

Bureau of Health Workforce Substance Use Disorder Evaluation

Reminder Email – All Surveys

Dear [SALUTATION (Dr. Ms. Mr.)] [LAST NAME],

(For initial reminder) Last week, you received an invitation from us to complete a survey about your experiences in the [PROGRAM NAME]. **We need your participation in this important survey.**

(‘Last Chance’ for those who have not yet responded) We need to hear from you! During the past couple of weeks, we have sent you several emails inviting you to participate in an important survey about your experiences in [PROGRAM NAME]. **This is your last chance to participate. Please complete the survey by [DATE].**

(All respondents) You can take the survey at the link below or you can open the internet browser on your computer, tablet, or smartphone and type in the survey URL indicated below. Then provide your PIN.

Survey URL: XX

Your PIN: XX

The questions should take about XX minutes to complete. Please complete the survey by [DATE].

(All respondents) This study is being conducted by the Bureau of Health Workforce (BHW) within the Health Resources and Services Administration (HRSA) as part of an evaluation of its programs, with a focus on substance use disorder services. The information gathered will help HRSA to inform the future strategic direction of program efforts. Hearing about your experiences with [PROGRAM NAME] is very important to HRSA as it works to improve future programs like yours.

(For Grantee Sites only) The survey asks a few questions about the number of patients, visits, and services provided at your site. We encourage you to share these questions with staff at your site who are able to assist with providing these estimates. You may also pull numbers from relevant reports. To see these questions in advance, you may view a PDF version of the survey at our website, linked below.

(For NHSC Sites only): The survey asks a few questions about the number of patients, visits, and services provided at your site. Your site may have several locations that provide services. We encourage you to share these questions with staff across locations if that will assist with providing these estimates. You may also pull numbers from relevant reports. To see these questions in advance, you may view a PDF version of the survey at our website, linked below.

(For Grantees only) NORC will be sharing the combined results of the evaluation with the [PROGRAM NAME] grantees. You can use this information to compare your results with the combined results of the other grantees.

(All respondents) Your willingness to complete the survey is very important to its success; however, participation is **completely voluntary**. You may choose not to answer any question that you do not wish to answer, and you can end your participation at any time. All information collected for this survey will be kept confidential and will not be used to measure any individual performance.

If you have any questions about the survey, please email us at BHWEval@norc.org or call us toll free at 1-8XX-XXX-XXXX. You can also find more information about the survey at norc.org/XX.

Attachment C6: Reminder Email - All Surveys

Thank you for your cooperation. We are grateful for your help.

Sincerely,

Kathy Rowan
NORC Evaluation Team, Project Director