

Dear Prospective Participant,

We hope this letter finds you well! The Uniformed Services University Center for Health Disparities (USUCHD) is reaching out to you with an opportunity to participate in the research study below. You are receiving this letter because you provided your name to our registry at a community health event within the past two years.

If you do not want to participate, simply do nothing. If you would like to participate, please follow the instructions below.

**Your Contact Information.** Your contact information is kept by the USUCHD. We do not give out this information. We are contacting you on a researcher's behalf because the Community Research Outreach Worker Network board has reviewed their study proposal and agreed that it may be of interest to the African American/Black Community. The board includes community members and researchers with special interests in engaging more African Americans/Blacks in culturally appropriate research.

If you would like to update your contact information, please complete the enclosed form and put it in the self-addressed envelope.

If you would like your contact information removed from the registry, please complete the enclosed form and put it in the self-addressed envelope.

If you would like more information, please call us at (301) 295-1788 or email [usuhschd@gmail.com](mailto:usuhschd@gmail.com).

Regardless of your decision, we would like to thank you for your time.

Best of Health,

Tonya Samuel, Ed.D., M.S.P.H.

Tracy Sbrocco, Ph.D.

RESEARCH STUDY

Title of Study:

Principal Investigator:

Description of Study:

**If you wish to participate in this study, please contact the Principal Investigator at (###) ###-#### or e-mail.**

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