

[Provider Letterhead]

[Today's Date]

[Patient Name]

[Address]

[City, State Zip Code]

Dear [Patient First Name] [Patient Last Name],

Greetings! Our office is pleased to let you know about a health education program that may benefit you.

As part of this health education program, Community Health Workers trained by Emory University will provide eligible patients who have diabetes and hypertension with important information on how to eat healthier, be more active, and manage their blood pressure through educational workshops and one-on-one follow-up support. Community health workers will work with patients to properly manage their diabetes and blood pressure.

Eligible patients who sign up for this program will have the opportunity to participate in 1 educational workshop, and will then be randomly selected to participate in an additional 4 once a month sessions about diet and nutrition, physical activity, stress management, and management of diabetes and hypertension and their complications. For those not selected, you will have the opportunity to attend the sessions at a later date. The Community Health Workers leading the workshops are fluent in English, and Bengali and will provide you with information and resources in your language. The educational workshops will be held at our office or at a community location that is convenient for you.

This program is provided by the NYU School of Medicine and Emory University. There is no cost to you to participate in this project, and you do not have to have insurance to participate. Your participation in this project will be strictly confidential and your name and health information will not be shared with anyone outside of this project.

If you are interested in learning more about this health education program, or if you would like to sign up, please call one of the Community Health Workers listed below and leave a voicemail with your name and phone number, and they will call you back with more information:

CHW	Office	Cell
CHW Name	CHW Office Number	CHW Cell Phone Number
CHW Name	CHW Office Number	CHW Cell Phone Number
CHW Name	CHW Office Number	CHW Cell Phone Number

Sincerely

[Provider Name]