

## Use of Tailored Spanish Language Advance Letters in RDD Surveys: Revisited

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### Abstract

Sustained growth in the Spanish-speaking population in the United States makes it increasingly important for researchers to attain representative participation in surveys from this group. Underrepresentation could lead to bias in survey estimates and call into question the validity of survey findings. Research has shown that use of advance letters increases overall response rates to telephone surveys; however, the utility of this approach for Spanish speakers is still in question and little research has looked at tailoring the content of the letter for the specific concerns of this population. In a prior round of this work, we demonstrated that use of a standard English advance letter with Spanish translation increased response rates more than did a Spanish language letter tailored to address concerns about survey participation typically voiced by Hispanics. We hypothesize that over-emphasis of immigration issues may have limited the utility of the tailored letter. Here we report on the second round of this pilot, in which the content of the tailored letter was revised substantially. The pilot was conducted as part of the Behavioral Risk Factor Surveillance System (BRFSS) in four states<sup>1</sup> (Arizona, Texas, Florida, and New York) during fall 2006. The content of the revised tailored letter was developed based on focus groups of Spanish speakers with different dialects. For the survey, likely Spanish-speaking households were sub-sampled from the ongoing BRFSS in each state based on either reverse matching telephone numbers with a Hispanic surname list or telephone numbers in exchanges in which more than half of the households were believed to be Hispanic. These telephone numbers were then randomly assigned to one of three groups: tailored Spanish language letter, English letter with Spanish translation, or no letter. In the analysis, we compare response rates, respondent demographics, and selected survey estimates obtained across these three groups.

### Keywords

Spanish-speaking population, lead letters, telephone surveys, health surveys

### Introduction

In many surveys, particularly random-digit-dial (RDD) surveys, Spanish-speakers are underrepresented. The Spanish-speaking population in the United States has grown substantially over the past several decades (U.S. Census Bureau), yet survey participation levels among

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Spanish-speakers have not kept pace. The under-representation of Spanish-speakers can potentially limit the validity of and increase the bias associated with survey estimates.

There are multiple strategies used to increase survey participation for general population and population specific surveys. These strategies include offering incentives, framing of the survey request, minimizing respondent burden, utilizing answering machine messages, sending advance letters, and offering multiple modes for survey completion. In addition, researchers (Dillman, 2000; Groves, Cialidini, and Couper, 1992) have pointed to the need to “tailor” survey design and materials for the specific population being interviewed. The premise of tailoring is that no one design or appeal will fit every survey situation, rather it is important to tailor the design and materials because populations will respond differently based on their characteristics, interest in the topic, etc.

Advance letters have been shown to improve overall response rates in telephone surveys (Link and Mokdad, 2005), however their utility within the Hispanic community is unclear. Typically, advance letters contain a Spanish language translation of a letter originally developed in English. These letters rarely, if ever, have content specifically developed for non-English speaking populations. These populations may, however, have different concerns and reasons for not participating than their English-speaking counterparts. As such, it may be important to tailor letters for these populations in an attempt to increase survey participation.

In an effort to investigate whether tailored letters for Spanish-speaking populations can improve participation among underrepresented Hispanic sample members, we conducted an initial pilot study in 2005 as part of the Behavioral Risk Factor Surveillance System (BRFSS). This initial test, however, did not show improvement in response rates, particularly among Hispanics despite the use of a Spanish language advance letter tailored to concerns based on focus group research with Hispanic sample members (Carley-Baxter, Link, Roe, and Quiroz, 2006). We hypothesize that over-emphasis of immigration issues may have limited the utility of the tailored letter. Here we report on the second round of this pilot, in which the content of the tailored letter was revised substantially. We investigate whether the use of the revised tailored Spanish advance letter increases response overall and among Hispanic sample members.

## **Methodology**

As one of the largest, ongoing RDD telephone surveys, the BRFSS collects information monthly on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population (Mokdad, Stroup, and Giles, 2003). More than 350,000 adults are interviewed annually in the 50 states, as well as the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. Previous studies have shown that use of advance letters on the BRFSS can improve overall state-level response rates by 5-6% (Link and Mokdad, 2005; Hembroff, 2005). These studies were conducted using an English language advance letter mailed to all sample members with an identifiable address; no Spanish language translation of the letter was tested.

An initial pilot test in 2005 of a tailored Spanish lead letter failed to show an increase in overall response among Hispanic sample members compared to a standard English letter (Carley-Baxter et al, 2005). In the fall of 2006, a second pilot study was conducted as part of the BRFSS working in conjunction with four states (Arizona, Texas, Florida, and New York) to determine if a letter tailored to the concerns of Spanish-speakers would improve response among this group. Similar to the first round, the second round of the pilot study involved two phases: development of a tailored Spanish lead letter, which was tested with a series of focus groups of Spanish-speakers (summer 2006), followed by implementation of the pilot from September through December, 2006.

The Spanish language advance letter from the first round of the study was revised, deleting references to immigration issues and highlighting other concerns identified by summer 2005 focus group respondents. We then conducted six focus groups in two states (California and Florida) with native Spanish-speakers. These sites were selected to reflect the ethnic and cultural diversity of the Hispanic population in the United States. California was chosen to represent sample members of Mexican and Central American descent, while Florida was used to represent sample members of Cuban, Puerto Rican, and South American descent. In an effort to identify differences based on primary language read and spoken, one focus group in each state was conducted with each of the following three groups: bilingual speakers with English language dominance, bilingual speakers with Spanish language dominance, and monolingual Spanish speakers. Participants were recruited to represent a mix of Hispanic origin and descent, age, and gender. A total of 44 participants were selected for the focus groups.

Participants were asked to read and evaluate the tailored Spanish language advance letter as well as the standard English advance letter translated into Spanish. The presentation order of the letters was randomized among the groups. Further, participants were asked to respond to multiple sentences for each of 8 topics addressed in the letter including salutation, purpose of the survey, how the results would be used, how the household was selected, participation, confidentiality, and target audience.

The results of the focus group research were mixed. While participants expressed a preference for the standard letter, when asked to evaluate individual sentences that make up each letter they chose language that was used in the tailored letter. Participants recommended that the draft tailored letter be revised to have the request for participation come directly from the state health department, keep the letter and individual paragraphs short, delete the reference to length of the survey, and emphasize the importance of the individual's participation.

Results from the focus groups were used to refine the tailored Spanish language advance letter for use in the second round implementation phase of the pilot. Both letters stated the study sponsor, the purpose of the study, the topic of interview, how the results would be used, who would be calling, and emphasized the voluntary nature of participation and confidentiality of response. In addition, the English language letter stated when the respondent could expect a call about the survey, provided only a general description of the household selection criteria, and included the interview length, while the Spanish language letter included an initial participation request directly from the state health department, re-iterated the study was about health topics, emphasized the importance of the individual's participation, named the survey organization that

would be calling to conduct the interview, and provided more detailed information on the selection criteria. Appendix A presents the final English language advance letter and Appendix B presents the final Spanish language advance letter (in English).

For the implementation phase, likely Spanish-speaking households were sub-sampled from the regular BRFSS monthly samples in each state<sup>2</sup> based on reverse matching telephone numbers with a Hispanic surname list or telephone numbers in a telephone exchange in which more than half of the households were believed to be Hispanic based on Census information. These telephone numbers were then randomly assigned to one of three groups: tailored Spanish language letter, English with Spanish translation letter, or no letter. In the analysis, we compare response rates, respondent demographics, and selected survey estimates obtained across these three groups.

Results are presented for all cases as well as for two overlapping, non-mutually exclusive subgroups: cases on the Hispanic surname list and cases in telephone exchanges with high concentrations of Hispanics. We utilize all three analysis groups to determine which, if any, might represent the optimal method for identifying likely Spanish-speaking households. We make comparisons across response rates and refusal rates, demographic characteristics, and survey estimates of key health conditions and risk behaviors.

## **Results**

A total of 5,513 cases were involved in the pilot study. Table 1 shows the number of letters sent by treatment group by state. A total of 1,837 tailored letters and 1,837 standard letters were sent across all four states, while 1,839 cases did not receive a letter.

### *Response Rates and Refusal Rates*

Table 2 shows the response rates and refusal rates for each treatment group. For all cases, the tailored letter (31.7 percent) and the standard letter (29.7 percent) groups had significantly higher response rates than did the no letter group (26.7 percent). The tailored letter group had a significantly higher response rate than the no letter group for both the surname cases (30.1 percent versus 25.2 percent) and the Hispanic telephone exchange group (32.7 percent versus 27.2 percent). Across all treatment groups, the tailored letter had a higher response rate than the standard group, however none of these differences were statistically significant. Further, the standard letter did not have a significantly higher response than the no letter group for either the surname or Hispanic telephone exchange group.

No significant differences in refusal rates were observed between any of the three treatment groups in any of the three participation groups (all cases, surname group, Hispanic telephone group).

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<sup>2</sup> Arizona, Florida, and Texas implemented the pilot study for all four months (September through December), while New York implemented the study for three months (October through December).

### *Demographics and Household Characteristics*

Overall, few significant differences were observed in the unweighted demographic characteristics of respondents (see Table 3). For all cases, the standard letter group was more likely to have a college education or greater compared to those in the no letter group. Those in the no letter group were more likely to report a household income of \$25,000 or less compared to those in the tailored and standard letter groups. Those in the no letter group were more likely to have completed the interview in Spanish compared to the standard letter group.

For the surname match cases, those in the no letter group were more likely to have a lower education compared to those in the tailored letter group. The standard letter group reported a higher income than the no letter group. Those in the no letter group were more likely to have completed the interview in Spanish compared to the standard letter group.

For the telephone exchange with greater than 50% Hispanic cases, those in the tailored group were more likely to be 18-34 years of age than were the standard letter group. The standard letter group was more likely to have a college education or greater compared to those in the no letter group. The no letter group reported lower income than the tailored or standard letter groups.

### *Health Conditions and Risk Behaviors*

Few differences were found in reported health conditions or risk behaviors for all cases in the experiment groups (Table 7). Those in the no letter group had significantly higher reports of diabetes compared to the tailored and standard letter groups. Those in the tailored letter group reported higher rate for the flu shot compared to the no letter group.

In the surname group, those in the no letter group reported higher rates of diabetes compared to the standard letter group. Those in the tailored letter group reported a higher rate for the flu shot compared to the no letter group. Those in the standard letter group reported a lower rate of binge drinking compared to the tailored letter and no letter groups.

The only significant difference observed for the cases in a telephone exchange with greater than 50% Hispanic cases was those in the no letter group reported higher rates of health coverage compared to those in the tailored letter and standard letter groups.

### **Conclusion**

Overall, the tailored letter achieve the highest response rate among the three letter groups, however the increased response rate was only significant when compared with the no letter group. However, the standard letter did not significantly increase response compared to no letter for the surname group or the telephone exchanger greater than 50% Hispanic groups separately. Taken together, this suggests that use of a tailored Spanish advance letter may be useful.

The demographic estimates do not appear to change between groups and there are few differences observed for key survey estimates. However, for all cases and the surname match cases those in the no letter group are more likely to report having diabetes whereas in the telephone exchange greater than 50% Hispanic cases the no letter group reports lower rates of health coverage compared to the tailored and standard letter groups.

So, while the tailored letter did increase response among Hispanic sample members, the increase was not significant when compared to the standard letter group which may indicate that the main effect on increased response is from receipt of a letter, regardless of the letter content. However, those in the tailored letter group had significantly higher reports of some key survey estimates compared to other groups. Based on these results, it appears worthwhile to consider using a tailored Spanish language lead letter to increase response some and increase reports of key survey health estimates.

More research is needed to identify and implement methods for obtaining response from Spanish-speaking households both for the BRFSS and for general population surveys as well. Such research might include evaluation of all translation, contacting, and interviewing procedures used for Spanish-speaking households and investigation into how these procedures may need to differ from those traditionally used for mainly English-speaking populations.

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**Table 1. Number of Cases by Treatment Group.**

State	Tailored Letter	Standard Letter	No Letter	Total
Arizona	340	338	341	1,019
Florida	496	496	497	1,489
New York	183	183	182	548
Texas	818	820	819	2,457
Total	1,837	1,837	1,839	5,513

**Table 2. Participation Rates by Treatment Group.**

Participation Group Measures	Letter Group			Significance (p-value)		
	Tailored Letter	Standard Letter	No Letter	Tailored vs. Standard Letter	Tailored vs. No Letter	Standard vs. No Letter
<b>Response Rates</b>						
All cases	31.7	29.7	26.7	-	0.001	0.05
Surname	30.1	27.3	25.2	-	0.05	-
>50% Hispanic area	32.7	30.0	27.2	-	0.05	-
<b>Refusal Rates</b>						
All cases	17.3	17.3	19.0	-	-	-
Surname	17.3	17.2	18.5	-	-	-
>50% Hispanic area	17.3	18.4	18.7	-	-	-

**Table 3. Demographic Characteristics by Sample Group.**

	All Cases						Surname Match						>50% Hispanic Telephone Exchange					
	Letter Group			Significance (p-value)			Letter Group			Significance (p-value)			Letter Group			Significance (p-value)		
	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3
<b>Sex</b>																		
Male	36.3	37.8	34.3	-	-	-	37.2	35.9	33.5	-	-	-	32.3	38.1	34.6	-	-	-
Female	63.7	62.3	65.7	-	-	-	62.8	64.1	66.5	-	-	-	67.7	61.9	65.4	-	-	-
<b>Ethnicity</b>																		
Hispanic	65.3	63.1	65.4	-	-	-	12.6	13.8	12.3	-	-	-	59.0	54.4	58.6	-	-	-
Non-Hispanic	34.7	37.0	34.6	-	-	-	87.4	86.3	87.7	-	-	-	41.0	45.6	41.4	-	-	-
<b>Race</b>																		
White-NH	25.4	28.0	26.8	-	-	-	9.3	10.8	8.9	-	-	-	29.8	33.6	32.6	-	-	-
Black-NH	4.7	4.7	5.2	-	-	-	0.0	0.7	1.2	-	0.05	-	7.1	6.6	6.7	-	-	-
Hispanic	65.5	63.5	65.6	-	-	-	87.7	86.3	88.0	-	-	-	59.2	55.1	58.6	-	-	-
Other	4.5	3.7	2.5	-	-	-	3.1	2.2	1.9	-	-	-	3.9	4.7	2.1	-	-	-
<b>Age</b>																		
18-34	23.5	20.3	22.9	-	-	-	25.9	25.3	26.3	-	-	-	20.6	15.2	18.5	0.05	-	-
35-49	28.9	29.9	27.3	-	-	-	31.7	34.9	31.3	-	-	-	28.8	27.2	23.5	-	-	-
50-64	24.0	24.2	24.5	-	-	-	23.6	21.2	25.2	-	-	-	22.4	27.6	25.2	-	-	-
65+	23.5	25.7	25.3	-	-	-	18.8	18.6	17.2	-	-	-	28.1	30.0	32.8	-	-	-
<b>Education</b>																		
< High School	27.5	22.6	29.2	-	-	0.05	36.6	28.5	33.7	0.05	-	-	24.9	20.9	28.9	-	-	0.05
High School	26.8	27.8	27.5	-	-	-	24.1	30.4	28.4	0.05	-	-	28.4	25.5	28.8	-	-	-
College	45.7	49.6	43.3	-	-	0.05	39.3	41.1	37.9	-	-	-	46.7	53.7	42.3	-	-	0.01
<b>Income</b>																		
< \$25,000	44.2	44.7	52.2	-	0.05	0.05	46.6	49.1	56.3	-	0.05	-	47.3	43.3	57.3	-	-	0.01
\$25,000-\$49,000	27.2	28.7	25.3	-	-	-	27.5	29.7	24.7	-	-	-	25.9	27.7	21.6	-	0.05	-
\$50,000+	28.6	26.7	22.5	-	0.05	-	25.9	21.1	19.1	-	0.05	-	26.8	29.0	21.1	-	-	0.05
<b>Employment</b>																		
Employed	52.0	53.5	48.0	-	-	-	52.2	58.7	52.3	-	-	-	49.7	51.0	43.9	-	-	-
Retired	15.7	21.2	21.7	0.05	0.05	-	12.6	14.1	13.4	-	-	-	17.2	24.3	26.8	0.05	0.01	-
Home Maker	15.0	11.3	15.2	-	-	-	16.7	12.6	16.4	-	-	-	13.3	11.6	14.2	-	-	-
Out of Work	6.6	3.9	7.3	0.05	-	0.05	7.2	3.7	8.4	0.05	-	0.05	6.7	3.5	7.1	0.05	-	0.05
Unable to Work	7.3	7.4	5.7	-	-	-	7.2	9.3	6.9	-	-	-	8.8	7.0	6.7	-	-	-
Student	3.5	2.7	2.2	-	-	-	4.1	1.5	2.7	0.05	-	-	4.6	2.7	1.3	-	0.05	-
<b>Marital Status</b>																		
Other	47.0	47.9	41.5	-	-	0.05							48.4	51.7	43.5	-	-	0.05
Married	53.0	52.1	58.5	-	-	0.05	44.9	44.6	40.1	-	-	-	51.6	48.3	56.5	-	-	0.05
<b>Adults in Household</b>																		
One	34.7	36.3	28.9	-	0.05	0.05	31.4	33.0	25.1	-	0.05	0.05	36.8	36.2	31.7	-	-	-

	All Cases						Surname Match						>50% Hispanic Telephone Exchange					
	Letter Group			Significance (p-value)			Letter Group			Significance (p-value)			Letter Group			Significance (p-value)		
	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3
Two	44.7	45.1	48.1	-	-	-	44.3	45.2	49.1	-	0.001	0.001	44.9	45.4	45.8	-	-	-
Three or more	20.7	18.6	23.0	-	-	-	24.3	21.9	25.9	-	-	-	18.3	18.5	22.5	-	-	-
<b>Children in Household</b>																		
None	56.1	60.8	56.5	-	-	-	48.3	48.7	48.5	-	-	-	59.7	68.6	62.8	0.05	-	-
One or more	44.0	39.2	43.5	-	-	-	51.7	51.3	51.5	-	-	-	40.4	31.4	37.2	0.05	-	-
<b>Questionnaire Language</b>																		
English	72.1	75.0	68.1	-	-	0.05	61.8	63.7	56.3	-	-	0.05	76.1	79.6	73.8	-	-	-
Spanish	27.9	25.0	31.9	-	-	0.05	38.2	36.3	43.7	-	-	0.05	23.9	20.4	26.3	-	-	-

**Table 4. Health Conditions and Risk Behaviors by Sample Group.**

Health Conditions	All Cases						Surname Match						>50% Hispanic Telephone Exchange					
	Letter Group			Significance (p-value)			Letter Group			Significance (p-value)			Letter Group			Significance (p-value)		
	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3	Tailored Letter (1)	Standard Letter (2)	No Letter (3)	1 vs 2	1 vs 3	2 vs 3
Health Coverage	74.6	75.1	71.5	-	-	-	68.5	69.1	64.9	-	-	-	77.5	77.8	75.3	0.01	-	0.01
Diabetes	11.2	10.3	15.1	-	0.05	0.05	11.2	8.5	14.8	-	-	0.05	11.9	13.5	16.3	-	-	-
Heart Attack, Angina, Stroke	10.1	9.0	7.7	-	-	-	8.8	7.1	7.3	-	-	-	10.4	9.3	8.6	-	-	-
Asthma	10.0	8.8	11.7	-	-	-	9.2	7.4	11.0	-	-	-	9.9	9.2	10.5	-	-	-
Obesity	24.1	26.0	26.3	-	-	-	26.5	27.5	28.9	-	-	-	23.0	24.6	25.2	-	-	-
Influenza Shot	30.4	25.9	24.9	-	0.05	-	27.3	22.2	19.8	-	0.05	-	31.5	27.2	26.1	-	-	-
Current Smoker	14.3	16.7	16.6	-	-	-	15.0	17.0	16.5	-	-	-	13.0	16.2	17.7	-	-	-
Binge Drinking	12.7	9.8	11.5	-	-	-	13.3	7.6	12.4	0.05	-	0.05	11.2	10.6	11.9	-	-	-
Limited in Activities	21.1	22.9	18.4	-	-	-	16.3	20.1	15.2	-	-	-	22.6	24.6	21.3	-	-	-
Ever Tested for HIV	35.6	39.3	37.9	-	-	-	33.6	37.1	40.3	-	-	-	36.3	37.9	32.7	-	-	-

## Appendix A. English Language Advance Letter

(Date)

(Name)

(Address)

(City, State Zip)

Dear household member:

During the next two weeks, on behalf of the (State) State Health Department and the Centers for Disease Control and Prevention, we are conducting a telephone survey to find out more about the general health, health risks, and access to health care of (State)'s adults. Your household was chosen to participate in this important research study. Public health officials depend on the results of this survey to evaluate health programs and to plan future actions to improve the health of people who live in your state.

An interviewer will call and ask someone in your household to answer the health questions. It will take approximately 15 minutes to complete the survey. If by chance we call at an inconvenient time, please let the interviewer know and we will gladly set up an appointment for a time that is better. Although answering the health questions is voluntary, your participation is important for the results to truly represent (State)'s population.

The information provided will be kept strictly confidential and your household will never be identified in any reports. We greatly appreciate your household's participation. If you have any questions, or would like more information about participating, please call this toll-free number: 1-888-XXX-XXXX.

Thank you for your valuable assistance and cooperation.

Sincerely,

(State Official's Name)

(Sponsoring State Agency)

## Appendix B. Spanish Language Advance Letter (in English)

(Date)

(Name)

(Address)

(City, State Zip)

Dear (Name):

The (State) State Department of Health (DOH) needs your help. The Centers for Disease Control and Prevention and the (State) DOH are sponsoring a telephone survey to find out more about the general health, health risks, and ability to receive health care of (State)'s adults. Your household was chosen to participate in this important study about health topics.

Public health officials depend on the results of this survey to evaluate health programs and to plan future actions to improve the health of people who live in (State). We are asking you to participate in this survey because we want to know your opinions and experiences. Please participate.

When interviewers call, they will say they are from (Survey Organization) and will ask someone 18 years of age or older in your household to answer the health questions. Although answering the health questions is voluntary, your participation is important for the results to truly represent (State)'s population.

The information provided will be kept strictly confidential and your household will never be identified in any reports. If you have any questions, or would like more information about participating, please call us toll-free at 1-800-XXX-XXXX.

Thank you for your valuable assistance and cooperation.

Sincerely,

(State Official's Name)

(Sponsoring State Agency)