HCTC Stakeholder Quantitative Study Questionnaire Draft June 16, 2009

Goal: Quantify key findings from interviews with front line stakeholders

Instructions:

This survey is intended to measure the current level of awareness regarding the Health Coverage Tax Credit (HCTC) program and to make recommendations for future outreach enhancements. Please answer all questions honestly and only as they relate to your trade-affected clients. If after completing the survey you have any questions regarding this program, please visit the HCTC website or contact the program office for more information.

The survey takes about 10 minutes to complete. Your individual response will be used only in combination with responses from others in your stakeholder group to help us know not only what your needs are, but to help us prioritize the actions that are most valuable to you.

We recognize your time is both valuable and limited. Participation is voluntary. We expect that what we learn in this research will help you better utilize your time spent on HCTC in the future, and thank you in advance for your assistance.

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1432. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the, Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

Questions:

Client Interview Process Questions

- 1. Please tell us which of the following best describe the mind set of your TAA clients when you first meet with them. (pick one)
 - a. Calm and in control
 - b. Angry
 - c. Confused

- d. Difficulty coping
- e. Overwhelmed
- f. Other (please describe)
- 2. Please tell us which statement best describes most of your clients.
 - a. They are the person who makes health insurance decisions for their household
 - b. They aren't the primary decision maker about health insurance issues and need to review HCTC with the person who is
- 3. If your clients aren't the primary decision makers about health insurance, please tell us how often they are accompanied by the primary decision makers when you meet with them.
 - a. Never
 - b. Sometimes
 - c. Usually
- 4. The following statements are about your clients' involvement with the HCTC Program Kit. Please tell us about how many of your clients can be described by each of the following statements regarding their access to the HCTC Program Kit. 1432
 - a. Didn't receive one or didn't remember receiving (pick one)
 - i. Describes none of my clients
 - ii. Describes some clients
 - iii. Describes most clients
 - iv. Describes all clients
 - b. Opened the kit but didn't read much (pick one)
 - i. (repeat above choices)
 - c. Read most/all of kit (pick one)
 - i. (repeat above choices)
- 5. At the beginning of your discussion with the client about HCTC, please describe about how many of your clients can be described by each of the following statements about the HCTC Program Kit.
 - a. Understood it well (pick one)
 - i. Describes none of my clients
 - ii. Describes some clients
 - iii. Describes most clients
 - iv. Describes all clients
 - b. Understood it somewhat (pick one)
 - i. (repeat above choices)
 - c. Did not understand it very well (pick one)
 - i. (repeat above choices)
 - d. Did not understand it at all (pick one)
 - i. (repeat above choices)
- 6. How do you try to help TAA clients determine whether they are qualified for HCTC or begin the enrollment process? (pick all that apply)
 - a. Show them a video or computer presentation that provides an overview of the HCTC program
 - b. Go over contents of HCTC program kit with them
 - c. Explain timing requirements

- d. Answer questions
- e. Try to get questions answered for them by IRS or someone with more knowledge while client waits
- f. Refer them to IRS website if you can't answer their questions
- g. Refer them to IRS call center 800 number if you can't answer their questions
- h. Help them fill out the application form
- i. Other (specify)
- 7. Do you or someone else in your work group guide/follow clients through the process of filling out the HCTC application? (yes/no)

Stakeholder HCTC Education and Communications Questions

- 8. Please tell us about your level of confidence in understanding and presenting HCTC to clients. (pick one)
 - a. Understand it well, very confident
 - b. Understand fairly well, mostly confident
 - c. Understand fairly well, somewhat confident

OMB # 1545-1432

- d. Don't understand it as fully as would like, not as confident as would like
- 9. Please tell us how much you agree or disagree with the following statement. "I understand HCTC okay, but because I don't want to be responsible for misinforming people, I send them to the IRS website or 800 number." (Score 1 to 5: disagree completely agree completely)
- 10. Who do you turn to when you need more information/better understanding about HCTC and you're with a client? (pick all that apply)
 - a. Co-worker
 - b. Supervisor
 - c. HCTC program specialists within work group
 - d. HCTC web site
 - e. HCTC 800 number
 - f. Someone at SWA
 - g. Other (specify)
- 11. Please tell us about your initial and follow up training on HCTC. (pick all that apply)
 - a. No training received
 - b. Trained by supervisor or peer
 - c. Trained when first hired
 - d. First training some time after hired
 - e. Receive periodic follow up training
 - f. Attended seminar or conference workshop where HCTC was presented
 - g. Attended webinar
 - h. Read brochures about HCTC
 - i. On the job training (when clients asked questions, you would find the answers)
 - j. Shared information from co-workers
 - k. Other (specify)

- 12. Who do you turn to when you need more information/better understanding about HCTC when you aren't with a client? (pick all that apply)
 - a. Co-worker
 - b. Supervisor
 - c. HCTC program specialists within work group
 - d. HCTC web site
 - e. HCTC 800 number
 - f. Someone within my State Workforce Agency
 - g. Other (specify)
- 13. What is the biggest barrier to your understanding of HCTC? (open end)
- 14. Please tell us what best describes the occasions when you refer clients to the IRS 800 number for answers to questions. (pick one)
 - a. With any questions
 - b. With most questions
 - c. With difficult questions only
 - d. Don't refer clients to IRS for answers to questions

OMB # 1545-1432

- 15. What are the biggest barriers to your TAA clients understanding HCTC? (open end)
- 16. When you were/are initially learning about HCTC, please tell us how valuable each of the following communications were/are? (1 to 5 scale: "not at all" to "extremely valuable"; include n/a option)
 - a. HCTC Program Kit
 - b. HCTC brochure(s)
 - c. HCTC presentation
 - d. Initial training
 - e. HCTC website
 - f. State Tool Kit
 - g. Quick reference card
- 17. In addition to the resources listed in the previous question, please tell us about any other resources that were very or extremely valuable to you in learning about HCTC? (open end)
- 18. Please tell us how helpful it would be to be able to review the information presented in the initial training periodically as you increase your understanding of the HCTC program. (1 to 5 scale: "not at all" to "extremely valuable" and n/a no training)
- 19. Please tell us about how you like to regularly receive/access information about HCTC. (1 to 5 scale: "not very likely to use" to "works extremely well for me")
 - a. Conference Workshops
 - b. Brochures
 - c. Scheduled live webinars with Q&A
 - d. Recorded webinars to view any time
 - e. Reference binder
 - f. Quick response laminated card
 - g. In person presentation from HCTC expert/staff
 - h. Web site with basic Q&A as well as
 - i. Detailed program information (not accessible to clients)

- j. DVD of basic program explanation and answers to frequently asked questions
- k. Digital video on HCTC that you can make part of a comprehensive video on all benefits offered by your work group or on TAA benefits
- 20. In addition to the resources listed in the previous question, please tell us about any other resources that would work very or extremely well for you in learning about HCTC? (open end)
- 21. Please tell us how likely you would be to use HCTC reference materials or information in each of the following circumstances. (scale 1-5: "not at all likely" to "extremely likely")
 - a. When I'm with a client for the answer to a quick question
 - b. When I'm with a client and need more in depth information
 - c. When I'm between appointments with clients for a quick question
 - d. When I'm between appointments with clients for more in depth information OMB # 1545-1432
 - e. At work when I'm able to spend as much time as I need to understand the information
 - f. On my own time, when I'm able to spend as much time as I need to understand the information
- 22. Please tell us how valuable you would find the following resources for answering questions about HCTC. (1 to 5 scale: "not very valuable" to "extremely valuable")
 - a. Reference
 - b. Dedicated HCTC toll-free contact number for front line workers
 - c. Online chat with HCTC resource
 - d. Email with HCTC resource
 - e. Instant messaging with HCTC resource

Demographic Questions

- 23. Demographics
 - a. Which best describes your type of work group
 - i. One Stop
 - ii. Rapid Response
 - iii. SWA
 - iv. Other (specify)
 - b. How long have you worked with this work group?
 - i. Under one year
 - ii. Two to four years
 - iii. Five years or more
 - c. How long have you worked with the HCTC program?
 - i. Under one year
 - ii. Two to four years
 - iii. Five years or more
 - d. Do you have regular direct contact with clients who are potentially eligible for HCTC enrollment? (yes/no)

- e. Which of the following best describes how much of your time you spend with your TAA clients discussing HCTC? (1-5 scale, "very little" to "quite a lot")
- f. Please tell us about how many of your potentially eligible HCTC clients seem to actually be eligible for enrollment at the end of your interaction with them. (pick one)
 - i. No idea
 - ii. A few
 - iii. Some
 - iv. Quite a few
 - v. Most
- g. What state do you work in? (pick one from list of all states)

The Paperwork Reduction Act requires that the IRS display an OMB control number on all public information requests. The OMB Control Number for this study is 1545-1432. Also, if you have any comments regarding the time estimates associated with this study or suggestions on making this process simpler, please write to the, Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.