

## Bureau of Health Workforce Substance Use Disorder Evaluation

### Mailed Reminder Letter – All Surveys

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

Access to high-quality affordable substance use disorder treatment is one of the most important health care challenges in the U.S. The Health Resources and Services Administration (HRSA) is working to expand the nation's capacity to treat substance use disorders and is asking for your help to measure the success of its efforts. The purpose of the [SURVEY NAME] is to help HRSA understand how these programs are working and how to improve them to better serve vulnerable populations across the country.

We are writing to ask for your participation in this important survey, which is being conducted by NORC at the University of Chicago on behalf of HRSA. We have tried to reach you by email. If you have already responded, thank you for your help! If not, please complete the survey as soon as possible. Hearing about your experiences with [PROGRAM NAME] is very important to HRSA as it works to improve future programs like yours.

We have included some frequently asked questions to provide more information about the [SURVEY NAME]:

*(For Grantee Trainees Only)* **How did you get my contact information?**

We are working with HRSA to gather information about the [GRANT PROGRAM]. We obtained your contact information from [NAME OF GRANTEE] who oversaw the [TRAINING NAME] that you completed. You may see a list of programs participating in this program, including yours, on this website: [WEB ADDRESS].

*(All respondents)* **How do I complete my survey?** The survey link was emailed to you at the following email address: [EMAIL ADDRESS]. The email was sent from [EMAIL ADDRESS] with the subject line: [SUBJECT LINE]. If you prefer that we send the survey to a different email address, please call 1-8XX-XXXX or email [bhweval@norc.org](mailto:bhweval@norc.org) to share your preferred email address with us; we will promptly resend the survey. You can also 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**

**Please complete the survey by [DATE].**

*(All respondents)* **How long is the survey?** The questions should take about XX minutes to complete.

*(All respondents)* **Is it important that I participate? Yes!** It's important that you share your experiences in the [NAME OF PROGRAM]. HRSA is asking all [RESPONDENT CATEGORY] to participate in this survey. Some of the survey questions will ask about [EXAMPLE]. In order to accurately estimate the impact, it is important that your experiences are represented. Your participation in this survey, and any responses you provide, will remain strictly confidential.

*(For Grantees Only)* **Will I get to see the results of the survey?** NORC will be sharing the combined results of the evaluation with the [GRANT PROGRAM NAME] grantees. You can use this information to

## Attachment C12: Mailed Reminder Letter - All Surveys

compare your results with the combined results of other grantees.

*(All respondents)* Your answers to this survey are very important to HRSA, and we greatly appreciate your time and honest feedback about your experiences. We need your help to make this survey a success. If you have any questions about the survey, please email us at [BHWEval@norc.org](mailto:BHWEval@norc.org) or call us toll free at 1-8XX -XXXX. You can also find more information about the survey at [norc.org/XX](http://norc.org/XX). Thank you very much for your help with this important work.

Sincerely,

Kathy Rowan  
NORC Evaluation Team, Project Director