

ATTACHMENT F: Reminders (Email and Telephone)

FIRST EMAIL REMINDER

Send message on day 20 [Date TBD pending OMB approval]

From:

To: (Non-respondents only) Vital Registrars or SSDI Coordinators (States, DC, and NYC)

Subject: Birth Certificate and Hospital Discharge Linkage-State Survey – FIRST REMINDER

Dear [Insert Health Official name]

This is a brief reminder regarding the Birth Certificate and Hospital Discharge Linkage-State Survey. The survey is available online and is estimated to take approximately 20-25 minutes to complete. The survey closes on [actual date TBD pending OMB approval]. Please follow this link to the survey: [Insert survey link].

Your participation in this survey is greatly appreciated. The information you provide will help NAPHSIS, AMCHP, and CDC deliver more effective support for your efforts to advance evidence-based public health policy and practice.

If you have any questions or concerns, please contact [Enter name] at [Enter phone number] or via email at [Enter email].

Thank you.

Signature Lines

ATTACHMENT F: Reminders – *continued*

SECOND EMAIL REMINDER

Dissemination on day 40 [Date TBD pending OMB approval]

From:

To: (Non-respondents only) Vital Registrars or SSDI Coordinators (States, DC, and NYC)

Subject: Birth Certificate and Hospital Discharge Linkage-State Survey – SECOND REMINDER

Dear [Insert Health Official name]

This is a brief second reminder regarding the Birth Certificate and Hospital Discharge Linkage-State Survey. The survey is available online and is estimated to take approximately 20-25 minutes to complete. The survey closes on [actual date TBD pending OMB approval]. Please follow this link to the survey: [Insert survey link].

Your participation in this survey is greatly appreciated. The information you provide will help CDC deliver more effective support for your efforts to advance evidence-based public health policy and practice.

If you have any questions or concerns, please contact [Enter name] at [Enter phone number] or via email at [Enter email].

Thank you.

Signature Lines

ATTACHMENT F: Reminders – *continued*

TELEPHONE REMINDER

Begin phone calls on day 30 [Date TBD pending OMB approval]

From:

To: (Non-respondents only) Vital Registrars or SSDI Coordinators (States, DC, and NYC)

Subject: Birth Certificate and Hospital Discharge Linkage-State Survey – FINAL REMINDER

SCRIPT: Scenario 1 – Respondent answers, caller initiates conversation

Hello, this is [NAPHSIS/AMCHP] I'm calling to remind you about the Birth Certificate and Hospital Discharge Linkage-State Survey.

Have you received the information we sent out about the survey?

IF YES – That's great. **Do you have plans to complete the survey?**

IF YES – I'm glad to hear that. Just as a reminder, the survey closes on [Date TBD]. Thanks for your participation and support. **Do you have any questions for me?**

IF YES – Respond to questions or direct respondent to contact [Insert Contact Information]. Thank respondent and say goodbye. [END CALL]

IF NO – Okay. If you do have questions later, please feel free to contact me at [Enter phone number] or our lead staff on the project [Insert contact information]. Thank you. Goodbye. [END CALL]

IF NO – I'm sorry to hear that. Just in case you do find time between now and [Date TBD] when the survey closes, it takes only about 15-20 minutes to complete the online survey. If you have any questions about the survey, please feel free to contact our lead staff [Insert contact information]. **Do you have any questions for me?**

IF YES – Respond to questions or direct respondent to contact lead staff [Insert contact information]. Thank respondent and say goodbye. [END CALL]

IF NO – Okay. If you do have questions later, please feel free to contact me at [Enter phone number] or our lead staff on the project, [Insert contact information]. Thank you. Goodbye. [END CALL]

IF NO – I'm sorry you didn't receive the information. We must have the wrong contact information for you. If you wouldn't mind providing me with your email address, I'll have staff send you information about the survey. Briefly, though, we are collecting information on birth certificate and hospital discharge linkages. We're asking Vital Registrars or SSDI Officers in every jurisdiction including DC and NY City to complete a brief online survey. It takes approximately 20-25 minutes to complete the survey. Your feedback will help us assess the value of linkage and inform the development of future linkages to advance evidence-based public health policy and practice. The survey closes on [Date TBD]. I hope you have a chance to provide your feedback by then. **Do you have questions for me?**

IF YES – *Respond to questions or direct respondent to contact lead staff* [Insert contact information]. Thank respondent and say goodbye. [END CALL]

IF NO – Okay. If you do have questions later, please feel free to contact me at [Enter phone number] or our lead staff on the project [Insert contact information]. Thank you. Goodbye. [END CALL]

SCRIPT: Scenario 2 – *Respondent does not answer, caller leaves voice mail message*

Hello, this is [Insert contact information]. I'm calling to remind you about the Birth Certificate and Hospital Discharge Linkage Survey. Our records indicate that you have not submitted a response to the survey. I'd like to encourage you to respond by the close of business on [Date TBD].

If you have questions or concerns about the survey, please contact me at [Enter phone number]. Or you can contact our lead staff on the project [Insert contact information].

Thank you. Goodbye. [END CALL]