

ATTACHMENT G

LISTENING VISIT INVITATION EMAIL

Subject: Request to participate in a Title X listening visit

Dear [LISTENING SITE CONTACT]:

I am _____ and I work for Mathematica, an independent research team studying the implementation of the Title X program for the Office of Population Affairs. This study is an effort to tell the rich stories of the Title X program, to hear from those directly involved in and impacted by the program and its services, and to derive important lessons to help sustain and improve those services for persons across the country. We are especially interested in lessons about approaches for achieving access, quality, and equity that you think would be useful to share with the field

We are inviting Title X sites to participate in listening visits. Your site was recommended by [Title X Grantee]. These visits will be either be virtual or in-person. At each listening visit, we plan to meet with staff reflecting the relevant mix of roles and responsibilities at each clinic. We anticipate scheduling interviews with both administrative and direct service staff such as clinicians, care coordinators, social workers, outreach staff, and clinic managers. We expect to conduct 4 to 6 interviews in each service delivery location. We know that clinical staff are often overburdened and have very limited time, so depending on the staff types and roles, we will structure the visits to minimize burden on staff. For example, where feasible, we will include group discussions to get input from staff who are in similar roles, rather than one-on-one interviews.

If this is something you would be interested in learning more about and participating in, we can set up a short call to discuss logistics. Are you available during any of the following dates and times? If not, can you please suggest sometimes that are convenient for you?

- [DATE AND TIME #1]
- [DATE AND TIME #2]
- [DATE AND TIME #3]

Please feel free to reply to me with your availability or to ask any questions you have.

Thank you in advance for your cooperation,

[NAME, TITLE, AND CONTACT INFORMATION]

OMB Control #: XXXX-XXXX; Expiration Date XX-XX-XX