

Attachment 9d: Category B Case Study Email Reminder

Dear (Health Department Point of Contact/Site-Level Contact):

This is a friendly reminder requesting 3 days and times (1.5 hours/1 hour in length) that you would be available to participate in a telephone interview for the **[Clinical Quality Measures, Team-Based Care, and Community Clinical Linkages]** case study as part of the comprehensive evaluation for the DP18-1815 cooperation agreement. To accommodate your choices, we need to hear from you soon.

Please send your choices of days and times to XXX (**email, phone**) by/NLT **[Date]**.

If you have any questions regarding this assessment or your participation in this information collection effort, please contact XXX or your evaluation officer.

We appreciate your participation.

Evaluation and Program Effectiveness Team
Applied Research and Evaluation Branch
Division for Heart Disease and Stroke Prevention
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention