

# EVALUATION OF FROM COVERAGE TO CARE IN COMMUNITIES

## Appendix A

### Partner Survey: Informed Consent and Survey

(CMS-10632; OMB 0938-1342)

*NOTE: This interview protocol is annotated to show (1) bolded section headers to denote survey topic areas; (2) project research questions associated with each topic area (with parenthetical references to logic model question numbers); (3) more detailed “domains” and “subdomains” within topic areas; and (4) skip logic notes in brackets to indicate how skip logic will minimize participant burden. These annotations will not be seen by research participants. Changes from the previously approved surveys appear in green text.*

#### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **CMS-10632; OMB 0938-1342 (Expiration Date)**. The time required to complete this information collection is estimated to average **20 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **\*CMS Disclaimer\*Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained.**

OMB No.: CMS-10632; OMB 0938-1342  
Expiration Date: (EXPIRATION DATE)

## **INFORMED CONSENT FOR ORGANIZATIONS**

Thank you for agreeing to participate in this survey. Pacific Institute for Research and Evaluation (or PIRE) is conducting a study for the Centers for Medicare & Medicaid Services on *From Coverage to Care*, or C2C. As you may know, *From Coverage to Care* aims to help people with health care coverage understand their benefits and connect to primary care. It is also designed to help community organizations and providers support people as they connect to care.

### **Purpose of the Survey**

You have been selected as a representative of your organization to take this survey because our information suggests your organization is involved with connecting people to health insurance and health care services (sometimes referred to as Health care Navigation). The purpose of this survey is to help CMS understand how materials connecting individuals to health care services are being used and how they can be improved.

The goals of this survey are to learn about:

1. How your organization uses materials that help connect individuals to health insurance navigation and health care services (including C2C materials)
2. Which materials or messages (including C2C materials) are most helpful, as well as how they could be more helpful
3. Your perceptions of how consumers respond to these materials

### **Procedures**

The survey should last approximately 15-20 minutes. We will not collect personally identifiable information, and your answers will not be linked back to you. This survey contains questions related to your experiences with C2C. Question types include multiple choice (single and multi-answer options) and fill-in-the blank. You may skip any questions you do not feel comfortable answering.

This survey does not require the assistance of outside resources. Please complete the survey to the best of your ability or based on minimal information searching.

### **Potential risks and discomforts**

There are no identifiable risks associated with this survey. All information will be kept confidential. Your name will not be collected or linked to the data you provide at any time. The researchers will provide an electronic copy of this written consent directly to all research participants prior to conducting the survey.

### **Potential benefits**

This research is not designed to help you directly, but the results may help improve C2C materials, messages, and outreach practices to encourage improved community health. We hope that, in the future, other people and organizations might benefit from this study.

## **Confidentiality**

We will not collect any personally identifiable information; thus, confidentiality will be maintained, except as required by law. Should you choose not to participate in the study, information on your refusal to participate will not be released to CMS or your organization. The data collected through this survey will be summarized in aggregate form, grouped with data others provide for reporting and presentation.

All data collected will only exist in electronic form. Data collected will be securely stored on Qualtrics data servers. All communications between your web browser and the Qualtrics servers will be encrypted to maintain your confidentiality. Data provided to the PIRE Principal Investigator will only occur through encrypted electronic communication (i.e., secure socket layer). All analysis data files possessed by PIRE will be securely stored on the investigators' password protected computers and network drives. While the data collected are not anonymous, information about who completed the survey will be destroyed at the end of data collection.

## **Incentives**

You will receive a \$35 gift card electronically upon completion of the survey for your time. At the end of the survey, you will be provided with a link to access the gift card.

## **Right to withdraw and questions**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time.

If you have questions or concerns about this study, please contact the Principal Investigator of the study, Bill Scarborough at 502-238-7326 or by emailing [bscarbrough@PIRE.org](mailto:bscarbrough@PIRE.org).

## **Participant Rights**

For questions about your rights as a research participant, you may call Elysia Oudemans-Tilley at 866-PIRE-ORG (866-747-3674), option 1, or by emailing [oudemans@pire.org](mailto:oudemans@pire.org). This research has been reviewed according to PIRE's Institutional Review Board (IRB) procedures for research involving human subjects.

[SCREENER]

Are you a person in your organization who is knowledgeable about resources that aim to help people with new health care coverage understand their benefits and connect to primary care?

- Yes [START AT ITEM 1]
- No [CONTINUE]

Would you please provide the name, email, and phone number of the person within your organization who is knowledgeable about these matters? \_\_\_\_\_

## Module 1: Organizational Module

*Research questions addressed:*

- ***Among organizations working with C2C targeted populations, why are they using or not using C2C materials? (i.e., distinction between organizations reached and not reached)***
  1. What best describes your organization? (Please choose most appropriate)
    - a. Health care provider —primary or preventive care
    - b. Health care provider — urgent care, emergency care, or hospital
    - c. Health care provider — mental or behavioral health care
    - d. Health care insurer
    - e. Social service agency
    - f. Public health organization (local, state, or federal)
    - g. Consumer/patient advocacy organization
    - h. Other community organization such as school or faith-based organization
    - i. Navigator/assister/certified application counseling organization
    - j. Other (please specify) \_\_\_\_\_
  2. What best describes your organization’s funding or tax status? (Please choose most appropriate)
    - a. Private, not-for-profit (501c status) organization
    - b. Private, for-profit organization/company
    - c. State governmental organization
    - d. County governmental organization
    - e. Local/city governmental organization
    - f. Other (please specify: \_\_\_\_\_)
  3. How many paid employees does your organization have in total? (Please choose most appropriate)
    - a. Small (less than 25 employees)
    - b. Medium (26-99 employees)
    - c. Large (100-249 employees)
    - d. Very large (250+ employees)
  4. How many unpaid volunteers does your organization have in total? (Please choose most appropriate)
    - a. Small (less than 25 volunteers)
    - b. Medium (26-99 volunteers)

- c. Large (100-249 volunteers)
- d. Very large (250+ volunteers)

## Module 2: Organizational History with C2C and CMS

### Research questions addressed:

- ***Among organizations working with C2C targeted populations, why are they using or not using C2C materials? (i.e., distinction between distribution channels for organizations reached and not reached)***

[ASK IF FROM SAMPLING FRAME OF THOSE NOT REQUESTING C2C MATERIALS]

5. Have you ever heard of the *From Coverage to Care* program through CMS, which aims to help people with health care coverage understand their benefits and connect to primary care?
  - a. Yes
  - b. No
  
6. Does your organization rely on an outside source for information and materials (such as pamphlets, posters, or websites) to help people with health care coverage understand their benefits and connect to primary care?
  - a. Yes
  - b. No [SKIP TO MODULE 6]
  
7. Where do you go for information and materials to help people understand their health care coverage and connect to primary care? (OPEN-ENDED RESPONSE)
  
8. How did you first learn about [RESPONSE 7 NAME]? From.. (Please check all that apply)
  - a. [RESPONSE 7 NAME] website
  - b. [RESPONSE 7 NAME] correspondence such as newsletter or distribution list
  - c. Webinar where [RESPONSE 7 NAME] was discussed
  - d. [RESPONSE 7 NAME] office/distribution
  - e. Another organization in my community
  - f. A professional organization/society
  - g. A person in my community
  - h. The media
  - i. Online search
  - j. Don't know
  - k. Other (please specify: \_\_\_\_\_)
  
9. When did you first learn about [RESPONSE 7 NAME]? (Choose most appropriate estimate)
  - a. In the last six months
  - b. Between six and twelve months ago
  - c. More than a year ago
  - e. Don't know

[ASK 10-11 OF THOSE REQUESTING C2C MATERIALS OR AWARE OF C2C]

10. How did your organization first learn about C2C? From.. (Please choose one)
- CMS website
  - CMS correspondence such as newsletter or distribution list
  - Webinar where C2C was discussed
  - CMS regional office/distribution
  - Another organization in my community
  - A professional organization/society
  - A person in my community
  - The media
  - Online search
  - Don't know
  - Other (please specify: \_\_\_\_\_)
11. When did your organization first learn about C2C? (Choose most appropriate estimate)
- In the last six months
  - Between six and twelve months ago
  - One to two years ago
  - Three to five years ago
  - More than five years ago
  - Don't know
12. Thinking about your organization's use of C2C, what were your roles? (Please choose all that apply)
- I placed the C2C product orders for my organization.
  - I trained staff in my organization to communicate about C2C topics and materials with community members.
  - I provided management support for the use of C2C in my organization.
  - I used C2C materials with community members.
  - Other (please specify:) \_\_\_\_\_

[ASK MODULE 3 IF FROM SAMPLING FRAME OF THOSE REQUESTING C2C MATERIALS]

**Module 3: C2C Ordering and Distribution Practices**

*Research questions addressed:*

- *Did insurance navigators use HHIE resources (and which materials specifically were used) to enhance services to consumers? (INT10)*
- *Were regional networks formed and did partner organizations join networks as a result of C2C efforts? (INT11)*
- *Do organizations report reaching their targeted audience with C2C materials? (INT12)*

Now we are interested to learn a little more about your organization's experience with C2C materials.

13. Why did your organization decide to use C2C materials? (Please choose all that apply)
- Addressed a knowledge gap in my community

- b. Addressed a knowledge gap in our organization/helped us to know how to talk about these issues
- c. Easy to use formats/easy to understand
- d. Free resources
- e. Other (Please specify: \_\_\_\_\_)

14. Which C2C materials did your organization order? Please select all that apply (Include categorized list of materials in drop box)

- a. Roadmap to Better Care
- b. A Roadmap to Behavioral Health and a Healthier You
- c. Roadmap Poster Tabloid
- d. Step 1: Put Your Health First
- e. Step 2: Understand Your Health Coverage
- f. Sample Insurance Card
- g. Step 3: Know Where to Go
- h. Differences Between Your Provider's Office and the Emergency Department
- i. Step 4: Pick a Provider
- j. Step 5: Make an Appointment
- k. Step 6: Be Prepared for Your Visit
- l. Step 7: Decide if the Provider is Right for You
- m. Step 8: Next Steps After Your Appointment
- n. Sample Explanation of Benefits
- o. 5 Ways to Make the Most of Your Health Coverage
- p. Preventive Services Flyer
- q. Coronavirus and Your Health Coverage: Get the Basics
- r. Stay Safe: Getting the Care You Need, at Home
- s. [ADDITION OF FUTURE MATERIALS]
- t. Other (specify \_\_\_\_\_)

15. How did your organization determine what types of C2C materials to order? (Please choose all that apply)

- a. We selected materials that address the questions our community members have.
- b. We selected materials that come in a language other than English.
- c. We selected materials that can be easily handed out to community members.
- d. We selected materials that address the needs of our staff.
- e. Other (please specify: \_\_\_\_\_)

16. Does your organization plan to order more C2C materials in the future?

- a. Yes [GO TO QUESTION 18]
- b. No [GO TO NEXT QUESTION]
- c. I do not know if my organization plans to order more C2C materials [GO TO QUESTION 18]

17. Why will your organization stop ordering C2C materials? (Please choose all that apply)

- a. Our organization has enough C2C materials to last us for a long time.
- b. The materials were not helpful to my community.

- c. We use other materials to address these topics. (If checked, what is the name of those materials? \_\_\_\_\_)
- d. We did not have the resources (such as staff, storage space, etc.) to use C2C materials.
- e. The materials were not available in a language we use. (If checked, what language is needed? \_\_\_\_\_)
- f. We no longer provide services relevant to C2C (for example, we do not provide patient navigation services anymore).
- g. Other (please specify: \_\_\_\_\_)

[IF OPTION b-g SELECTED ASK 18, OTHERWISE SKIP TO 19]

18. In the space below, briefly describe the most important factor causing your organization to stop using C2C materials? (1-2 sentences, Fill in blank)

*Thank you. We would now like to understand more about how your organization shares C2C information with the community you serve and with other organizations.*

19. How does your organization share C2C information and materials with patients and other members of your community? (Please choose all that apply)
- a. Hand out materials and talk about them during community health fairs
  - b. Hand out materials and talk about them during health insurance enrollment sessions
  - c. Use materials in courses/training we offer
  - d. Place materials on table or wall displays in our organization or other public spaces for community members to pick up
  - e. Distribute materials to other partner organizations who pass them out
  - f. Mail materials to community members
  - g. Hand out or mail materials in response to community member requests
  - h. Re-post C2C materials directly on our website
  - i. Social media (e.g., Facebook, Twitter)
  - j. Email or email listservs
  - k. Text messaging (i.e., SMS, MMS)
  - l. Other (please specify: \_\_\_\_\_)
20. Of the ways selected in the last question, in your experience, what forms of sharing C2C materials were most helpful to community members? (Please choose top 3)
- a. Hand out materials and talk about them during community events/health fairs
  - b. Hand out materials and talk about them during enrollment sessions
  - c. Use materials in courses/training we offer
  - d. Place materials on table or wall displays in our organization or other public spaces for community members to pick up
  - e. Distribute materials to other organizations who pass them out
  - f. Mail materials to community members
  - g. Hand out or mail materials in response to community member requests
  - h. Re-post C2C materials directly on our website
  - i. Social media (e.g., Facebook, Twitter)
  - j. Email or email listservs
  - k. Text messaging (i.e., SMS, MMS)



1. Other (please specify: \_\_\_\_\_)

21. How has your organization shared C2C materials and messages with other organizations in your community? (Please choose all that apply)
- a. Told colleagues or other community organizations about C2C
  - b. Mailed C2C materials to other organizations
  - c. Distributed C2C materials to other organizations at community events (for example, at a health fair)
  - d. Presented C2C information to organizations (for example, at a local meeting)
  - e. Re-post C2C materials directly on our website
  - f. Social media (e.g., Facebook, Twitter)
  - g. Email or email listservs
  - h. Text messaging (i.e., SMS, MMS)
  - i. Other (Please specify: \_\_\_\_\_)
  - j. We have not shared materials

[IF OPTION j NOT SELECTED CONTINUE, OTHERWISE SKIP TO 25]

22. In your experience, what form of sharing C2C materials with other organizations was most helpful to them? (Please choose one)
- a. Told colleagues or other community organizations about C2C
  - b. Mailed C2C materials to other organizations
  - c. Distributed C2C materials to other organizations at community events (for example, at a health fair)
  - d. Presented C2C information to organizations (for example, at a local meeting)
  - e. Re-post C2C materials directly on our website
  - f. Social media (e.g., Facebook, Twitter)
  - g. Email or email listservs
  - h. Text messaging (i.e., SMS, MMS)
  - k. Other (Please specify: \_\_\_\_\_)

23. Has working with C2C made your organization form or strengthen any relationships with other organizations in your community? (Please choose all that apply)
- a. Yes, we formed relationships with organizations we haven't worked with before
  - b. Yes, we strengthened existing relationships
  - c. No, everything has remained the same

[IF a OR b SELECTED, ASK 24, OTHERWISE SKIP TO 25]

24. Do you plan to continue these relationships in the future?
- a. Yes
  - b. No
  - c. Not sure
25. Was use of C2C materials a burden for your organization?
- a. Yes, a large burden (please describe: \_\_\_\_\_)
  - b. Yes, a small burden
  - c. Not a burden

26. Did your organization train any of its staff to give out C2C materials or talk about its topics?
  - a. Yes, for all staff
  - b. Yes, for some staff
  - c. No
  
27. What would be most useful to your organization to help you use and distribute C2C materials and messages? (1-2 sentences, open response)

#### Module 4: Perceptions of Community Needs and Value of C2C

*We are interested in getting some feedback on the most pressing needs in your community at this point in time.*

##### *Research questions answered:*

- ***What factors influenced which materials and messages organizations decided to use and how to use them?***

28. When it comes to health care in your community, what would you say are the biggest barriers individuals face? [PLEASE RANK TOP 3 CHOICES]
  - a. Individuals do not know how to access health care services
  - b. Individuals do not know how to find a regular provider or source of care
  - c. Individuals do not understand the importance of health care
  - d. Individuals do not understand the importance of health insurance
  - e. Individuals do not understand how to use their insurance benefits
  - f. Individuals do not understand when it is appropriate to use emergency or urgent care services
  - g. Individuals do not understand how to access health services online (e.g., patient portals)
  - h. Individuals do not have the resources (e.g., electronic devices, internet access) to access health services online (e.g., patient portals)
  - i. Individuals do not understand the importance of preventive health services (e.g., vaccinations, screenings)
  - j. Individuals do not understand how to stay safe when there are public-health concerns (e.g., COVID-19, SARS)
  - k. Individuals do not understand how to access health care services when there are public-health concerns (e.g., COVID-19, SARS)
  - l. Other (please specify):\_\_\_\_\_

*For the next four questions, consider if the following issues would be considered a priority for your organization and if any messaging was used on the topic.*

|                                      | <i>A. Is this topic an area of focus or a top priority of your organization?</i> | <i>B. Did your organization use any messaging or materials in its work on this topic? (Please choose all that apply) [OPTIONS A &amp; B HIDDEN IF NOT C2C AWARE AND NOT ORDERED]</i> |
|--------------------------------------|--|--|
| <i>29. Access to health services</i> | <i>(Yes/No drop down menu –</i>  | <i>a. Used C2C materials on this topic</i>   |

|   |  |  |
|---|--|--|
|   | <i>SKIP part B if NO)</i>                          | <i>b. Adapted C2C materials to our community's needs</i><br><i>c. Used other materials on this topic (please specify: _____)</i><br><i>d. Created our own materials/messages on this topic</i>   |
| <i>30. Find a regular provider or source of care</i>              | <i>(Yes/No drop down menu – SKIP part B if NO)</i> | <i>a. Used C2C materials on this topic</i><br><i>b. Adapted C2C materials to our community's needs</i><br><i>c. Used other materials on this topic (please specify: _____)</i><br><i>d. Created our own materials/messages on this topic</i> |
| <i>31. Understand insurance benefits and how to use insurance</i> | <i>(Yes/No drop down menu – SKIP part B if NO)</i> | <i>a. Used C2C materials on this topic</i><br><i>b. Adapted C2C materials to our community's needs</i><br><i>c. Used other materials on this topic (please specify: _____)</i><br><i>d. Created our own materials/messages on this topic</i> |
| <i>32. Access appropriate care/services</i>                       | <i>(Yes/No drop down menu – SKIP part B if NO)</i> | <i>a. Used C2C materials on this topic</i><br><i>b. Adapted C2C materials to our community's needs</i><br><i>c. Used other materials on this topic (please specify: _____)</i><br><i>d. Created our own materials/messages on this topic</i> |

[ASK MODULE 5 IF FROM SAMPLING FRAME OF THOSE REQUESTING C2C MATERIALS]

## Module 5: Perceptions of Community Engagement with C2C

*Research questions answered:*

- ***Did insurance navigators learn from HHIE resources? (ST5)***
- ***Did CMS/organizational partners learn about consumer motivations and HHIE resource impact? (ST6)***

*Now we want to ask you about whether you think the community better understands health insurance and how to access care.*

In the next question, please think about your community members' reactions to C2C. Then, please rate how much you agree or disagree with each statement.

33. After using C2C materials ...
- Members of my community understand why prevention and primary care is important for their health.

- b. Members of my community gained a better understanding of health insurance and how to use it.
- c. Members of my community can choose coverage that best meets their needs and expectations.
- d. Members of my community reduce the inappropriate use of emergency or urgent care.
- e. Members of my community engage in more regular and or/preventive care.
- f. Members of my community are more able to find a provider and make an appointment.
- g. The topics covered in C2C materials are helpful to members of my community.
- h. Members of my community are better prepared to deal with public health concerns (e.g., COVID-19, SARS).
  - Strongly disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly agree
  - Don't know/I don't work with the community directly

Please indicate your level of agreement with the following statements:

34. Members of my community ...
- a. Are aware of online portals (e.g., insurance, hospital, doctor office).
  - b. Know how to use online portals.
  - c. Have lots of questions about how to use online portals.
    - Strongly disagree
    - Disagree
    - Neutral
    - Agree
    - Strongly agree
    - Don't know/I don't work with the community directly
  - d. [ASK IF Agree OR Strongly Agree TO 34d] Would you please list some examples of questions that members of your community have about online portals.

In the next question, please think about organizations with whom you shared C2C materials within your community. Then, please rate how much you agree or disagree with each statement.

35. After seeing or using C2C materials...
- a. The topics covered in C2C materials were helpful to other organizations in my community.
  - b. Organizations in my community felt more prepared to talk to people about why prevention and primary care is important for their health.
  - c. Organizations in my community felt more prepared to talk to people about health insurance and how to use it.
  - d. Organizations in my community felt more prepared to help people choose coverage that best meets their needs and expectations.

- e. Organizations in my community felt more prepared to help reduce the inappropriate use of emergency or urgent care.
- f. Organizations in my community felt more prepared to encourage the use of more regular and or/preventive care.
- g. Organizations in my community felt more prepared to help people find a provider and make an appointment.
- e. Organizations in my community felt more prepared to deal with public health concerns (e.g., COVID-19, SARS).
  - Strongly disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly agree
  - Don't know/I didn't share materials with other organizations

In the next question, please think about health care navigators with whom you shared C2C materials. Then, please rate how much you agree or disagree with each statement.

36. After using C2C materials...
- a. Navigators learned more about why prevention and primary care is important for consumer health.
  - b. Navigators learned more about health insurance and how to use it.
  - c. Navigators learned more about helping people choose coverage that best meets their needs and expectations.
  - d. Navigators learned more about inappropriate use of emergency or urgent care.
  - e. Navigators learned more about encouraging the use of more regular and or/preventive care.
  - f. Navigators learned more about helping people find a provider and make an appointment.
    - Strongly disagree
    - Disagree
    - Neutral
    - Agree
    - Strongly agree
    - Don't know/I didn't share materials with Navigators

*Now we are interested in your organization's feedback about C2C materials and messages. Please tell us about your organization's experience with the C2C materials with which it is familiar.*

37. For each of the materials you ordered, please rate how helpful the material was to your organization? [Populated with list selected from Question 13]
- Very helpful
  - Helpful
  - Neither helpful nor unhelpful
  - Unhelpful
  - Very unhelpful

38. [For responses of very helpful or helpful, ask] Why was that material helpful to your organization? (please choose all that apply)
- It addressed one of the biggest health care-related problems or needs in my community.
  - It was the easiest set of materials for our organization to communicate with community members.
  - It was the easiest set of materials for community members to understand.
  - Health care navigators learned a lot from these materials.
  - Other (please specify: \_\_\_\_\_)
39. [For responses of very unhelpful or unhelpful, ask] Why was that material unhelpful to your organization? (please choose all that apply)
- It did not address relevant needs in my community.
  - It was the most difficult set of materials for our organization to communicate with community members.
  - It was the most difficult set of materials for community members to understand.
  - Health care navigators did not learn much from these materials.
  - Other (please specify: \_\_\_\_\_)
40. Has your organization used any of the C2C online resources? (check all that apply)
- Someone in our organization has visited the C2C website.
  - Someone in our organization has downloaded C2C materials.
  - Someone in our organization has watched the C2C videos available on the website.
  - Our organization uses the C2C website or other online resources to discuss C2C topics with community members/patients.
  - Other (please specify): \_\_\_\_\_
  - No one has used C2C online resources.
41. What additional topics or issues do you think should be added to C2C? (1-2 sentences, open response)
42. What additional C2C materials or products would be helpful for community members (for example, materials for a special population or health concern)?

## Module 6: Respondent Demographics

*Please answer some brief questions about yourself.*

43. How long have you worked at the organization?
- Less than one year
  - 1 year to less than 4 years
  - 4 years to less than 6 years
  - 6-10 years
  - More than 10 years
44. What is your job title? (open response) : \_\_\_\_\_

45. Is there anything else you would like to tell us about your experience with C2C?  
(open response)

[ASK IF FROM SAMPLING FRAME OF THOSE REQUESTING C2C MATERIALS]

**Snowball Sampling Question**

46. We are trying to identify organizations that might benefit from C2C materials, but who are not currently using C2C materials. Are there other organizations in your area that provide services to health care consumers that are similar to the services you provide? [IF YES] Would you indicate the name of the organization, the name of the contact person, the phone number of the contact person, and the email address of the contact person? We would like to contact them for a similar survey. It is OK if you do not know all of this information. Please list the information that you know. \_\_\_\_\_

THANK YOU FOR COMPLETING THIS SURVEY.