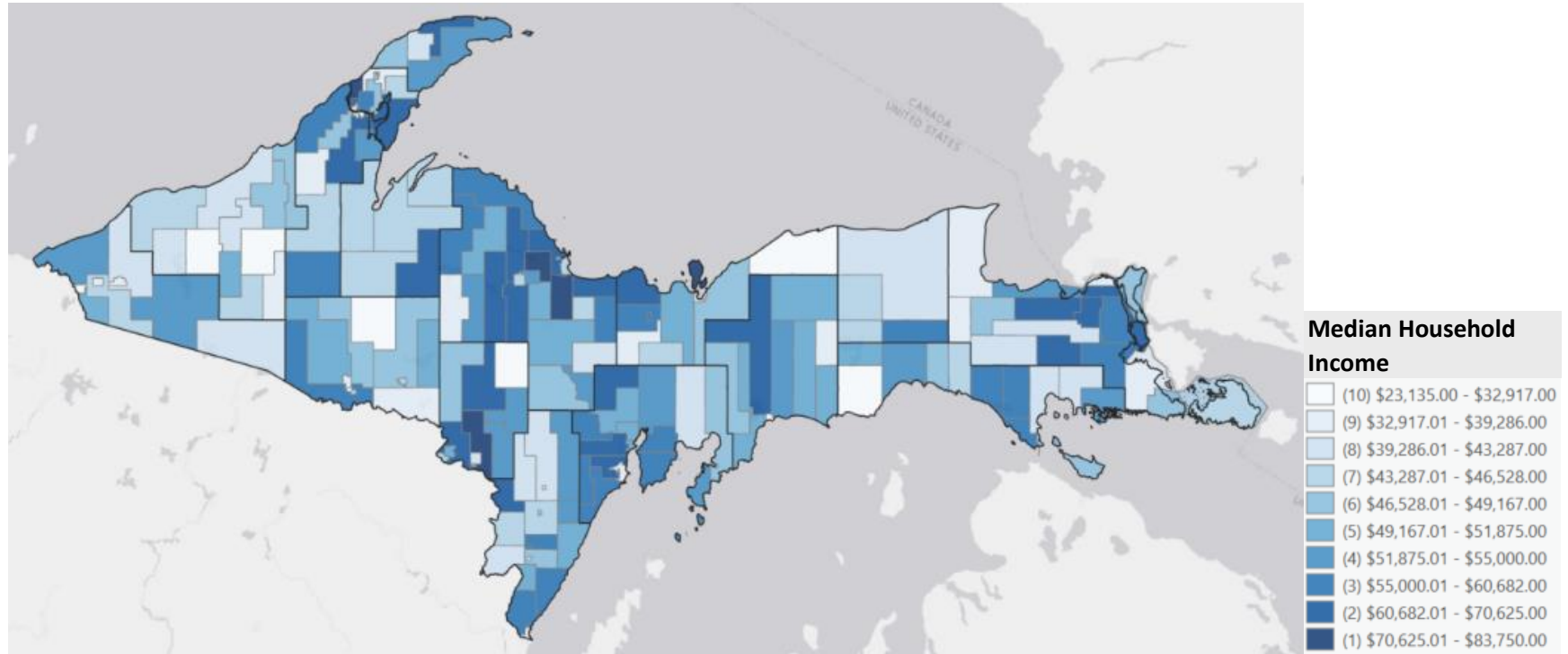
Map 10

Distribution of Disabled Persons, Upper Peninsula Region



Map 11

Distribution of Median Household Income per Civil Division, Upper Peninsula Region



Scoring Demand Population

The table of variables gathered using Census data was statistically analyzed to develop an Upper Peninsula-wide regional average. Using the regional average as a metric against each variable allowed the calculation of the percentage difference above or below the regional average in each civil division.

Table 2 – Example of the Distribution of Variables by Civil Division

Variable	Upper Peninsula Regional Average	Lowest Distribution (% below average)	Highest Distribution (% above average)
Percent of population with Veteran status	8.6%	City of Mackinac Island, Mackinac County 2.4% (-71.7%)	Mueller Township, Schoolcraft County 23.1% (+169.3%)
Percent of population age 65 or older	21.6%	Kinross Township, Chippewa County 7.4% (-65.7%)	Eagle Harbor Township, Keweenaw County 64% (+196.6%)
Percent of population with a disability	15.9%	Marenisco Township, Gogebic County 4.6% (-71.0%)	Duncan Township, Houghton County 42.3% (165.2%)
Median Household Income	\$48,750	City of Houghton, Houghton County \$23,135 (-52.5%)	Grand Island Township, Alger County \$83,750 (+71.8%)

The variables’ distribution of percentages above and below average were then separated into quantiles, dividing the range of results into four equalized groups based on range. Each quantile was then assigned a scoring number with a value of 0.25, 0.50, 0.75, or 1.00 and values within the range assigned an appropriate score.

For example, the chart below displays the distribution of scores resulting from the values from the age 65+ variable. The majority of civil divisions in the Upper Peninsula have a population of seniors that is above the regional average, and therefore received higher scores using the framework.

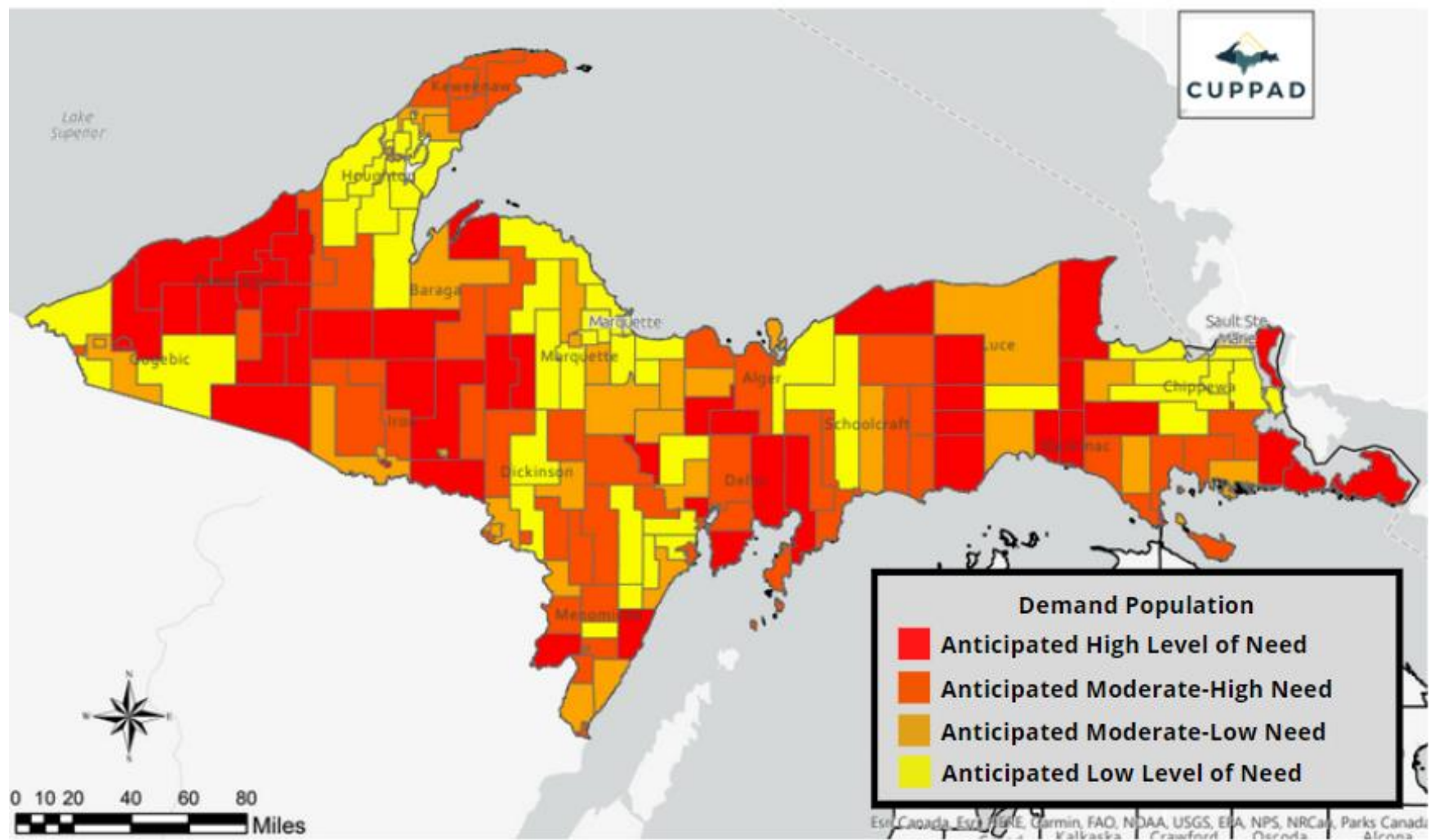
The sum of the resulting scores from each of the four variables determined a total value for the demand population in each civil division. Those areas with higher total scores have a higher possible demand population for service. Scores were then applied to a map using the GIS software to visually display the results.

Table 3 – Sample of Results from the Demand Population Scoring Process

County	Civil Division	Demand Population Score	
Chippewa	Trout Lake Township	4	Highest Demand
Chippewa	Raber Township	4	
Iron	Hematite Township	4	
Ontonagon	Stannard Township	4	
Alger	Mathias Township	3.75	
Baraga	Arvon Township	3.75	
Baraga	Covington Township	3.75	
Chippewa	Whitefish Township	3.75	
Chippewa	Hulbert Township	3.75	
Chippewa	Drummond Township	3.75	
<hr/>			
Chippewa	Bruce Township	1.25	Lowest Demand
Houghton	Franklin Township	1.25	
Houghton	Torch Lake Township	1.25	
Marquette	Champion Township	1.25	
Marquette	City of Negaunee	1.25	
Marquette	Ely Township	1.25	
Marquette	Tilden Township	1.25	
Menominee	Daggett Township	1.25	
Houghton	Portage Township	1	
Marquette	Powell Township	1	

Map 12

High-Demand Populations for Transportation Service



Scoring Transportation Service Availability

To score the availability of transportation services across the Upper Peninsula Region, a framework was created that assigned service providers into three categories and assessed 15 identified levels of service quality. This framework was utilized on a minor civil division (MCD) level scale, although the variety of funding sources, service areas, and cross-jurisdictional routing complicated the analysis. Transportation service providers were identified as government-funded or public transit services and non-profit organizations, private business entities, or specialized service providers. A scoring metric was then applied to each of the 15 variables related to service quality using the following:

Table 3 – Scoring System for Levels of Service Quality among Transportation Providers

Metric	Scoring
The county has an identified public/non-profit, private, or specialized transportation provider	1 – Service is available in the county 0 – Service is not available in the county
The available service provider(s) have an area of influence that serves the entirety of the geographic area of the county	0.5 – Service is available countywide 0 – Service is not available countywide
The available service provide(s) participates in Michigan Transportation Connection’s Ride to Wellness program to provide NEMT-specific service	0.5 – The provider(s) participate with Rides to Wellness 0 – The provider does not participate
The available service provider(s) offers door-to-door transportation service	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers door-through-door transportation service	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers fixed or flex-route service	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers Monday through Friday service	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers daily service, seven days a week	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers service(s) at least one day per week	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers service(s) at least twice per week	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offer service for 8-12 hours per day during regular working hours	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers service 24 hours a day	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers Same-day or on-demand service	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers regional or cross-county service	0.1 – The provider(s) offers the service 0 – The service is not available
The available service provider(s) offers multiple service options to meet different types of demand	1 – Multiple services are available 0 – Multiple services are not available

The resulting scores provided a quantifiable level of service score for each of the MCDs in the Upper Peninsula Region. Marquette County scored the highest through this tabulation, with its large service area and route options. Keweenaw and areas of Houghton County were the next-highest, with a variety of additional non-profit and specialized service providers. Gogebic County Transit’s countywide on-demand service scored Gogebic County highly, along with the more city-centered services found in Chippewa and Delta counties.

These counties each have robust public transit options and wider areas of service. They also had higher representation from private business, and more often were home to specialized services. Each of these counties is home to the city which is the medical service destination in their respective region and are more likely to have inter or extra-regional service options available as well.

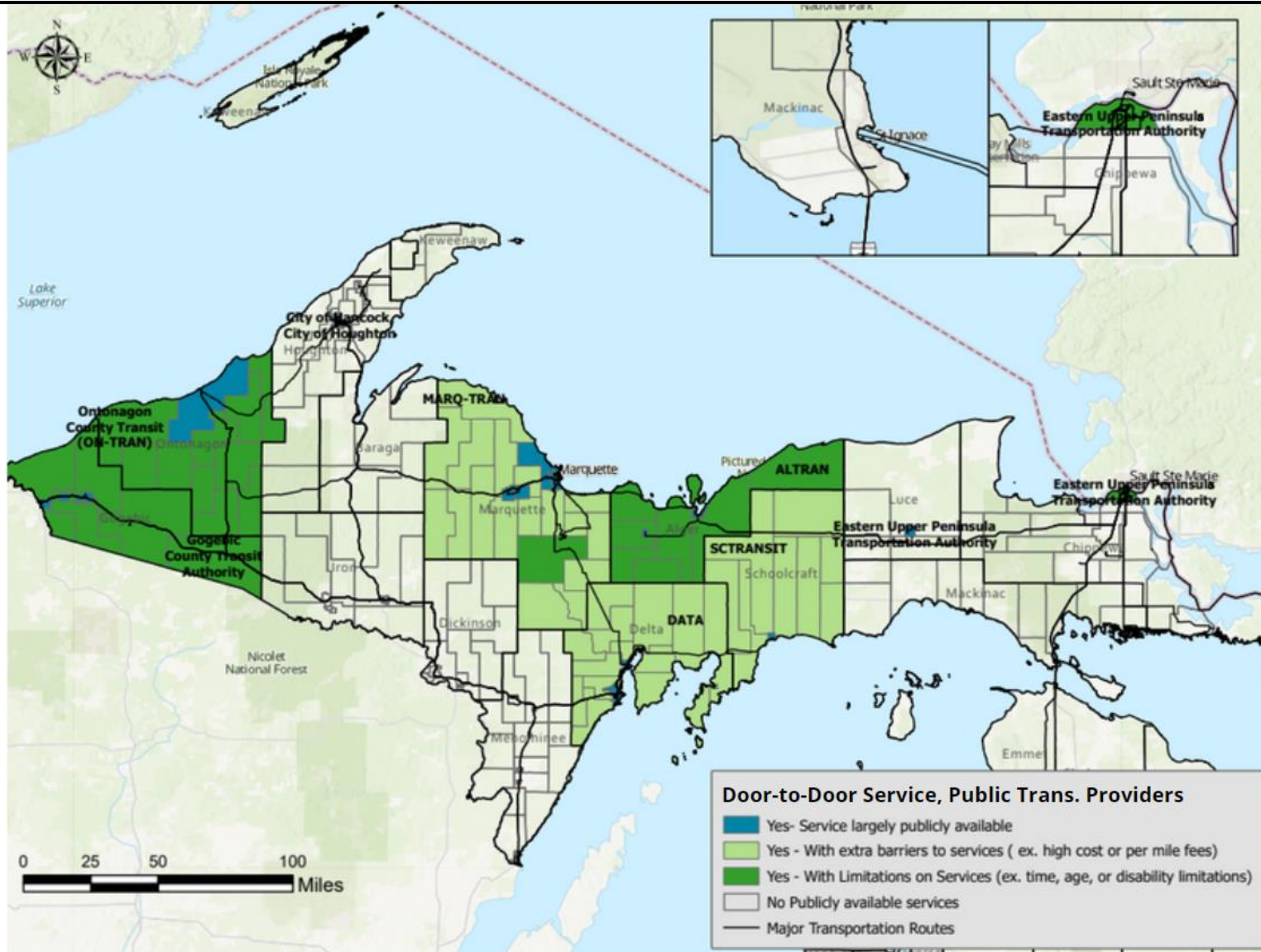
Alger, Mackinac, Luce, and Iron Counties rounded out the bottom scoring counties; these areas are somewhat the most rural of each of the three regions in the Upper Peninsula. Iron County stands out as having the lowest level of available service through a single provider limited to a handful of active service days. With their smaller service markets, these four counties have less presence from specialized groups, and less presence from private business in the transportation sector.

Table 4 – Transportation Service Availability Scores Averaged by County

County	Transportation Service Availability Score
Marquette	8.19
Keweenaw	8.02
Houghton	7.93
Gogebic	7.64
Chippewa	7.38
Delta	6.3
Baraga	6.06
Menominee	5.74
Schoolcraft	4.74
Ontonagon	4.3
Dickinson	3.96
Alger	3.34
Mackinac	2.84
Luce	0.9
Iron	0.43

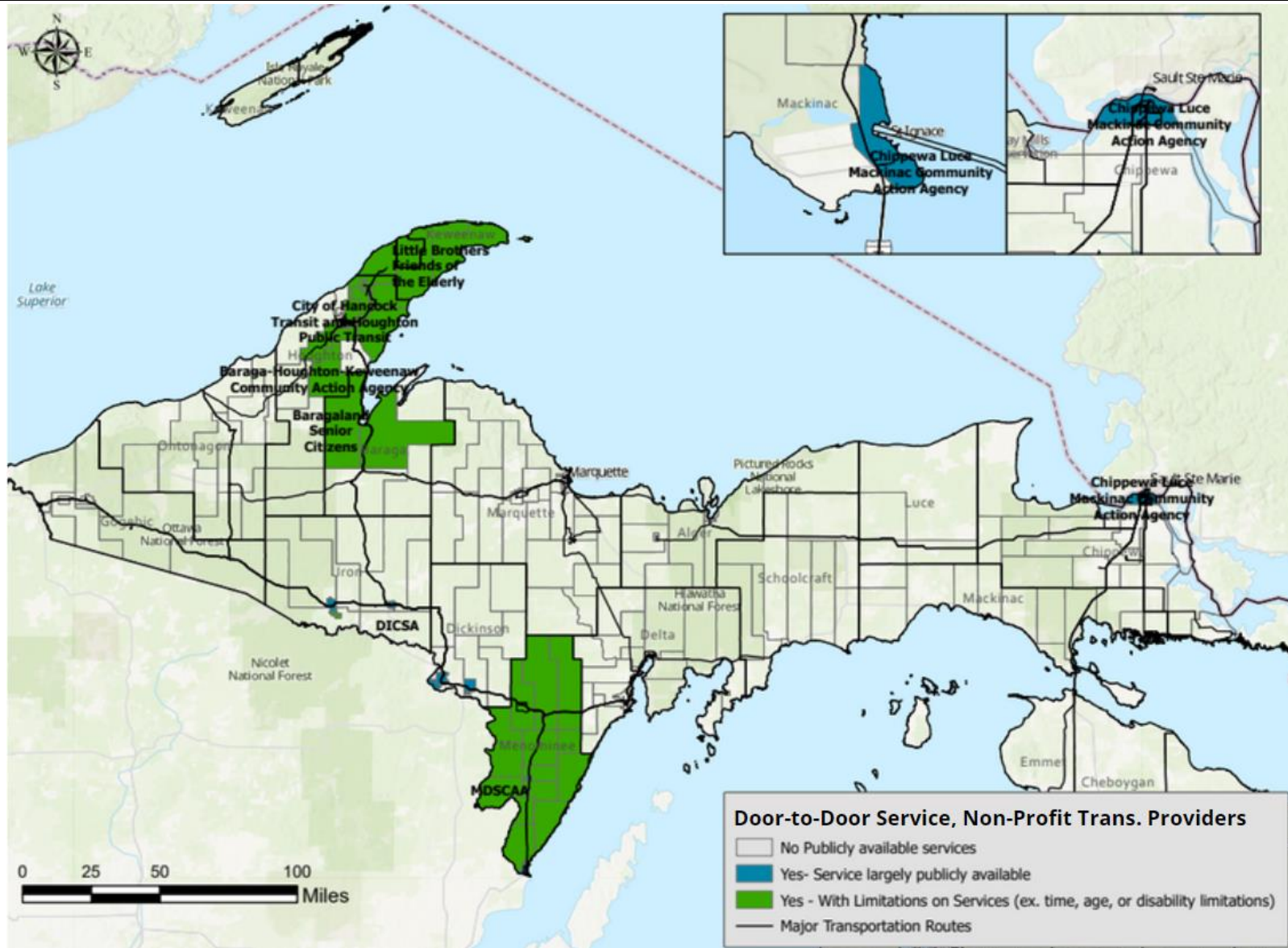
Map 13

Availability of Door-to-Door Transportation Services through Public Transportation Providers



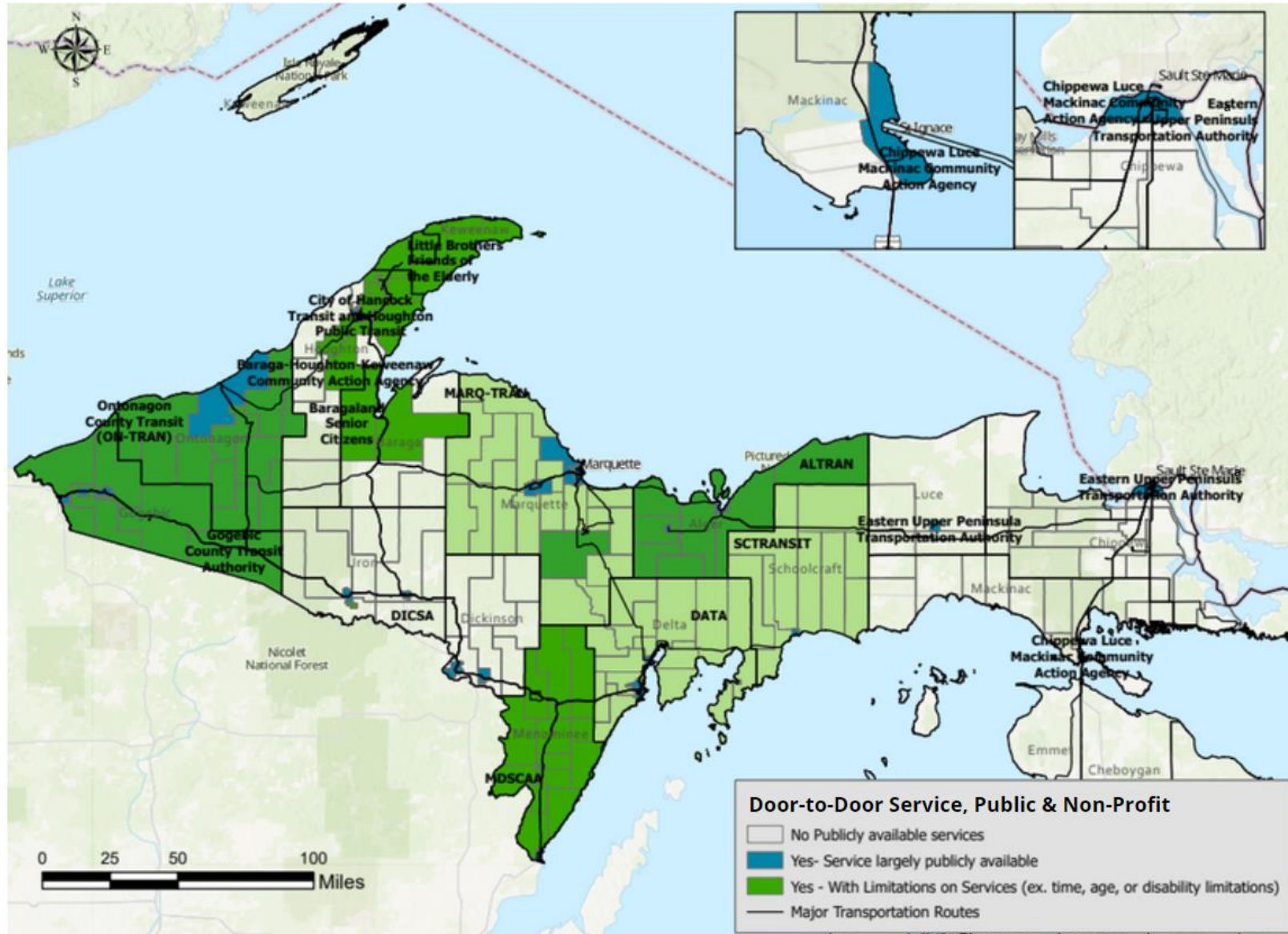
Map 14

Availability of Door-to-Door Transportation Services through Non-Profit Transportation Providers



Map 15

Combined Availability of Transportation Service



Resulting Assessment of Demand Population versus Availability of Transportation

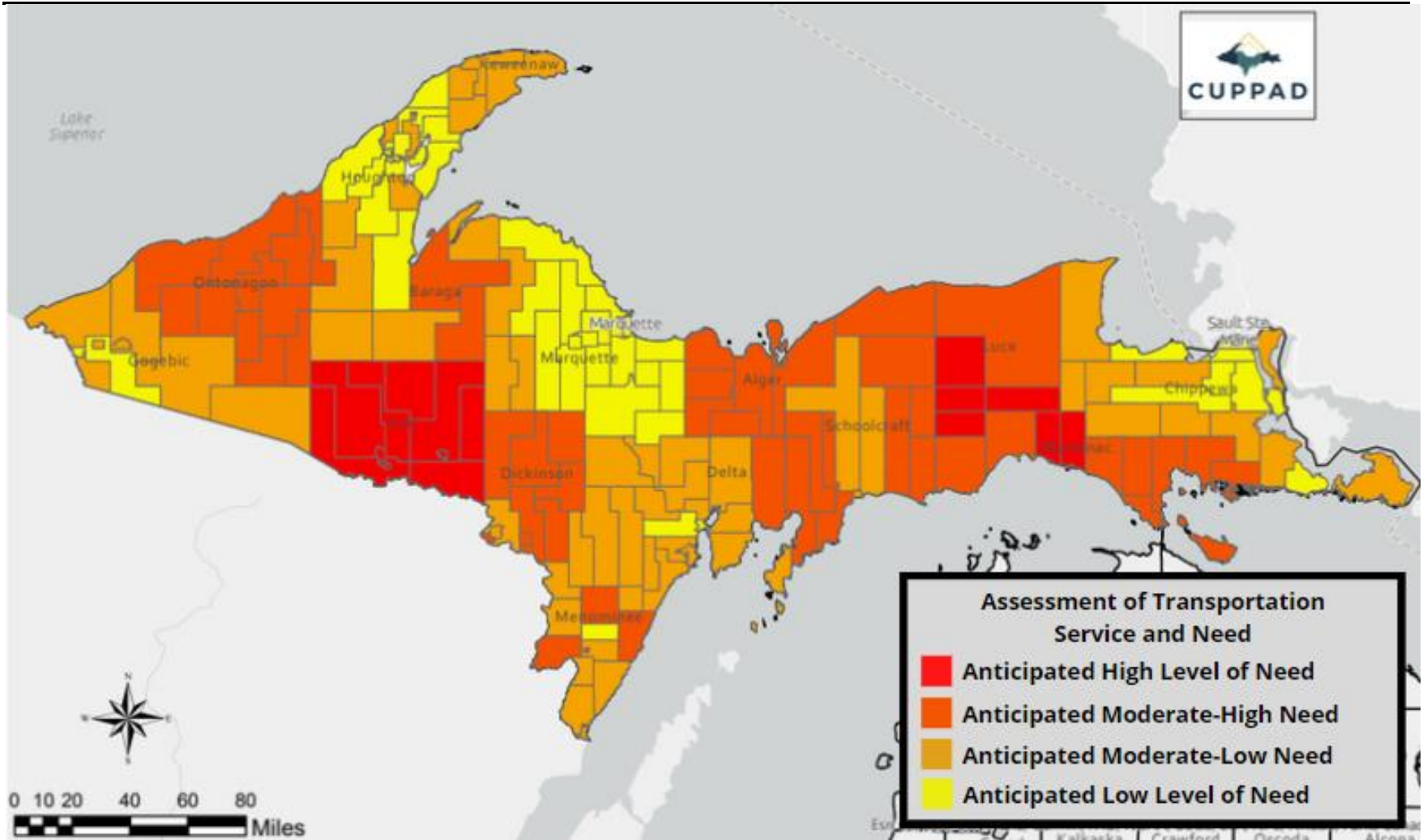
The resulting quantitative scoring of both the demand population that exists, and the available transportation services created two scores that were then factored against each other to create an overall need for service. This assessment score creates a metric that can determine those areas that are best and worst-served at currently by NEMT transportation options. Civil divisions with the lowest combined scores have the highest need for expanded NEMT service options due to higher demand service populations and fewer transportation options. Through this process we can identify the most-underserved areas of the region and visualize the entire region through mapping applications. The data used in the analysis is available as a whole as part of the Appendix.

Table 4 – Assessment of Need for Service Averaged by County

County	Assessment Score	
Iron	-2.56	Higher Demand for Service
Luce	-1.72	
Mackinac	0.03	
Alger	0.65	
Ontonagon	0.83	
Dickinson	1.66	
Schoolcraft	2.18	Lower Demand for Service
Baraga	3.21	
Menominee	3.27	
Delta	3.86	
Chippewa	4.8	
Gogebic	4.97	
Keweenaw	5.12	
Houghton	6.16	
Marquette	6.17	

Map 16

Analysis of Need for Expanded Non-Emergency Medical Transportation Service



Limitations of Study

Due to the complexity of the topic, there were several limitations identified during the analysis that could have a possible impact on the results or could create avenues of further research. Similar research on populations that identify as high-demand NEMT users is not available at the current time, and the selection of variables for study relied on qualitative information derived from the experience of the regional 2-1-1 program and the RPAs. The demographic variables somewhat overlap when using them as separate groups, as a NEMT user could identify within all or none of the variables. Furthermore, demographic information was gathered from the American Community Survey 5-year estimates from the U.S. Census Bureau and detailed information from the 2020 Decennial Census was unavailable at the time of writing. The decennial census data would provide a higher level of population accuracy, especially in areas like Marenisco Township in Gogebic County, which has lost two-thirds of its population since the last census due to the closure of a state prison.

The scale of the available transportation data is a major component that affects the results of the study. Due to a lack of publicly available information, both in identifying possible transportation providers and their areas of service, the study assessed transportation service at the Minor Civil Division level. The weakness in using this scale is due to the large geographic size and rural character of the region. Transportation providers were more likely to operate in urbanized areas and along the regional corridors of travel. While routes may have passed through certain civil divisions, large expanses of area and population could be outside the area of influence. Ridership and service data from each of the transportation providers would be influential in assessing need on a smaller scale.

The small sample size among the transportation and healthcare providers that participated in the stakeholder sessions left gaps in the research and provided few opportunities to discover localized difficulties in providing NEMT service. An additional small sample size from survey responses among participating local units of government and the general public created difficulty in identifying needs among individual communities. Expanded opportunities to gather qualitative and quantitative data in local populations throughout the region would be extremely helpful in further identifying the need for service.

These limitations provide opportunities for further study of the resources in the region. The study also provides opportunities to market services in the identified gaps and creates possibilities for identifying grant funding. Through earlier work, WUPPDR had already created a website in this vein to detail transportation options for residents of the Western Region, <https://www.getaroundwup.org/>. A similar site in each region could help market existing services. The RPAs are also using the data gathered to create a living database of 2-1-1 service providers <https://bit.ly/UP211> and create further opportunities of study.

Chapter 5 - Key Challenges to NEMT Service in the Upper Peninsula

Through the data gathering process and stakeholder events and surveys that were used in the creation of this report, several key issues were identified as region-wide challenges to implementing or sustaining NEMT programs in the Upper Peninsula. The complexity of assessing the infrastructure, population, and programs of an entire region with a wide diversity of existing conditions makes rectifying all of these issues region-wide a significant challenge. Regional and local units of government may be the best avenues of support in leveraging the collaboration and funding needed to meet the growing demand for NEMT services in the region. It is important to note that these are the key challenges facing the entire region and are not a reflection on any one provider's available level of service or are all of the challenges that may have to be solved.

Safety and Infrastructure Issues

Lower population density in rural areas often leads to lower ridership for fixed transit routes, lower demand and low cost-effectiveness for demand-response services, and provides a smaller tax base to fund maintenance and repair of transportation systems. In a region with a significant amount of rural area and a limited number of urbanized communities, the availability of funding for transportation services in general is limited to the largest communities and counties. Only a few of the smaller counties have transportation services that are largely supported with a combination of local tax millage and state and federal funding sources. Still, of the county-wide systems, no adequate service is available that reaches those living in rural areas or has anticipated meeting their needs. Creating a plan that meets the needs of rural communities and residents in each county goes beyond the scope of this plan, though we have done our best to identify underserved areas across the region.

The lack of investment in physical infrastructure in rural communities coupled with increasing use of rural roads over time has also affected transportation safety. Many places in the Upper Peninsula saw severe decreases in the utilization of services and infrastructure during the shutdowns experienced through the COVID-19 pandemic in 2020, especially those that relied on significant tourist populations to sustain their local economies. Those same communities then saw record-breaking seasons during 2021, which strained local resources and, in some cases, caused damage to the already degraded infrastructure.

Since many rural residents rely on personal automobiles as their main means of transportation, maintenance of rural roads is crucial for daily travel. The quality of existing roadways in rural areas is also of concern. Due to environmental constraints, many rural roads are built from gravel or dirt, which are potential safety hazards. Additionally, the physical topography of many rural areas at the local level can vary significantly, with many rural areas having rougher terrain than urban areas. Winter weather poses a significant problem if rural roads cannot be cleared of snow in a timely manner. This is especially true of the Upper

Peninsula Region, where annual snow totals are often in excess of 100 inches, and over 150 inches in the Keweenaw Peninsula.

This geographic diversity indicates that no single type of transportation can fit the needs of every rural community. Vehicle type is often a limitation as well, as standard minibuses used by the county transportation authorities of the region are not fit for travel on gravel and dirt roads and are not economical in regard to time and fuel consumption in traveling long distances. Poor roads and inclement weather conditions can also affect the time that it takes to travel to destinations, creating constraints on the availability of service and contributing to cancellations. The existing transportation providers with a mixture of operating vehicle types are more prepared to meet the demand in rural areas, with the ability to tailor the delivery of service based on location and the demographic needs of their users.

Distance

In a region that extends over 300 miles east-to-west and over 150 miles between the northernmost to southernmost communities, long distances to and between health and transportation service providers are a key barrier for many people living in rural areas. Those with a personal vehicle can be adversely affected by rising gas prices, making longer trips more expensive. For those without a personal vehicle, traveling long distances can be especially burdensome. People who do not have access to a motor vehicle often have to rely on public transportation services, and destinations are not always located on a public transportation routes or within their area of service. Private transportation services are likely to base their non-local services on mileage, which becomes increasingly expensive with distance and doubles for round-trip service.

In the Eastern U.P. Region there are several populated islands where residents must rely on a ferry or air service to get to the mainland. The necessity in changing modes of transportation complicates scheduling, cost, and availability of complimentary inter-modal services when personal vehicles are not an option. For people who require assistive devices or have an ambulatory disability, ensuring that an intermodal or inter-service change can adequately meet their needs is a key requirement in providing accessible service.

On a local level, even travelling within or between areas of service can be difficult. It may necessitate travel through places that are not along the most direct route or require transfers between routes. Few health providers have a region-wide area of influence, and the largest have locations that can overlap multiple transportation providers. This is further complicated by the size and rural character of the region, and the position of urban areas along the coastal fringes and Wisconsin border. Those in the interior may be better served by traveling to alternative communities in closer proximity but outside their transportation provider's area of service.

Creating connections between transportation service providers across the region may not overcome the issues with distance. Each of the medical destination-cities in the Eastern, Central, and Western regions are not centrally located, and those on the edges of each region

are likely to have providers with connections out of the region, either in the Lower Peninsula or state of Wisconsin. Even the largest health providers in the Upper Peninsula may have needs that require transferring patients to areas with higher levels of medical service or specialized care, with locations as far Ann Arbor; Wausau, Green Bay, Marshfield, or Milwaukee in Wisconsin; or Minneapolis and Rochester in Minnesota.

Coordination of Programs and Services

With a variety of funding sources and program types between public entities and non-profit organizations, the mission and ability of separate programs to coordinate with each other faces adversity across the region. In those places where the ability to fund transportation services through tax millage or a combination of public funding is available, the mission of the providers is often to provide service that encompasses the widest ridership among the general public. While NEMT service can be included in that, those NEMT users with specific needs in choice of destination or accessibility are often overlooked in favor of securing more cost-effective ridership.

Alternatively, non-profit agencies and organizations are the primary providers of service in places where public transportation service is lacking. These often operate specifically because of the lack of publicly-available service to specific demographic groups, and their missions and programmatic funding rely on this lack of service. Expanding the availability of NEMT service to the wider public is outside of the mission and ability of these providers and threatens the resources available to their existing programs. In the U.P., these providers generally offer services to seniors, the disabled, and veterans, leaving the general public lacking alternatives to service outside of private entities or personal vehicles. At the same time, the region will not be able to ask these providers to expand their service or offer new solutions without, in some cases, threatening the funding available to existing organizations.

Partnerships with healthcare providers and outside service agencies have often helped to expand service to underserved populations. Free or subsidized transportation is offered through voucher or ticket purchasing agreements, which can help expand ridership among users that are unable to afford regular service or other means of transportation. Anecdotally, stakeholders provided that these programs have either ended or have been significantly reduced in some areas, with little or no explanation.

Because of the distance and infrastructure issues mentioned previously, the most efficient solutions require the coordination of providers to offer services that encompass wider geographic areas and reach the widest demographics. As distance increases, so does the overlap of available service providers, decreasing efficiencies in scheduling and the reach to available ridership. Creating opportunities that expand services across communities, counties, intra-regionally, or to destinations outside of the region will require new infrastructure in place to facilitate this coordination, either at the provider level or regionally. This new infrastructure is unlikely with the resources currently available to existing providers, but ad-hoc coordination exists in some places and may lay the foundation for creating these networks.

Coordination between transportation service providers will not solve these issues alone. Non-emergency medical transportation issues begin with healthcare service providers, and partnerships between in-network and out-of-network healthcare service providers thinking about how their clients access distributed and secondary services. Insurance providers could also have a role in supporting direct funding or reimbursement on the provider or client level. There is also an incentive for partnerships between healthcare and transportation providers in creating opportunities for expanding market share, reducing cancellations, and supporting resource-use efficiency.

Aging Population

While it has been forecasted nationwide, the demographic transition to an aging population is already being realized in the Upper Peninsula. The goal of creating livable communities that have services accessible to all ages necessitates planning for transportation needs. Isolation, especially in rural areas and communities, was exacerbated by the COVID-19 pandemic and will continue to be a future concern. An aging population also creates higher demand on existing resources as ridership and needs will continue to increase. Creating accessible transportation service will drive the need for expanded service options as well. Wheelchair accessibility, assistive door-through-door service, and attendant ridership needs may increase with the disposition of the community.

Currently, some transportation providers, specifically those required to offer accessible service and those tailored specifically to the senior community, are in a better position to meet future demand. Others may be limited by the availability of funding in particular to expand their current resources. Others are limited by liability requirements in offering service to an expanded subset of users with increased special needs. Private entities may not need to facilitate these accessibility concerns and can therefore refuse service to these riders.

In planning for the future, examples from extra-regional communities with higher populations may offer tentative solutions for the expansion of service to an aging population. However, solutions that work in other regions will still be met with difficulties in funding and creation and maintenance of the additional infrastructure. Outside ideas, organizations, and funding sources will be decisive in meeting the region's needs and go hand-in-hand with the possibility of expanding service collaboration and rectifying infrastructure issues.

Grant Funding

Grants, like the Rides to Wellness Program, received from the Superior Health Foundation and administered to the U.P. public transit providers by the Michigan Transportation Association, have been vital to creating NEMT-specific programs and providing expanded service options to ridership. However, grant requirements may be difficult for some organizations to qualify for or sustain through renewal programs, and grants have an inevitable sunset condition. This presents a problem for public transit providers that have become accustomed to operating with these funds. More importantly, the public who have come to rely on these NEMT funds/services to get to medical care may no longer have these options.

This not only creates difficulties for users but creates animosity towards the transportation providers which can influence their ridership.

Many transit providers in the U.P. see grants as a lifeline, and would welcome funding from more sustainable sources to be able to better serve their ridership. Other providers have worked specifically to avoid grant funding for the reasons outlined above in order to protect themselves from the issues it may create in the future. As outlined previously, there is opportunity for transportation, healthcare providers, and insurance providers across the region to collaborate in securing grants, or to form groups that can work with local, state, and federal government agencies to lobby for greater or more sustainable funding sources.

Grant education would help providers embrace and better utilize available funding and reimbursement sources. Conversations with stakeholders revealed that many do not understand the requirements of existing programs and how they can use their current accounting systems and personnel to fulfill them. Providers have had difficulty in establishing sufficient coding and billing practices that can be submitted to the program for funds. This has led some providers to not use the programs available in favor of traditional billing. Grant administrators should include direct education sessions or make on-demand material and support more available to providers throughout the duration of a program.

Education and Marketing

One factor at present that existing providers can focus on is the marketing of services already offered and education of the current ridership's transportation options. The already-existing and implemented Rides to Wellness program has attempted to promote collaboration and expand NEMT services regionwide. The program requires referrals through partners to qualify riders for service, leaving it to the health and insurance providers of the region to promote these programs and expand the potential ridership. While the program has seen some success it ultimately relies on marketing across a large physical area and a number of providers, and is limited in its grant funding.

Education about what services people have available and how to utilize them is another key issue. Educating riders about the limitations of those services is also an important factor. As an example, utilizing the Rides to Wellness program through some of the region's transportation providers necessitates that a request for service be scheduled 10 days before the individual's appointment. The ridership needs to be aware of this both when scheduling their medical appointments and transportation. Those with urgent needs need to explore other options, which may not be available.

In some instances where transportation programs cannot be utilized by their patients, the medical provider will absorb the cost. The patient's income and insurance coverage then become a factor in determining how transportation costs are paid. This may be an option that is not readily apparent to users and is part of a larger patient advocacy issue as well as a transportation issue. Policy makers at the State level and within the insurance industry need to work with healthcare providers to gather feedback on how to create language in these programs to not only to educate their patients, but also assist in marketing as well.

Recruitment of Drivers and Administrative Costs

During the stakeholder sessions, public transit providers related issues with recruiting and retaining sufficient driving staff to maintain on-demand NEMT service in addition to their traditional offerings. Non-profit organizations that rely on volunteer drivers have seen the current volunteer base dwindle and have had trouble engaging new members. These issues have been exacerbated by the COVID-19 pandemic and related workforce reductions.

Public transit organizations have specific training requirements and licensure requirements that reduce that pool of potential employees. Any bus or shuttle that weighs more than 26,000 pounds or has the capacity for 15 or more passengers requires the driver to have a Commercial Driver's License (CDL). The CDL requirements include an additional skills test, medical exam, and fees that often preclude people from obtaining them without employer support. It is more difficult then to hire employees who have the additional burden of training and testing before they can be assigned to routes. With the expansion of the trucking industry over the past several years, more potential employees with CDLs are drawn to the higher-paying jobs in high demand in the region. In addition, public transit drivers with personable skills are also preferred, and the number of people who meet all these needs are low, especially when trying to recruit or cross-train drivers previously in other industry areas.

Organizations relying on volunteer drivers often do not have the funding to support training and fees to entice new people to obtain or retain their CDL licenses. This prevents these organizations from having the capacity to transport more than 15 people at a time. This often means that an additional number of smaller capacity vehicles, and additional drivers for them, are needed to meet demand. Having more vehicles and needing more volunteer drivers increases the administration costs associated with supporting these programs. Often, funding sources have requirements that prevent supporting administration costs above a certain threshold, generally a percentage of the total award. Programs that rely on volunteers to use their personal vehicles and then provide reimbursement are becoming less attractive to potential volunteers and include possible liabilities.

While programs that can provide the capital funding for small jurisdictions or organizations to purchase or obtain used commercial vehicles exist, absorbing the ongoing administration cost with already limited resources often prevents them from doing so. Administration requires additional financial and management skills that are hard to obtain without additional compensation. Retaining people with these skills long-term in volunteer programs is difficult. Passing this burden on to the potential ridership or volunteers to fund is not sustainable. Creating grant or funding programs that specifically provide for administrative costs, including the recruitment and support of drivers, would help smaller entities who could possibly support transportation programs provide for them long term.

Chapter 6 - Recommendations and Implementation

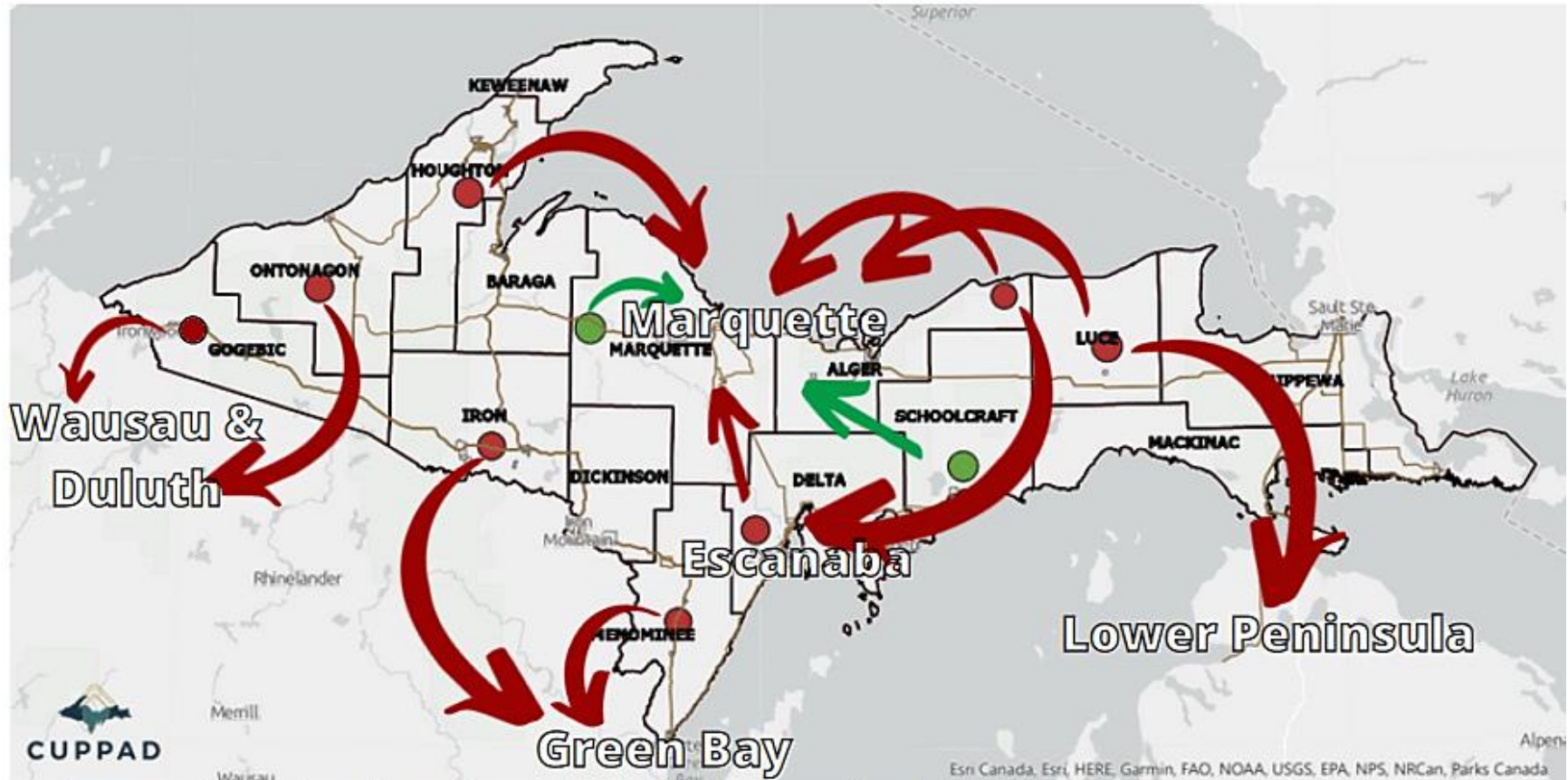
This is not an exhaustive list; however, it may promote ideas that can be expanded upon by stakeholders or potential partner organizations in the hopes of realizing the goal of providing regionwide, accessible, NEMT transportation.

- Leverage existing public transportation providers to expand services available to their ridership.
- Increase the opportunities for funding by lobbying for expanded funding, identifying new partnerships, creating new grants, and increasing the overall ridership.
- Work to facilitate collaboration directly between healthcare and transportation providers, removing the need to facilitate through third parties.
- Increase demand through marketing and collaborative partnerships with healthcare providers.
- Establish cost and resource sharing programs.
- Establish inter-regional routes that transport riders in groups for similar services.
- Work with healthcare providers to schedule riders needing similar services or service destinations.
- Adjust policies or fare structures that put limitations on attendant ridership, and work to solve liability issues in serving specific types of users.
- Highlight performance issues and use them to facilitate conversations with local organizations and governments to leverage additional funding sources.
- Lobby governments to adjust program requirements or funding rules that limit the expansion of programs and collaboration opportunities.
- Establish volunteer programs or work with existing organizations to leverage volunteers or resources to provide transportation service.
- Hold local county governments accountable in providing services to all county residents.
- Work with healthcare providers to create opportunities for subsidized transportation.
- Create inter-regional drop-off and pickup points that allow users to travel between service areas.
- Strengthen existing partnerships and expand 2-1-1 services and personnel to keep up to date information, to find and keep in contact with service coordinators/healthcare providers.
- Educate healthcare providers on the transportation programs that may be available to their patients, provide marketing materials, and work to streamline the funding or reimbursement process.
- Create a regional transportation council that focuses on NEMT service as part of their general operation.

- Increase the proliferation of infrastructure from healthcare and broadband internet providers to promote the use of telehealth services and reduce the need for transportation.
- Leverage MDOT to create and maintain expanded infrastructure for public transportation, even in areas where it is not yet available.
- Work with community planners and zoning officials to plan for accessible communities with an aging population in mind.
- Create incentives for patients to promote the use of transportation services, or work with patients to ensure that they have adequate means of transport to reach scheduled appointments.

Map 17

Repeated Comments from Stakeholders Regarding Need for Inter or Extra-Regional Routes



- Daggett or Escanaba to Green Bay
- Escanaba to Marquette
- Gogebic, Iron, and Ontonagon Counties to Aspirus Network Providers in Wausau, WI and Duluth, MN
- Grand Marais to Escanaba

- Houghton to Marquette
- Iron River/Crystal Falls to Green Bay
- Rural Marquette County to Marquette City
- Manistique and rural Schoolcraft County to Marquette
- Newberry to Marquette, Escanaba, or areas below the Mackinac Bridge

Appendices

Appendix I- Upper Peninsula Health Providers

Appendix II- Health Providers Stakeholder Session

Appendix III- Survey Responses from Local Units of Government

Appendix IV- Public Input Survey Results

Appendix V- Demographic and Transportation Analysis

Appendix I

Upper Peninsula Health Providers

Upper Peninsula Health Care Solutions (UPHCS)

UPHCS is a 501(c)3 nonprofit organization which serves the 300,000 residents of Michigan's Upper Peninsula through collaborative efforts among the network members. UPHCS sponsorships include the Upper Peninsula Poison Crisis Network, the Upper Peninsula Medical Library Consortium, and the Upper Peninsula Regional Blood Centers. Network members are involved with joint purchasing opportunities, mobile MRI services, education, an electronic physician directory, the U.P. Teleradiology, Teleconferencing and Telemedicine Network and a reference lab network. UPHCS continues to develop an U.P.-wide integrated information system network, the Upper Peninsula Health Information Exchange (UPHIE), to connect U.P. hospitals. This system provides a cost-effective mechanism to access patient information and streamline patient care delivery. Their mission is to create opportunities of viability for health care providers in the Upper Peninsula of Michigan, and to improve access to quality health services for residents within their communities.

Hospitals

Aspirus Iron River Hospital - Situated in the beautiful Northwoods, Aspirus Iron River Hospital & Clinics serves the needs of the south-central Upper Peninsula of Michigan and northern Wisconsin. Aspirus Iron River Hospital is a 25-bed critical access hospital with private patient rooms that overlooks Ice Lake, bringing the holistic healing power of nature to the patient's side. In 1996, Iron County General Hospital and Crystal Falls Community Hospital were merged into Iron County Community Hospital in order to better serve the community. The consolidation into one hospital site allowed the organization to provide better and more efficient medical care to the Iron County community and surrounding area. As a result, through the years, the Hospital has helped generation after generation reach better health. Today, the organization continues to strive to meet the needs of the community and surrounding area. They have expanded their services, acquiring the county ambulance service, opening physician clinics, providing new services, and remodeling and updating the main hospital campus. In 2009, in order to better reflect the growth and sense of community, Iron County Community Hospital, its ambulance service, and physician clinics were renamed NORTHSTAR Health System, and in 2014, formally became Aspirus Iron River Hospital and Clinics.

Aspirus Ironwood Hospital - Established in 1923, Aspirus Ironwood Hospital serves people of the Gogebic-Iron Range in Upper Michigan and northern Wisconsin with high quality medical care and services. Aspirus Ironwood Hospital is a critical access hospital fully accredited by The Joint Commission. Aspirus Ironwood Hospital includes the Aspirus Surgery Center, 2 clinics and the Aspirus Eye Center.

Aspirus Keweenaw Hospital - Aspirus Keweenaw is a non-profit, community-directed health care organization based in Laurium, Mich., with clinics and outreach services in Laurium, Calumet, Houghton and Lake Linden. Aspirus Keweenaw is part of the Aspirus, Inc. exclusive hospital and clinic network, home health and hospice care, pharmacy, critical care, medical goods and a philanthropic foundation. Aspirus Keweenaw Hospital provides 24/7 access to emergency care and is supported by five clinic locations. Aspirus is committed to delivering excellent local healthcare to keep the community healthy and provide a successful community hospital for generations to come.

Aspirus Ontonagon Hospital - Aspirus Ontonagon Hospital is a licensed 18-bed critical access hospital dedicated to serving the residents of Ontonagon County and the surrounding area. There is a wide range of services, including a 39-bed skilled nursing unit, rehabilitation, and fitness center. Aspirus Ontonagon is currently planning to build a new facility in Ontonagon.

Baraga County Memorial Hospital- Baraga County Memorial Hospital opened in 1952. In 2011, a new up-to-date facility with fifteen acute care beds was opened. The hospital is home to physician clinics, specialty clinics, and a state-of-the-art four bed emergency room and trauma center.

Chippewa County War Memorial Hospital- Located in the city of Sault Ste. Marie, War Memorial Hospital is accredited through Det Norske Veritas Healthcare (DNV) providing a wide range of services in the Eastern Upper Peninsula of Michigan. Services include Bariatric Surgery, Behavioral Health, Cardiopulmonary, Chemotherapy, Infusion Therapy, Diabetes education and Dialysis, Emergency Care, Laboratory Services, Long-term Care, Obstetrics, Surgical services, Walk-In Care Clinic, Rehabilitation services and a Cancer Care Center. The inpatient facility at the WMH Behavioral Health Center is a 20-bed facility that is designed for adults ages 18 and over. The program offers 24-hour intervention for patients that are suffering with a variety of psychiatric illnesses. War Memorial Hospital's Long-Term Care's (LTC) 51 beds are located within the hospital providing ready access to high quality care. WMH provides comprehensive care including chemotherapy, lab work, infusion therapies and other procedures. WMH offers Walk-In Care Clinics at three locations downtown Sault Ste. Marie, in the Meijer store in Sault Ste. Marie and in Kincheloe.

Dickinson County Hospital- Independently run and a private 501(c)3 non-profit organization, governed by a local Board of Trustees. Dickinson County Hospital Foundation has supported a mission of believing in the importance of bringing quality healthcare to the community since 1965. Dickinson County Hospital services; Anesthesiology, Business Health, Cancer Care, Diagnostic Neurology, Diagnostic Screening / Lab, Diabetes Care, Emergency Care, Family Birth Center, Family Medicine, Heart Care, Home Health Care, Home Medical Equipment, Hospital Medicine, Orthopedics, Pediatrics, Pharmacy, Podiatry, Radiology / Imaging Services, Registered Dietitian Nutritionist, Rehabilitation Services, Sleep Medicine, Surgical Center, Urology, Women's Health, Wound Healing/Hyperbaric.

Helen Newberry Joy Hospital (HNJH)- Located in the Village of Newberry, Luce County Helen Newberry Joy Hospital is DNV Accredited, Critical Access facility, providing a wide range of services as one of the most technologically advanced, up-to-date diagnostic centers in the Eastern Upper Peninsula of Michigan. Services include the latest laboratory and technologically advanced diagnostic imaging department – including CT, nuclear medicine, ultrasound, digital mammography, radiographic equipment, and DEXA scanning (for bone density). Additionally, HNJH have mobile MRI services provided weekly by Alliance Imaging. Chemotherapy and IV infusions are administered on an out-patient basis by Chemo/Infusion trained nurse. Patient education to meet a variety patient of needs such as smoking cessation, asthma control, diabetes education, nutrition counseling, and post-cardiac event care is also provided.

In addition to two outlying clinics in Curtis and Engadine, the Gibson Family Health Clinic, inside HNJH, has same-day appointments available or walk-ins welcome daily - including weekends and holidays. The Emergency Department is open 24/7 and is fully staffed with specially trained Emergency Department Physicians and Nursing staff. Healthcare providers include family practice and internal medicine physicians, a hospitalist, nurse practitioners and certified physician assistants. Attached to the Hospital is the Golden Leaves Living Center (39-bed long-term care unit), providing residential Elders with a home-like atmosphere and access to a multitude of activities on and off-site along with 24-hour nursing care. Helen Newberry Joy Hospital & Healthcare Center provides a Health & Wellness Center (exercise facility) in both Newberry and Curtis, offering members a wide variety of aerobic equipment, free-weights and strength training equipment, as well as personalized exercise and fitness programs.

Mackinac Straits Health Care (MSHS)- The original Mackinac Straits Hospital in St. Ignace opened in 1954 at 220 Burdette Street. In 2008, Mackinac Straits Health System, Inc. began building a state-of-the-art hospital and emergency medical center on a 16-acre campus near the airport on land donated by the Sault Ste. Marie Tribe of Chippewa Indians. The new facility opened in 2010. The Evergreen Living Center is a 48-bed skilled nursing facility that opened in 2011 and is connected to the hospital. The hospital's outpatient surgery center opened in 2015 and a retail pharmacy inside the hospital opened in the fall of 2017. The Mackinac Straits Health System (MSHS) serves the Straits of Mackinac region with local access to high quality healthcare, including state of the art equipment. MSHS includes a 15-bed critical access hospital in St. Ignace which houses a rural health clinic (St. Ignace Medical Clinic), Emergency Room, Fast Care (Walk-in) Clinic, outpatient surgery center, six-bed infusion center, and a 48-bed long-term care facility (Evergreen Living Center). The Sault Ste. Marie Tribal Health Clinic is also part of the St. Ignace Campus. Other outpatient services featured at the St. Ignace Campus include radiology, cardiac rehab, and physical therapy, along with a retail pharmacy. Other locations include Bois Blanc Island Medical Center, Mackinaw City Medical Clinic, Mackinaw City Specialty Clinic, Mackinac Island Medical Center, and the Rivertown Medical Clinic in Cheboygan. MSHS is an affiliated partner with the Munson Healthcare System.

Munising Memorial Hospital – provides primary medical and hospital care for the residents of Alger County. In 2008 Munising Memorial Hospital opened the doors to a brand new, state-of-the-art, healthcare facility. At fifty thousand square feet, the facility incorporates all aspects of a patient care under one roof. The all-new Emergency Department is triple the size of the old facility. Completely digitized, the radiology department now includes a digital X-ray room, CT, Fluoroscopy, 4D Ultrasound, Dexa scan and digital mammography. Munising Memorial Hospital Urgent Care provides patients with walk-in, extended hour medical attention with licensed providers with a large scope of medical conditions.

OSF HealthCare St. Francis Hospital and Medical Group- OSF HealthCare is an integrated health system owned and operated by The Sisters of the Third Order of St. Francis, headquartered in Peoria, Illinois. OSF HealthCare employs over 24,000 Mission Partners in more than 350 locations, including 15 hospitals, more than 45 urgent care locations, and two colleges of nursing throughout Illinois and Michigan. OSF HealthCare, through OSF Home Care Services, operates an extensive network of services, including eight home health agencies, eight hospice agencies including an inpatient hospice home, home infusion pharmacy and home medical equipment. OSF has clinical services including behavioral & Mental health, Breast Health, Brain & Spine, Cancer Care, Diabetes & endocrinology, Emergency Services, Fertility Care, Gynecology, Heart & Vascular, Home Health, Hospice, Lung & Pulmonology, Occupational Health, Orthopedic, Pediatrics, Pregnancy & Birth, Primary Care, Rehabilitation, Sleep, Surgery, Transplant Services, Urgent Care, Women’s Health, and many other supported services.

UPHS Bell- provides a broad range of inpatient, outpatient and post-acute care through its 25-bed critical access facility and physician practices serving the communities of Ishpeming and Negaunee.

UPHS Marquette- As a 222-bed specialty care hospital, UP Health System Marquette receives patients from across the UP and provides care in 65 specialties and subspecialties. Its medical staff of more than 200 doctors works as a team with its more than 1,800 employees in caring for approximately 9,000 inpatients and more than 350,000 outpatients per year. Major services include its Heart Institute, Cancer Center, Brain & Spine Center, Rehabilitation Center, Behavioral Health, Digestive Health, Weight Loss Center and Women’s & Children’s Center. The hospital also provides the region’s premier services in imaging, surgery and laboratory and is home to the UP-Telehealth Network, a leading telehealth network in the nation. They also service many of the communities in the Upper Peninsula of Michigan, with 42 primary and specialty care clinics spread throughout the region.

UPHS Portage- UP Health System – Portage supports a multi-specialty medical community of over 40 physicians, over a dozen allied health professionals, and has been serving the Western Upper Peninsula of Michigan since 1896. The main campus is a 36-bed hospital, a verified chest pain center through the Society of Cardiovascular Patient Care (SCPC) and possesses the area’s only Open Bore MRI. UP Health System – Portage was home to the first Level III ACS (American College of Surgeons)-verified trauma center and emergency department in the state. Other

services include a dedicated physician for hospital stays, cardiopulmonary, arthroscopic surgery, emergency orthopedics, sports medicine, x-ray & diagnostics, advanced wound care center, certified sleep disorder center, two Express Care walk-in clinics, regional dialysis unit, pharmacy, 64-slice CT scanner, nuclear imaging, 3D mammography, radiological and laboratory services, rehab, home care and hospice, and a 60-bed senior living community. General medical and surgical hospital, skilled nursing facility, three free-standing outreach clinics, Express Care, outreach rehab office, free-standing sleep disorders center. Located in Hancock, Houghton, Lake Linden, and Calumet.

Schoolcraft Memorial Hospital- (SMH) is an independent state-of-the-art, 12-bed, critical access facility opened in 2013. In 2016, it was announced the Schoolcraft Memorial Hospital was named in the Top 20 Critical Access Hospitals in the Nation as a top performer in managing risk, achieving higher quality, securing better outcomes, increasing patient satisfaction, and operating at a lower cost than their peers. The wide spectrum of services includes: a 24-hour/day physician staffed Emergency Room; Cardiology, Otolaryngology, Physical, Occupational, and Speech Therapy/Rehabilitation; Cardio-Pulmonary Care; Pulmonology, Medical Imaging; Laboratory Services; Homecare and Hospice; Sleep Laboratory; Outpatient Wound Clinic, Psychiatric Medical Treatment, and Rural Health Clinic. Its surgical program includes Orthopedic, Podiatric, ENT, Urology, General, and Ophthalmology, operating in two of the largest operating rooms in the Upper Peninsula. Many caregivers are cross trained across disciplines to deliver care as needed within the hospital's flexible plan.

Medical Clinics

Aspirus Clinics- Aspirus operates clinics in Houghton, Crystal Falls, Hurley WI, Ironwood, Iron River, Lake Linden, Land O' Lakes WI, and Ontonagon. Specialty Cardiology Clinics are in Iron River, Ironwood and Ontonagon. Walk In/Urgent care clinic at Ontonagon.

Bay Mills Health Center- Bay Mills Health Center is a wraparound clinic that provides coordinated care for all aspects of life. They are open to the public and offer extended hours to accommodate patients before and after work and even through lunch. They are a patient centered medical home providing superior health services to patients to be proactive in their well-being for a healthier community. Located in the Ellen Marshall Memorial Center, just 2.5 miles west of Bay Mills Resort and Casino, the Bay Mills Health Center is Joint Commission accredited and has periodic inspections from them to ensure compliance. The Ellen Marshall Memorial Health Center was built in 1998 and continues to provide quality services and the most comprehensive services as possible to residents of this community, surrounding townships, and throughout Chippewa county.

Care Clinic, Gwinn- The Care Clinic, formerly known as Pregnancy Services, was established in 1973. Its mission is to give emotional, spiritual, and material assistance to any woman. It is for women who decide to parent, abort, or place their baby in adoption. Also, for those women

who have a negative pregnancy test and are at risk for a future unexpected pregnancy. Services are offered at no charge. They also offer new and used baby clothing, maternity clothing, and other items at no cost.

Drummond Island Family Health, P.C.- The Drummond Island Family Health clinic is open Monday through Friday 9:00 AM to 4:00 PM with after hours by appointment.

Drummond Island Medical Center- The Drummond Island Medical Center in the Charles F. Thompson Building is a non-profit healthcare facility located next to the Drummond Island Elementary School. For over 30 years it has been serving the needs of island residents needing general medical and dental care.

Gibson Family Health Clinic- Located inside Helen Newberry Joy Hospital, Gibson Family Health Clinic has same-day appointments available or walk-ins welcome on a daily basis.

Keweenaw Bay Indian Community's Health- The Keweenaw Bay Indian Community's Health facility is the Donald A. LaPointe Health & Education Center, located in Baraga, Michigan. The Keweenaw Bay Health Center staff provides comprehensive health services to approximately 2,800 tribal members and descendants living in Baraga, Houghton and Ontonagon Counties. With the recent addition of 5,584 sq feet to the facility originally constructed in 1997, there is a total of 218,830 sq. footage on the two floors that house the clinic rooms and offices. Transportation to medical, dental, mental health and counseling appointments is available for tribal members and descendants who have no other means of transportation. All transports cannot exceed 200 miles round trip. All requests must be made in advance and are on a first come first serve basis. Transports are only provided Monday through Friday from 8:00 AM – 4:30 PM.

Mackinac Straits Health System (MSHS)- MSHS operates the Bois Blanc Island Medical Center, Mackinaw City Medical Clinic, Mackinaw City Specialty Clinic, Mackinac Island Medical Center, and the Rivertown Medical Clinic in Cheboygan.

Manistique Lakes Family Clinic- Staffed by a dedicated Physician, Nurse Practitioner, and skilled nursing staff, the Manistique Lakes Family Clinic offers the convenience of a family healthcare clinic to the community and visitors of Curtis and the surrounding areas. Hours of operation are Monday through Friday 9:00 AM to 4:00 PM.

Pickford Medical Clinic, Alcona Health Center- Alcona Health Center is a Federal Tort Claims Act (FTCA) Deemed Facility. This health center receives Health and Human Services (HHS) funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health related claims, including medical/dental/behavioral health malpractice claims, for itself and its covered individuals. Services at the medical clinic are offered Monday through Thursday from 8 AM to 6:00 PM and Friday 8 AM to 5 PM. After hour appointments can be made also. Services include medical, behavioral health, lab services, substance use disorder treatment, wellness programs, and care management.

Sault Tribe Health Centers- The main Sault Tribe Health Center is located in Sault Ste. Marie. Additional Health Centers are located in Marquette, Newberry, St. Ignace, Escanaba, Munising, Manistique and Hessel. Services include acupuncture, audiology, behavioral health, clinical nursing, community health nursing, dental services, diabetes program, fitness center, general medicine, health education, immunizations, laboratory services, medical case management, nutrition services, optical, pharmacy, physical therapy, radiology, smoking cessation, traditional medicine, ultrasound and wellness programs.

Upper Great Lakes Family Health Center- Located in Calumet, Lake Linden, Houghton and Hancock Family Health Centers. Calumet location also offers Dental and Behavioral Health Services.

UPHS Bell- Bell Physician Practices, a subsidiary of Bell Hospital, is a physician practice corporation primarily dedicated to providing medical services to the communities of Marquette County. Over the past several years, Bell Medical has evolved into a medical group of physicians, physician assistants, nurse practitioners and audiologists providing family medicine, obstetrics and gynecology, internal medicine, geriatric medicine, otolaryngology, occupational medicine and audiological services. Bell Physician Practices has services accessible and convenient through locations in Ishpeming at the New Bell Medical Center and Republic. Bell Physician Practice physicians have privileges at both Bell Hospital and Marquette General Hospital which means that patients have access to a full range of hospital services.

UPHS Doctor's Park (Escanaba)- offers a full-spectrum of primary care services including annual physical exams, well-child exams, pediatrics, geriatrics, women's health, minor outpatient surgery, allergy injections, diabetes education, nutrition counseling and more. They also provide access to some of the best specialists in the region.

UPHS Lakewood- Located in Harvey, Lakewood offers a full spectrum of primary care services including annual physical exams, well-child exams, pediatrics, geriatrics, women's health, minor outpatient surgery, allergy injections, diabetes education, laboratory service, nutrition counseling and more.

UPHS Negaunee- offers a full-spectrum of primary care services including annual physical exams, well-child exams, pediatrics, geriatrics, women's health, minor outpatient surgery, allergy injections, diabetes education, nutrition counseling and more.

UPHS Sault Ste. Marie- UPHS Sault Ste. Marie provides compassionate, quality healthcare for family, friends, and neighbors. They offer a full spectrum of primary care services including annual physical exams, geriatrics, women's health, minor outpatient surgery, allergy injections, diabetes education, nutrition counseling and more.

Upper Peninsula Medical Care Center (PENMED)- The Upper Peninsula Medical Center is in the City of Marquette and provides private offices for over 120 physicians and other healthcare professionals, providing the best of medical care properly focused on each individual patient.

The Marquette Medical-Dental Center was established in 1965, originally housing 18 physicians. Over one half million patients visit the Upper Peninsula Medical Center annually. Marq-Tran drops off and picks up riders at the Main Entrance on McClellan Street 20 minutes after the hour and 10 minutes before the hour. Call (906) 225-1112 for Marq-Tran's local door to door service.

Veterans Affairs Community-based Outpatient Clinics; Gladstone, Hancock, Ironwood, Manistique, Marquette, Menominee, Sault Ste. Marie- Primary and behavioral healthcare services for veterans. Specialty care referrals made to the Oscar G. Johnson Medical Center in Iron Mountain. Clinic hours are Monday through Friday 8:00 a.m.-4:30 p.m.

War Memorial Hospital Family Care, Cedarville- A family practice located in Cedarville open Monday through Thursday 8:00 AM – 5:00 PM and on Friday from 8:00 AM to 3:00 PM. Services include medical appointments, x-ray & ultrasound, physical therapy & rehabilitation, blood draw, and has visiting specialists.

War Memorial Hospital Community Care, Kinross- Located in Kincheloe, Michigan on Water Tower Drive. Hours open are Monday through Thursday 9:00 AM to 4:30 PM and Friday 9:00 AM to 3:00 PM. They are closed on major holidays.

War Memorial Hospital FastCare, Meijer Store- Located on W. 3 Mile Road in Sault Ste. Marie this walk-in clinic is open Monday through Friday 9 AM to 7:00 PM, Saturday 10:00 AM to 6:00 PM and Sunday 10:00 AM to 2:00 PM. On Christmas Eve & New Year's Eve they are open from 10:00 AM to 2:00 PM and closed on major holidays.

War Memorial Hospital Community Care, Sault Ste. Marie- Located downtown at 509 Osborn Blvd. this clinic is open Monday through Friday 12:00 PM to 8:30 PM, Saturday and Sunday 9:00 AM to 8:30 PM. Closed Thanksgiving & Christmas Day

West Mackinac Health Center- Residents and visitors of the Engadine area enjoy quality healthcare services with the conveniently located West Mackinac Health Clinic. Offices are located in Engadine and in Naubinway. Hours of operation are Tuesday through Friday 9:00 AM to 4:00 PM.

[Health Departments](#)

Public Health Delta and Menominee Counties- Delta and Menominee public health department has offices in the city of Escanaba and the city of Menomonie. They have programs available for everyone, immunization exams, personal health, and environmental health services, and much more. They work with healthcare providers and insurance to make sure people receive the best care possible.

Marquette County Health Department (MCHD)- MCHD has a mission of enriching lives in the community by preventing diseases, promoting healthy lifestyles, and protection the environment. Community outreach programs offer the public citizens the proper education

and services. Some of those programs are: Dental Outreach, U.P. Friendly Smile-UP, Emergency Preparedness, Oral Health Grant, Substance Abuse, Syringe Exchange Program, and Tobacco/Smoking. MCHD also offers many clinical services include Adolescent Health Clinics, Breast and Cervical Cance navigation Services, Clinic Calendar, Family Planning, HIV/Aids, Immunizations/Vaccines, STD Program, Women Infant & Children Program (WIC), and Wear One Campaign that was developed to decrease STIs and unplanned pregnancies by removing barriers such as cost, embarrassment, and lack of access. The health department also offers environmental services such as inspecting food, water, sewer, campground, or many other facilities.

Dickinson-Iron District Health Department (DIDHD)- The mission of the Dickinson-Iron District Health Department is to assure the highest possible level of health for the people of the communities it serves. To fulfill this mission, the Department works with individuals and organizations to prevent premature death, disability, illness and injury; to prolong life, and to promote the public health through disease prevention and control, health promotion and healthy environments, and through the provision of direct services for particularly vulnerable high risk population groups. They provide services that include communicable disease monitoring, community health services, education, food sanitation, environmental services, and emergency preparedness services.

Hannahville Tribal Community Public Health Department- The Hannahville Department of Health and Human Services is located on the Hannahville tribal lands in Wilson, Michigan. Their mission is to provide high quality healthcare and human services to eligible members of the community through community involvement and to promote continuous improvement and patient satisfaction. Their services include behavioral health, suicide prevention, health clinic, dental care, pharmacy, social services, and fitness centers.

Chippewa County Health Department- The Chippewa County Health Department (CCHD) is the nationally accredited public health service agency for Chippewa County, located in Michigan's Eastern Upper Peninsula. CCHD works to protect, and improves the health of everyone either working, living, or visiting Chippewa County. CCHD provides a wide range of services to the community ranging from restaurant food inspection to WIC, to home health services.

Luce, Mackinac, Alger Schoolcraft Health Department- A health service agency for Luce and Mackinac Counties, located in Michigan's Eastern Upper Peninsula and Alger and Schoolcraft in Central Upper Peninsula Region. Dedicated to providing county residents with disease prevention, environmental hazard protection, health promotion and emergency management through education and advocacy. Offices located and services provided in each of the four counties.

Western UP Health Department- The Western UP Health Department serves Baraga, Gogebic, Houghton, Keweenaw and Ontonagon counties. WUPHD is headquartered in Hancock with branch offices in L'Anse, Ontonagon, and Bessemer. The agency provides a broad array of

public health programs and services, including communicable disease surveillance and control, immunizations, a variety of maternal and child health programs, personal health programs, such as family planning and STI test, school-based health education, and a full range of environmental health services.

Appendix II

Health Providers Stakeholder Session

On June 16th, 2021, the three Upper Peninsula regional planning offices conducted an input session with various healthcare provider representatives throughout Michigan’s Upper Peninsula. One planner from each regional office was present during the session. The session included a short presentation covering the information gathered for the Non-Emergency Medical Transportation (NEMT) Study at that time. Representatives attending the input session were then able to discuss the findings and provide comments on transportation issues. Representatives from the following healthcare providers attended:

- UPHS-Marquette
- Public Health Delta & Menominee Counties
- Michigan Department of Health and Human Services
- Schoolcraft Memorial Hospital
- War Memorial Hospital
- Pathways Community Mental Health
- Great Lakes Recovery Centers
- Mackinac Straits Health System
- Hiawatha Behavioral Health
- UPHS-Portage
- Helen Newberry Joy Hospital
- Chippewa County Health Department
- Luce, Mackinac, Alger, Schoolcraft Counties Health Department
- Bay Mills Indian Community
- Sault Tribe of Chippewa Indians

Discussion after the presentation focused on issues outlined in Table 5 below

Table 5 – Topics of Discussion during the June 16, 2021 Stakeholder Session

Topic	Comments
Ride to Wellness Program	<p>Providers expressed hesitation at directing their patients to the program due to not knowing how long the program funding would be available.</p> <p>Providers offered that the program was vital to the level of care they were able to provide.</p> <p>Patients are not aware that the Rides to Wellness program is available to them at low or no cost.</p>

	<p>Providers screen patients for their Medicaid or Upper Peninsula Health Plan status before referring them for service.</p> <p>Five-to-ten-day notice is required to facilitate transportation planning and reimbursement, and providers find that many patients do not provide enough notice to qualify.</p> <p>Education for patients is often on a case-by-case basis due to the number of factors it takes to qualify for the program.</p> <p>Case-by-case qualification denies service to their wider service population, and takes resources per patient to implement.</p> <p>Contract requirements between health providers and Rides to Wellness can complicate the billing process and provide a limitation to service.</p> <p>Providers may offer service in areas where public transportation options are or are not available, limiting the possible service areas and complicating marketing and education.</p> <p>Providers can only offer transportation options for their organization’s specific services; if a patient needs a referral to an outside organization or another service, they are unable to use the program.</p>
<p>Relationship with public transportation providers</p>	<p>Provider- We “completely rely on the public transit infrastructure” to direct patients to transportation options.</p> <p>Providers refer patients to Michigan Transportation Connection, who then contacts the appropriate public transit provider on their behalf.</p> <p>Attendees were not aware of the reimbursement structure Michigan Transportation Connection uses to provide services.</p> <p>Providers cannot bill patients directly to facilitate transportation service, so they must rely on the patient or third parties to make these connections for them.</p>

<p>Provider-dependent service</p>	<p>Few providers have the resources to provide transportation service on their own, and those that do often only transport patients between their own locations.</p>
<p>Shortfalls in providing transportation service</p>	<p>Reliance on volunteer drivers</p> <p>Difficulty providing transportation options that comply with COVID-19 regulations.</p> <p>Perception that some public sector transportation options do not provide an adequate level of accessibility to patients.</p> <p>Difficulty in providing options to patients that require attendants to ride with them.</p> <p>Medicaid coverage does not apply to secondary programs like recovery or support meetings, so transportation options are not available.</p> <p>Volunteer recruitment requirements are provider-specific, and one volunteer may not qualify to serve another similar program.</p>
<p>Possible options to expand transportation service availability</p>	<p>Providers could seek grant funding that would allow them to offer patients reimbursement for gas through gift cards.</p> <p>Assisted living facilities could fund in-house transportation programs for their residents.</p> <p>Provide more educational opportunities for patients to learn about their transportation options.</p> <p>Strengthen partnerships between healthcare providers and transportation agencies.</p> <p>Provide alternative reimbursement or incentive options through bus passes or gas cards.</p> <p>Seek additional funding to support volunteer driver programs.</p>

Appendix III

Survey Responses from Local Units of Government

In the Eastern Upper Peninsula region, a short survey was developed using Survey Monkey to gather information from specific communities. The survey was sent to each clerk and council members for whom there were email contacts in municipalities across the region, as well as to county board members from the region's three counties. The survey was open for 60 days in July and August 2021. Follow-up emails were made 30 days after the initial contact. Fourteen responses were received. Six responses were received from Chippewa County local units of government, four responses each from Luce and Mackinac Counties.

The survey consisted of twelve questions. Question 1 asked if there are transportation options available in their community for those in need. Sixty-four percent responded that there were. Question 2 asked if the service was meeting the needs of the community; seventy-three percent felt that additional service was needed.

Question 3 asked if the local unit of government was aware of special needs population that needed this type of service in their community. The response was evenly split at 50 percent yes, they are aware, and 50 percent no, they are unaware. Question 4 asked if there are places in the community/region that people would like to go but there are no transportation services available. About 57 percent responded no, the other 43 percent responded yes and included places like medical appointments and running errands in general.

Question 5 asked what transportation improvements that would help with mobility options would they like to see in their community. Nine of the fourteen surveyed responded to this question and included suggestions such as getting people to the supermarket, having more options, better advertising as to what services are available, service to take people to the ferry (Sugar Island), better availability of drivers, and more drivers and vans.

Question 6 asked if they were aware of the Ride to Wellness program through Michigan Transportation Connection. Eighty-six percent of the fourteen respondents were not aware of the program.

Question 7 asked if respondents thought that local units of government should support NEMT like they do emergency needs. Forty-three percent felt they should, 23 percent said no, and 23 percent said other. Other included the following statements:

- Smaller units of government have limited financial resources. State or federal funding assistance for rural areas would be of great assistance, since most public transit funds tend to go to metropolitan areas.
- Yes, through a millage.
- Unfortunately, we have a need but limited employees available.
- If there is an overwhelming need in the community then yes.

Question 8 asked how the best way would be to support an NEMT program. Fourteen percent said State-legislated funding, 14 percent said county millage, 21 percent said user pay-as-you-go, 7 percent thought grants, and 43 percent thought a combination of any of the

above. No respondent chose county general fund or partner agency sharing as an offered source of funding.

Question 9 asked if the local unit of government would consider housing a vehicle to expand the NEMT program in their community. Seven percent responded Yes – they have the resources; 57 percent said No – they do not have the resources; and 35 percent responded that Maybe – they would be willing to discuss options.

Question 10 asked if there were additional comments. Five of the fourteen responded below:

- It would be helpful here (Pentland Township).
- Government should only be involved in those things that individuals can't do for themselves.
- None
- Not at this time.

Questions 11 and 12 asked the name of the local unit of government represented and the County located.

A detailed summary of the questions and results in the LUG Survey is available upon a request to Eastern Upper Peninsula Regional Planning and Development.

Appendix IV

Public Input Survey Results

General Public/Stakeholder Agency Input Sessions, Eastern Region

In the Eastern Upper Peninsula region, a survey was developed using Survey Monkey to gather information from the general public and other stakeholder agencies. A news release was drafted and sent to four local newspapers which explained the project and provided information on how the public could participate in the survey by visiting the website, contacting staff to request a hard-copy survey, participating via Zoom in two offered public input sessions, or visiting staff at a table set up at local farmers markets. The survey link was emailed to various other stakeholder agencies including senior centers, veteran organizations, the United Way, Salvation Army, and SAIL, the Disability Network of the U.P.

EUP RPA staff attended five farmers markets and one flea market across the region with a table of information and hard copy surveys available. Business size cards were created with a link to the online survey and handed out to those who did not have time to fill out a survey at that time. A self-addressed stamped envelope was provided for those who did not have access to the online survey.

The survey was made available and publicized in July and August 2021 with a close date of August 31, 2021. Sixty-nine surveys were completed. The results of the survey are summarized below. In addition, two virtual Zoom sessions were held in July. There was no attendance to the virtual sessions.

The survey consisted of 20 questions. The first question asked what type of transportation option, other than a personal vehicle, did they or someone they knew use for NEMT. Other family members came in at just over 40 percent with public transit ranking the second at 29 percent.

Question 2 asked if they were aware of the transportation options in their community that were specifically for those with mobility issues. Thirty-nine percent were not aware of any, 18 percent stated they did not know, and 29 percent said yes, they were aware, and 13 percent were aware and knew how to use those services. In question 3, seventy-nine percent responded that they were aware of people that had mobility issues. For question 4, 61 percent of respondents indicated they knew of places that were destinations but had limited transportation services.

Question 5 asked if the respondent ever had to drive a friend or loved one to an appointment. Thirty-six percent responded yes-regularly, and 48 percent said yes-occasionally. Question 6 asked if they had to take off work to do so and that was a 50 percent split between yes and no.

Fifty-four of the 69 respondents answered Question 7, in which they were asked what improvements they would like to see to help improve transportation options in their community. Here are some of the responses:

- A designated safe, clean, friendly, and inviting on-demand ride for seniors and sick people needing rides to and from cancer treatments, physical therapy, doctor's appointments and more. My mother, for instance, would never take public transportation to St. Ignace for an appointment because she has heard questionable things about the EUPTA bus that comes through here, and she really doesn't trust anyone. Plus, with her Parkinson's disease, waiting for rides and catching rides on a schedule is difficult for her. People need rides to Petoskey, St. Ignace, Sault Ste. Marie, Marquette, and elsewhere for medical appointments. Last week I just saw a woman with MS post on Facebook that she needed a ride to the doctor in Petoskey. She doesn't have any family or friends around Cedarville to take her.
- Transportation from Newberry to the Sault for special needs or supplies. From St. Ignace to the Sault.
- Programs to help seniors get to medical appointments.
- More options and transit that all individuals can use at a reasonable price.
- We are making strides, but reliable transportation schedules are a MUST. As well as weekend, early morning, and evening options!
- Additional bussing options (night services) from Kincheloe to the Sault and within the Sault.
- More services.
- More coordinated transportation from common senior living spaces to medical campus. it is especially hard in the winter as these services are unreliable and you must call several times sometimes before they will come back to pick you up.
- More public transportation options.

Question 8 asked what outreach efforts are needed to make people aware of additional transportation options. Social media ranked highest at 77 percent, with flyer/brochures at 75 percent and tv public service announcements at 70 percent.

Question 9 asked if respondents knew about the Michigan 2-1-1 Service. Sixty-five percent answered no and 35 percent yes, with 7 percent that have used the service. Question 10 asked if they had heard about the Ride to Wellness program. Eighty-five percent have not heard about it. Fifty-two percent responded they have never used the service in Question 11.

When asked the maximum distance one had to travel 57 percent said Over 100 Miles, 22 percent said 50-100 Miles and 21 percent less than 50 miles. Over 58 percent of those trips were out of the U.P. Region but within the State of Michigan, with in-county-of-residence the next highest percentage at 18% offered in question 13. Just over 10 percent went out of state. Question 14 asked respondents to rank the Ride to Wellness service, if they had used it, with a scale of 1-low and 5-high. Eight responded for an average 2.75 ranking.

Thirty-three percent of respondents thought funding support for NEMT programs should be state legislated, 31 percent thought a county millage, 22 percent answered with grants, and 13% responded pay-as-you-go as responses to question 15.

The remaining five questions asked respondents what other ways government could support NEMT, what is their interest in the transportation issues, what county do they have the most interest in, age, and gender.

A detailed summary of the questions and results of the Public Input Survey is available upon a request to Eastern Upper Peninsula Regional Planning and Development.

General Public/Stakeholder Agency Input Sessions, Western Region

A survey was developed using Survey Monkey and distributed in the Western Upper Peninsula region to gather information from the general public and other stakeholders. The survey link was emailed to various agencies including social services organizations, medical clinics, hospitals, and behavior health facilities for their input. A request was also made of each Chamber of Commerce in the region's counties to distribute to their members.

During the open dates in July through August 2021, eleven surveys were completed.

The survey consisted of 20 questions. The first question asked about the types of transportation they or people they knew used. Public transit bus was cited 27% of the time, but nearly 55% of respondents depend on family and friends for transportation.

Question 2 asked about the respondents' knowledge of transportation options specifically targeted to persons with limited personal mobility. 55% said no, or that they were not aware of options. The third question showed that 73% of all respondents knew of people in special populations in need of assistance with their mobility needs.

Question 4 asked if there were local or regional destinations that people desired to go to but did not have the available transportation. 55% of people responded affirmatively. 64% responded yes, on occasion, and 18% responded that they regularly provided transportation for a loved one, family member, or friend to a non-emergency medical appointment.

The respondents were asked in question 6 if they missed work because of the need to transport a family member or friend. 45% responded they did and 55% responded they did not.

Question 7 asked what transportation improvements would respondents like to see in their community. Answers included organized carpooling or buses, more easily accessible vehicles, regionally coordinated transportation, expanded bus routes and schedules, and to create more paid positions rather than use volunteers.

Question 8 related to marketing and education for available transportation services. 70% of respondents stated that more radio PSAs and flyers/brochures would be useful. 40% said more social media and TV PSAs. Other responses included making sure medical facilities could share information with their patients, coordinate information into packets, and in newsletters.

Question 9 explained what the 2-1-1 service is and asked if they were familiar with the Michigan 2-1-1 system. 64% of respondents were not familiar with 2-1-1. The Rides to

Wellness program was explained in question 10. 100% of respondents said they were not familiar with this program.

Question 12 asked what the maximum distance a respondent has traveled for non-emergency healthcare. 64% responded that they have traveled over 100 miles. 82% of those responded that they have traveled outside of their county or the state for non-emergency healthcare in question 13.

Respondents were asked the best way to support a public transit program in question 15. 40% said 'pay-as-you-go' while 60% said grants or a state-legislated program. Of the 11 respondents, 6 responded to question 16, which asked for other ways a local government could support NEMT. Responses included better promotion, perhaps fund it the way Little Brothers Friends of the Elderly fund some of their service, coordinate and organize regional public transportation for everyone, and grants or pay-as-you-can based on income.

Question 17 asked about the respondents' interest in the topic. One respondent said efficiency is important so carpooling would be a good idea. Two respondents work in a hospital setting or with people that need transportation. Another stated that they were interested in the social determinants of health.

When asked in Question 18 what county they were from, 4 responded they were from Houghton, 2 from Gogebic and 2 from Ontonagon. Question 19 asked their age category. 46% were between 40-64, while 27% were 65 & over and another 27% were between 26-39. Question 20 asked their gender, 64% were female and 36% were male.

A detailed summary of the questions and results of the Public Input Survey is available upon a request to Western Upper Peninsula Planning and Development.

Appendix V
Demographic and Transportation Analysis

Transportation Demand Population Analysis

County	Unit of Government	Type	Total Population	Veteran Population	People 65 or Older	People with Disability	Median HH Income	% of Veterans	% Age 65 or Older	% with Disability	% above/below median UP income	% above/below U.P.-wide veterans	% above/below U.P.-wide age 65+	% above/below U.P.-wide disability	Income Score	Veteran Score	65+ Score	Disabilities Score	Demand Factor
U.P. Wide			300941	25901	65135	48105	\$ 48,750	8.6%	21.6%	16.0%									
Alger	Burt Township	Township	410	39	224	78	\$ 27,153	9.5%	54.6%	19.0%	-44.3%	10.5%	152.4%	19.0%	1.00	0.75	1.00	0.75	3.50
Alger	Munising Township	Township	2,908	119	473	414	\$ 46,858	4.1%	16.3%	14.2%	-3.9%	-52.5%	-24.8%	-10.9%	0.75	0.25	0.25	0.50	1.75
Alger	Grand Island Township	Township	33	3	11	5	\$ 83,750	9.1%	33.3%	15.2%	71.8%	5.6%	54.0%	-5.2%	0.25	0.50	0.75	0.50	2.00
Alger	Onota Township	Township	363	36	140	54	\$ 61,563	9.9%	38.6%	14.9%	26.3%	15.2%	78.2%	-6.9%	0.25	0.75	1.00	0.50	2.50
Alger	Au Train Township	Township	1,167	176	339	215	\$ 49,861	15.1%	29.0%	18.4%	2.3%	75.2%	34.2%	15.3%	0.50	1.00	0.75	0.75	3.00
Alger	City of Munising	City	2,200	200	512	337	\$ 36,250	9.1%	23.3%	15.3%	-25.6%	5.6%	7.5%	-4.2%	1.00	0.50	0.50	0.50	2.50
Alger	Rock River Township	Township	1,253	177	295	109	\$ 58,106	14.1%	23.5%	8.7%	19.2%	64.1%	8.8%	-45.6%	0.25	1.00	0.50	0.25	2.00
Alger	Limestone Township	Township	472	43	130	125	\$ 39,000	9.1%	27.5%	26.5%	-20.0%	5.9%	27.3%	65.7%	1.00	0.50	0.75	1.00	3.25
Alger	Mathias Township	Township	345	50	133	79	\$ 44,107	14.5%	38.6%	22.9%	-9.5%	68.4%	78.1%	43.3%	0.75	1.00	1.00	1.00	3.75
Baraga	Baraga Township	Township	3,635	149	530	450	\$ 45,612	4.1%	14.6%	12.4%	-6.4%	-52.4%	-32.6%	-22.6%	0.75	0.25	0.25	0.25	1.50
Baraga	Langse Township	Township	3,667	303	858	567	\$ 46,011	8.3%	23.4%	15.5%	-5.6%	-4.0%	8.1%	-3.3%	0.75	0.50	0.50	0.50	2.25
Baraga	Arvon Township	Township	429	57	192	112	\$ 44,722	13.3%	44.8%	26.1%	-8.3%	54.4%	106.8%	63.3%	0.75	1.00	1.00	1.00	3.75
Baraga	Spurr Township	Township	241	48	80	50	\$ 65,833	19.9%	33.2%	20.7%	35.0%	131.4%	53.4%	29.8%	0.25	1.00	0.75	1.00	3.00
Baraga	Covington Township	Township	449	59	167	116	\$ 45,833	13.1%	37.2%	25.8%	-6.0%	52.7%	71.8%	61.6%	0.75	1.00	1.00	1.00	3.75
Chippewa	Whitefish Township	Township	492	47	166	103	\$ 39,063	9.6%	33.7%	20.9%	-19.9%	11.0%	55.9%	31.0%	1.00	0.75	1.00	1.00	3.75
Chippewa	Sugar Island Township	Township	704	76	236	193	\$ 48,125	10.8%	33.5%	27.4%	-1.3%	25.4%	54.9%	71.5%	0.75	0.75	0.75	1.00	3.25
Chippewa	City of Sault Ste Marie	City	13,591	1,007	2,245	2,611	\$ 38,341	7.4%	16.5%	19.2%	-21.4%	-13.9%	-23.7%	20.2%	1.00	0.25	0.25	0.75	2.25
Chippewa	Bay Mills Township	Township	1,748	112	311	300	\$ 53,472	6.4%	17.8%	17.2%	9.7%	-25.6%	-17.8%	7.4%	0.50	0.25	0.25	0.75	1.75
Chippewa	Soo Township	Township	3,105	250	633	397	\$ 63,250	8.1%	20.4%	12.8%	29.7%	-6.5%	-5.8%	-20.0%	0.25	0.50	0.25	0.25	1.25
Chippewa	Superior Township	Township	1,474	131	268	261	\$ 62,216	8.9%	18.2%	17.7%	27.6%	3.3%	-16.0%	10.8%	0.25	0.50	0.25	0.75	1.75
Chippewa	Bruce Township	Township	2,099	159	397	329	\$ 56,635	7.6%	18.9%	15.7%	16.2%	-12.0%	-12.6%	-1.9%	0.25	0.25	0.25	0.50	1.25
Chippewa	Dafter Township	Township	1,398	109	299	177	\$ 63,897	7.8%	21.4%	12.7%	31.1%	-9.4%	-1.2%	-20.8%	0.25	0.50	0.50	0.25	1.50
Chippewa	Chippewa Township	Township	206	26	41	35	\$ 48,333	12.6%	19.9%	17.0%	-0.9%	46.6%	-8.0%	6.3%	0.75	0.75	0.25	0.50	2.25
Chippewa	Hulbert Township	Township	171	23	53	57	\$ 39,286	13.5%	31.0%	33.3%	-19.4%	56.3%	43.2%	108.5%	1.00	1.00	0.75	1.00	3.75
Chippewa	Kinross Township	Township	7,435	555	551	965	\$ 40,156	7.5%	7.4%	13.0%	-13.3%	-13.3%	-65.8%	-18.8%	1.00	0.25	0.25	0.25	1.75
Chippewa	Pickford Township	Township	1,460	152	350	256	\$ 55,875	10.4%	24.0%	17.5%	14.6%	21.0%	10.8%	9.7%	0.50	0.75	0.50	0.75	2.50
Chippewa	Rudyard Township	Township	1,193	113	170	198	\$ 61,786	9.5%	14.2%	16.6%	26.7%	10.1%	-34.2%	3.8%	0.25	0.50	0.25	0.50	1.50
Chippewa	Trout Lake Township	Township	211	33	94	56	\$ 41,250	15.6%	44.5%	26.5%	-15.4%	81.7%	105.8%	66.0%	1.00	1.00	1.00	1.00	4.00
Chippewa	Raber Township	Township	577	88	214	145	\$ 38,988	15.3%	37.1%	25.1%	-20.0%	77.2%	71.4%	57.2%	1.00	1.00	1.00	1.00	4.00
Chippewa	Drummond Township	Township	1,051	165	411	224	\$ 46,528	15.7%	39.1%	21.3%	-4.6%	82.4%	80.7%	33.3%	0.75	1.00	1.00	1.00	3.75
Chippewa	Detour Township	Township	714	81	282	143	\$ 47,731	11.3%	39.5%	20.0%	-2.1%	31.8%	82.5%	25.3%	0.75	0.75	1.00	0.75	3.25
Delta	Maple Ridge Township	Township	683	65	161	91	\$ 61,250	9.5%	23.6%	13.3%	25.6%	10.6%	8.9%	-16.6%	0.25	0.75	0.50	0.25	1.75
Delta	Nahma Township	Township	452	52	177	111	\$ 40,833	11.5%	39.2%	24.6%	-16.2%	33.7%	80.9%	53.6%	1.00	0.75	1.00	1.00	3.75
Delta	Garden Township	Township	768	100	272	142	\$ 47,375	13.0%	35.4%	18.5%	-2.8%	51.3%	63.6%	15.7%	0.75	1.00	1.00	0.75	3.50
Delta	Baldwin Township	Township	678	73	160	86	\$ 51,563	10.8%	23.6%	12.7%	5.8%	25.1%	9.0%	-20.6%	0.50	0.75	0.50	0.25	2.00
Delta	Cornell Township	Township	605	79	128	91	\$ 56,250	13.1%	21.2%	15.0%	15.4%	51.7%	-2.2%	-5.9%	0.50	1.00	0.50	0.50	2.50
Delta	Brampton Township	Township	984	138	362	192	\$ 49,479	14.0%	36.8%	19.5%	1.5%	62.9%	70.0%	22.1%	0.50	1.00	1.00	0.75	3.25
Delta	Ensign Township	Township	756	94	190	139	\$ 55,893	12.4%	25.1%	18.4%	14.7%	44.5%	16.1%	15.0%	0.50	0.75	0.50	0.75	2.50
Delta	Masonville Township	Township	1,493	142	356	296	\$ 53,250	9.5%	23.8%	19.8%	9.2%	10.5%	10.2%	24.0%	0.50	0.75	0.50	0.75	2.50
Delta	Escanaba Township	Township	3,399	249	766	532	\$ 62,373	7.3%	22.5%	15.7%	27.9%	-14.9%	4.1%	-2.1%	0.25	0.25	0.50	0.50	1.50
Delta	City of Gladstone	City	4,753	391	913	761	\$ 51,425	8.2%	19.2%	16.0%	5.5%	-4.4%	-11.2%	0.2%	0.50	0.50	0.25	0.50	1.75
Delta	Bay De Noc Township	Township	339	48	141	87	\$ 58,125	14.2%	41.6%	25.7%	19.2%	64.5%	92.2%	60.6%	0.25	1.00	1.00	1.00	3.25
Delta	Bark River Township	Township	1,649	118	241	264	\$ 56,346	7.2%	14.6%	16.0%	15.6%	-16.9%	-32.5%	0.2%	0.50	0.25	0.25	0.50	1.50
Delta	Wells Township	Township	4,759	458	1,091	638	\$ 63,698	9.6%	22.9%	13.4%	30.7%	11.8%	5.9%	-16.1%	0.25	0.75	0.50	0.25	1.75
Delta	City of Escanaba	City	12,251	869	2,834	2,866	\$ 35,813	7.1%	23.1%	23.4%	-26.5%	-17.6%	6.9%	46.4%	1.00	0.25	0.50	1.00	2.75
Delta	Ford River Township	Township	2,063	193	507	378	\$ 58,056	9.4%	24.6%	18.3%	19.1%	8.7%	13.5%	14.6%	0.25	0.50	0.50	0.75	2.00
Delta	Fairbanks Township	Township	394	40	118	76	\$ 55,000	10.2%	29.9%	19.3%	12.8%	18.0%	38.4%	20.7%	0.50	0.75	0.75	0.75	2.75
Dickinson	Sagola Township	Township	979	110	236	188	\$ 47,417	11.2%	24.1%	19.2%	-2.7%	30.5%	11.4%	20.1%	0.75	0.75	0.50	0.75	2.75
Dickinson	Felch Township	Township	773	75	137	106	\$ 69,659	9.7%	17.7%	13.7%	42.9%	12.7%	-18.1%	-14.2%	0.25	0.75	0.25	0.25	1.50
Dickinson	West Branch Township	Township	17	1	2	4	\$ 25,000	5.9%	11.8%	25.5%	-48.7%	-31.7%	-45.6%	47.2%	1.00	0.25	0.25	1.00	2.50
Dickinson	Breen Township	Township	454	27	113	95	\$ 53,750	5.9%	24.9%	20.9%	10.3%	-30.9%	15.0%	30.9%	0.50	0.25	0.50	1.00	2.25
Dickinson	Norway Township	Township	1,527	130	347	253	\$ 75,917	8.5%	22.7%	16.6%	55.7%	-1.1%	5.0%	3.7%	0.25	0.50	0.50	0.50	1.75
Dickinson	Breitung Township	Township	5,716	501	1,296	999	\$ 69,275	8.8%	22.7%	17.5%	42.1%	1.8%	4.8%	9.3%	0.25	0.50	0.50	0.75	2.00
Dickinson	Waucedah Township	Township	838	84	174	163	\$ 53,125	10.0%	20.8%	19.5%	9.0%	16.5%	-4.1%	21.7%	0.50	0.75	0.50	0.75	2.50
Dickinson	City of Iron Mountain	City	7369	663	1,266	1,290	\$ 49,364	9.0%	17.2%	17.5%	1.3%	4.5%	-20.6%	9.5%	0.50	0.50	0.25	0.75	2.00
Dickinson	City of Kingsford	City	4,992	373	1,301	898	\$ 43,974	7.5%	26.1%	18.0%	-9.8%	-13.2%	20.4%	12.5%	0.75	0.25	0.75	0.75	2.50
Dickinson	City of Norway	City	2,774	334	719	481	\$ 43,287	12.0%	25.9%	17.3%	-11.2%	39.9%	19.8%	8.5%	0.75	0.75	0.75	0.75	3.00
Gogebic	Wakefield Township	Township	246	35	82	47	\$ 42,917	14.2%	33.3%	19.1%	-12.0%	65.3%	54.0%	19.5%	0.75	1.00	0.75	0.75	3.25
Gogebic	Ironwood Township	Township	2,329	216	522	280	\$ 54,122	9.3%	22.4%	12.0%	11.0%	7.8%	3.6%	-24.8%	0.50	0.50	0.50	0.25	1.75
Gogebic	Bessemer Township	Township	1,194	131	266	109	\$ 46,310	11.0%	22.3%	9.1%	-5.0%	27.5%	2.9%	-42.9%	0.75	0.75	0.50	0.25	2.25
Gogebic	Marenisco Township	Township	455	71	158	59	\$ 53,750	15.6%	34.7%	13.0%	10.3%	81.3%	60.4%	-18.9%	0.50	1.00	1.00	0.25	2.75
Gogebic	City of Wakefield	City	1,529	233	438	224	\$ 36,056	15.2%	28.6%	14.7%	-26.0%	77.1%	32.4%	-8.4%	1.00	1.00	0.75	0.50	3.25
Gogebic	City of Bessemer	City	1,812	211	441	323	\$ 35,469	11.6%	24.3%	17.8%	-27.2%	35.3%	12.4%	11.5%	1.00	0.75	0.50	0.75	3.00

Transportation Demand Population Analysis

County	Unit of Government	Type	Total Population	Veteran Population	People 65 or Older	People with Disability	Median HH Income	% of Veterans	% Age 65 or Older	% with Disability	% above/below median UP income	% above/below U.P.-wide veterans	% above/below U.P.-wide age 65+	% above/below U.P.-wide disability	Income Score	Veteran Score	65+ Score	Disabilities Score	Demand Factor
U.P. Wide			300941	25901	65135	48105	\$ 48,750	8.6%	21.6%	16.0%									
Gogebic	City of Ironwood	City	4,955	461	1,330	811	\$ 31,351	9.3%	26.8%	16.4%	-35.7%	8.1%	24.0%	2.4%	1.00	0.50	0.75	0.50	2.75
Gogebic	Erwin Township	Township	348	24	78	57	\$ 51,667	6.9%	22.4%	16.4%	6.0%	-19.9%	3.6%	2.5%	0.50	0.25	0.50	0.50	1.75
Gogebic	Watersmeet Township	Township	1,271	163	537	158	\$ 41,875	12.8%	42.3%	12.4%	-14.1%	49.0%	95.2%	-22.2%	1.00	1.00	1.00	0.25	3.25
Houghton	Calumet Township	Township	6,288	428	1,263	1,091	\$ 37,841	6.8%	20.1%	17.4%	-22.4%	-20.9%	-7.2%	8.5%	1.00	0.25	0.25	0.75	2.25
Houghton	Osceola Township	Township	1,419	90	283	166	\$ 48,050	6.3%	19.9%	11.7%	-1.4%	-26.3%	-7.9%	-26.8%	0.75	0.25	0.25	0.25	1.50
Houghton	Hancock Township	Township	508	47	105	32	\$ 78,036	9.3%	20.7%	6.3%	60.1%	7.5%	-4.5%	-60.6%	0.25	0.50	0.50	0.25	1.50
Houghton	Schoolcraft Township	Township	1,759	130	392	256	\$ 45,227	7.4%	22.3%	14.6%	-7.2%	-14.1%	3.0%	-9.0%	0.75	0.25	0.50	0.50	2.00
Houghton	Stanton Township	Township	1,454	178	358	167	\$ 59,375	12.2%	24.6%	11.5%	21.8%	42.2%	13.8%	-28.1%	0.25	0.75	0.50	0.25	1.75
Houghton	Franklin Township	Township	1,610	78	149	156	\$ 55,938	4.8%	9.3%	9.7%	14.7%	-43.7%	-57.2%	-39.4%	0.50	0.25	0.25	0.25	1.25
Houghton	Torch Lake Township	Township	1,744	122	374	210	\$ 62,788	7.0%	21.4%	12.0%	28.8%	-18.7%	-0.9%	-24.7%	0.25	0.25	0.50	0.25	1.25
Houghton	Quincy Township	Township	306	21	54	58	\$ 70,625	6.9%	17.6%	19.0%	44.9%	-20.3%	-18.5%	18.6%	0.25	0.25	0.25	0.75	1.50
Houghton	City of Hancock	City	4,554	322	1,124	618	\$ 35,161	7.1%	24.7%	13.6%	-27.9%	-17.8%	14.0%	-15.1%	1.00	0.25	0.50	0.25	2.00
Houghton	Adams Township	Township	2,526	158	316	305	\$ 47,813	6.3%	12.5%	12.1%	-1.9%	-27.3%	-42.2%	-24.5%	0.75	0.25	0.25	0.25	1.50
Houghton	Portage Township	Township	3,150	190	533	336	\$ 62,500	6.0%	16.9%	10.7%	28.2%	-29.9%	-21.8%	-33.3%	0.25	0.25	0.25	0.25	1.00
Houghton	City of Houghton	City	7,870	209	641	443	\$ 23,135	2.7%	8.1%	5.6%	-52.5%	-69.1%	-62.4%	-64.8%	1.00	0.25	0.25	0.25	1.75
Houghton	Chassell Township	Township	1,825	172	324	241	\$ 53,250	9.4%	17.8%	13.2%	9.2%	9.5%	-18.0%	-17.4%	0.50	0.50	0.25	0.25	1.50
Houghton	Elm River Township	Township	475	16	53	36	\$ 37,917	3.4%	11.2%	7.6%	-22.2%	-60.9%	-48.4%	-52.6%	1.00	0.25	0.25	0.25	1.75
Houghton	Laird Township	Township	362	42	77	54	\$ 46,364	11.6%	21.3%	14.9%	-4.9%	34.8%	-1.7%	-6.7%	0.75	0.75	0.50	0.50	2.50
Houghton	Duncan Township	Township	220	34	77	93	\$ 58,125	15.5%	35.0%	42.3%	19.2%	79.6%	61.7%	164.5%	0.25	1.00	1.00	1.00	3.25
Iron	Iron River Township	Township	1,185	114	362	254	\$ 51,406	9.6%	30.5%	21.4%	5.4%	11.8%	41.1%	34.1%	0.50	0.75	0.75	1.00	3.00
Iron	Bates Township	Township	909	97	327	136	\$ 47,885	10.7%	36.0%	15.0%	-1.8%	24.0%	66.2%	-6.4%	0.75	0.75	1.00	0.50	3.00
Iron	Hematite Township	Township	219	29	95	45	\$ 26,923	13.2%	43.4%	20.5%	-44.8%	53.9%	100.4%	28.5%	1.00	1.00	1.00	1.00	4.00
Iron	Crystal Falls Township	Township	1,488	207	566	205	\$ 48,250	13.9%	38.0%	13.8%	-1.0%	61.6%	75.7%	-13.8%	0.75	1.00	1.00	0.50	3.25
Iron	Stambaugh Township	Township	1,069	67	378	211	\$ 59,659	6.3%	35.4%	19.7%	22.4%	-27.2%	63.4%	23.5%	0.25	0.25	1.00	0.75	2.25
Iron	Mansfield Township	Township	230	36	97	34	\$ 50,000	15.7%	42.2%	14.8%	2.6%	81.9%	94.9%	-7.5%	0.50	1.00	1.00	0.50	3.00
Iron	City of Iron River	City	2,854	206	674	471	\$ 34,940	7.2%	23.6%	16.5%	-28.3%	-16.1%	9.1%	3.2%	1.00	0.25	0.50	0.50	2.25
Iron	City of Crystal Falls	City	1,716	150	349	267	\$ 45,486	8.7%	20.3%	15.6%	-6.7%	1.6%	-6.0%	-2.7%	0.75	0.50	0.25	0.50	2.00
Iron	City of Caspian	City	477	57	144	108	\$ 29,063	11.9%	30.2%	22.6%	-40.4%	38.8%	39.5%	41.6%	1.00	0.75	0.75	1.00	3.50
Iron	Mastodon Township	Township	682	106	263	116	\$ 38,929	15.5%	38.6%	17.0%	-20.1%	80.6%	78.2%	6.4%	1.00	1.00	1.00	0.50	3.50
Iron	City of Gaaztra	City	323	25	89	70	\$ 39,583	7.7%	27.6%	21.7%	-18.8%	-10.1%	27.3%	35.6%	1.00	0.50	0.75	1.00	3.25
Keweenaw	Houghton Township	Township	114	19	70	11	\$ 42,813	16.7%	61.4%	9.6%	-12.2%	93.6%	183.7%	-39.6%	0.75	1.00	1.00	0.25	3.00
Keweenaw	Eagle Harbor Township	Township	264	41	169	49	\$ 64,028	15.5%	64.0%	18.6%	31.3%	80.4%	195.8%	16.1%	0.25	1.00	1.00	0.75	3.00
Keweenaw	Grant Township	Township	201	41	95	30	\$ 54,250	20.4%	47.3%	14.9%	11.3%	137.0%	118.4%	-6.6%	0.50	1.00	1.00	0.50	3.00
Keweenaw	Alfouez Township	Township	1,474	151	380	205	\$ 48,042	10.2%	25.8%	13.9%	-1.5%	19.0%	19.1%	-13.0%	0.75	0.75	0.75	0.50	2.75
Keweenaw	Sherman Township	Township	58	12	27	7	\$ 54,063	20.7%	46.6%	12.1%	-10.9%	140.4%	115.1%	-24.5%	0.50	1.00	1.00	0.25	2.75
Luce	McMillan Township	Township	2,666	166	538	528	\$ 40,250	6.2%	20.2%	19.8%	-17.4%	-27.7%	-6.8%	23.9%	1.00	0.25	0.25	0.75	2.25
Luce	Columbus Township	Township	148	14	51	35	\$ 44,167	9.5%	34.5%	23.6%	-9.4%	9.9%	59.2%	47.9%	0.75	0.50	1.00	1.00	3.25
Luce	Pentland Township	Township	2,586	225	364	293	\$ 56,413	8.7%	14.1%	11.3%	15.7%	1.1%	-35.0%	-29.1%	0.50	0.50	0.25	0.25	1.50
Luce	Lakefield Township	Township	938	117	401	216	\$ 46,094	12.5%	42.8%	23.0%	-5.4%	44.9%	97.5%	44.1%	0.75	0.75	1.00	1.00	3.50
Mackinac	Hudson Township	Township	254	39	75	55	\$ 47,750	15.4%	29.5%	21.7%	-2.1%	78.4%	36.4%	35.5%	0.75	1.00	0.75	1.00	3.50
Mackinac	Portage Township	Township	738	101	256	162	\$ 49,615	13.7%	34.7%	22.0%	1.8%	59.0%	60.3%	37.3%	0.50	1.00	1.00	1.00	3.50
Mackinac	Brevort Township	Township	554	44	150	95	\$ 58,333	7.9%	27.1%	17.1%	19.7%	-7.7%	25.1%	7.3%	0.25	0.50	0.75	0.75	2.25
Mackinac	Moran Township	Township	799	88	216	121	\$ 56,447	11.0%	27.0%	15.1%	15.8%	28.0%	24.9%	-5.3%	0.50	0.75	0.75	0.50	2.50
Mackinac	Newton Township	Township	411	51	144	61	\$ 30,568	12.4%	35.0%	14.8%	-37.3%	44.2%	61.9%	-7.2%	1.00	0.75	1.00	0.50	3.25
Mackinac	Garfield Township	Township	1,243	117	325	167	\$ 52,391	9.4%	26.1%	13.4%	7.5%	9.4%	20.8%	-16.0%	0.50	0.50	0.75	0.25	2.00
Mackinac	Hendricks Township	Township	101	14	36	26	\$ 46,250	13.9%	35.6%	25.7%	-5.1%	61.1%	64.7%	61.0%	0.75	1.00	1.00	1.00	3.75
Mackinac	Marquette Township	Township	660	55	156	115	\$ 42,500	8.3%	23.6%	17.4%	-12.8%	-3.2%	9.2%	9.0%	1.00	0.50	0.50	0.75	2.75
Mackinac	St Ignace Township	Township	915	68	254	208	\$ 42,434	7.4%	27.8%	22.7%	-13.0%	-13.7%	28.3%	42.2%	1.00	0.25	0.75	1.00	3.00
Mackinac	Clark Township	Township	1,718	161	507	223	\$ 54,458	9.4%	29.5%	13.0%	11.7%	8.9%	36.3%	-18.8%	0.50	0.50	0.75	0.25	2.00
Mackinac	City of St Ignace	City	2,239	252	556	491	\$ 40,337	11.3%	24.8%	21.9%	-17.3%	30.8%	14.7%	37.2%	1.00	0.75	0.50	1.00	3.25
Mackinac	City of Mackinac Island	City	1,072	26	230	177	\$ 47,159	2.4%	21.5%	16.5%	-3.3%	-71.8%	-0.9%	3.3%	0.75	0.25	0.50	0.50	2.00
Mackinac	Bois Blanc Township	Township	76	13	43	10	\$ 48,750	17.1%	56.6%	13.2%	0.0%	98.7%	161.4%	-17.7%	0.50	1.00	1.00	0.25	2.75
Marquette	Powell Township	Township	547	39	105	68	\$ 60,511	7.1%	19.2%	12.4%	24.1%	-17.2%	-11.3%	-22.2%	0.25	0.25	0.25	0.25	1.00
Marquette	Michigamme Township	Township	295	27	110	44	\$ 56,071	9.2%	37.3%	14.9%	15.0%	6.3%	72.3%	-6.7%	0.50	0.50	1.00	0.50	2.50
Marquette	Champion Township	Township	278	18	34	30	\$ 51,875	6.5%	12.2%	10.8%	6.4%	-24.8%	-43.5%	-32.5%	0.50	0.25	0.25	0.25	1.25
Marquette	Ishpeming Township	Township	3,526	331	901	517	\$ 67,820	9.4%	25.6%	14.7%	39.1%	9.1%	18.1%	-8.3%	0.25	0.50	0.75	0.50	2.00
Marquette	Marquette Township	Township	3,917	362	813	661	\$ 64,278	9.2%	20.8%	16.9%	31.9%	7.4%	-4.1%	5.6%	0.25	0.50	0.50	0.50	1.75
Marquette	Ely Township	Township	2,086	162	346	261	\$ 63,190	7.8%	16.6%	12.5%	29.6%	-9.8%	-23.4%	-21.7%	0.25	0.50	0.25	0.25	1.25
Marquette	Negaunee Township	Township	3,115	284	422	441	\$ 75,139	9.1%	13.5%	14.2%	54.1%	5.9%	-37.4%	-11.4%	0.25	0.50	0.25	0.50	1.50
Marquette	City of Marquette	City	20,822	1,352	3,075	2,169	\$ 43,977	6.5%	14.8%	10.4%	-9.8%	-24.6%	-31.8%	-34.8%	0.75	0.			

Transportation Demand Population Analysis

County	Unit of Government	Type	Total Population	Veteran Population	People 65 or Older	People with Disability	Median HH Income	% of Veterans	% Age 65 or Older	% with Disability	% above/below median UP income	% above/below U.P.-wide veterans	% above/below U.P.-wide age 65+	% above/below U.P.-wide disability	Income Score	Veteran Score	65+ Score	Disabilities Score	Demand Factor
U.P. Wide			300941	25901	65135	48105	\$ 48,750	8.6%	21.6%	16.0%									
Marquette	Sands Township	Township	2,472	267	407	346	\$ 75,750	10.8%	16.5%	14.0%	55.4%	25.5%	-23.9%	-12.4%	0.25	0.75	0.25	0.50	1.75
Marquette	Chocolay Township	Township	5,941	567	1,297	765	\$ 66,815	9.5%	21.8%	12.9%	37.1%	10.9%	0.9%	-19.4%	0.25	0.75	0.50	0.25	1.75
Marquette	Tilden Township	Township	1,047	79	198	158	\$ 66,071	7.5%	18.9%	15.1%	35.5%	-12.3%	-12.6%	-5.6%	0.25	0.25	0.25	0.50	1.25
Marquette	Richmond Township	Township	950	104	193	174	\$ 51,286	10.9%	20.3%	18.3%	5.2%	27.2%	-6.1%	14.6%	0.50	0.75	0.25	0.75	2.25
Marquette	West Branch Township	Township	1,616	112	246	204	\$ 45,313	6.9%	15.2%	12.6%	-7.1%	-19.5%	-29.7%	-21.0%	0.75	0.25	0.25	0.25	1.50
Marquette	Skandia Township	Township	878	102	195	139	\$ 59,432	11.6%	22.2%	15.8%	21.9%	35.0%	2.6%	-1.0%	0.25	0.75	0.50	0.50	2.00
Marquette	Forsyth Township	Township	6,196	749	1,132	1,196	\$ 51,746	12.1%	18.3%	19.3%	6.1%	40.5%	-15.6%	20.8%	0.50	0.75	0.25	0.75	2.25
Marquette	Turin Township	Township	169	13	41	19	\$ 39,643	7.7%	24.3%	11.2%	-18.7%	-10.6%	12.1%	-29.7%	1.00	0.25	0.50	0.25	2.00
Marquette	Wells Township	Township	255	13	68	74	\$ 48,125	5.1%	26.7%	29.0%	-1.3%	-40.8%	23.2%	81.5%	0.75	0.25	0.75	1.00	2.75
Marquette	Ewing Township	Township	123	19	67	29	\$ 53,750	15.4%	54.5%	23.6%	10.3%	79.5%	151.7%	47.5%	0.50	1.00	1.00	1.00	3.50
Menominee	Spalding Township	Township	1,666	151	463	228	\$ 42,024	9.1%	27.8%	13.7%	-13.8%	5.3%	28.4%	-14.4%	1.00	0.50	0.75	0.25	2.50
Menominee	Harris Township	Township	1,927	112	282	353	\$ 52,600	5.8%	14.6%	18.3%	7.9%	-32.5%	-32.4%	14.6%	0.50	0.25	0.25	0.75	1.75
Menominee	Meyer Township	Township	1,042	115	248	163	\$ 41,193	11.0%	23.8%	15.6%	-15.5%	28.2%	10.0%	-2.1%	1.00	0.75	0.50	0.50	2.75
Menominee	Faithorn Township	Township	217	23	72	35	\$ 64,821	10.6%	33.2%	16.1%	33.0%	23.1%	53.3%	0.9%	0.25	0.75	0.75	0.50	2.25
Menominee	Nadeau Township	Township	1,088	102	337	237	\$ 44,375	9.4%	31.0%	21.8%	-9.0%	8.9%	43.1%	36.3%	0.75	0.50	0.75	1.00	3.00
Menominee	Gourley Township	Township	464	29	67	67	\$ 54,375	6.3%	14.4%	14.4%	11.5%	-27.4%	-33.3%	-9.7%	0.50	0.25	0.25	0.50	1.50
Menominee	Holmes Township	Township	345	40	58	91	\$ 43,750	11.6%	16.8%	26.4%	-10.3%	34.7%	-22.3%	65.0%	0.75	0.75	0.25	1.00	2.75
Menominee	Cedarville Township	Township	256	35	101	57	\$ 51,750	13.7%	39.5%	22.3%	6.2%	58.9%	82.3%	39.3%	0.50	1.00	1.00	1.00	3.50
Menominee	Daggett Township	Township	635	60	126	71	\$ 57,500	9.4%	19.8%	11.2%	17.9%	9.8%	-8.3%	-30.1%	0.25	0.50	0.25	0.25	1.25
Menominee	Lake Township	Township	543	62	143	128	\$ 42,885	11.4%	26.3%	23.6%	-12.0%	32.7%	21.7%	47.5%	0.75	0.75	0.75	1.00	3.25
Menominee	Stephenson Township	Township	598	50	143	107	\$ 48,083	8.4%	23.9%	17.9%	-1.4%	-2.9%	10.5%	11.9%	0.75	0.50	0.50	0.75	2.50
Menominee	City of Stephenson	City	937	80	239	161	\$ 38,839	8.5%	25.5%	17.2%	-20.3%	-0.8%	17.8%	7.5%	1.00	0.50	0.75	0.75	3.00
Menominee	Mellen Township	Township	1,007	100	278	153	\$ 51,429	9.9%	27.6%	15.2%	5.5%	15.4%	27.6%	-4.9%	0.50	0.75	0.75	0.50	2.50
Menominee	Ingallston Township	Township	834	76	235	137	\$ 60,682	9.1%	28.2%	16.4%	24.5%	5.9%	30.2%	2.8%	0.25	0.50	0.75	0.50	2.00
Menominee	Menominee Township	Township	3,365	355	955	558	\$ 58,125	10.5%	28.4%	16.6%	19.2%	22.6%	31.1%	3.7%	0.25	0.75	0.75	0.50	2.25
Menominee	City of Menominee	City	8,150	766	1,709	1,567	\$ 38,784	9.4%	21.0%	19.2%	-20.4%	9.2%	-3.1%	20.3%	1.00	0.50	0.50	0.75	2.75
Ontonagon	Bohemia Township	Township	79	8	29	4	\$ 49,167	10.1%	36.7%	5.1%	0.9%	17.7%	69.6%	-68.3%	0.50	0.75	1.00	0.25	2.50
Ontonagon	Ontonagon Township	Township	2,099	240	792	388	\$ 39,621	11.4%	37.7%	18.5%	-18.7%	32.9%	74.3%	15.6%	1.00	0.75	1.00	0.75	3.50
Ontonagon	Greenland Township	Township	776	107	243	174	\$ 47,500	13.8%	31.3%	22.4%	-2.6%	60.2%	44.7%	40.3%	0.75	1.00	0.75	1.00	3.50
Ontonagon	Carp Lake Township	Township	661	86	234	140	\$ 44,500	13.0%	35.4%	21.2%	-8.7%	51.2%	63.6%	32.5%	0.75	1.00	1.00	1.00	3.75
Ontonagon	Rockland Township	Township	202	37	63	39	\$ 42,083	18.3%	31.2%	19.3%	-13.7%	112.8%	44.1%	20.8%	1.00	1.00	0.75	0.75	3.50
Ontonagon	Bergland Township	Township	310	52	176	58	\$ 40,833	16.8%	56.8%	18.7%	-16.2%	94.9%	162.3%	17.0%	1.00	1.00	1.00	0.75	3.75
Ontonagon	Matchwood Township	Township	83	11	34	16	\$ 31,250	13.3%	41.0%	19.3%	-35.9%	54.0%	89.3%	20.6%	1.00	1.00	1.00	0.75	3.75
Ontonagon	Stannard Township	Township	652	84	230	132	\$ 32,917	12.9%	35.3%	20.2%	-32.5%	49.7%	63.0%	26.7%	1.00	1.00	1.00	0.75	3.75
Ontonagon	McMillan Township	Township	523	71	134	74	\$ 51,667	13.6%	25.6%	14.1%	6.0%	57.7%	18.4%	-11.5%	0.50	1.00	0.75	0.50	2.75
Ontonagon	Interior Township	Township	325	32	92	76	\$ 37,750	9.8%	28.3%	23.4%	-22.6%	14.4%	30.8%	46.3%	1.00	0.75	0.75	1.00	3.50
Ontonagon	Haight Township	Township	167	28	56	36	\$ 46,250	16.8%	33.5%	21.6%	-5.1%	94.8%	54.9%	34.9%	0.75	1.00	0.75	1.00	3.50
Schoolcraft	Hiawatha Township	Township	1,264	118	373	149	\$ 63,542	9.3%	29.5%	11.8%	30.3%	8.5%	36.3%	-26.3%	0.25	0.50	0.75	0.25	1.75
Schoolcraft	Seney Township	Township	101	7	40	35	\$ 49,823	6.9%	39.6%	34.7%	2.2%	-19.5%	83.0%	116.8%	0.50	0.25	1.00	1.00	2.75
Schoolcraft	Germfask Township	Township	564	27	110	131	\$ 36,875	4.8%	19.5%	23.2%	-24.4%	-44.4%	-9.9%	45.3%	1.00	0.25	0.25	1.00	2.50
Schoolcraft	Manistique Township	Township	1,081	60	251	204	\$ 53,750	5.6%	23.2%	18.9%	10.3%	-35.5%	7.3%	18.1%	0.50	0.25	0.50	0.75	2.00
Schoolcraft	Doyle Township	Township	468	55	140	80	\$ 51,042	11.8%	29.9%	17.1%	4.7%	36.5%	38.2%	6.9%	0.50	0.75	0.75	0.75	2.75
Schoolcraft	Inwood Township	Township	704	67	219	86	\$ 47,961	9.5%	31.1%	12.2%	-1.6%	10.6%	43.7%	-23.6%	0.75	0.75	0.75	0.25	2.50
Schoolcraft	Thompson Township	Township	735	72	229	171	\$ 49,583	9.8%	31.2%	23.3%	1.7%	13.8%	44.0%	45.5%	0.50	0.75	0.75	1.00	3.00
Schoolcraft	Mueller Township	Township	212	49	105	36	\$ 49,659	23.1%	49.5%	17.0%	1.9%	168.5%	128.8%	6.2%	0.50	1.00	1.00	0.50	3.00
Schoolcraft	City of Manistique	City	2,919	216	665	880	\$ 31,834	7.4%	22.8%	30.1%	-34.7%	-14.0%	5.3%	88.6%	1.00	0.25	0.50	1.00	2.75

Analysis of Need for Expanded Transportation Service

County	Civil Division	Demand Population Score	Transportation Score	Service-Demand
				Score
Alger	Au Train Township	3	3.4	0.4
Alger	Burt Township	3.5	3.3	-0.2
Alger	City of Munising	2.5	3.4	0.9
Alger	Grand Island Township	2	3.4	1.4
Alger	Limestone Township	3.25	3.3	0.05
Alger	Mathias Township	3.75	3.3	-0.45
Alger	Munising Township	1.75	3.4	1.65
Alger	Onota Township	2.5	3.3	0.8
Alger	Rock River Township	2	3.3	1.3
Baraga	Arvon Township	3.75	7.1	3.35
Baraga	Baraga Township	1.5	7.1	5.6
Baraga	Covington Township	3.75	7.1	3.35
Baraga	Lanse Township	2.25	4.5	2.25
Baraga	Spurr Township	3	4.5	1.5
Chippewa	Bay Mills Township	1.75	8.7	6.95
Chippewa	Bruce Township	1.25	7	5.75
Chippewa	Chippewa Township	2.25	7	4.75
Chippewa	City of Sault Ste Marie	2.25	8.9	6.65
Chippewa	Dafter Township	1.5	7.4	5.9
Chippewa	Detour Township	3.25	7.5	4.25
Chippewa	Drummond Township	3.75	7	3.25
Chippewa	Hulbert Township	3.75	7	3.25
Chippewa	Kinross Township	1.75	7.9	6.15
Chippewa	Pickford Township	2.5	7.4	4.9
Chippewa	Raber Township	4	7	3
Chippewa	Rudyard Township	1.75	7	5.25
Chippewa	Soo Township	1.5	7.8	6.3
Chippewa	Sugar Island Township	3.25	7	3.75
Chippewa	Superior Township	1.75	7	5.25
Chippewa	Trout Lake Township	4	7	3
Chippewa	Whitefish Township	3.75	7	3.25
Delta	Baldwin Township	2	6	4
Delta	Bark River Township	1.5	6	4.5
Delta	Bay De Noc Township	3.25	6	2.75
Delta	Brampton Township	3.25	6	2.75
Delta	City of Escanaba	2.75	7.2	4.45
Delta	City of Gladstone	1.75	7.2	5.45
Delta	Cornell Township	2.5	6	3.5
Delta	Ensign Township	2.5	6	3.5
Delta	Escanaba Township	1.5	7.2	5.7
Delta	Fairbanks Township	2.75	6	3.25
Delta	Ford River Township	2	6	4
Delta	Garden Township	3.5	6	2.5
Delta	Maple Ridge Township	1.75	6	4.25
Delta	Masonville Township	2.5	6	3.5
Delta	Nahma Township	3.75	6	2.25

Analysis of Need for Expanded Transportation Service

County	Civil Division	Demand Population Score	Transportation Score	Service-Demand Score
Delta	Wells Township	1.75	7.2	5.45
Dickinson	Breen Township	2.25	3.4	1.15
Dickinson	Breitung Township	2	4.8	2.8
Dickinson	City of Iron Mountain	2	4.8	2.8
Dickinson	City of Kingsford	2.5	4.8	2.3
Dickinson	City of Norway	3	4.8	1.8
Dickinson	Felch Township	1.75	3.4	1.65
Dickinson	Norway Township	1.75	3.4	1.65
Dickinson	Sagola Township	2.75	3.4	0.65
Dickinson	Waucedah Township	2.5	3.4	0.9
Dickinson	West Branch Township	2.5	3.4	0.9
Gogebic	Bessemer Township	2.25	8.1	5.85
Gogebic	City of Bessemer	3	8.3	5.3
Gogebic	City of Ironwood	2.75	8.3	5.55
Gogebic	City of Wakefield	3.25	8.3	5.05
Gogebic	Erwin Township	1.75	6.9	5.15
Gogebic	Ironwood Township	1.75	6.9	5.15
Gogebic	Marenisco Township	2.75	7	4.25
Gogebic	Wakefield Township	3.25	6.9	3.65
Gogebic	Watersmeet Township	3.25	8.1	4.85
Houghton	Adams Township	1.5	8.9	7.4
Houghton	Calumet Township	2.25	8.9	6.65
Houghton	Chassell Township	1.5	6.6	5.1
Houghton	City of Hancock	2	9.4	7.4
Houghton	City of Houghton	1.75	9.4	7.65
Houghton	Duncan Township	3.25	6.6	3.35
Houghton	Elm River Township	1.75	6.6	4.85
Houghton	Franklin Township	1.25	8.8	7.55
Houghton	Hancock Township	1.5	6.6	5.1
Houghton	Laird Township	2.5	6.6	4.1
Houghton	Osceola Township	1.5	6.6	5.1
Houghton	Portage Township	1	8.9	7.9
Houghton	Quincy Township	1.5	8.8	7.3
Houghton	Schoolcraft Township	2	8.8	6.8
Houghton	Stanton Township	1.75	6.6	4.85
Houghton	Torch Lake Township	1.25	8.8	7.55
Iron	Bates Township	3	0	-3
Iron	City of Caspian	3.5	1.2	-2.3
Iron	City of Crystal Falls	2	1.2	-0.8
Iron	City of Gaastra	3.25	1.2	-2.05
Iron	City of Iron River	2.25	1.2	-1.05
Iron	Crystal Falls Township	3.25	0	-3.25
Iron	Hematite Township	4	0	-4
Iron	Iron River Township	3	0	-3
Iron	Mansfield Township	3	0	-3
Iron	Mastodon Township	3.5	0	-3.5

Analysis of Need for Expanded Transportation Service

County	Civil Division	Demand Population Score	Transportation Score	Service-Demand Score
Iron	Stambaugh Township	2.25	0	-2.25
Keweenaw	Allouez Township	2.75	8.1	5.35
Keweenaw	Eagle Harbor Township	3	8	5
Keweenaw	Grant Township	3	8	5
Keweenaw	Houghton Township	3	8	5
Keweenaw	Sherman Township	2.75	8	5.25
Luce	Columbus Township	3.25	0.5	-2.75
Luce	Lakefield Township	3.5	0.5	-3
Luce	McMillan Township	2.25	2.1	-0.15
Luce	Pentland Township	1.5	0.5	-1
Mackinac	Bois Blanc Township	2.75	2.4	-0.35
Mackinac	Brevort Township	2.25	4.3	2.05
Mackinac	City of Mackinac Island	2	2.4	0.4
Mackinac	City of St Ignace	3.25	4.3	1.05
Mackinac	Clark Township	2	2.5	0.5
Mackinac	Garfield Township	2	2.5	0.5
Mackinac	Hendricks Township	3.75	2.5	-1.25
Mackinac	Hudson Township	3.5	2.5	-1
Mackinac	Marquette Township	2.75	2.5	-0.25
Mackinac	Moran Township	2.5	3.6	1.1
Mackinac	Newton Township	3.25	2.5	-0.75
Mackinac	Portage Township	3.5	2.5	-1
Mackinac	St Ignace Township	3	2.5	-0.5
Marquette	Champion Township	1.25	7.7	6.45
Marquette	Chocolay Township	1.75	8.9	7.15
Marquette	City of Ishpeming	2.25	8.9	6.65
Marquette	City of Marquette	1.5	8.9	7.4
Marquette	City of Negaunee	1.25	8.9	7.65
Marquette	Ely Township	1.25	7.7	6.45
Marquette	Ewing Township	3.5	7.7	4.2
Marquette	Forsyth Township	2.25	8.9	6.65
Marquette	Humboldt Township	3.25	7.7	4.45
Marquette	Ishpeming Township	2	8.9	6.9
Marquette	Marquette Township	1.75	8.9	7.15
Marquette	Michigamme Township	2.5	7.7	5.2
Marquette	Negaunee Township	1.5	8.9	7.4
Marquette	Powell Township	1	7.7	6.7
Marquette	Republic Township	3.75	8.9	5.15
Marquette	Richmond Township	2.25	7.7	5.45
Marquette	Sands Township	1.75	7.7	5.95
Marquette	Skandia Township	2	7.7	5.7
Marquette	Tilden Township	1.25	7.7	6.45
Marquette	Turin Township	2	7.7	5.7
Marquette	Wells Township	2.75	7.7	4.95
Marquette	West Branch Township	1.5	7.7	6.2
Menominee	Cedarville Township	3.5	5.4	1.9

Analysis of Need for Expanded Transportation Service

County	Civil Division	Demand Population Score	Transportation Score	Service-Demand Score
Menominee	City of Menominee	2.75	7	4.25
Menominee	City of Stephenson	3	5.4	2.4
Menominee	Daggett Township	1.25	6.8	5.55
Menominee	Faithorn Township	2.25	5.4	3.15
Menominee	Gourley Township	1.5	5.4	3.9
Menominee	Harris Township	1.75	5.4	3.65
Menominee	Holmes Township	2.75	5.4	2.65
Menominee	Ingallston Township	2	5.4	3.4
Menominee	Lake Township	3.25	5.4	2.15
Menominee	Mellen Township	2.5	5.4	2.9
Menominee	Menominee Township	2.25	5.4	3.15
Menominee	Meyer Township	2.75	6.8	4.05
Menominee	Nadeau Township	3	5.4	2.4
Menominee	Spalding Township	2.5	5.4	2.9
Menominee	Stephenson Township	2.5	6.5	4
Ontonagon	Bergland Township	3.75	5.2	1.45
Ontonagon	Bohemia Township	2.5	5.2	2.7
Ontonagon	Carp Lake Township	3.75	5.2	1.45
Ontonagon	Greenland Township	3.5	5.2	1.7
Ontonagon	Haight Township	3.75	5.2	1.45
Ontonagon	Interior Township	3.5	5.2	1.7
Ontonagon	Matchwood Township	3.75	5.2	1.45
Ontonagon	McMillan Township	2.75	5.2	2.45
Ontonagon	Ontonagon Township	3.5	5.4	1.9
Ontonagon	Rockland Township	3.5	5.2	1.7
Ontonagon	Stannard Township	4	5.2	1.2
Schoolcraft	City of Manistique	2.75	5.9	3.15
Schoolcraft	Doyle Township	2.75	4.6	1.85
Schoolcraft	Germfask Township	2.5	4.6	2.1
Schoolcraft	Hiawatha Township	1.75	4.6	2.85
Schoolcraft	Inwood Township	2.5	4.6	2.1
Schoolcraft	Manistique Township	2	4.6	2.6
Schoolcraft	Mueller Township	3	4.6	1.6
Schoolcraft	Seney Township	2.75	4.6	1.85
Schoolcraft	Thompson Township	3	4.6	1.6