NEW HAMPSHIRE COMMISSION ON AGING

COMMUNITY TRANSPORTATION NEEDS ASSESSMENT · 2025

CTNA Data Companion

& Headline Statistics Crosswalk

Verification, alignment, and accountability for every published CTNA statistic.

Prepared by Impact Consulting for the NH Commission on Aging · April 2026

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THE COMPANION

WHAT THIS DOCUMENT DOES

This companion has three jobs. First, it publishes the exact numerator, denominator, and methodology for every headline statistic that appears in the CTNA action plan, policy briefs, legislative deliverables, and county profiles, so any reader can verify them. Second, it reformats the analytical tables prepared by the CTNA data lead into a single, readable reference that includes her curated narrative visuals. Third, it serves as the master crosswalk linking every published CTNA number to its source question, sample, and the documents in which it appears.

All statistics in this companion are drawn from the CTNA cleaned analytical sample (n = 2,774) in the source workbook CTNA2025_TrueSource_FF.xlsx, prepared by the CTNA data lead. The specific pre-computed pivot tables and visuals that back each headline figure live in the FINAL_SampleAnalysis, FINAL_TSI_Baseline, FINAL_TSI_Age, FINAL_TSI_Disability, FINAL_TSI_MissedCare, and FINAL_ExclusiveCategories tabs of that workbook. This companion is intended to be read alongside the workbook: any figure in this document can be traced back to a named tab and a clearly labeled base n.

The action plan Getting There Together and all CTNA derivative materials — policy briefs, county profiles, the legislative brief, and the deck — should match the numbers published here. Where they do not, the discrepancy is flagged in Section 4 for reconciliation before further distribution.

CITATION OF RECORD

New Hampshire State Commission on Aging. (2025b). *CTNA data companion and headline statistics crosswalk*. Companion figures should be cited to this document; the underlying workbook (CTNA2025_TrueSource_FF.xlsx) should be cited when referencing a specific cross-tabulation or base n.

METHODOLOGY

SAMPLE, DENOMINATORS, AND CONVENTIONS

1.1 The survey pipeline

The CTNA survey was administered statewide in 2025. Responses were collected online and on paper across all 10 New Hampshire counties, with intentional outreach to older adults, people with disabilities, veterans, rural residents, and low-income households. The table below documents the exact count at each cleaning stage.

Pipeline stage	Count	What happened
Gross submissions	2,824	Total responses received across all channels.
Harmonized records	2,823	One exact duplicate removed.
Consented respondents	2,812	11 respondents who did not consent were removed.
Cleaned analytical sample	2,774	38 removed: 24 with non-NH ZIPs and 14 with invalid ZIPs. Final analytical universe. Anchors all statistics in this companion.

Respondents who left ZIP blank were retained in the cleaned sample; only those who provided a non-NH or invalid ZIP were excluded. Of the 2,774 cleaned respondents, 2,403 have a valid, mappable NH ZIP code, and 371 have missing or no-response geography. The cleaned analytical sample of 2,774 is the single source of truth for every statistic in this companion. Partial responses that did not pass consent and ZIP validation are preserved in SOURCE_HarmonizedMaster (n = 2,823) in the source workbook; their qualitative comments appear in the Community Engagement Report.

1.2 Why *n* = 2,774

Earlier drafts of some CTNA materials cited different analytical sample sizes, including *n* = 1,731 in a data companion draft and *n* = 2,193 in an action plan draft. Both were derived from intermediate cleaning stages. The *n* = 2,774 sample is the cleaning pipeline's final output, corresponds exactly to the SOURCE_CleanedMaster tab of the source workbook, and is the denominator against which all FINAL_-prefixed analytical tabs were computed. It is the sample that should be used going forward.

1.3 Denominator convention

Not every respondent answered every question. Denominators, therefore, vary by question — which is normal and expected. This companion reports percentages in the form num / den (pct). For example,

42.8% (884/2,065) means that 884 respondents answered Yes out of 2,065 who provided a valid answer to that question.

A consistent denominator convention is applied throughout this companion:

- The valid-answer denominator for any single question excludes respondents coded as 'No Response' (i.e., they skipped the question) but includes all other response categories — Yes, No, each scale point, 'Other (please specify). This preserves the signal of respondents who engaged with the question in any form.
- Where offered, 'Prefer not to say' is counted as a valid response for gender and race/ethnicity questions and excluded from all other denominators. For variables where respondents cannot be assigned to a specific category, 'Prefer not to say' responses are excluded from the analysis, but their count is reported in the footnote of the relevant chart or table.
- This convention applies uniformly across all question types — single-select, multi-select, and matrix questions. For cross-tabulations, only respondents who answered all relevant questions are included (e.g., an analysis of "age 65+ who missed medical care" includes only respondents who answered both the age and missed care questions).
- One exception applies to work-related outcome questions. ‘Missed work or lost income' is only meaningful for respondents with labor force attachment; the denominator is restricted to those employed full- or part-time, unemployed and seeking work, or temporarily unable to work. Retired, permanently unable to work, students, homemakers, and others not in the labor force are excluded. The sample-wide figure is disclosed separately for context.
- Subgroup denominators (e.g., 'Age 65+ who answered this question' or 'Veterans who answered this question') are explicitly stated next to each subgroup statistic.

This is the same convention used by the CTNA data lead in the FINAL_SampleAnalysis tab of the source workbook, and is the convention under which the Mobility is Medicine policy brief's footnote figure (884 / 2,065 = 42.8%) was computed. This approach follows standard survey analysis practice, in which denominators vary by question to reflect only those who engaged with each item. This is consistent with methods used by major survey research organizations, including Pew Research, Gallup, and the CDC. It ensures that percentages accurately represent the views and experiences of respondents who answered each question, rather than being deflated by those who skipped it.

1.4 TSI and the 'valid TSI' subsample

The Transportation Security Index (TSI-6) is a composite score built from six survey items. Of the 2,774 cleaned respondents, 2,001 have a valid TSI score (including 92 respondents with partially completed TSI items that were imputed based on related transportation and demographic variables). The remaining 773 respondents answered none of the six TSI items and are excluded from TSI-specific scoring and from TSI cross-tabulations.

TSI percentages in this companion are always reported on the *n* = 2,001 base. The 773 excluded respondents are disclosed alongside each TSI table. They are not removed from any non-TSI analysis.

Imputation was conducted using Multiple Imputation with Predictive Mean Matching (PMM). Missing TSI items were predicted using related indicators, including transportation access, mobility barriers, disability status, age, income, and geographic context. The process was repeated (m = 5 imputations) to account for uncertainty and preserve distributional properties of the original data.

1.5 Weighting

The CTNA sample intentionally oversampled older adults (65+), people with disabilities, and veterans, as these are the populations the Commission on Aging is mandated to serve. Because this oversampling was a deliberate design choice to prioritize certain populations rather than a sampling bias to be corrected, no weighting was applied. All percentages in this companion are unweighted and reflect the experiences of the sampled respondents.

1.6 Rounding

All percentages are rounded to one decimal place. Percentages of 0.05% or lower are reported as <0.1%. Numerators and denominators are exact integers with no rounding. Where charts in other CTNA materials show two-decimal precision, this companion rounds those figures to one decimal for consistency and adds a note.

1.7 Modeled economic estimates

Economic and health-system cost estimates referenced in the CTNA suite (missed medical trips, lost workdays, ED-escalation spending, etc.) are modeled from survey-reported missed trips using the unit-cost assumptions documented in the companion Impact and Policy Analysis (2025d). They are survey-group estimates with stated assumptions, not population-level projections, and they are not re-derived in this companion.

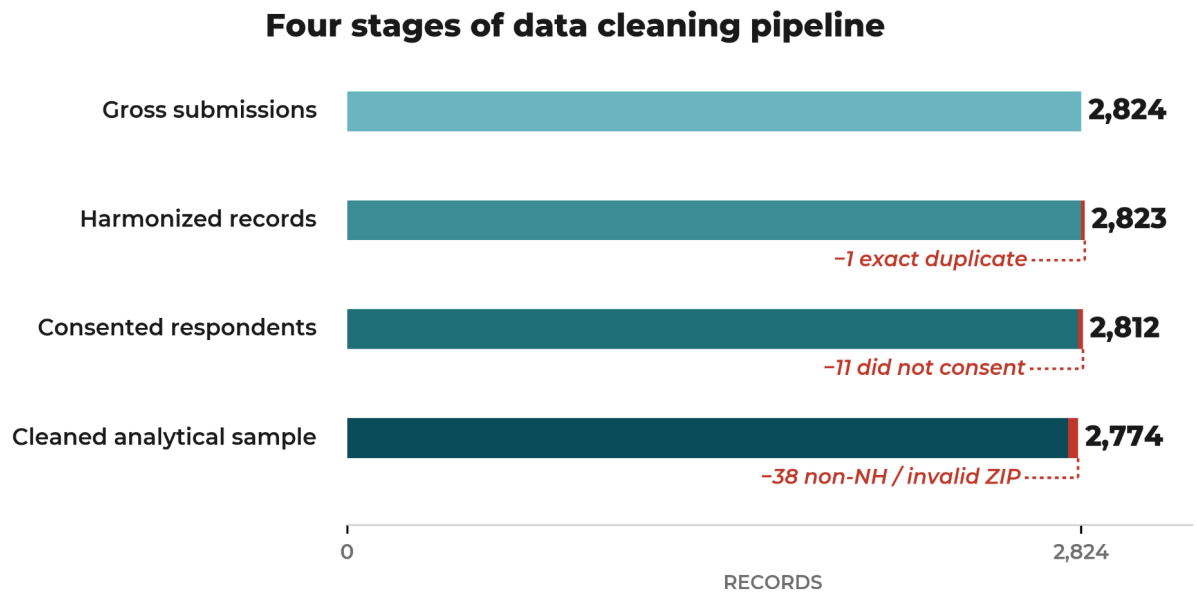
WHO TOOK THE SURVEY

AN OVERVIEW OF THE 2,774 RESPONDENTS

Before presenting the findings, this section describes the 2,774 cleaned respondents. The CTNA sample intentionally oversampled the populations the Commission on Aging is mandated to serve — older adults, people with disabilities, and veterans — alongside rural and low-income households. That is a design feature, not a bias. The charts below explicitly document the centering, so any finding in Sections 2 and 3 can be read against the correct denominator.

S.1 From gross submissions to analytical sample

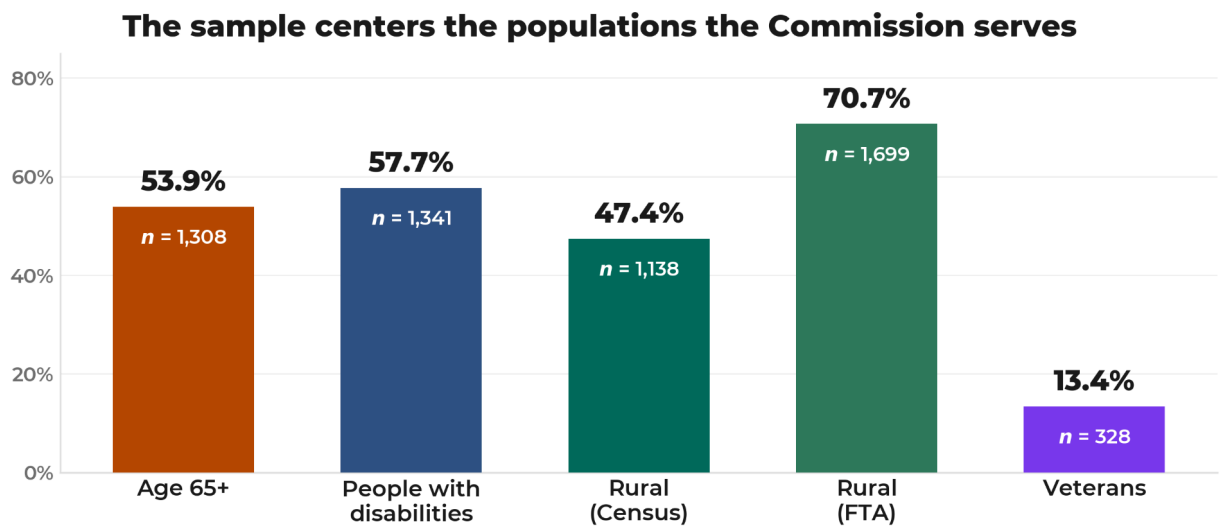
The cleaning pipeline processed 2,824 gross survey submissions, yielding 2,774 cleaned records that form the analytical universe. The losses at each stage are minimal (50 records total, 1.8% of gross) and are documented in Section 1.1. The chart below provides a visual summary.



The cleaned analytical sample (n = 2,774) is the single source of truth for every statistic in this companion.

S.2 The sample centers the Commission's priority populations

Among respondents with a valid answer to each demographic question: 53.9% are age 65+, 57.7% report a disability or health condition, 47.4% live in Census-defined rural areas, and 70.7% under the broader FTA definition, and 13.4% are veterans. All four rates are substantially higher than their NH population prevalence, reflecting the Commission's deliberate outreach strategy.

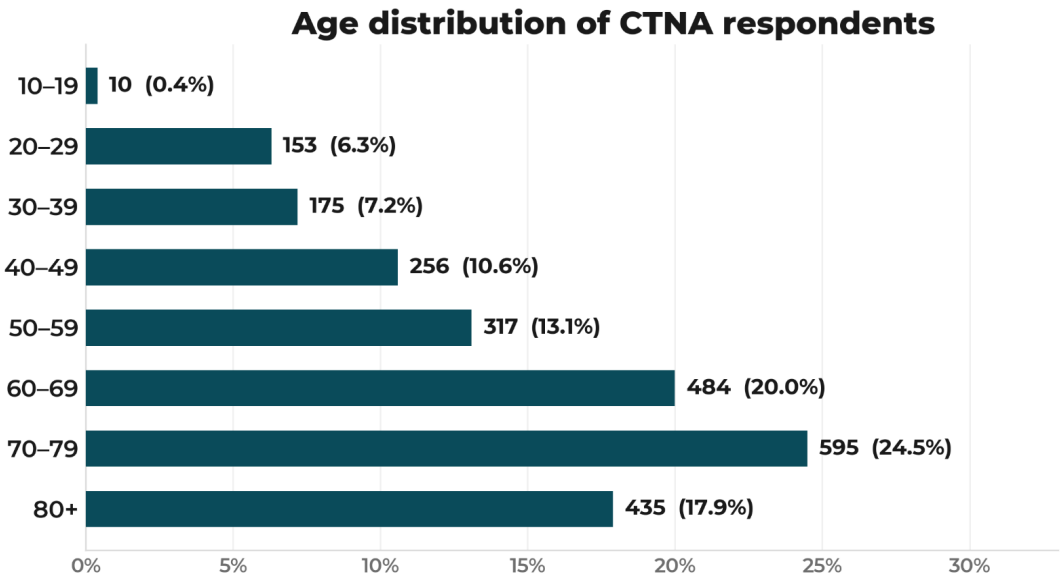


Valid-answer denominators: 2,325 (disability), 2,425 (age), 2,403 (rural), 2,441 (veterans). 121 "Prefer not to say" responses on disability excluded per §1.3 convention. Intentional oversampling is a design feature, not a bias.

This intentional centering is what gives the CTNA its analytical power for the Commission's policy questions. Unweighted figures throughout this companion are the primary frame, as oversampling was a design feature.

S.3 Age distribution

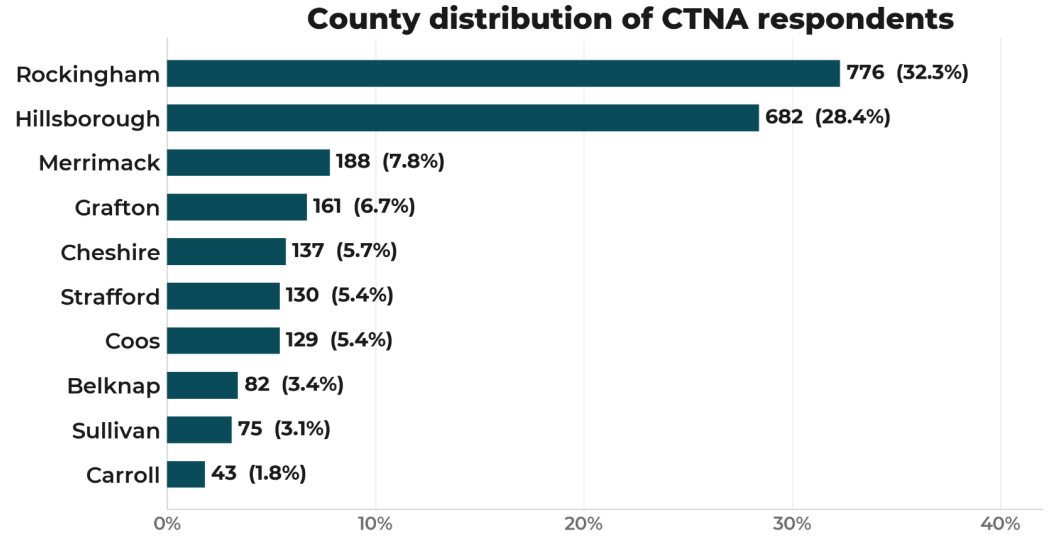
Among respondents who provided a valid age (*n* = 2,425), the sample skews notably older than the NH adult population: 62.4% are 60 or older, and 17.9% are 80 or older. The 10-to-19 band is negligible (*n* = 10) and should be noted when reporting any age-related finding.



Valid-age denominator: 2,425 · No Response: 349 · Cleaned sample *n* = 2,774

S.4 County distribution

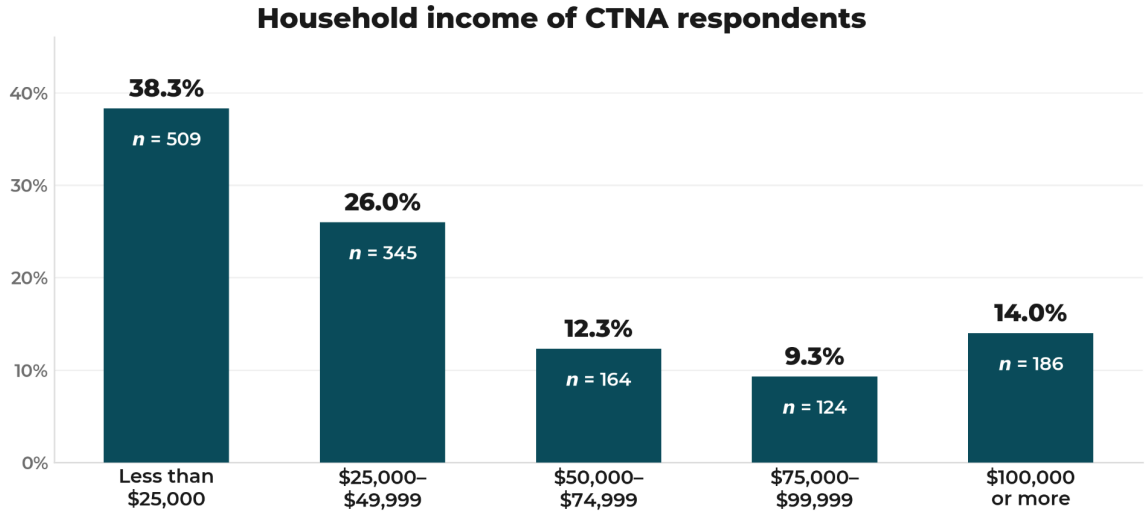
Rockingham (32.3%) and Hillsborough (28.4%) counties together account for 60.7% of the sample with valid geography. The North Country is represented by Coos (5.4%), Grafton (6.7%), and Carroll (1.8%); Carroll's small *n* = 43 means county-level rates for Carroll should always be interpreted cautiously.



Valid-county denominator: 2,403 · No Response: 371 · Rockingham and Hillsborough together account for 60.7% of the sample.

S.5 Household income

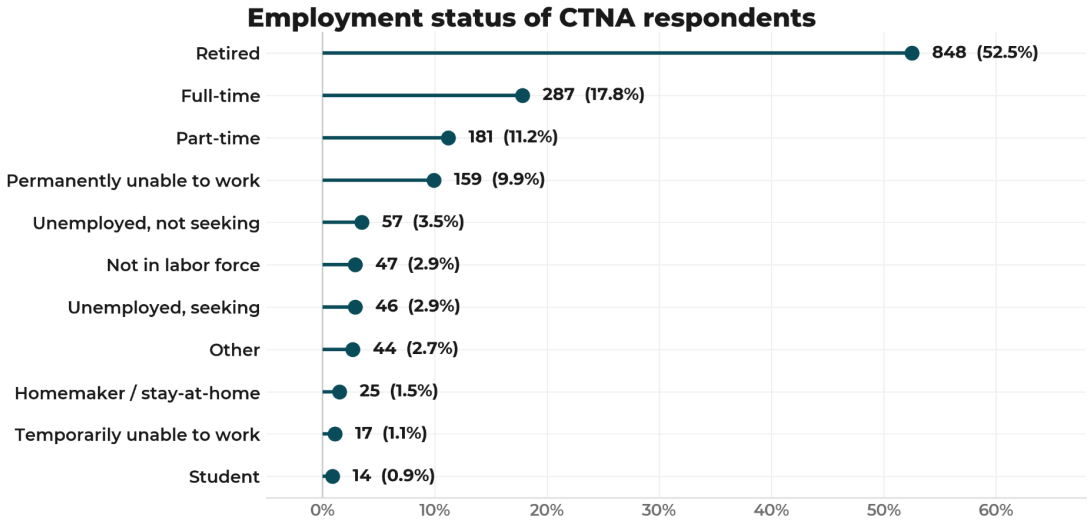
Among respondents who reported income (*n* = 1,328; 306 preferred not to say and 1,140 gave no response), 64.3% earn less than $50,000 per year (854/1,328), and 38.3% earn less than $25,000 per year (509/1,328). This economic profile is meaningfully lower-income than that of the NH adult population and should be kept in mind when interpreting any income-linked findings.



Valid-income denominator: 1,328. 306 "Prefer not to say" and 1,140 No Response excluded. 64.3% of respondents who reported income earn less than $50,000.

S.6 Employment status

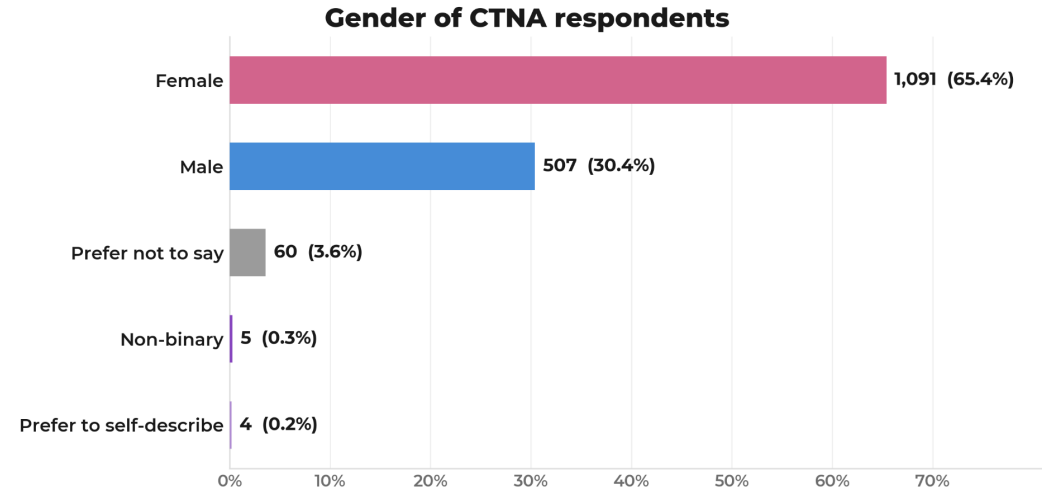
Employment was a multi-select question (respondents could select more than one status). Among respondents with a valid answer (*n* = 1,614), 848 (52.5%) identified as retired — consistent with the age centering of the sample — 464 (28.7%) reported full-time or part-time work, and 159 (9.9%) reported being permanently unable to work.



Multi-select: respondents could select more than one status. Valid-answer denominator: 1,614 (respondents who selected at least one status). 1,160 respondents made no selection and are excluded.

S.7 Gender

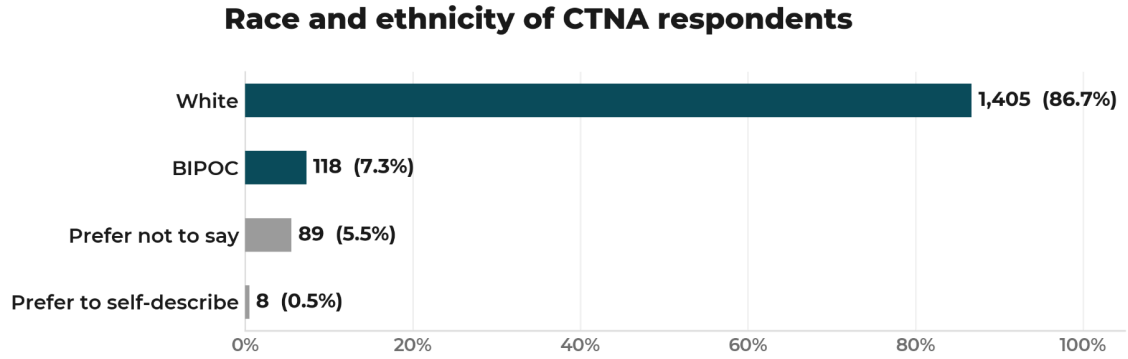
Among respondents who answered the gender question (*n* = 1,667), including 60 who selected 'Prefer not to say,' women are 65.4%, men are 30.4%, and non-binary plus self-described responses are 0.5%. The large No-Response count for this question (1,107) is among the biggest demographic blind spots in the CTNA sample and should be disclosed whenever gender-linked findings are reported.



Valid-gender denominator: 1,667 · No Response: 1,107 · Cleaned sample *n* = 2,774.

S.8 Race and ethnicity

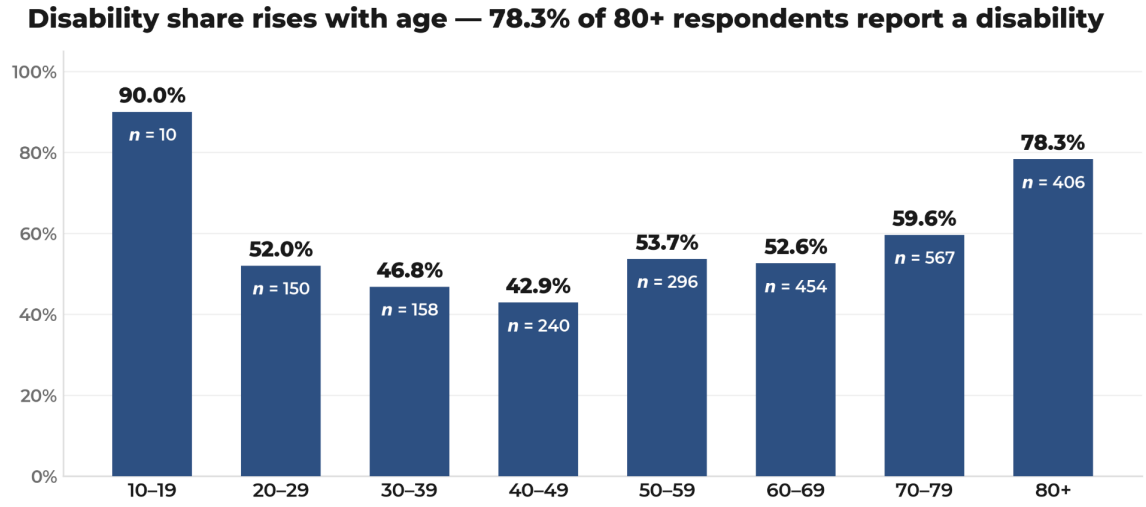
Among respondents who answered the race and ethnicity question (*n* = 1,620), including 89 who selected 'Prefer not to say' and 8 who chose to self-describe, 86.7% identified as White, 7.3% identified as BIPOC, 5.5% selected 'Prefer not to say', and 0.5% preferred to self-describe. The No-Response count for this question (1,154) is the largest demographic blind spot in the CTNA sample and should be disclosed whenever race-linked findings are reported.



Valid-race/ethnicity denominator: 1,620 · No Response: 1,154 · Cleaned sample *n* = 2,774. "Prefer not to say" counted as a valid response per §1.3 convention.

S.9 Disability share rises sharply with age

Disability prevalence varies with age in this sample. Respondents aged 80 or older report a disability at 75.4%, substantially higher than the 49.5% rate among under-60 respondents. This age-disability confound is important to keep in mind when reading age-subgrouped findings elsewhere in this companion — what reads as an age effect may, in part, be a disability effect.



Denominators: respondents in each age band who answered Yes or No. 121 "Prefer not to answer" responses excluded per §1.3

HEADLINE STATISTICS

LAYER 1 · NUMBERS CITED ACROSS THE CTNA SUITE

These are the statistics that appear in the CTNA action plan, policy briefs, legislative briefs, county profiles, and deck. Each number below is a verified, defensible value derived from the cleaned sample (*n* = 2,774) using the denominator convention in Section 1.3. If a reader questions any number in any CTNA deliverable, they can find it here, along with its numerator, denominator, question, and source.

42.8%

missed, delayed, or avoided medical care

884 of 2,065 New Hampshire respondents reported that transportation difficulty has caused them to miss, delay, or avoid medical care — including doctor's appointments, prescription pickups, therapy, or treatment. Rates rise sharply among people with disabilities (54.7%, *n* = 664 / 1,213) and among under-65 respondents with disabilities (67.6%, *n* = 315 / 466).

2.1 Core headline findings

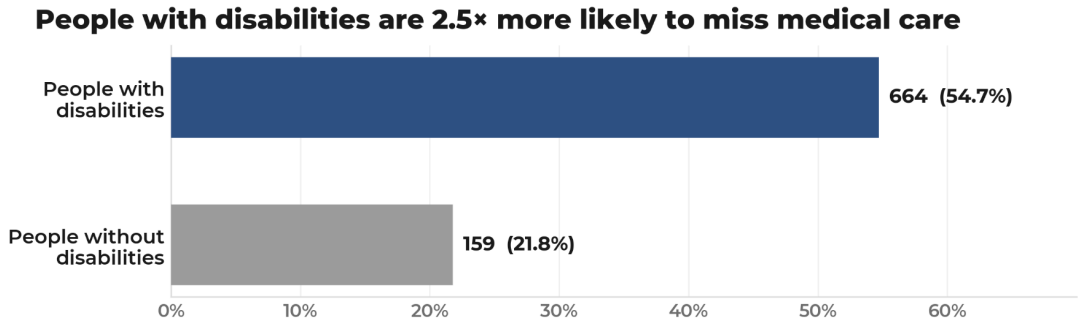
ID	Statistic	Num	Den	Pct	Universe & notes
TSI-1	TSI-6: any transportation insecurity	1,201	2,001	60.0%	Marginal/Low + Moderate/High combined. Valid TSI only; 773 TSI non-responders excluded. See § 3.1.
TSI-2	TSI-6: moderate / high insecurity	809	2,001	40.4%	TSI_Category = Moderate/High.
TSI-3	TSI-6: marginal / low insecurity	392	2,001	19.6%	TSI_Category = Marginal/Low.
TSI-4	TSI-6: no insecurity / secure	800	2,001	40.0%	TSI_Category = No insecurity / Secure.
MC-1	Missed, delayed, or avoided medical care	884	2,065	42.8%	Valid-answer denominator. Verified value behind the brief's '~43% / 4 in 10' framing.
ISO-1	Felt isolated or 'stuck at home' (30 days)	839	2,024	41.5%	Valid-answer denominator.

ID	Statistic	Num	Den	Pct	Universe & notes
WORK-1	Missed work or lost income due to transportation (labor-force-attached)	124	453	27.4%	Labor-force-attached denominator (FT, PT, unemployed seeking, temporarily unable to work). Non-labor-force respondents excluded as inapplicable.
WORK-1a	Missed work or lost income due to transportation (context figure)	215	1,058	20.3%	All valid Yes/No respondents regardless of employment status. Cross-reference only; not the headline rate.
KNH-1	Never heard of Keep NH Moving	1,450	1,665	87.1%	Response = 'No, I haven't heard of it.'
KNH-2	Heard of Keep NH Moving and visited the site	87	1,665	5.2%	Response = 'Yes, and I've visited the site.'

All figures were computed from SOURCE_CleanedMaster and cross-checked against FINAL_SampleAnalysis and FINAL_TSI_Baseline in CTNA2025_TrueSource_FF.xlsx. Question wording is preserved exactly as administered.

2.2 Missed medical care: the disability disparity

The missed-care question (MC-1) is one of the most-cited findings in the CTNA suite. The chart below shows the core equity finding: respondents with disabilities are roughly 2.5× more likely to report that transportation has caused them to miss, delay, or avoid medical care.



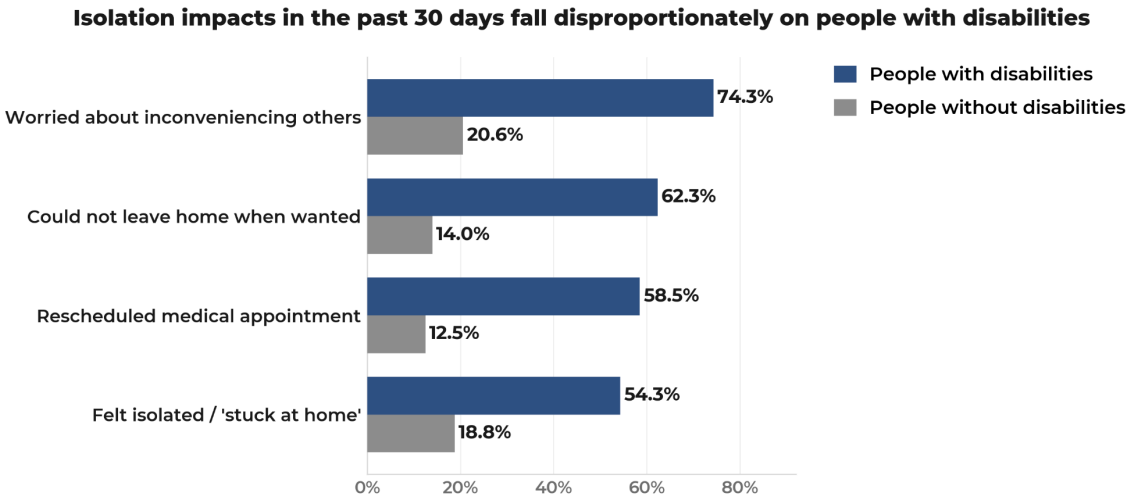
Denominators: People with disabilities who answered = 1,213 · People without disabilities who answered = 730 · Remaining 831 gave no response or prefer not to say · Cleaned sample *n* = 2,774.

The subgroup breakdowns below show how this rate varies by age, disability, and veteran status. The 67.6% rate for under-65 respondents with disabilities is the highest subgroup rate in the CTNA data and is the headline equity finding.

ID	Statistic	Num	Den	Pct	Universe & notes
MC-2	People with disabilities	664	1,213	54.7%	Disability = Yes; valid answer to MC question.
MC-3	Under-65 with disabilities	315	466	67.6%	Under-65 and disability; valid answer. Highest subgroup rate.
MC-4	Age 65+	420	1,155	36.4%	Age 65+; valid answer.
MC-5	Under-65 (all)	444	863	51.4%	Under-65; valid answer.
MC-6	Veterans	124	289	42.9%	Veteran = Yes; valid answer. Close to overall rate.

2.3 Isolation impact: four indicators, same pattern

The chart below, adapted from FINAL_SampleAnalysis shows four distinct isolation-related impacts in the past 30 days. In every indicator, the pattern is the same: people with disabilities report the impact at 3 to 4 times the rate of people without disabilities.



Denominators vary by question: PwD *n* = 1,189–1,200 · no-disability *n* = 712–1,189 · cleaned sample *n* = 2,774.

2.4 Transportation mode

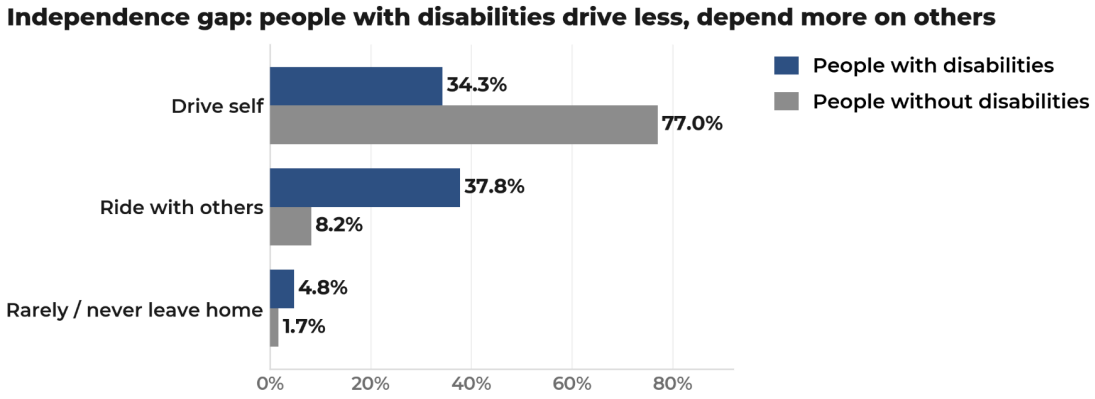
How respondents usually get around when they leave home. The denominator is those who gave any valid answer (*n* = 1,980); 794 respondents skipped the question entirely.

ID	Statistic	Num	Den	Pct	Universe & notes
MODE-1	Drive self	979	1,980	49.4%	Their own vehicle or family/friend's vehicle, they drive themselves.
MODE-2	Ride with family or friends	525	1,980	26.5%	
MODE-3	Walk	104	1,980	5.3%	
MODE-4	Public or community transit (bus, shuttle)	70	1,980	3.5%	
MODE-5	Rarely or never leave home	68	1,980	3.4%	Key isolation indicator.

ID	Statistic	Num	Den	Pct	Universe & notes
MODE-6	Volunteer driver	49	1,980	2.5%	
MODE-7	Paid ride service (Uber, Lyft, taxi)	32	1,980	1.6%	
MODE-8	Bicycle / e-bike	27	1,980	1.4%	
MODE-9	Wheelchair or mobility scooter	25	1,980	1.3%	
MODE-10	Other (please specify)	101	1,980	5.1%	See qualitative workbook for open-ended responses.

2.5 Primary mode: the independence gap

The same mode question, split by disability status. The shift is striking: 77% of respondents without disabilities drive themselves, compared to only 34% of respondents with disabilities — who instead rely heavily on rides from family or friends (38% vs 8%).



Source: FINAL_SampleAnalysis · Denominators: PwD who answered = 1,162 · No-disability who answered = 696.

2.6 Mobility-cliff indicators

Driving-transition responses from the driving-habits multi-select question set. Each item is a checkbox that respondents either selected or did not. The denominator is *n* = 1,165, reflecting respondents who

selected at least one option; the 1,609 respondents who made no selection are treated as non-responses and excluded per the §1.3 denominator convention. These figures are the foundation of the action plan's 'mobility cliff' framing.

ID	Statistic	Num	Den	Pct	Universe & notes
DRIVE-1	Started driving less	447	1,165	38.4%	Includes avoiding night driving, bad weather, or long distances.
DRIVE-2	Expect to start driving less in the future	200	1,165	17.2%	
DRIVE-3	Already stopped driving	132	1,165	11.3%	
DRIVE-4	Expect to stop driving, but not for at least 5 years	129	1,165	11.1%	
DRIVE-5	Expect to start using public/community transit	89	1,165	7.6%	
DRIVE-6	Expect to stop driving within the next 5 years	79	1,165	6.8%	

This table reports driving-transition items only. Response options not shown include "My driving habits haven't changed and I don't expect them to," "I'm not sure," and "Other (please specify)." Full response counts are available in FINAL_SampleAnalysis.

2.7 Driving confidence

How confident respondents feel when driving themselves. The denominator is *n* = 1,629, reflecting respondents who provided a valid answer to the confidence question. 1,145 respondents did not answer and are excluded per the §1.3 denominator convention.

ID	Statistic	Num	Den	Pct	Universe & notes
CONF-1	Extremely confident driving self	463	1,629	28.4%	Valid-answer denominator.
CONF-2	Confident driving self	436	1,629	26.8%	
CONF-3	Somewhat confident driving self	260	1,629	16.0%	
CONF-4	Not very confident driving self	470	1,629	28.9%	Nearly three in ten respondents report they are not very confident driving themselves.

2.8 'Kept from' — multi-select

What transportation problems kept respondents from doing in the past 30 days. Each item is a checkbox; the denominator is *n* = 1,926, reflecting respondents who selected at least one item. 848 respondents who made no selection are excluded per the §1.3 denominator convention.

ID	Statistic	Num	Den	Pct	Universe & notes
KEPT-1	Nothing / none of the above kept me from anything	840	1,926	43.6%	Selected 'None of the above.'
KEPT-2	Getting groceries or medication	686	1,926	35.6%	
KEPT-3	Social, religious, or recreational activities	499	1,926	25.9%	Cited in action plan §2.3.
KEPT-4	Other essential errands (bank, DMV, gov't services)	493	1,926	25.6%	

ID	Statistic	Num	Den	Pct	Universe & notes
KEPT-5	Work or school	199	1,926	10.3%	
KEPT-6	Caring for children, elders, or other family	103	1,926	5.4%	

This table reports improvement items only. "Other (please specify)" (191 responses) are excluded from the table but available in FINAL_SampleAnalysis.

2.9 Improvements wanted — overall ranking

Respondents could select as many improvements as they wanted. The denominator is *n* = 1,632, reflecting respondents who selected at least one improvement. 1,142 respondents who made no selection are excluded per the §1.3 denominator convention.

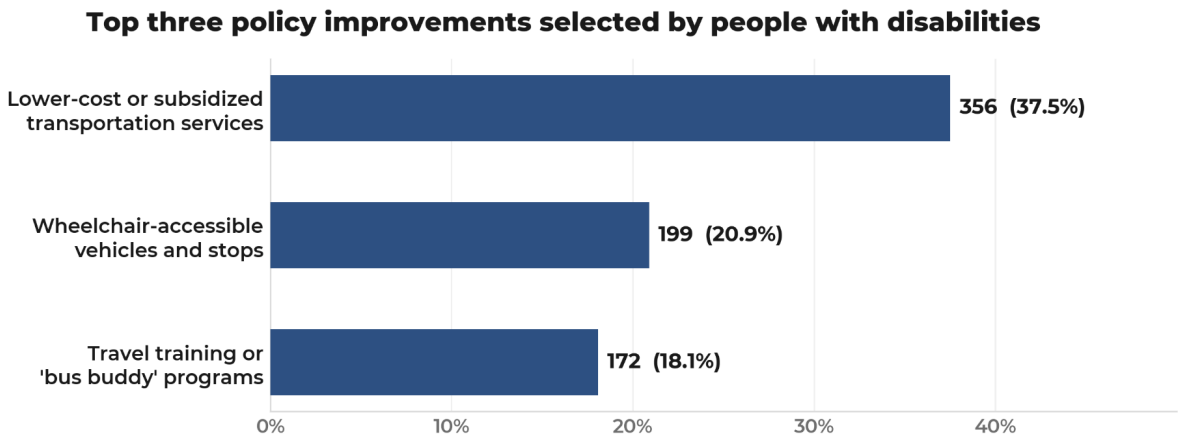
ID	Statistic	Num	Den	Pct	Universe & notes
IMP-1	More public transit routes or service areas	978	1,632	59.9%	#1 improvement.
IMP-2	Expanded rural or on-demand options	825	1,632	50.6%	#2.
IMP-3	More volunteer driver programs	635	1,632	38.9%	#3.
IMP-4	Clearer information about transportation options	592	1,632	36.3%	#4.
IMP-5	Lower-cost or subsidized transportation services	554	1,632	34.0%	#5.

ID	Statistic	Num	Den	Pct	Universe & notes
IMP-6	Having a plan for if I/household can't drive	463	1,632	28.4%	#6.
IMP-7	Safer streets, sidewalks, and crossings	446	1,632	27.3%	#7.
IMP-8	Help using apps, phones, or websites for rides	353	1,632	21.6%	#8.
IMP-9	More wheelchair-accessible vehicles and stops	296	1,632	18.1%	#9.
IMP-10	A travel trainer or 'bus buddy'	273	1,632	16.7%	#10.

This table reports improvement items only. "Other" (104 responses) are excluded from the table but available in FINAL_SampleAnalysis.

2.10 Top policy levers named by people with disabilities

Filtered to respondents with disabilities (*n* = 950 who answered the improvements question), three policy levers stand out with particular weight. Subsidized transportation leads at 37.5%, followed by wheelchair-accessible vehicles and stops (20.9%) and travel training (18.1%).



Denominator: PwD who answered the improvements question = 950 · No responses = 391 · Source: FINAL_SampleAnalysis.

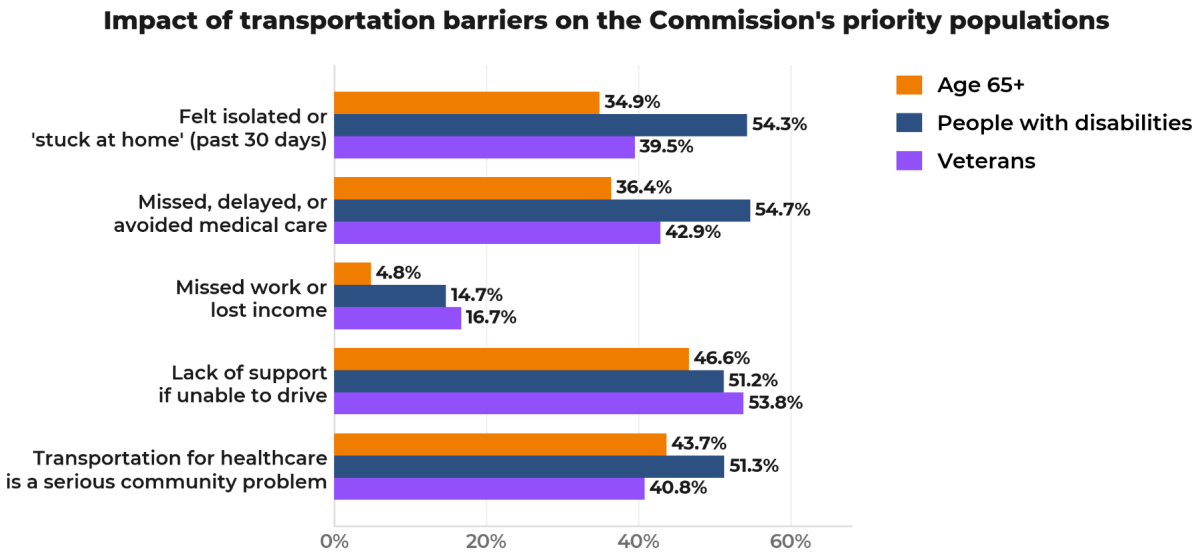
PRIORITY POPULATIONS

LAYER 2 · OLDER ADULTS, PEOPLE WITH DISABILITIES, AND VETERANS

The Commission on Aging's mandate centers on three populations: older adults (65+), people with disabilities, and veterans. The CTNA sample intentionally oversampled all three. This section first presents the cross-population comparison, then a dedicated indicator profile for each group. Statistics cited in subsequent CTNA deliverables about any of these groups should trace back to the figures below.

PP.1 Cross-population comparison

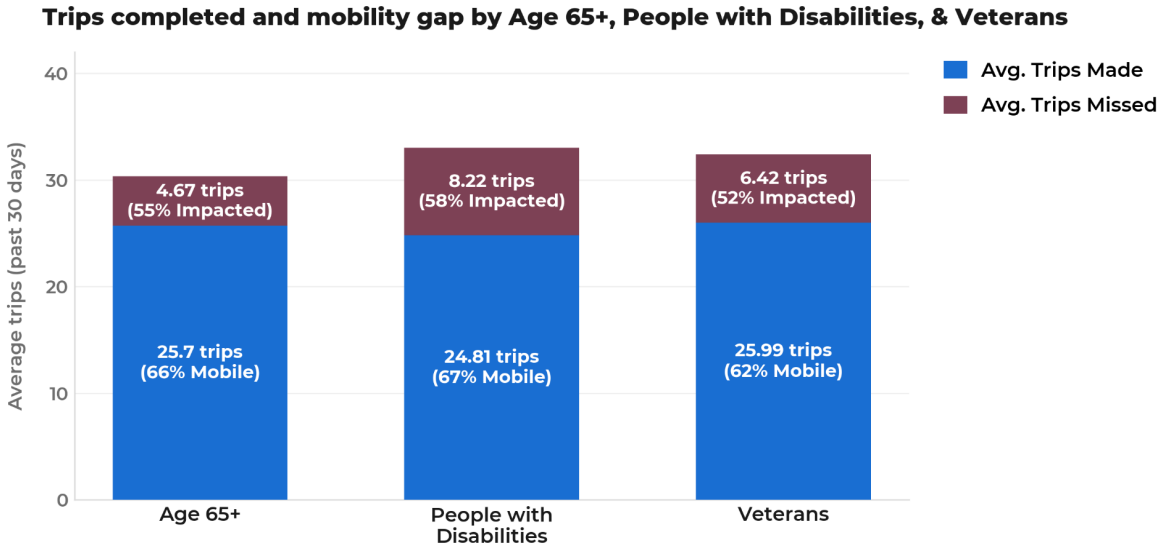
Across every headline indicator for which FINAL_ExclusiveCategories tab has comparable figures, people with disabilities report the highest rate of transportation barrier, often by a significant margin. Veterans report the second-highest rate on missed work/income and on lack of support if unable to drive. Older adults report the lowest rate on most indicators, likely because a large share are retired and no longer commuting. This chart is the anchor reference for priority-population comparisons across the CTNA suite.



Denominators vary by question and by group. Full *n* documented in PP.2–PP.4. Source: FINAL_Exclusive Categories.

PP.2 The mobility gap — trips made vs trips missed

A companion view: instead of reporting the share of respondents affected, this chart shows the average number of one-way trips made and missed per person in each group. Across all three groups, respondents make roughly 25 trips per month. But the mobility gap — trips wanted but not made due to transportation — is meaningfully different: people with disabilities miss an average of 8.22 trips per month, compared to 6.42 for veterans and 4.67 for older adults.

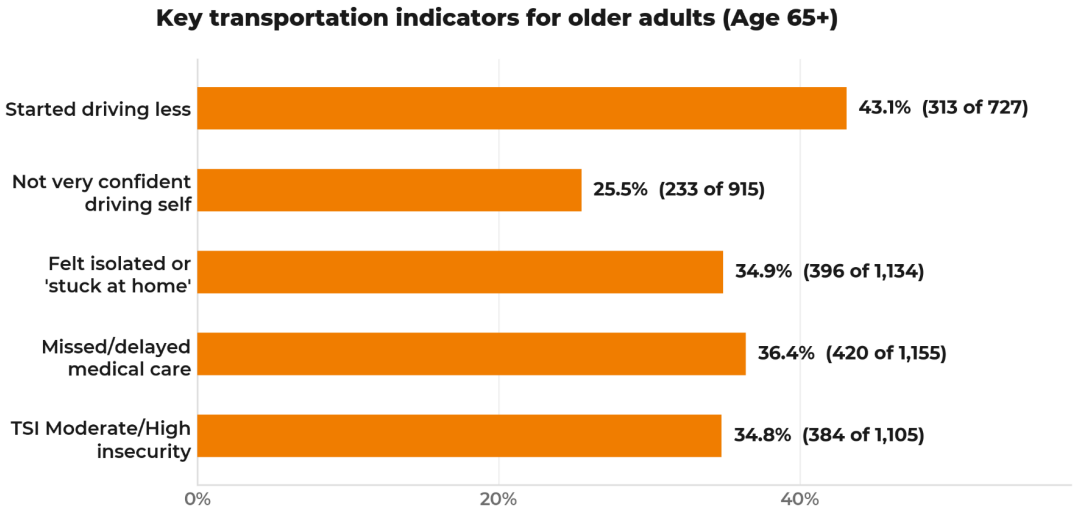


Source: FINAL_Exclusive Categories. Denominators: Age 65+ *n* = 461 · People with Disabilities *n* = 494 · Veterans *n* = 356.

Adapted from FINAL_ExclusiveCategories, rows 8–11. Denominators differ between trips made and trips not made: Age 65+ (made n = 864, not made n = 721); People with disabilities (made n = 901, not made n = 776); Veterans (made n = 202, not made n = 170). One veteran respondent with a trips-made value above one million per month was excluded as an outlier.

PP.3 Older adults (Age 65+)

Age 65+ respondents constitute the Commission's central constituency and the largest priority population group in the sample (*n* = 1,308; 53.9% of respondents with a valid age response). Older adults report the lowest rate on most transportation-barrier indicators — likely reflecting that many are retired and no longer commuting — but show the defining pattern of mobility-cliff indicators. 43.1% have started driving less, and a quarter of those who answered the confidence scale are not very confident driving themselves.



Denominators vary by question. All indicators use valid-answer denominator among Age 65+ respondents based on questions. 'Started driving less' is a multi-select question.

ID	Statistic	Num	Den	Pct	Universe & notes
65-MC	Missed, delayed, or avoided medical care	420	1,155	36.4%	Valid-answer denominator among 65+.
65-ISO	Felt isolated or 'stuck at home' (30 days)	396	1,134	34.9%	Valid-answer denominator among 65+.
65-TSI	TSI Moderate/High insecurity	384	1,105	34.8%	65+ with valid TSI. Lower than under-65 (48.0%).

ID	Statistic	Num	Den	Pct	Universe & notes
65-DRV	Started driving less	313	727	43.1%	Multi-select; Valid-answer denominator among 65+.
65-CONF	Not very confident driving self	233	915	25.5%	65+ who answered the confidence scale.

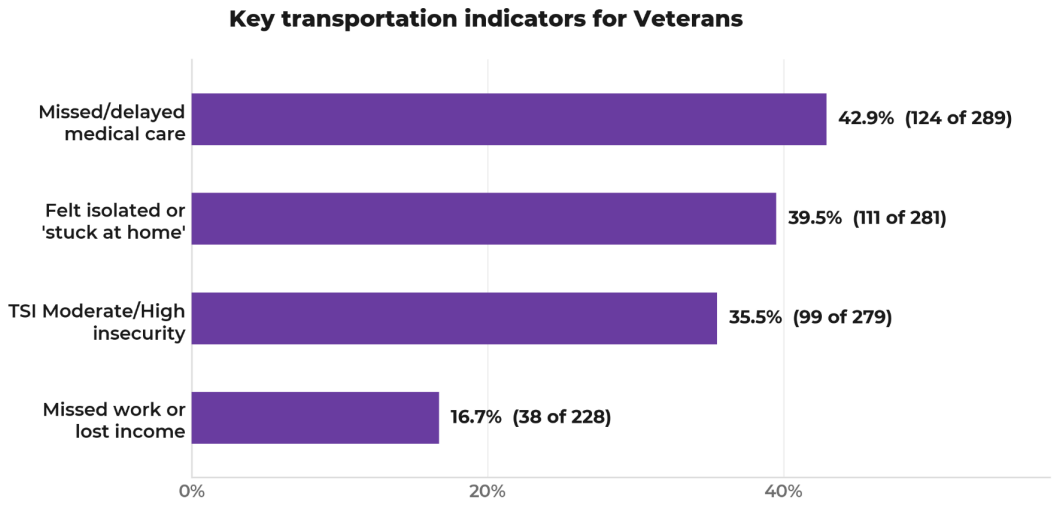
PP.4 People with disabilities

People with disabilities are the largest priority population group after older adults (*n* = 1,341; 57.7% of respondents with a substantive disability response) and experience every transportation barrier at the highest rate. The headline charts for this population are embedded earlier in this companion (Sections 2.2, 2.3, 2.5, 2.10, and 3.2); the table below consolidates the key indicators for reference.

ID	Statistic	Num	Den	Pct	Universe & notes
PWD-MC	Missed, delayed, or avoided medical care	664	1,213	54.7%	See §2.2 for chart and full subgroup breakdown.
PWD-ISO	Felt isolated or 'stuck at home' (30 days)	652	1,200	54.3%	See §2.3 for 4-indicator isolation chart.
PWD-TSI	TSI Moderate/High insecurity	630	1,189	53.0%	See §3.2 for chart and breakdown.
PWD-WORK	Missed work or lost income	143	970	14.7%	Multi-select denominator; PwD answered.
PWD-MODE	Drive self as primary mode	399	1,162	34.3%	Compared to 77.0% for no-disability. See §2.5.

PP.5 Veterans

Veterans are the smallest priority-population group in the sample (*n* = 328; 13.4% of veteran-status respondents). Veterans report missed-care and missed-work rates that are close to overall sample levels but slightly higher than those of older adults on most indicators. The veteran-transportation-services question set is the CTNA's only direct measure of existing uptake of veteran services.

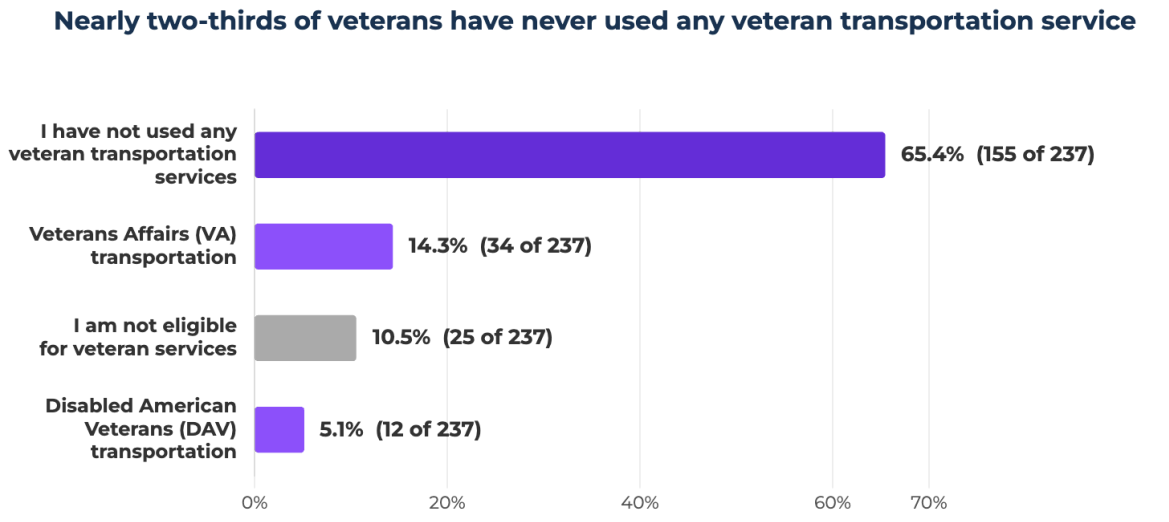


Denominators vary by question. Sample includes 328 self-identified veterans out of 2,441 who answered the veteran-status question.

ID	Statistic	Num	Den	Pct	Universe & notes
VET-MC	Missed, delayed, or avoided medical care	124	289	42.9%	Close to an overall sample rate of 42.8%.
VET-ISO	Felt isolated or 'stuck at home' (30 days)	111	281	39.5%	Similar to the overall rate of 41.5%.
VET-TSI	TSI Moderate/High insecurity	99	279	35.5%	Slightly lower than overall (40.4%).
VET-WORK	Missed work or lost income	38	228	16.7%	Higher than overall (13.3%).

PP.5.1 Veteran transportation-services use

The most striking veteran finding is on existing transportation services: nearly two-thirds of veterans who responded (65.4%) have not used any veteran transportation service, compared to only 14.3% who have used Veterans Affairs transportation and 5.1% who have used Disabled American Veterans transportation. This signals substantial untapped demand in the existing service landscape.



Multi-select question. Respondents could select more than one option. Denominator is veterans who answered the service use question (*n* = 237).

ID	Statistic	Num	Den	Pct	Universe & notes
VET-S1	Has not used any veteran transportation services	155	237	65.4%	Multi-select; denominator = all veterans in cleaned sample.
VET-S2	Veterans Affairs (VA) transportation	34	237	14.3%	
VET-S3	Disabled American Veterans (DAV) transportation	12	237	5.1%	
VET-S4	Not eligible for veteran transportation services	25	237	10.5%	

Note: This replaces the 63.7% figure cited in earlier drafts (144/173) and the subsequently revised 47.3% figure (155/328). Both used incorrect denominators — the former too narrow, the latter too broad. The 65.4% (155/237) figure uses only veterans who responded to the question as the denominator and is the recommended citation going forward.

TSI & GEOGRAPHY

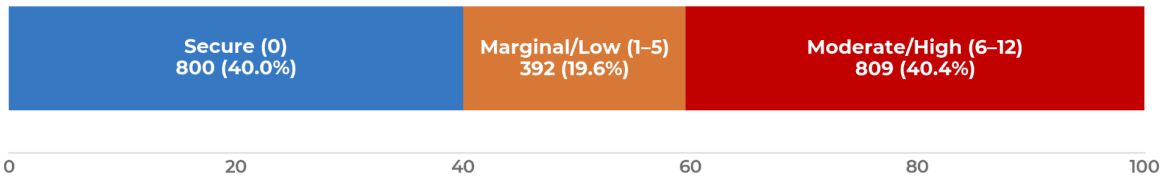
LAYER 3 · TRANSPORTATION SECURITY INDEX AND COUNTY PATTERNS

The TSI-6 composite is the CTNA's primary measure of transportation security. Scores run 0–18 (or on a 3-category scale used here): No insecurity / Secure, Marginal/Low insecurity, and Moderate/High insecurity. All TSI figures are reported on the *n* = 2,001 valid-TSI base, with 773 TSI non-responders disclosed.

3.1 TSI distribution (overall)

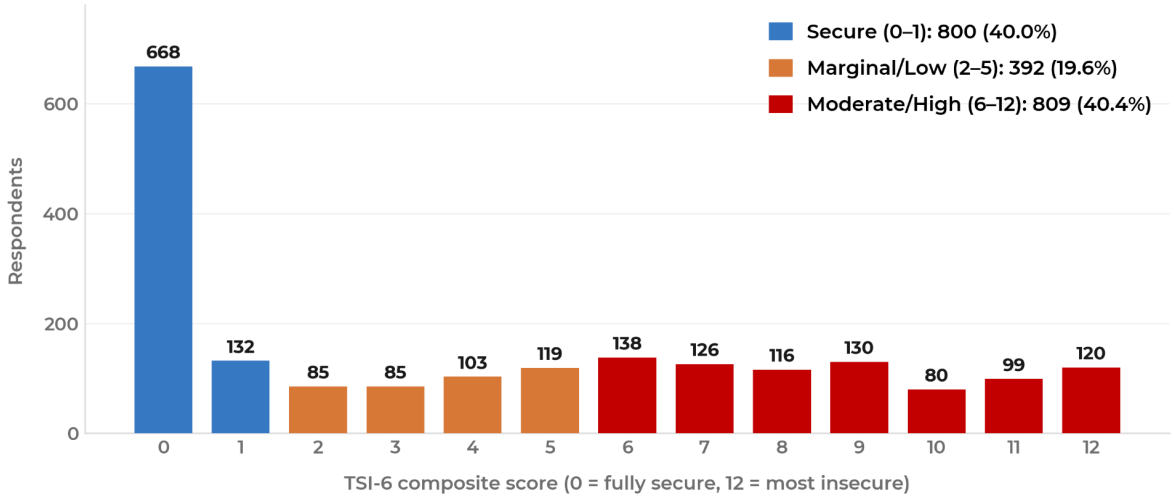
Six in ten respondents with a valid TSI-6 score experience some level of transportation insecurity. The stacked bar below shows the three-category split; the histogram beneath it shows the full 0–12 score distribution that produces those categories. The secure group clusters tightly at score 0 (668 respondents) while the insecure groups spread across scores 2–12.

Six in ten respondents experience some transportation insecurity



Base: respondents with valid TSI-6 = 2,001 · 773 TSI non-responders excluded from scoring

TSI-6 score distribution across the valid-TSI sample (*n* = 2,001)



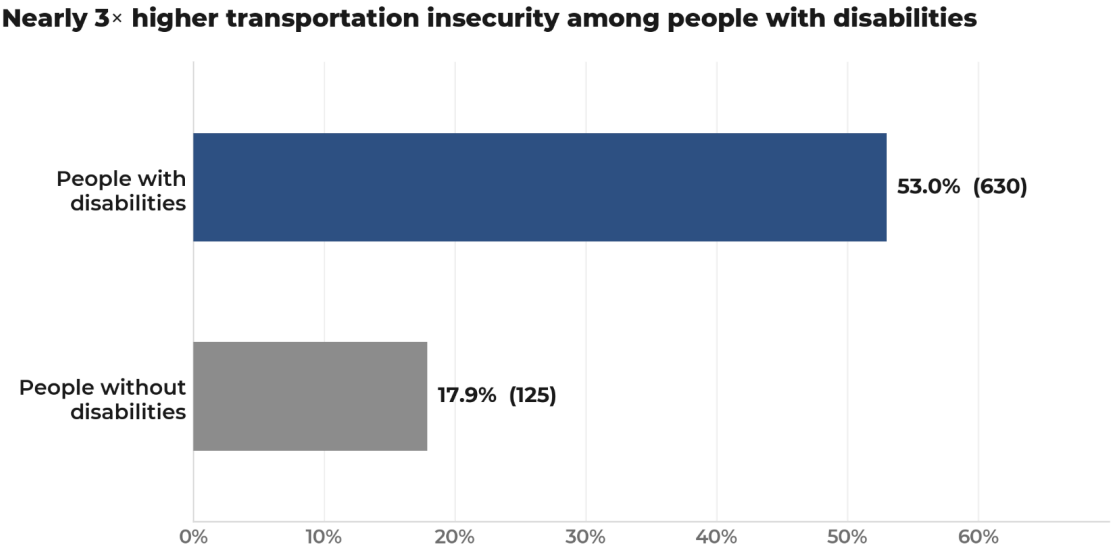
Base: respondents with valid TSI-6 = 2,001 · 773 TSI non-responders excluded from scoring · Source: FINAL_TSI_Baseline

ID	Statistic	Num	Den	Pct	Universe & notes
TSI-2	Moderate/High insecurity	809	2,001	40.4%	TSI-6 score 6–12 (moderate-to-high range).
TSI-3	Marginal/Low insecurity	392	2,001	19.6%	TSI-6 score 2–5 (marginal-to-low range).
TSI-4	No insecurity / Secure	800	2,001	40.0%	TSI-6 score 0 or 1 (secure range).
TSI-1	Any insecurity (Mod/Hi + Marg/Lo)	1,201	2,001	60.0%	Combined.

Base n: 2,001. TSI non-responders excluded: 773. Cross-checked against FINAL_TSI_Baseline tab.

3.2 TSI by disability status

The disability dimension of transportation insecurity is the starkest finding in the TSI data. Respondents with disabilities are nearly three times as likely to score Moderate/High on the TSI-6 as respondents without disabilities.

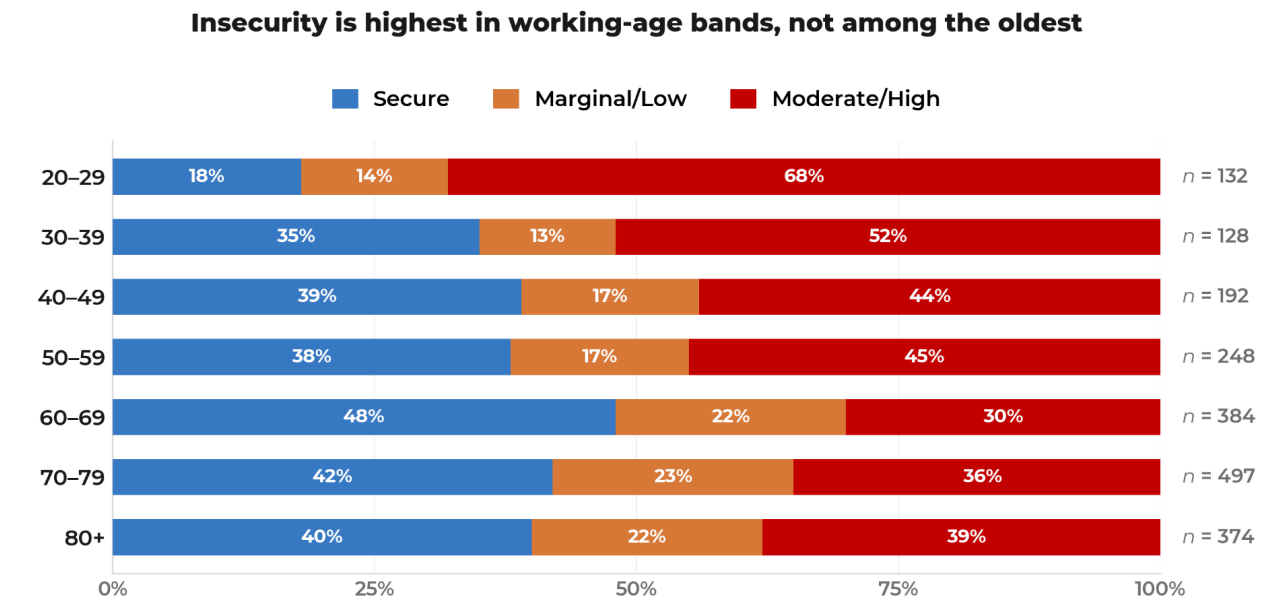


Denominators: PwD with valid TSI = 1,189 · No-disability with valid TSI = 699 · TSI non-responders (773) excluded.

ID	Statistic	Num	Den	Pct	Universe & notes
TSI-DIS-1	People with disabilities, any insecurity	890	1,189	74.9%	260 Marg/Low + 630 Mod/High. Rate is substantially higher than no-disability respondents.
TSI-DIS-2	No disability, any insecurity	232	699	33.2%	107 Marg/Low + 125 Mod/High.
TSI-DIS-3	People with disabilities, Moderate/High only	630	1,189	53.0%	

3.3 TSI by age group

The age dimension of the TSI data is counter-intuitive: younger respondents report more insecurity than older respondents. Under-65 respondents show 65.0% any insecurity vs 56.8% for 65+; within Moderate/High only, the gap widens to 48.0% vs 34.8%. The age-band chart below reveals the pattern in finer grain — the 20–29 band shows a 68% Moderate/High rate, the highest of any band.



Base: respondents with valid age AND valid TSI-6 = 1,962. Bands shown = 1,955 (10–19 band excluded; *n* = 7, negligible).
Source: FINAL_SampleAnalysis, TSI-6 by Age Band.

ID	Statistic	Num	Den	Pct	Universe & notes
TSI-AG-1	65+, any insecurity	628	1,105	56.8%	244 Marg/Low + 384 Mod/High.
TSI-AG-2	Under-65, any insecurity	557	857	65.0%	146 Marg/Low + 411 Mod/High.
TSI-AG-3	65+, Moderate/High only	384	1,105	34.8%	
TSI-AG-4	Under-65, Moderate/High only	411	857	48.0%	Under-65 respondents report Mod/High insecurity at a substantially higher rate than 65+ respondents.

3.3a TSI by age band

ID	Age Band	n	Mod/High n	Mod/High %	Any Insecurity %
TSI-AG-band-1	10–19 years (suppressed)	7	— (n < 10)	— (n < 10)	— (n < 10)
TSI-AG-band-2	20–29 years	132	90	68.2%	81.8% (108/132)
TSI-AG-band-3	30–39 years	128	66	51.6%	64.8% (83/128)
TSI-AG-band-4	40–49 years	192	85	44.3%	61.5% (118/192)
TSI-AG-band-5	50–59 years	248	111	44.8%	61.7% (153/248)
TSI-AG-band-6	60–69 years	384	116	30.2%	51.6% (198/384)
TSI-AG-band-7	70–79 years	497	177	35.6%	55.7% (277/497)
TSI-AG-band-8	80 years and over	374	144	38.5%	56.7% (212/374)
TSI-AG-band-total	**All age bands (excl. No Response)**	**1,955**	**789**	**40.4%**	**59.9% (1,171/1,955)**

Base n: 1,955 valid-TSI respondents with documented age band (out of 2,001 valid TSI; 46 respondents have valid TSI but No Response on Age Band and are excluded from this table). Statewide total tie-out: 40.4% Mod/High matches the published §3.1

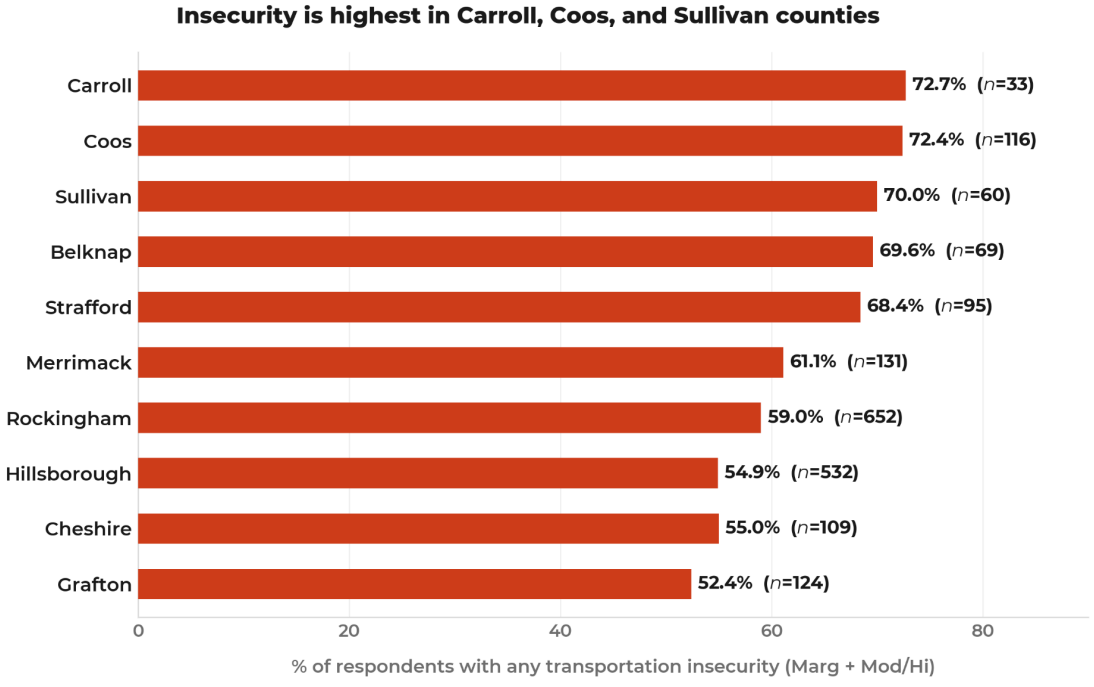
baseline within rounding. Sample-size flag: 10–19 age band suppressed because n < 10 per the three-tier reporting standard introduced in §3.5b/§3.5c.

3.4 TSI by veteran status

ID	Statistic	Num	Den	Pct	Universe & notes
TSI-VET-1	Veterans, any insecurity	154	279	55.2%	55 Marg/Low + 99 Mod/High.
TSI-VET-2	Non-veterans, any insecurity	1,026	1,690	60.7%	

3.5 TSI by county

Ranked from highest to lowest share of respondents with any transportation insecurity. Carroll, Coos, and Sullivan counties show the highest rates, all above 70%. Grafton shows the lowest at 52.4%. Denominators are county-level respondents with a valid TSI score; the numerator is Marginal/Low + Moderate/High combined. Denominators vary widely (from 33 in Carroll to 652 in Rockingham), so small-county rates should be interpreted with caution.



Source: FINAL_SampleAnalysis, TSI-6 by County section.

County	Insecure (n)	Valid TSI (n)	Rate
Carroll	24	33	72.7%
Coos	84	116	72.4%
Sullivan	42	60	70.0%
Belknap	48	69	69.6%
Strafford	65	95	68.4%
Merrimack	80	131	61.1%
Rockingham	385	652	59.0%
Hillsborough	292	532	54.9%
Cheshire	60	109	55.0%
Grafton	65	124	52.4%

3.5a TSI by Regional Coordination Council region

The county-level TSI patterns documented in §3.5 are sharper when re-cut along RCC boundaries — the geographic units the CTNA's recommendations are organized around. Of the 2,001 valid-TSI respondents, 1,921 (96.0%) have a documented RCC; 80 respondents have valid TSI but unrecorded RCC and are excluded from this table.

ID	RCC Region	Valid TSI (n)	Any Insecurity	Moderate/High
TSI-RCC-1	Region 1 (Grafton-Coös)	240	149 (62.1%)	125 (52.1%)
TSI-RCC-2	Region 2 (Carroll)	33	24 (72.7%)	20 (60.6%)
TSI-RCC-3	Region 3 (Mid-State)	198	129 (65.2%)	97 (49.0%)

ID	RCC Region	Valid TSI (n)	Any Insecurity	Moderate/High
TSI-RCC-4	Region 4 (Sullivan)	60	42 (70.0%)	27 (45.0%)
TSI-RCC-5	Region 5 (Monadnock)	179	105 (58.7%)	69 (38.5%)
TSI-RCC-7	Region 7 (Greater Nashua)	213	126 (59.2%)	78 (36.6%)
TSI-RCC-8	Region 8 (Southern NH)	603	318 (52.7%)	184 (30.5%)
TSI-RCC-10	Region 10 (ACT)	395	252 (63.8%)	162 (41.0%)
TSI-RCC-total	**Statewide (8 RCCs)**	**1,921**	**1,145 (59.6%)**	**762 (39.7%)**

Base n: 1,921 (valid-TSI respondents with documented RCC). Excluded: 80 valid-TSI respondents with "No Response" on RCC field, plus the 773 TSI non-responders from the broader sample (disclosed in §1.4). Statewide row matches the published §3.1 figures within rounding.

3.5b TSI by RCC region × priority population

This cross-cut reveals the within-priority-population disparities that single-population analyses can obscure. Under-65 residents with disabilities report TSI moderate/high insecurity at 57–81% across every RCC where the cell is reportable — far above the regional overall rates.

Moderate/High insecurity by RCC × priority population

RCC	Overall	Disability	Veteran	Older 60+	Under-65 + Disability
Region 1	125/240 = 52.1%	92/136 = 67.6%	15/26 = 57.7%*	60/145 = 41.4%	51/67 = 76.1%
Region 2	20/33 = 60.6%	10/16 = 62.5%**	— (n=9)	13/19 = 68.4%**	— (n=7)
Region 3	97/198 = 49.0%	63/113 = 55.8%	5/16 = 31.3%**	40/92 = 43.5%	31/57 = 54.4%
Region 4	27/60 = 45.0%	24/37 = 64.9%	— (n=6)	12/31 = 38.7%	18/21 = 85.7%**
Region 5	69/179 = 38.5%	52/93 = 55.9%	3/15 = 20.0%**	31/112 = 27.7%	33/42 = 78.6%

RCC	Overall	Disability	Veteran	Older 60+	Under-65 + Disability
Region 7	78/213 = 36.6%	60/111 = 54.1%	12/31 = 38.7%	42/129 = 32.6%	33/49 = 67.3%
Region 8	184/603 = 30.5%	159/354 = 44.9%	26/109 = 23.9%	107/399 = 26.8%	69/121 = 57.0%
Region 10	162/395 = 41.0%	139/287 = 48.4%	26/57 = 45.6%	117/294 = 39.8%	47/86 = 54.7%
Statewide	**762/1,921 = 39.7%**	**599/1,147 = 52.2%**	**93/269 = 34.6%**	**422/1,221 = 34.6%**	**286/450 = 63.6%**

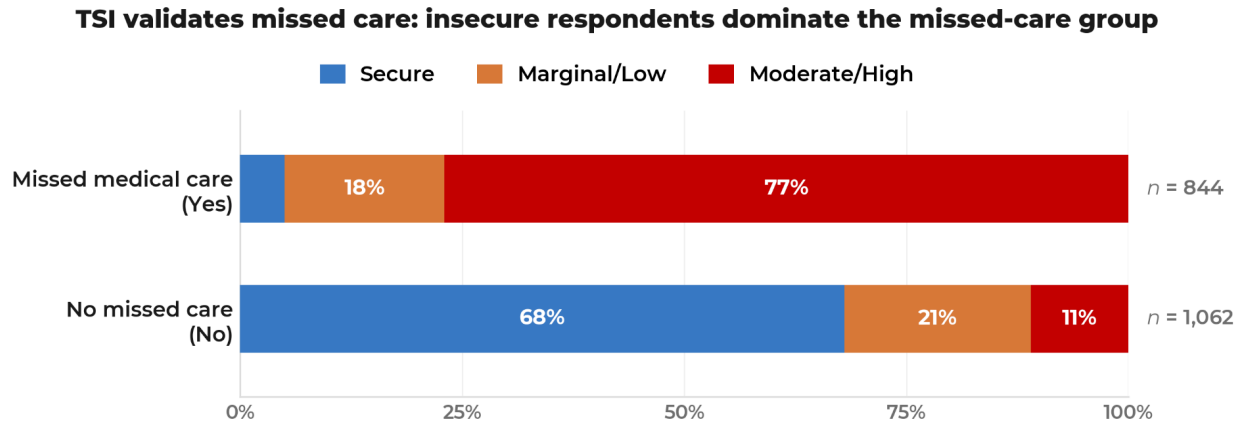
Any insecurity by RCC × priority population

RCC	Overall	Disability	Veteran	Older 60+	Under-65 + Disability
Region 1	149/240 = 62.1%	104/136 = 76.5%	17/26 = 65.4%*	80/145 = 55.2%	55/67 = 82.1%
Region 2	24/33 = 72.7%	12/16 = 75.0%**	— (n=9)	16/19 = 84.2%**	— (n=7)
Region 3	129/198 = 65.2%	86/113 = 76.11%	9/16 = 56.3%**	54/92 = 58.7%	46/57 = 80.7%
Region 4	42/60 = 70.0%	30/37 = 81.1%	— (n=6)	19/31 = 61.3%	21/21= 100.0%**
Region 5	105/179 = 58.7%	75/93 = 80.6%	7/15 = 46.7%**	61/112 = 54.5%	38/42 = 90.5%
Region 7	126/213 = 59.2%	86/111 = 77.5%	18/31 = 58.1%	72/129 = 55.8%	45/49 = 91.8%
Region 8	318/603 = 52.7%	253/354 = 71.5%	52/109 = 47.7%	206/399 = 51.6%	99/121 = 81.8%
Region 10	252/395 = 63.8%	209/287 = 72.8%	35/57 = 61.4%	185/294 = 62.9%	68/86 = 79.1%
Statewide	**1,145/1,921 = 59.6%**	**855/1,147 = 74.5%**	**147/269 = 54.6%**	**693/1,221 = 56.8%**	**376/450 = 83.6%**

*Base n: 1,921 valid-TSI respondents with documented RCC. Subgroup denominators reflect the count within each RCC × priority population intersection. Cells flagged * (n=20–29) are reported as directional; cells flagged ** (n=10–19) are reported as preliminary; cells with n<10 are suppressed.*

3.6 TSI validates the missed-care self-report

A final check on the TSI-6 measure: respondents who reported missing medical care due to transportation are overwhelmingly concentrated in the Moderate/High TSI category (77.3%), while respondents who did not report missed care are overwhelmingly secure (68%). This cross-check — an independent composite measure aligning with a direct self-report — strengthens confidence in both measures.



Respondents in both groups have a valid TSI-6 score. This is a cross-check between an independent composite measure (TSI-6) and a direct self-report (missed care). "Other (please specify)" responses (46) are excluded from the visual but available in FINAL_SampleAnalysis.

3.7 TSI by rural / urban

Two rural definitions are reported: the US Census definition and the FTA definition. The FTA definition is considerably broader. Both are retained in the source data. The action plan's 'rural' framing should be checked against whichever definition was used in the cited figure.

ID	Statistic	Num	Den	Pct	Universe & notes
RU-1	Census-defined Rural, any TSI insecurity	517	884	58.5%	Census-defined rural with valid TSI.
RU-2	Census-defined Urban, any TSI insecurity	628	1,037	60.6%	Slightly higher than the rural rate.

ID	Statistic	Num	Den	Pct	Universe & notes
RU-3	FTA-defined Rural, any TSI insecurity	821	1,357	60.5%	FTA definition is broader than Census.
RU-4	FTA-defined Urban, any TSI insecurity	324	564	57.4%	

RECONCILIATION

LAYER 4 · CONFIRMED FIGURES AND DRAFT VERSION LOG

This layer documents the final status of figures that required confirmation during the companion build, and provides a version log of statistics from earlier analytical drafts. All figures in §4.1–§4.3 have been confirmed by the data lead and are independently reproducible from the cleaned sample (*n* = 2,774). §4.4 catalogues figures from prior analytical versions that are superseded by the values published in Sections 2 and 3 of this companion. Where a deliverable in circulation still references an earlier figure, the replacement value and source section are noted in the table.

4.1 Confirmed: rural transit-availability chart in Mobility is Medicine brief

RECIPE CONFIRMED

During the rebuild of this companion, all four bars on the Mobility is Medicine brief's rural-transit chart were reproduced exactly from the cleaned sample. The recipe is now documented below and the chart is defensible as-published.

Denominator definition: Census-defined rural respondents in the specified subgroup (65+ or PwD) whose Options_in_Area_NoResponse field is null — i.e., they engaged with the transportation-options question set in any way. This yields *n* = 433 for rural 65+ and *n* = 457 for rural PwD.i

Numerator definition ('No available [service]'): respondents who selected any of these three response codes: 'I've never used it, and I don't know if it's in my area,' 'I've never used it but it is in my area,' or 'I

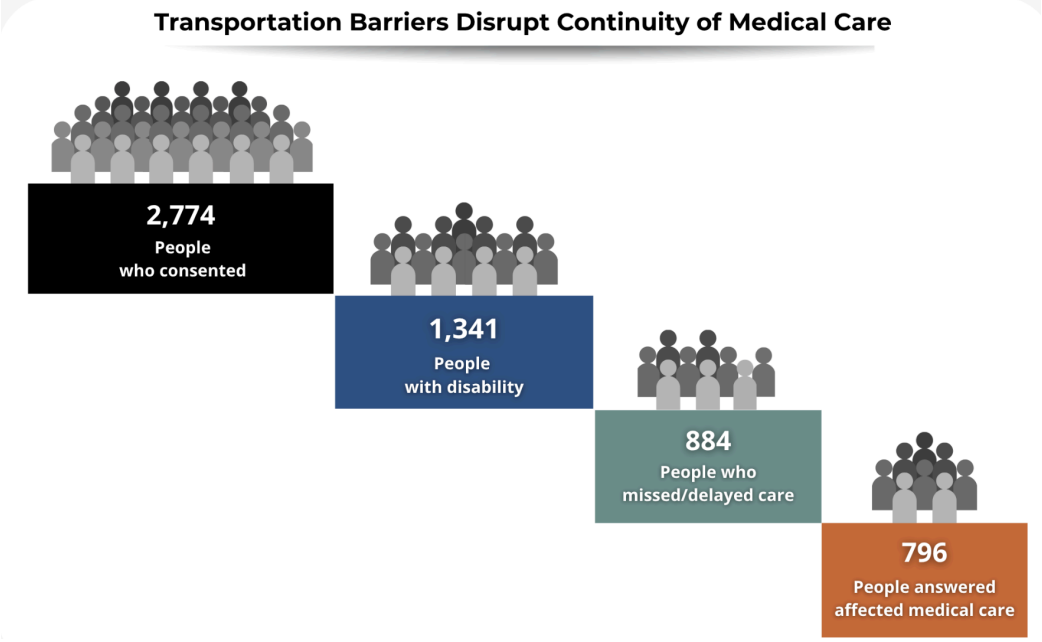
used to use it but I no longer do.' This label is shorthand for respondents who are not currently using the service — whether because it is unavailable, unknown to them, or no longer accessible.

ID	Statistic	Num	Den	Pct	Universe & notes
MIM-1	No available fixed-route public bus — Rural 65+	375	433	86.6%	Matches brief's 86.61% exactly.
MIM-2	No available fixed-route public bus — Rural PwD	386	457	84.5%	Matches brief's 84.46% exactly.
MIM-3	No available intercity bus or train — Rural 65+	282	433	65.1%	Matches brief's 65.13% exactly.
MIM-4	No available intercity bus or train — Rural PwD	274	457	60.0%	Matches brief's 59.96% exactly.
MIM-5	Missed, delayed, or avoided medical care — Rural 65+	199	534	37.3%	Matches brief's 37.27%.
MIM-6	Missed, delayed, or avoided medical care — Rural PwD	277	548	50.5%	Matches brief's 50.55%.
MIM-7	Had to reschedule medical appointments — Rural 65+	214	506	42.3%	Matches brief's 42.29%.
MIM-8	Had to reschedule medical appointments — Rural PwD	306	535	57.2%	Matches brief's 57.20%.

All eight bars from the Mobility is Medicine policy brief's rural chart are now independently reproducible from SOURCE_CleanedMaster (n = 2,774) using the documented recipe. Brief as published is defensible.

4.2 Care continuity funnel

The Care Continuity Funnel illustrates the progression of respondents from survey participation to reporting transportation-related disruptions to medical care. Each tier draws from a different sub-universe rather than a single sequential pipeline. It is illustrative of the scale of impact, not a strict attrition model.

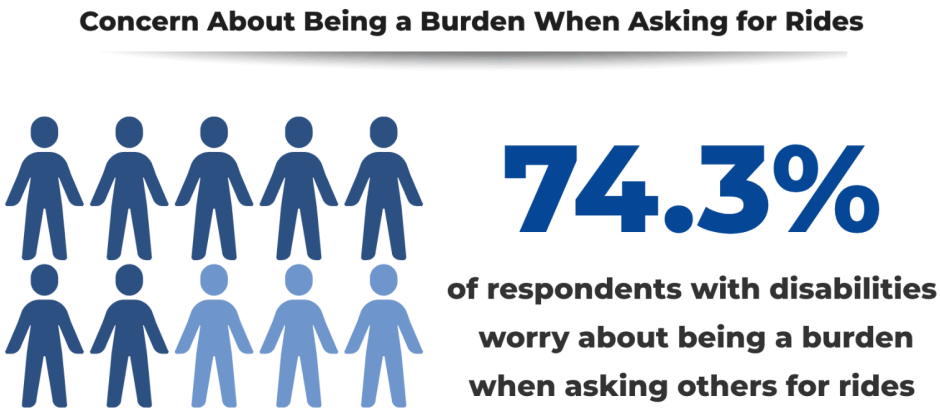


ID	Tier	Num	Universe & notes
CCF-1	Consented respondents	2,774	Full cleaned analytical sample.
CCF-2	People with disabilities	1,341	Respondents who answered Yes to the disability question.
CCF-3	Reported missing or delaying medical care	884	Valid answer to missed care question across full sample.
CCF-4	Transportation barriers affected specific medical care items	796	Respondents who answered the affected medical care items question.

All tiers are drawn from the full cleaned sample (n = 2,774). Each represents a different subgroup or question response within that base, not a sequential attrition pipeline.

4.3 Social burden of transportation dependence

Transportation dependence carries an emotional cost beyond logistics. Among people with disabilities who rely on others for rides, nearly three in four report worrying about inconveniencing the people who help them — a form of social burden that can suppress help-seeking and reduce mobility even when support is technically available.



PwD *n* = 1,189 · 883 reported worrying about inconveniencing others. Source: FINAL_SampleAnalysis, adapted from Data Snapshots

4.4 Superseded figures from earlier drafts

Earlier drafts of CTNA deliverables cited the figures below. They were computed against earlier analytical samples (*n* = 1,731 in the v2 companion; *n* = 2,193 and *n* = 2,823 in earlier action-plan drafts) and are not reproducible from the current cleaned sample of 2,774. Where any deliverable in circulation still cites an earlier figure, the row below is the replacement.

Earlier-draft statistic	Earlier value	Was based on	Replace with	New value & source
Missed/delayed medical care (overall)	43.4%	737 / 1,700, *n* = 1,731 draft	MC-1	42.8% (884 / 2,065) — §2.1
Missed/delayed medical care, veterans	45.3%	102 / 225, *n* = 1,731 draft	MC-6	42.9% (124 / 289) — §2.2
Keep NH Moving — visited site	5.8%	76 / 1,319, *n* = 1,731 draft	KNH-2	5.2% (87 / 1,665) — §2.1

Keep NH Moving — never heard of it	86.2%	1,137 / 1,319, *n* = 1,731 draft	KNH-1	87.1% (1,450 / 1,665) — §2.1
TSI insecure (any) — headline	58.2%	1,007 / 1,731, *n* = 1,731 draft	TSI-1	60.0% (1,201 / 2,001) — §3.1
Missed work or lost income (overall, all-valid denominator)	10.9% / 13.3%	176 or 215 / 1,614, all respondents regardless of employment	WORK-1	27.4% (124 / 453), labor-force-attached denominator — §2.1

The earlier all-valid denominator (1,614) included retired respondents, permanently unable to work, students, and homemakers — none of whom could have missed work because of transportation. Including them in the denominator deflated the rate and obscured the finding. The labor-force-attached denominator is the correct frame for this question. The all-valid figure (20.3%, 215/1,058) remains available as a secondary comparison point.

CROSSWALK

LAYER 5 · DOCUMENT–STATISTIC MAP

This map shows which statistics appear in which CTNA deliverables. When any document in the suite is updated, check this map to ensure the same statistic is updated consistently across every document where it appears. Every percentage that appears in any CTNA deliverable should have a corresponding row in this map. If a percentage cannot be traced to a row, it should not be published.

ID	Statistic & value	Action Plan	Data Companion	County Profiles	Policy Briefs	Leg Brief	Deck
MC-1	Missed medical care (42.8%)	Yes	Yes	Yes	Yes	Yes	Yes
TSI-1	Any TSI insecurity (60.0%)	Yes	Yes	Yes	Yes	Yes	Yes
TSI-2	Mod/High TSI (40.4%)	Yes	Yes	—	Yes	—	Yes

ID	Statistic & value	Action Plan	Data Companion	County Profiles	Policy Briefs	Leg Brief	Deck
ISO-1	Felt isolated (41.5%)	Yes	Yes	—	Yes	—	Yes
WORK-1	Missed work/income (27.4%)	Yes	Yes	—	Yes	Yes	Yes
KNH-1	Unaware of Keep NH Moving (87.1%)	Yes	Yes	Yes	—	—	Yes
KNH-2	Visited KNH site (5.2%)	Yes	Yes	—	—	—	Opt
MC-3	Under-65 w/ disability miss care (67.6%)	Yes	Yes	—	Yes	—	—
MC-6	Veterans miss care (42.9%)	Yes	Yes	—	Yes	Yes	—
MODE-1	Drive self (49.4%)	Yes	Yes	—	—	—	Yes
DRIVE-1	Started driving less (38.4%)	Yes	Yes	—	Yes	—	—
KEPT-3	Kept from social/religious (25.9%)	Yes	Yes	—	—	—	—
IMP-1	Want more transit routes (59.9%)	Yes	Yes	—	Yes	—	Yes
IMP-2	Want expanded rural/on-demand (50.6%)	Yes	Yes	—	Yes	—	—

Keep NH Moving was previously cited as 'visited site = 5.8%' in several drafts. Update all references to 5.2% (KNH-2). Any other drift from companion values should be logged back to this table by the owning document's author.

REGISTER

LAYER 6 · MASTER STAT REGISTER

For every headline CTNA statistic published, the register below records: the stat ID, exact question wording, sample used, numerator, denominator, filter/universe, and rounding rule. The rows below cover the core headline statistics from Layer 1; the full Master Stat Register, including every Layer 2 analytical tabl,e is available in CTNA2025_TrueSource_FF.xlsx, FINAL_SampleAnalysis tab.

ID	Question	Numerator / Denominator / Percentage / Sample / Rounding / Source
MC-1	Has transportation difficulty ever caused you to miss, delay, or avoid medical care (e.g., doctor's appointments, picking up prescriptions, therapy, or treatment)?	Num = 884 (Yes). Den = 2,065 (Yes + No + Other (please specify); 'No Response' = 709 excluded). Pct = 42.8%. Sample: *n* = 2,774 cleaned. Rounding: one decimal. Source: SOURCE_CleanedMaster; FINAL_SampleAnalysis.
ISO-1	In the past 30 days, have you felt isolated or 'stuck at home' because of transportation problems?	Num = 839 (Yes). Den = 2,024 (valid answers). Pct = 41.5%. Sample: *n* = 2,774 cleaned. Source: SOURCE_CleanedMaster.
WORK-1	Have transportation problems caused you to miss work or lose income?	Num = 124 (Yes). Den = 453 (Yes + No among labor-force-attached respondents; "No Response" and "Not applicable — I no longer work" excluded). Pct = 27.4%. Sample: n = 2,774 cleaned, restricted to labor-force-attached respondents (n = 524; employment statuses FT, PT, unemployed seeking, or temporarily unable to work). Rounding: one decimal. Source: SOURCE_CleanedMaster cols 78, 155, 156, 157, 163. Note: the all-valid denominator version (20.3%, 215/1,058) is available as a context comparison but should not be published as the headline."
TSI-1	TSI-6 composite score (Marginal/Low + Moderate/High categories combined)	Num = 1,201. Den = 2,001 (valid TSI). Pct = 60.0%. Sample: *n* = 2,774 cleaned; 773 TSI non-responders excluded from scoring. Source: FINAL_TSI_Baseline.
KNH-1	Have you heard of the 'Keep NH Moving' website? [Response: 'No, I haven't heard of it.']	Num = 1,450. Den = 1,665 (valid answers). Pct = 87.1%. Sample: *n* = 2,774 cleaned.

ID	Question	Numerator / Denominator / Percentage / Sample / Rounding / Source
KNH-2	Have you heard of the 'Keep NH Moving' website? [Response: 'Yes, and I've visited the site.']	Num = 87. Den = 1,665. Pct = 5.2%. Sample: *n* = 2,774 cleaned. Action plan previously cited 5.8%; 5.2% is the verified value.

SINGLE SOURCE OF TRUTH

Every percentage that appears in any CTNA deliverable should trace back to a row in this companion.

DATA SNAPSHOT

LAYER 7 · NARRATIVE VISUALS FROM WORKSHOPS & BRIEFINGS

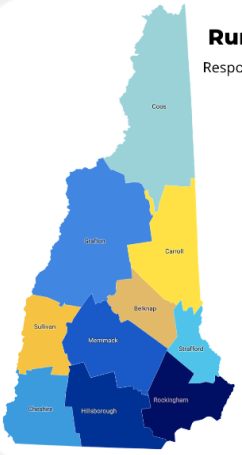
The following visuals were developed for and presented during stakeholder workshops and community briefings prior to the completion of this Data Companion.

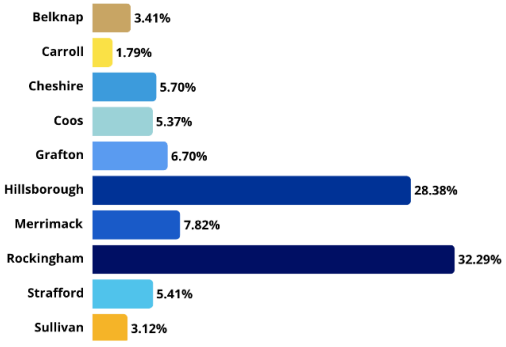
WHO WE HEARD FROM ACROSS NEW HAMPSHIRE

2,774 Respondents consented to participate

Rural and Urban Voices Are Both Represented

Responses are fairly balanced across rural (1,138) and urban (1,265) communities.



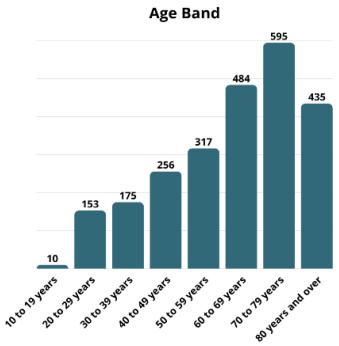


Older Adults Make Up Over Half of Respondents

Responses trend higher across older age bands.

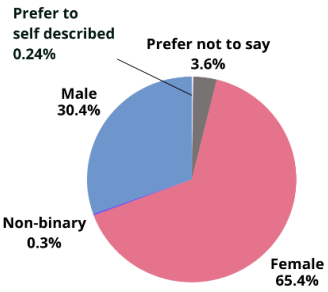
53.9%
SENIOR ADULTS AGE 65+

46.1%
UNDER 65 YEARS OLD



Most Respondents Identify As Female

Responses skew female, with a small share identifying in other ways or preferring not to say.

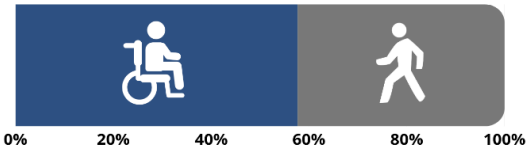


Most Respondents Live with Disabilities

This underscores the need for accessible and reliable transportation.

57.7%
PEOPLE WITH DISABILITY

42.3%
PEOPLE WITHOUT DISABILITY



Veterans Represent a Meaningful Share of Respondents

13.4%
VETERAN

8.4% OF VETERANS LIVE WITH DISABILITIES

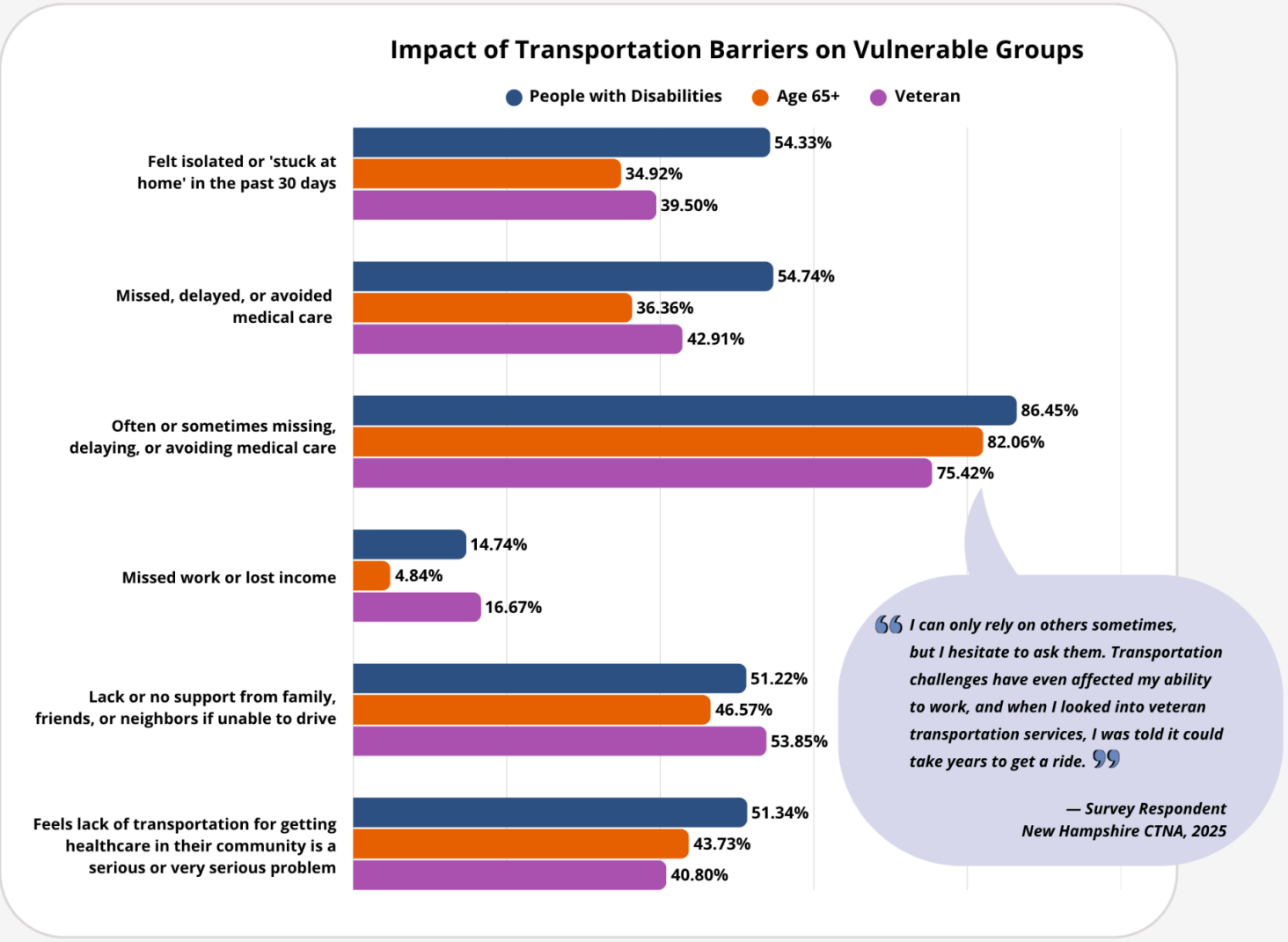
New Hampshire Commission on Aging

Infographic summarizing survey respondents across New Hampshire, highlighting key demographic characteristics and representation.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.*
Percentages calculated using respondents who answered these questions.

Aging Matters — New Hampshire State Commission on Aging

Transportation Barriers Impact Health, Social, and Economic Outcomes Across Vulnerbale Populations



Respondents answering these questions across indicators:

Age 65+: n = 418 to 1,155

People with disabilities: n = 657 to 1,213

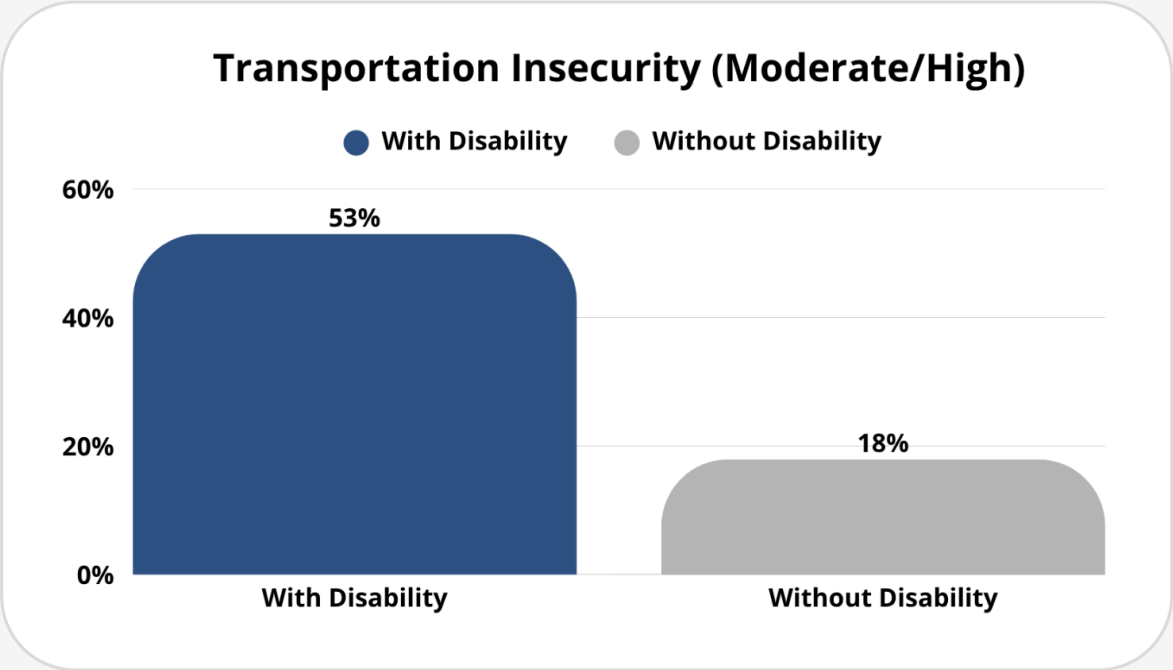
Veterans: n = 118 to 289

People with disabilities — many of whom are also older adults and veterans — face the highest impacts across all measures.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages are based on those who provided valid answers. One extreme outlier response was excluded.

Large Gap in Transportation Insecurity Between People With & Without Disabilities

Over half of respondents with disabilities report moderate or high transportation insecurity, compared with fewer than one in five respondents without disabilities.



> *Free transportation isn't available to many disabled older adults because volunteers aren't able to assist with getting in and out of vehicles or carrying oxygen or other medical equipment.*
>
> *— Survey respondent*
> *New Hampshire Community Transportation Needs Assessment (CTNA), 2025*

Respondents answering this question

People with disabilities
n = 1,189 (630 reported having high insecurity)

People without disabilities
n = 1,189 (125 reported having high insecurity)

Transportation insecurity disproportionately affects respondents with disabilities compared with those without disabilities.

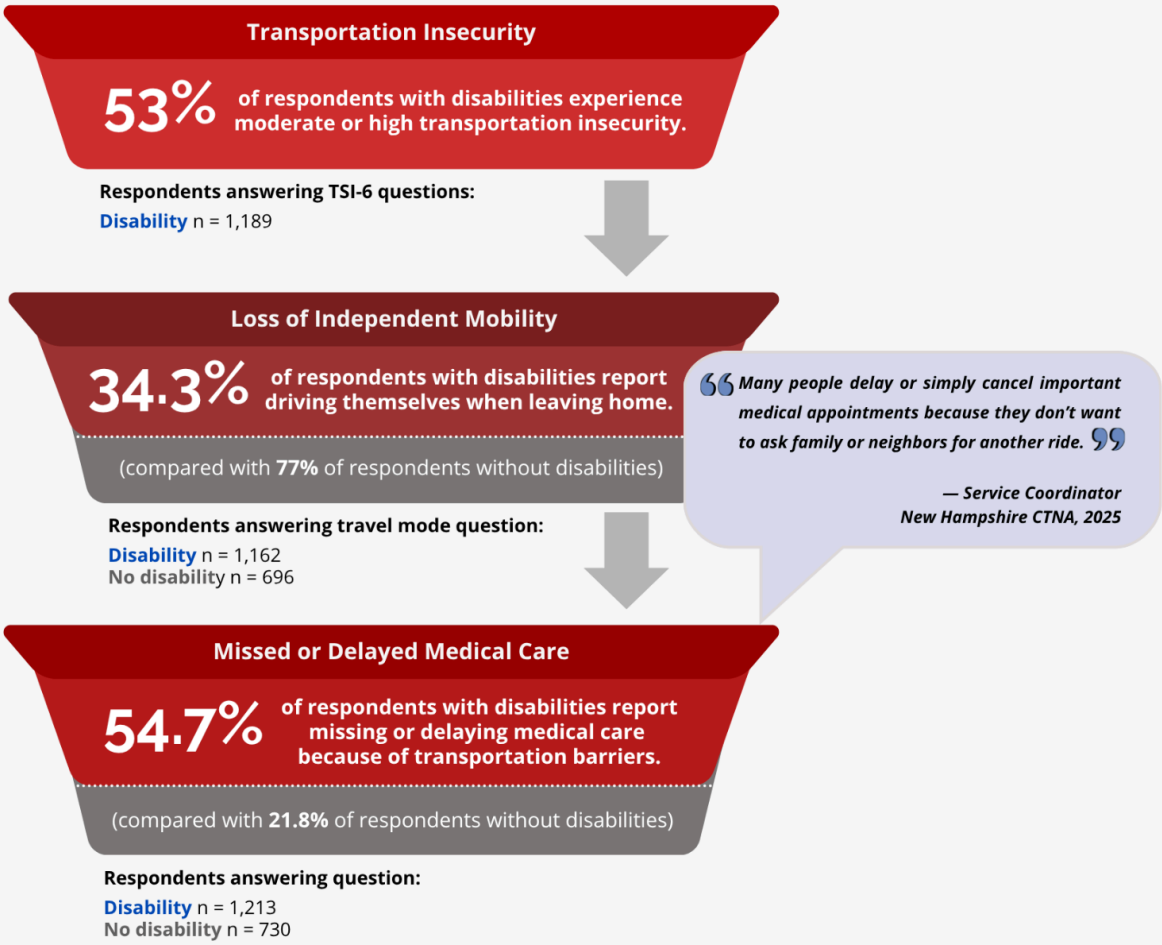
Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered TSI-6 questions.

Transportation Barriers Create a Cascade of Healthcare Access Challenges

Transportation barriers in New Hampshire often create a chain of impacts. When reliable transportation is unavailable, individuals lose independent mobility and are more likely to miss or delay healthcare.

What is Transportation Insecurity (TSI-6)?

The Transportation Security Index (TSI-6) measures how reliably people can access transportation for daily needs such as healthcare, work, and essential services. Higher scores indicate greater transportation instability.

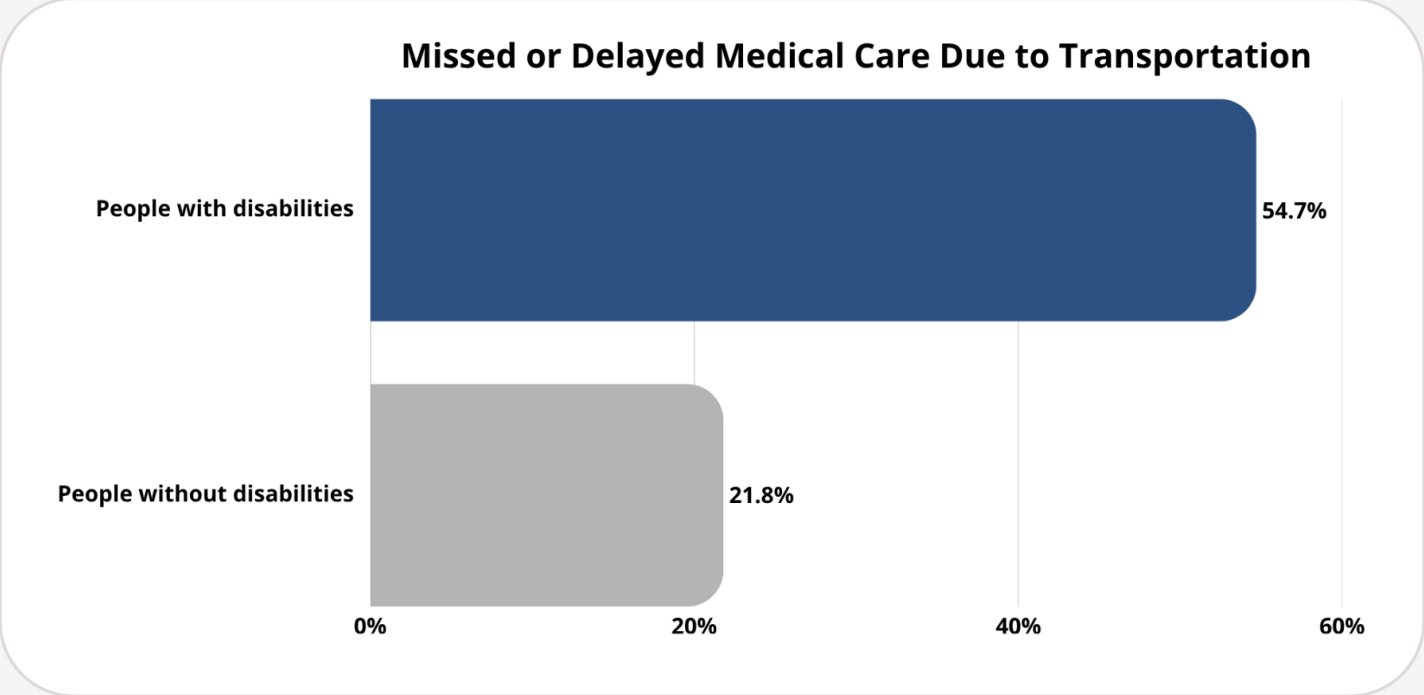


Transportation barriers affect healthcare through a cascade of impacts, beginning with transportation insecurity, leading to reliance on others for rides, and resulting in missed or delayed medical care.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered these questions.

Medical Impact of Transportation Barriers for People with Disabilities

More than half of respondents with disabilities reported missing or delaying medical care because of transportation barriers. This rate is much higher than what respondents without disabilities reported.



> ***I have used Medicaid funded transportation before, and they canceled on me for important medical appointments without warning or just never showed up.***
>
> ***— Survey respondent***
> ***New Hampshire Community Transportation Needs Assessment (CTNA), 2025***

Respondents answering this question:

People with disabilities
n = 1,213 (664 reported missed or delayed care)

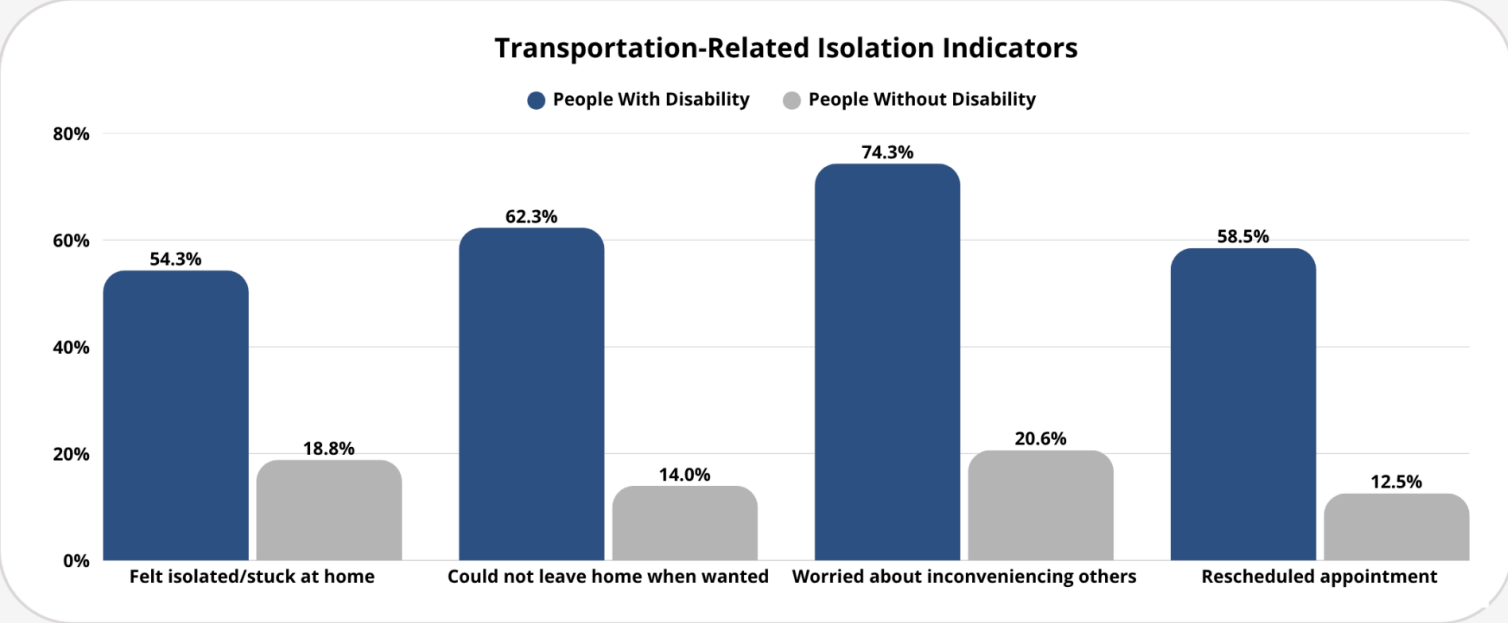
People without disabilities
n = 730 (159 reported missed or delayed care)

Transportation barriers are contributing to missed or delayed medical care for many respondents with disabilities.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered this question.

Transportation Barriers Contribute to Isolation for People with Disabilities

People with disabilities report much higher levels of transportation-related isolation than people without disabilities.



> ***I've been stuck at home for years, isolated with no way to get anywhere except when my dad can take me to the store once a week, and sometimes I can't get rides to medical appointments.***
>
> ***— Survey respondent***
> ***New Hampshire Community Transportation Needs Assessment (CTNA), 2025***

Respondents answering this question:

People with disabilities
n = 1, 200 (652 reported felt isolated or stuck at home)
n = 1,189 (741 reported could not leave home when wanted, 883 reported worried about inconveniencing others, & 696 reported had rescheduled apppointments)

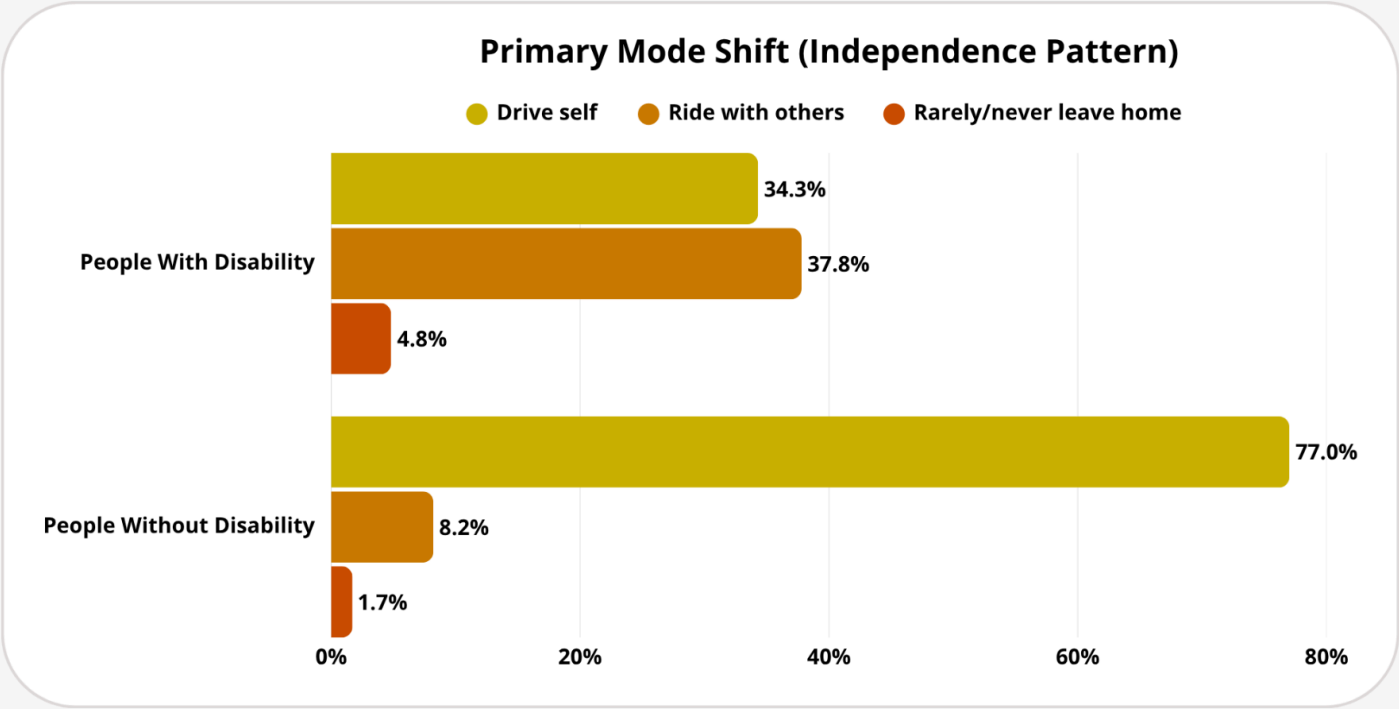
People without disabilities
n = 712 (134 reported felt isolated or stuck at home)
n = 1,189 (166 reported could not leave home when wanted, 245 reported worried about inconveniencing others, & 149 reported had rescheduled apppointments)

Transportation barriers can limit independence and increase social isolation for many respondents with disabilities.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered these questions.

Transportation Independence Is Lower for Many People With Disabilities

While most respondents without disabilities drive themselves, many respondents with disabilities rely on rides from others when leaving home.



> ***I am legally blind and cannot drive, so I rely on a relative for rides. When she isn't well enough to take me, it's difficult to find anyone else available.***
>
> ***— Survey respondent***
> ***New Hampshire Community Transportation Needs Assessment (CTNA), 2025***

Respondents answering this question:

People with disabilities
n = 1,162 (399 reported to drive self, 439 reported to ride with others, & 56 reported rarely/never leave home)

People without disabilities
n = 696 (536 reported to drive self, 57 reported to ride with others, & 12 reported rarely/never leave home)

Differences in primary transportation modes highlight gaps in independent mobility between respondents with and without disabilities.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered these questions.

Transportation Barriers Are Driving Social Isolation Among Older Adults

Social isolation increases mortality risk and healthcare costs

60%+

of adults age 65+ feel socially isolated or like a burden due to transportation barriers

> ***My daughter gave up her job and is caregiving for me. She gives me rides to wherever I need to go. She wants to return to working but it's hard to find and afford in-home caregiving and transportation and meal help etc. If she returns to work I will have a much harder time with transportation.***
>
> ***— Survey respondent***
> ***New Hampshire Community Transportation Needs Assessment (CTNA), 2025***

Respondents answering this question:

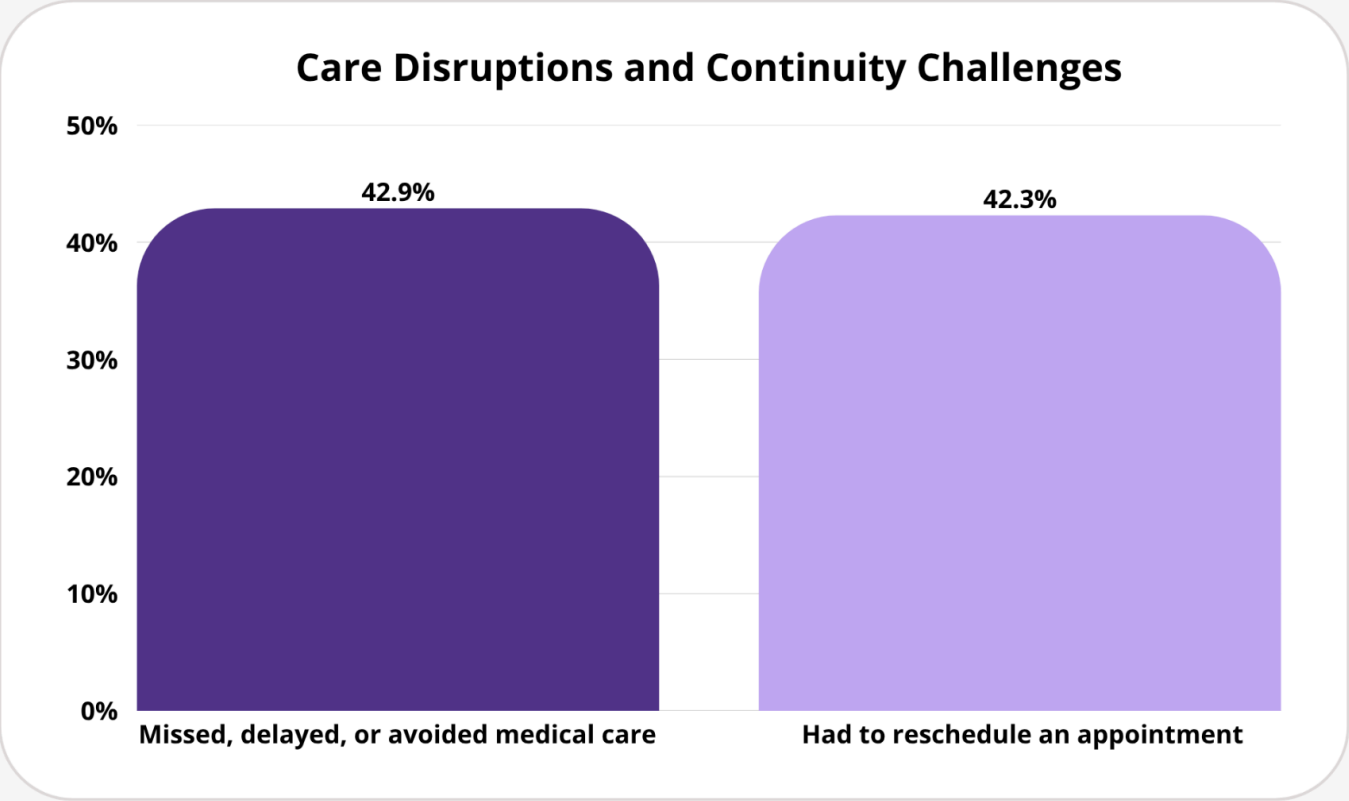
Adults age 65+
n = 1,061 (637 reported feeling socially isolated, like a burden/inconvienced to others, or both due to transportation barriers)

Transportation access can act as a preventative "social prescription"

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages are based on the subset of respondents who provided answers to both related survey questions.

Transportation Barriers Disrupt Healthcare Access for Veterans

More than 4 in 10 Veterans experience disruptions to medical care, including missed and rescheduled appointments.



> ***There's so little local transportation that if you have an appointment, you have to book at least two weeks ahead.***
>
> ***— Survey respondent***
> ***New Hampshire Community Transportation Needs Assessment (CTNA), 2025***

Respondents answering these questions:

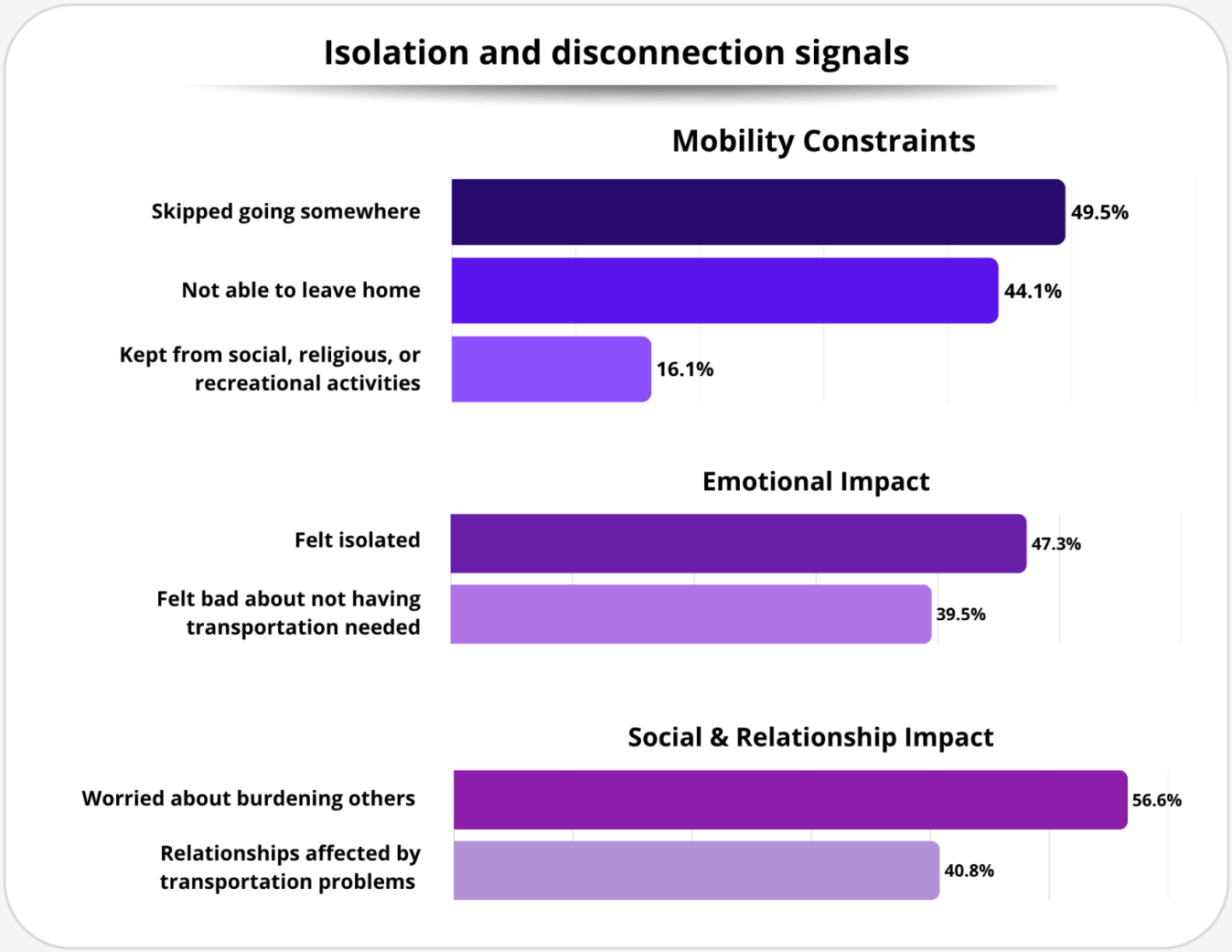
Veterans: n = 328 (218 reported missing, delaying, or avoided medical care & 118 reported rescheduling appointments due to transportation challenges.

Disrupted care is not just an inconvenience, it creates barriers to continuity, medication management, and overall health stability.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered this question.

Veterans Face Isolation and Loss of Independence

Transportation challenges affect Veterans' ability to leave home, stay connected, and participate in daily life.



Respondents answering these questions:

Veterans:

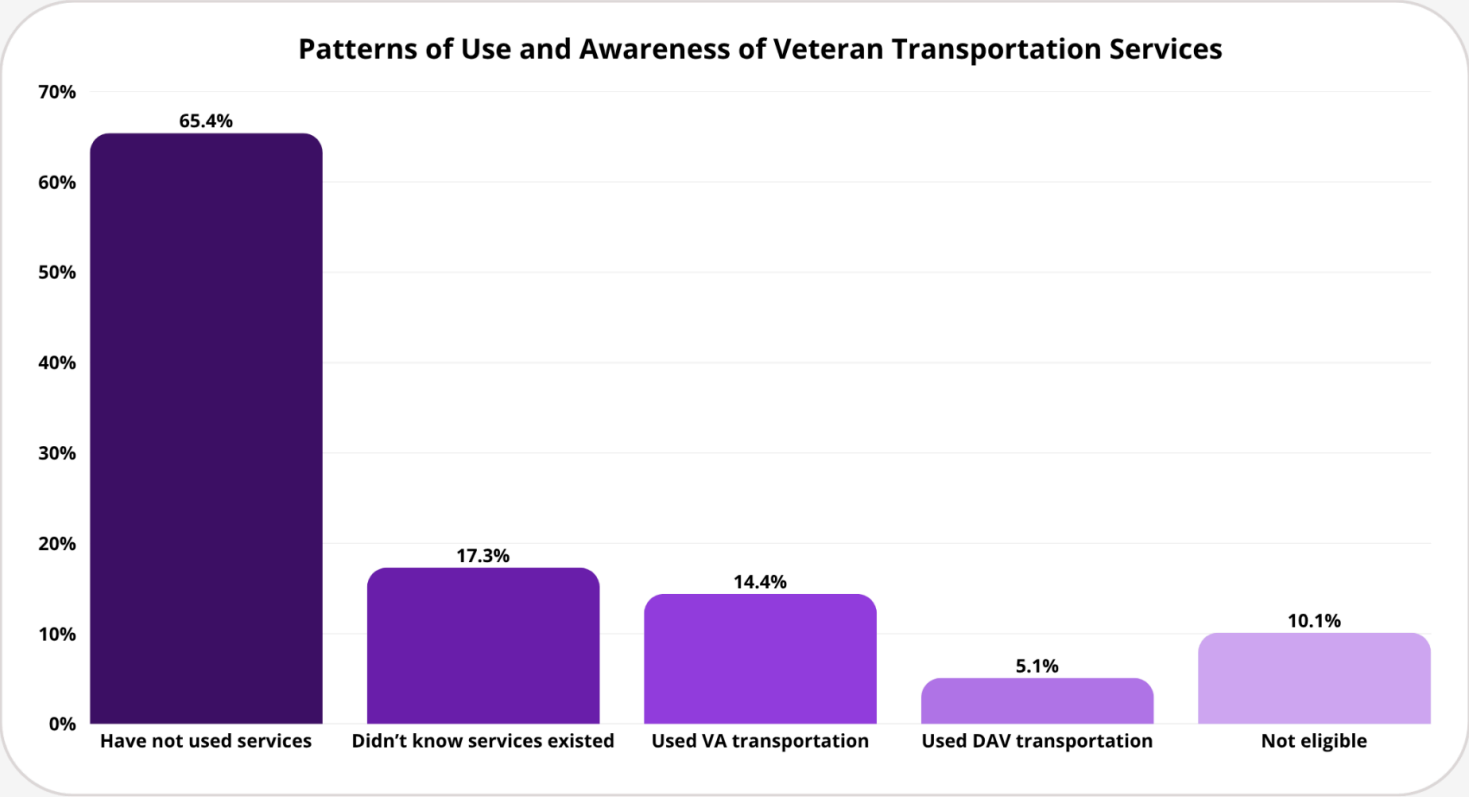
n = 255 to 281 across indicators

These are key pressure points that can erode connection, independence, and reliable access to care and community.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who provided valid answers.

Veterans Face Gaps in Awareness and Use of Transportation Services

Many Veterans report not using available services or being unaware of transportation options.



> ***The VA runs its own system. If you don't fit the box, you're stuck.***
>
> ***(NH State Commission on Aging, CTNA Qualitative Workbook, 2025)***

Respondents answering these questions:

Veterans:

n = 237 (155 reported not using any Veteran transportation services, 41 were unaware these services were available, 34 reported using VA transportation, 12 reported using DAV transportation, and 25 reported they were not eligible)

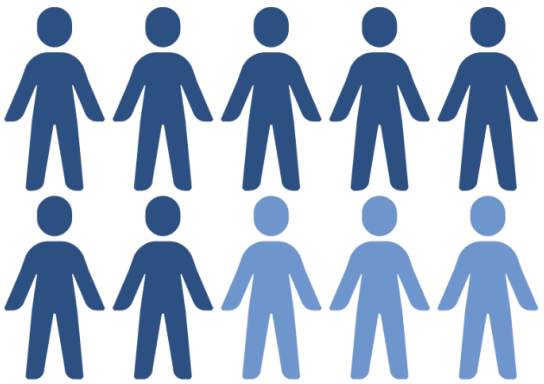
A majority of Veterans are not using available transportation services, and a notable share are unaware they exist, highlighting gaps in awareness, access, and system fit.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered this question.

Transportation Dependence Can Create Emotional Strain

When people must rely on others for rides, many worry about inconveniencing those who help them.

Concern About Being a Burden When Asking for Rides



74.3%

of respondents with disabilities worry about being a burden when asking others for rides

> ***"I could count on family or friends for rides for the most part, but I feel guilty asking because it inconveniences others."***
>
> ***— Survey respondent***
> ***New Hampshire Community Transportation Needs Assessment (CTNA), 2025***

Respondents answering this question:

People with disabilities

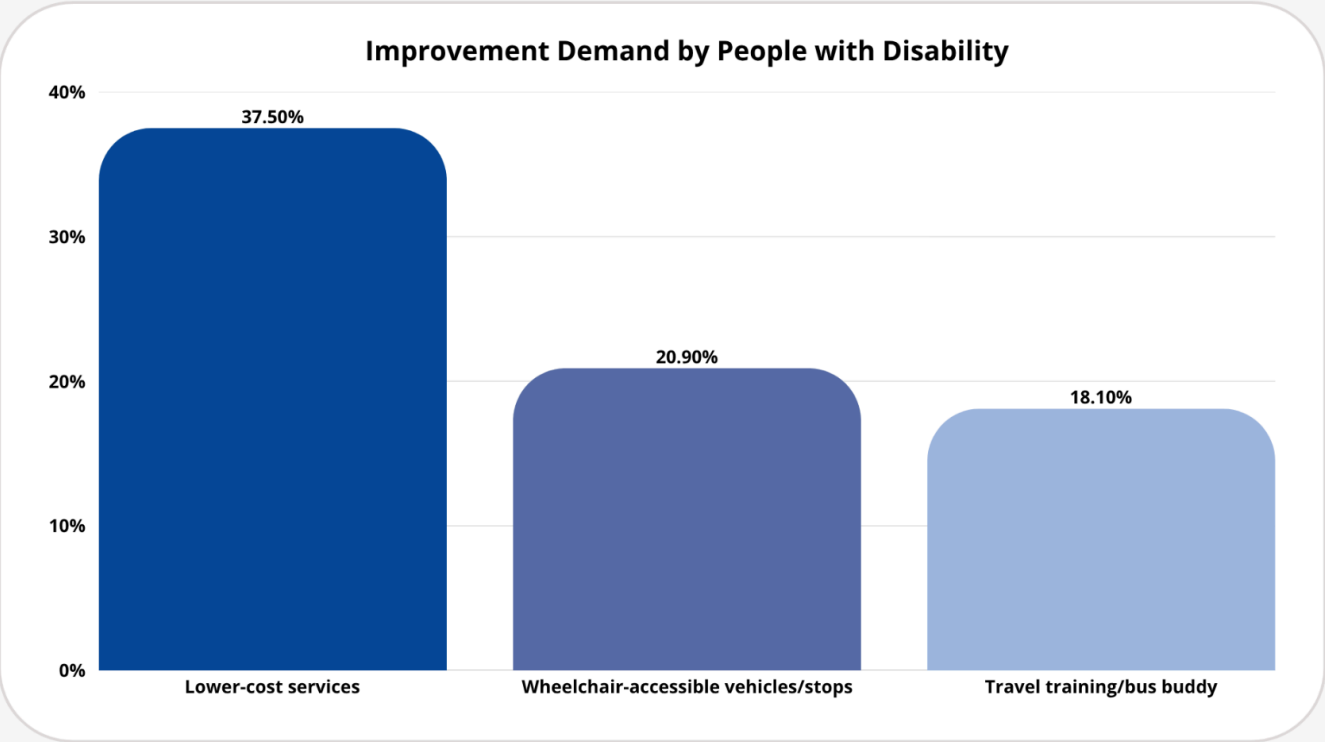
n = 1,189 (883 reported worried inconveniencing others when needed help with transportation)

Relying on others for rides can make people feel like a burden, even when support is available.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered this question.

Policy Levers to Improve Transportation Access for People with Disabilities

Lower-cost or subsidized transportations and improved accessibility emerge as the most frequently identified ways to improve mobility for people with disabilities.



> ***The inability to drive or not have a car leads to isolation. Devastating depression, a downward health spiral, loneliness, and poor access to food. It's not a simple issue, it can be life-threatening. A vital bus system is one thing that is needed, along with smaller vans, staffing, and education. People are living longer and need a way to access everyday life.***
>
> ***— Survey respondent***
> ***New Hampshire Community Transportation Needs Assessment (CTNA), 2025***

Respondents answering this question:

People with disabilities
n = 950
(356 reported demanding lower-cost services, 199 reported demanding wheelchair-accessible vehicles/stops, & 172 reported demanding travel training/bus buddy)

Responses point to affordability and accessibility as central priorities for improving transportation options for people with disabilities.

Source: NH State Commission on Aging. (2025). *Community Transportation Needs Assessment (CTNA) Survey Dataset Workbook and CTNA Qualitative Workbook.* Percentages calculated using respondents who answered this question.

— End of Companion —

Index

Every headline statistic in this companion, grouped by topic and referenced by stat ID. Each row shows the verified value and the section where the full numerator, denominator, and methodology are published.

ID	Statistic	Value	See §
Medical care (MC)			
MC-1	Missed, delayed, or avoided medical care (overall)	**42.8%**	§ 2.1
MC-2	Missed care — People with disabilities	**54.7%**	§ 2.2
MC-3	Missed care — Under-65 with disabilities	**67.6%**	§ 2.2
MC-4	Missed care — Age 65+	**36.4%**	§ 2.2
MC-5	Missed care — Under-65 (all)	**51.4%**	§ 2.2
MC-6	Missed care — Veterans	**42.9%**	§ 2.2
Isolation (ISO)			
ISO-1	Felt isolated or 'stuck at home' (30 days)	**41.5%**	§ 2.1
Work & income (WORK)			
WORK-1	Missed work or lost income due to transportation	**27.4%**	§ 2.1
Keep NH Moving awareness (KNH)			
KNH-1	Never heard of Keep NH Moving	**87.1%**	§ 2.1
KNH-2	Heard of KNH and visited the site	**5.2%**	§ 2.1
Transportation mode (MODE)			
MODE-1	Drive self	**49.4%**	§ 2.4
MODE-2	Ride with family or friends	**26.5%**	§ 2.4
MODE-3	Walk	**5.3%**	§ 2.4
MODE-4	Public or community transit	**3.5%**	§ 2.4
MODE-5	Rarely or never leave home	**3.4%**	§ 2.4
MODE-6	Volunteer driver	**2.5%**	§ 2.4
MODE-7	Paid ride service	**1.6%**	§ 2.4

ID	Statistic	Value	See §
MODE-8	Bicycle / e-bike	**1.4%**	§ 2.4
MODE-9	Wheelchair or mobility scooter	**1.3%**	§ 2.4
MODE-10	Other	**5.1%**	§ 2.4
Mobility-cliff indicators (DRIVE)			
DRIVE-1	Started driving less	**38.4%**	§ 2.6
DRIVE-2	Expect to start driving less in future	**17.2%**	§ 2.6
DRIVE-3	Already stopped driving	**11.3%**	§ 2.6
DRIVE-4	Expect to stop driving (5+ years)	**11.1%**	§ 2.6
DRIVE-5	Expect to start using transit	**7.6%**	§ 2.6
DRIVE-6	Expect to stop driving within 5 years	**6.8%**	§ 2.6
Driving confidence (CONF)			
CONF-1	Extremely confident driving self	**28.4%**	§ 2.7
CONF-2	Confident driving self	**26.8%**	§ 2.7
CONF-3	Somewhat confident driving self	**16.0%**	§ 2.7
CONF-4	Not very confident driving self	**28.9%**	§ 2.7
'Kept from' activities (KEPT)			
KEPT-1	None of the above	**43.6%**	§ 2.8
KEPT-2	Getting groceries or medication	**35.6%**	§ 2.8
KEPT-3	Social, religious, or recreational	**25.9%**	§ 2.8
KEPT-4	Other essential errands	**25.6%**	§ 2.8
KEPT-5	Work or school	**10.3%**	§ 2.8
KEPT-6	Caring for children, elders, family	**5.4%**	§ 2.8
Improvements wanted (IMP)			
IMP-1	More public transit routes or service areas	**59.9%**	§ 2.9
IMP-2	Expanded rural or on-demand options	**50.6%**	§ 2.9
IMP-3	More volunteer driver programs	**38.9%**	§ 2.9
IMP-4	Clearer information about options	**36.3%**	§ 2.9

ID	Statistic	Value	See §
IMP-5	Lower-cost or subsidized services	**34.0%**	§ 2.9
IMP-6	Having a plan if unable to drive	**28.4%**	§ 2.9
IMP-7	Safer streets, sidewalks, crossings	**27.3%**	§ 2.9
IMP-8	Help using apps, phones, websites for rides	**21.6%**	§ 2.9
IMP-9	More wheelchair-accessible vehicles and stops	**18.1%**	§ 2.9
IMP-10	A travel trainer or 'bus buddy'	**16.7%**	§ 2.9
Transportation Security Index (TSI)			
TSI-1	Any transportation insecurity	**60.0%**	§ 3.1
TSI-2	Moderate / High insecurity	**40.4%**	§ 3.1
TSI-3	Marginal / Low insecurity	**19.6%**	§ 3.1
TSI-4	No insecurity / Secure	**40.0%**	§ 3.1
TSI-DIS-1	TSI — People with disabilities, any insecurity	**74.9%**	§ 3.2
TSI-DIS-2	TSI — No disability, any insecurity	**33.2%**	§ 3.2
TSI-DIS-3	TSI — People with disabilities, Mod/High	**53.0%**	§ 3.2
TSI-AG-1	TSI — 65+, any insecurity	**56.8%**	§ 3.3
TSI-AG-2	TSI — Under-65, any insecurity	**65.0%**	§ 3.3
TSI-AG-3	TSI — 65+, Mod/High only	**34.8%**	§ 3.3
TSI-AG-4	TSI — Under-65, Mod/High only	**48.0%**	§ 3.3
TSI-VET-1	TSI — Veterans, any insecurity	**55.2%**	§ 3.4
TSI-VET-2	TSI — Non-veterans, any insecurity	**60.7%**	§ 3.4
Rural / Urban (RU)			
RU-1	Census-defined Rural, any TSI insecurity	**58.5%**	§ 3.7
RU-2	Census-defined Urban, any TSI insecurity	**60.6%**	§ 3.7
RU-3	FTA-defined Rural, any TSI insecurity	**60.5%**	§ 3.7
RU-4	FTA-defined Urban, any TSI insecurity	**57.4%**	§ 3.7
Priority populations — Older adults (65-)			
65-MC	Missed, delayed, or avoided medical care	**36.4%**	§ PP.3

ID	Statistic	Value	See §
65-ISO	Felt isolated (30 days)	**34.9%**	§ PP.3
65-TSI	TSI Moderate/High insecurity	**34.8%**	§ PP.3
65-DRV	Started driving less	**43.1%**	§ PP.3
65-CONF	Not very confident driving self	**25.5%**	§ PP.3
Priority populations — People with disabilities (PWD)			
PWD-MC	Missed, delayed, or avoided medical care	**54.7%**	§ PP.4
PWD-ISO	Felt isolated (30 days)	**54.3%**	§ PP.4
PWD-TSI	TSI Moderate/High insecurity	**53.0%**	§ PP.4
PWD-WORK	Missed work or lost income	**14.7%**	§ PP.4
PWD-MODE	Drive self as primary mode	**34.3%**	§ PP.4
Priority populations — Veterans (VET)			
VET-MC	Missed, delayed, or avoided medical care	**42.9%**	§ PP.5
VET-ISO	Felt isolated (30 days)	**39.5%**	§ PP.5
VET-TSI	TSI Moderate/High insecurity	**35.5%**	§ PP.5
VET-WORK	Missed work or lost income	**16.7%**	§ PP.5
VET-S1	Has not used any veteran transport services	**65.4%**	§ PP.5.1
VET-S2	Used Veterans Affairs (VA) transportation	**14.3%**	§ PP.5.1
VET-S3	Used Disabled American Veterans transportation	**5.1%**	§ PP.5.1
VET-S4	Not eligible for veteran transport services	**10.5%**	§ PP.5.1
Reconciliation — Mobility is Medicine brief (MIM)			
MIM-1	No fixed-route public bus — Rural 65+	**86.6%**	§ 4.1
MIM-2	No fixed-route public bus — Rural PwD	**84.5%**	§ 4.1
MIM-3	No intercity bus or train — Rural 65+	**65.1%**	§ 4.1
MIM-4	No intercity bus or train — Rural PwD	**60.0%**	§ 4.1
MIM-5	Missed care — Rural 65+	**37.3%**	§ 4.1
MIM-6	Missed care — Rural PwD	**50.5%**	§ 4.1
MIM-7	Rescheduled medical appointments — Rural 65+	**42.3%**	§ 4.1

ID	Statistic	Value	See §
MIM-8	Rescheduled medical appointments — Rural PwD	**57.2%**	§ 4.1
Care continuity funnel (CCF)			
CCF-1	Consented respondents (full cleaned sample)	**2,774**	§ 4.2
CCF-2	People with disabilities	**1,341**	§ 4.2
CCF-3	Reported missing or delaying medical care	**884**	§ 4.2
CCF-4	Transport barriers affected specific medical items	**796**	§ 4.2

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