

ARTICLES

Adapting Sampling and Incentive Strategies to Improve Survey Response for Rural Latino Adults

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Latino adults, particularly those residing in rural areas, remain underrepresented in survey research due to language barriers, housing instability, and limited internet access. Designing an effective data collection methodology for this underrepresented group is difficult given the limited literature on best practices for this population. Latino people are the largest foreign-born population group in the United States, underscoring the need for greater representation. To address this question, the 2024 Community Health Survey (CHS) drew on the principles of responsive and adaptive survey design (RASD) to target rural-dwelling Latino adults in the western United States to measure their experiences regarding health care access and immigration policies. The survey employed a dual-frame design using address-based sampling (ABS) and prepaid cell phone samples. Over three waves, the study made modifications across four key areas: a prepaid incentive experiment, participant recruitment materials, sample design, and a post-completion incentive. The prepaid incentive experiment conducted in Wave 1 compared a single \$2 bill to two \$1 bills and found that a single \$2 bill yielded a marginally higher response rate than two \$1 bills. Increasing the prevalence of Spanish-language outreach, reducing the number of sampled cases flagged as unlikely to match the population of interest, and incorporating a \$10 post-incentive in subsequent survey waves collectively improved response rates and cost efficiency. By Wave 3, the cost per interview declined by 40 percent compared to Wave 1 across both sample frames. Demographic shifts across waves, including increased participation among younger adults and larger households, highlight the effectiveness of these responsive changes. This study demonstrates the utility of RASD principles in improving survey response and representation among rural Latino adults and offers practical insights for tailoring future survey designs to this population.

Introduction

Latino People are a Hard-to-Survey Population

Latino and Spanish-speaking households are underrepresented in surveys of the United States and are a hard-to-survey population (Brown 2015; Ceballos et al. 2014; Hughes et al. 2019; Martinez-Hollingsworth et al. 2022; Rojo et al. 2024; Sha et al. 2017). When survey materials are only in English and interviewers are not bilingual, Latino people with limited English proficiency

are excluded. Latino people living in rural areas are less likely to respond to surveys due to limited internet access, non-standard mailing addresses, and the transience of migrant farmworkers (Gold and Su 2019). Older Latino people with more traditional cultural beliefs and less formal education have been shown to have concerns about research credibility, and do not see direct benefits to themselves, their families, or their communities (De Ver Dye et al. 2021; Hughes et al. 2019; Larkey et al. 2009; Sage et al. 2018).

Reliance on web-only data collection, address-based sampling (ABS)-only frames, and English-only study materials limits the participation of Latino adults. Latino adults are less likely than White, non-Hispanic adults to have broadband internet access (Pew Research Center 2024). Latino adults are more likely to live in cell-phone-only households (Blumberg and Luke 2025), and older Latino adults report computer and connectivity problems that hinder online participation (Gutiérrez et al. 2022). An ABS-only approach limits participation among rural Latino adults, especially migrant farmworkers who face financial barriers to stable housing (Canizales 2025).

Responsive and Adaptive Survey Designs

Even carefully planned studies can fall short of expected response rates. A responsive and adaptive survey design (RASD) provides researchers with real-time feedback to modify data collection methods (Groves and Heeringa 2006). By leveraging real-time data, RASD can reduce nonresponse bias and improve data quality (Chun et al. 2018; Groves et al. 2000; Zhang and Wagner 2024). Depending on the timeline and budget, various study components can be modified, such as materials, contacts, Caller ID, pre- and post-incentives, and sample design (Dillman et al. 2014).

A core principle of RASD is advanced planning. Before data collection, teams should identify which modifications their budget and timeline can accommodate. This includes anticipating potential issues, specifying monitoring indicators, and pre-identifying feasible solutions. As data collection signals emerge, such as unexpectedly low response rates, teams quickly implement planned adaptations. Pre-planning also enables efficient resource allocation. For example, structuring data collection in multiple waves creates decision points for modification. Teams can purchase sample and print materials incrementally between waves, adjusting quantities and specifications. Having adequate time is critical. Modifications, such as translating revised letters, analyzing interim data, and coordinating with sample vendors, require substantial lead time. Without pre-planning, teams risk exhausting their budget and timeline on ineffective protocols and missing opportunities to course correct.

The 2024 Community Health Survey

Initial Study Design

The Policies Influencing Rural Latino Health (PIRLH) Study is a cross-sectional study of the impact of policy contexts and direct encounters with institutions that implement policy, funded by the National Institute on Minority Health and Health Disparities. One component was the 2024 Community Health Survey (CHS), which examined the association between mental health and health care access and immigrant policies among Latino adults in rural regions of sixteen counties in Arizona and California. The CHS was designed to conduct 3,000 interviews.

Targeting hard-to-survey individuals, we designed a dual-frame study using ABS and a prepaid cell phone sample to conduct surveys via web and phone. Research indicates that migrants and individuals with low socio-economic status disproportionately rely on prepaid or “burner” phones (Sandberg et al. 2016). Therefore, we included prepaid cell phone numbers to improve coverage and representation of these populations. Using vendor flags, we stratified the ABS sample by households identified as Likely Hispanic, Likely Non-Hispanic, and Race/Ethnicity Unknown, and the prepaid cell phone sample as Likely Hispanic and Race/Ethnicity Unknown.

Eligible respondents were required to be part of a sampled household, consider themselves Hispanic or Latino, live in a rural region of the sixteen counties, and be at least 18 years old. To identify rural households, we used the Rural-Urban Commuting Areas (RUCA) provided by the Economic Research Service (ERS) of the United States Department of Agriculture (USDA). We included areas with a RUCA code 4 (micropolitan area core: the primary commute to work is within an urban cluster of 10,000 to 49,999 people) through 10 (rural areas; the primary commute to work is outside urban areas and urban clusters).

Surveys with complex sample designs and rare populations are most effectively conducted in waves. The principal reason is that the exact number of households to be invited to achieve a survey response (survey yield) is unknown at the outset. Multiple waves enable measuring yield and eligibility in the first wave and adjusting the number of sample records released in subsequent waves to arrive at the final number of desired completed interviews. The first wave was designed to mail and dial a sufficient sample to assess participation rates and provide information to modify plans as needed for Waves 2 and 3. We mailed 25 percent of the ABS sample and dialed 25 percent of the cell sample in Wave 1.

We used a three-mailing strategy to encourage response from the ABS sample. We mailed an invitation letter, followed by a reminder postcard one week later, and a second invitation letter to nonrespondents one and a half weeks later. Mailings were in English and Spanish and included a push-to-web and

a phone number for inbound phone interviewing. Each mailing included a graphic directing people to complete the survey, with instructions for responding, and the request to do so immediately. We provided URLs and webpages in English and Spanish and a unique PIN. Wave 1 included a prepaid \$2 incentive visible in a window envelope, with cases randomly assigned to receive one \$2 bill or two \$1 bills.

We took several steps to ensure the study's importance resonated and to increase trust and response rates. We used a Spanish-first approach to increase response as 40.5% of adults in the target Census tracts spoke Spanish (Hughes et al. 2019; 2021; U.S. Census Bureau 2024). The letters had Spanish on the front and English on the back, and the postcard included Spanish at the top and English at the bottom. The mailings were addressed to “[County] County Household” to increase personal relevance. The letters were printed on University of California, Merced letterhead and included the project director's signature, a University of California, Merced professor.

Prepaid cell numbers were called at least three times, on different days and times of day, to reach respondents with varying availability. Interviewers left a bilingual message on voicemails.

The Responsive Approach

Two weeks into data collection, we identified a significantly lower-than-expected response rate: 34 percent of the expected interviews. We therefore needed to quickly make continuous adjustments until we identified an approach most likely to encourage response.

In Wave 1, we used early information from phone interview monitoring, interviewer feedback, and completed interview data to modify the cell phone protocols. To minimize hangups, we shortened the introduction and consent scripts, added a gaining cooperation tool for interviewers, and switched the default language to Spanish, as many households answered the phone in Spanish [Refer to Appendix Figures A1-A2]. We also tested Caller ID labels (e.g., “Encuesta de salud” or “Health survey”) and sent texts to unreachable ABS cases who had left a voicemail. During Waves 2 and 3, we continued exploring caller ID options and texting strategies. We began texting households with prepaid cell sample numbers who had not finished the survey to ask them to complete it.

We adapted our sampling design to better target our population of interest. We reduced the sample from the Race/Ethnicity Unknown ABS strata, stopped sampling the likely non-Hispanic ABS, and discontinued the unlisted prepaid cell. Given the limited available sample in some counties with a RUCA code of 4-10 flagged as likely Hispanic, and that some areas designated with a RUCA code 3 (a metropolitan area where less than 10

Table 1. ABS Design Modifications by Wave

Design Element	Wave 1	Wave 2	Wave 3
Prepaid incentive	Two \$1 / One \$2 (experiment)	One \$2	One \$2
Post-completion incentive	\$10 for partial completes, sent at the end of Wave 2	\$10 for NRFU cases and partial completes	\$10 for all cases
Sample types	Likely Hispanic Race/ethnicity unknown Unlikely Hispanic	Likely Hispanic Race/ethnicity unknown (reduced)	Likely Hispanic Race/ethnicity unknown (reduced)
Third mailing letter	All cases	All cases	Only for cases in underperforming counties
Texting	To ABS households who left a voicemail and did not pick up a return call	n/a	n/a

Table 2. Prepaid Cell Modifications by Wave

Design Element	Wave 1	Wave 2	Wave 3
Phone scripts (including consent statement)	Full introduction / Shortened introduction	Shortened introduction	Shortened introduction
Default language	English / Spanish	Spanish	Spanish
Sample types	Likely Hispanic (Listed) Unlisted	Likely Hispanic (Listed)	Likely Hispanic (Listed)
Caller ID	"Community Survey" / "Health Survey"	"Encuesta de salud" / "Health Survey"	"Health Survey"
Texting	n/a	Numbers who had not started the survey	n/a

percent of workers commute to an urban area) are considered rural communities (e.g., California's Central Valley), we expanded the criteria to include Census tracts assigned RUCA codes 3.

Finally, we adjusted our mail strategy and use of incentives. We designed a fourth mailing for households that started the survey but did not finish (partial completes). We added a \$10 post-completion incentive with the third nonresponse follow-up (NRFU) mailing in Waves 1 and 2 and for all mailings in Wave 3 [Refer to Appendix Figures A3-A7]. As the post-incentive was introduced during Wave 2, the fourth mailing for Waves 1 and 2 was sent at the same time, past the end of Wave 1 data collection. We also targeted the third/fourth mailings in Wave 3 to underperforming counties and partial completes. Lengths of each wave varied based on the amount of sample and mailing holidays, ranging from 5-8 weeks, with Wave 2 being the longest. Refer to Tables 1 and 2 for modifications by sample and wave.

Research Questions

This paper seeks to address four research questions. First, does the denomination of the prepaid incentive affect response rates or respondent demographics? Second, do responsive design decisions affect response rates?

Third, do responsive design decisions change who completed the survey across waves? Finally, what are the cost impacts of the responsive design changes?

Analysis

We first discuss the results of the Wave 1 prepaid incentive experiment and compare American Association for Public Opinion Research (AAPOR) RR3 response rates (AAPOR 2023) by experimental group, along with respondent demographic characteristics. Second, we compare AAPOR RR3 response rates by wave and sample type, followed by sample composition by wave and sample type. Finally, we compare the cost per complete based on data collection costs by wave and sample type. For sample composition analyses, we report Pearson chi-square statistics. Unless otherwise specified, analyses are based on unweighted data.

Results

Prepaid Incentive Experiment

For the Wave 1 experiment, one \$2 bill was slightly more effective compared to two \$1 bills (5.6% vs 4.9% RR3 ($\chi^2(1) = 3.69$, $p = .055$)). There were no significant differences across demographics between the two conditions (unweighted) (Table 3). Based on these results, we implemented the single \$2 bill for Waves 2 and 3.

Wave-by-Wave Adaptations

Response rates by sampling frame and wave are in Table 4 (Overall 6.4%). The ABS sample showed the largest improvement, with Wave 1 significantly underperforming at 5.3 percent (AAPOR RR3) compared to 7.3 percent in Wave 2 and 7.9 percent in Wave 3 ($\chi^2(2) = 89.22$, $p < .0001$). Given the purposeful and substantive changes between Waves 1 and 2 (and subsequently Wave 3), this significant increase in response is likely due to the responsive changes implemented to address the lower-than-expected response in Wave 1. The Wave 3 ABS response rate was slightly higher than Wave 2 ($\chi^2(1) = 3.19$, $p = .074$), which may be a result of expanding the \$10 post-incentive to all cases. For the prepaid cell sample, the only significant difference was between Wave 1 (0.9 percent) and Wave 2 (1.3 percent) ($\chi^2(1) = 5.47$, $p = .019$).

The sample composition of the ABS survey completes by wave is in Table 5. Wave 3 respondents were more likely to be under age 40 (41.5 percent) compared to Waves 1 (30.3 percent) and 2 (32.2 percent), and the 18–29 age group increased substantially in Wave 3. Offering the \$10 incentive to all respondents from the start may have had a meaningful impact on certain age groups, given that the only other change for the ABS sample from Wave 2 was to send the third mailing to underperforming counties (see Table 1). Wave 3 respondents reported larger household sizes, with more households

Table 3. Wave 1 ABS prepaid incentive experiment response rates and sample composition

	One \$2 bill (%)	Two \$1 bills (%)	Chi-square (<i>p</i> -value)
Sample Composition			
Sex			
Female	62.0	65.4	$\chi^2(1) = 0.69 (.405)$
Male	38.0	34.6	
Age group			
Ages 18-29	11.9	11.9	$\chi^2(4) = 1.24 (.871)$
Ages 30-39	19.2	17.4	
Ages 40-49	20.9	20.6	
Ages 50-64	25.4	24.1	
Ages 65+	22.6	26.1	
U.S.-born status			
U.S. born	38.0	42.3	$\chi^2(1) = 1.09 (.295)$
Non-U.S. born	62.0	57.7	
Education			
High school graduate or less	37.9	38.5	$\chi^2(2) = 0.13 (.935)$
Some college or associate's degree	35.3	34.0	
Bachelor's degree or higher	26.8	27.6	
Income			
Less than \$20,000	19.9	18.6	$\chi^2(3) = 0.24 (.971)$
\$20,000 to under \$50,000	34.1	34.6	
\$50,000 to under \$100,000	29.6	30.9	
\$100,000 and above	16.3	15.9	
Household size			
1	12.6	14.8	$\chi^2(5) = 4.05 (.542)$
2	30.9	33.0	
3	14.4	17.2	
4	20.4	15.5	
5	13.2	11.3	
6+	8.4	8.3	
Language of interview			
English	79.2	76.0	$\chi^2(1) = 0.80 (.371)$
Spanish	20.9	24.0	

**n*=667

having four or more persons. They were also more likely to complete the survey in English (82.5 percent) than in Spanish, compared to earlier waves (77.7 percent and 79.4 percent).

Cost by Wave

Implementing a responsive design was more cost-effective. The cost per interview decreased across waves for ABS and prepaid cell samples (Table 6). For ABS, compared to Wave 1, the cost per completed interview declined by 34 percent in Wave 2 and by an additional 6 percent in Wave 3. The prepaid cell sample began at a much higher cost in Wave 1 (nearly 4.4 times the cost

Table 4. Wave-by-wave response rates by sample type

AAPOR 3 Response Rate	ABS (%)	Prepaid Cell (%)
Overall	7.0	1.0
Wave 1	5.3	0.9
Wave 2	7.3	1.3
Wave 3	7.9	1.0
Wave 1 vs. Wave 2	****	*
Wave 1 vs. Wave 3	****	n.s.
Wave 2 vs. Wave 3	†	n.s.
Wave 1 vs. Wave 2 vs. Wave 3	****	†

Note. AAPOR RR3, weighted. † $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$. ABS accounts for 90 percent of the final completes; prepaid cell accounts for 10 percent of the final completes.

*Wave 1 $n=669$, Wave 2 $n=507$, Wave 3 $n=1,745$. AAPOR RR3 excludes partial completes.

of an ABS complete) but showed similar reductions in later waves. By Wave 3, the cost per interview was 60 percent of that in Wave 1 for each sample type.

Discussion

To increase response rates among rural Latino adults in California and Arizona, we employed responsive sampling, incentives, and outreach. Guided by RASD, we refined strategies across three waves, improving response rates and exceeding our interview target. These results showed improved engagement and a more diverse sample across waves.

Wave 2 and 3 modifications increased response rates, but without an experimental design, we cannot pinpoint the source of the change. These modifications included reducing or removing unproductive ABS samples, expanding eligibility for a \$10 postpaid incentive from partial completes (Wave 1) to NRFU and partial completes (Wave 2), and to all cases (Wave 3). We saw mixed results from modifying the prepaid cell sample, switching to Spanish-first scripts, shortening introductions, and experimenting with caller ID messages. While there was a significant increase in the cell phone response rate from Wave 1 to Wave 2, and the cost efficiency increased, the Wave 3 response rate did not differ significantly from Wave 1. Further exploration is needed to understand the effects of postpaid incentives, language choice, and caller ID, as the extent to which each influenced participation in this study remains unknown.

Demographic shifts across waves further illustrate the impact of these modifications. Wave 3 respondents were significantly younger and more likely to live in larger households, thereby contributing to the sample's diversity. However, the proportion of Spanish-language interviews declined in Wave 3.

Table 5. Demographic comparison by wave for the ABS sample (unweighted)

	Wave 1	Wave 2	Wave 3	Chi-square (p-value)
Sex				
Female	63.6	60.3	63.1	$\chi^2(2) = 1.52 (.468)$
Male	36.4	39.7	36.9	
Age group				
Ages 18-29	11.9	11.7	17.5	$\chi^2(8) = 44.66 (< .0001)$
Ages 30-39	18.4	20.5	24.0	
Ages 40-49	20.8	15.8	18.8	
Ages 50-64	24.8	27.1	21.5	
Ages 65+	24.2	25.0	18.3	
U.S.-born status				
U.S. born	60.0	60.3	62.9	$\chi^2(2) = 2.30 (.316)$
Non-U.S. born	40.0	39.8	37.1	
Education				
High school graduate or less	38.1	35.9	39.4	$\chi^2(4) = 5.23 (.265)$
Some college or associate's degree	34.7	38.3	37.1	
Bachelor's degree or higher	27.2	25.8	23.5	
Income				
Less than \$20,000	19.3	16.8	17.1	$\chi^2(6) = 8.04 (.235)$
\$20,000 to under \$50,000	34.4	32.0	37.4	
\$50,000 to under \$100,000	30.2	31.6	28.6	
\$100,000 and above	16.1	19.6	16.9	
Household size				
1	13.6	10.5	9.6	$\chi^2(10) = 33.62 (.0002)$
2	31.9	27.7	24.5	
3	15.7	21.8	18.5	
4	18.1	19.2	21.4	
5	12.3	12.8	14.3	
6+	8.3	8.1	11.7	
Language of interview				
English	77.7	79.4	82.5	$\chi^2(2) = 8.01 (.018)$
Spanish	22.3	20.7	17.5	

**Wave 1 n=667, Wave 2 n=489, Wave 3 n=1,674.

Table 6. Cost per interview by sample frame and wave

Wave	ABS Relative to ABS Wave 1	Prepaid Cell Relative to Prepaid Cell Wave 1	Prepaid Cell Relative to ABS Wave 1	Prepaid Cell Relative to ABS in the Current Wave
1	1.00	1.00	4.35	4.35
2	0.66	0.73	3.19	4.83
3	0.60	0.60	2.59	4.32

One of the most notable outcomes of the responsive approach was its effect on cost efficiency. Despite adding a \$10 postpaid incentive, the cost per interview declined by at least 33 percent for the ABS sample and 40 percent for the prepaid cell sample compared to Wave 1. This counterintuitive result highlights that reaching respondents more effectively can offset the increased cost of post-incentives. By Wave 3, the cost per interview was 60 percent of Wave 1's for both sample types, reinforcing the value of responsive design in improving response rates and optimizing resources.

This study contributes valuable insights into the design and implementation of surveys targeting hard-to-survey rural Latino adults. Through a responsive approach, we made data-driven decisions based on early indicators, improving response rates and cost efficiency. Future research should continue to explore incentive design, sample targeting, recruitment approaches, and language accessibility to isolate the effects of each modification and better engage Latino adults.

The study lacked experimental controls except for the \$1 and \$2 prepaid incentive experiment, limiting causal attribution of individual changes. Additionally, while we targeted Latino adults in rural areas, the generalizability of our findings to other Latino subpopulations or geographic regions remains uncertain. The reliance on commercial flags to identify likely Hispanic households also introduces potential bias, as these flags are imperfect proxies for ethnicity.

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Appendix

Hola, soy {Interviewer NAME} y llamo de parte de la Universidad de California, Merced.

Estamos realizando un estudio importante sobre los recursos y servicios que influyen el bienestar de las personas en el condado de {County}. ¿Podemos contar con su participación?

[PAUSE/PAUSA]

¡Excelente! Todo lo que usted comparta se mantendrá confidencial. Su número de teléfono no estará vinculado con sus respuestas.

Usted tiene el derecho a participar o negarse. Usted puede saltarse cualquier pregunta o parar la encuesta en cualquier momento. La llamada podrá ser monitoreada solamente con fines de control de calidad.

Hello, this is {Interviewer NAME} and I'm calling on behalf of the University of California, Merced.

We are working on an important study of the resources and services that influence health and well-being in {County} County. Will you help us?

[PAUSE]

Great! Everything you say will be kept confidential. Your phone number will not be linked to your answers.

You have the right to participate or decline. You may skip questions or stop the interview at any time. This call may be monitored for quality control purposes only.

* "Will you help us?" was added for the first time. The rest of the blue text originally appeared at a subsequent item but was moved up.

Figure A1. Script Changes to the Outbound – Cell Phone Sample Only – Intro and Consent to Improve Participant Recruitment

Gracias por llamar a la Encuesta de Salud de la Comunidad, soy {Interviewer NAME} de parte de la Universidad de California, Merced.

Estamos realizando un estudio importante sobre los recursos y servicios que influyen el bienestar de las personas en el condado de {County}. ¿Podemos contar con su participación?

[PAUSE/PAUSA]

¡Excelente! Todo lo que usted comparta se mantendrá confidencial. Su número de teléfono no estará vinculado con sus respuestas.

Usted tiene el derecho a participar o negarse. Usted puede saltarse cualquier pregunta o parar la encuesta en cualquier momento. La llamada podrá ser monitoreada solamente con fines de control de calidad.

Thank you for calling the Community Health Survey, this is {Interviewer NAME} on behalf of the University of California, Merced.

We are working on an important study of the resources and services that influence health and well-being in {County} County. Will you help us?

[PAUSE]

Great! Everything you say will be kept confidential. Your phone number will not be linked to your answers.

**** The blue text was added for the first time.**

Figure A2. Script Changes to the Inbound Phone Intro and Consent to Improve Participant Recruitment

[County] County Household

Address 1

City, State Zip

Dear [County] County Community Member,

Congratulations! Your household has been randomly selected to participate in the Community Health Survey conducted by the University of California, Merced.

This important health and community survey will help us learn about your experiences and decisions related to health and access to community services in [COUNTY] County. This is not a political poll and we are not selling anything or asking for money. Sharing your experiences with us may help those in your community.

Step 1  Identify which adult (person aged 18 years or older) in your household has the next birthday. Please have that person complete Step 2.	Step 2  Take this survey now! Go to UCMSurvey.com Enter your access code: [PIN] OR  Complete the survey by phone Call 855-773-0663
--	--

The survey will take about 20 minutes. We included a \$2 bill with this letter as a thank you in advance.
As an additional thank you for completing the survey, you will receive a \$10 gift card.

To learn more about our survey, please visit: **publichealth.ucmerced.edu/communityhealthsurvey**

Your answers are very important to learning about the needs of your community.

We thank you for your time and hope to hear from you soon!

Sincerely,

Maria-Elena De Trinidad Young
Community Health Survey Director
University of California, Merced

Figure A3. Revisions to Mailing 1 (Initial Invitation) for the Post-Incentive

* The blue text was added for the first time.

Estimado Miembro de la Comunidad del condado de [County].

Hace como una semana le enviamos una carta a su hogar pidiéndole ayuda para completar la Encuesta de Salud de la Comunidad realizada por la Universidad de California, Merced. Si ya tomaron la encuesta, ¡se lo agradecemos mucho!

La encuesta tomará aproximadamente 20 minutos para completar. **Como agradecimiento Ud. recibirá una tarjeta de regalo de \$10 por completar la encuesta.**

Paso 1  Identifique el adulto (persona de 18 años o más) en su hogar que tiene el siguiente cumpleaños. Pídale que completen el Paso 2.	Paso 2  ¡Tome la encuesta ahora! Vaya a UCMSurvey.com/Espanol  Ingrese su código de acceso: [PIN]  Tome la encuesta por teléfono Llame a 855-773-0663
---	--

Para saber más sobre esta encuesta, por favor visite:
publichealth.ucmerced.edu/encuestadesalud

Dear [County] County Community Member,

About a week ago we mailed your household a letter asking for your help completing the Community Health Survey conducted by the University of California, Merced. If you already completed the survey, thank you!

The survey should take about 20 minutes to complete. **As a thank you for your participation, you will receive a \$10 gift card.**

Step 1  Identify which adult (person aged 18 years or older) in your household has the next birthday. Please have that person complete Step 2.	Step 2  Take this survey now! Go to OR UCMSurvey.com Enter your access code: [PIN]  Complete the survey by phone Call 855-773-0663
--	---

To learn more about our survey, please visit:
publichealth.ucmerced.edu/communityhealthsurvey

Figure A4. Revisions to Mailing 2 (Reminder Postcard)

*The blue text was added for the first time.

[County] County Household
Address
City, State Zip

Dear [County] County Community Member,

A few weeks ago, we asked for your help completing the Community Health Survey conducted by the University of California, Merced. If you or someone in your household has already completed the survey, thank you!

Please consider this **final opportunity** to participate and share your experiences related to health and access to community services in [County] County. The survey should take about 20 minutes to complete. **As a thank you for your participation, you will receive a \$10 gift card.**

Step 1  Identify which adult (person aged 18 years or older) in your household has the next birthday. Please have that person complete Step 2.	Step 2  Complete the survey online at UCMSurvey.com Enter your access code: [PIN] OR  Complete the survey by phone Call (855) 773-0663
--	--

To learn more about our survey, please visit: publichealth.ucmerced.edu/communityhealthsurvey

Your help is very important in understanding the health needs of your community. Your participation in this survey will provide valuable information for those in your community. Thank you for your help!

Sincerely,

Maria-Elena De Trinidad Young
Community Health Survey Director
University of California, Merced

Figure A5. Revisions to Mailing 3 (Final Reminder Letter)

* The blue text was added for the first time.

[COUNTY] County Household
[ADDRESS]
[CITY], [STATE] [ZIP]

Dear [County] County Community Member,

The **Community Health Survey** is closing soon, and we need your help to finish!

You or someone in your household started the Community Health Survey, and we need them to finish. Please give this letter to them so they can continue where they stopped. Depending on their progress, the survey may only take a few more minutes to finish. We know your time is valuable, so we are offering a **\$10 thank you gift card** for completing the survey.

This important survey is conducted by the University of California, Merced. The survey collects information related to health and the access to services in your community. The results may help people and families in your community, and we need your help to complete the survey.

How to complete the survey

Please go to the website below and enter your access code to continue.

UCMSurvey.com

Your access code is: [PIN]

If you do not have access to the internet or would prefer to complete the survey over the phone, please call **855-773-0663**.

Your help is very important to this survey's success. Thank you for your assistance.

Sincerely,

Maria-Elena De Trinidad Young
Community Health Survey Director
University of California, Merced

Figure A6. Addition of Mailing 4 (Nonresponse Follow-up Letter (Also for Incompletes in Wave 3))

Web Intro and Consent

Thank you for participating in the Community Health Survey conducted on behalf of the University of California, Merced. Click (hyperlink the word: here with <https://www.ucmerced.edu/about>) for more information about the University of California, Merced. Click (hyperlink the word: here with <https://publichealth.ucmerced.edu/communityhealthsurvey>) for more information about the study.

As the letter you received in the mail explains, this survey is part of a study about your experiences and decisions related to health and community services in {County from sample flag} County.

Participation in this survey is voluntary. Your answers will be kept confidential. Your participation will not impact your insurance, health care, or your relationship with any state or federal agency. The data may be used for future analyses.

The survey takes about 25 minutes but may be shorter. [If you are eligible and complete the survey, you will receive a \\$10 gift card.](#) You may pause the survey and finish it later, by selecting the “Finish Later” button.

You have the right to participate or decline. You can skip any question or stop the survey at any time.

To speak with someone about this survey, please call 1-855-773-0663.

For questions about your rights as a survey participant, please call the Institutional Review Board Manager toll-free at 1-866-309-0542.

Please enter the 7-digit Secure Access Code found on the materials we mailed you.

Secure Access Code _____

Closing Information [Collection for Distribution](#)

Thank you for taking the time to respond to this survey. [As a thank you, we would like to offer a \\$10 gift which you may receive digitally now via email.](#)

[Please provide the email address where your digital gift card details will be sent:](#)

[Email address:](#)

[Please re-enter email address to confirm:](#)

[Confirm email address:](#)

Please also provide a phone number we can use to reach you if there are any issues with the gift card (optional):

3 Continue [GO TO CONFIRM_EMAIL]

4 I do not want to receive the \$10 gift card [GO TO END_SURVEY]

CONFIRM_EMAIL. Within the next few minutes, you will receive an email with instructions on how to redeem your \$10 gift card, sent to [EMAIL].

If you do not receive that email, please check your SPAM folders or filters. If that has not resolved your issue, please contact us at {HYPERLINK "mailto:CommunityHealthSurvey@norc.org"} or toll-free at 1-855-773-0663.

1 Continue [GO TO END_SURVEY]

IN_ADDRESS. Please provide a mailing address where your gift card will be sent:

Street address: _____

City: _____

State: _____

Zip code: _____

Please provide your first and last name: _____

Please also provide a phone number we can use to reach you if there are any issues with the gift card

(OPTIONAL): _____

Current number: _____

99 CATI ONLY: REFUSED

* The blue text was added for the first time.

Figure A7. Questionnaire Revisions for the Post-Incentive