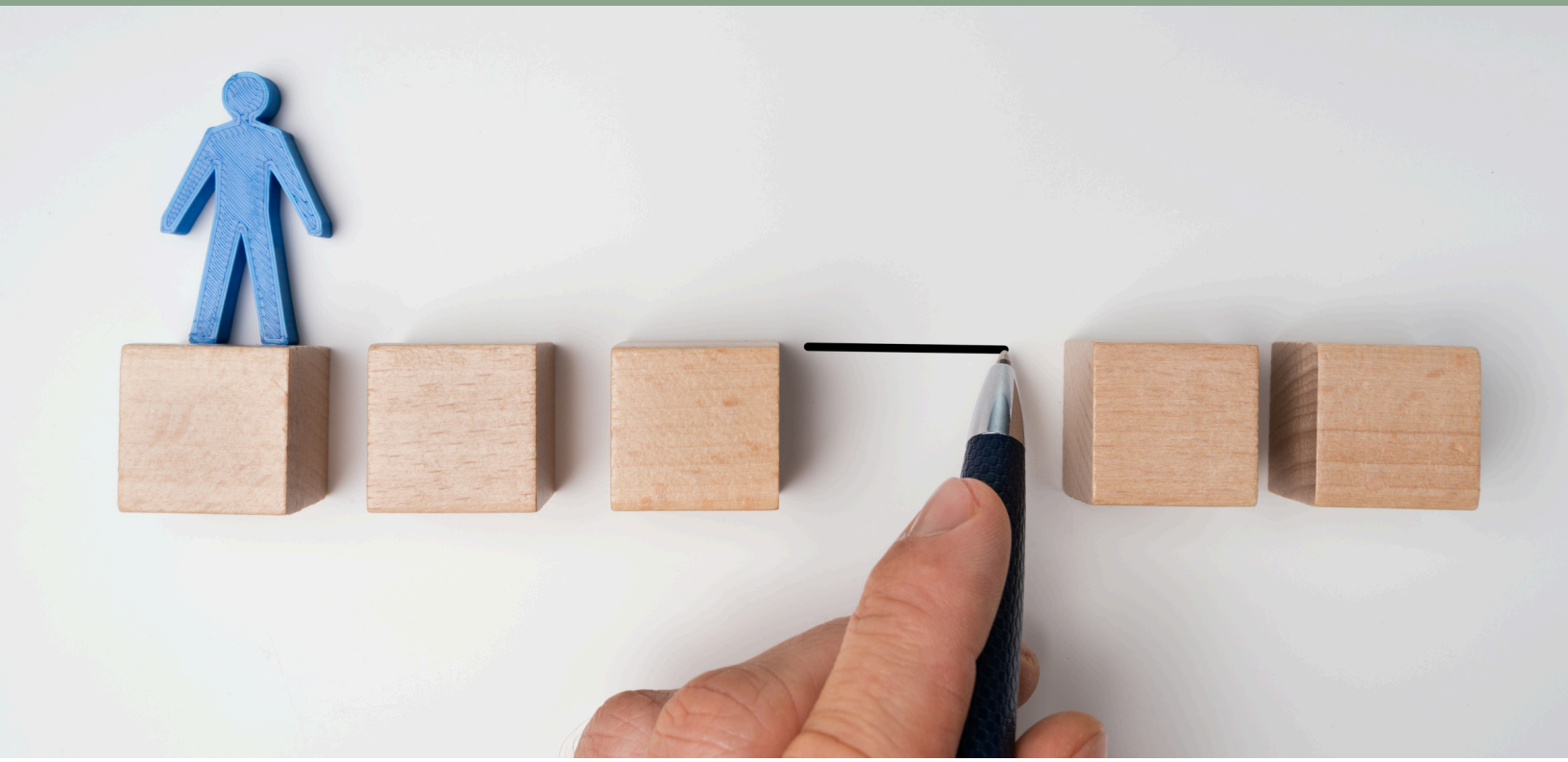
SEPTEMBER 2025

Getting There Together: Closing the Gaps in Community Transportation



New Hampshire's Statewide Community Transportation Needs Assessment - Gap Report

IMPACT CONSULTING

Executive Summary

Medical transportation is the most urgent gap, often a matter of life or death.

Across New Hampshire, more than two thousand residents told us the same story: transportation isn't just about getting from point A to point B. It's about health, independence, and connection. Whether it's an older adult trying to get to a doctor's appointment, a veteran without a car in a rural town, or a young adult with disabilities eager to work, the barrier is not a lack of willingness; it's too often a lack of a ride.

The New Hampshire Commission on Aging (COA) undertook the **Community Transportation Needs Assessment (CTNA)** work in 2024 to address a pressing question: ***Where does our current transportation system fall short, and who is left behind when people cannot access transportation to get where they need to go?*** The Commission brought together partners, data, and voices from across the state to shed light on gaps that have long been felt but never fully quantified.

It is the most comprehensive look in decades at how well New Hampshire's transportation systems serve older adults, people with disabilities, and veterans. It draws from more than 2,000 survey responses, 15 focus groups, and interviews with over 70 providers, coordinators, and community leaders. This report—the Gap Analysis—is one of three major deliverables leading up to final recommendations in April 2026.

We heard resounding agreement on a few key points:

- **People want to work, volunteer, and age in place—but they can't if they can't get there.** Transportation gaps are keeping willing workers, caregivers, and volunteers home. When people can't get to jobs, classes, or appointments, the ripple effects reach local economies and community life.
- **Transportation is healthcare.** Missed medical appointments—especially for dialysis, cancer treatment, mental health, and preventive care—were among the most frequently cited consequences of unreliable or unavailable rides. Providers report that patients are skipping essential visits, leading to emergency room use that could have been avoided. For many, the most significant social determinant of health isn't income or insurance but whether a ride shows up.
- **Volunteer driver programs are lifelines, but stretched thin.** Volunteers are aging out faster than new drivers are stepping up. Programs spend more time managing compliance and reimbursement paperwork than recruiting the next generation of drivers.
- **Information is fragmented.** Many residents don't know what options exist. Even providers struggle to navigate the patchwork of eligibility rules, program boundaries, and referral systems that vary by county and funding source.
- **Funding is complex and uncoordinated.** Federal programs like Enhanced Mobility (5310), Title III-B, Medicaid Non-Emergency Medical Transportation, and VA travel benefits each operate in separate lanes, yet often serve the same passengers.
- **Rural regions feel it the hardest.** Counties like Coös, Carroll, and Sullivan show the lowest Transportation Satisfaction Index (TSI) scores, mirroring fewer volunteer drivers, longer travel distances, and limited access to healthcare facilities.

Residents told us plainly that without a car, they are "stuck."

Executive Summary (continued)

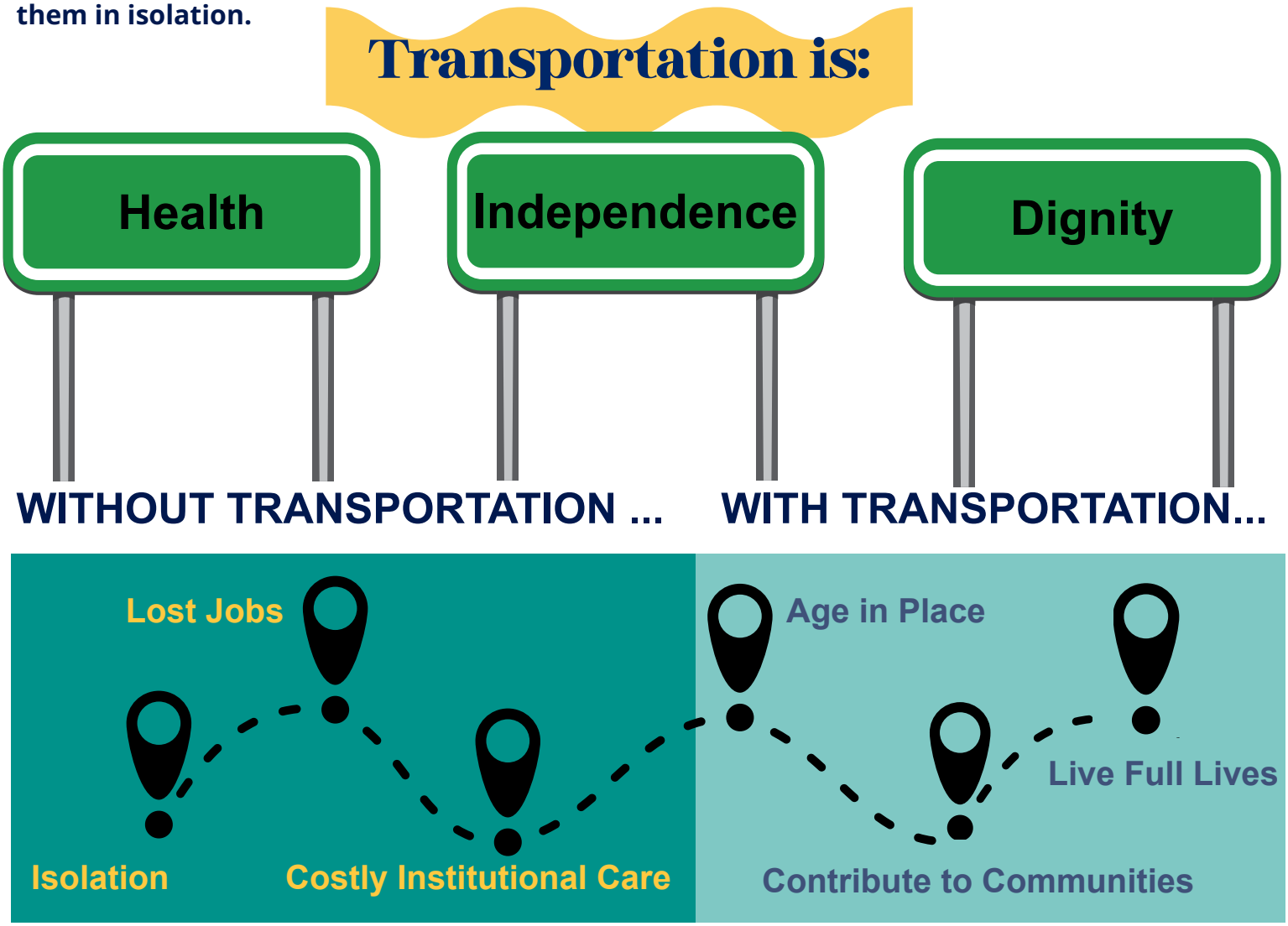
At the same time, there is progress and promise. The Statewide Mobility Management Network, grounded in the SCC's Blueprint for Implementation, has laid a strong foundation for coordination and shared accountability across state and regional systems. Every region now has a mobility manager. The infrastructure for collaboration exists; what's missing are the resources, data integration, and authority to make it fully functional.

If New Hampshire acts on what communities and healthcare providers have told us, it can do more than fill gaps—it can rebuild a system that connects transportation, healthcare, and human services into one seamless network. **With new opportunities such as the CMS Rural Health Transformation Program, the state could braid these efforts together rather than tackling them in isolation.**

The path forward is clear:
Analyze the data. Share it back with communities. Co-create solutions. Implement them together.

This report marks captures the gaps in our state but marks the beginning of design. In the coming months, we'll integrate fiscal analysis and stakeholder priorities into a statewide policy and investment framework that culminates in final recommendations to the Commission on Aging in April 2026.

Transportation may not solve every problem but without it, very few solutions can move forward. This work ensures New Hampshire keeps moving, and keeps healingtogether.



5. What Stands Out Most: Key Gaps to Address

After months of data collection, survey analysis, and community conversations, seven core gaps rose to the top. These represent not just the most frequent issues named by residents and providers, but the most urgent and actionable. Each reflects the intersection of unmet needs, equity concerns, and practical, actionable opportunities. Together, they outline a roadmap for transformation; one that's grounded in real lives and ready for bold leadership.



Each of these priority gaps was selected based on its scale, urgency, equity impact, and feasibility. They range from systemic coordination to very practical barriers, such as cost, coverage, and service hours.

Taken together, they underscore that without decisive action, New Hampshire will continue to face preventable health crises, lost productivity, and rising social costs. Coordination at the highest level is foundational.

Without coordination, every other investment will remain fragmented.

However, with strong leadership, shared accountability, and a commitment to awareness and access, New Hampshire has the opportunity to transform a patchwork of services into a cohesive system that works for all residents.

1. Fragmented Systems and Lack of Coordination

New Hampshire's transportation system is not one system at all. Multiple state agencies fund and manage programs separately, each with its own contracts, reporting rules, and eligibility criteria.

Providers juggle multiple funders, compliance checklists, and invoices, often duplicating efforts to keep services running. Riders, meanwhile, are left dialing multiple numbers and completing redundant paperwork just to book a trip.

The result? Missed funding opportunities, administrative burnout, and residents who fall through the cracks. True coordination across DOT, DHHS, VA, and others would simplify access, reduce waste, and make more rides possible.

It's time for New Hampshire to align planning, funding, and reporting under one braided, rider-focused framework. Other states have proven it can be done. This moment is especially critical as the state considers bold opportunities like the Rural Health Transformation grant. If pursued holistically rather than through piecemeal pilots, such efforts could catalyze a full-scale shift in how transportation systems serve people across all regions.



5. Key Gaps to Address (continued)

2. Inadequate Transportation for Healthcare

Transportation to medical care is the top concern across all surveys and focus groups. More than a third of residents said they've missed or delayed care due to a lack of a ride. Cancer treatment, dialysis, follow-up appointments, and even pharmacy pickups fall through when rides aren't available.

An unheard of 96% of people responded that transportation for healthcare was problematic in their community!

The consequences are life-altering. Providers report patients canceling essential treatments, and some residents resort to calling ambulances for routine needs. This is not just a transportation issue. It is a public health crisis. And the most vulnerable patients, including those with mobility impairments or who live alone, are often the first to go without.

3. The Aging Population's "Mobility Cliff"

As New Hampshire rapidly ages, more residents are driving less or not at all. Yet transportation options for older adults remain limited, inconsistent, or invisible. Nearly half of adults over 65 told us they can't rely on family or friends for rides. Most are unaware of local volunteer driver programs, or face services that only offer trips for narrow purposes like medical appointments.

Losing the ability to drive should not mean losing access to food, community, or autonomy. But too often, it does. Without targeted investments in senior-focused services and communication, more residents will face isolation, health decline, and early entry into costly institutional care.

4. Workforce and Volunteer Driver Shortages



Transportation doesn't happen without people, and right now, there aren't enough. Providers across all regions report shortages of both paid drivers and administrative staff. Meanwhile, many volunteer driver programs are aging out and struggling to recruit replacements. One canceled ride might mean a missed medical treatment, a lost shift, or a day of total isolation.

This is not just a workforce problem. It is a system-wide access issue. Without drivers and dispatchers, no vehicle can roll. Recruitment, retention, and administrative support must be central to any transportation strategy.

5. Key Gaps to Address (continued)

5. Lack of Awareness and Complex Navigation

Even when services exist, most residents don't know about them. Fewer than 12% of survey respondents had heard of the state's KeepNHMoving website.

Many people rely on word of mouth, Google searches, or calling town halls, none of which reliably point to accurate, updated information. Seniors without internet access are especially at a loss.

No one should need a PhD in eligibility rules to book a ride. **A centralized, user-friendly transportation information system is critical infrastructure, just like a paved road.**



6. Rural and Geographic Coverage Gaps

Transportation deserts are real. Over 40 towns in New Hampshire have no community transportation services. Many others offer only limited hours, days, or eligibility. In some areas, even volunteers can't reach isolated homes or long driveways in winter.

Residents in rural areas face the sharpest consequences: skipped care, lost jobs, and social isolation. These gaps are most acute in rural, lower-income, and aging communities, and closing them is essential to building a truly equitable system. Closing these gaps will require creative models such as flexible rural shuttles, cross-county coordination, and mobile dispatch hubs, but it can be done.



5. Key Gaps to Address (continued)

7. Service Gaps: Cost, Hours, and Accessibility



Even when there is a ride, it might not be usable. Riders described services that don't run after 5 PM, don't operate on weekends, or don't allow a stop at the pharmacy after a doctor's appointment. Others noted steep fees, inaccessible vehicles, or rules that prevent drivers from offering basic assistance like a steady arm or help with a walker.

These limitations turn what should be a lifeline into a logistical headache or a flat-out barrier. More evening and weekend hours, expanded ADA-accessible service, and door-through-door support are all overdue upgrades.

The Work Ahead

These seven gaps are not new, but they are solvable. Addressing them will require coordination, investment, and political will. **But the payoff is immense: healthier residents, a stronger workforce, and a more connected New Hampshire.**

This report marks the first milestone in a larger journey. **And in April of 2026, we will deliver those final recommendations to the Commission on Aging.**

What comes next is just as important:

- We will close out survey collection and reanalyze our full dataset.
- We will return to communities to share findings back with those who made this report possible.
- We will co-create policy and investment recommendations in partnership with riders, providers, agencies, and advocates.

This is not a theoretical exercise. It is a call to action. A roadmap for real change.

The momentum is here. The data is clear. And the solutions are within reach—if we choose to act together.

New Hampshire deserves a transportation system that works for everyone. Let's build it.