

Take the Survey for a Chance to Win \$50!

Southwest Pennsylvania Commission (SPC) Coordinated Public Transit Human Services Transportation Plan

Help improve your access to convenient, affordable transportation in Southwestern Pennsylvania!

This is your chance to impact how Southwestern Pennsylvanians get where they need to go. Answers from this survey will help our region experience improved accessibility and efficiency of transportation services - a mix of services such as public buses, senior shuttles, hospital vans, church vans, etc. Transportation services provide mobility to the many thousands of Southwestern Pennsylvanians who can't, or don't want to, drive a car.

Transportation services are a crucial part of ensuring access to vital services that make life healthy, happy, and fulfilling, and this is your chance to improve it for yourself, your neighbors, loved ones, and community members who rely on it.

Please take 5-10 minutes to complete this survey. All responses received by June 1, 2024 will be entered into a drawing to win a \$50 gift card. The drawing will be held June 7, 2024 and the winner will be notified by the email or phone number provided at the end of the survey.

You can return your completed survey any of the following ways:

- Mail to E. Holdings, Inc. Attn: Amy Wiles, 1801 Centre Avenue, Suite 313 Pittsburgh, PA 15219
- Email a photograph or scanned copy to: amy.wiles@eholdingsinc.com
- Call Amy Wiles at 412.434.6571 to find the nearest location to drop off your survey

Thank you for your help!

1. What is the Zip Code where you live?

2. What modes of transportation do you use most often? *(Please cross all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Drive alone | <input type="checkbox"/> Ride with others |
| <input type="checkbox"/> Fixed Route transportation services (bus, rail/T) | <input type="checkbox"/> Other transportation services (reserved van, shuttle, shared ride) |
| <input type="checkbox"/> Take a taxi/Uber/Lyft | <input type="checkbox"/> Walk/Roll |
| <input type="checkbox"/> Bike | |

Other

3. Do you own or have access to a vehicle that you can use on a regular basis? *(Please cross one)*

- Yes No

To respond or

papersurvey.io



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4. What factors are most important when deciding to use transportation services? *(Please cross all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Price/Cost | <input type="checkbox"/> Availability of services to and from where I need to go | <input type="checkbox"/> Distance from a bus stop to my home or destination |
| <input type="checkbox"/> Length of time of the trip | <input type="checkbox"/> Service is available when I need it | <input type="checkbox"/> Safety/Security |
| <input type="checkbox"/> Comfort onboard bus | <input type="checkbox"/> Comfort at the bus stop | |

Other

5. What are the primary reasons you use transportation services? *(Please cross all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical appointments | <input type="checkbox"/> Education | <input type="checkbox"/> Employment/training |
| <input type="checkbox"/> Religious purposes | <input type="checkbox"/> Senior services | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Family/friend visits | <input type="checkbox"/> Recreation/entertainment | <input type="checkbox"/> I do not use transportation services |

Other

6. Which of the following major transit providers do you use on a regular basis? *(Please cross all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Airport Corridor Transportation Association (ACTA) | <input type="checkbox"/> Beaver County Transit Authority (BCTA) |
| <input type="checkbox"/> Butler Transit Authority (BTA) | <input type="checkbox"/> Fayette Area Coordinated Transportation (FACT) |
| <input type="checkbox"/> Green County Human Services (GCHS) | <input type="checkbox"/> Heritage Community Transportation (HCT) |
| <input type="checkbox"/> Indiana County Transit Authority (ICTA) | <input type="checkbox"/> Mid Mon Valley Transit Authority (MMVTA) |
| <input type="checkbox"/> New Castle Area Transportation Authority (NCATA) | <input type="checkbox"/> Pittsburgh Regional Transit (PRT) |
| <input type="checkbox"/> Town and Country Transit (TACT) | <input type="checkbox"/> Washington County Transportation Authority/Freedom Transit (WASH) |
| <input type="checkbox"/> Westmoreland County Transit Authority (WCTA) | <input type="checkbox"/> None of the above |

7. If you use other transportation services that aren't listed in Question 6, please list them below.



8. How easy is it to schedule a ride with the transportation service providers you use?

Very Poor 1 2 3 4 5 Very Good Other

9. What obstacles limit your use of transportation services in your area? *(Please cross all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Service is not available that I know of | <input type="checkbox"/> Service does not take me where I need to go |
| <input type="checkbox"/> Service is not available on the days/time that I need it | <input type="checkbox"/> Service is inconvenient or takes too much time |
| <input type="checkbox"/> Service doesn't show up or arrive on time | <input type="checkbox"/> Service is too expensive |
| <input type="checkbox"/> I don't feel safe getting to/from stop locations (crosswalks, sidewalks, etc.) | <input type="checkbox"/> I don't feel safe or comfortable taking services |
| <input type="checkbox"/> I don't know if I qualify for services | <input type="checkbox"/> I don't know how to take transportation services |
| <input type="checkbox"/> Bus stops are too far from where I live or my destination | <input type="checkbox"/> Bus stops do not offer what I need (shelters, bench, real-time updates) |
| <input type="checkbox"/> Language barriers affect my use of transit | |

Other

10. Has a lack of transportation services caused you to miss out on any of the following activities? *(Please cross all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Work or potential new job opportunities | <input type="checkbox"/> Medical appointments | <input type="checkbox"/> Social service |
| <input type="checkbox"/> Education | <input type="checkbox"/> No, this hasn't been an issue | Other <input type="text"/> |

11. To what towns or communities would you like to take transportation services that you can't today? (List top 3 towns/communities)



12. Which times of day and/or days of the week do you need transportation services? *(Please cross all that apply)*

Weekday (6am to 6pm)

Weekday Evenings (6pm to 10pm)

Weekday Late Night (10pm to 6am)

Saturday

Sunday

13. How do you most commonly receive news about events, happenings, or changes in your community? *(Please cross all that apply)*

Newspaper or other advertising

Senior Center

Case worker, County Assistance Office, or other government referral

Municipal or county website

Internet Search

Social Media

PA 211/PA 511/Find my Ride PA or similar website

Word of Mouth

Other

14. How would you rate transportation services in your area?

Very Poor 1 2 3 4 5 Very Good Other

15. Please provide any additional comments on transportation services or how the lack of transportation services affects your life.



Tell Us About Yourself.

The following questions are optional. We are only collecting this information to understand the demographics of who completed this survey, to ensure our results are representative of the region. All responses will be kept confidential.

16. Do you have a disability that qualifies you for certain transportation services? *(Please cross one)*

- Yes No I'm not sure Prefer not to answer

17. Which of the following best describes your race/ethnicity? *(Please cross one)*

- Asian or Pacific Islander Black or African American Hispanic or Latino
 Native American or Alaskan Native White or Caucasian Multiracial or Biracial
 A race or ethnicity not listed here Prefer not to answer

18. Other than English, what language is primarily spoken in your household?

19. What is your age? *(Please cross all that apply)*

- Under 18 18 to 24 25 to 44
 45 to 64 65 or older Prefer not to answer

20. What is your annual household income? *(Please cross all that apply)*

- Less than \$25,000 Between \$25,000 \$49,999 Between \$50,000 and \$74,999
 Between \$75,000 and \$100,000 More than \$100,000 Prefer not to answer

Enter to win a \$50 Gift Card!

If you would like to be entered into the drawing to win the \$50 gift card, please provide either a valid email address or phone number below where we can reach you. Thank you for your input!

Email address:

Phone number:

To respond or

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