

**HEALTHY COMMUNITIES STUDY
FAMILY HOUSEHOLD VISIT SCREENING OVERVIEW
FOR PARENTS/CAREGIVER PARTICIPANTS**

This document provides an overview of the screening process for the family household to determine eligibility to participate in the Healthy Communities Study.

Once the random sample of 800 households per community (1200 for RIPA communities) have been purchased from *infoUSA*™ they will be geocoded and verified to be within the high-school catchment area. The verified contacts will then be placed into a random order and then sequentially sampled in batches to select child/parent participants within the selected households.

Selected households will be sent an informational letter (**Attachment 4**) and a study brochure (**Attachment 5**). The letter explains the HCS and provides the household with a unique study code and password to be used in combination with a website address or a toll-free 1-800 number that will allow them to initiate the process of screening into the study.

Adult household members who call into the study line will provide the unique study code and password for easier identification, and will be screened using the full screening script.

Adult household members may also access the study website, and, using the unique study code and password provided in the letter, complete screening questions regarding the age and gender of the children in their home, residency in the community, contact information and preferred time to be called. A screen shot of the website screening page is provided in this attachment. Trained telephone interviewers will then call at the preferred time to identify and enroll eligible children using a modified screening script. The combined time to complete the screening web page on the study website and to complete the screening call is estimated at 10 minutes.

If a household member does not call into the study line, and has not provided any information through the website, the trained Battelle telephone interviewers will place outgoing calls to the households for which we have telephone numbers. Battelle telephone interviewers will attempt up to five calls to the household, at different times of the day and on different days of the week, to reach the adult in the household. If the adult cannot be reached within the five calls, that household will be removed from the calling list. Once contact is made with a household adult over the phone, we will attempt to determine eligibility and confirm the adult and child's willingness to participate in the study using the full screening script.

Only those who receive the invitation letter, and are found to be eligible for the study during the screening call, may participate in the study. If the family is eligible, the next step will be to complete the recruitment script to provide further detail on the study, obtain basic contact information and enroll the family in the study.



HOME	COMMUNITIES	KEY INFORMANTS	PARTICIPANTS	STUDY RESULTS	NEWS & ANNOUNCEMENTS	OTHER LINKS	SPONSORS & CONTACT
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Welcome!

Did you receive a letter of invitation to join the Healthy Communities Study? Only those families that have been sent a letter can take part in our study. We hope you read through the letter and brochure and are excited to get involved! Your letter contains a special study code and password that you can use to let us know you are interested in taking part in the study – or to let us know that you want to talk to one of our staff members to learn more about our study and what we are asking from you. You can enter your study code and password in the box at the bottom of this page.

Have some questions about the study? See answers to some basic questions about the study below.

What is the purpose of the Healthy Communities Study?

The purpose of the Healthy Communities Study is to understand how programs, policies, and the environment of communities promotes child and youth wellness and healthy weight. To find out what works in communities, we must collect information from parents, children, and community leaders about their experiences.

How does the Healthy Communities Study obtain information?

We gather information from parents or guardians and children during visits to their home where we ask basic questions about eating habits, daily activities, and community involvement. We also take simple measurements, such as height and weight.

How do you know if your family is eligible for the Healthy Communities Study?

There are certain criteria that each family has to meet to be able to participate in the study. We are looking to enroll families with children who are 3-15 years of age and who meet criteria for living in the community we are planning to visit.

What do I do now to find out if I meet all of the study criteria? How I can enroll?

Enter the code from your letter in the box below to answer a few basic questions to find out if you are eligible to participate in the study.

STUDY CODE: PASSWORD: [Get Started](#)

[What is this?](#)



PARTICIPANTS

- Invitation letter
- Why should I participate?
- Informed consent
- What do I need to do?
- Who else is participating?
- Privacy
- Staying informed



- HOME
- COMMUNITIES
- KEY INFORMANTS
- PARTICIPANTS**
- STUDY RESULTS
- NEWS & ANNOUNCEMENTS
- OTHER LINKS
- SPONSORS & CONTACT

STUDY CODE 789123

- PARTICIPANTS**
- Invitation letter
 - Why should I participate?
 - Informed consent
 - What do I need to do?
 - Who else is participating?
 - Privacy
 - Staying informed

1. Yes, please contact me so that I can learn more about the study and find out if I am eligible to enroll!

2. **Current contact information:**
 First Name: Last Name:
 Number and Street: Apartment:
 City: State: Zip:
 Email address:
 Home phone number: Work phone number:
 Cell phone number: Other phone number:

3. **What are the best ways to reach you? (check all that apply)**
 Call me at home. The best time to call me is on: Day: Time:
 Call me at work. The best time to call me is on: Day: Time:
 Call me on my cell phone. The best time to call me is on: Day: Time:
 Call me on my other phone. The best time to call me is on: Day: Time:

4. **Please list the following information of any children living in your household:**

Child Initials or First Name	Child Age	Gender
<input type="text"/>	<input type="text" value="--select child's age--"/>	<input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text" value="--select child's age--"/>	<input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text" value="--select child's age--"/>	<input type="radio"/> Male <input type="radio"/> Female

5. Has your family lived in this community for the past 1 year? Yes No Not sure

6. Do you and your family plan to stay in this community for the next 12 months? Yes No Not sure

THANK YOU!! WE WILL BE CALLING YOU SHORTLY!!

Submit



**HEALTHY COMMUNITIES STUDY
HOUSEHOLD MODIFIED SCREENING SCRIPT**

Public reporting burden of this collection of information for the website screening page and the modified screening call is estimated at 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to S. Sonia Arteaga, Ph.D., project officer at hcs@nhlbi.nih.gov

Hello, my name is _____ and I am calling about the Healthy Communities Study. Can I speak with _____ [name of adult from screening web page]?

If yes, Ok thank you!

If not present, Ok, I can call back. When would be a better time to reach _____ [name of adult from screening web page]? [RECORD CALLBACK DETAILS AND END CALL]

If it's all right, I'd like to give you a brief overview of the study and confirm some of the information you entered on the website to see if your family is eligible to participate. Is now a good time?

If yes, proceed

If no, Ok, I can call back. When would be a more convenient time for you? [RECORD CALLBACK DETAILS AND END CALL]

The focus of the Healthy Communities Study is to understand what programs, policies, and changes to the physical environment of communities promote child and youth wellness and healthy weight. In order to do this, we need to get information from parents, caregivers, children, and community leaders. We gather information from parents or caregivers and children during visits to their home during which we perform measurements, like height and weight, and ask them to give us basic information about themselves like their eating habits, daily activities, and community involvement. We also ask parents for permission to look at their child's medical records to get a better sense of their growth in the past.

Before I proceed, I'd like to confirm the information you provided on the website.

1. We are working in [Name of community]. We have your current address as [address from the website]. Is that your current address?

If yes, Great! (proceed to Q.2)

If no, In order to determine whether your family is eligible to participate in this study, I need to make sure that your address falls within our community boundaries. Would you please give me your current address?

If person does not want to disclose address: If we do enroll you in our study, I will need your address at the end of this call, but if you'd prefer to provide me now with the closest intersection to your house (for example, 1st street and

Pennsylvania Avenue), I can use that to see if it falls into our community boundaries.

If address is in community: Thank you! Your address IS within the community we plan to work in. (*proceed to Q.2*)

If address is NOT in community: I apologize – it appears that your address is not within the community we are studying. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

2. On the website you listed that there are ___ [number of children identified on screening web page] children between the ages of 3 and 15 years old living in your household. Is this correct?

If yes, Ok. (proceed to Q.3)

If no, Are there any children between the ages of 3 and 15 years old living in your household?

If yes, Ok.

If no, I apologize – this study is for families with children between 3 and 15 years of age. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

3. From your answer on the website your family has lived in this community for the past one year. Is this correct?

If yes, Great. (proceed to Q.4)

If no, I apologize – in order to participate in this study, we need to survey families that have lived in the community for a minimum of 1 year. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

4. You also answered on the website that you and your family plan to stay in this community for the next 12 months. Is this correct?

If yes, Ok. (proceed to Q.5)

If no, I apologize – in order to participate in this study, we need to be able to follow up with families still in the community. Because you're planning to relocate, we won't be able to include you in the study. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

5. Your family may be eligible for the study so next I need to confirm the age and gender of each child aged 3 to 15 years old who lives in your household. I have the following information that you entered on the website. Please let me know if the information is correct for each child:

[FOR EACH CHILD, PROVIDE NAME OR INITIALS, AGE IN YEARS AND GENDER]

Is this information correct?

If yes, Ok.

If no, Please give me a first name, or initials, for each child along with their age in years and gender. RECORD NAME, AGE, GENDER OF EACH CHILD

If we have fulfilled all slots for all children that gender and age in the home: I apologize – we have already interviewed all of the children of (that/those) age(s) that we need from your community. Thank you for your time. Have a wonderful day! [END CALL]

If only 1 child in home is still needed, (name of child) may be eligible to participate in the study. I first need to confirm that *(name of child)* lives in your household and is able to walk. Is that the case for *(name of child)*?

If yes, (proceed to Q.6)

If no, We are only able to include children in the home who can walk. Thank you for your time. Have a wonderful day! [END CALL]

If >1 child in home is needed, We are only able to include one child per household in the study. Can we randomly select one of the children living in this household to participate in the study?

If yes, Ok, so our computer has selected *(name of child)* to participate in the study. I first need to confirm that *(name of child)* lives in your household and is able to walk. Is that the case for *(name of child)*?

If yes, (proceed to Q.6)

If no, we select another child.

If no, Ok, then which child would you like to have participate in the study? Please understand that the child you suggest must live in your household and be able to walk. *(child they name is child we enroll in study and proceed to Q.6, unless we have fulfilled all slots for children that gender and age)*

If we have fulfilled all slots for children that gender and age: I apologize – we have already interviewed all of the [age]-year old [boys/girls] that we need from your community. Is there another child you would like to participate?

If yes and we have room for that child, we enroll that child and proceed to Q.6.

If no, Ok, well thank you for your time. Have a wonderful day!
[END CALL]

6. What adult in your home knows the most about *(name of child)*'s daily routine? May I please have (your/that person's) first name? RECORD ADULT'S NAME AS ADULT RESPONDENT

6A. Is *(name of adult respondent)* a legal guardian of *(name of child)*, such that they can sign study related forms, including medical release forms?

If yes, RECORD ADULT RESPONDENT NAME AS LEGAL GUARDIAN

If no, May I please have the first name of (name of child)'s legal guardian?
RECORD ADULT'S NAME AS LEGAL GUARDIAN

7. Would (*name of child*) and (*name of adult respondent*) (and (*name of legal guardian*) IF DIFFERENT) be available over the next couple of weeks to participate in a home visit? *If Selected for the Enhanced protocol, and for a repeat visit one week after the first visit?*

If yes, Ok. (proceed with 7A)

*If no, I apologize – in order to participate in this study, we need to be able to visit both (*name of child*) and (*adult respondent*) in your home. Thank you for taking the time to speak with me today. Have a great day! [END CALL] NOTE: IF NECESSARY, LEGAL GUARDIAN CAN SIGN FORMS AND BE MEASURED AT A DIFFERENT TIME PRIOR TO FIRST HOME VISIT.*

- 7A. Are (*name of child*) and (*name of adult respondent*) (and (*name of legal guardian*) IF DIFFERENT) able to participate in an interview in English or Spanish?

If yes, Ok. (proceed with recruiting script)

If no, Would there be another household member, or possibly a neighbor, aged 18 or older who could be present during the interview to help translate?

If yes, Ok. (proceed with recruiting script)

If no, I apologize – in order to participate in this study, we need to be able to complete the interview in English or Spanish or with someone you can provide to translate. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

**HEALTHY COMMUNITIES STUDY
HOUSEHOLD FULL SCREENING SCRIPT**

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Hello, my name is _____ and I am calling about the Healthy Communities Study. May I please speak to an adult who lives in this home?

If yes, proceed

If no, Ok, I can call back. When would be a more convenient time? [RECORD CALLBACK DETAILS AND END CALL]

[IF RESPONDENT WHO ANSWERS PHONE DOES NOT SPEAK ENGLISH OR SPANISH, TRY TO SPEAK WITH SOMEONE IN HOUSEHOLD WHO DOES SPEAK ENGLISH OR SPANISH. IF THERE ARE NO ENGLISH/ SPANISH -SPEAKING HOUSEHOLD MEMBERS, RECORD THAT THERE IS A LANGUAGE BARRIER AND END CALL. CALL CENTER WILL CONTACT HOUSEHOLD AT A DIFFERENT DAY AND TIME.]

Did you receive the letter and brochure about the study?

If yes, Ok great!

If no, That is ok – I can send you the letter after we are done talking today if you wish.

If it's all right, I'd like to give you a brief overview of the study and ask you a few questions to see if your family is eligible to participate. Is now a good time?

If yes, proceed

If no, Ok, I can call back. When would be a more convenient time for you? [RECORD CALLBACK DETAILS AND END CALL]

The focus of the Healthy Communities Study is to understand what programs, policies, and changes to the physical environment of communities promote child and youth wellness and healthy weight. In order to do this, we need to get information from parents, caregivers, children, and community leaders. We gather information from parents or caregivers and children during visits to their home during which we perform measurements, like height and weight, and ask them to give us basic information about themselves like their eating habits, daily activities, and community involvement. We also ask parents for permission to look at their child's medical records to get a better sense of their growth in the past.

Before I proceed, I'd like to ask you a few questions.

1. We are working in [Name of community]. We have on file that your current address is [address from InfoUSA database]. Is that your current address?

If yes, Great! (proceed to Q.2)

If no, In order to determine whether your family is eligible to participate in this study, I need to make sure that your address falls within our community boundaries. Would you please give me your current address?

If person does not want to disclose address: If we do enroll you in our study, I will need your address at the end of this call, but if you'd prefer to provide me now with the closest intersection to your house (for example, 1st street and Pennsylvania Avenue), I can use that to see if it falls into our community boundaries.

If address is in community: Thank you! Your address IS within the community we plan to work in. *(proceed to Q.2)*

If address is NOT in community: I apologize – it appears that your address is not within the community we are studying. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

2. Are there any children between the ages of 3 and 15 years old living in your household?

If yes, Ok. *(proceed to Q.3)*

If no, I apologize – this study is for families with children between 3 and 15 years of age. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

3. Has your family lived in this community for the past year?

If yes, Great. *(proceed to Q.4)*

If no, I apologize – in order to participate in this study, we need to survey families that have lived in the community for a minimum of 1 year. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

4. Do you and your family plan to stay in this community for the next 12 months?

If yes, Ok. *(proceed to Q.5)*

If no, I apologize – in order to participate in this study, we need to be able to follow up with families still in the community. Because you're planning to relocate, we won't be able to include you in the study. Thank you for taking the time to speak with me today. Have a great day! [END CALL]

5. Your family may be eligible for the study so next I need to know the age and gender of each child aged 3 to 15 years old who lives in your household. Please give me a first name, or initials, for each child along with their age in years and gender. RECORD NAME, AGE, GENDER OF EACH CHILD

If we have fulfilled all slots for all children that gender and age in the home: I apologize – we have already interviewed all of the children of (that/those) age(s) that we need from your community. Thank you for your time. Have a wonderful day! [END CALL]

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If no, We are only able to include children in the home who can walk. Thank you for your time. Have a wonderful day! [END CALL]

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If yes and we have room for that child, we enroll that child and proceed to Q.6.

*If no, Ok, well thank you for your time. Have a wonderful day!
[END CALL]*

6. What adult in your home knows the most about (name of child)'s daily routine? May I please have (your/that person's) first name? RECORD ADULT'S NAME AS ADULT RESPONDENT

6A. Is (name of adult respondent) a legal guardian of (name of child), such that they can sign study related forms, including medical release forms?

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*If no, May I please have the first name of (name of child)'s legal guardian?
RECORD ADULT'S NAME AS LEGAL GUARDIAN*

7. Would (name of child) and (name of adult respondent) (and (name of legal guardian) IF DIFFERENT) be available over the next couple of weeks to participate

in a home visit? *If Selected for the Enhanced protocol*, and for a repeat visit one week after the first visit?

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7A. Are *(name of child)* and *(name of adult respondent)* (and *(name of legal guardian)* IF DIFFERENT) able to participate in an interview in English or Spanish?

If yes, Ok. (proceed with recruiting script)

If no, Would there be another household member, or possibly a neighbor, aged 18 or older who could be present during the interview to help translate?

If yes, Ok. (proceed with recruiting script)

If no, I apologize – in order to participate in this study, we need to be able to complete the interview in English or Spanish or with someone you can provide to translate. Thank you for taking the time to speak with me today. Have a great day! [END CALL]