



Listening Session Guide

For Community-Drive Transportation Plans for the Northeast, part of a U.S. Department of Energy-funded project

Contacts:

Peggy O'Neill-Vivanco (poneillv@uvm.edu), Coalition Director, Principal Investigator

Gabrielle Rainville (Gabrielle.Rainville@uvm.edu), Project Coordinator, Project lead for VT Clean Cities and Communities

Introductions and Context – 10 min

- Name and town do you live in? (For groups, can generate a list and ask for raise of hands)
- How long have you lived in your current town?

Section 1: How do you get around? Your Transportation Story - 45 min

Where are you going and how do you get there (How and where) - 20 min

- Which of these transportation options do you use (For groups, can put this list on large sticky note and ask for raise of hands for each)
 - Transit (buses)
 - Walking or using a mobility device
 - Biking
 - E-biking or E-scooter
 - Carshare
 - Personal gas-powered car
 - Personal electric car
- Which places do you most often need to leave your home to get to? (Specific destinations for mapping purposes)
 - Work, School, Healthcare, Recreation, shops, other
- Where do you get your food?
 - Grocery store, Food shelf, food pantry, foodbank, community kitchen, community-supported agriculture, local farms, meal sites, meals provided by a faith-based organization
- How do you get there?
- How many trips do you make in a week?

- How long do your trips generally take?
- What would make it easier for you to get where you need to be? What does that look like?
- Is transportation a significant cost to you/your family?
- Are you familiar with any community programs that can help with transportation burden? Do you participate in any of these programs?

Where are you not going and why? - 25 Min

- How does transportation influence your decisions about where you live, what you do, where you go?
- Can you speak about a time you weren't able to get where you needed to go? What are a few examples of places you haven't been able to get to and why?
- How does your experience with transportation compare to the experiences of people you live with?
- If you could change anything about your transportation options, what would it be knowledge of services available, knowledge of opportunities to influence transportation policy and allocation of transportation resources?

Section 2: What would be helpful? Flip Charts - 20 min

- Self-populate charts or use dot exercise to identify possible solutions:
 - Better sidewalks
 - Better sidewalk snow removal
 - Safer crosswalks
 - Better street lighting
 - More bike lanes
 - Bike lane snow removal
 - Slower car traffic
 - Having my own bike
 - Having my own e-bike
 - Having my own gas-powered car
 - Having my own electric car
 - More parking
 - Having buses come more often
 - Having a free or reduced bus pass
 - Having a connection for a van pool, or a shared ride
 - Having a valid drivers' license
 - Other (please specify):

- What are your barriers or concerns related to electric vehicles such as electric buses, cars, or bicycles?
 - Too expensive
 - Battery safety
 - Don't know how to use them
 - Unavailable or lack of options to purchase
 - Lack of charging options
 - Degree of environmental friendliness
 - Weather
 - Doesn't fit my needs
 - Other (please specify)
- Do you want more information about electric vehicles?
- Would you participate in an all-female electric car and e-bike event to test the cars and bikes?

Before Demographic Data, have participants complete form for participant stipend.

Section 3: Demographic Data Gathering (optional) - 5 min

- What do you use to find information on transportation?
- Do you have a driver's license?
- Have you had a driver's license in the past?
- Do you have access to a vehicle? (if you have in the past, what changed?)
- How many people live in your household?
 - Children under 18?
 - Adults under 65?
 - Adults over 65?
- Are you currently working?
- Are you in school?
- How old are you?
- What is your gender?
- How do you identify your sexual orientation?
- What race do you identify as?
 - Prefer not to answer
- Do you identify as Spanish, Latino, or Hispanic?
 - Yes
 - No
- Do you or anyone in your household have a medical condition or disability that makes it difficult for them to get around?

- What's your highest level of education?
- How much is your annual family income?

Wrap-up: 10 min