**Attachment 1(K-P)**

Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce

The Training Program

Comparison Survey

Respondent Contact Materials

# Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce; The Training Program Comparison Group Survey Invitation and Reminders

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## 

## 1K: Comparison Group Survey Initial Invitation for SHG

*Initial contact 1. [VENDOR] sends to all comparison group contacts.*

**Subject line:** **Please complete a short survey to help address workplace burnout.**

Hello [FIRST NAME LAST NAME],

We have a new survey that matches your profile.

**Topic:** work environment, burnout in the workplace, wellness [VENDOR JOB NUMBER]

**Length:** 15 minutes

**Reward:** [AMOUNT CURRENCY]

[START SURVEY HERE HYPERLINK]

[NEED HELP? HYPERLINK] [REFERENCE CODE: IDENTIFIER]

[PANEL ADMINISTRATOR SIGNATURE]

This invitation is only for [FIRSTNAME LASTNAME] and reward will only be paid to [FIRSTNAME LASTNAME].  If you are receiving this message in error, please contact [VENDOR] for correction.

By participating in this market research, you agree to our [Terms & Conditions](http://www.norc.org/) and [Privacy Policy](http://www.norc.org/).

The [VENDOR] Privacy Policy has been updated as [DATE]. The [VENDOR] Privacy Policy describes how we protect your information and your rights to your personal information and how it is stored by [VENDOR]. Please read the updated notice [here](http://www.norc.org/). If you have any questions about the updated Privacy Policy, you can contact our Compliance Department at [EMAIL].

Market Research Anonymity Disclosure: We are an independent Market Research company and not affiliated with any Pharmaceutical Company or Medical Device Manufacturer.  Your participation is completely confidential, and your personal information will not be disclosed without your express consent.

The reward offered for this project will be credited to your portal upon successful completion. For more information on our reward process, please click [here](http://www.norc.org/).

If you want to be removed from this study, please click [OPT OUT REMINDER LINK].

This message was sent to you by: [VENDOR NAME VENDOR ADDRESS] [TRACK]

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| **Public Burden Statement:** The purpose of this information collection is to evaluate federal programs designed to support the mental health and resiliency of the healthcare and public safety workforce. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB Control Number for this information collection is 0915-XXXX and is valid until MM/DD/20XX. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). |
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## 1L. Comparison Group Survey Reminder for SHG

*Initial contact 2. [VENDOR] sends to all comparison group contacts.*

**Subject line: Reminder to Please complete a short survey to help address workplace burnout.**

Hello [FIRST NAME LAST NAME],

A reminder that we have a new survey that matches your profile.

**Topic:** work environment, burnout in the workplace, wellness [VENDOR JOB NUMBER]

**Length:** 15 minutes

**Reward:** [AMOUNT CURRENCY]

[START SURVEY HERE HYPERLINK]

[NEED HELP? HYPERLINK] [REFERENCE CODE: IDENTIFIER]

[PANEL ADMINISTRATOR SIGNATURE]

This invitation is only for [FIRSTNAME LASTNAME] and reward will only be paid to [FIRSTNAME LASTNAME].  If you are receiving this message in error, please contact [VENDOR] for correction.

By participating in this market research, you agree to our [Terms & Conditions](http://www.norc.org/) and [Privacy Policy](http://www.norc.org/).

The [VENDOR] Privacy Policy has been updated as [DATE]. The [VENDOR] Privacy Policy describes how we protect your information and your rights to your personal information and how it is stored by [VENDOR]. Please read the updated notice [here](http://www.norc.org/). If you have any questions about the updated Privacy Policy, you can contact our Compliance Department at [EMAIL].

Market Research Anonymity Disclosure: We are an independent Market Research company and not affiliated with any Pharmaceutical Company or Medical Device Manufacturer.  Your participation is completely confidential, and your personal information will not be disclosed without your express consent.

The reward offered for this project will be credited to your portal upon successful completion. For more information on our reward process, please click [here](http://www.norc.org/).

If you want to be removed from this study, please click [OPT OUT REMINDER LINK].

This message was sent to you by: [VENDOR NAME VENDOR ADDRESS] [TRACK]

## 1M. Comparison Group Survey Initial Invitation for AmeriSpeak

*Initial contact 1. AmeriSpeak sends to all comparison group contacts.*

**Subject line: You're invited to complete your new AmeriSpeak survey (SID: [$Survey.ID]). BEGIN YOUR SURVEY and, if you are eligible, get X,000 AmeriPoints**

Dear FIRSTNAME,

Thank you for the valuable insights you provide to us at AmeriSpeak®.

We have a new survey for you. Please complete it at your earliest convenience, and if you are eligible, get X,000 AmeriPoints. Remember, once you have 10,000 AmeriPoints, you can redeem them for a variety of things, such as a Mastercard® Reward Card or an Amazon.com gift card.

**BEGIN YOUR SURVEY**

Thank you for your time today. We look forward to hearing from you — and hearing your opinions!

Sincerely,

The AmeriSpeak Support Team

This email is intended for FIRSTNAME (PMID#).

Having trouble with the link? You can copy and paste this into your browser: URL. You can also go to my.AmeriSpeak.org or the AmeriSpeak app, log in using your member credentials, and click on the "Start Survey" button in your dashboard page.

Need more help or have questions? Email the AmeriSpeak Support Team at support@AmeriSpeak.org or call toll-free (888) 326-9424. AmeriSpeak Support: 55 E Monroe St, 19th Floor, Chicago, IL 60603. Copyright AmeriSpeak 2019. Use of any content or images is prohibited without prior written approval.

## 1N. Comparison Group Survey Reminder for AmeriSpeak

*Initial contact 2. AmeriSpeak sends to all comparison group contacts.*

**Subject line: Reminder to complete your new AmeriSpeak survey (SID: [$Survey.ID]). BEGIN YOUR SURVEY and, if you are eligible, get X,000 AmeriPoints**

Dear FIRSTNAME,

Thank you for the valuable insights you provide to us at AmeriSpeak®.

A reminder that we have a new survey for you. Please complete it at your earliest convenience, and if you are eligible, get X,000 AmeriPoints. Remember, once you have 10,000 AmeriPoints, you can redeem them for a variety of things, such as a Mastercard® Reward Card or an Amazon.com gift card.

**BEGIN YOUR SURVEY**

Thank you for your time today. We look forward to hearing from you — and hearing your opinions!

Sincerely,

The AmeriSpeak Support Team

## 1O. Comparison Group Survey Telephone Script for AmeriSpeak

*Follow-up contact. AmeriSpeak uses for non-responsive comparison group contacts with telephone number.*

[TELEPHONE TEXT] Hello, my name is [NAME]. I'm calling from AmeriSpeak by NORC. May I please speak with [FIRSTNAME]?

Thank you for your continued participation in AmeriSpeak. I am calling to let you know that your next survey is available.

The survey takes approximately [SURVEY LENGTH] minutes to complete. If you complete the survey, you will receive [INCENTPOINTS] AmeriPoints for your time.

We will keep all your answers confidential. Shall we proceed?

Great. As always, for quality assurance purposes, this call may be recorded or monitored.

Thank you for agreeing to participate in our new AmeriSpeak survey!

This survey is about [INSERT SURVEY TOPIC].

To thank you for sharing your opinions, we will give you a reward of [INCENTWCOMMA] AmeriPoints after completing the survey. As always, your answers are confidential.

## 1P. Comparison Group Survey Text Message Reminder for AmeriSpeak

*Follow-up contact. AmeriSpeak uses for non-responsive comparison group contacts that have approved SMS contact.*

Start your AmeriSpeak survey (SID [$Survey.ID]) now at [$PURL]. Get $[INCENTDLR]. Survey ends on [$Survey. ENDDATE]. Get [INCENTWCOMMA] AmeriPoints while you still can! [$PURL] Your AmeriSpeak survey is ending [tomorrow]! Get points now! [$PURL]