

Attachment 12

MMP Provider Survey Recruitment Letters

January 1, 2008

John Doe, MD  
2000 USA Street  
City USA, State USA Zipcode

Dear Dr. Doe:

I am writing to enlist your help with a relatively simple, but important project that ultimately seeks to improve the access to care of all persons with HIV infection. I am asking for approximately 20 minutes of your time, the time it will take you to answer the questions in our survey.

This information is being collected as part of a collaboration between the Centers for Disease Control and Prevention (CDC) and your State/Local Health Department to help us to learn more about providers of HIV care in the United States. You have been selected as part of a nationally representative sample of HIV care providers that will help us understand factors that influence the access to and the provision of effective HIV care in the US.

Ultimately, these data can be used locally and nationally to draft recommendations and influence the direction of resources allocated to improve access to HIV care.

Because of your experience as an HIV care provider, your responses are very important to us. You can complete the survey online by logging on to <http://mmpsurveydev.rti.org/>, and using your Login ID number located in the upper right hand corner of the enclosed paper copy of the survey, or you may elect to complete the paper copy of the survey and mail it using the enclosed addressed envelope.

We realize that your schedule is extremely busy and that there are many demands for your time. We hope that you can help us. Please call me (404-639-6325) or *Local MMP Principal Investigator* (Local MMP telephone number) if you have any questions or concerns.

Your responses matter. As a token of our appreciation for your time in completing the survey, enclosed you will find a \$25.00 gift card.

Sincerely,

A.D. McNaghten, PhD, MHSA  
Team Leader, Clinical Outcomes Team  
Behavioral and Clinical Surveillance Branch  
Division of HIV/AIDS Prevention  
Centers for Disease Control and Prevention

- (1) **One Week:** One week after the original provider or site survey mailing, a postcard reminder is sent to everyone. “It serves as both a thank you for those who have responded and as a friendly and courteous reminder for those who have not.” The content of this postcard should be as follows:

(Month) XX, 2008

Last week a survey was sent to you asking you to share your experiences in providing HIV care to members of your community. Because this survey has been sent to a representative sample of HIV care providers in your community, your response is critical if we are to effectively draft recommendations and influence the direction of resources allocated to improve access to HIV care.

If you have already completed the survey, please accept our sincere thanks. If not, please do so today.

If by some chance you did not receive the survey, or it was misplaced, please call me immediately, at (XXX) XXX-XXXX and I will get another one in the mail to you today.

Sincerely,

*Signature Here,*  
State/Local Health Department Title

- (2) **Three Weeks:** Three weeks after the original mailing, a letter and replacement survey, including the original study site cover letter, is sent only to nonrespondents. The nonrespondent letter should be placed on top of the original study site cover letter. The letter to be included in this mailing should have the following content:

(Month) XX, 2008

Provider Name  
Provider Address

About three weeks ago, a survey was sent to you seeking your experiences in providing HIV care to members of your community. As of today, we have not yet received your completed survey.

We are writing to you again because of the significance each survey has to this effort. Because this survey has been sent to a representative sample of HIV care providers in your community, your response is critical if we are to effectively draft recommendations and influence the direction of resources allocated to improve access to HIV care.

We urge you to take a few moments and complete our survey.

In the event that your survey has been misplaced, a replacement is enclosed. If you prefer to respond using the Web based version of the survey, the link to access the survey is: <http://mmpsurveydev.rti.org/>, and your Login ID number is located in the upper right hand corner of the enclosed paper copy of the survey.

Your cooperation is greatly appreciated.

Sincerely,

*Signature Here,*

Printed Name  
State/Local Health Department Title

- (3) **Seven Weeks:** The seven week mailing is the final mailing proposed by Dillman's Total Design Method. The procedures are the same as for the three week mailing, including the enclosure of another letter. The content of this letter should be as follows:

(Month) XX, 2008

Provider Name  
Provider Address

We are writing to you about the provider survey that we are using to obtain information regarding your experiences in providing HIV medical care. As of today, we have not yet received your completed survey.

The large number of responses we have received is very encouraging. But, because this survey has been sent to a representative sample of HIV care providers in your community, your response is critical.

This survey is unique. Previous surveys have focused on the experiences and challenges patients encounter in obtaining HIV medical care, but few have focused on the experiences and challenges providers face. Obtaining this information will help us understand factors involved in the access to and the provision of effective HIV care in the US, and allow us to draft recommendations in order to influence the direction of resources allocated to improve access to HIV care.

It is for these reasons that we are trying to obtain a 100% response rate, and are urging you to take a few moments and complete our survey.

In the event our previously sent survey was never received or has been misplaced, we have included a replacement survey. If you prefer to respond to the survey online, the link to access the survey is: <http://mmpsurveydev.rti.org/>, and your Login ID number is located in the upper right hand corner of the enclosed paper copy of the survey.

Your contribution to the success of this project will be greatly appreciated.

Sincerely,

*Signature Here*

Printed Name  
State/Local Health Department Title