



# Mobility & Accessible Transportation Strategic Plan

Annual Report & 2026 - 2030 Strategic Plan

Tennessee Department of Transportation | March 2026



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Office of Mobility and Accessible Transportation (OMAT) is an office within the Tennessee Department of Transportation that serves as a resource partner by offering funding, technical assistance, and policy guidance to help local and regional agencies implement the strategies outlined in this plan.

Throughout this document, primary implementation responsibilities rest with local providers, mobility managers, and community partners, while TDOT provides support, coordination, and expertise where appropriate.

### ***Mission Statement***

Provide resources and expertise for expanding and improving accessible transportation and mobility across the state.

### ***Priorities***

Mobility management initiatives will provide opportunity to unite a broad collective of stakeholders through development of local, regional and statewide solutions to fit community and user needs.

The State will provide administrative support and oversight for the process of shrinking gaps in access to appropriate transportation options.

The State will establish a pathway to integrated policies and cooperative activities that support flexible and comprehensive transportation programs.

Tennesseans will gain transportation independence and livability in their communities.

### ***Strategic Goals***

**Expand Access.** Support local solutions for expanding and improving access to transportation services.

**Service Solutions.** Prioritize projects that increase connection and accessibility across different types of transportation.

**Communication and Technology.** Facilitate coordination and communication between transportation stakeholders, including people who use accessible transportation.

### ***2020 - 2025 Strategic Plan***

In 2020, the Tennessee Accessible Transportation and Mobility Act established the Office of Mobility and Accessible Transportation (OMAT), the first state office of its kind in the nation. Upon its inception, the OMAT office set forth to work with its partner agencies at state and local levels to establish a Strategic Plan. That plan was completed in 2021, and it has helped to set the course for the office over the past five years, from transportation service enhancements to technology innovations.

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# Chapter 1: Introduction

The goal of the 2026 Five-Year Strategic Plan is to update the original OMAT Strategic Plan with new data and offer refreshed strategies for improving transportation access. The focus remains on older adults, individuals with disabilities and other community members who face transportation barriers. By drawing on lessons learned over the past five years, including the COVID-19 (2021–2023) pandemic's impacts, this 2026 Strategic Plan aims to draw a path forward to a more connected Tennessee.

The plan was developed collaboratively. It reflects input from public transit riders and providers, human service agencies, disability advocates, healthcare partners, and local and state officials. It also incorporates findings from surveys, focus groups, and public listening sessions held in 2025. The result is a comprehensive roadmap that identifies current services, recent trends, persistent gaps, and strategic methods to provide for the expansion of mobility across all 95 counties. This plan aims to be straightforward and user-focused, mirroring the voice of stakeholders who contributed their experiences, with the objective to present clear findings and actionable strategies, so that everyone, from community members to legislators, can engage with the plan's recommendations.

The pages that follow describe how information was gathered and provide an overview of Tennessee's existing transportation services. The plan examines ridership trends prior to 2019 and the significant shifts observed from 2019

through 2023, placing these changes in the context of the COVID-19 pandemic and the subsequent recovery period.

Building on this analysis, the plan assesses the significant progress made since OMAT was created and identifies ongoing gaps and challenges, including driver shortages and limited days and hours of service that continue to create barriers to accessing employment, healthcare, and wellness services.

There are three overarching goals, each supported by actionable strategies designed to make a measurable impact in communities across Tennessee. Collectively, the research and findings align with emerging legislative priorities and outline strategic approaches that policymakers and leaders can invest in to strengthen transportation access and chart a clear path forward.

Project partners include: Council on Developmental Disabilities, Commission on Aging and Disability, Commission on Children and Youth, Department of Intellectual and Developmental Disabilities, Department of Health, Department of Economic and Community Development, Department of Human Services, Department of Transportation, TennCare, Area Agencies on Aging and Disability, Human Resource Agencies, Tennessee Association of Public Transportation, The Arc of Tennessee, Disability Rights Tennessee, users of accessible transportation, and the general public.

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## Chapter 2: Surveys, Listening Sessions, and Focus Groups

OMAT carried out a comprehensive, multifaceted engagement effort. Nine regional listening sessions were conducted with transit providers, the general public, and stakeholder organizations, including Human Resource Agencies, urban transit systems, nonprofit mobility programs, veterans' transport services, non-emergency medical providers, and volunteer networks. These conversations revealed service delivery challenges, staffing shortages, multi-county travel difficulties, and funding constraints. Conversations also highlighted innovations such as same-day, zone-based service and technology used to support better information sharing and efficient trip scheduling.

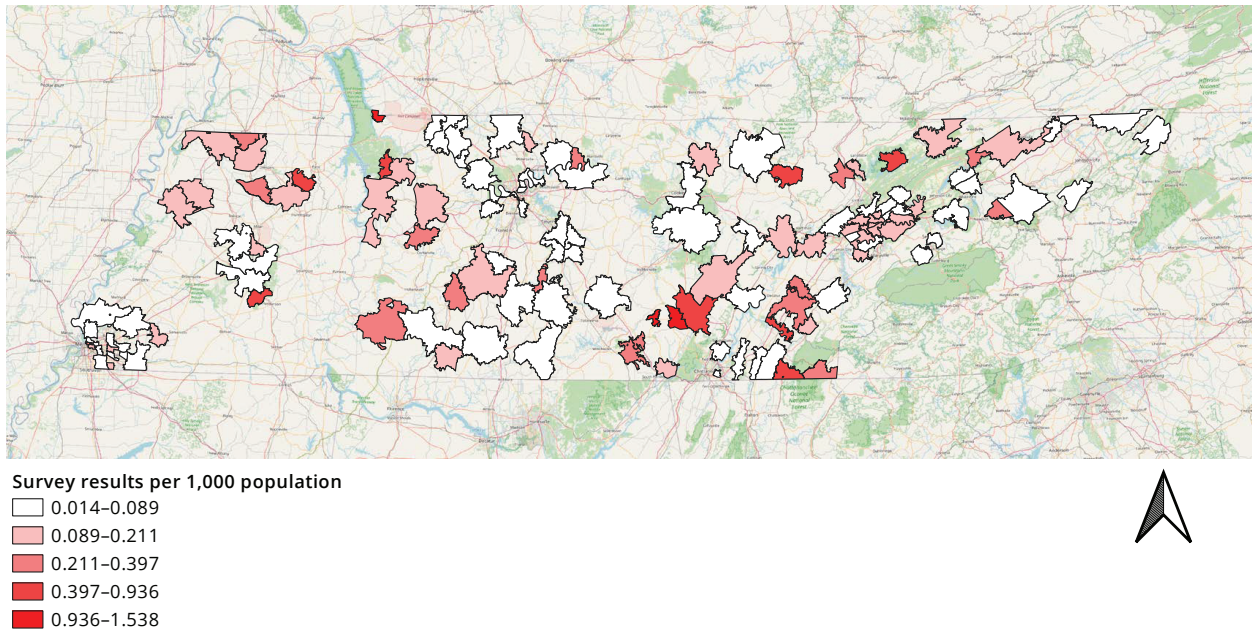
Alongside the listening sessions, two virtual focus groups brought together riders, caregivers, advocates, local officials, and service providers from across the state. Participants spoke candidly about driver shortages, limited service hours, the lack of door-through-door assistance for passengers, and the complexity of navigating

the eligibility rules that are unique to each transportation provider. They also offered constructive suggestions, including extending evening service, providing unified trip-planning tools, and creating regional mobility hubs to make multi-county/multi-jurisdictional trips more convenient, efficient, and safe for the riders.

At the same time, a statewide public survey was distributed to capture broad community input. Two-hundred and sixty-nine Tennesseans responded, sharing demographic details, information on technology access, communication preferences, and open-ended comments about transportation barriers and needs. Roughly 250 respondents provided ZIP codes, with responses spanning both metropolitan and rural areas. Notable concentrations appeared in McMinn County (37303), Sequatchie County (37327), Columbia/Maury County (38401), and several Knoxville ZIP codes (37920, 37922), confirming that the survey reached a wide cross-section of residents across the state.

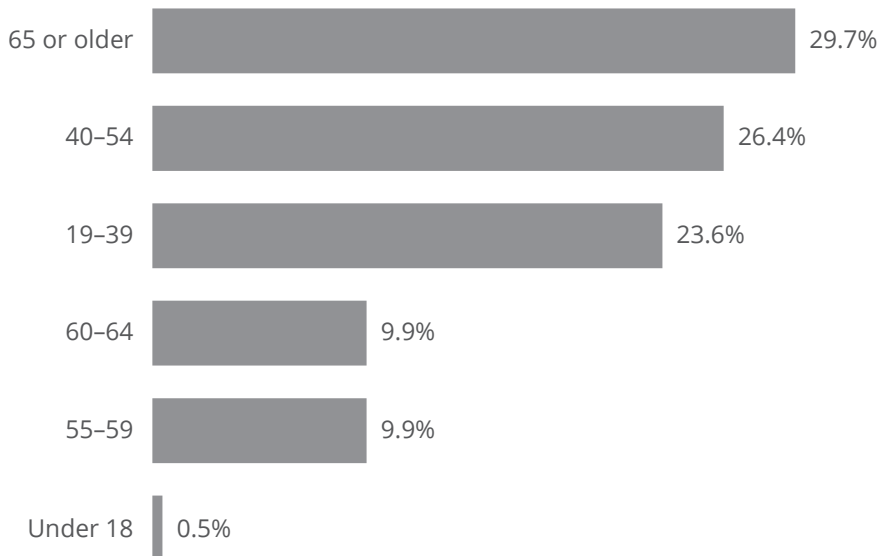


*Exhibit 1. Survey Results per 1,000 Population*



The demographic profile of respondents underscores this breadth. As shown in Exhibit 2, the largest group of participants were seniors, with 29.7 percent of respondents being age 65 and older. They were followed by adults between the ages of 40 and 54 (26.4 percent) and 19 to 39 (23.6 percent).

*Exhibit 2. Age of Survey Respondents*



Household incomes were also diverse, but as Exhibit 3 illustrates, representation was strongest at the upper and lower ends of the spectrum—households earning more than \$75,000 annually and those earning less than \$12,500. This balance underscores that the survey captured voices from both higher-income and lower-income Tennesseans, alongside those in between.

*Exhibit 3. Income of Survey Respondents*

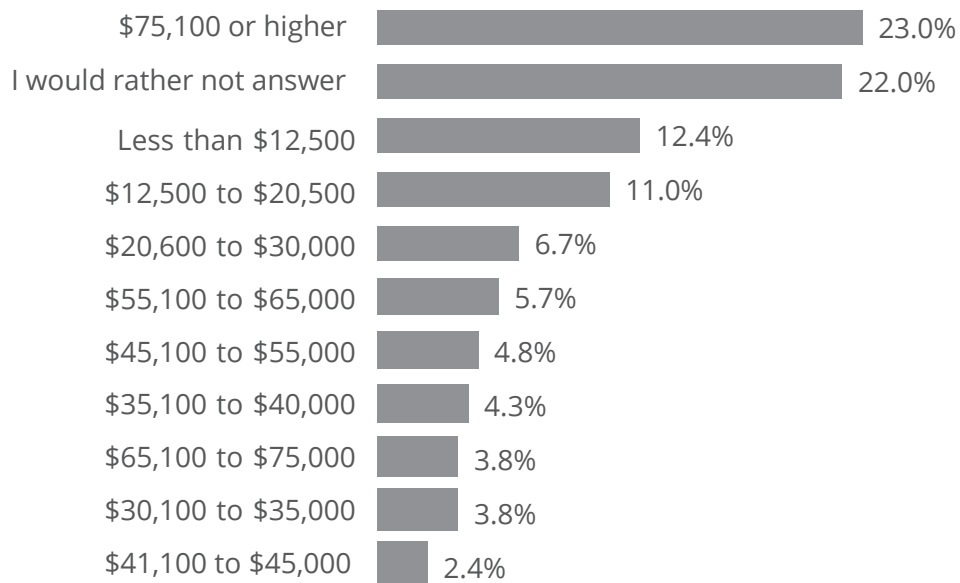
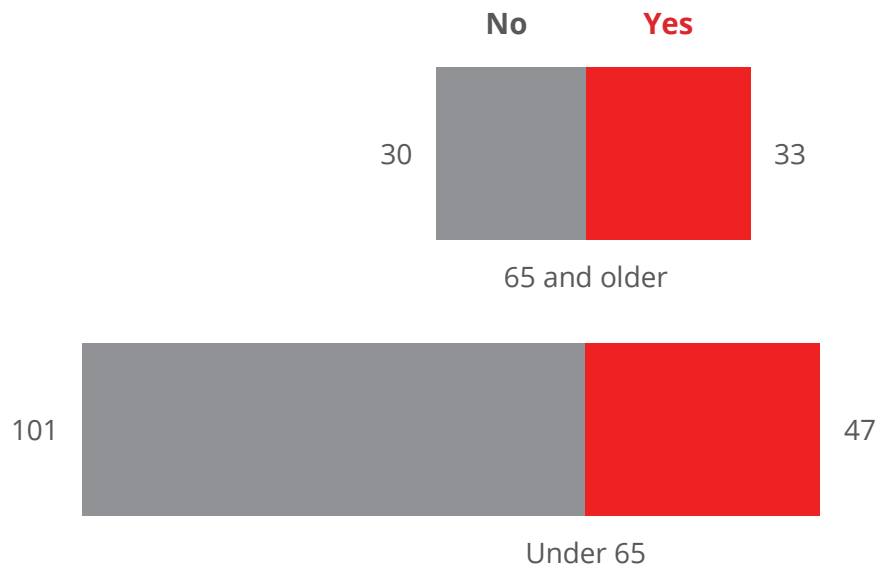


Exhibit 4 shows the distribution of respondents by age group and whether they reported a mobility limitation, with “Yes” indicating that the respondent or someone in their household has a mobility limitation and “No” indicating that no mobility limitation was reported. While respondents under age 65 represent the largest share of survey participants, a substantial portion of respondents age 65 and older also reported mobility limitations. When examining unmet ride needs, these challenges appear slightly less common among people age 65 and older, though they remain significant. Respondents under age 65 report the highest share of unmet ride needs, and the challenge is even greater for those with a mobility limitation regardless of age. A clear majority of these respondents indicated that they sometimes cannot get the rides they need. Together, these results underscore how widespread transportation gaps are across Tennessee communities, affecting residents across age groups but falling hardest on people with disabilities.

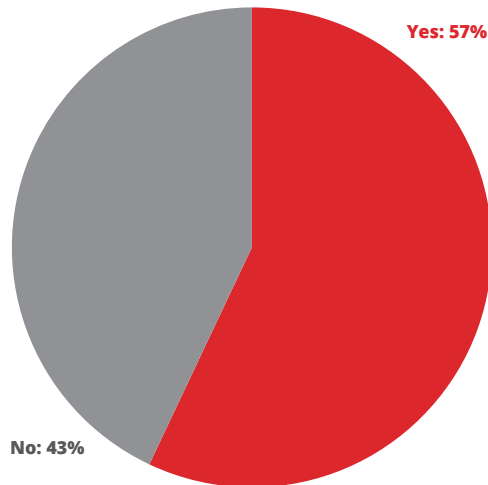


*Exhibit 4. Number of Survey Respondents by Age Group and Reported Mobility Limitation*



Survey findings also shed light on the extent of unmet transportation needs. As shown in Exhibit 5, more than half of respondents (57 percent) reported that they sometimes need a ride but do not have one.

*Exhibit 5. Unmet Transportation Needs*



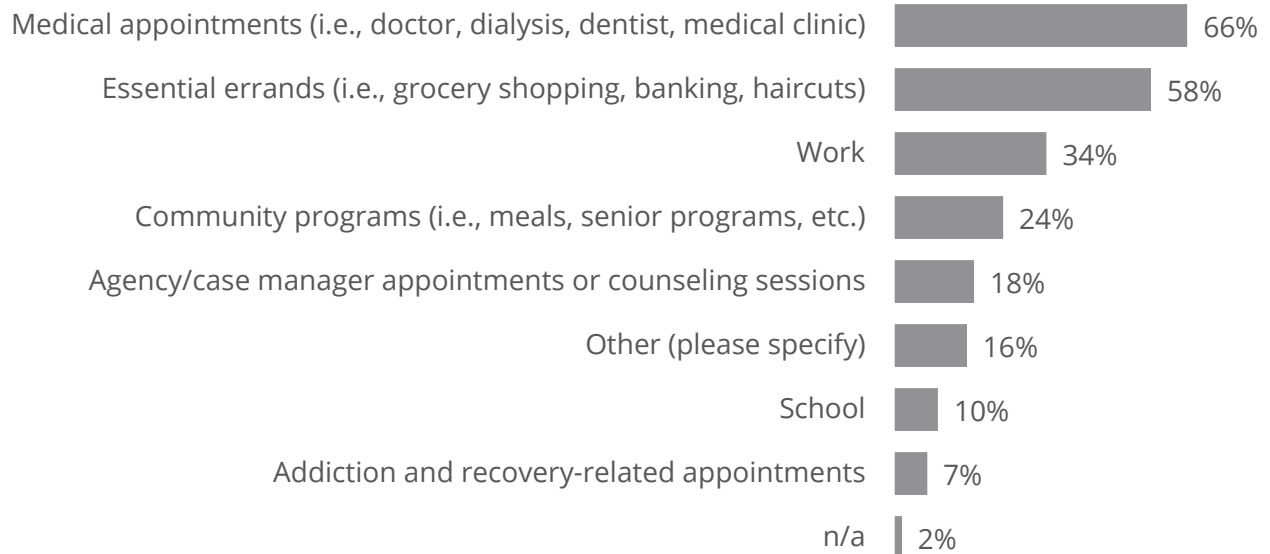
When asked where they most often need a ride but cannot secure one, respondents pointed overwhelmingly to essential and time-sensitive trips.

- Medical appointments (66.4 percent) and essential errands such as groceries and banking (60.8 percent) were the most common needs.
- Significant shares also reported difficulty reaching work (33.6 percent), community programs like meal sites (25.2 percent), and appointments with agencies or case managers (19.6 percent).
- Even trips to school (9.4 percent) and addiction or recovery-related services (7.5 percent) surfaced as unmet needs, underscoring how transportation gaps reach into many aspects of daily life.



Exhibit 6 illustrates the distribution of places people need to go, but do not have a ride to, by the percent of survey responses in each category. Respondents could select multiple trip purposes.

*Exhibit 6. Underserved Trip Purposes*



Nearly one in three survey respondents who were affected by gaps in access to transportation were age 65 or older, and more than one in three reported that they or someone in their household has a mobility limitation. These groups are especially likely to face transportation barriers, reflecting the importance of accessible and reliable mobility options.

Together, these results make clear that transportation shortfalls are not just inconveniences—they directly affect Tennesseans’ ability to access healthcare, maintain employment, and participate fully in community life.

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## ***Listening Sessions and Focus Groups***

Nine virtual listening sessions were conducted as an opportunity to engage with the public, transportation providers and human service agency professionals. Each session focused on a geographic region of the state with boundaries set by the HRA service areas.

### ***The Greatest Challenge is Driver Shortages***

The competitive job market, combined with limited available operating budgets for public transportation programs, has impacted public transit operations across the state, particularly in rural communities. Listening session participants indicated that rural public transit operators earn between \$14 and \$16 per hour. Many agencies are unable to provide health benefits. The shortages are extensive in some areas. For example, at the time of the listening session, East Tennessee HRA indicated that it had 20 to 30 unfilled driver positions out of the 120 positions it typically fills.

### ***Other Common Challenges or Needs***

There was significant consistency across the state in terms of the issues faced by transportation providers, although to differing degrees of severity. Passengers consistently reported having challenges when traveling to and from rural and urban areas. Common challenges and unmet needs included the following:

- Transportation at night and on weekends, especially for work-related trips and also to support social activities
- Transportation that is reliable and arrives on time

- Transportation options that are wheelchair accessible and affordable for the rider
- More accessible vehicles available in rural areas
- More accessible on-demand vehicles in rural and urban areas
- Policies that enforce ADA requirements on all transportation providers, including on-demand, private services
- Transportation for employment when traveling within and to/from rural areas.
- Limited operating dollars available to transportation providers mean they are unable to support or expand capacity to meet more community needs.
- Some riders are afraid of riding public transportation alone, getting lost or missing appointments if the bus is late. These individuals may choose not to go on the trip or to wait until a friend or family member can drive them.
- Some riders indicated the need to improve education and outreach about how to use public transportation options.
- Riders requested more direct trips so that they are not on the vehicle for extended periods of time.
- Multiple passenger fare media options (i.e., cash, passes, app-based payments) are needed to ensure that passengers have flexibility in their choices.
- While access to medical services is often available, the transportation providers sometimes do not have capacity to provide non-medical trips.

### ***Potential Solutions***

The listening session participants suggested potential solutions to make transportation more accessible for older adults and individuals with disabilities. Those solutions included the following:

- Personalized transportation options for older adults.



- Providers and planners should “look through the lens” of a livable community for people of all abilities and plan services that promote easy access to and from the places people most often need to go such as shopping, employment and medical care. Livable communities involve housing and community resources in relatively close proximity, sidewalks, crosswalks, and transportation options that are accessible for individuals with mobility devices.
  - Planners and transportation providers should “think in terms of connectivity” so that anyone can use community resources.
  - Support programs that provide personal assistance and wrap-around resources to ensure the individual has assistance at their destination as well as during their ride.
  - Offer more door-through-door transportation options that involve drivers assisting passengers from their origin through the door of their destination.
  - Continue to develop and use customer-facing apps for information sharing about transportation services.
  - Increase the electronic fare payment options or passes for passengers who may not carry cash.
  - Establish transit hubs that are located outside of the urban areas where people can get on an express bus to connect to the city.
  - Transportation services should partner with colleges, employers and agencies to identify and help fill gaps in access to non-medical transportation services.
- The most frequently mentioned needs included more drivers and higher driver retention, longer service hours including evenings and weekends, and expanded cross-county connections. Riders consistently emphasized the importance of more same-day or on-demand options, clearer and easier-to-use information about eligibility and service options, and more personal assistance for those who need help beyond the curb. Providers and partners also stressed the need for stable funding, workforce pipelines, and stronger coordination across regions to fill persistent service gaps.

*Table 1. Transportation Needs and Potential Solutions*

<b>Most Commonly Reported Needs &amp; Challenges</b>	<b>What We Heard</b>	<b>Potential Solutions</b>
Driver shortages and workforce stability	Difficulty recruiting and retaining drivers limits trips and expansions	Contracts between transportation providers and colleges, employers or other private entities to support expanded workforce and service hours
Limited service hours	Lack of evening, weekend, and second-shift coverage leaves gaps	Identification of additional operating funds  Partnerships between transportation providers and employers who need access to a broader, more reliable labor force
Cross-county connectivity	Riders often cannot travel across county lines for work, healthcare, or services	Transit hubs located outside of the urban areas where people can get on an express bus to connect to the city  Partnerships between public transportation and hospitals, colleges or agencies that serve a regional population
Same-day/on-demand service	Strong demand for more flexible scheduling beyond advance reservations	Customer facing-apps  On-demand transportation options similar to Uber and Lyft that are affordable, safe and accessible for individuals with disabilities
Clear information and navigation	Riders face confusion with multiple providers and varying eligibility	Customer-facing apps for information  Continued outreach to the public and community groups
Personal assistance	Many need escort or door-through-door support, not just curb-to-curb	Door-through-door transportation options for those who need it  Assistance for seniors and individuals with disabilities who need it to accomplish errands and live independently
Funding and coordination	Providers cite unstable funding and fragmented systems as major barriers	Transportation service providers and community planners work in coordination to develop livable communities and design services through the lens of the user or resident

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**Most Commonly Reported Needs & Challenges**

Strong stakeholder engagement and outreach

**What We Heard**

Strong participation in focus groups, interviews, listening sessions, and surveys helped surface mobility needs and foster collaboration among providers, community organizations, and riders.

**Potential Solutions**

Continue coordinated outreach efforts and stakeholder engagement to ensure that planning processes remain informed by community input and reflect the needs of riders, providers, and regional partners





Taken together, the focus groups, interviews, listening sessions, and surveys demonstrate the strong value of the outreach process used for this effort. Stakeholders and community members across Tennessee actively participated in discussions about mobility needs, providing thoughtful feedback and sharing lived experiences that helped highlight both challenges and opportunities within the transportation system. The breadth of participation, from transportation providers and community organizations to riders and caregivers, reflects a high level of engagement and commitment to improving mobility across the state.

These outreach efforts created a collaborative space for stakeholders to identify priorities, discuss innovative ideas, and highlight opportunities for stronger coordination across agencies and regions. This robust engagement process provided a rich dataset that forms the foundation for analyzing existing services and developing forward-looking recommendations for the new strategic plan.

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# Chapter 3: Tennessee's Public Transportation Services

## ***Current Mobility Services in Tennessee***

Public transportation is available in all 95 counties through a mix of urban bus systems and regional public transportation programs operated out of HRAs. All of the public transportation programs are supplemented by private, non-profit and specialized services that create a network of options.

Urban areas like Nashville, Memphis, Chattanooga, Knoxville and Johnson City operate accessible fixed-route buses that carry thousands of passengers daily. Rural counties are served by HRAs, which offer door-to-door or curb-to-curb trips by reservation for the general public using accessible vehicles. In addition, some regions offer long-distance routes to connect the more rural communities with urban areas. On-demand transportation options like taxis, Uber and Lyft are available in the more populous communities. This combination of fixed-route and demand-response service ensures that people have access to the most appropriate mode of transportation for their community.

Together, Tennessee's public transportation network covers the entire state. The type and level of service depends on where you live, whether in a city, small town, or rural community, but the important fact is that public transportation is available everywhere.

## ***Urban Fixed-Route Transit***

The state's cities and larger towns are served by fixed-route bus systems and one commuter rail line. The fixed route services operate along set routes and schedules, concentrated in the metro areas.

Nashville's WeGo Public Transit runs buses and the Music City Star commuter rail, providing approximately seven million annual passenger trips in 2023. The WeGo network includes frequent bus service in the urban core, neighborhood circulators, and express buses connecting surrounding counties. WeGo also operates AccessRide, a door-to-door paratransit service for people with disabilities. WeGo ridership fell by nearly half in 2020, and while recovery has been steady, totals remain at roughly two-thirds of pre-COVID levels.

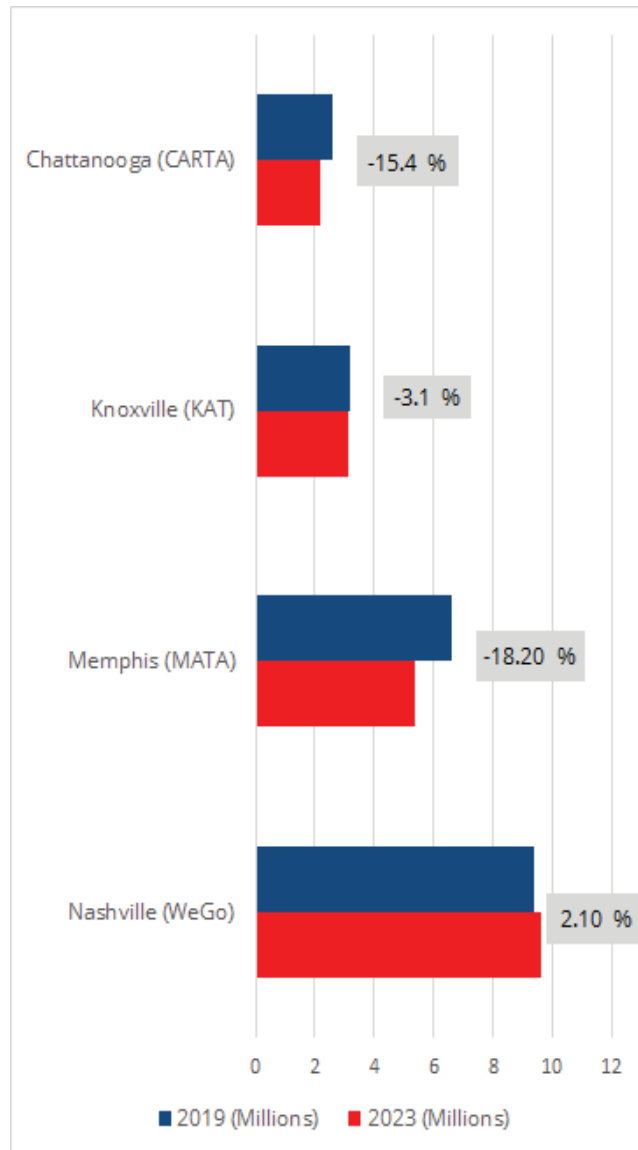
Memphis Area Transit Authority (MATA) provides bus and trolley service through more than 30 fixed routes, along with MATAplus paratransit service. Before the COVID-19 pandemic in 2020, the system carried approximately eight million passenger trips annually. Like many transit agencies, MATA experienced a sharp decline in ridership during the pandemic, and current ridership levels remain at roughly 60 to 65 percent of pre-pandemic totals. Knoxville Area Transit (KAT) operates fixed-route city buses and downtown trolley service in the Knoxville area and also

provides KAT LIFT paratransit for eligible riders. Before the COVID-19 pandemic, the system recorded approximately 2.7 million passenger trips annually. Like many transit systems, ridership declined during the pandemic and has since stabilized at roughly 70 percent of pre-pandemic levels.

Chattanooga Area Regional Transportation Authority (ARTA) operates fixed-route bus service and electric downtown shuttles in the Chattanooga area, along with Care-A-Van paratransit and pilot zones for on-demand microtransit service. Prior to the COVID-19 pandemic, ARTA recorded approximately 3 to 4 million passenger trips annually. Like many transit systems, ridership declined sharply during the pandemic and has since recovered to roughly two-thirds of pre-pandemic levels. In response to changing travel patterns, ARTA has also introduced microtransit pilot programs to provide more flexible service options.

Similar ridership patterns are seen across Tennessee’s other large urban transit systems. Exhibit 7 compares annual passenger trips for Nashville (WeGo), Memphis (MATA), Knoxville (KAT), and Chattanooga (ARTA) in 2019 and 2023, illustrating the decline during the pandemic and the partial recovery that has occurred since. Detailed ridership numbers are provided in Appendix A.

*Exhibit 7. Annual Transit Passenger Trips in Tennessee’s Largest Urban Transit Systems, 2019 and 2023*



Source: National Transit Database (NTD)



Other smaller cities operate their own transit systems, including Jackson Transit Authority, Clarksville Transit, Murfreesboro's Rover, Johnson City Transit, Kingsport Area Transit Service, Bristol Tennessee Transit, and tourist-oriented trolleys in Gatlinburg and Pigeon Forge. Each of these systems tailors service to local needs, with some running hourly town loops and others providing commuter links. Transit systems in the smaller urbanized areas also reported lower ridership in 2023 compared to the pre-pandemic ridership levels in 2019. Importantly, all urban fixed-route systems also operate complementary paratransit service as required by the Americans with Disabilities Act (ADA).

Overall, Tennessee's fixed-route network is city centric. Buses are the backbone, with one commuter rail line in Middle Tennessee. Service levels vary, with Nashville offering 15-minute frequencies on some routes, while smaller cities may run hourly service.

Evening and weekend service is limited in most places due to limited available operating funds, but fixed-route transit remains essential for urban residents traveling to work, school, health care, and shopping. Even though ridership is still 25 to 40 percent below pre-pandemic levels across most providers, these systems continue to provide critical mobility for Tennesseans who depend on them every day.

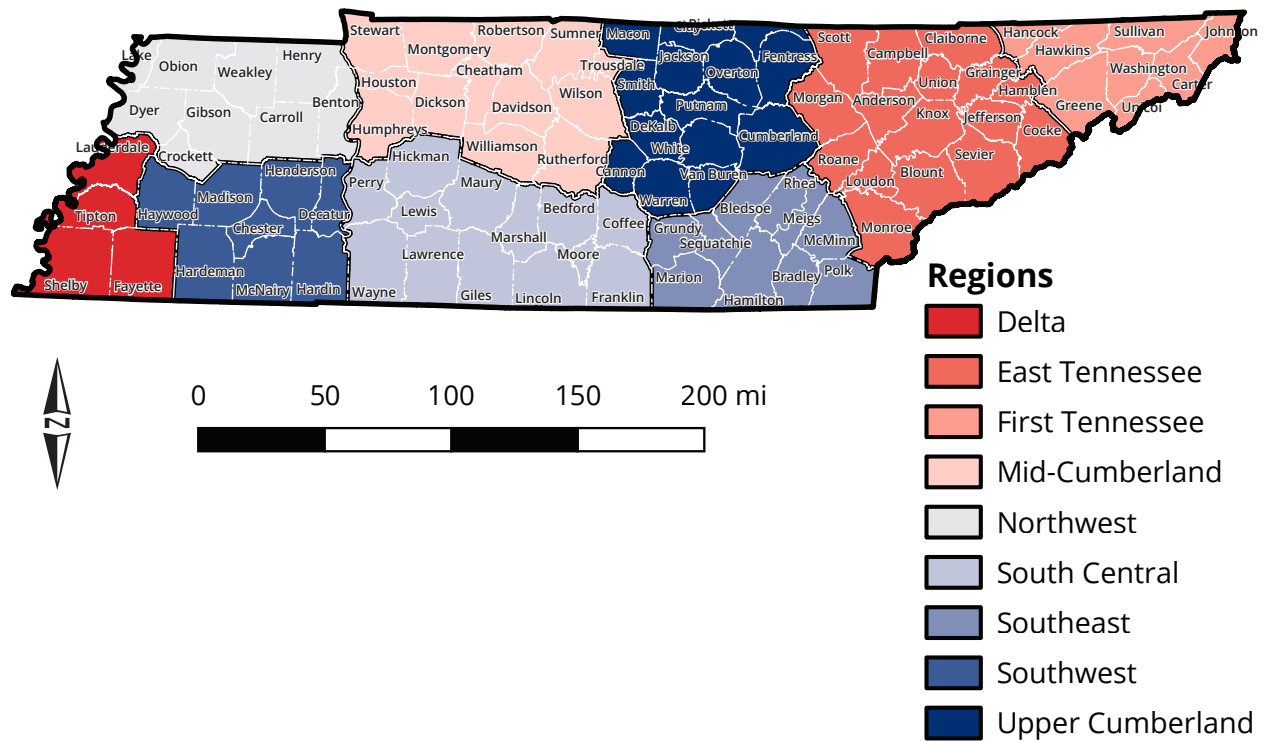
## Rural Public Transit

Outside of Tennessee’s cities, most public transportation is delivered through demand-response service, where riders call in advance—typically 24 to 48 hours—to schedule curb-to-curb or door-to-door trips.

Eight multi-county HRAs and one development district cover all 95 counties,

with each agency responsible for a region: Mid-Cumberland, East Tennessee, Southwest, South Central, Upper Cumberland, Southeast, Northwest, Delta, and First Tennessee, the latter branding its service as NET Trans. Exhibit 8 illustrates the geographic boundaries for each HRA and the individual counties throughout Tennessee.

Exhibit 8. Tennessee’s HRA Regions



Rural transportation services provided by the HRAs and Development District are open to the general public, including seniors and individuals with disabilities. Fleets consist mainly of small lift-equipped vans and buses transporting riders to dialysis, doctor appointments, groceries, senior centers, and workplaces. Some HRAs run scheduled shuttles on medical or market days. Upper Cumberland HRA operates a long-distance bus route with three daily round trips between Cookeville and Nashville.

Passenger fares for rural demand response trips generally range from \$1 to \$5, with some systems charging distance-based fares for longer distance/multi-county trips. Trips provided for clients of certain TennCare Medicaid, Veterans Affairs, Vocational Rehabilitation, and senior citizen programs are subsidized by the state agency in some cases. Passengers typically do not pay a fare when using a subsidized trip because the agency pays the provider the full cost of the trip.

Same-day transportation options are rarely available in rural areas, so passengers are often required to plan in advance. Typically, a rider must make reservations one month to two days in advance, based on the policy of the transit system. Riders frequently share vehicles with others headed in the same direction, enabling agencies to stretch scarce resources while still meeting demand.

Most rural systems operate weekday hours—typically 6 AM to 6 PM—with limited or no evening or weekend service options. Some regions augment operations with volunteer drivers or transportation network companies like Uber and Lyft, but most service availability remains concentrated during daytime hours.



## Rural Transit Ridership Trends

Despite funding and staffing constraints, rural demand-response continues to serve as a lifeline in rural areas. Post-pandemic figures show sustained, though reduced, service activity.

In FY 2019, HRAs and other rural providers delivered more than 1.6 million trips across Tennessee, for everyday errands to essential medical travel. By 2023, after the COVID-19 pandemic, the number of passenger trips dropped by more than half.

The analysis of public transportation ridership by region provides a critical indicator of demand for services and helps highlight where gaps exist. The ridership data, drawn from the National Transit Database and updates provided by public transit operators, does not capture trips provided by independently operated senior centers, disability service providers, or other human-service agencies. As a result, actual trip volumes are higher than what is shown here. Even so, these figures are useful

for understanding patterns in available resources and ridership levels across the state and how they have shifted since the onset of the COVID-19 pandemic.

In 2023, First Tennessee’s NET Trans program logged 141,537 passenger trips, and East Tennessee’s HRA reported 23,503 such trips. These numbers highlight that rural transit demand remains strong, even as systems recover from pandemic shocks. Similar to the large urban areas, statewide rural and small urban area ridership totals have not yet returned to 2019 levels. However, the data affirms that transportation services are instrumental in connecting residents to care, commerce and community in rural Tennessee.

In 2023, Mid-Cumberland and Delta together accounted for the largest share of trips, almost entirely fixed-route, with demand response filling a small but essential role. Although both experienced steep ridership declines in 2020, recovery has been steady, with Mid-Cumberland reaching about 68 percent of pre-pandemic levels and Delta about 70 percent by 2023 (see Table 2).

*Table 2. Annual Transit Passenger Trips (Demand Response), 2020–2023 in Rural Areas*

Region	2020	2021	2022	2023	Change 2020–2023
First	131,072	102,945	130,873	141,537	10,465
Southeast	114,304	136,086	97,710	117,313	3,009
Southwest	101,839	69,450	80,921	84,387	-17,452
East	247,644	196,822	207,621	221,434	-26,210
Mid-Cumberland	155,487	123,900	129,266	129,880	-25,607
Delta	45,766	24,142	20,783	24,406	-21,360
Upper Cumberland	145,635	120,637	148,309	187,803	42,168
Northwest	184,373	150,962	128,075	113,191	-71,182
South Central	159,136	111,927	140,329	150,962	-8,174

Source: National Transit Database



First Tennessee and South Central reflect a more mixed community profile. Both combine urban centers with rural territory, and as a result demand response comprises between one-quarter and two-fifths of all trips. In 2023, First Tennessee reported more than 141,000 demand-response trips, while South Central provided nearly 151,000 alongside over 31,000 fixed-route trips. Both regions lost nearly half their ridership in 2020 but have since recovered to roughly two-thirds of their earlier volumes. The balance between modes in these areas highlights the importance of tailoring services to diverse community needs (see Table 3).

*Table 3. Annual Transit Passenger Trips on Fixed Routes in Rural/Urban Regions, 2020–2023*

<b>Region</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>Change</b>
East			29,197	23,503	-5,694
South Central	35,975	44,462	36,877	31,544	-4,431
Southeast	2,019	1,793	1,494	43,776	41,757
Upper Cumberland	113,593	72,641	115,234	118,116	4,523

*Source: National Transit Database*

Table 4 illustrates the comparison of demand response trips and fixed route trips by region. Of the four regions that provide both modes of service, the number of demand response trips greatly outnumber the number of fixed route trips. This difference is largely due to the amount of coverage provided by demand response services which include numerous vehicles that travel throughout the service area rather than on a fixed route and schedule.

*Table 4. Combined Fixed Route and Demand Response Trips by Region, 2023*

<b>Region</b>	<b>Demand Response Trips</b>	<b>Fixed Route (Motor Bus) Trips</b>	<b>Sum of Total Trips</b>	<b>Percent of Demand Response</b>
Delta	24,406	0	24,406	100%
East Tennessee	221,434	23,503	244,937	90%
First Tennessee	141,537	0	141,537	100%
Mid-Cumberland	129,880	0	129,880	100%
Northwest	113,191	0	113,191	100%
South Central	150,962	31,544	182,506	83%
Southeast	117,313	43,776	161,089	73%
Southwest	84,387	0	84,387	100%
Upper Cumberland	187,803	118,116	305,919	61%
<b>Grand Total</b>	<b>1,170,913</b>	<b>216,939</b>	<b>1,387,852</b>	<b>84%</b>

*Source: National Transit Database*

Taken together, these patterns emphasize the divide between urban and rural Tennessee. Fixed-route services are efficient where density is high, but they cannot reach every neighborhood. Demand response fills in those gaps, though at a higher per-trip cost. The pandemic highlighted both the vulnerabilities and the essential role of these services. A balanced approach—leveraging fixed-route where possible, maintaining demand response where necessary, and coordinating with volunteer, medical, and human-service transportation—remains

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critical to meeting mobility needs across Tennessee's regions.

## ***Section 5310 Specialized Transportation***

In addition to public transit agencies, Tennessee has an array of specialized transportation providers supported by the [Federal Transit Administration \(FTA\) Section 5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities](#). The Section 5310 Program helps nonprofits and local governments acquire accessible vans or buses and sometimes supports operations of those vehicles. These services fill gaps not covered by fixed-route or demand-response transit. A common example is a van that picks up residents at home, transports them to meals and activities, and returns them later. Without this layer of service, many individuals would remain isolated.

In Tennessee, there are approximately 75 Section 5310 programs, many of them relying on part-time drivers. Vehicles purchased through this program provide rides for older adults and people with disabilities. Some programs have limited eligibility for ridership and trip purposes, and others serve anyone who is an older adult or has a disability and any trip purpose.

**In 2024–2025, TDOT distributed 99 outstanding vehicle awards for new or replacement vehicles through OMAT to agencies serving older adults and people with disabilities, improving both reliability and capacity.**

Section 5310 also supports mobility management positions and travel training programs that help people learn to use demand response and fixed-route buses or facilitate discussions among multiple providers about how to coordinate trips or otherwise address gaps.

To strengthen our support for Section 5310, OMAT will establish specific goals that clearly support awarding Section 5310 vehicles and mobility management awards. OMAT will encourage agencies to develop regional-specific coordinated plans where desired, while allowing those who prefer to adopt the goals in this strategic plan to do so.

## ***Statewide COA Project***

In 2025, the Office of Mobility and Accessible Transportation initiated a Statewide Comprehensive Operations Analysis (COA), housed within OMAT, that is intended to enhance rural and small urban transit operations through centralized operational support and improved technology. Calling attention to this initiative underscores the state's commitment to modernizing rural and small urban transit and leveraging statewide resources to improve efficiency and service quality.

## ***Non-Emergency Medical Transportation, Vanpools, On-Demand, and Long-Distance Routes***

Tennessee also benefits from programs beyond traditional transit including volunteer driver programs (VDP) that connect eligible riders with vetted volunteers using personal vehicles. Riders may pay a small fee or donation, and volunteers may be reimbursed for mileage. Programs fill some gaps for trips that fall outside public transit coverage or hours; however, most VDPs are not operated with wheelchairs accessible vehicles and are therefore unavailable for riders that require transportation by a vehicle with a lift.

Vanpools provide another option, with VanStar in Middle Tennessee leasing 8- or 15-passenger vans to groups of commuters.

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Participants share costs, reducing single-occupancy driving.

TennCare’s non-emergency medical transportation (NEMT) program is managed by brokers who often subcontract to HRAs. While the brokerage ensures eligible participants have a ride to TennCare-eligible appointments, some listening session participants for this plan reported long hold times when reserving a trip and strict scheduling requirements. Improving NEMT coordination is a focus of ongoing planning for TDOT, OMAT and TennCare.

Private transportation options such as taxis, Uber, Lyft, Greyhound, and Megabus are available in urban areas or along interstate corridors; however, these are often too costly, unavailable or not accessible in rural counties. Some regions are experimenting with subsidized rideshare partnerships to expand coverage.

Intercity bus lines continue to link Tennessee communities within the state and to other states. In addition, some counties and universities run long distance shuttle services, such as courthouse or market shuttles and campus circulators at UT Knoxville and Vanderbilt. These shuttles add another layer to the state’s mobility landscape. The [2024 Tennessee Intercity Bus Needs Assessment](#) recommended four steps to improve the network of long-distance transportation options in Tennessee:

- Actively facilitate coordination between ICB operators, municipalities and transit agencies, particularly regarding access to public facilities.
- Commission a study to investigate a potential state-concentrated intercity bus service in Tennessee, in line with the recommendations from the 2023 Tennessee Commission on Intergovernmental Relations (TACIR) report, “Back on Track? Intercity Passenger Rail Options for Tennessee.”
- Increase coordination between TDOT Public Transportation staff and comparable staff in surrounding State DOTs.
- Revisit the eligible activities for TDOT’s 5311(f) American Rescue Plan funding to support intercity bus providers’ current needs.



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## Chapter 4: Regional Transportation Inventory and Demographic Conditions



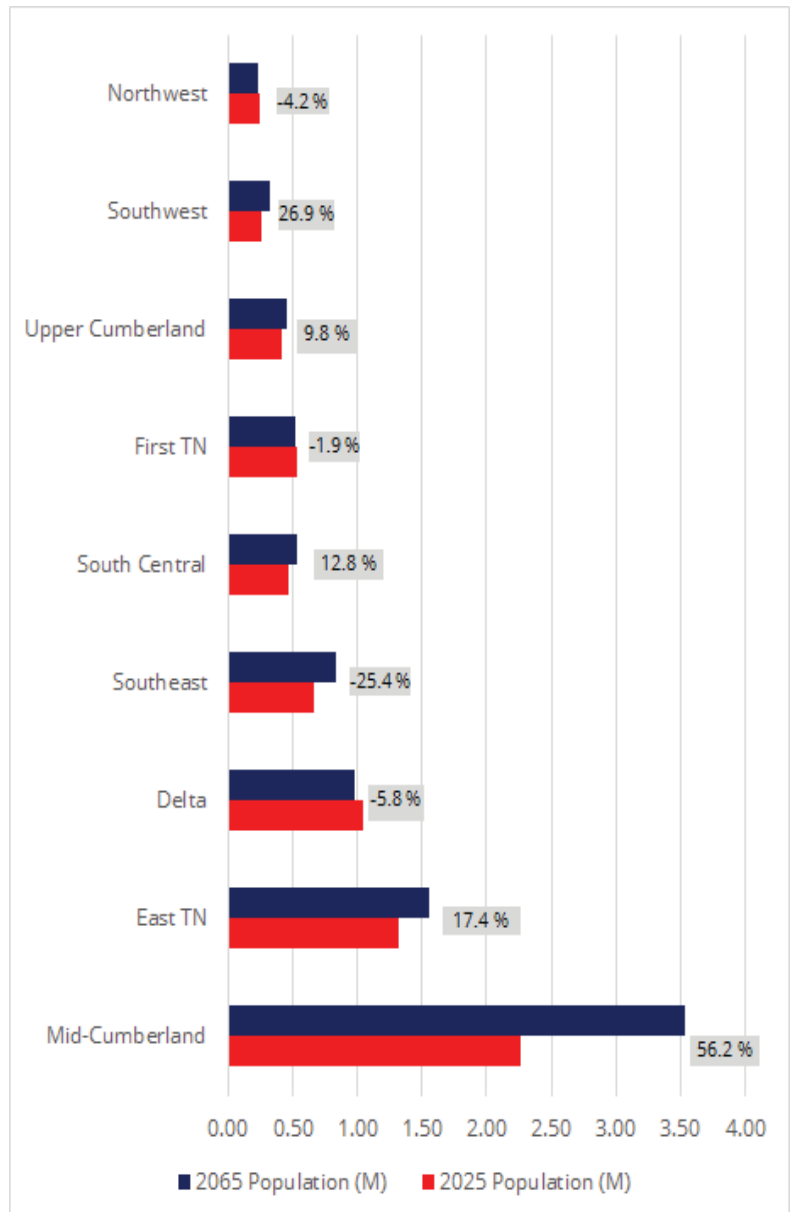
Each HRA participated in an interview to discuss the changes in service levels, capacity, and funding over recent years. Providers were also invited to share their current challenges as well as plans for changes in service. The following summaries highlight the status of service for HRA public transit programs. Significant changes include transportation staffing levels (i.e., drivers) and the number of vehicles in operation. For nearly every HRA public transportation program, the change in the number of trips provided is a smaller margin than the significant decrease in drivers and vehicles in operation.

Demographic data describes the people who make up a community. For this plan, OMAT is using the 2019–2023 American Community Survey five-year estimates. These estimates are not accurate for areas with fewer people, and so the data should be viewed with this fact in mind. Demographic factors like population density, older adult population, individuals with disabilities, and people living in poverty all indicate the likelihood that transportation services will be used if they are available, particularly in rural areas.

## Population Projections for Tennessee

All demographic population projections come from the [Tennessee State Data Center](#). Tennessee is projected to see change, in some cases drastic, in its future. Most of Tennessee's regions are expected to see growth, but four of the nine are expected to decline in population. Areas seeing large growth will have additional demand on transit services but will also see increased population density. Areas seeing a decline in population will have fewer residents to cover, but will have decreased population density to serve. This has implications for each HRA—areas with high population density are more likely to be serviceable with fixed routes, while areas with low population density are more likely to be serviced by demand response mode of service.

Exhibit 9. Population Projections by HRA



## Delta HRA

Delta HRA serves Fayette, Tipton and Lauderdale Counties, as well as rural Shelby County. Public transportation in this region is primarily provided by Delta HRA Public Transit, which serves Tipton, Fayette, Lauderdale, and rural areas of Shelby County, while MATA operates transit services within urban Shelby County, including Memphis. Shelby County, the most populous, is home to Memphis, the largest city in the region, known for destinations such as Shelby Farms Park and Meeman-Shelby Forest State Park. Fayette County, with Somerville as its county seat and Oakland as one of its largest towns.

### Transit Statistics

Revenue sources include contributions from local counties, third party contracts, FTA Section 5311 Program, and passenger fares.



Table 5. Transit statistics for Delta HRA

Statistic	2019	2024*
Annual Passenger Trips Provided	61,000	26,427
Number of Trips Requested but not Provided	1,002	1,303
Number of Vehicles Available	54	30
Number of Vehicles in Peak Service	38	30
Number of Transit Employees	32	22

*\*Transit statistics include the most recent year of reported data for the agency.*

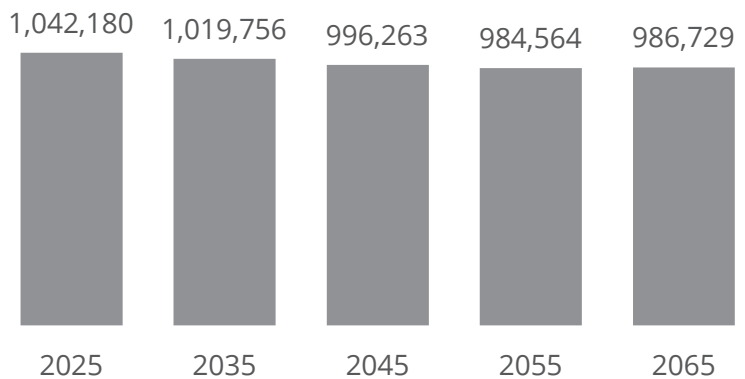
The lack of capacity or availability of drivers, incorrect addresses, trips requested for outside the service area, and cancellations are the most common reasons for trips that were not provided.



### *Regional Demographics*

The Delta HRA region's population in 2025 was approximately 1.04 million people, with Shelby County being the largest at 911,049 residents, which represents about 87.4% of the region's total population. According to Tennessee State Data Center projections, the region's population will decline to 986,729 by 2065, a decrease of 55,451 people, or approximately -5.3% over the 40-year period, as shown in Exhibit 10.

*Exhibit 10. Population Projections for Delta HRA*



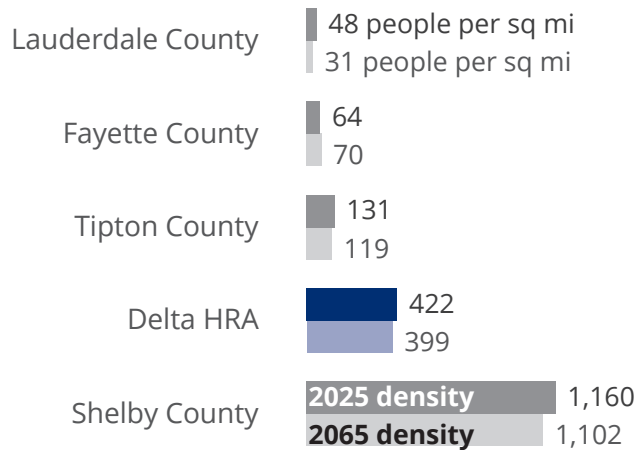
*Source: Tennessee State Data Center*

Population per square mile is a measure of population density, showing how many people live within one square mile of land area. This information helps transportation providers understand the amount of resources that will most likely be needed in an area. Areas with high population density are more likely to be serviceable with fixed routes, while areas with low population density are more likely to be serviced by demand response mode of service.

As shown in Exhibit 11, most counties are expected to experience population (and population density) decline. Shelby County has the highest population density in both 2025 and 2065, reflecting its large urban population and its role as the region’s population center. The lowest density belongs to Lauderdale County, which remains the region’s lowest populated county due to its continued population decline. Shelby County shows the potential

to continue its dominance of the region from 2025 to 2065. Every county except Fayette in the HRA will experience gradual long-term decline. Shelby, Tipton, and Lauderdale counties all will decrease, with Lauderdale showing the sharpest drop. Fayette County is the only county projected to grow, which shows modest but consistent growth, increasing from 44,948 residents in 2025 to 49,163 in 2065.

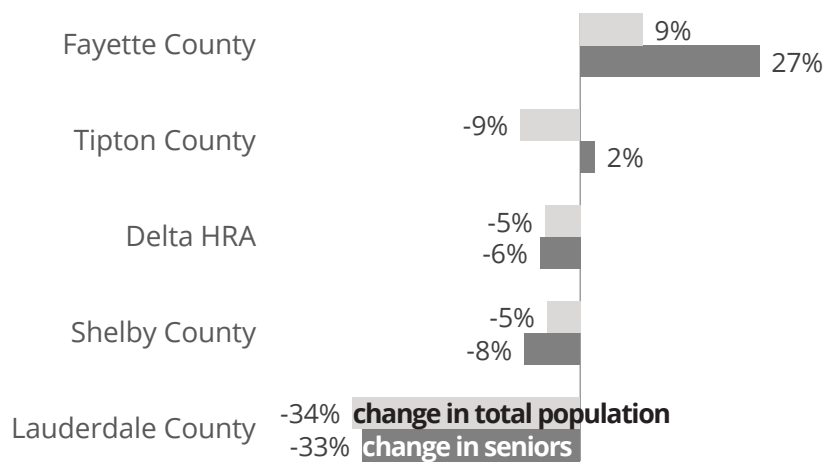
*Exhibit 11. Percent Change in Population Density from 2025 to 2065, by County*



Source: Tennessee State Data Center

The percent of the population who are age 65 or older also changes, at a different rate from overall trends. In Exhibit 12, Fayette County is expected to see a noticeable increase in senior population between 2025 and 2065, with Tipton County also expected to increase in older adults by a small amount. In contrast, Shelby and Lauderdale counties all show decreases in that align with their overall projected population declines.

*Exhibit 12. Percent Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

Although there is a slight dip after 2045, the overall trend suggests that the region will continue to have a large senior population, which has important implications for transportation planning. Each county will need to assess and strengthen transportation options that support aging residents, particularly demand-response services, accessible vehicles, and connections to medical facilities. Older adults are more likely to need transportation options other than driving their personal vehicles. Shelby County, with the largest overall population, will continue to have the greatest number of older adults, while Tipton and Lauderdale Counties may face challenges in providing

sufficient transportation options. Fayette County, the only county projected to grow overall, may see its 65 and older population continue to expand as well, increasing demand for regional transit such as Delta HRA Public Transit.

Overall, the projected population changes for older adults suggests that maintaining and improving transportation services for older adults will be an ongoing priority across all four counties in the coming decades.

## Geographic Population Densities

Exhibit 13 illustrates the population density of older adults by census block group according to the American Community Survey (ACS) 2019–2023 Five-Year Estimates. Most of Fayette County has 21% to 43.8% population per block group age 65 and older. Shelby County also has several block groups with the same high density populations of older adults. Lauderdale and Tipton Counties have less areas of highest density, but have low to moderate densities throughout.

Exhibit 13. Population Density of Adults Age 65 and Older

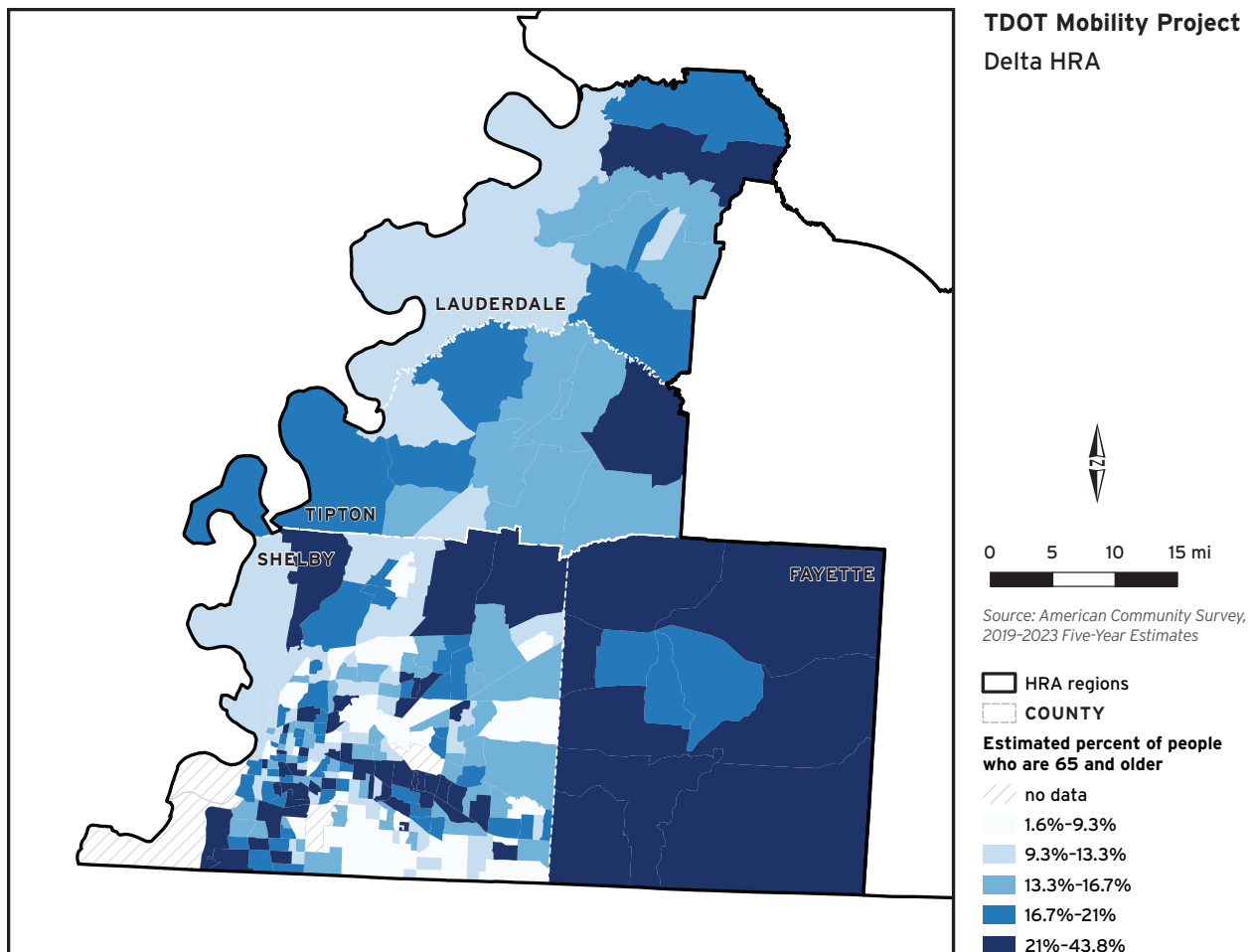


Exhibit 14 illustrates the percent of people with a disability by block group. Fayette and Lauderdale Counties have the most high density areas (19.5% to 32.8%) while Shelby and Tipton Counties have a mixture of high to moderate densities. Moderate densities range from 12% to 19.5%.

*Exhibit 14. Population of Individuals with Disabilities*

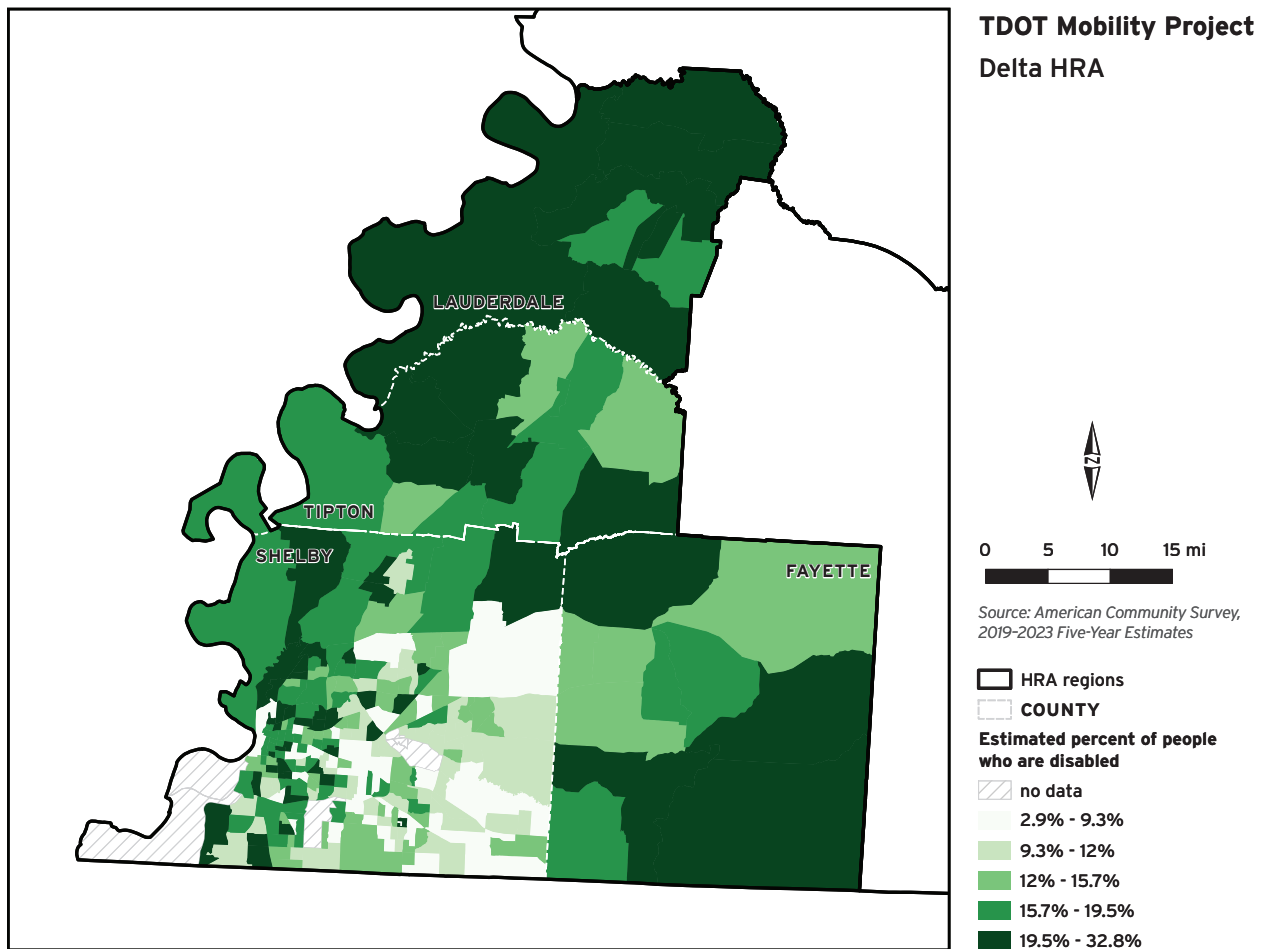
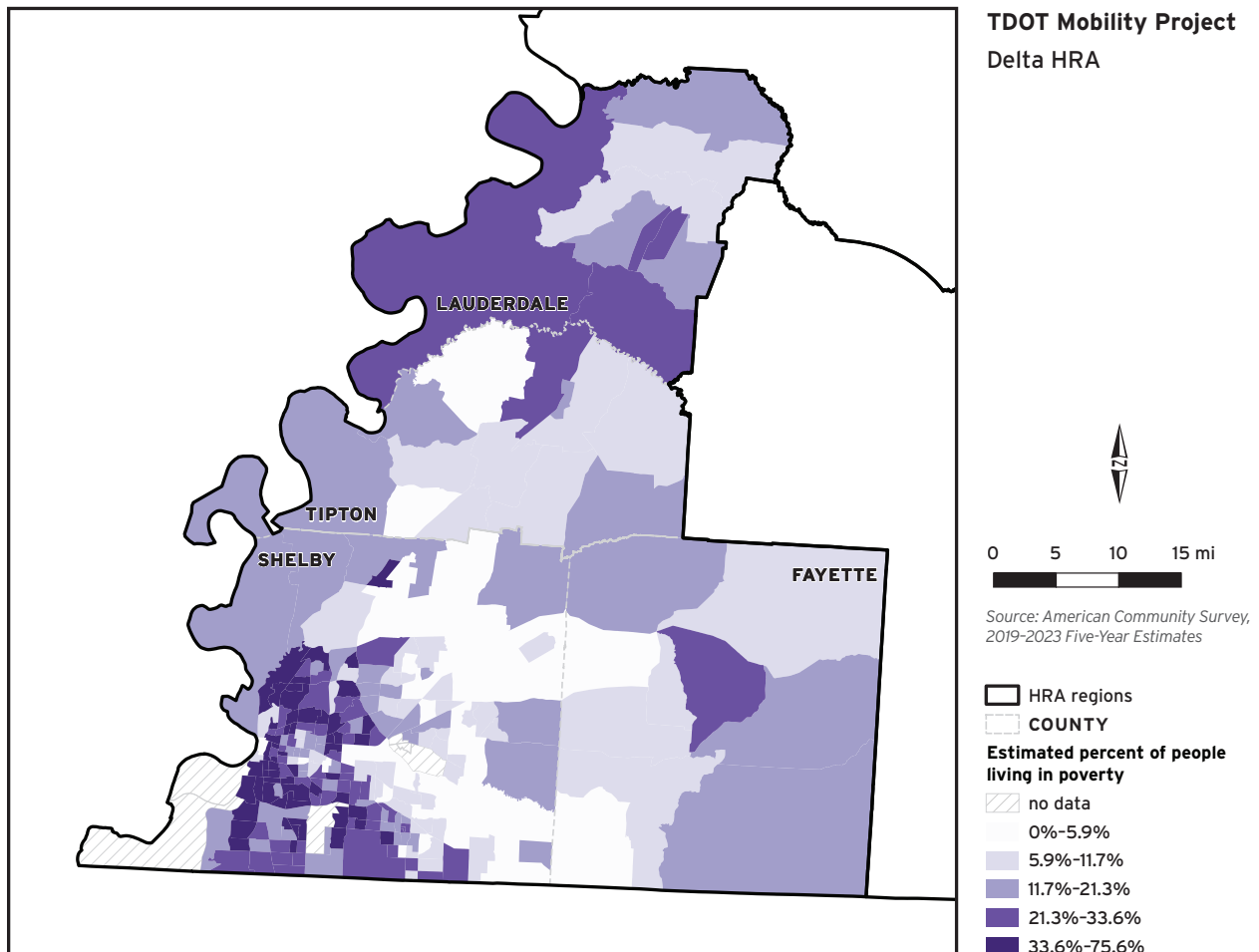


Exhibit 15 illustrates the estimated percent of individuals living in poverty according to the ACS 2019–2023 Five-Year Estimates. Southern and western Lauderdale County and several block groups outside of Memphis in Shelby County have high densities of people living in poverty (33.6% to 75.6%). Fayette County has moderately low to low densities (5.9% to 21.3%) with the exception of one moderately high-density block group in central Fayette County (21.3% to 33.6%).

*Exhibit 15. Density of Population Living in Poverty*



## ***East Tennessee HRA (ETHRA)***

East Tennessee HRA serves Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier, and Union Counties, located in the eastern portion of the state along the Appalachian Mountains. ETHRA does not serve Knoxville, the urban area of Knox County. Knoxville is served by Knoxville Area Transit (KAT).

### ***Transit Statistics***

Revenue sources for ETHRA public transit services include FTA Sections 5307, 5309 and 5311, third-party contracts and passenger fares.

*Table 6. Transit statistics for East Tennessee HRA*

<b>Statistic</b>	<b>2019</b>	<b>2024</b>
Annual Passenger Trips Provided	268,722	244,937
Number of Trips Requested but not Provided	44	75
Number of Vehicles Available	145	122
Number of Vehicles in Peak Service	81	82
Number of Transit Employees	158	138

The lack of capacity or availability of drivers, weather, and lack of availability of wheelchair accessible vans are the most common reasons for trips that were not provided.

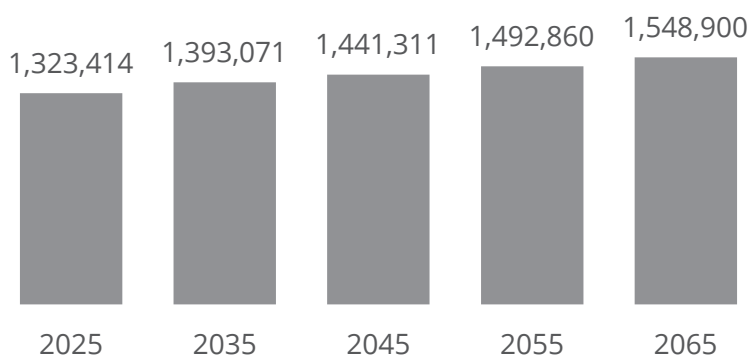
ETHRA coordinates transportation with KAT, Knoxville-Knox County Community Action Committee, Lakeway MPO, and Oak Ridge Transit. In recent years, it has expanded coordination to include work with the East Tennessee Regional Planning Organization North and South.

## Regional Demographics

The East Tennessee region's population in 2025 is 1,323,414, with Knox County being the largest at 508,654 residents, representing approximately 38.4% of the region's total population.

According to Tennessee State Data Center projections, the region should increase to 1,548,900 by 2065 as seen in Exhibit 16, an increase of 225,486 people, or about 17.0% over the 40-year period.

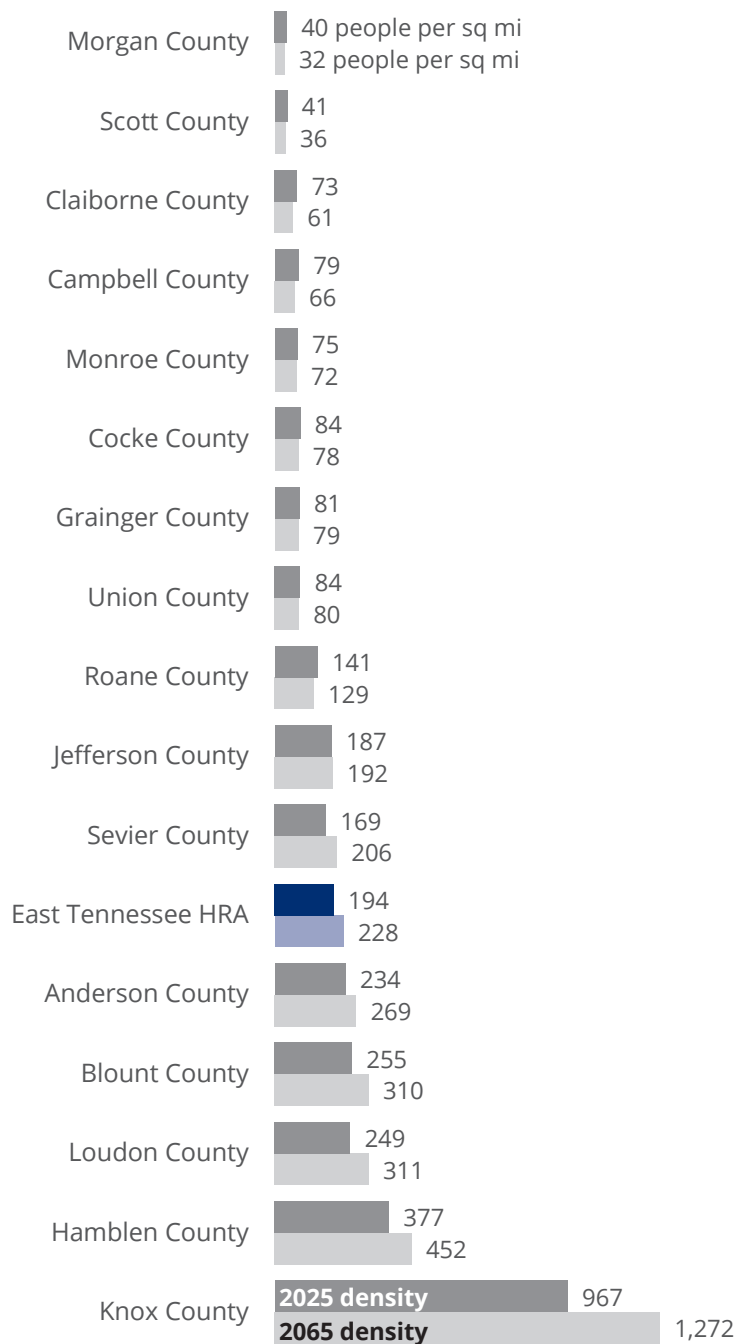
*Exhibit 16. Population Projections for East Tennessee HRA*



*Source: Tennessee State Data Center*

Exhibit 17 shows that Knox County has the highest population density in both 2025 and 2065, reflecting its large urban population and its role as the population and economic center of East Tennessee. Anderson, Blount, Hamblen, and Loudon counties also have relatively high densities that are expected to increase, indicating more suburban or tourism-driven growth that can support structured transit options. In contrast, counties such as Claiborne, Campbell, Cocke, Grainger, Monroe, Morgan, Scott, and Union are and are expected to remain the least densely populated, consistent with their rural character and projected population decline. While several counties may experience slight increases or decreases in density over time, the overall pattern shows strength of Knox County, with growth concentrated in urban and fast-growing suburban counties, is driving the projected growth, while many rural counties continue to experience gradual population loss.

Exhibit 17. Percent Change in Population Density from 2025 to 2065, by County



Source: Tennessee State Data Center

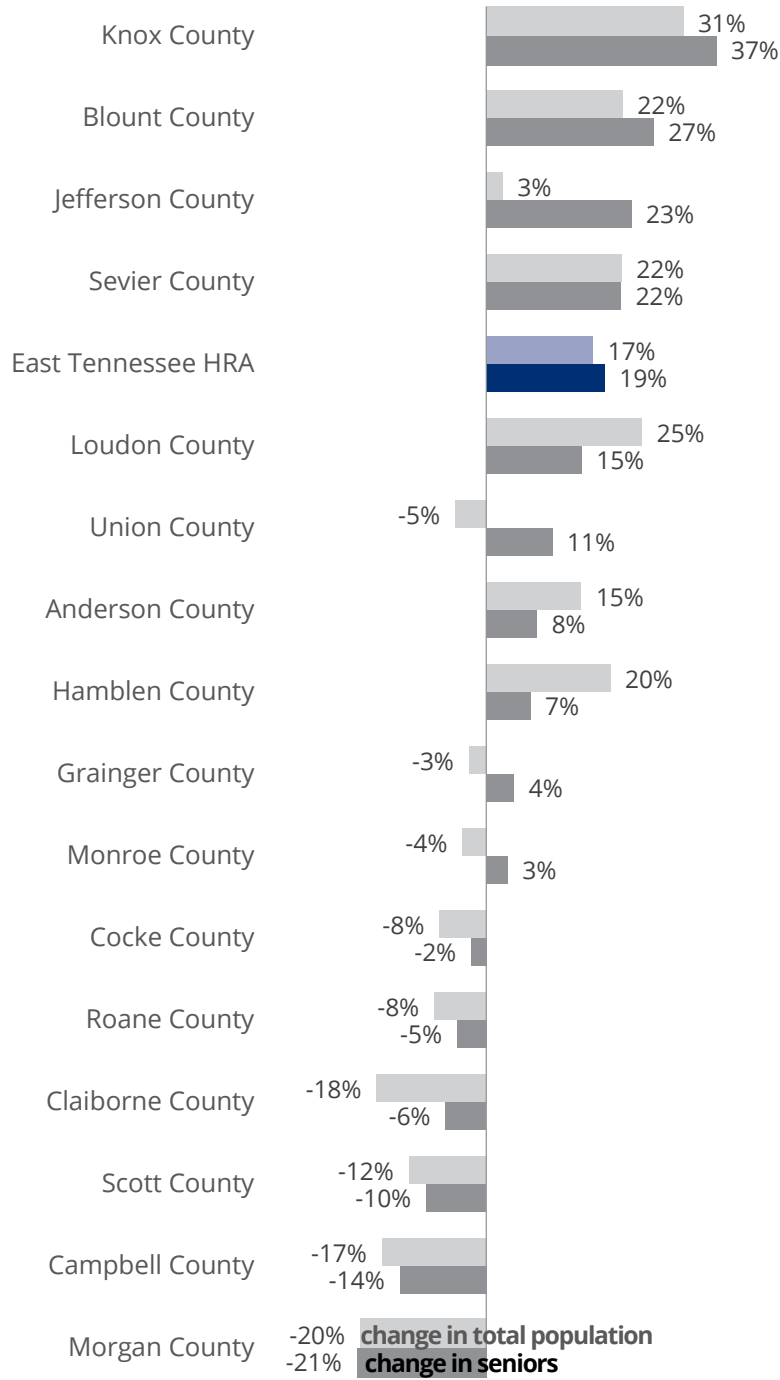
Exhibit 18 shows the percent change from 2025 through 2065 in projected population density of individuals age 65 and older compared to the population at large. Here, it is easy to spot how a county's population

may decrease but its percent of seniors increase, notably Union County. The increase suggests that East Tennessee will face expanding demand for transportation services, particularly those that support

residents who may require alternatives to personal vehicle travel. Overall, the data suggests that transportation planning in East Tennessee will need to evolve alongside

regional growth, ensuring that all counties—urban, suburban, and rural—can meet future mobility needs.

*Exhibit 18. Percent Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

## Geographic Population Densities

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of highest density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while

lower densities are better served by demand response transportation.

Exhibit 19 illustrates that each county other than Morgan and Scott have one or more block groups with the highest population density of people ages 65 and older (23.9% to 71.6%). The majority of the rural areas throughout the region have moderate to moderately high densities of people age 65 and older.

Exhibit 19. Population Density of People Age 65 and Older

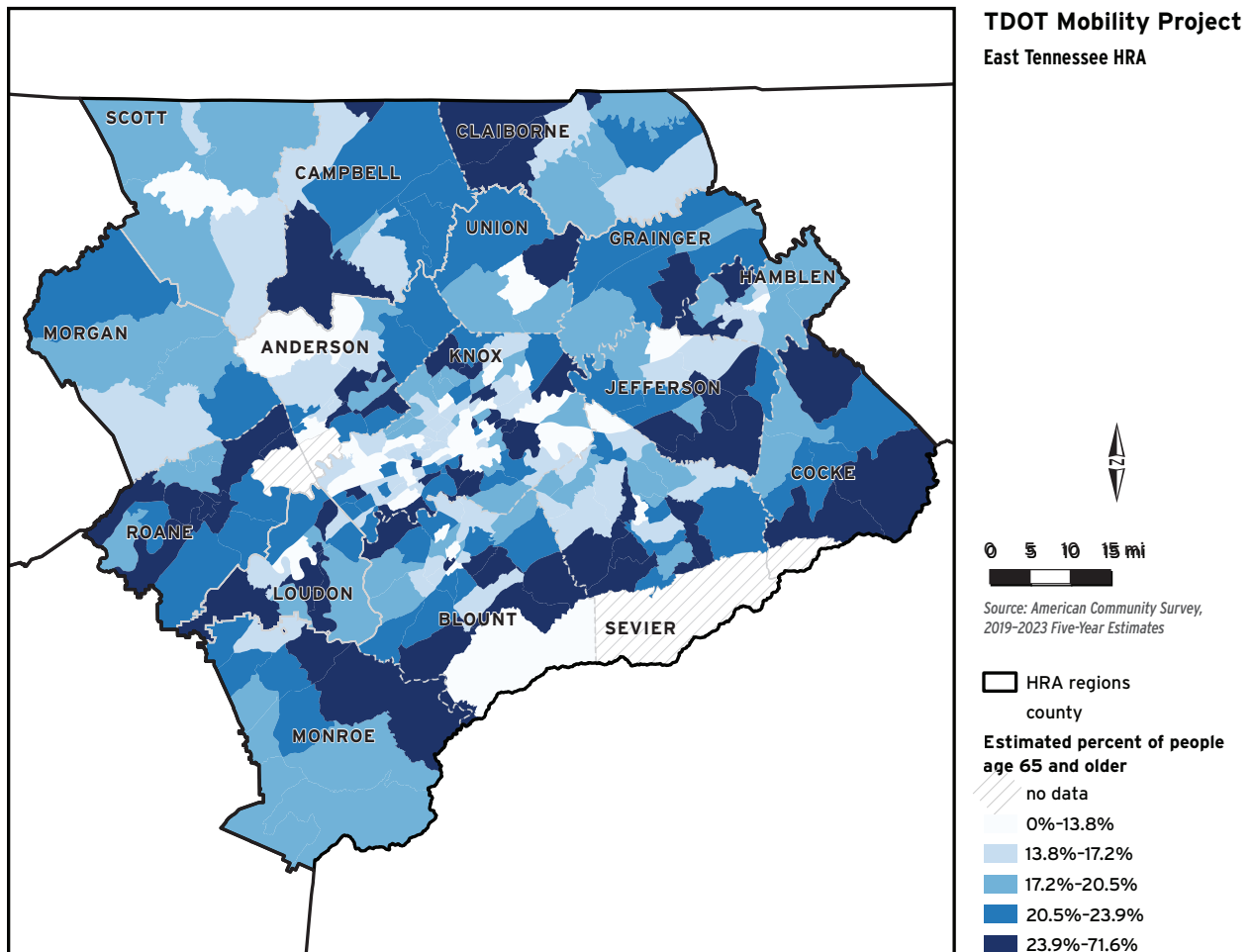


Exhibit 20 illustrates that the block groups with the highest densities of individuals with disabilities are in Scott, Campbell, Morgan, Claiborne, Union, and Cocke Counties. Other counties have smaller pockets of highest density populations (22.8% to 37%). Areas of Roan, rural Knox, Loudon and Blount Counties have low to moderately low densities (10.4% to 18%). All other counties are primarily moderately high density (18% to 22.8%).

*Exhibit 20. Population Density of Individuals with Disabilities*

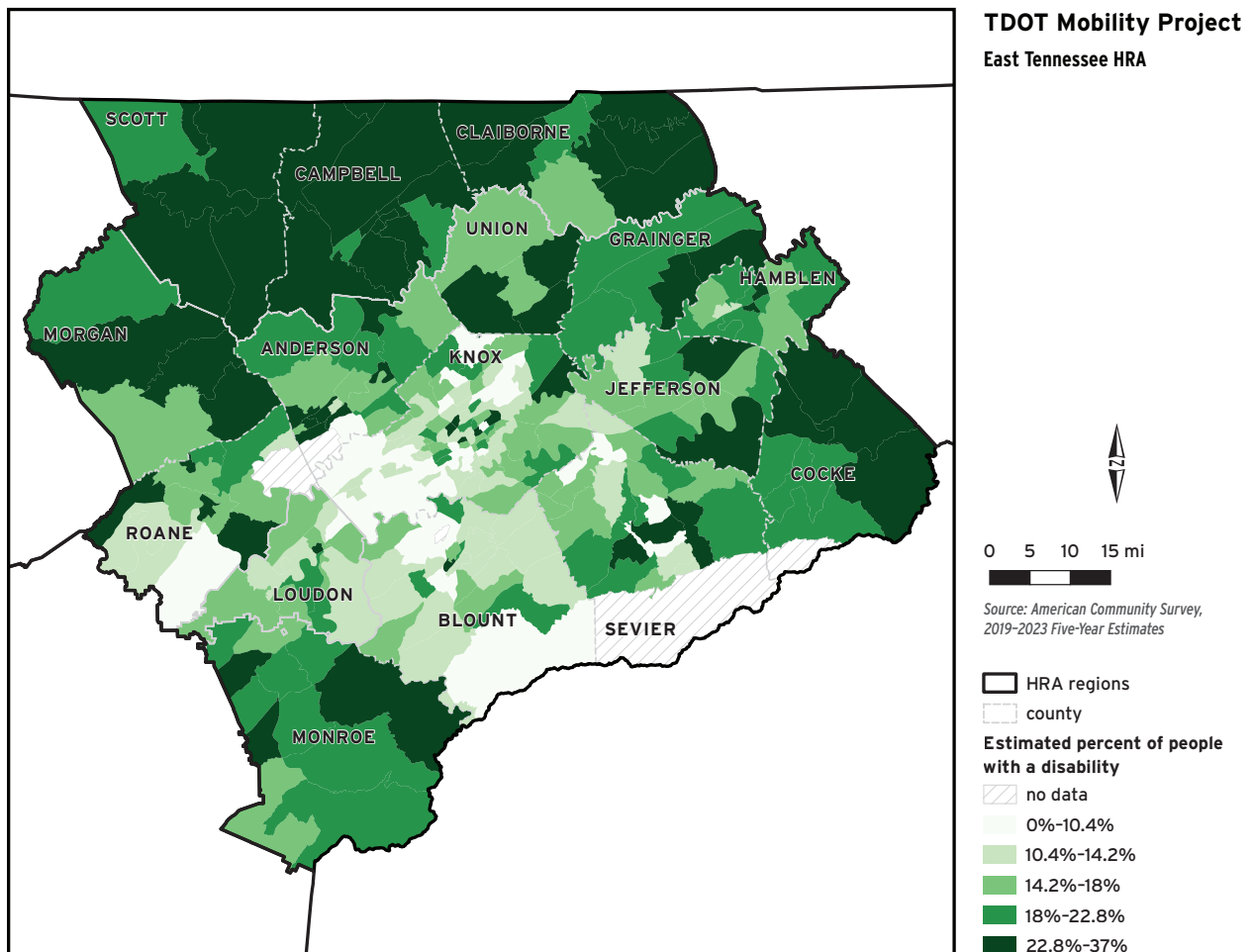
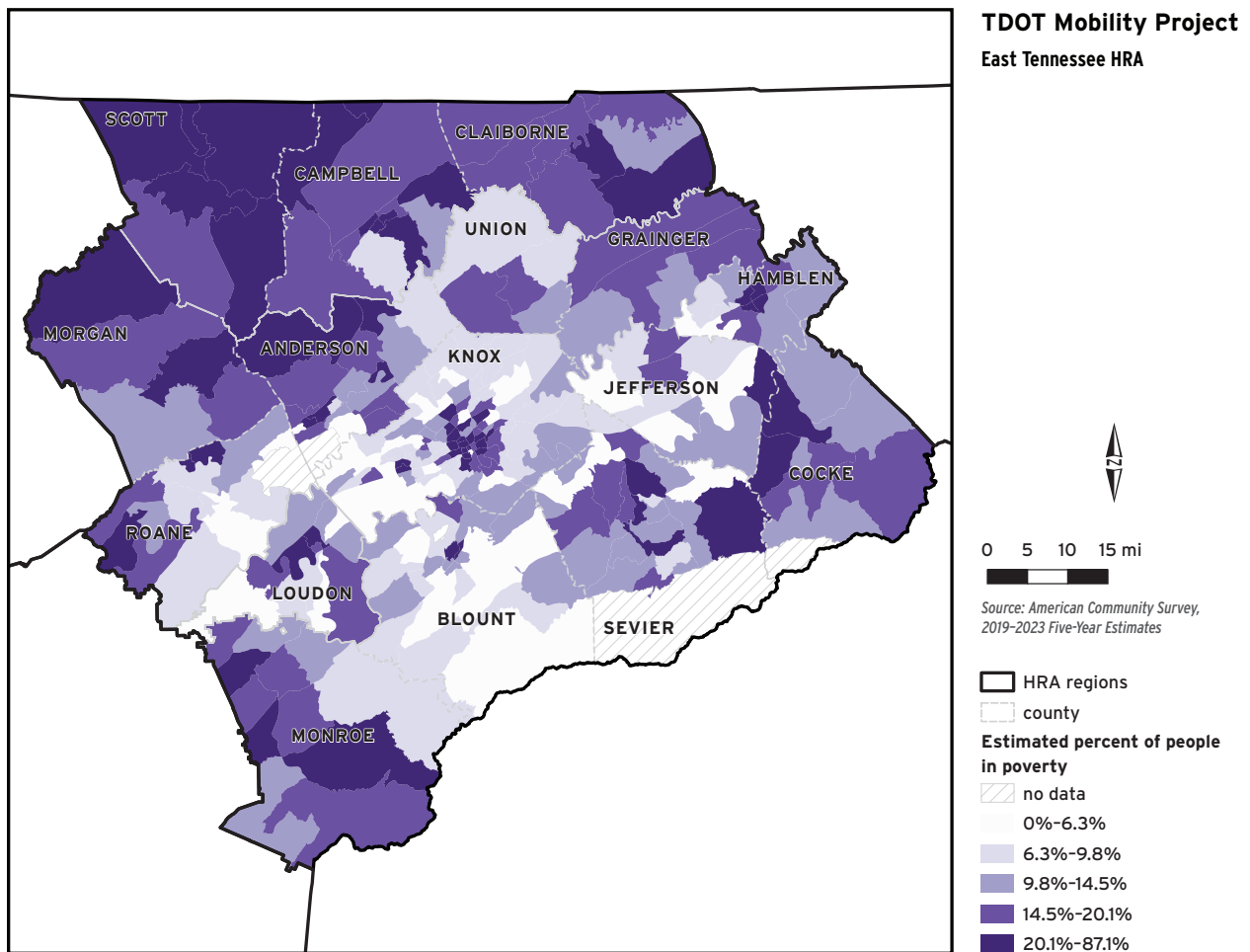


Exhibit 21 illustrates the density of people living in poverty by block group. The locations of high densities of people living in poverty (20.1% to 87.1%) are similar to the location of high density areas for individuals with disabilities. The higher density areas are more prevalent in the counties along the borders of the region while lower densities are scattered throughout the central areas and Blount County.

*Exhibit 21. Population Density of People Living Below Poverty*



## First Tennessee HRA (FTHRA)

First Tennessee HRA serves Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi, and Washington counties, all located in the northeastern corner of the state along the Appalachian Mountains and bordering Virginia and North Carolina. Public transportation in this region is primarily provided by NET Trans, which serves the rural areas of all eight counties, while Johnson City Transit and Kingsport Area Transit Service (KATS) operate within their respective urban areas in Washington and Sullivan counties. Washington County, the most populous, is home to Johnson City, one of the region’s major urban centers and the location of East Tennessee State University, major medical facilities, and regional attractions. Sullivan County includes the cities of Kingsport and Bristol, known for cultural destinations, and the Bristol Motor Speedway. Smaller counties such as Carter, Greene, and Hawkins include a mix of small towns and rural communities, while Johnson and Hancock counties are among the most rural and mountainous in the region.

### Transit Statistics

Revenue sources for First Tennessee public transit services include FTA Sections 5310, 5311, 5339 and 5307; third-party contracts and passenger fares. FTHRA reports that funding has been stable for the past five years and adequate to support capital and operations.



Table 7. Transit statistics for First Tennessee HRA

Statistic	2019	2025
Annual Passenger Trips Provided	173,314	134,933 (Oct. 25)
Number of Trips Requested but not Provided	1,361	3,931
Number of Vehicles Available	102	81
Number of Vehicles in Peak Service	55	60
Number of Transit Employees	91	77

The lack of capacity or availability of drivers is the most common reason for trips that were not provided. It is noted that FTHRA employed 91 transit related staff in 2019 compared to just 77 staff in 2025. The reduction in staff is due to a lack of qualified applicants for driver positions. FTHRA is working to fill its vacant positions.

FTHRA initiated a new connector service that includes zone-based on-demand transportation. Passengers on the new service can schedule trips using an app. The service started in Greenville (May 2025). It was replicated in Elizabethton (August 2025). Destinations include colleges, industrial parks, low income housing, and more. Two vehicles are dedicated to each service area. An additional same-day zone service is planned for Jonesborough to connect to a Johnson City Transit route that serves Walmart and other popular destinations in the Johnson City area.

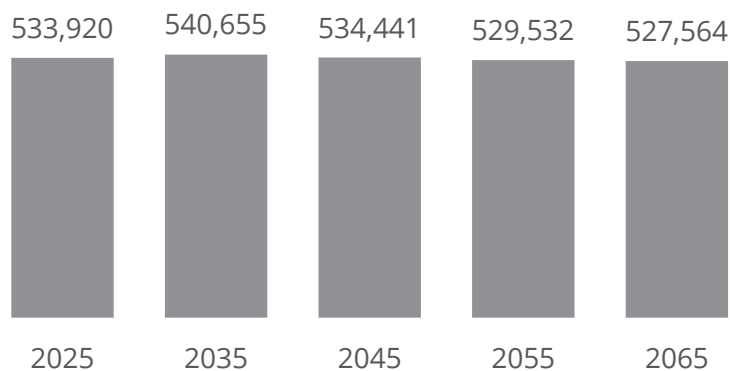
In addition to general public transit, FTHRA provides transportation under contract agreements with Appalachian Regional Council on Homelessness, Frontier Health/Victory Center, Mountain States Health Alliance/Helping Hands, local nursing homes,

US Probation Office, VA Medical Center, TennCare brokers, and local senior centers.

### **Regional Demographics**

The First Tennessee region’s population in 2025 is 533,920, with Sullivan County being the largest at 164,002 residents, representing about 30.7% of the region’s total population. According to the projections, the region’s population declined slightly to 527,564 by 2065, a decrease of 6,356 people, or approximately –1.2% over the 40-year period. The chart shows that most counties experience steady population decline across the decades, including Carter, Hancock, Hawkins, Johnson, and Unicoi counties, with Hancock County showing the sharpest proportional drop. While, Washington County is the only county projected to grow consistently, increasing from 140,553 residents in 2025 to 159,293 in 2065. Sullivan County also remains relatively stable, ending the period with a similar population to its starting point. Overall, the chart reflects a region anchored by Sullivan and Washington counties, while most of the smaller, more rural counties face long-term population decline.

*Exhibit 22. Population Projections for First Tennessee HRA*

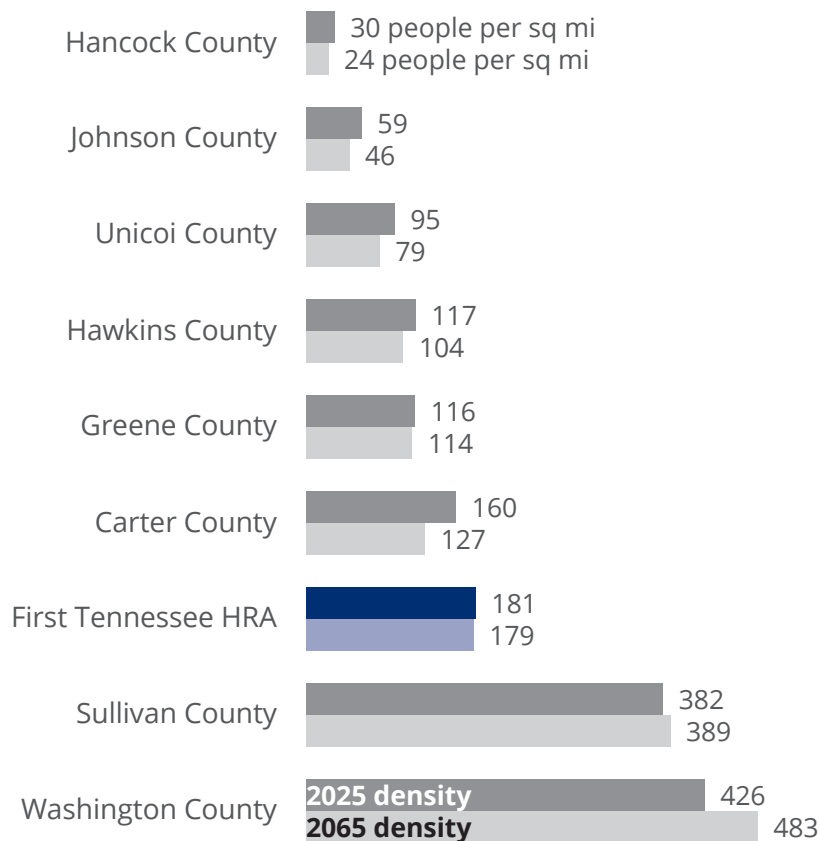


Source: Tennessee State Data Center

Population per square mile is a key indicator of population density and helps transportation providers determine the types and levels of service that will be needed across a region. Higher-density areas are more suitable for fixed-route transit, while lower-density communities typically rely more on demand-response services. Washington County has and will continue to have the highest population density in both 2025 and 2065, reflecting its growing population and role as one of the region's primary urban centers, as illustrated in Exhibit 23. Sullivan County also maintains a relatively high density, consistent with its more urbanized areas such as Kingsport

and Bristol. The lowest densities appear in Hancock and Johnson counties, which remain the most rural and sparsely populated parts of the region and continue to experience long-term population decline. Most counties show modest declines in density over time, mirroring their projected population decreases, while Washington County stands out as the only county with noticeable density growth. Overall, the chart highlights a region where urban counties can support more structured transit options, while rural counties will continue to depend heavily on demand-response transportation to meet residents' needs.

*Exhibit 23. Percent Change in Population Density from 2025 to 2065, by County*



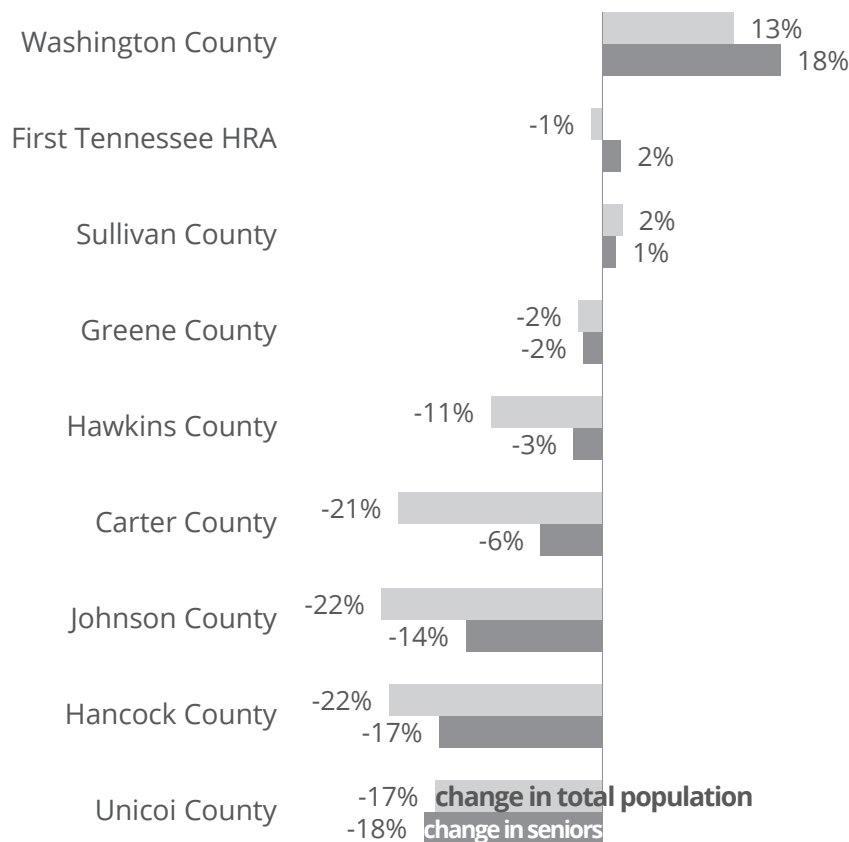
Source: Tennessee State Data Center

Exhibit 24 shows the Tennessee State Data Center’s projections for both the population at large, and for the segment of people 65 and older for the First Tennessee region. The data suggests that the region should expect a consistently large and relatively stable older-adult population, with totals ranging from 121,143 in 2025 to 123,463 in 2065 while the regional 65 and older population increases through 2035, it gradually declines afterward, mirroring the broader population trends seen in several counties.

Sullivan County will likely continue to have the largest number of older adults, rising from 37,844 in 2025 to 38,375 in 2065, reflecting its position as the most populous county in the region. Washington

County also may see significant growth in its senior population, increasing by more than 5,000 over the projection period. In contrast, rural counties such as Hancock, Johnson, and Unicoi experience notable declines, indicating continued aging and out-migration. Rural counties with shrinking senior populations may face challenges maintaining adequate service levels, while growing or stable counties—particularly Sullivan and Washington—will see increasing demand for accessible transportation, medical-trip support, and demand-response services. Overall, the chart underscores the need for sustained investment in mobility options for older adults across all counties in the First Tennessee region.

*Exhibit 24. Percent Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

## Geographic Population Densities

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of highest density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while

lower densities are better served by demand response transportation.

Exhibit 25 illustrates that each county except Hancock and Union have one or more block groups with the highest population density of people ages 65 and older (25.7% to 35.7%). Hancock and Union Counties, and the majority of the block groups throughout the region have moderate to moderately high densities of people age 65 and older.

Exhibit 25. Population Density of People Age 65 and Older

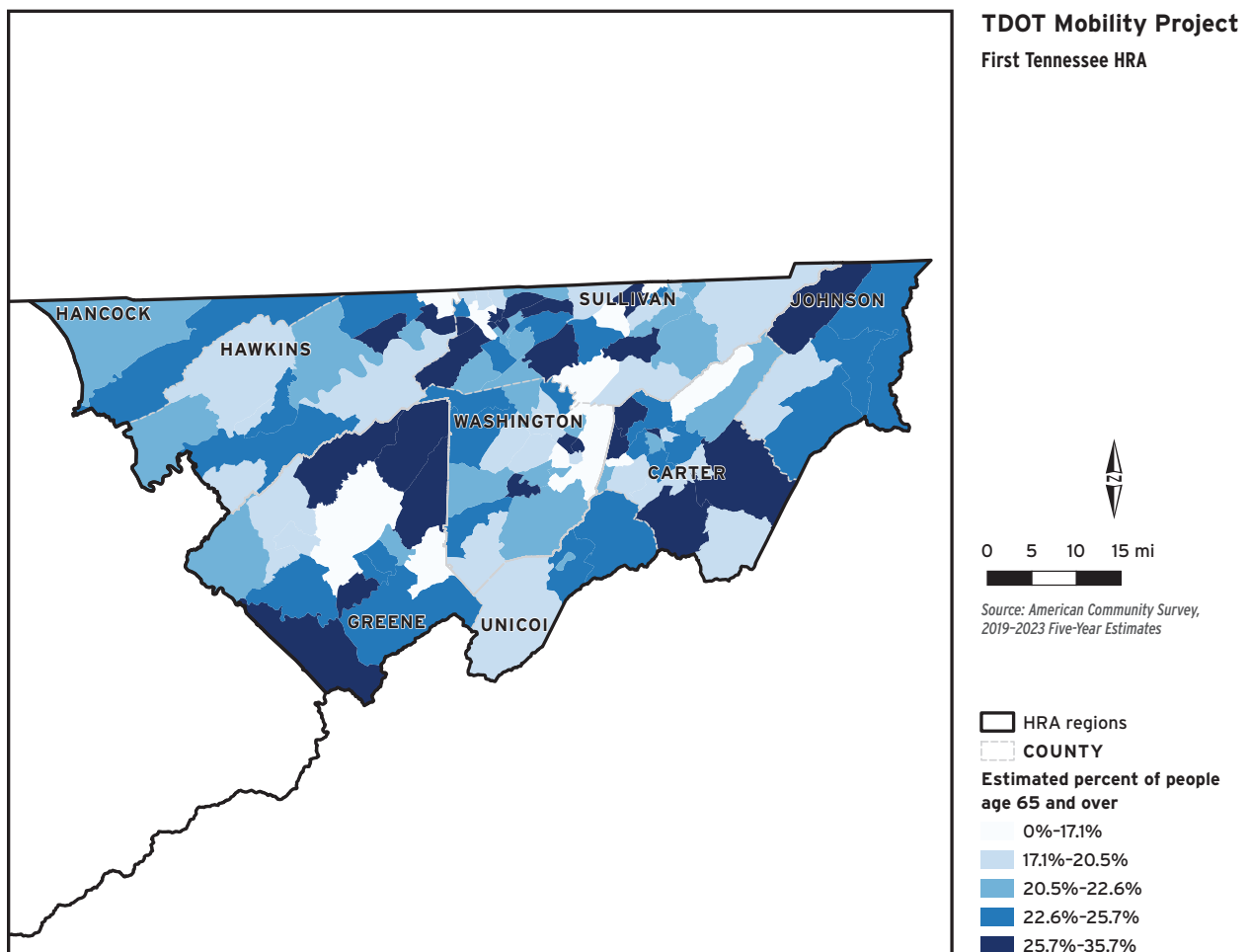


Exhibit 26 illustrates that the block groups with the highest densities of individuals with disabilities are in Hancock, Hawkins, Greene, Carter, and Johnson Counties. Other counties have smaller pockets of highest density populations (24.6% to 34.7%). The central part of the region, including Washington up to Sullivan County have the lowest densities (6.4% to 18.8%).

*Exhibit 26. Population Density of Individuals with Disabilities*

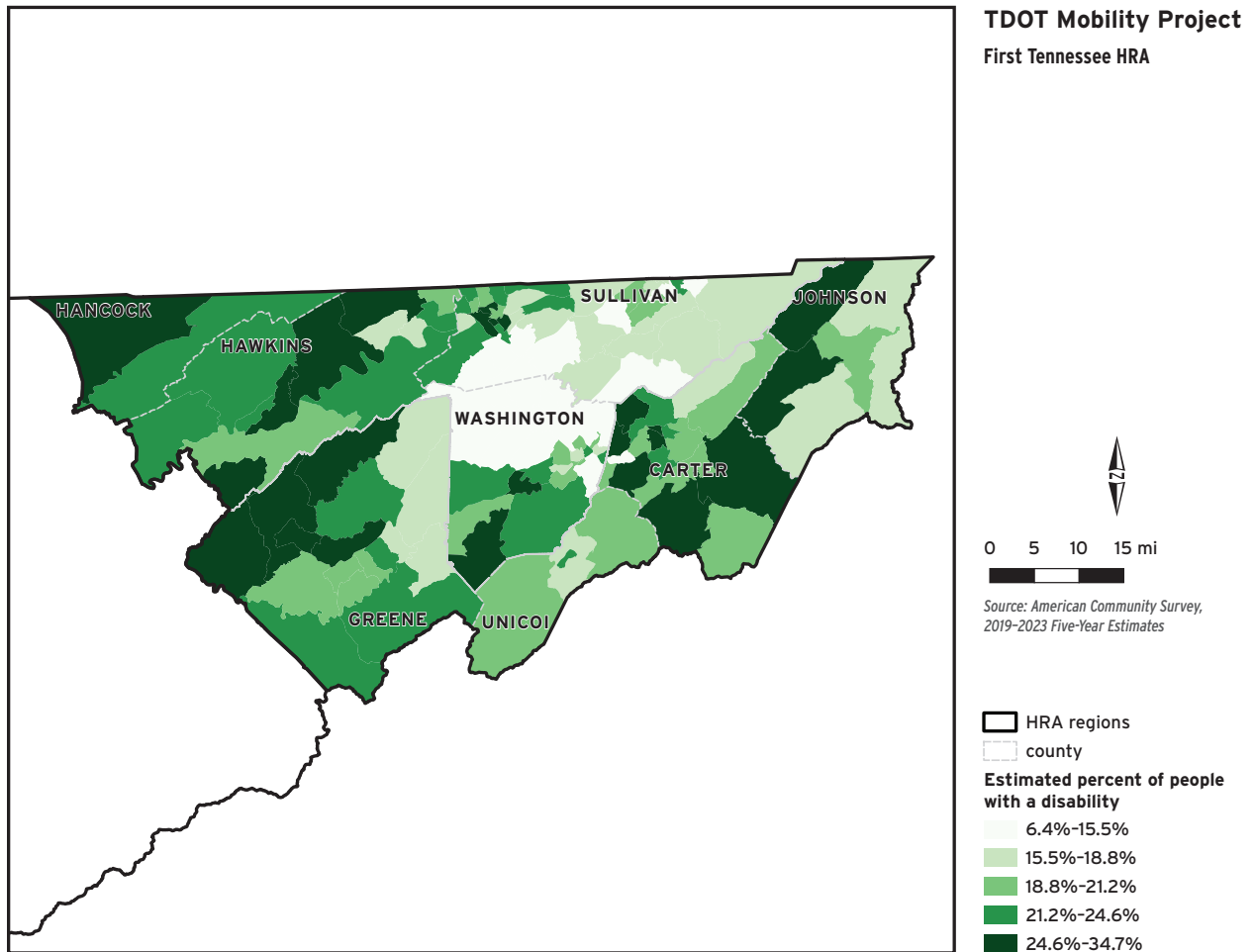
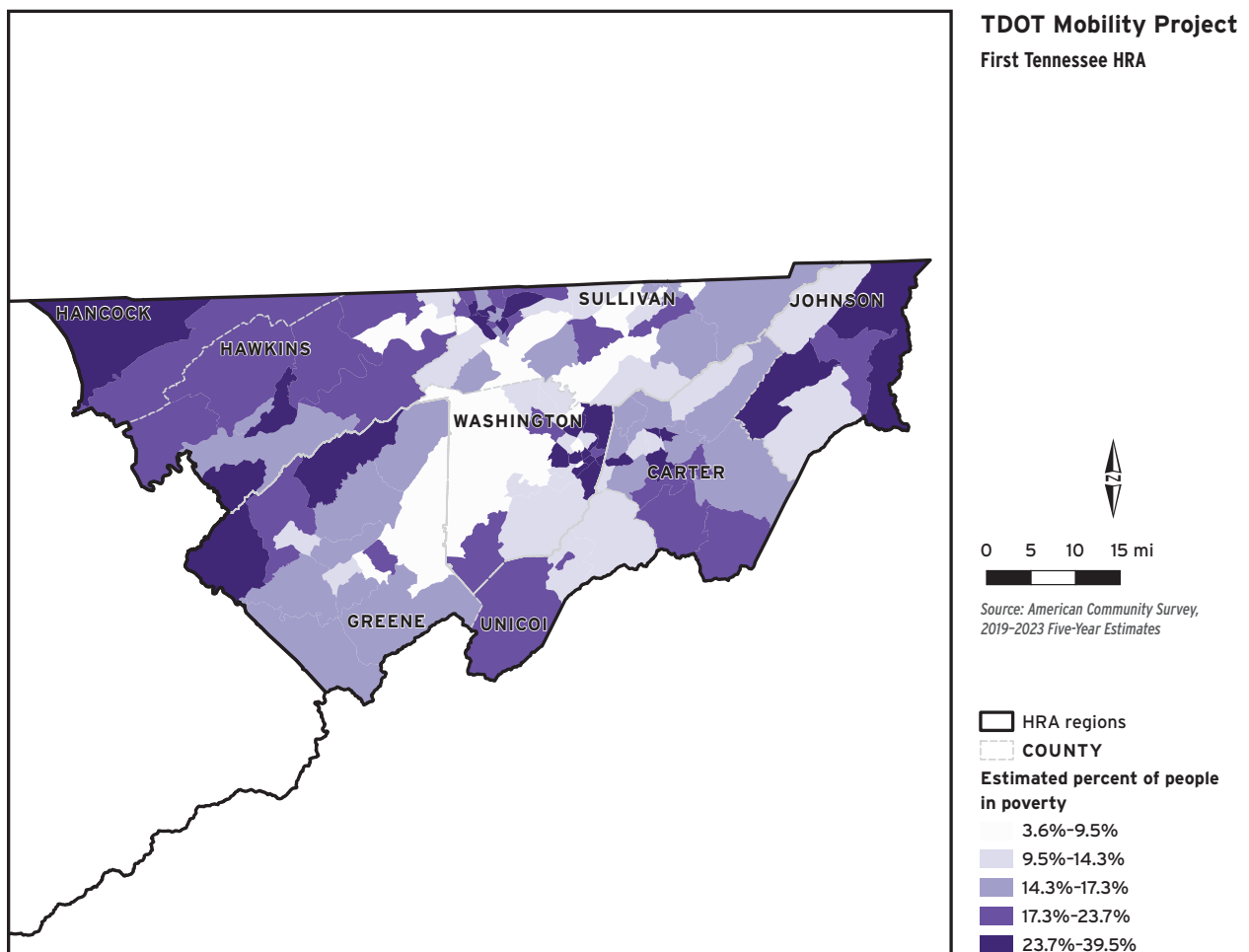


Exhibit 27 illustrates the density of people living in poverty by block group. The locations of high densities of people living in poverty (23.7% to 39.5%) are similar to the location of high density areas for individuals with disabilities. The higher density areas are more prevalent in the most northwestern and northeastern counties while lower densities are scattered throughout the central areas and southern areas.

*Exhibit 27. Population Density of People Living Below Poverty*



## Mid-Cumberland HRA

The Mid-Cumberland region includes Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson, and Wilson Counties, all located in the central part of the state surrounding the Nashville metropolitan area. Public transportation in this region is provided by a mix of urban and regional transit systems, including WeGo Public Transit, which operates fixed-route and commuter services within Davidson County and the city of Nashville, and the Regional Transportation Authority (RTA) which offers routes connecting surrounding counties. Rural areas—such as Rutherford, Wilson, Sumner, and Robertson—are served by Mid-Cumberland HRA with demand-response services. Davidson County, the most populous, is home to Nashville, the region’s largest city and a major cultural, economic, and entertainment hub known for destinations such as Centennial Park, the Grand Ole Opry, and downtown music venues. Surrounding counties vary from fast-growing suburban areas like Williamson and Rutherford to more rural communities such as those in Houston, Stewart and Humphreys Counties. This diverse mix of urban, suburban, and rural environments shapes transportation needs across the Mid-Cumberland region.

### Transit Statistics

Revenue sources for Mid-Cumberland HRA public transit services include FTA Sections 5311 and 5339, third-party contracts and passenger fares.

*Table 8. Transit statistics for Mid-Cumberland HRA*

<b>Statistic</b>	<b>2019</b>	<b>2025</b>
Annual Passenger Trips Provided	236,623	121,487
Number of Trips Requested but not Provided	233	21
Number of Vehicles Available	126	97
Number of Vehicles in Peak Service	101	70
Number of Transit Employees	153	105

The lack of capacity or availability of drivers and trip requests for service outside of operating hours or to destinations outside of the Mid-Cumberland HRA service area are the most common reasons for trips that were requested but not provided. It is noted that Mid-Cumberland employed 153 transit related staff in 2019 compared to just 105 staff in 2025. The reduction in staff is due, in part, to not recovering from the COVID-19 pandemic when many drivers quit or

were let go due to significantly decreased transit service. There has been an increase in the number of people who cancel trips; however, the recent addition of a mobile app and same-day trip options has helped to increase ridership.

Requests for trips that are after hours are typically on weekends for trips to faith-based activities or 2nd and 3rd shift employment.

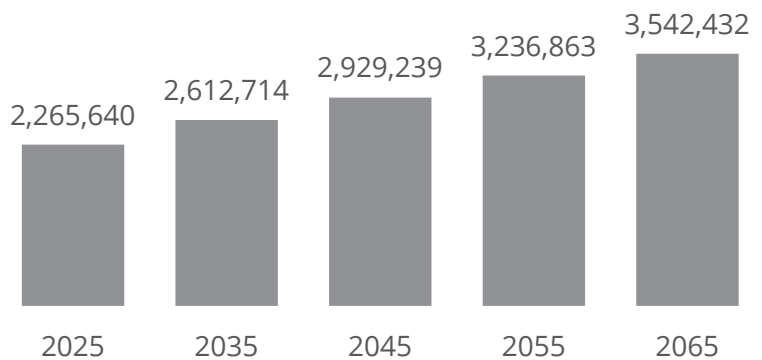
In addition to general public transit, Mid-Cumberland coordinates with Greater Nashville Regional Council Senior Transportation, and ADA paratransit in Murfreesboro. Mid-Cumberland also provides transportation under contract to rehabilitation offices and TennCare brokers.



### Regional Demographics

The Mid-Cumberland region’s population in 2025 is 2,265,640, with Davidson County being the largest at 728,443 residents, representing approximately 32.1% of the region’s total population. According to the projections, the region’s population grows substantially to 3,542,432 by 2065, an increase of 1,276,792 people, or about 56.3% over the 40-year period.

Exhibit 28. Population Projections for Mid-Cumberland HRA



Source: Tennessee State Data Center

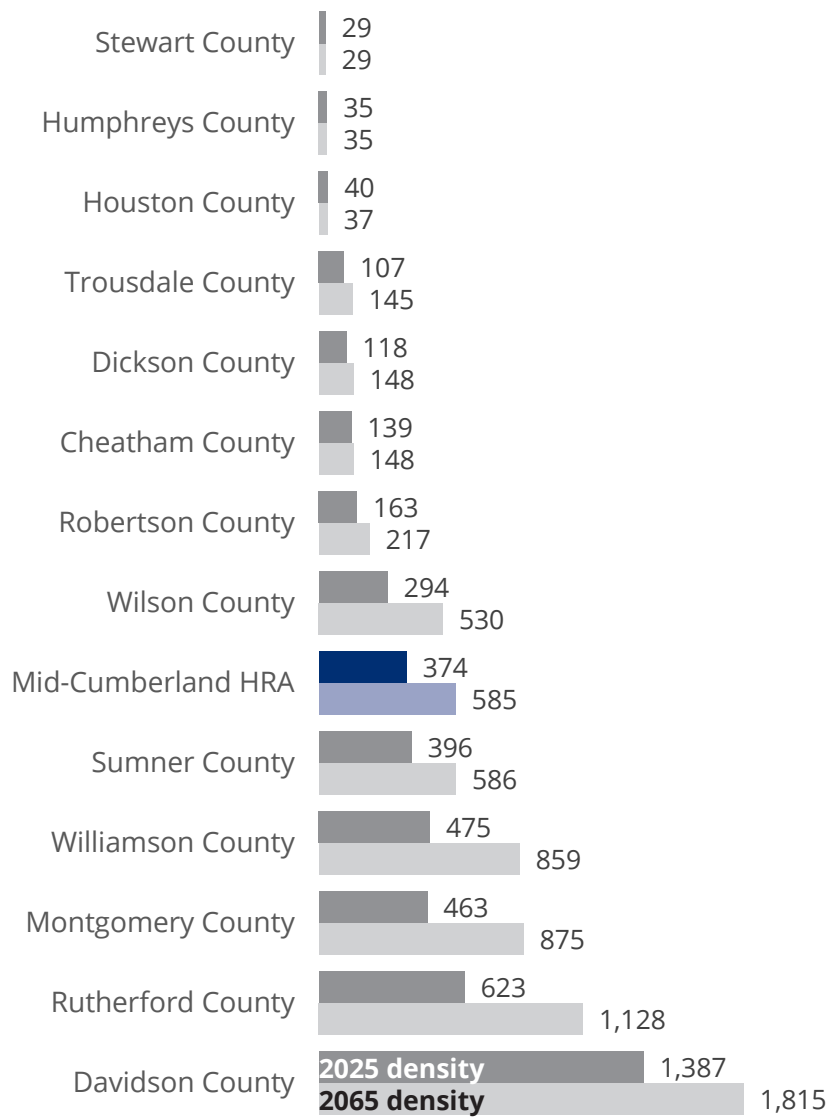


Most counties will experience population growth, with Davidson, Montgomery, Rutherford, Williamson, Sumner, and Wilson counties all seeing significant increases. Montgomery County, for example, may grow from 251,815 residents in 2025 to 476,111 in 2065, reflecting rapid suburban expansion. Smaller counties such as Houston, Stewart, and Humphreys remain relatively stable with only modest changes in population. Overall, the chart reflects a region anchored by Davidson County's urban population, with substantial growth spreading across suburban and exurban counties, highlighting the continued expansion of the Nashville metropolitan area and the increasing demand for transportation and infrastructure services throughout Mid-Cumberland.

Population per square mile is a measure of population density, indicating how many people live within one square mile of land area. Davidson County has the highest population density in both 2025 and 2065, reflecting its status as the region's urban core and population center, as seen in Exhibit 29. Rutherford, Williamson, Montgomery, and Sumner counties also have substantial population densities, all of which are expected to increase significantly over the 40-year period, indicating expanding suburban and exurban growth around Nashville. The lowest densities are found in Houston and Stewart counties, which should remain sparsely populated to 2065. Overall, the data reveals a region characterized by strong population density growth in and around urban and

suburban counties, while more rural counties maintain low density, underscoring the varied transportation needs across Mid-Cumberland.

*Exhibit 29. Percent Change in Population Density from 2025 to 2065, by County*

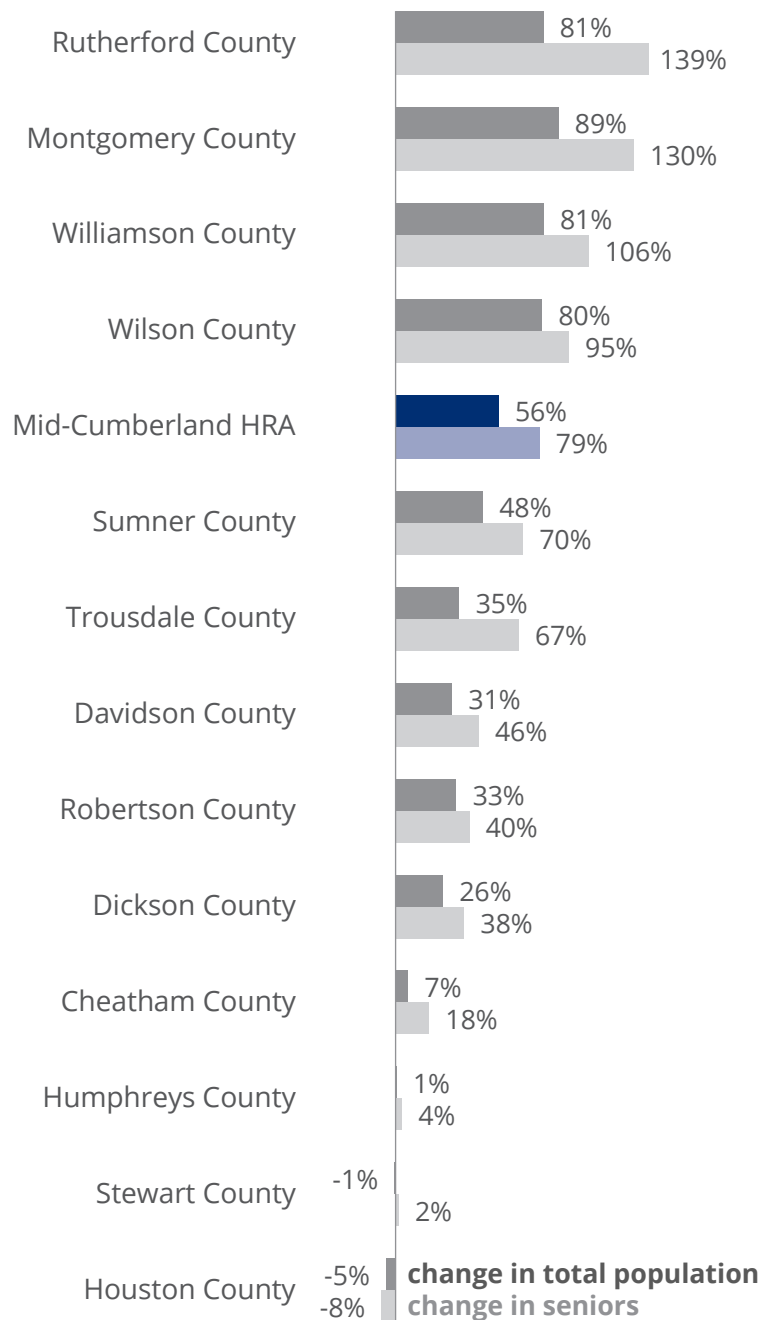


Source: Tennessee State Data Center

Exhibit 30 shows the Tennessee State Data Center’s projections for both the population at large, and for the segment of people 65 and older for the Mid-Cumberland region. The data describes a region transitioning from 2025 to 2065 with a consistently large and growing older-adult population, with totals increasing from 329,126 in 2025 to 588,467 in 2065.

The projections indicate that urban and suburban counties such as Davidson, Rutherford, Williamson, Montgomery, and Sumner will experience the largest increases in older-adult populations, reflecting ongoing growth and aging in these areas. Davidson County remains the county with the highest number of seniors, rising from 102,025 in 2025 to 148,457 in 2065, underscoring its role as the region’s urban center. Smaller or more rural counties—such as Stewart, Humphreys, and Cheatham counties—may expect relatively modest increases in the population of older adults, regardless of whether the population at large grows. Houston County will experience slight declines toward 2065.

*Exhibit 30. Percent Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



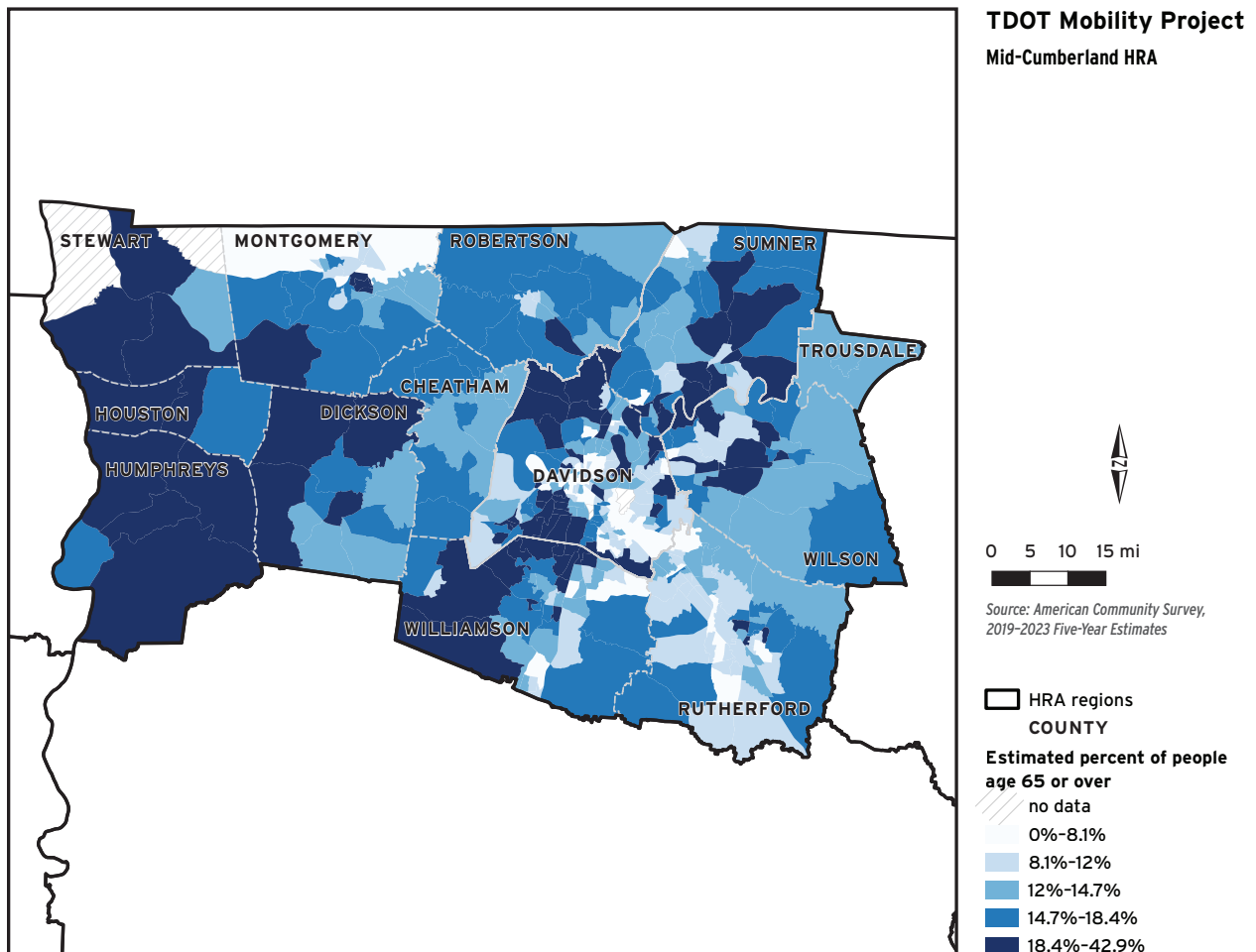
Source: Tennessee State Data Center

## Geographic Population Densities

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of highest density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while lower densities are better served by demand response transportation.

Exhibit 31 illustrates that the block groups with highest densities of older adults are highly concentrated in the western portions of the region with smaller pockets of high density block groups scattered throughout each county, albeit less in the south and eastern portions of the region. High density block groups have populations with 18.4% to 42.9% being age 65 or older. Most of the region has moderate to moderately high densities that range from 12% to 18.4% of the block group population.

Exhibit 31. Population Density of People Age 65 and Older



Similar to the older adult population densities, Exhibit 32 illustrates that the block groups with the highest densities of individuals with disabilities are in the western portions of the region with smaller pockets of high density block groups scattered throughout the region. Approximately 16% to 34.1% of the population in high density block groups have a disability.

*Exhibit 32. Population Density of Individuals with Disabilities*

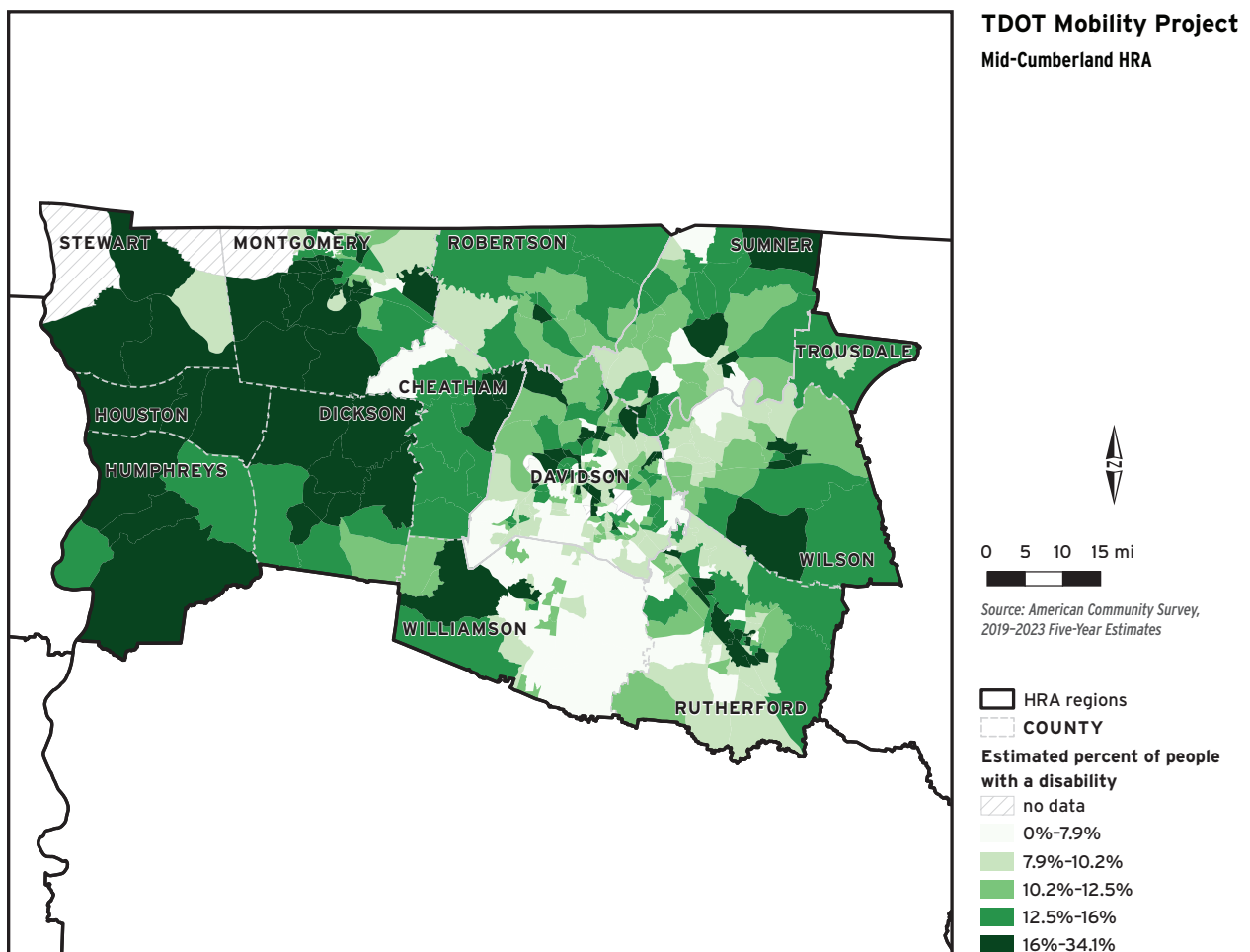
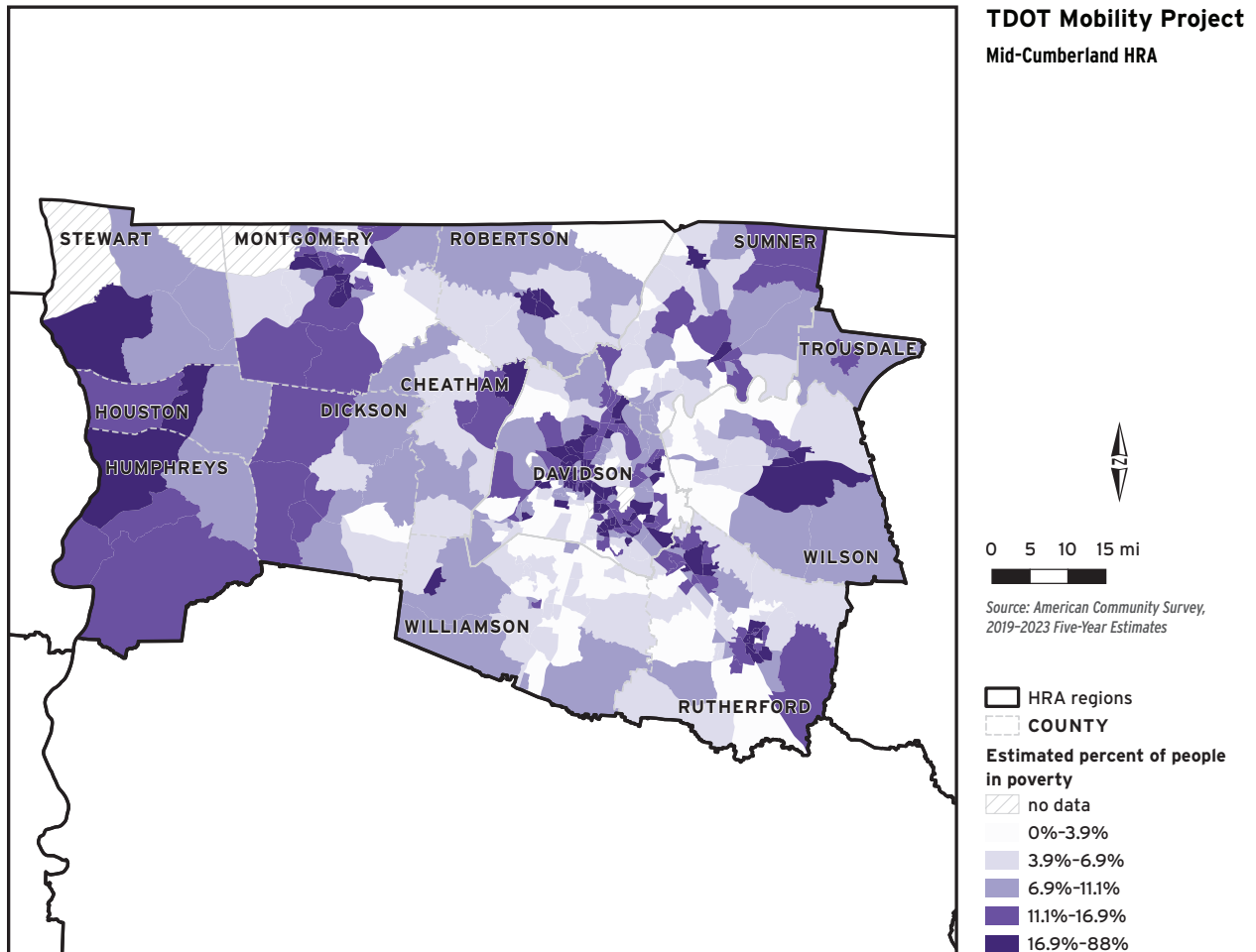


Exhibit 33 illustrates the density of people living in poverty by block group. The locations of high densities of people living in poverty (16.97% to 88%) are concentrated in western portions of Stewart, Houston, and Humphreys counties. Other counties have smaller areas of high density. Humphreys and Houston counties have significant areas of high to moderate density block groups. Wilson County also has areas of high density. Davidson, Rutherford, and Montgomery counties have a mixture of small block groups with highest densities and block groups with lower densities.

*Exhibit 33. Population Density of People Living Below Poverty*



## Northwest Tennessee HRA

The Northwest Tennessee region includes Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion, and Weakley counties, all located in the northwestern part of Tennessee near the Mississippi River. Public transportation in this region is primarily provided by a combination of county-level demand-response services and regional transit programs, with Northwest Tennessee HRA supporting rural residents across multiple counties.

Dyer County, the most populous in the region, serves as a local hub for commerce and services, while other counties, such as Gibson and Weakley, also contain small cities and towns. Many of the remaining counties—like Benton, Crockett, and Lake—are predominantly rural with lower population densities.

### Transit Statistics

Revenue sources for Northwest Tennessee HRA public transit services include FTA Section 5311, Title III-B of the Older Americans Act, and third party contracts.

Table 9. Transit statistics for Northwest Tennessee HRA

Statistic	2019	2025
Annual Passenger Trips Provided	190,294	109,233
Number of Trips Requested but not Provided	239	467
Number of Vehicles Available	94	86
Number of Vehicles in Peak Service	60	53
Number of Transit Employees	121	74

The lack of capacity or availability of drivers, not having a passenger care attendant available, needing transportation of an oversized mobility device, or requests for service outside of the service area are the most common reasons for the increase in denied trip requests. It is noted that the HRA employed 121 transit related staff in 2019 compared to just 74 staff in 2025.

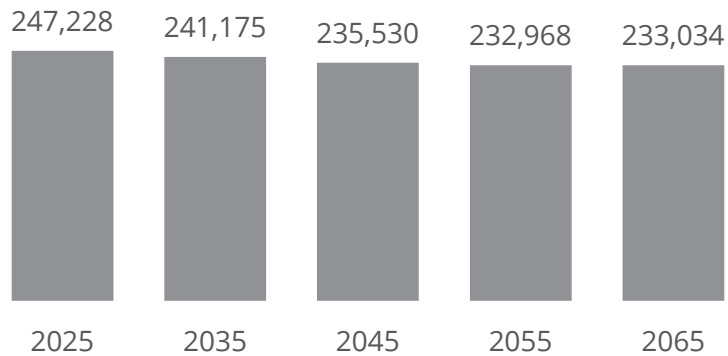
In addition to general public transit, the HRA coordinates with Verida (formerly Southeast Trans), United Healthcare, Wellpoint, and Life Care.



## Regional Demographics

The Northwest region's population in 2025 is 247,228, with Gibson County being the largest at 51,352 residents, representing about 20.8% of the region's total population, as shown in Exhibit 34. According to the projections, the region's population gradually declines to 233,034 by 2065, a decrease of 14,194 people, or approximately 5.7% over the 40-year period.

*Exhibit 34. Population Projections for Northwest Tennessee HRA*



Source: Tennessee State Data Center

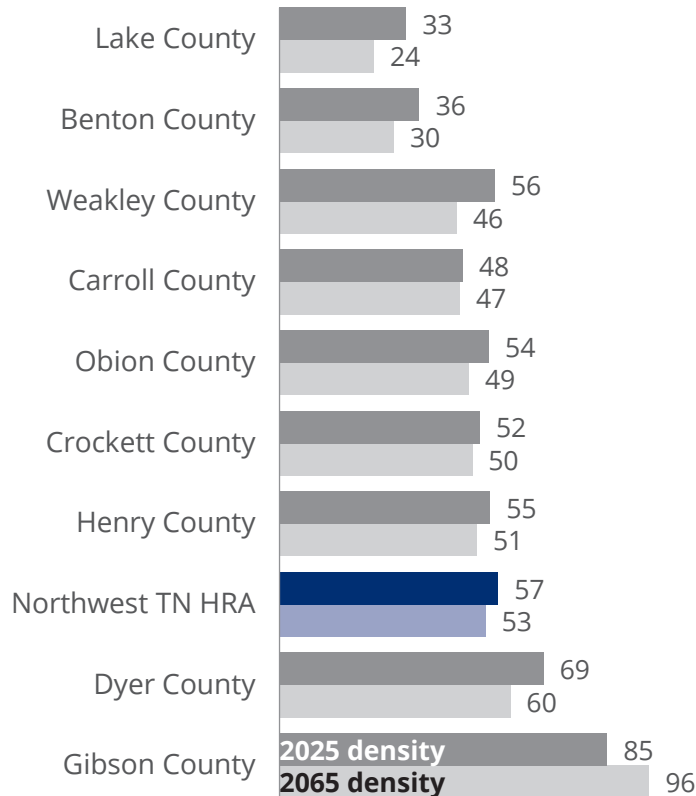
Most counties experience population decline, including Benton, Dyer, Henry, Lake, Obion, and Weakley counties, with Benton County showing the sharpest drop from 15,837 in 2025 to 12,949 in 2065. In contrast, Gibson County is the only county projected to grow steadily, increasing from 51,352 residents in 2025 to 57,933 in 2065. Overall, the chart reflects a region where population is concentrated in a few key counties like Gibson, while most rural counties face long-term declines, highlighting the mixed growth patterns across Northwest Tennessee.



In the Northwest region, Gibson County has the highest population density, as shown in Exhibit 35, reflecting its larger urban centers and role as the region’s population hub. Conversely, Lake County has and is expected to continue to have the lowest population density, remaining the region’s most sparsely populated county due to steady population decline. Several counties, including Benton, Dyer, Henry, Obion, and Weakley, also show declining densities over the projection period, while Gibson County is the only county projected to grow, increasing both its population and density between 2025 and 2065.



*Exhibit 35. Percent Change in Population Density from 2025 to 2065, by County*



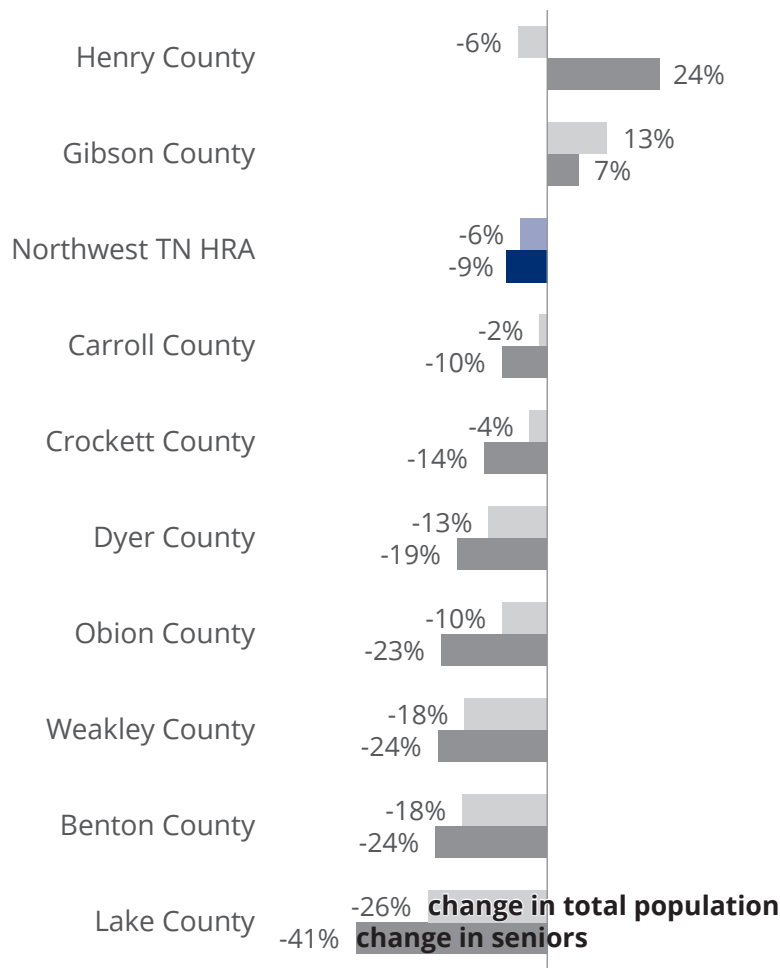
Source: Tennessee State Data Center

Exhibit 36 shows the Tennessee State Data Center’s projections for both the population at large, and for the segment of people 65 and older in the Northwest region, illustrating a relatively stable but gradually declining older-adult population. The total 65 and older population in the region will decrease from 48,478 in 2025 to 44,033 in 2065.

While Gibson County is projected to see slight growth in its senior population, increasing from 7 percent, most other counties experience gradual declines. Lake County and Benton County show

the most significant decreases, reflecting long-term population loss in these more rural areas. The overall trend suggests that the Northwest region will continue to have a substantial population of older adults, which has important implications for transportation planning. Counties will need to prioritize demand-response services, accessible vehicles, and connections to medical facilities to accommodate seniors who may not drive. Maintaining and enhancing transportation options for older adults will remain a critical priority across the Northwest region in the coming decades.

*Exhibit 36. Percent Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

## Geographic Population Densities

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of highest density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while lower densities are better served by demand response transportation.

Exhibit 37 shows a map of the block groups with highest densities of older adults (23.8% to 31.4%) are located in Obion, Henry, Benton, Weakley, Gibson, and Crockett counties. Carroll has moderately high (23.8% to 31.4%) to moderate (18.7% to 20.7%) densities. Gibson, Dyer and Weakley also have block groups with low density (5.6% to 15.6%).

*Exhibit 37. Population Density of People Age 65 and Older*

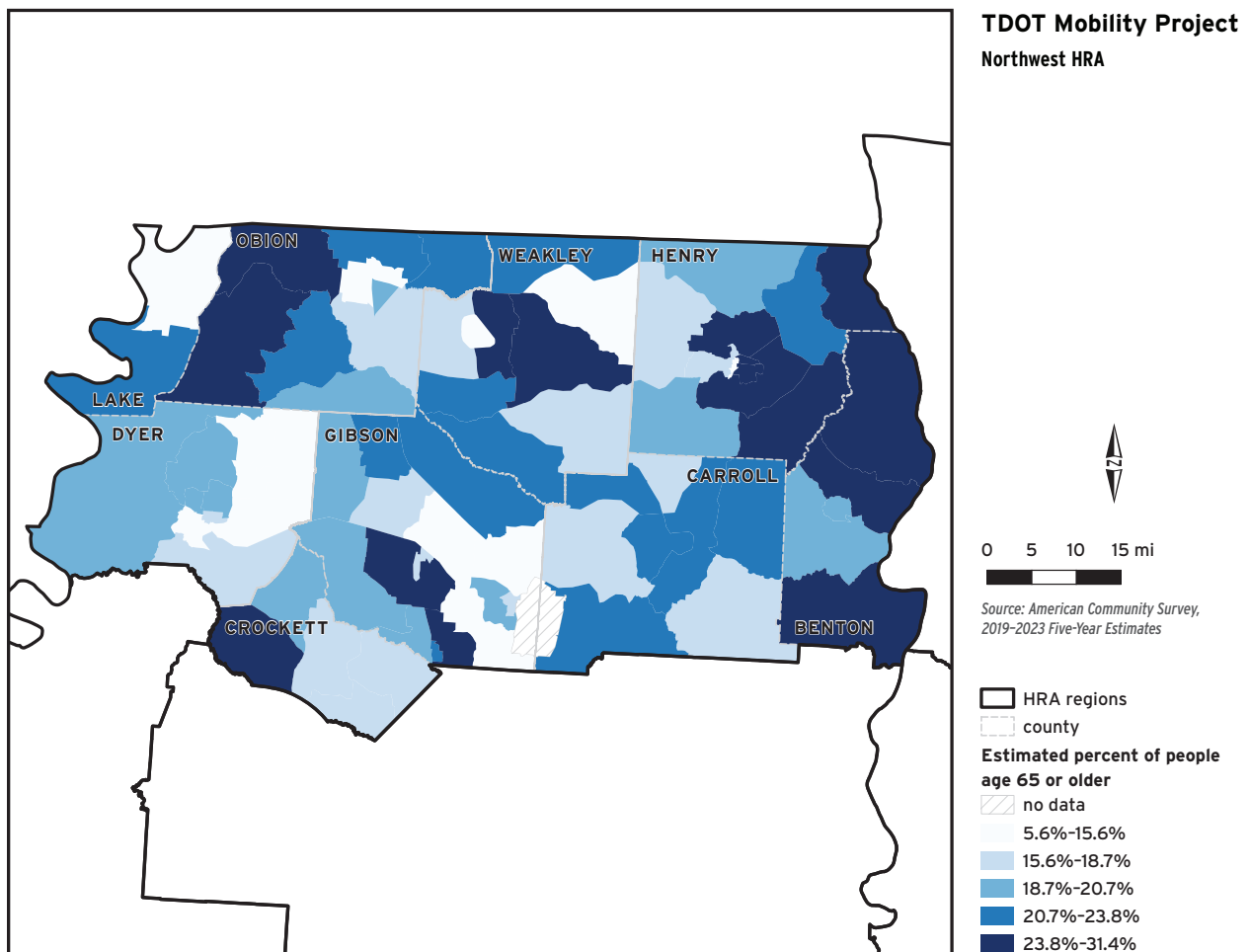


Exhibit 38 illustrates that the block groups with the highest densities of individuals with disabilities are in the north western, eastern and south western portions of the region with smaller pockets of high density block groups scattered throughout the region. Approximately 25.6% to 34.4% of the population in high density block groups have a disability.

*Exhibit 38. Population Density of Individuals with Disabilities*

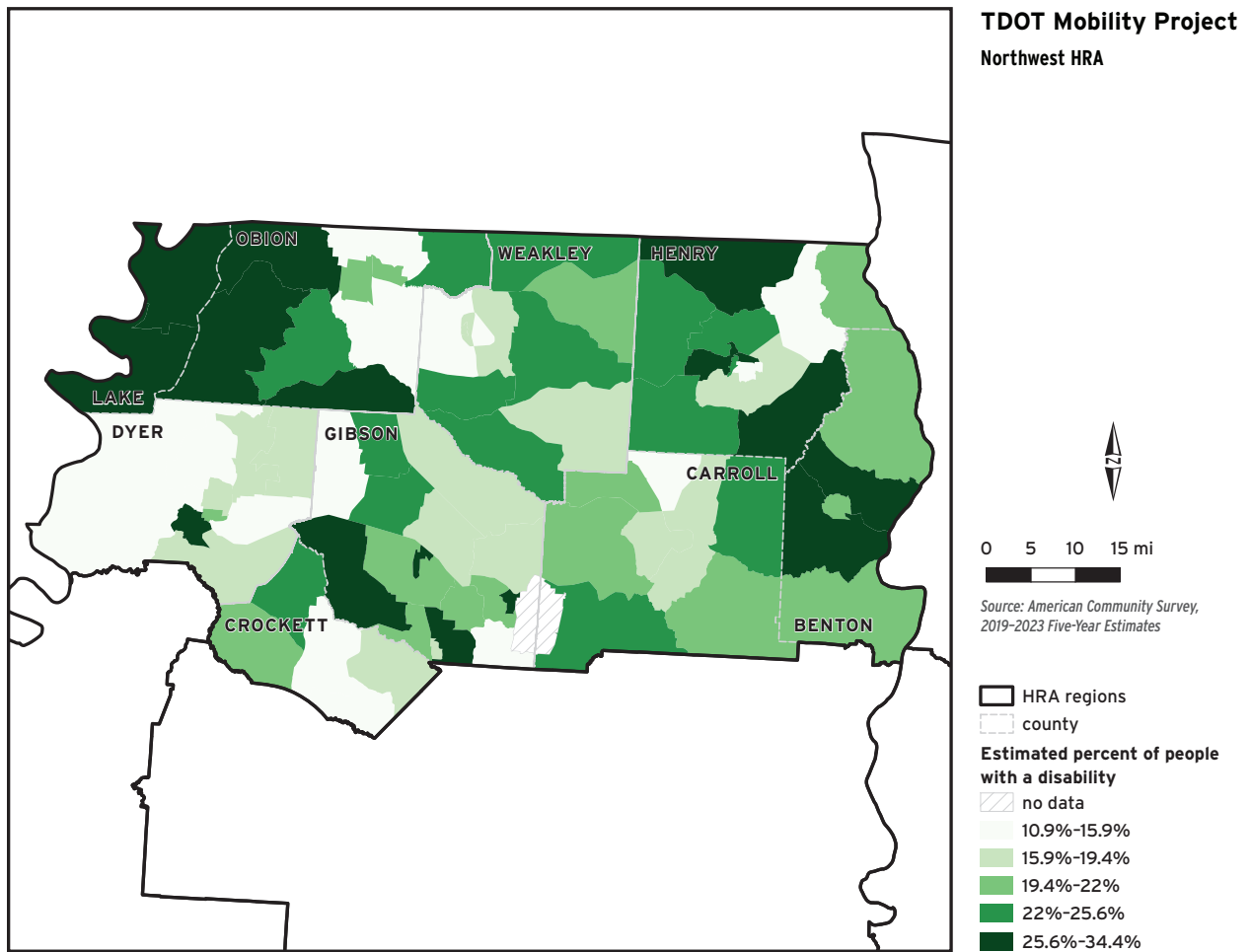
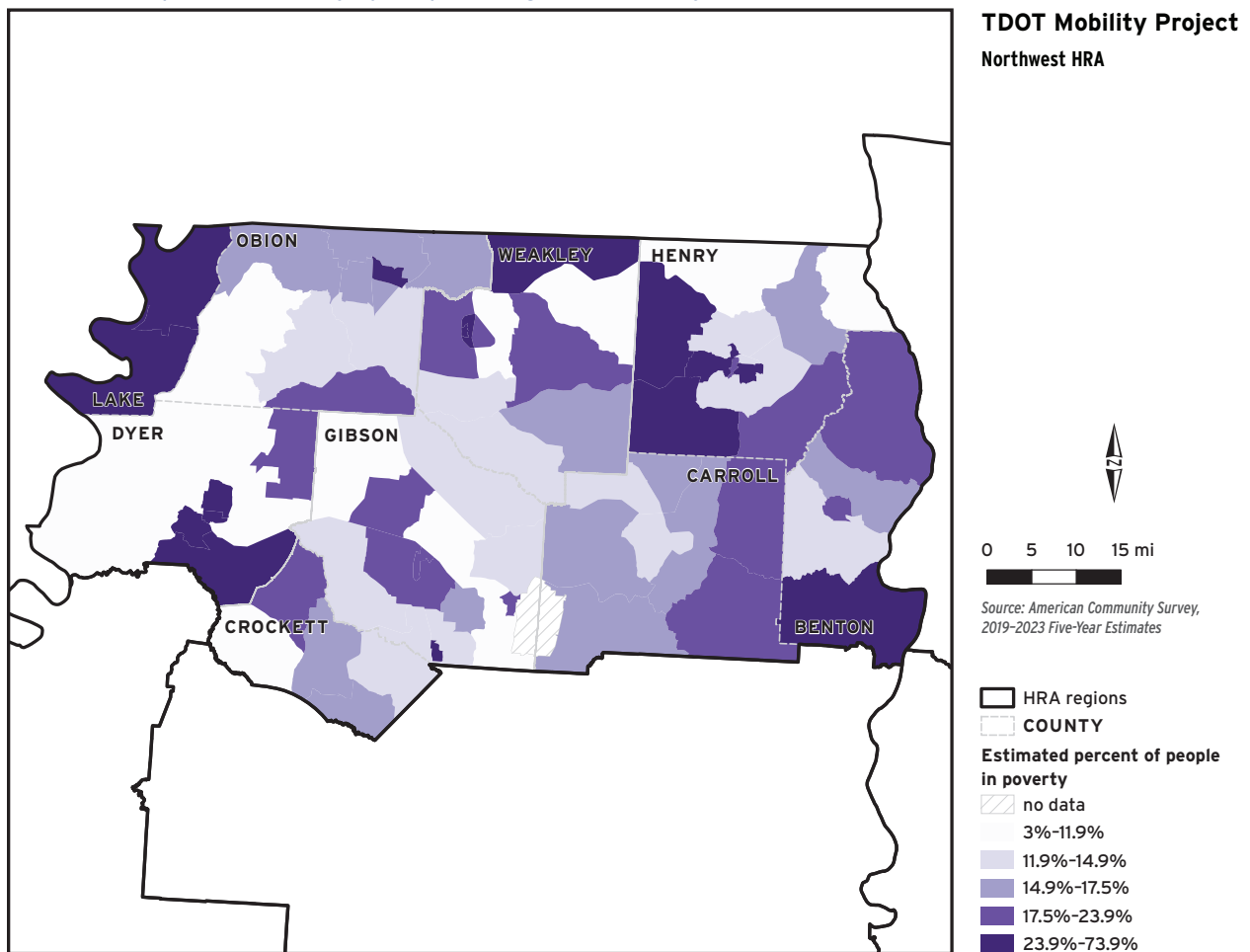


Exhibit 39 illustrates the density of people living in poverty by block group. The locations of high densities of people living in poverty (23.9% to 73.9%) are concentrated in Lake, Weakly, Henry, southern Dyer, and Benton Counties. Humphreys and Houston Counties have significant areas of high to moderate density block groups. Dyer, Gibson, Weakley, Henry, and Crockett Counties have areas of low density with 3% to 11.9% of the population in poverty.

*Exhibit 39. Population Density of People Living Below Poverty*



## ***South Central Tennessee Development District (SCTDD)***

The South Central Tennessee region includes Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Maury, Marion, Moore, Perry, and Wayne Counties, all located in the central-southern part of the state. Public transportation in this region is primarily provided by South Central Tennessee Development District (STCDD).

### ***Transit Statistics***

Revenue sources for South Central Tennessee Development District public transit services include FTA Section 5311, third-party contracts and passenger fares.

*Table 10. Transit statistics for South Central Tennessee Development District*

<b>Statistic</b>	<b>2019</b>	<b>2025</b>
Annual Passenger Trips Provided	231,732	213,243
Number of Trips Requested but not Provided	26	0
Number of Vehicles Available	187	157
Number of Vehicles in Peak Service	99	112
Number of Transit Employees	173	138

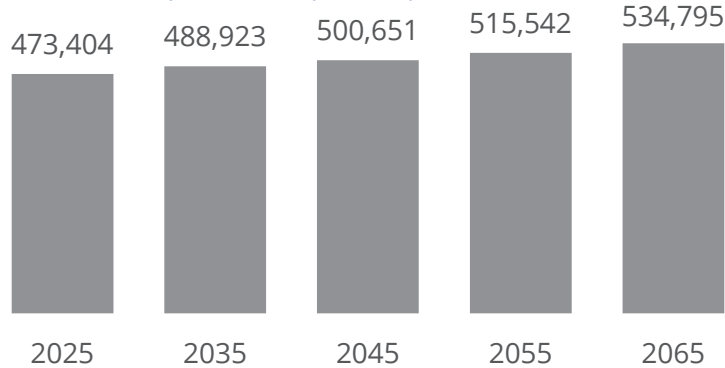


South Central reported that there were no eligible trip requests that could not be accommodated in 2025 due to a decrease in total trip requests and the agency's improved efficiency of service and scheduling.

### *Regional Demographics*

The South Central region population in 2025 was 473,404, with Maury County representing the largest population center in the region. According to projections, the region's population increases to 534,795 by 2065, a growth of 61,391 people, or approximately 13.0% over the 40-year period. The growth rate is moderate relative to more urban regions and reflects broader rural trends across Tennessee.

*Exhibit 40. Population Projections for South Central Tennessee*

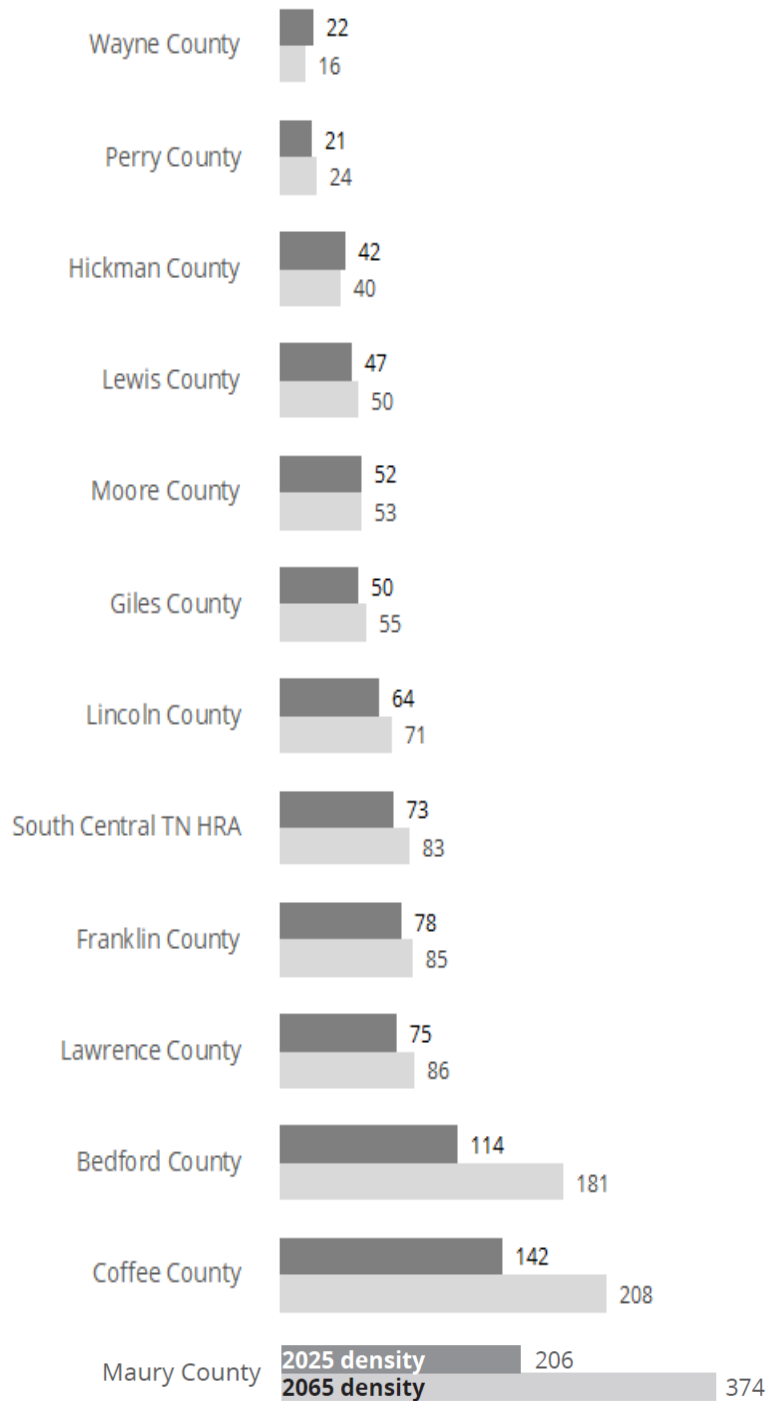


*Source: Tennessee State Data Center*

Most counties in the South Central region are projected to experience population growth, including Bedford, Coffee, Franklin, Lawrence, Lincoln, Lewis, Maury, Marshall, Moore, and Perry Counties, all of which are expected to increase over time. In contrast, Hickman and Wayne Counties are the only counties projected to decline, with Wayne County showing the most significant decrease, dropping from approximately 16,112 residents in 2025 to 12,132 in 2065.

Maury County has the highest population density in both 2025 and 2065, reflecting its role as the region’s largest population center. The lowest density belongs to Wayne County, which remains one of the region’s least densely populated counties due to its projected population decline. Most counties in the region show increases in density between 2025 and 2065, with Maury, Bedford and Coffee Counties experiencing the most substantial growth, while Lawrence, Franklin, Lincoln, Giles, and Lewis Counties reflect more moderate increases. Moore County remains relatively stable over time, while Hickman County shows a slight decrease and Wayne County shows a more notable decline. These trends indicate varied growth patterns across the region. Regional population density projections are provided in Exhibit 41.

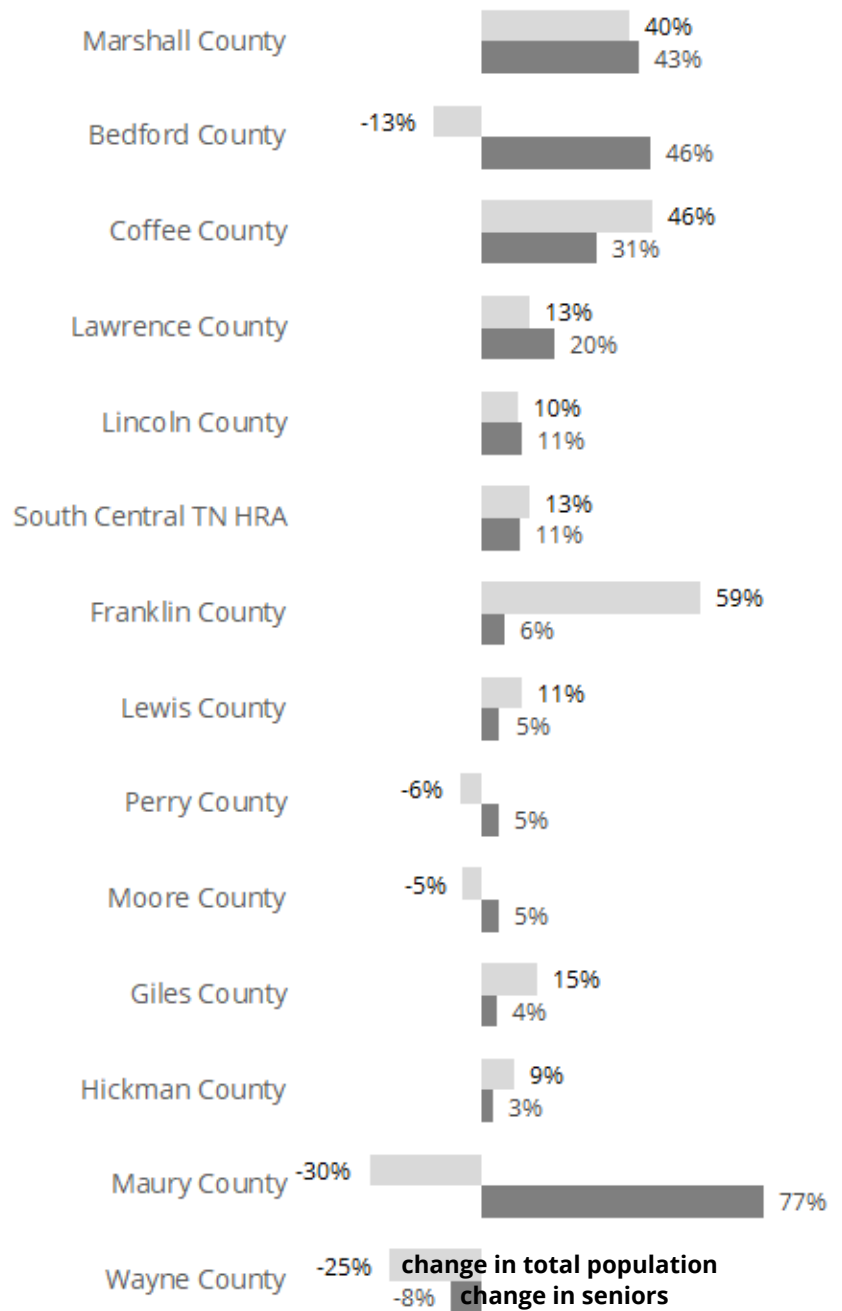
*Exhibit 41. Percent Change in Population Density from 2025 to 2065, by County*



Source: Tennessee State Data Center

Exhibit 42 shows the 65 and older population projections for the South Central region from 2025 to 2065, reflecting a consistently significant older-adult population across the counties. The region's population age 65 and older is projected to increase overall, with most counties experiencing steady growth over time. Larger counties such as Coffee and Bedford show the most substantial increases, while counties including Lawrence, Franklin, Lincoln, Giles, Lewis, Moore, and Perry reflect more moderate growth. In contrast, Wayne County shows a decline in its older-adult population over the same period, while Hickman County remains relatively stable with only slight variation. These trends highlight the need for continued investment in transportation options that support aging residents across both growing and declining counties.

*Exhibit 42. Percent Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

## Geographic Population Densities

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of highest density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while

lower densities are better served by demand response transportation.

Exhibit 43 illustrates that the block groups with highest densities of older adults (22.4% to 28.0%) are present in every county except Hickman. Northern Lincoln and Moore Counties and southern Bedford Counties have a cluster of high density block groups. Other areas have low to moderately high densities scattered throughout the region.

Exhibit 43. Population Density of People Age 65 and Older

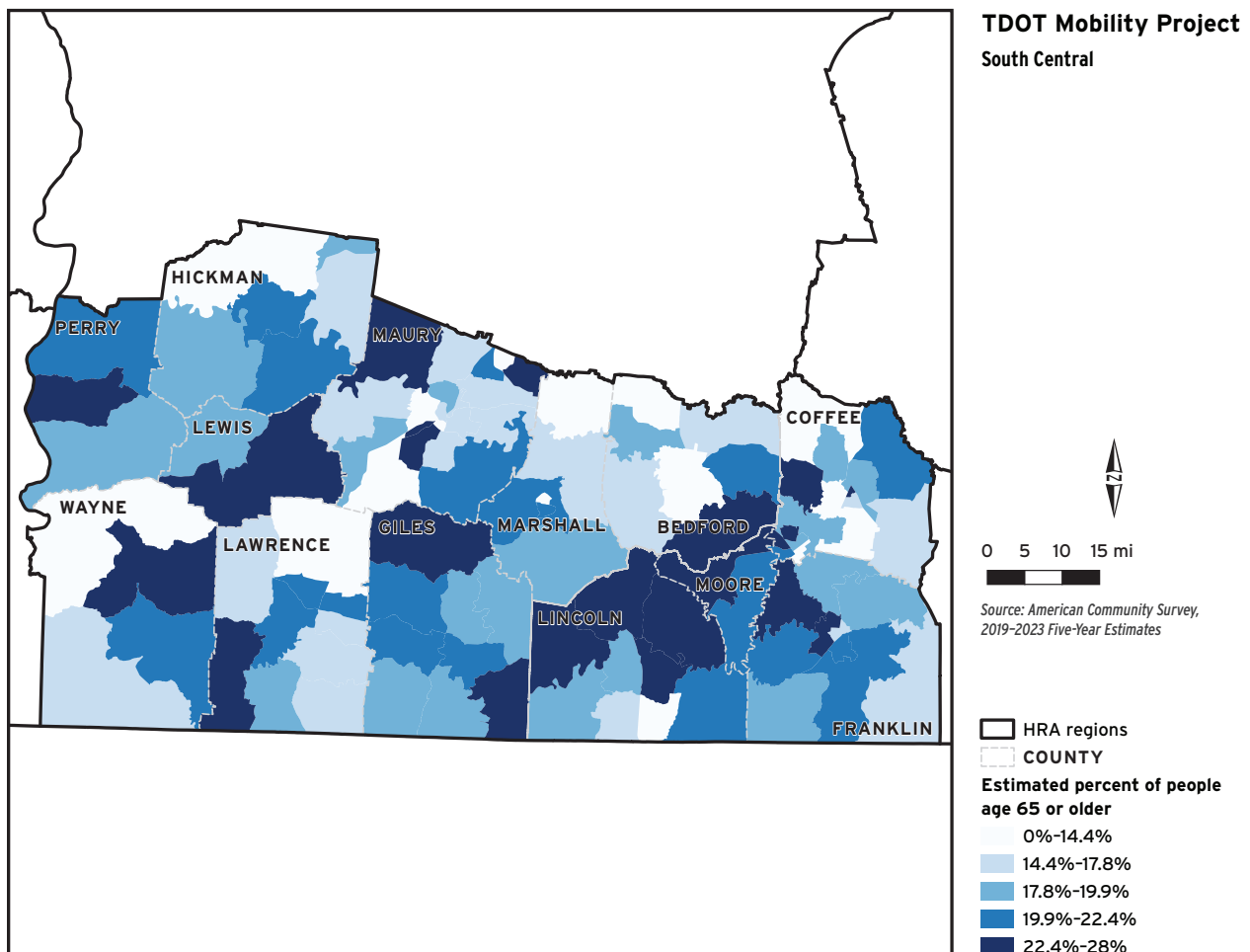


Exhibit 44 illustrates that the block groups with high and moderate densities of individuals with disabilities (17.7% to 100%) are in every county except Marshall. Maury County and portions of Marshal, Bedford, and Coffee Counties have very low densities (5% to 12%).

*Exhibit 44. Population Density of Individuals with Disabilities*

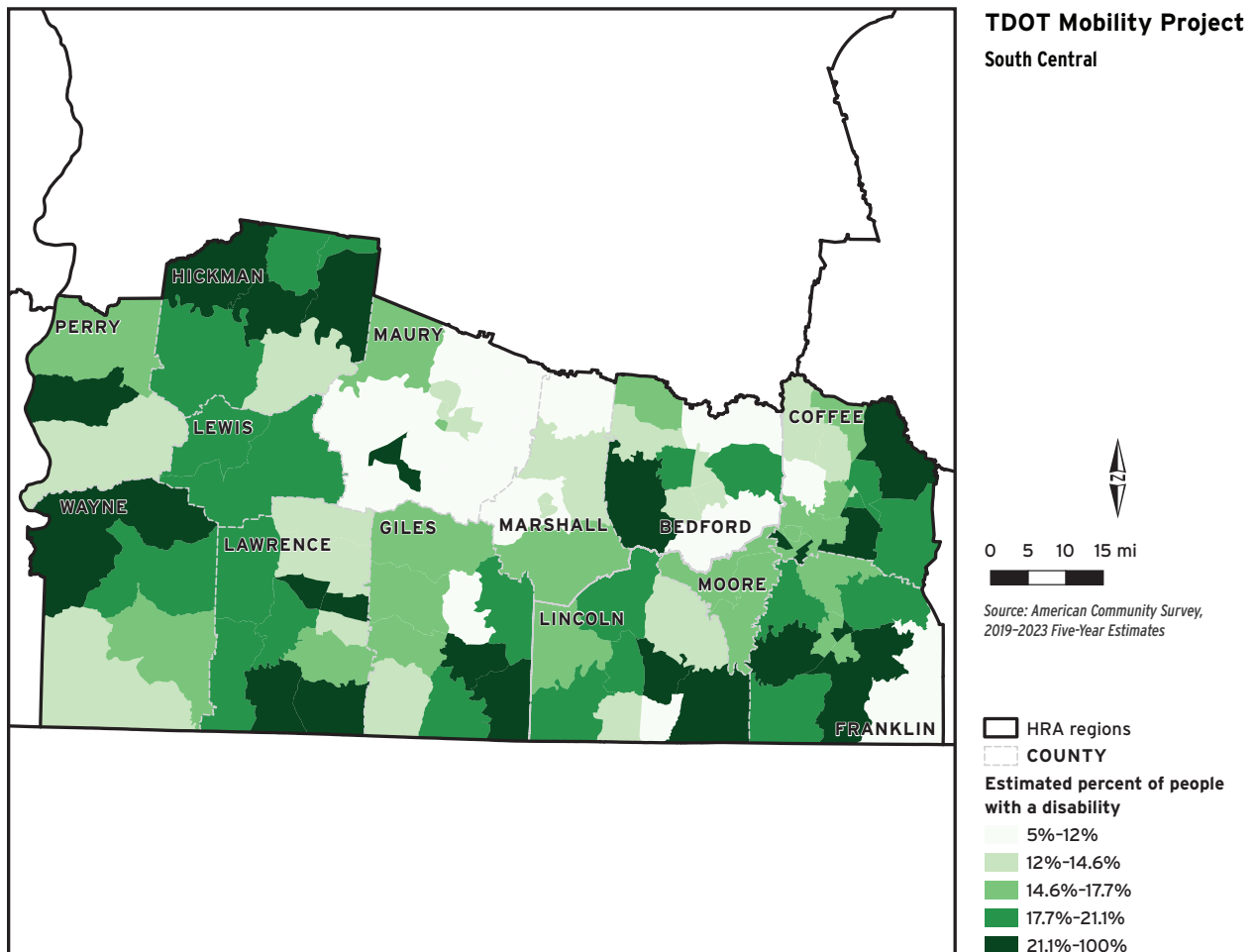
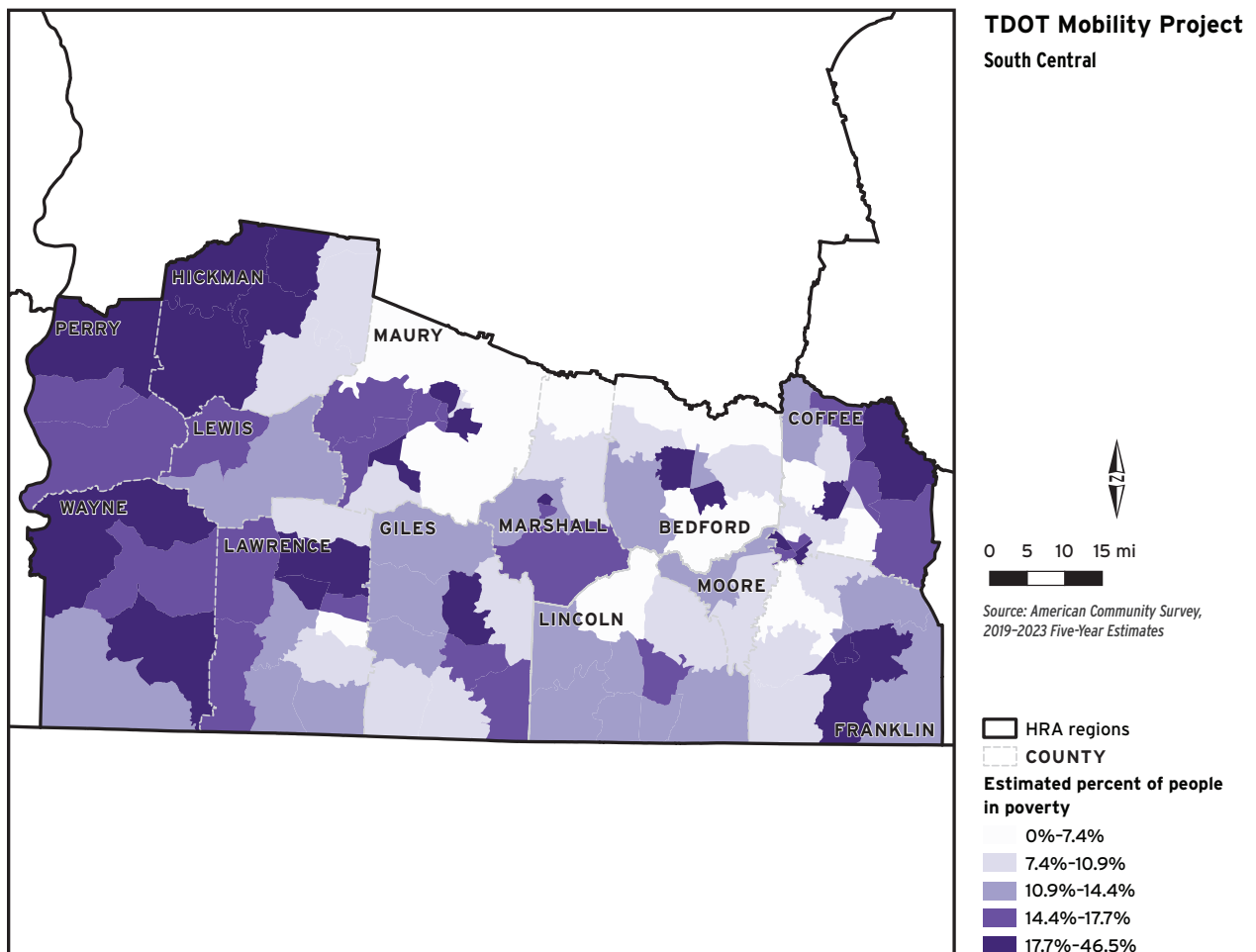


Exhibit 45 illustrates the density of people living in poverty by block group. The locations with high densities of people living in poverty (17.7% to 46.5%) are present in every county but more prevalent in the western portions of the region. North and central portions of the region have lower densities of people living in poverty compared to the western and southern areas.

*Exhibit 45. Population Density of People Living Below Poverty*



## ***Southeast Tennessee HRA (SETHRA)***

The Southeast Tennessee region includes Bledsoe, Bradley, Grundy, Hamilton, Macon, Marshall, Meigs, Polk, Rhea, and Sequatchie counties. These counties are located primarily in the southeastern part of the state, with Hamilton County being the most populous, home to the city of Chattanooga, the region’s urban center. Cleveland Urban Area Transit System (CUATS) operates in the urbanized area of Cleveland, Tennessee. The system operates five fixed routes within the city, each with two stops and two transfer points. CUATS also provides a demand response service to pick up eligible individuals with disabilities at their homes. SETHRA provides public transportation services to Bradley, Bledsoe, Grundy, Marion, McMinn, Meigs, Polk, Rhea, and Sequatchie Counties.

### ***Transit Statistics***

Revenue sources for SETHRA public transit services include FTA Section 5311 and 5307, TennCare contracted trips, Southeast Tennessee Developmental Disabilities/Adult Services contract revenue, and passenger fares.

*Table 11. Transit statistics for Southeast Tennessee HRA*

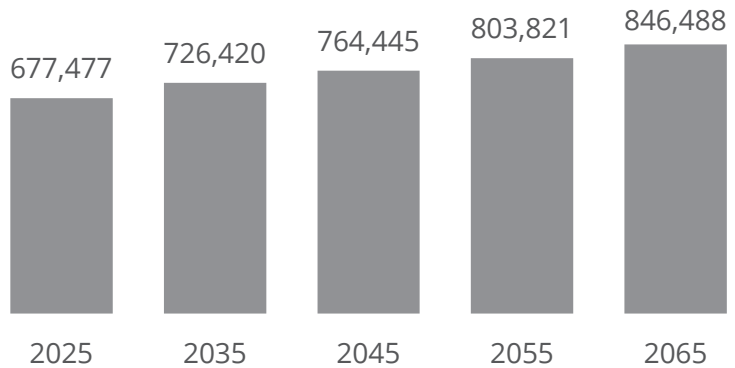
<b>Statistic</b>	<b>2019</b>	<b>2025</b>
Annual Passenger Trips Provided	121,712	106,366
Number of Trips Requested but not Provided	117	850
Number of Vehicles Available	103	108
Number of Vehicles in Peak Service	93	96
Number of Transit Employees	112	113

Unlike many other HRA regions, SETHRA reported an increase in the number of transit employees and an increase in the number of vehicles operated at peak service. The system had a significant increase in the number of trips that were requested but could not be provided compared to the 2019 levels. Representatives of the transit system attributed the increase in trips that were not provided to having insufficient capacity to meet demand at certain times of the day. SETHRA stated that it did not have enough drivers or vehicles available at some times of the day to serve approximately 850 requested trips.

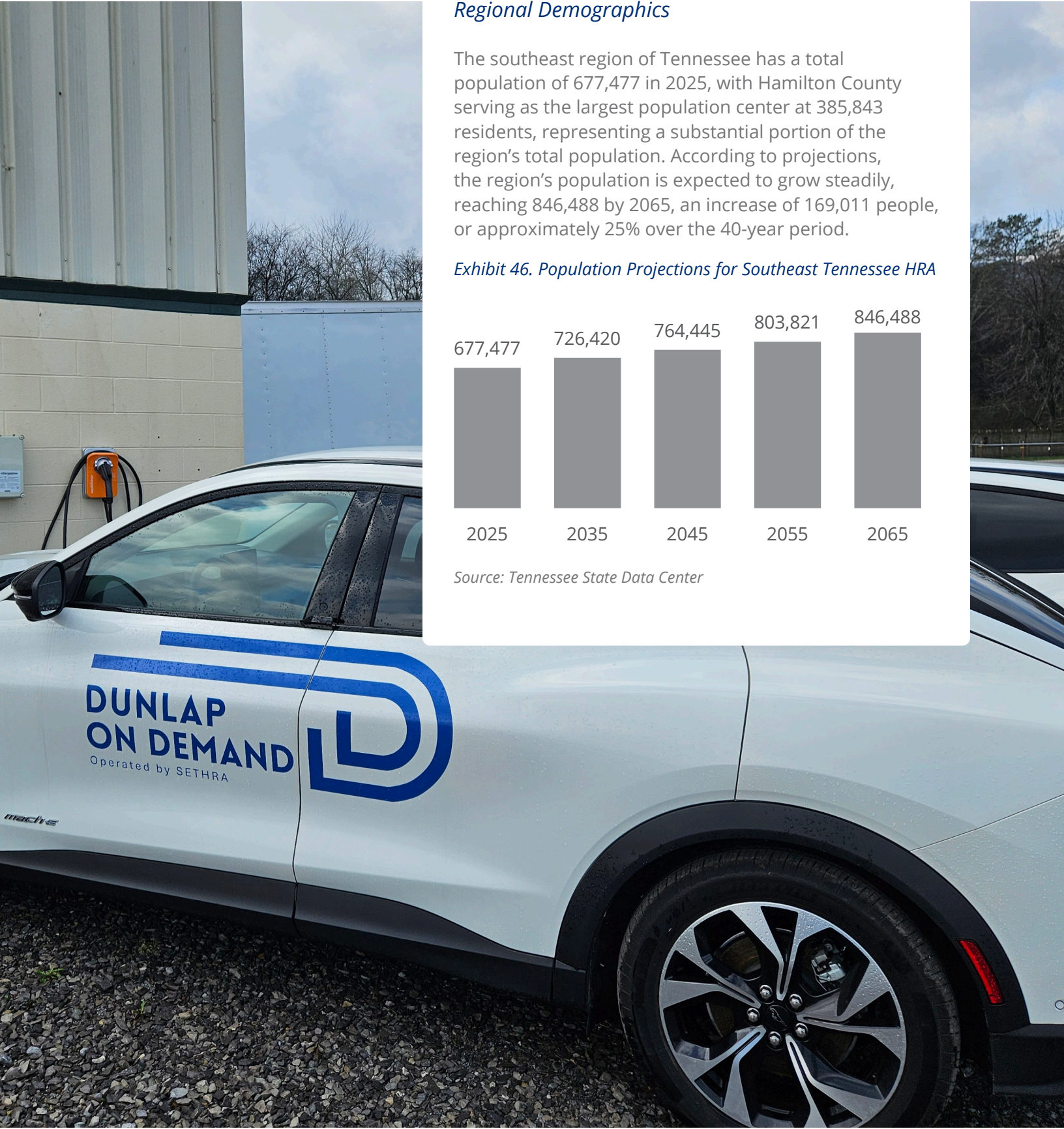
## Regional Demographics

The southeast region of Tennessee has a total population of 677,477 in 2025, with Hamilton County serving as the largest population center at 385,843 residents, representing a substantial portion of the region's total population. According to projections, the region's population is expected to grow steadily, reaching 846,488 by 2065, an increase of 169,011 people, or approximately 25% over the 40-year period.

Exhibit 46. Population Projections for Southeast Tennessee HRA



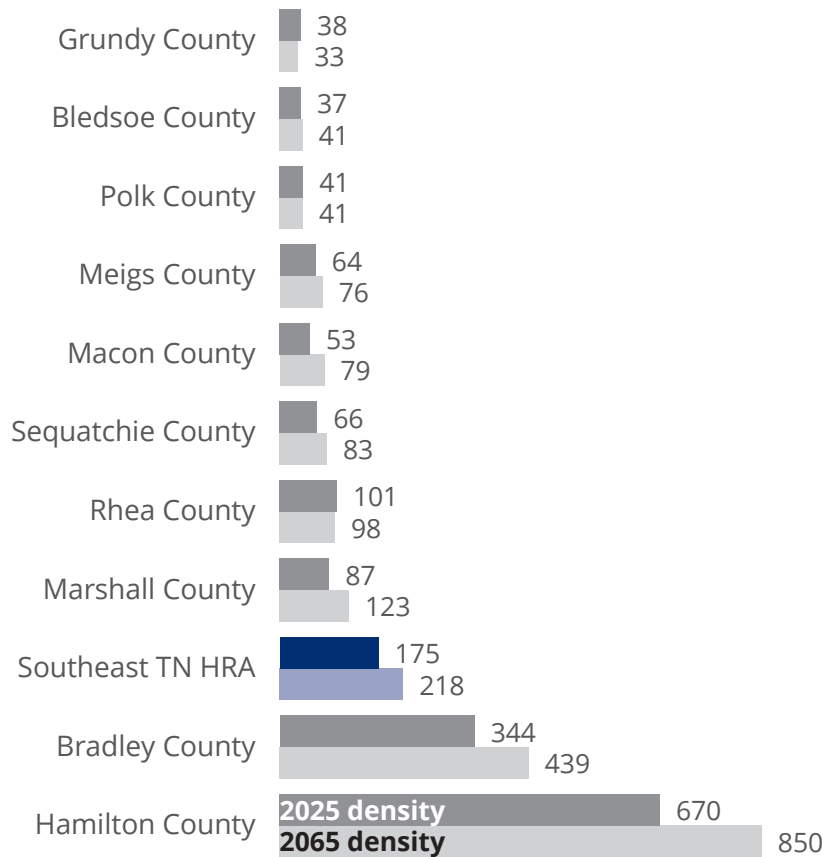
Source: Tennessee State Data Center



At the county level, the population increases will be in Hamilton, Bradley, Marshall, and Macon Counties. In contrast, smaller counties such as Grundy, Polk, and Rhea are projected to experience modest declines or minimal growth, as seen in Exhibit 47. Overall, the chart reflects a region strongly influenced by the growth of Hamilton County and other mid-sized counties, highlighting the need for transportation planning that supports both expanding urban areas and rural communities to ensure accessibility and connectivity across the region in the coming decades.

Population per square mile is a measure of population density, helping transportation providers anticipate the level of resources needed in each area. Higher-density areas are generally better suited for fixed-route transit services, while lower density areas typically rely on demand-response services. Hamilton County has the highest population density, reflecting its large urban population and its central role in the region. In contrast, counties such as Bledsoe, Grundy, and Polk have the lowest population densities, indicating more rural characteristics and a continued reliance on demand-response transit options.

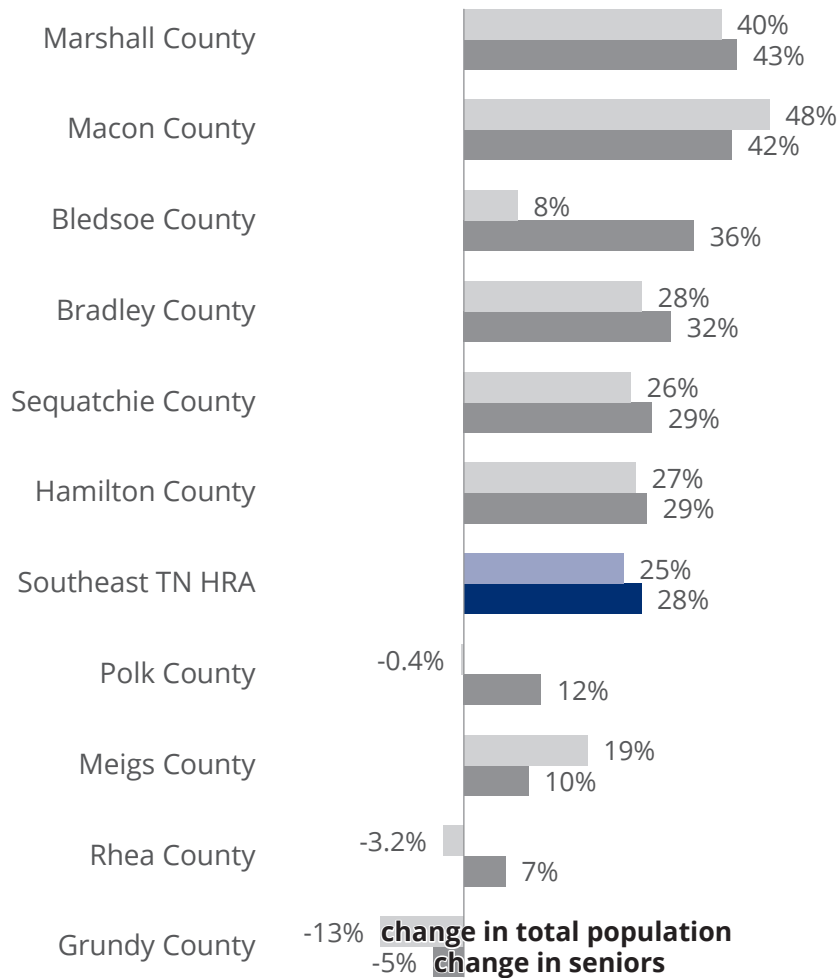
*Exhibit 47. Percent Change in Population Density from 2025 to 2065, by County*



Source: Tennessee State Data Center

Exhibit 48 shows that the 65 and older population projections through 2065 illustrate a consistently high and steadily growing older-adult population. The total 65 and older population increases from 131,325 in 2025 to 167,704 in 2065.

*Exhibit 48. Percent Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

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Hamilton County, as the most populous, continues to have the greatest number of older adults, growing from 74,543 in 2025 to 95,835 in 2065. Other counties, including Bradley, Bledsoe, Marshall, and Macon, also show steady growth in their 65 and older populations, indicating rising demand for transportation services for seniors. Smaller counties such as Grundy, Meigs, Polk, and Rhea experience more modest growth but still require attention to ensure adequate transit access. These trends suggest that each county will need to maintain and expand transportation options that support aging residents, including demand-response services, accessible vehicles, and connections to medical facilities. Older adults in the Southeast region are

likely to depend more heavily on public transportation rather than personal vehicles, making the planning and strengthening of senior transit services an ongoing priority over the next several decades.

### *Geographic Population Densities*

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of highest density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while lower densities are better served by demand response transportation.



Exhibit 49 illustrates that the block groups with highest densities of older adults (22.3% to 32.9%) are present in every county. The block groups with the highest densities are scattered throughout the region. The block groups with low and moderately low densities (3.7% to 17.4%) are limited to small portions of Marion, Hamilton, Bradley, and McMinn Counties. The northern counties have no low-density areas.

*Exhibit 49. Population Density of People Age 65 and Older*

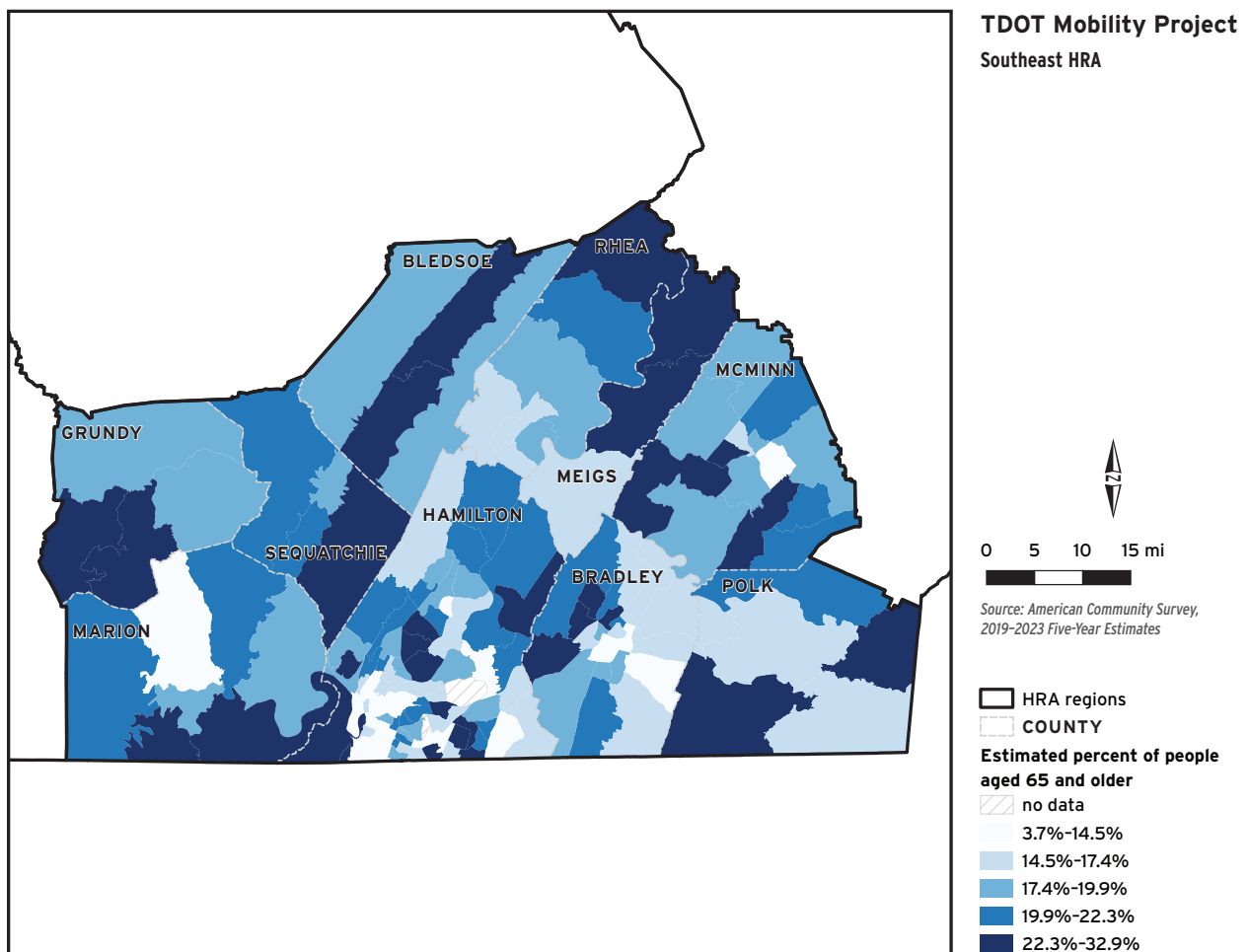


Exhibit 50 illustrates that the block groups with high and moderate densities of individuals with disabilities (22.4% to 29.2%) are in every county. The distribution of block groups with high, moderate and low densities of individuals with disabilities is similar to the distribution of older adults.

*Exhibit 50. Population Density of Individuals with Disabilities*

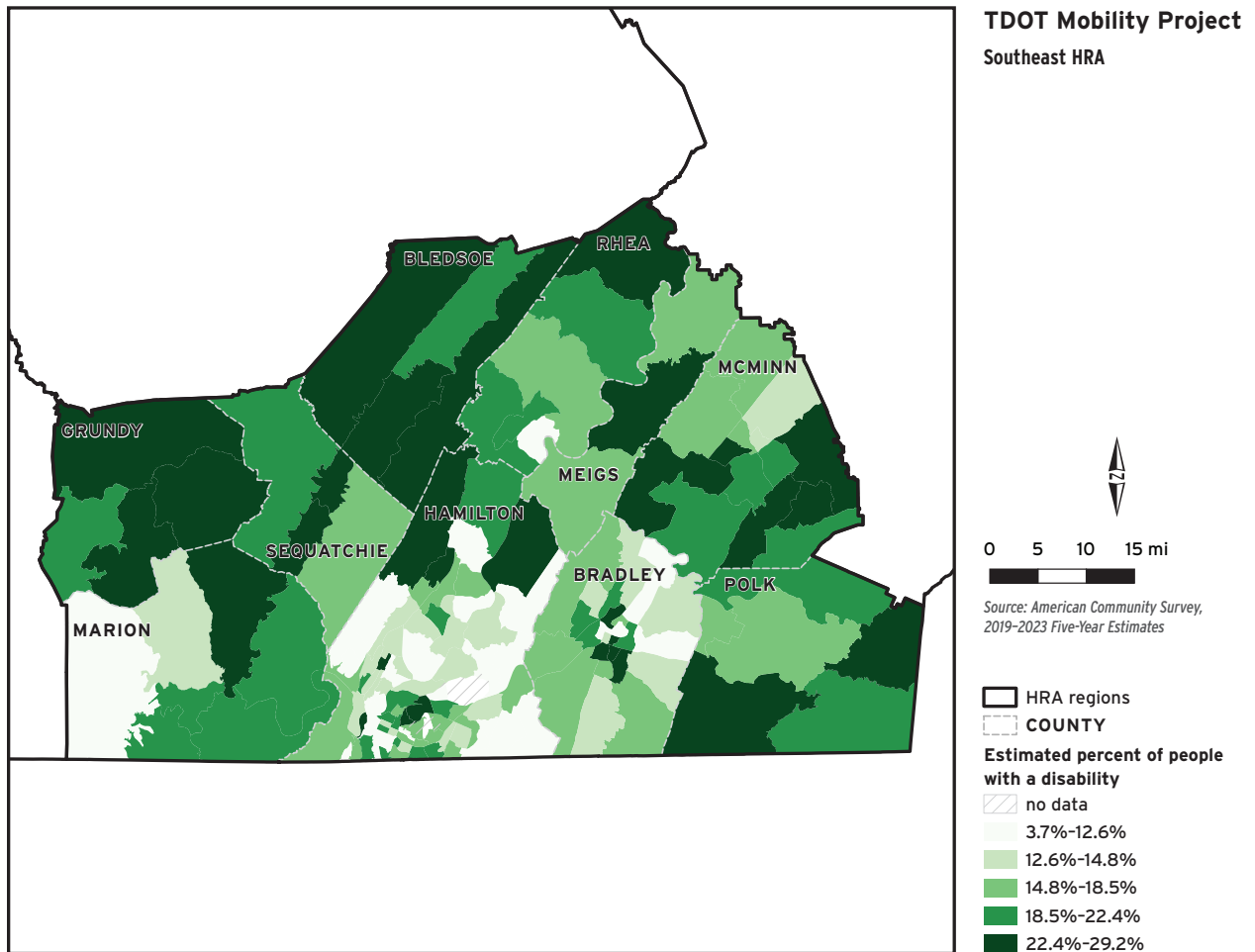
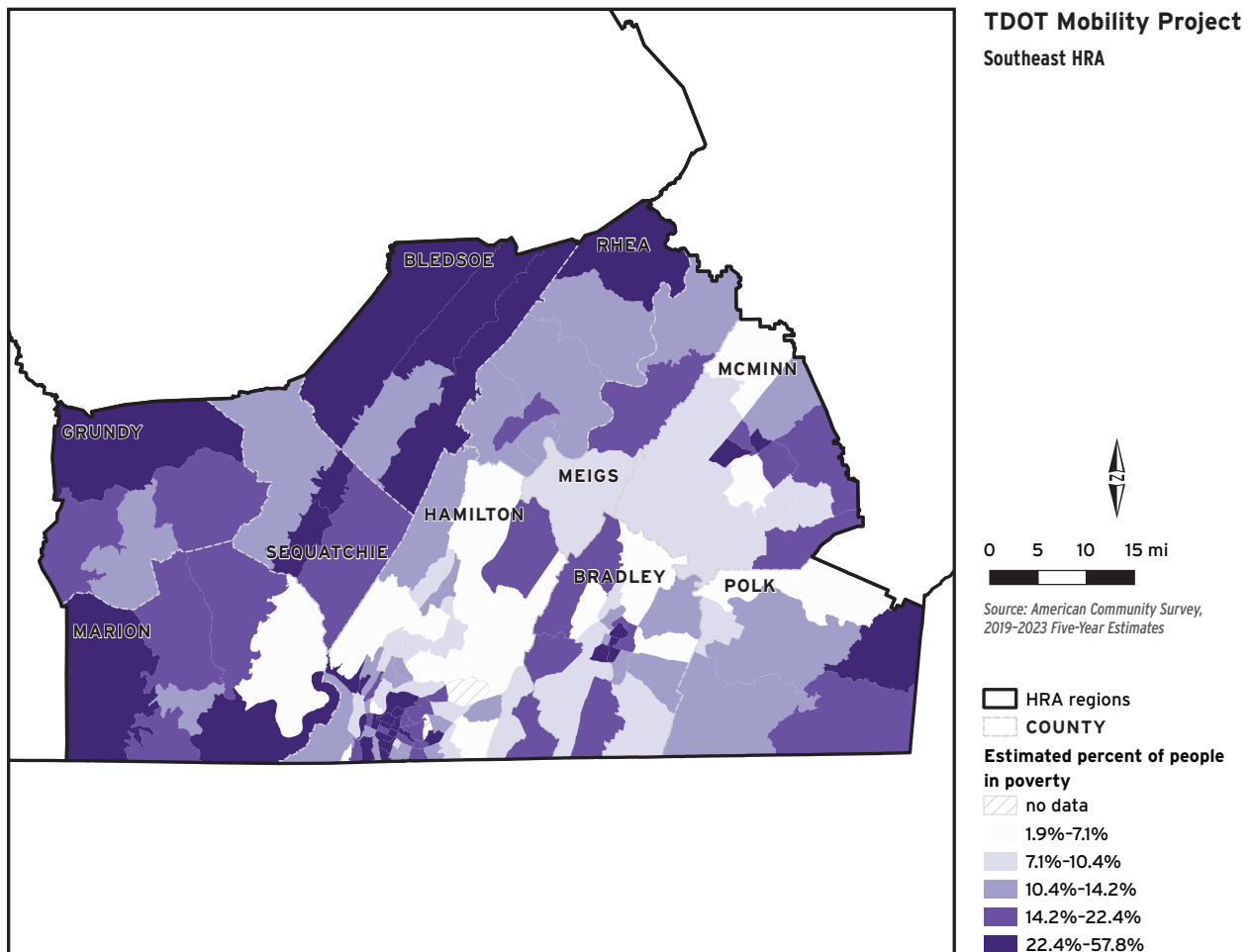


Exhibit 51 illustrates the density of people living in poverty by block group. The locations with high densities of people living in poverty (22.4% to 57.8%) are more prevalent along the borders of the region while the central area has more block groups with a low percentage of people living in poverty (1.9% to 7.1%). North and west portions of the region have higher densities of people living in poverty compared to the eastern, central and southern areas.

*Exhibit 51. Population Density of People Living Below Poverty*





## **Southwest Tennessee HRA**

The Southwest Tennessee region includes Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, McNairy, and Madison counties, all located in the western part of the state. Public transportation in this region is primarily provided by Southwest HRA Public Transit, which serves residents in rural areas across these counties, connecting them to employment, healthcare, and essential services. Madison County serves as the regional hub, while counties such as Chester, Henderson, Decatur, and Hardin show moderate growth. In contrast, McNairy and Hardeman Counties reflect more limited growth or modest declines, highlighting the need for flexible transportation options across the region.

### **Transit Statistics**

Revenue sources for Southwest Tennessee HRA public transit services include FTA Section 5311, third-party contract revenue, and passenger fares.

*Table 12. Transit statistics for Southwest Tennessee HRA*

<b>Statistic</b>	<b>2019</b>	<b>2025</b>
Annual Passenger Trips Provided	122,979	87,056
Number of Trips Requested but not Provided	0	0
Number of Vehicles Available	74	67
Number of Vehicles in Peak Service	65	44
Number of Transit Employees	80	62

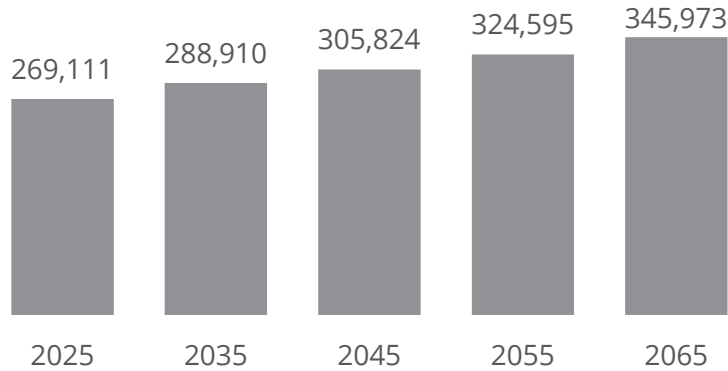
Southwest HRA, like most other regions, has experienced a decrease in the number of transit employees and vehicles operated during peak service. Hiring has been a challenge during the post-COVID-19 pandemic years.

Southwest HRA is a contracted service provider of transportation for TennCare brokers, Vocational Rehabilitation, and the Department of Corrections. Other agencies also purchase rides for clients using HRA transportation services.

## Regional Demographics

The Southwest region's population in 2025 is approximately 276,000, with Madison County being the largest at roughly 98,000 residents, representing about 36% of the region's total population. According to projections, the region's population is expected to grow to approximately 305,000 by 2065, an increase of about 29,000 people, or roughly 10%, over the 40-year period.

*Exhibit 52. Population Projections for Southwest Tennessee HRA*

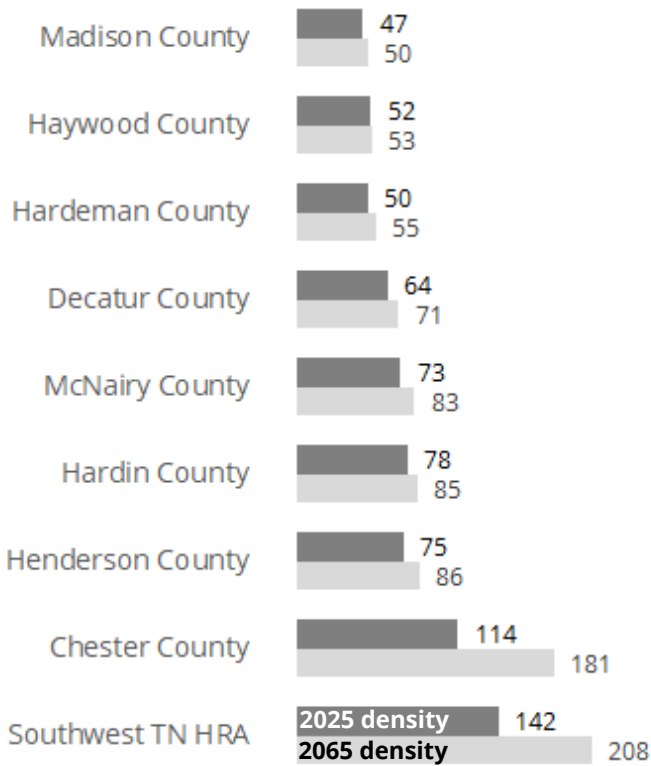


*Source: Tennessee State Data Center*

Most counties in the Southwest region are projected to experience population decline over this period. Hardeman, McNairy, Hardin, and Decatur Counties show consistent decreases, while Henderson County also trends downward overall despite some variability across decades. Chester County remains relatively stable with only modest changes. In contrast, Madison County is the only county projected to experience sustained population growth, reinforcing its role as the region's primary population center. Notably, Haywood County deviates from the broader regional trend, showing measurable growth rather than decline.

Population density patterns further reinforce these dynamics. Areas with higher population density are more conducive to fixed-route transit, while lower-density areas are better suited to demand-response services. As shown in Exhibit 53, Madison County has the highest population density in the region and continues to increase over time. In contrast, most other counties experience gradual declines in density, particularly Hardeman, McNairy, Decatur, and Hardin Counties. Chester and Henderson Counties remain relatively stable, while Haywood County shows localized increases despite broader rural characteristics. Overall, the region reflects a pattern of population concentration in Madison County alongside widespread rural decline, underscoring the need for a balanced approach to transit that combines fixed-route service in higher-density areas with flexible, demand-response options in more rural communities.

Exhibit 53. Percent Change in Population Density from 2025 to 2065, by County

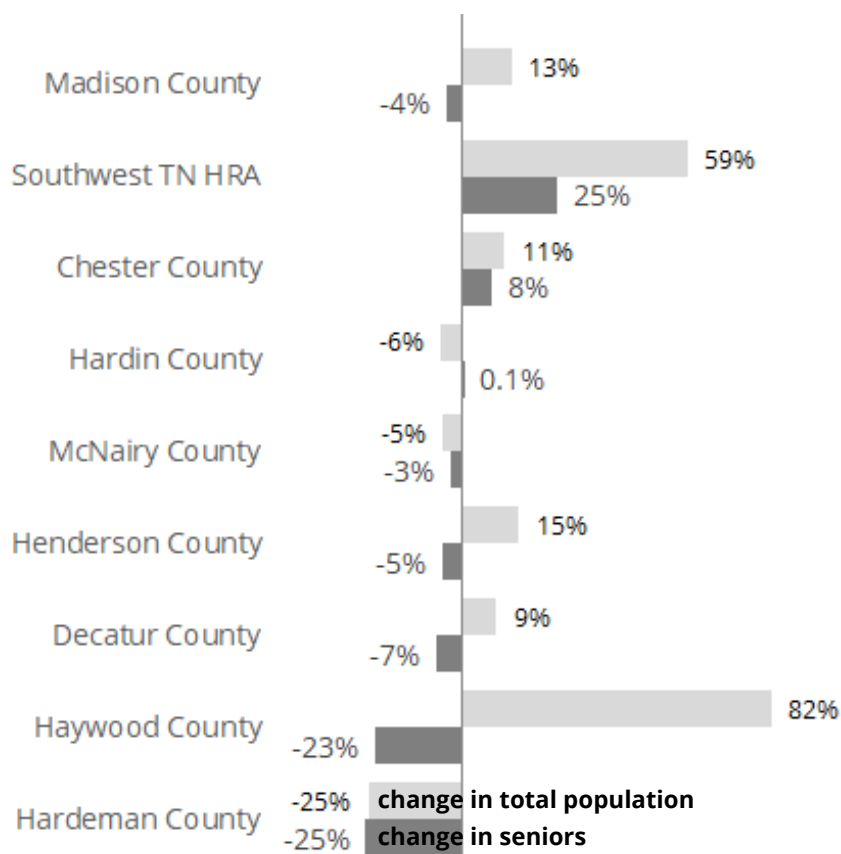


Source: Tennessee State Data Center



Exhibit 54 shows the projected change in the 65 and older population from 2025 to 2065 across the Southwest region. Overall, the Southwest TN HRA region is projected to grow by 25 percent, although county-level trends vary considerably. Madison County is expected to experience modest growth, while Chester and Henderson counties also show increases. Haywood County is projected to see the largest growth among the counties shown, while Hardeman County is expected to remain flat. In contrast, McNairy, Hardin, and Decatur counties are projected to decline slightly. These trends indicate that, although senior population growth will not be uniform across the region, older adults will remain a significant population group with important implications for future transportation planning and service needs.

*Exhibit 54. Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

## Geographic Population Densities

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of higher density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while lower densities are better served by demand response transportation.

Exhibit 55 illustrates a balanced distribution of block groups with high, moderate and low densities of older adults in each county. Only Hardeman County has no block groups of highest density (23.6% to 32.7%). All other counties have at least one block group with highest density.

Exhibit 55. Population Density of People Age 65 and Older

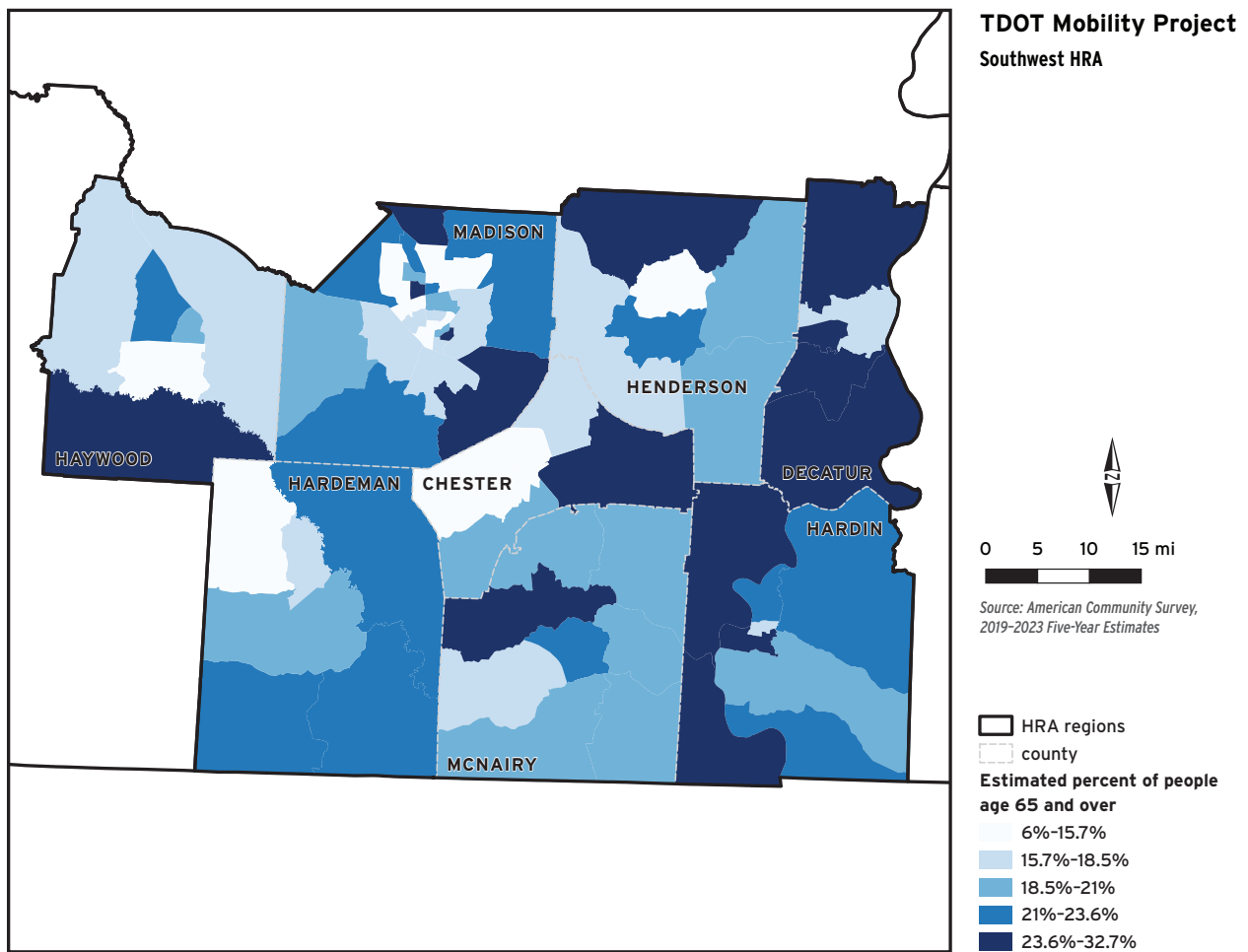


Exhibit 56 illustrates that the block groups with high and moderate densities of individuals with disabilities (18.7% to 49.6%) are in every county. One-half or more of Haywood and Hardeman Counties have block groups with the highest densities of individuals with disabilities. Madison and Chester Counties are primarily low to moderately low density block groups.

*Exhibit 56. Population Density of Individuals with Disabilities*

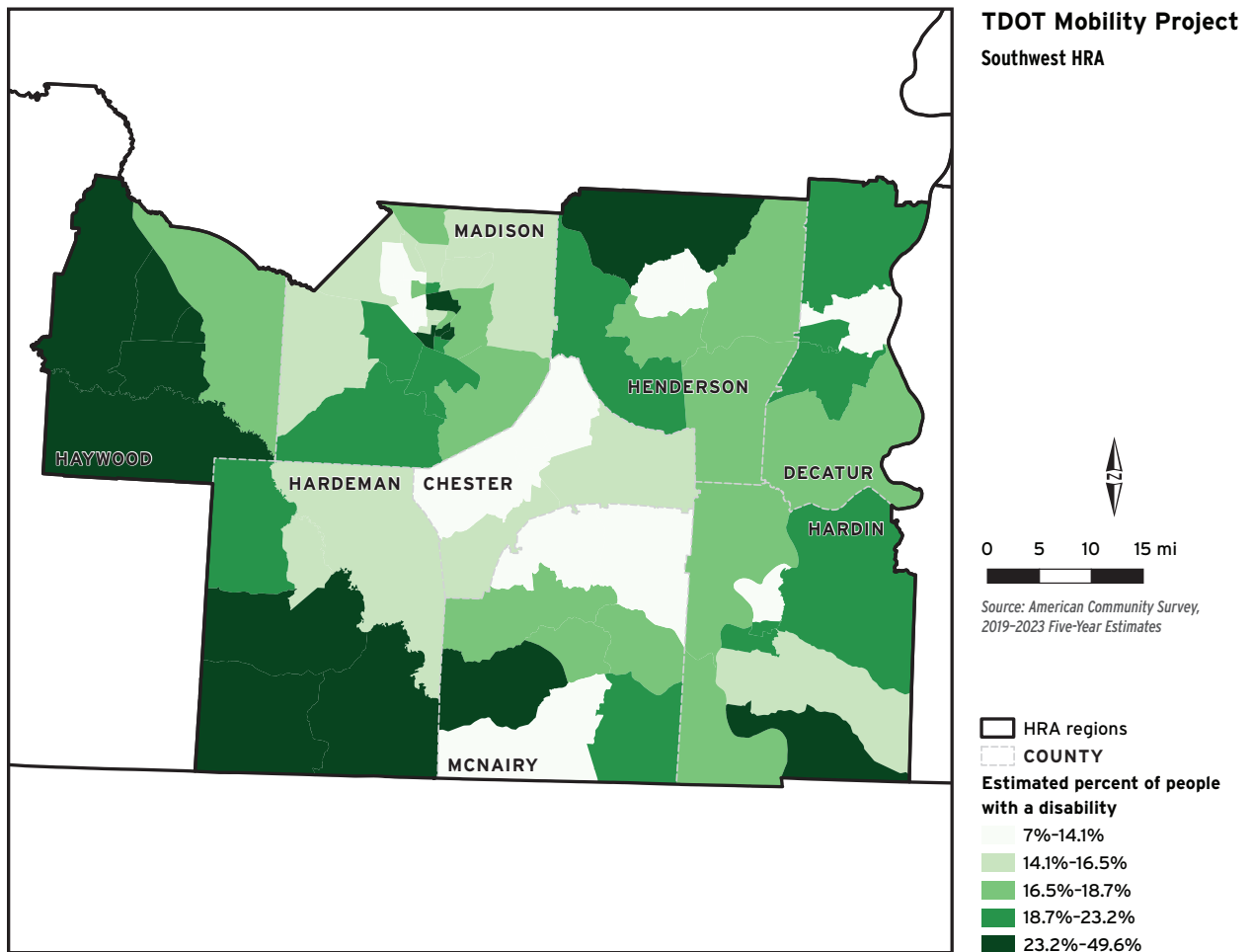
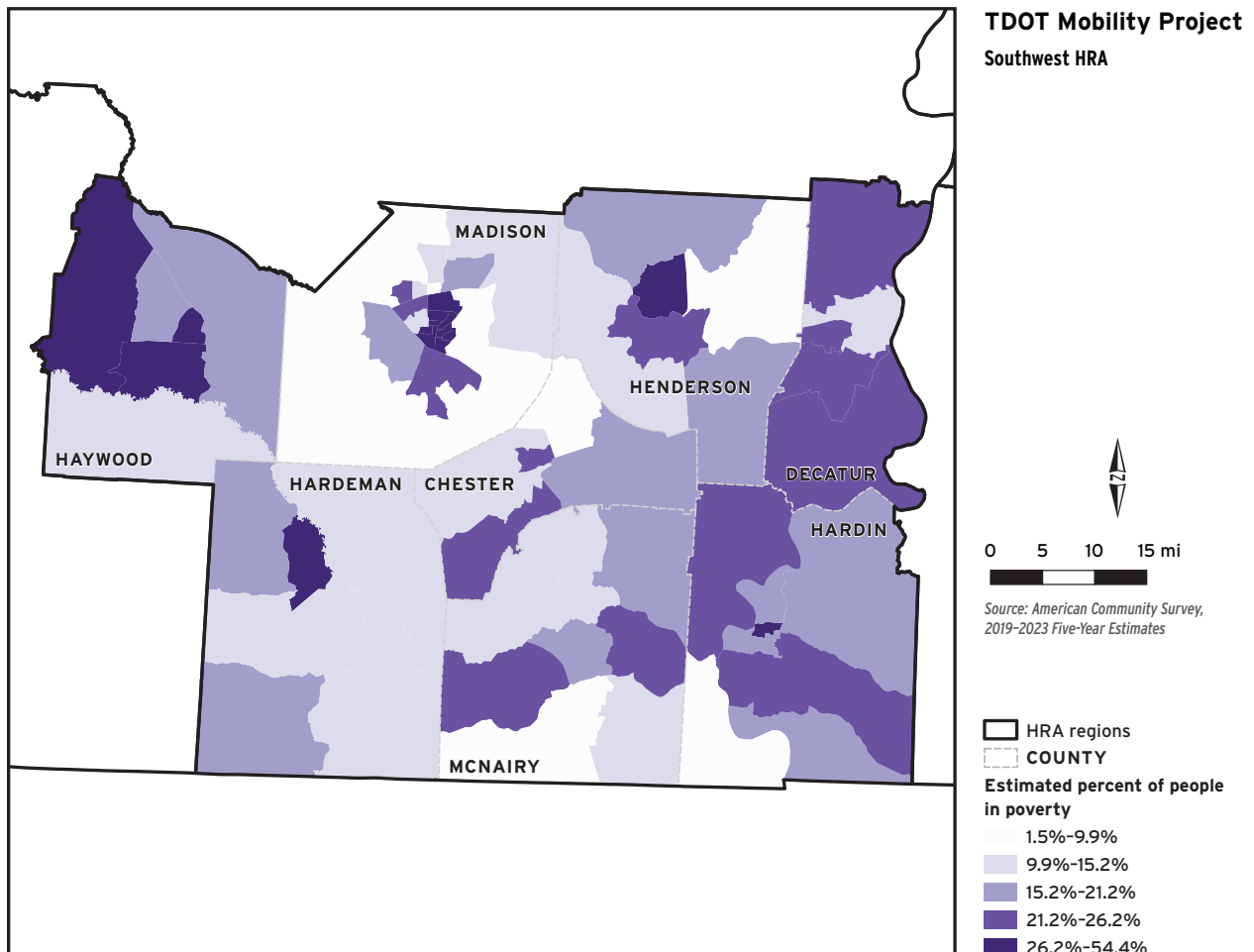


Exhibit 57 illustrates the density of people living in poverty by block group. The locations with high densities of people living in poverty (26.2% to 54.4%) are in Haywood, Hardeman, Henderson, and Madison Counties. There is also one small high density block group west-central Hardin County. A significant portion of Madison, Henderson, Hardeman, Chester, and McNairy Counties is covered by block groups with low to moderate densities of poverty (1.5% to 21.2%).

*Exhibit 57. Population Density of People Living Below Poverty*



## Upper Cumberland HRA (UCHRA)

The Upper Cumberland region includes Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, McMinn, Overton, Pickett, Putnam, Smith, Van Buren, Warren, and White counties, all located in the central-eastern part of Tennessee along the Cumberland Plateau and surrounding valleys. Public transportation in this region is primarily provided by a combination of rural demand-response services and county-level transit programs, UCHRA supporting residents across more rural counties. Putnam County, the most populous in the region, is home to Cookeville, the largest city and a regional economic and educational center, including Tennessee Technological University.

The mix of urban centers and rural communities shapes transportation needs, requiring both fixed-route services in population centers and flexible demand-response options in outlying areas. In addition to its demand response mode of service, Upper Cumberland operates deviated fixed routes in three counties, microtransit service in Cookeville and Crossville, and long distance routes from Cookeville to Nashville and McMinnville to Murfreesboro. UCHRA has a call center and several mobility managers to coordinate its local and regional services.

Revenue sources for UCHRA public transit services include FTA Section 5311, third-party contract revenue, and passenger fares. TennCare is the largest third-party contract. However, the agency also serves Tennessee Technological University with campus shuttle service, and the Area Agencies on Aging and Disability (AAAD). Upper Cumberland also operates job access trips under its public transit program.

Table 13. Transit statistics for Upper Cumberland HRA

Statistic	2019	2025
Annual Passenger Trips Provided	227,551	327,735
Number of Trips Requested but not Provided	0	0
Number of Vehicles Available	94	132
Number of Vehicles in Peak Service	86	102
Number of Transit Employees	182	170

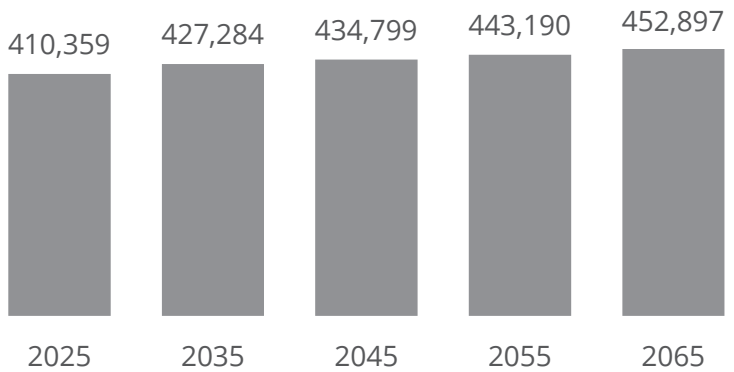
UCHRA struggles to recruit and retain drivers; however, the service levels have been maintained or increased over the past five years. The agency hopes to support the development of more walkable

communities in its service area and will strive to keep transportation in the conversation with local planners.

### Regional Demographics

The Upper Cumberland region's population in 2025 was 410,359, with Putnam County being the largest at 85,418 residents, representing approximately 20.8% of the region's total population. According to the projections, the region's population grows steadily to 452,897 by 2065, an increase of 42,538 people, or about 10.4% over the 40-year period. Putnam, McMinn, DeKalb, Warren, and White Counties will experience a growth in population, with Putnam growing from 85,418 in 2025 to 109,425 in 2065, highlighting its role as the regional population center. The more rural counties such as Clay, Jackson, Fentress, and Pickett will experience gradual declines over the same period.

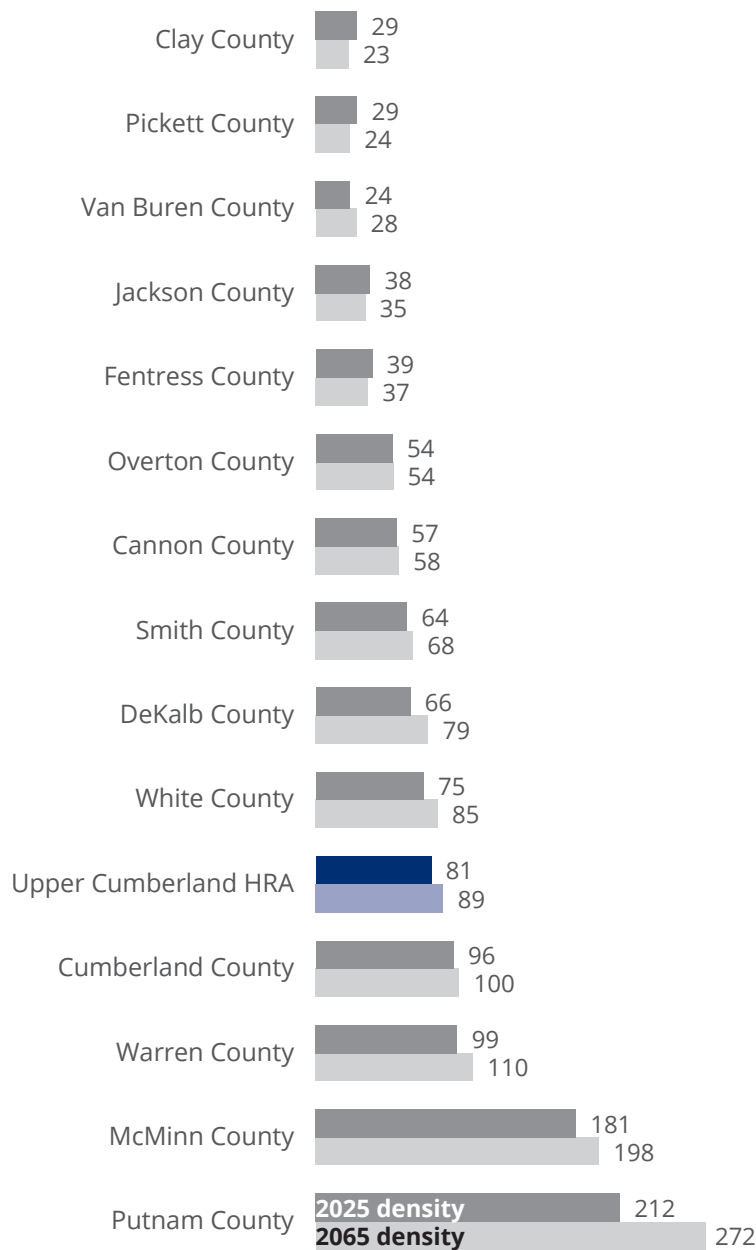
Exhibit 58. Population Projections for Upper Cumberland HRA



Source: Tennessee State Data Center

The Upper Cumberland region's population density in 2025 shows considerable variation across its counties. Putnam County has the highest density at 212 people per square mile, followed by McMinn County at 181, and Cumberland County at 96, reflecting their larger population centers and role as regional hubs. Most counties are projected to see modest increases in density by 2065, with Putnam rising to 272, McMinn to 198, and Cumberland to 100, indicating steady growth in urbanized areas. In contrast, several rural counties—such as Clay, Jackson, and Pickett—experience slight declines, with Clay County decreasing from 29 to 23 and Pickett from 29 to 24.

Exhibit 59. Percent Change in Population Density from 2025 to 2065, by County



Source: Tennessee State Data Center

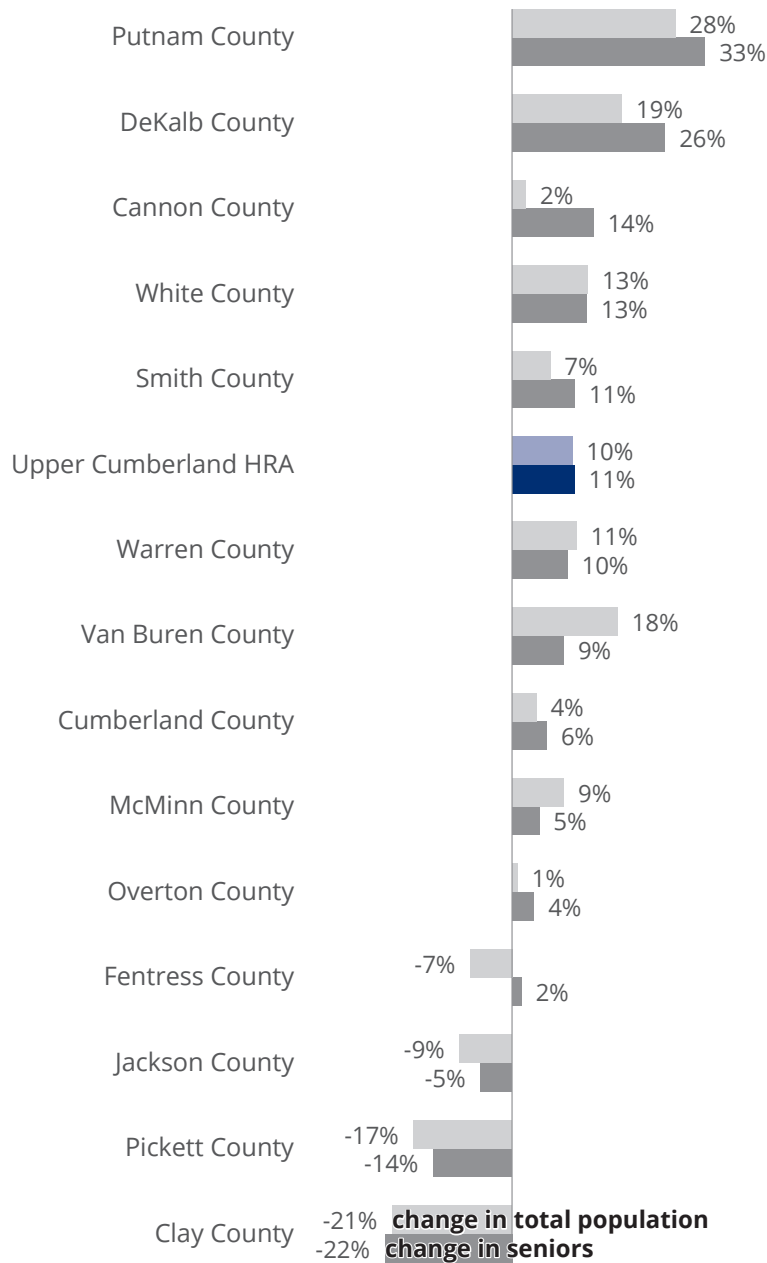
Exhibit 60 shows the 65 and older population projections for the Upper-Cumberland region from 2025 to 2065, showing a consistently high and gradually growing

older-adult population. Putnam County has the largest senior population, increasing from 14,725 in 2025 to 19,621 in 2065, reflecting its role as the region's primary

population center. Other counties with notable growth in older-adult populations include McMinn, DeKalb, Cumberland, and Warren, while smaller rural counties such as Clay, Pickett, and Van Buren remain relatively

stable or experience modest declines. The overall trend indicates that the region will continue to have a substantial senior population over the next four decades.

*Exhibit 60. Change in Population and in People Age 65 and Older from 2025 to 2065, by County*



Source: Tennessee State Data Center

## Geographic Population Densities

The following maps illustrate the population densities by block group according to the ACS 2019–2023 Five-Year Estimates. Areas of highest density are more likely to have a higher demand for transportation if it is available, compared to areas of lower density. The higher density areas may be well served by fixed route bus services while lower densities are better served by demand response transportation.

Exhibit 61 illustrates a somewhat unbalanced distribution of block groups with high and moderately-high densities of older adults. Block groups in the eastern and central portions of the county have densities that are low to moderately-low (5% to 18%), while densities in block groups in the northern and western portions of the region are more often moderate to high (18% to 67.4%).

Exhibit 61. Population Density of People Age 65 and Older

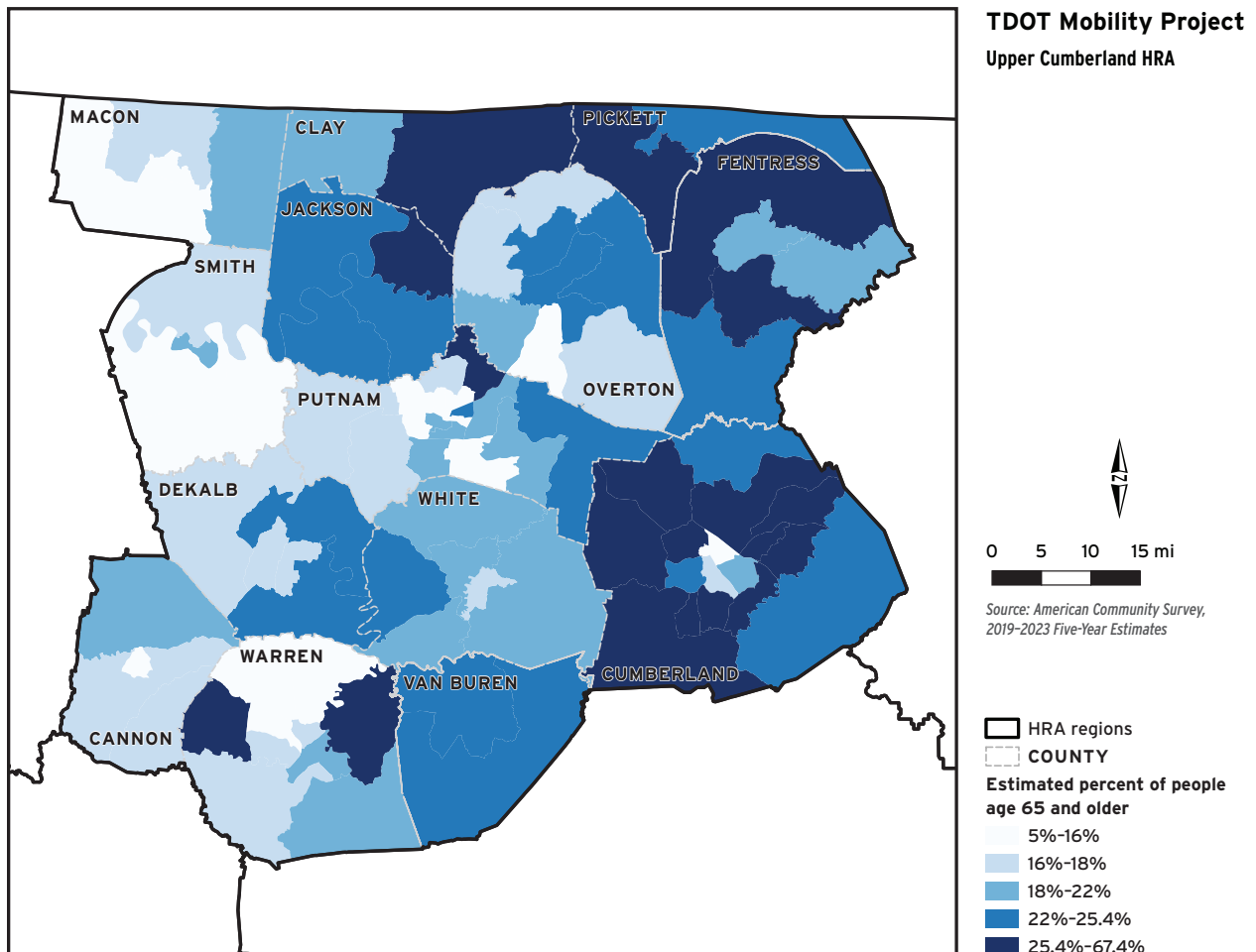


Exhibit 62 illustrates that the block groups with high densities of individuals with disabilities (22.8% to 34.4%) are predominant in the most northern portions of the region in Jackson, Pickett, and Fentress Counties. There are also block groups with high densities in Overton, DeKalb, White, Warren, Van Buren, and Cumberland Counties. The western and central portions of the region tend to have the block groups with the lowest densities (6.8% to 17.4%).

*Exhibit 62. Population Density of Individuals with Disabilities*

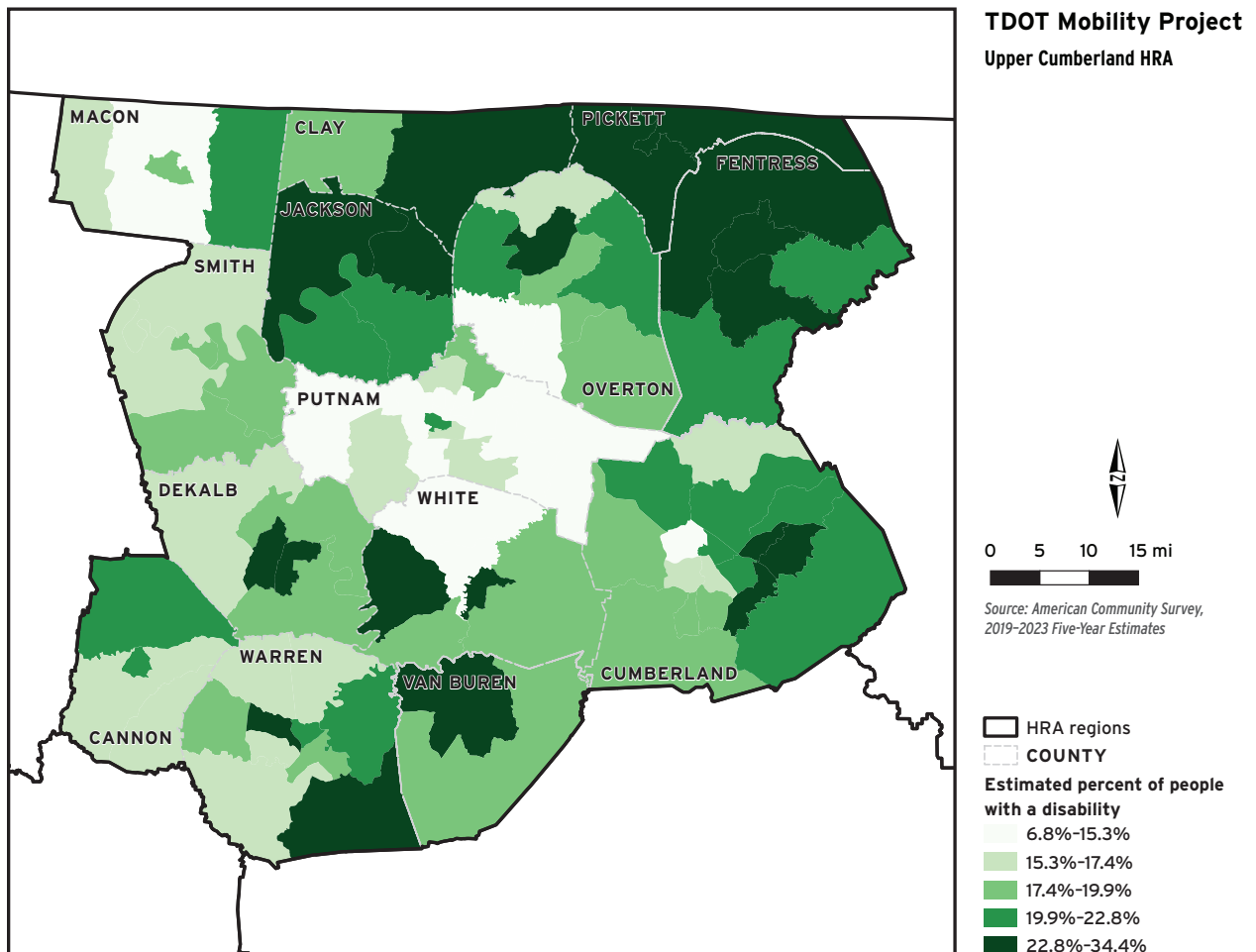
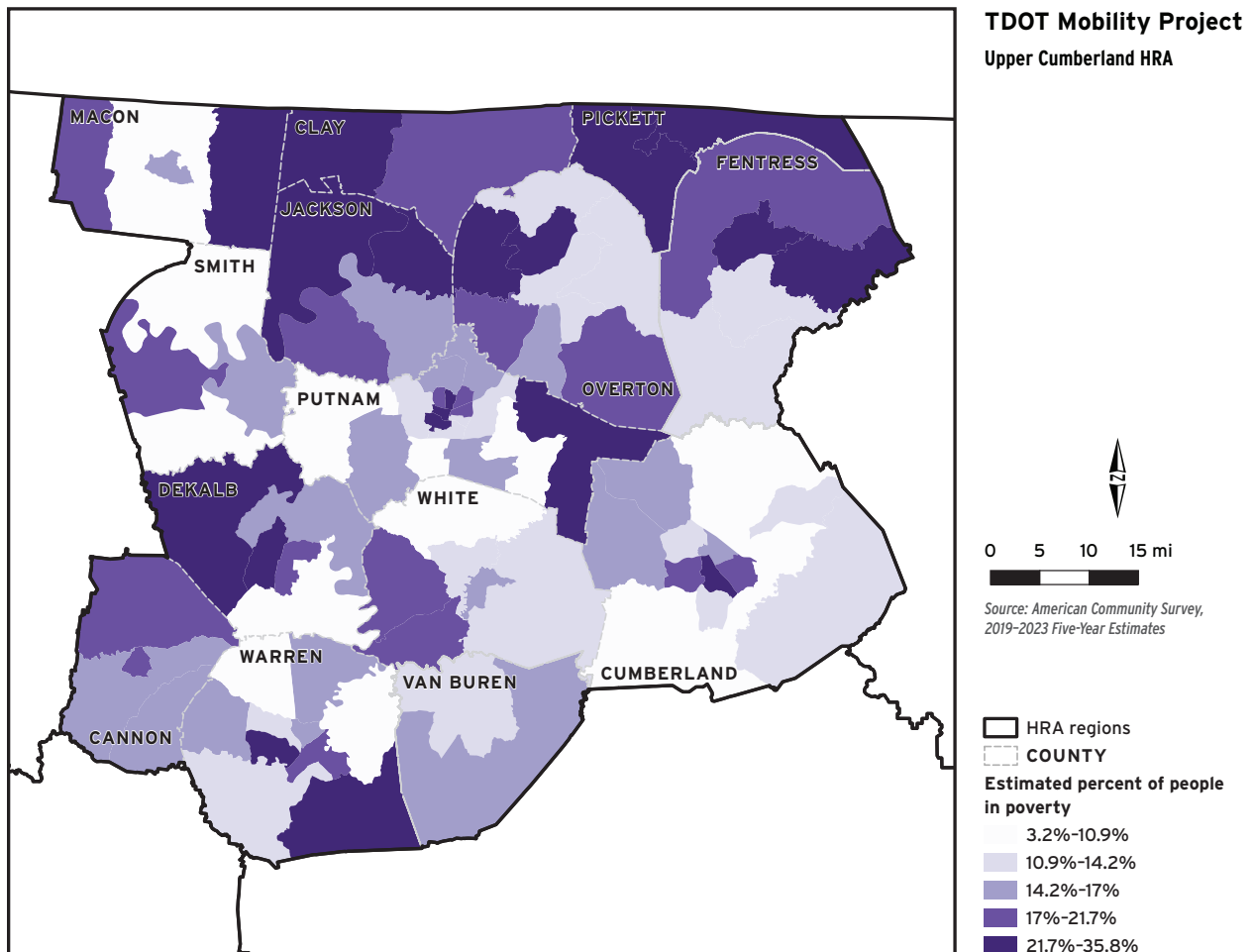


Exhibit 63 illustrates the density of people living in poverty by block group. Similar to the distributions of block groups with the highest densities of older adults and individuals with disabilities, the highest densities of people living in poverty (21.7% to 35.8%) are located in the northern portions of the region in Macon, Clay, Jackson, Pickett, and Fentress Counties. With the exception of DeKalb and Cannon Counties, the western portion of the region is predominantly low to moderate density (3.2% to 17%).

*Exhibit 63. Population Density of People Living Below Poverty*



## Summary of Transportation Propensity in Rural Areas

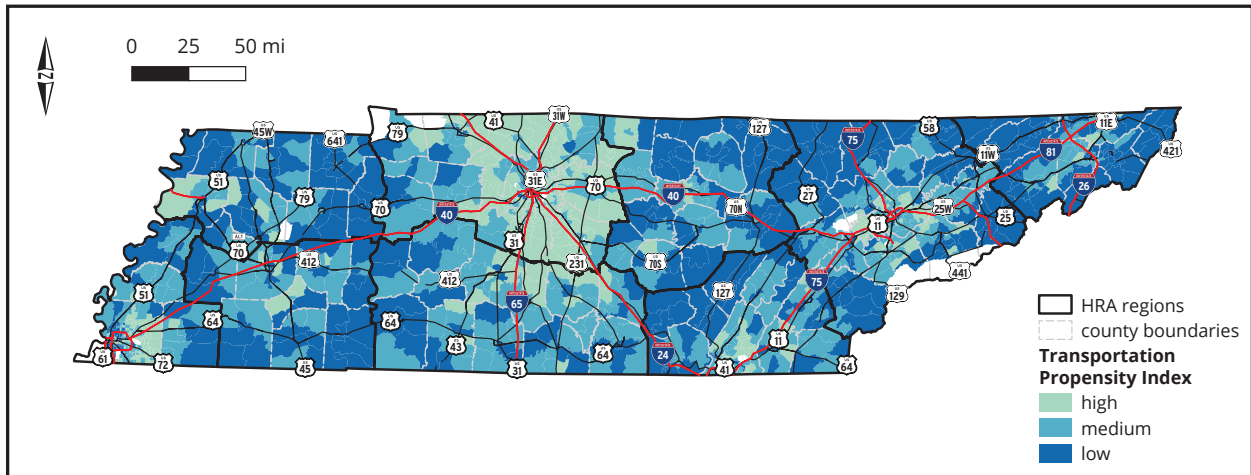
Transportation propensity is the likelihood that a person will use transportation services if they are available. The transportation propensity index for Tennessee incorporates the population characteristics presented in this chapter for rural and small urban areas: total population, older adults, individuals with disabilities, and people living below poverty to estimate the potential level of demand for transportation services by square mile. It does not include measures for the large urban areas of Nashville, Memphis, Knoxville and Chattanooga. This data inherently includes margin of error due to the availability of estimated population numbers from the American Community

Survey. However, the comparative analysis is the best available data to illustrate the different levels of demand across Tennessee.

Exhibit 64 illustrates the areas of high, medium and low likelihood for demand on transportation resources in the rural and small urban communities. Large cities were not included in this analysis because the scale of demand from block groups with the highest densities would skew the scale for the lower density areas that encompass the geographic majority of the state.

Rural areas with highest propensity are located in the northeastern, eastern and western quadrants of the state. The north-central region around Nashville have scattered areas of high propensity and more concentrated areas of low to moderate density.

Exhibit 64. Transportation Propensity Comparison for Rural and Small Urban Areas



The following chapters summarize the gaps in access to transportation identified through analysis of data and community input. These gaps drive the goals and strategies for OMAT. The transportation

systems and partner agencies across the state will continue to monitor the impact of changes in resource allocation on the state's population of older adults and individuals with disabilities.

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## Chapter 5: Mobility & Accessible Transportation Updates

The following chapter highlights projects and programs from the past five years that support improvements to accessible transportation in Tennessee.

1. **Modernized fleets.** Agencies have replaced aging vehicles and added more wheelchair-accessible vans and buses. The Upper Cumberland HRA increased its active fleet from 94 to over 130 vehicles and expects to provide more than 300,000 trips in 2026. Higher peak service capacity means more people can ride at once.
2. **Same-day service pilots.** The First Tennessee HRA has launched same-day, zone-based services in Greeneville and Elizabethton. Riders can request trips using a mobile app and travel within defined service areas. Plans are underway to expand this model to other towns, offering flexibility that was previously unavailable.
3. **Call centers and mobility managers.** Several HRAs now operate call centers staffed by mobility managers who help residents understand their options and solve problems. This human touch has improved customer experience and ensured that rides are tailored to individual needs.
4. **Partnerships with employers and agencies.** Mobility managers and regional transportation partners work closely with hospitals, dialysis clinics, homeless shelters, probation offices, and the Tennessee Department of Corrections to help ensure individuals can access critical services. Through these partnerships, mobility managers often help coordinate transportation solutions and connect individuals with available transit services. In some regions, transportation providers and community partners have also developed partnerships with employers to support access to employment. These efforts are particularly important for individuals reentering the workforce after involvement with the justice system, as well as for people participating in job training or workforce development programs.
5. **Information about available services.** The amount of information about available transportation services listed in TN Disability Pathfinder has been maintained and expanded. This is a valuable resource for anyone searching for a ride.
6. **Transit Software.** Transit software has been updated in eight of the nine regions. At the time of this plan, the update for the ninth region was underway.

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## Chapter 6: Where Are the Gaps?

Transportation services continue to struggle to meet demand for transportation, even with the marked improvement in resource allocation and new programs. Some, but not all, of the gaps in access to resources are the remnants of external changes that started during the COVID-19 pandemic and are beyond the control of OMAT or transportation providers. For example, changes in the labor market have had an impact on the employment levels for transportation systems that do not have the available operating budgets to pay higher wages while still maintaining service levels for customers. Likewise, a significant shortage of vehicles from manufacturers that started in 2020 was not remedied until 2025 for most areas of Tennessee and across America. While these challenges are not within OMAT's control, the continued focus on overcoming them through interagency partnerships, coordination and strategic resource allocation has and will continue to expedite recovery.

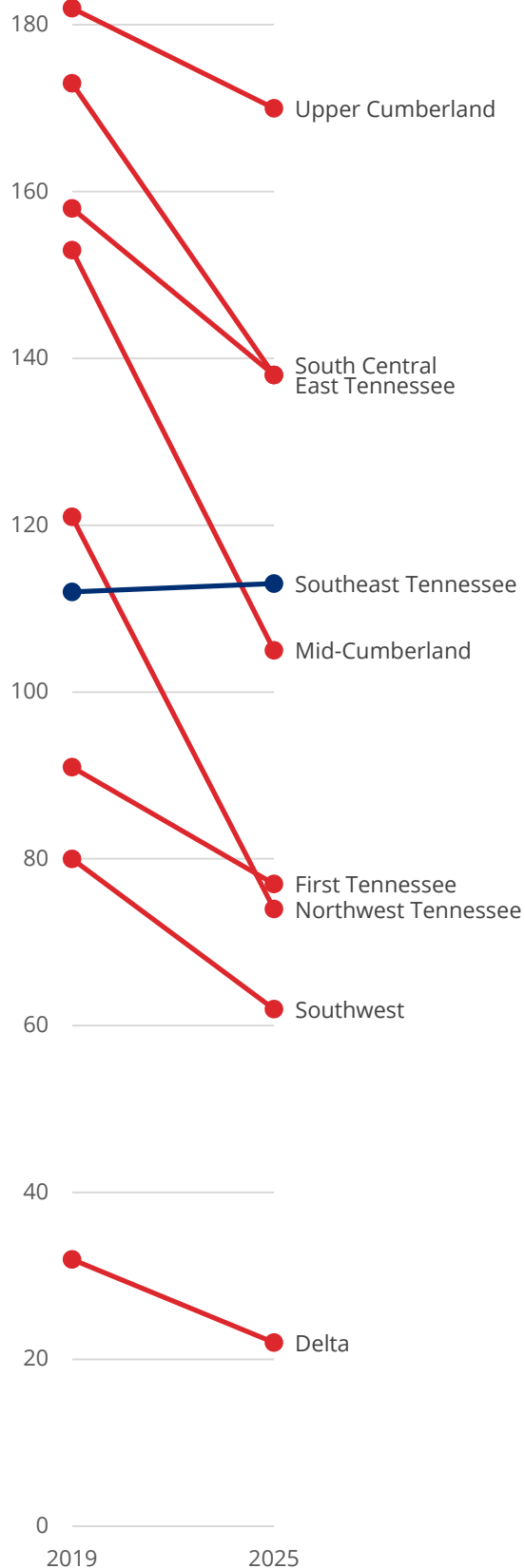
Surveys and listening sessions point to several recurring challenges:

**Driver shortages.** As shown in Exhibit 65, declines in overall transit employment

reflect broader workforce changes rather than driver-specific data alone; however, providers consistently identified driver positions as the primary workforce gap, indicating that reductions in staffing are concentrated in frontline operations. While the employment data represents total staffing levels, survey responses and follow-up interviews confirm that these declines are largely driven by challenges in hiring and retaining drivers.

Survey responses and follow-up interviews with providers further indicate that rural operator wages, typically ranging from \$14 to \$16 per hour with limited benefits, are not competitive with other industries or private carriers. As a result, several agencies reported being short by 20 to 30 drivers, representing approximately 13% to 31% of their total workforce. This reduction in driver availability has had a measurable impact on service capacity, including fewer vehicles in peak service, longer wait times, delayed pick-ups, and, in some cases, unserved trip requests. These findings were consistently reinforced through direct provider conversations and stakeholder interviews.

Exhibit 65. Driver Shortages by Region



**Limited hours of operation.** Services often shut down in the early evening or operate only on weekdays, leaving riders without options for second- or third-shift jobs, evening classes, or weekend activities. Caregivers and workers note that work shifts, childcare drop-off or medical appointments outside typical 8:00 AM to 5:00 PM business hours are nearly impossible to accommodate.

**Geographic gaps.** Urban centers maintain fixed route bus networks, but many suburban and rural communities have less coverage. Hospitals and other medical care locations have transitioned to a regional model, and major employers are often located outside of the urban core; however, cross-county and long-distance trips are difficult or impossible because of the service area boundaries of public transit systems (such as county or city boundaries), or the out-of-pocket expense of a long-distance demand response trip when a route does not exist. Furthermore, the resources of understaffed transportation agencies are strained by continued demand for long-distance trips that can take a vehicle out of the local service area for an entire day.

**Need for personal assistance.** Standard curb-to-curb service does not meet all needs. Many older adults and people with disabilities need help getting to the door, carrying groceries, or navigating large medical facilities, but very few programs provide escorts for door-through-door service. Human service agencies and transportation programs commonly offer assistance to and from the door of the vehicle, but rarely have policies or capacity to assist passengers through the door of their homes or other destinations. This extra level of assistance would enable people to live independently and relax some of the demands currently carried by their family members and friends.

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**Reliability or infrequent service.** Riders report buses and vans running late, missed trips, and long wait times; more than half of non-drivers surveyed said there were times they needed a ride and none was available, leaving many to depend on friends or family even when they prefer independence.

**Information barriers.** With dozens of providers, each with separate eligibility rules and reservation systems, many residents do not know what services exist, only a small share call the state's information line;

most rely on internet searches or word of mouth, and this leaves newcomers, people without internet, and those with limited literacy at a disadvantage, language barriers add further difficulty. Innovative programs like Tennessee Pathfinder offer a central resource for programs statewide. Local mobility manager programs such as the one in Upper Cumberland, offer regional information and resource sharing. Data shows that these programs and others are making an impact.



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# Chapter 7: Strategies That Make a Difference

## ***Moving Forward into the Future: Bettering the life of Tennesseans***

Tennessee's transportation landscape is both diverse and evolving. Since establishing OMAT, the network of available transportation options has made notable progress, expanding fleets, piloting innovative service models, and establishing call centers to simplify trip planning and scheduling. These steps demonstrate the state's commitment to improving mobility for residents across urban, suburban, and rural communities.

OMAT's purpose and mission continues to be integral to supporting independence, vitality and community engagement for older adults and individuals with disabilities.

Persistent driver shortages, limited service hours, geographic inequities, and barriers to information continue to restrict access. These challenges prevent many Tennesseans from fully participating in economic, educational, and social life. OMAT will continue to work together with the statewide and community partners identified in this plan to overcome these transportation barriers.

Sustained investment in transit and mobility infrastructure is essential. Reliable transportation enables older adults to age in place, supports individuals with disabilities to live independently, connects workers to employment opportunities, and strengthens communities statewide. By funding operating expenses, supporting workforce development, promoting coordination among providers, and prioritizing equitable





access, legislators and policymakers can ensure that every Tennessean has a safe, reliable, and dignified ride.

OMAT's strategies and solutions for the next five years will have the following areas of focus.

A key component informing these priorities is the statewide Rural Comprehensive Operational Analysis (COA) currently underway and housed within OMAT. This initiative evaluates the operations, performance, and service needs of each rural transportation provider across Tennessee. The project will produce an individual COA for every rural transit provider while also establishing statewide goals and investment priorities for rural transportation. These analyses will help guide future planning, funding decisions, and service improvements across Tennessee's rural transportation network. Findings from the statewide COA will support improvements in rural transit operations,

service planning, and strategic investment decisions across Tennessee.

1. **Workforce.** Competitive wages, benefits, and training pathways will help recruit and retain drivers. Partnerships with community colleges and trade schools can incorporate transit driver training into CDL programs, while paid internships and apprenticeships can help build a reliable workforce pipeline for rural transportation providers.
2. **Service Hours.** Operating vans and buses later at night and on weekends will better meet the needs of workers, students, and caregivers. Funding for additional shifts and fuel is essential. Agencies should also have flexibility to cross jurisdictional boundaries when people must travel between counties for work, school, healthcare, church, or shopping. Findings from the statewide COA project will help identify where expanded service hours could have the greatest impact in rural communities

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3. **On-Demand and Volunteer Services.**

Pilots in First Tennessee demonstrate that same-day, zone-based, app-booked trips are possible even in smaller towns. Scaling this model statewide—with phone-in options for individuals without smartphones—can add flexibility. One-call/one-click portals should integrate trip information and reservations across providers. Legislative support is also needed for employer-sponsored vanpools. Additionally, Tennessee could explore volunteer escort models, where a helper rides with or meets the passenger to assist with tasks at the destination, such as grocery shopping or waiting in medical offices.

4. **Mobility Management and Transportation Demand Management.**

Accessible sidewalks, crosswalks, curb ramps, and shelters make transit more usable. Neighborhood-level transit hubs outside city centers can serve as convenient transfer points, and coordination with local land-use planning will help ensure these hubs connect people effectively to urban express services and regional routes. A statewide marketing effort paired with local partnerships will raise awareness of available services. Mobility managers can work directly with health departments, senior centers, workforce

boards, and social service agencies to ensure individuals understand how to access and schedule transportation.

5. **Coordination Across Programs.**

Allowing agencies to share vehicles, align eligibility rules, and braid funds from Medicaid, TANF, workforce development, and other programs can reduce duplication and improve service efficiency. Statewide coordination could also include joint procurement of scheduling software, call center platforms, and vehicles, and lowering costs for all participating agencies. Insights from the statewide COA project will also help identify opportunities for improved coordination among providers and more strategic use of available funding.

6. **Accessible Connections.**

Tennesseans need safe and reliable options for traveling across the state to reach family, higher education, medical specialists, and jobs. Current services often stop at county or regional boundaries, leaving gaps in mobility. Strategic investment in regional connections, coordinated mobility hubs, and partnerships with existing providers can help create a seamless statewide network. These improvements will enhance affordability and safety without requiring every local agency to operate independently.

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# Chapter 8: Goals & Strategies for Inclusive Transportation

## Goal 1 — Expanded Access

### Objective

Increase access to safe, reliable and equitable transportation by expanding mobility options, reducing access gaps and improving first/last-mile connections.

Expanding access to transportation will also require continued investment in vehicles that support both new and existing services. Through the FTA's Section 5310 program, OMAT will support the award of expansion and replacement vehicles to rural and small urban transit agencies as well as eligible nonprofit organizations that provide transportation for older adults and individuals with disabilities. These investments help ensure that local providers can maintain safe, reliable fleets while expanding service capacity to meet growing mobility needs.

### 1.1 — Expanded Access

#### Implementation Action Plan

Identify and prioritize areas with limited or no transportation options. Use data-driven analysis (population density, trip patterns, socioeconomic indicators) to map gaps, then expand service zones, provide new or redesigned routes and introduce demand-response options. Coordinate with communities to ensure improvements reflect local needs.

#### Facilitators

Human Resource Agencies; Urban transit systems; MPOs; counties; nonprofit partners; mobility managers

#### Participating organizations

Human Resource Agencies; health systems; disability advocates; local governments

#### Effectiveness



#### Cost to implement

\$\$ (initial research and system expansion)

#### Time to implement

Medium

#### Barriers

Funding constraints; limited staff capacity; lack of awareness; coordination challenges

### 1.2 — On-Demand Service Options to Address Gaps & First/Last Mile

#### Implementation Action Plan

Develop flexible on-demand programs (micro-transit, shared taxis, subsidized ride-hail) that fill service gaps and connect riders to transit hubs. Focus on rural and underserved areas where fixed routes are not viable. Pilot small-scale programs and expand those that prove successful.

---

## Facilitators

Human Resource Agencies; On-demand transportation service providers; MPOs; counties

## Participating organizations

Employers; healthcare providers; community groups; on-demand transportation partners

## Effectiveness



## Cost to implement

\$\$-\$\$\$ (depends on technology platform and service coverage)

## Time to implement

Short-Medium

## Barriers

Technology costs; driver availability; ensuring accessibility; customer adoption

### *1.3 — Volunteer Programs to Improve Accessibility*

## Implementation Action Plan

Recruit and train volunteer “buddies” to provide rides or accompany older adults, people with disabilities and others on essential errands and appointments. Establish background checks, insurance coverage and scheduling tools. Promote programs through senior centers, veteran organizations and community groups, and universities to build a robust volunteer network.

## Facilitators

Nonprofit partners; local governments; human-service agencies

## Participating organizations

Faith-based groups; veteran associations; disability support organizations; universities; Disability Pathfinder

## Effectiveness



## Cost to implement

\$ (relatively low—training, insurance and coordination)

## Time to implement

Short-Medium

## Barriers

Volunteer recruitment and retention; insurance/liability concerns; scheduling complexity

## **Goal 2 — Service Solutions**

### *Objective*

Improve the quality, safety, reliability and efficiency of transportation services through accessible stops, mobility hubs, TDM strategies and infrastructure that supports safe operations.

Reliable transportation services depend on well-maintained and accessible fleets. OMAT will continue to administer Section 5310 funding to support the replacement of aging vehicles and the acquisition of accessible vehicles for service expansion. These investments assist rural and small urban

transit agencies and nonprofit transportation providers in maintaining safe operations, improving service reliability, and ensuring accessible transportation options for older adults and individuals with disabilities.

## 2.1 — Mobility Management

### Implementation Action Plan

Strategize opportunities with the regional mobility managers for successful coordination at the local levels to help customers navigate multiple services. Assign regional mobility managers who consolidate information, assist with trip planning and coordinate among transit agencies, social services and health systems. Create shared data platforms to reduce duplication and streamline connections.

#### Facilitators

MPOs; mobility managers; transit agencies

#### Participating organizations

Social service agencies; health systems; technology vendors

#### Effectiveness



#### Cost to implement

**\$\$** (staffing and technology investments)

#### Time to implement

Medium

#### Barriers

Data sharing agreements; funding for staff; inter-agency coordination

## 2.2 — Accessible Stops & Mobility Hubs

### Implementation Action Plan

Support local transportation providers in their efforts to upgrade stops and hubs to meet ADA standards and enhance safety particularly for multi-county trips. Improvements may include shelters, lighting, tactile warning strips, curb ramps and clear way-finding. Ensure stops connect seamlessly to pedestrian networks and accessible sidewalks.

#### Facilitators

Human Resource Agencies; city/county public works; mobility managers

#### Participating organizations

Local transit providers; disability advocates; engineering consultants

#### Effectiveness



#### Cost to implement

**\$\$\$** (construction and retrofits)

#### Time to implement

Medium–Long

#### Barriers

Funding availability; right-of-way constraints; construction impacts

## 2.3 — Transportation Demand Management (TDM)

### Implementation Action Plan

Inform policy makers about the valuable impact of policies that reduce single-occupancy vehicle travel and encourage shared modes. Strategies include employer commute programs, parking cash-out, marketing of vanpools/carpools, and integration of micro-transit. Collect travel behavior data to tailor TDM programs.

### Facilitators

MPOs; transit agencies; employer coalitions

### Participating organizations

Major employers; universities; chambers of commerce

### Effectiveness



### Cost to implement

\$\$ (program administration and incentives)

### Time to implement

Medium

### Barriers

Employer engagement; rider behavior change; measuring effectiveness

## 2.4 — Infrastructure Improvements

### Implementation Action Plan

Work with local planning organizations to prioritize upgraded roadways, sidewalks and

crossings to improve safety and multimodal connectivity. Prioritize high-risk locations; install curb extensions, pedestrian refuge islands, protected bike lanes, and improved signage. Coordinate improvements with transit service enhancements to maximize benefit.

### Facilitators

City/county public works; MPOs; state DOTs

### Participating organizations

Engineers; community groups; accessibility advocates

### Effectiveness



### Cost to implement

\$\$-\$\$\$ (construction costs vary by scope)

### Time to implement

Medium-Long

### Barriers

Construction funding; right-of-way limitations; utility conflicts

## Goal 3 — Communication & Technology

### Objective

Improve access to information, coordination and digital tools that expand transportation awareness, simplify trip-planning and increase mobility for people with disabilities, older adults and underserved residents.

### 3.1 — Accessible Technology

#### Implementation Action Plan

Develop user-friendly communication channels—websites, mobile apps, call centers and printed materials—that offer real-time information, trip-planning and service alerts. Ensure all materials meet accessibility standards (screen-reader compatibility, multiple languages, large print).

#### Facilitators

Transit agencies; regional mobility managers; communication specialists

#### Participating organizations

IT vendors; disability councils; community organizations

#### Effectiveness



#### Cost to implement

\$ (development and ongoing maintenance)

#### Time to implement

Short-Medium

#### Barriers

Limited digital literacy; updating legacy systems; funding for maintenance

### 3.2 — Fund Braiding

#### Implementation Action Plan

Provide technical assistance to help agencies combine multiple funding sources (federal, state, local) to support mobility projects. Develop guidance on allowable cost sharing, reporting requirements and timing to maximize investment.

#### Facilitators

State DOTs; MPOs; grant administrators

#### Participating organizations

Transit agencies; local governments; nonprofit partners

#### Effectiveness



#### Cost to implement

\$ (training and technical support)

#### Time to implement

Short

#### Barriers

Complex federal/state regulations; limited staff expertise; coordinating grant cycles

### 3.3 — Disability Pathfinder and Resource Navigation Tools

#### Implementation Action Plan

Promote and integrate the Disability Pathfinder into mobility management and travel training programs. Educate providers and riders about the directory, encourage providers to submit and update service listings, and offer training on how to use the resource. Support the integration of transportation information into emerging case management and resource-directory tools such as TN Community Compass, helping ensure that transportation options are visible to case managers, healthcare providers, and community organizations assisting individuals in accessing services.

#### Facilitators

Disability service agencies; state councils on developmental disabilities; state technology partners

#### Participating organizations

Transit agencies; independent living centers; advocacy groups; healthcare providers; social service organizations

#### Effectiveness



#### Cost to implement

\$ (outreach and training)

#### Time to implement

Short

#### Barriers

Awareness of the tools; keeping information up to date; language accessibility; coordination across platforms

# Appendix

Table 14 presents annual passenger trip totals for large urban transit systems from 2019 through 2023 and shows the percentage change between the two years.

*Table 14. Annual Transit Passenger Trips 2019 to 2023 in Large Urban Areas*

<b>System</b>	<b>2019 Trips</b>	<b>2020 Trips</b>	<b>2021 Trips</b>	<b>2022 Trips</b>	<b>2023 Trips</b>	<b>% Recovery (2023 vs 2019)</b>
Nashville WeGo	10.4M	6M	5.8M	6.5M	7M	67%
Memphis MATA	8M	5M	5M	5.6M	6M	75%
Knoxville KAT	2.7M	1.7M	1.8M	1.9M	1.95M	72%
Chattanooga CARTA	3.5M	1.5M	1.6M	1.65M	1.74M	50%

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Passenger Transportation, Rail & Freight Division**

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