

## MCO Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

Our goal at [ABQ Health Partners or Henry Ford Health System] is to provide the best health care possible. To help us meet this goal, we are sending you some information about colon cancer. We are sending you this information because you have scheduled an office visit with your doctor.

The information describes colon cancer and the different medical tests that are used to check for early signs of colon cancer. Colon cancer is the third most common cancer in the United States. It is the second leading cause of cancer death in the United States. Your chances of getting colon cancer in your lifetime are about 1 in 17. The good news is that you can get tested early and colorectal cancer can often be prevented.

The colon cancer information we are sending includes:

- A *Fact Sheet* that describes colon cancer and the different tests for colon cancer;
- A *Reminder Card* to help you remember any questions or issues you would like to talk about with your doctor.

Please read this information carefully. When you go to your appointment, you can discuss it with your physician and see what's right for you. Even if you have had a colon cancer test before, please read this information. It might be time for you to have another colon cancer test.

Sincerely,

[Physician Leader/Other]

**Revised and Un-Marked Baseline Patient Survey-First Mailing (HFHS)**

HFHS letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

As a Henry Ford patient and a member of Health Alliance Plan, you are being asked to fill out a survey to find out what people think about colon cancer screening. Your opinions are very important to us. This survey will take about 20 minutes to complete. **We have enclosed \$10 as reimbursement for your time and effort.**

Henry Ford Hospital and Medical Centers works to give patients the best health care possible and you taking part in this study will help us do this. The Centers for Disease Control and Prevention, Battelle Center for Public Health Research, and Henry Ford are working together on this study to find out how people feel about colon cancer screening and your experiences talking with your doctor about it. To participate, all you need to do is complete the enclosed survey. Your responses will be private and will be combined with answers from other people. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

**Your participation in this research study is voluntary.** Your returning this survey lets us know that you have agreed to participate. You are free to choose to complete this survey or not. You may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not change the care you get at Henry Ford or your coverage through HAP.

You may be contacted by mail one more time in the future so that we can learn more about the opinions and experiences you've had talking with your doctor about colon cancer screening. However, taking part in this survey does not mean that you have to take part in future surveys.

Please use the stamped and addressed envelope provided to return your survey. **If you have any questions about this research study, please call Deirdre Shires at (313) 874-6248.** If you have questions about your rights as a research subject, you may contact the Henry Ford Health System IRB Coordinator at (313) 916-2024. The IRB is a group of people who review the research to protect your rights. If you do not want to be contacted again about this survey, please sign your name below and return this page to us within two weeks.

Sincerely,

Jennifer Elston Lafata, PhD  
Research Scientist  
Center for Health Services Research

\_\_\_\_\_ does not want to take part in this survey.  
Signature

**Revised and Un-marked Baseline Patient Survey-First Mailing (ABQ HP/Lovelace)**

ABQ HP letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

As an ABQ Health Partners patient and a member of Lovelace Health Plan, you are being asked to fill out a survey to find out what people think about colon cancer screening. Your opinions are very important to us. This survey will take about 20 minutes to complete. **We have enclosed \$10 as a token of our appreciation for your time and effort.**

ABQ Health Partners and Lovelace Health Plan work to give patients the best health care possible and you taking part in this study will help us do this. The Centers for Disease Control and Prevention, Battelle Center for Public Health Research, and Lovelace Clinic Foundation, a local research organization, are working together on this study to find out how people feel about colon cancer screening and your experiences talking with your doctor about it. To participate, all you need to do is complete the enclosed survey. Your responses will be private and will be combined with answers from other people. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

**Your participation in this research study is voluntary.** Your returning this survey lets us know that you have agreed to participate. You are free to choose to complete this survey or not. You may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not change the care you get at ABQ Health Partners or your coverage through Lovelace Health Plan.

You may be contacted by mail one more time in the future so that we can learn more about the opinions and experiences you've had talking with your doctor about colon cancer screening. However, taking part in this survey does not mean that you have to take part in future surveys.

Please use the stamped and addressed envelope provided to return both your survey and the signed HIPPA form. For questions about your rights as a research participant, you may call Independent Review Consulting, the Lovelace Clinic Foundation's Institutional Review Board (IRB), at (800-472-3241) during weekday hours Pacific Standard Daylight Time. The IRB is a group of people who review research. They help make certain that the rights and welfare of the study participants are protected. They also make certain that the study is carried out in an ethical manner. **If you have any questions about this research study, please call April Salisbury at (505) 938-9925.**

Sincerely,

April L. Salisbury  
Study Coordinator  
Lovelace Clinic Foundation

**Revised and Un-Marked Baseline Patient Survey-Second Mailing (HFHS)**

HFHS Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

Last month we asked you to fill out a survey about colon cancer screening. We also sent you \$10 as reimbursement for your time and effort. Our records show that you have not yet completed the survey. If you have already filled out the survey and sent it to us, thank you. If you have not filled out the survey and you would still like to, please do so now. This survey will take about 20 minutes to complete. We are very interested in your opinions.

The Centers for Disease Control and Prevention, Battelle Center for Public Health Research, and Henry Ford are working together on this study to find out how people feel about colon cancer screening and your experiences talking with your doctor about it. To participate, all you need to do is complete the enclosed survey. Your responses will be private and will be combined with answers from other people. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

**Your participation in this research study is voluntary.** Your returning this survey lets us know that you have agreed to participate. You are free to choose to complete this survey or not. You may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not change the care you get at Henry Ford or your coverage through HAP.

You may be contacted by mail one more time in the future so that we can learn more about the opinions and experiences you've had talking with your doctor about colon cancer screening. However, taking part in this survey does not mean that you have to take part in future surveys.

We have included another copy of the survey in case you need it. Please use the stamped and addressed envelope provided to return your survey. **If you have any questions about this research study, please call Deirdre Shires at (313) 874-6248.** If you have questions about your rights as a research subject, you may contact the Henry Ford Health System IRB Coordinator at (313) 916-2024. The IRB is a group of people who review the research to protect your rights. If you do not want to be contacted again about this survey, please sign your name below and return this page to us within two weeks.

Sincerely,

Jennifer Elston Lafata, PhD  
Research Scientist  
Center for Health Services Research

\_\_\_\_\_ does not want to take part in this survey.  
Signature

**Revised and Unmarked Baseline Patient Survey-Second Mailing (ABQ HP/Lovelace)**

ABQ HP Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

Last month we asked you to fill out a survey about colon cancer screening. We also sent you \$10 as a token of our appreciation for your time and effort. Our records show that you have not yet completed the survey. If you have already filled out the survey and sent it to us, thank you. If you have not filled out the survey and you would still like to, please do so now. This survey will take about 20 minutes to complete. We are very interested in your opinions.

The Centers for Disease Control and Prevention, Battelle Center for Public Health Research, and Lovelace Clinic Foundation, a local research organization, are working together on this study to find out how people feel about colon cancer screening and your experiences talking with your doctor about it. To participate, all you need to do is complete the enclosed survey. Your responses will be private and will be combined with answers from other people. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

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You may be contacted by mail one more time in the future so that we can learn more about the opinions and experiences you've had talking with your doctor about colon cancer screening. However, taking part in this survey does not mean that you have to take part in future surveys.

We have included another copy of the survey in case you need it. Please use the stamped and addressed envelope provided to return both your survey and the signed HIPPA form. For questions about your rights as a research participant, you may call Independent Review Consulting, the Lovelace Clinic Foundation's Institutional Review Board (IRB), at (800-472-3241) during weekday hours Pacific Standard Daylight Time. The IRB is a group of people who review research. They help make certain that the rights and welfare of the study participants are protected. They also make certain that the study is carried out in an ethical manner. **If you have any questions about this research study, please call April Salisbury at (505) 938-9925.**

Sincerely,  
April L. Salisbury  
Study Coordinator  
Lovelace Clinic Foundation

**Revised and Un-Marked Baseline Patient Survey-Third Mailing (HFHS)**  
HFHS Letterhead

Date

Patient name

Address 1

City State Zip

Dear [Patient's name]:

Recently we asked you to fill out a survey about colon cancer screening. We also sent you \$10 as reimbursement for your time and effort. You were sent two letters and a reminder postcard about the survey. Our records show that you have not yet completed the survey. If you have already filled out the survey and sent it to us, thank you. If you have not filled out the survey and you would still like to, please do so now. This survey will take about 20 minutes to complete. We are very interested in your opinions.

The Centers for Disease Control and Prevention, Battelle Center for Public Health Research, and Henry Ford are working together on this study to find out how people feel about colon cancer screening and your experiences talking with your doctor about it. To participate, all you need to do is complete the enclosed survey. Your responses will be private and will be combined with answers from other people. Please do not put your name on the survey. We will not identify any person who was in the study in any papers or reports. None of your responses will be shown to your doctor.

**Your participation in this research study is voluntary.** Your returning this survey lets us know that you have agreed to participate. You are free to choose to complete this survey or not. You may be uncomfortable answering some of the questions. You may refuse to answer any of the questions. If you do not want to complete the survey, it will not change the care you get at Henry Ford or your coverage through HAP.

You may be contacted by mail one more time in the future so that we can learn more about the opinions and experiences you've had talking with your doctor about colon cancer screening. However, taking part in this survey does not mean that you have to take part in future surveys.

We have included another copy of the survey in case you need it. Please use the stamped and addressed envelope provided to return your survey. **If you have any questions about this research study, please call Deirdre Shires at (313) 874-6248.** If you have questions about your rights as a research subject, you may contact the Henry Ford Health System IRB Coordinator at (313) 916-2024. The IRB is a group of people who review the research to protect your rights.

Sincerely,

Jennifer Elston Lafata, PhD  
Research Scientist  
Center for Health Services Research