

**Attachment J.2: The Child Assessment and The Obesity & Type II Diabetes Risk Assessment
Advance Letter**

[Date]

[First Name] [Last Name]

[Street Address]

[City], [State] [Zip]

Dear <First Name><Middle Initial><Last Name>,

Thank you for agreeing to participate in the Community Choice Demonstration.

We are writing to invite you to take part in a study called the MOVED Study. You may remember getting a flyer about the MOVED study at your Community Choice Demonstration meeting.

MOVED stands for Mobility Opportunity Vouchers to Eliminate Disparities. Researchers from Johns Hopkins University are working with Abt Associates to conduct this study. The US Department of Housing and Urban Development (HUD) and the National Institutes of Health are funding the study.

The study tries to help us understand how the neighborhoods people live in impact their health. We want to learn how neighborhoods affect people's chances of type II diabetes, their weight and other aspects of their health and life. The study will also help us learn more about children's health and behavior. The goal of this research is to help create policies that make families healthier.

In the next couple of weeks, an interviewer from Abt Associates will contact you to tell you about the MOVED study. Abt Associates is the research company that is also collecting data for the Community Choice Demonstration. If you are interested in participating, the interviewer will ask you to set up a time for them to visit your home. You can pick a time that is best for you and your child for the visit. This visit will take approximately 2.5 to 3 hours.

At your home, the interviewer will explain the different parts of the MOVED study. The MOVED study includes asking questions about you and one child in your home, measuring you and your child's height, weight and waist circumference, testing your blood to measure your type II diabetes risk, and checking your blood pressure. The interviewer will ask if you would like to participate and if you would like your child to participate. The interviewer will also directly ask older children if they would like to participate.

There are several activities we will ask you and your child to complete as part of the MOVED study. You will receive a gift card for each activity you and your child complete each time. The amount of the gift card will vary. You will receive a gift card worth:

- \$60 for completing the initial survey and measurement of height, weight, and waist circumference
- Up to \$40 for completing up to 2 health measurements.

You will also receive a gift card worth:

- \$30 on behalf of your child if they complete an assessment and survey, and
- \$10 for the health measurement your child completes.

The study team hopes to conduct the MOVED Study Assessment once now, and then again two years later.

You can choose whether or not to participate in the MOVED study. Your participation in this study is completely voluntary. You can choose not to answer any questions. You can stop the assessment at any time. Your housing assistance will not be affected if you do not participate in the MOVED study. It will also not affect your participation in the Community Choice Demonstration.

If you have any questions or would like to schedule your visit, please contact [NAME] by phone at XXX-XXX-XXXX or by email at XXXX.XXX@XXX.com.

If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.

Please expect a call from us in the next few weeks. We look forward to talking with you soon.

Sincerely,

XXX

If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.

Paperwork Reduction Act Burden Statement

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development's Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at XXXX@XXXXX.XXX or call XXX-XXX-XXXX.

Privacy Act Statement

Authority: Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).

Purpose: This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.

Routine Use: Please refer to System of Record Notice.

Disclosure: Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits. Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

SORN ID: Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE 09

