# WELCOME

CTAA




## SCOTT BOGREN

Executive Director

# Arkansas's Public Transit Future



Scott Bogren
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# About CTAA

## 1,300 Members

Membership consists of rural, small urban, tribal, specialized and NEMT agencies and state DOTs

## Activities

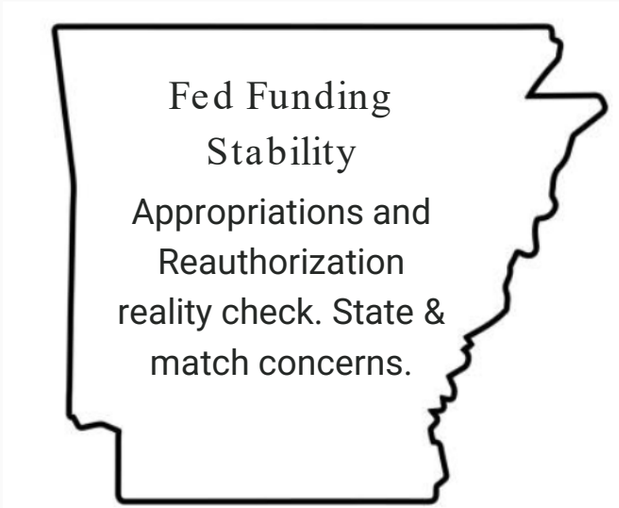
Training, conferences, resources, advocacy

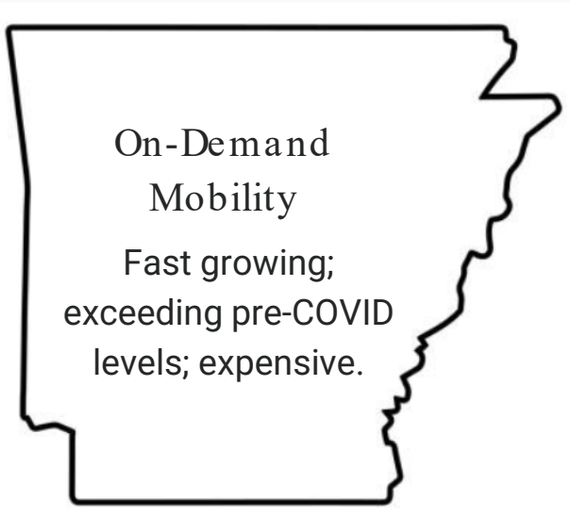
## Mission

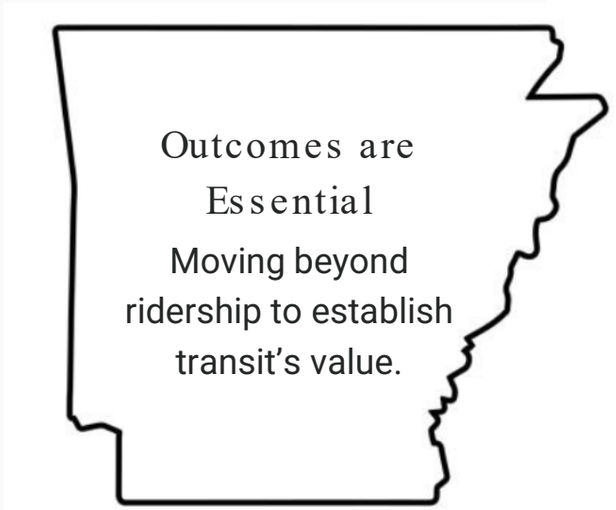
Connecting all Americans with a higher quality of life



# Key National Public Transit Trends



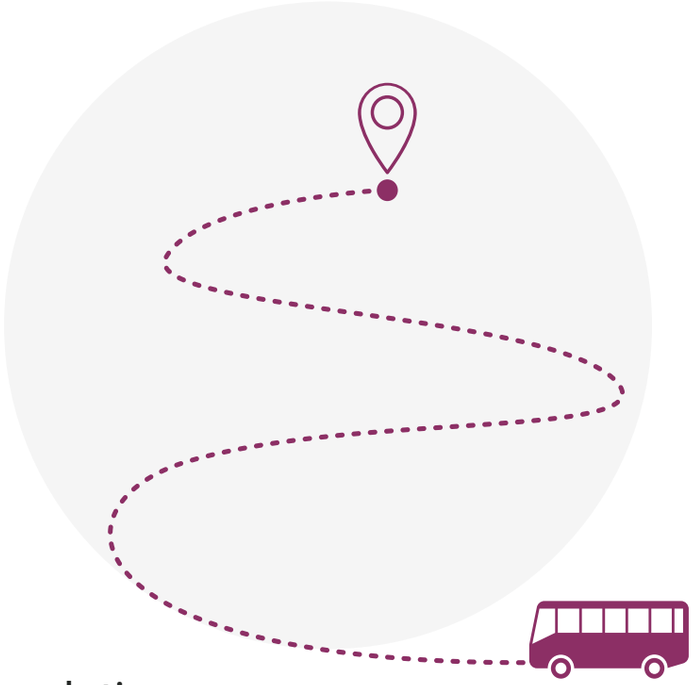
# Baseline Arkansas Transit Data

- 16 total agencies (3 urban, 4 small-urban and 9 rural systems)
- Some state investment ($3.6m — 39th);
- 86% growth in 5311 investment in past 15 years
- 300+% growth in 5310 investment in the past 15 years

# Arkansas Demographic Trends that Impact Transit

Northwest Arkansas is the 9th fastest growing metro area in the nation.

43% of Arkansas' population is rural, far ahead of the national average of 20.4%.



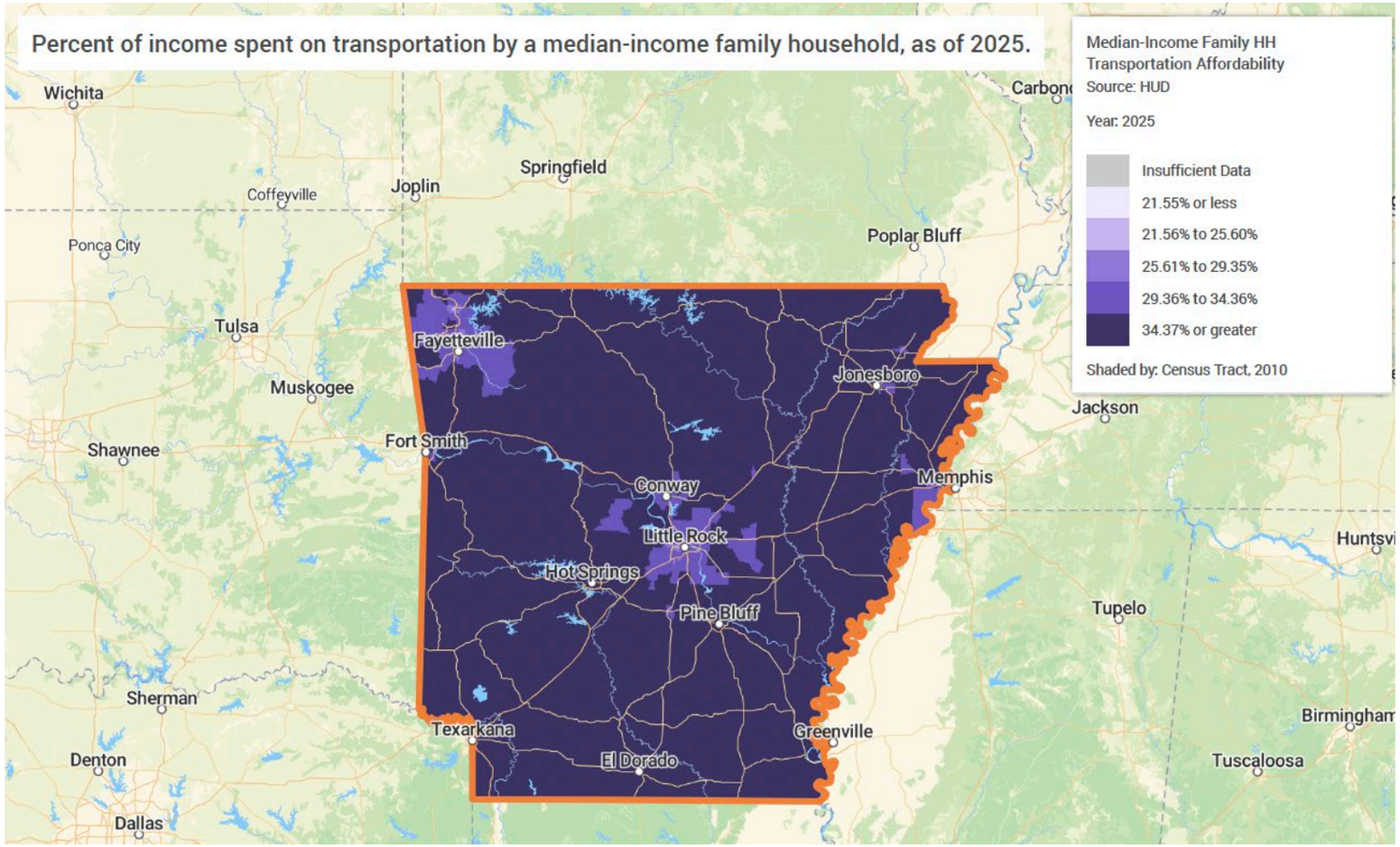
Low to medium income Arkansas spend 37% of their income on transportation

The rate of primary care physicians in urban Arkansas is 36.4 for every 10,000 residents. It is 8.4 in rural Arkansas.

Total Arkansas population is up 5%, but the rural population is declining (-4%).

Rural residents are older, more disabled and more impoverished than their urban counterparts.

# Transit and Affordability



# Transit and Healthcare Outcomes



## Arkansas Rural Health Facts 2024

Curious about other states?

### AR Health Infrastructure

- 27 Critical Access Hospitals
- 158 Federally Qualified Health Centers
- 21 Prospective Payment System Hospitals
- 4 Rural Emergency Hospitals
- 145 Rural Health Clinics

### AR Health Professional Shortage Areas

**Primary Care** 53 of 58 rural counties have primary care HPSAs.

**Mental Health** 58 of 58 rural counties have mental health HPSAs.

**Dental Care** 49 of 58 rural counties have dental care HPSAs.

### AR Hospital Vulnerabilities

6% of rural hospitals are vulnerable to closure.



67% of rural hospitals operate on negative margins.



### AR Hospital Closures

2 Hospital closures since 2010

Source: UNC, 2024. Source: RHI Hub, 2024. Source: Georgetown, 2024. Source: Chartis, 2024.

https://www.ruralhealth.us/advocate
@nrha_advocacy

National Rural Health Association

# How Transit Succeeds in Arkansas

- Performance Based and Fiscally Responsible
- Responsive and Flexible
- Outcome Based and Technology Enabled
- Grassroots Support from the Communities Served



### Operational Flexibility

Arkansas' transit network must always be adapting service to meet demand, with an emphasis on efficiency.

### Microtransit Innovation

Replacing poor performing fixed routes and/or routes with low frequency.

### Rural Transit Real-Time

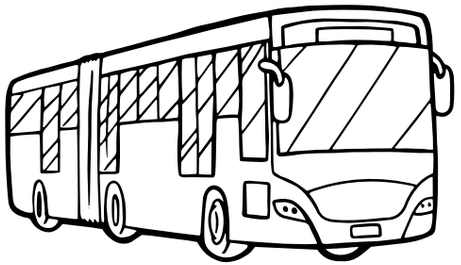
Adapting technologies that offer customers real-time service is essential.

### Flexible Fleets

Improved zero-emission technologies that can work in rural and urban are coming.

### Tap & Go Fares

Make fare payments as easy as buying a cup of coffee.



# Keys to Arkansas' Transit Future

### AI Advancements

Targeted use of AI to assist with long-time issues like call centers and bus specs.

### AV Implementation

Labor is transit's highest cost center.

### Fund Braiding

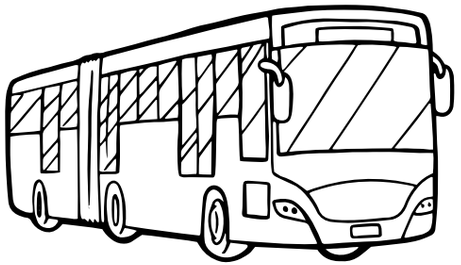
Programs that benefit from trips must invest in the network.

### Standardized Fleets

Mass produced rural and urban rolling stock will save money and time.

### Recruitment, Retention & Succession

The most successful transit operations will succeed in these vital areas.



# Keys to Arkansas' Transit Future

# Key Takeaways

Appropriate transit in Arkansas will thrive; flexible operations is key

State and local investment must grow to match federal funds

What people do after they ride is essential

Arkansas population demographics indicate increased transit demand

Technology is transforming transit delivery