

**Attachment U: The Obesity & Type II Diabetes Risk Assessment Semi-Structured Interview Consent**

*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.*

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**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 10 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](mailto: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

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**Introduction:**

My name is \_\_\_\_ and I am with Johns Hopkins Bloomberg School of Public Health. We are talking to you because you have enrolled in the Mobility Opportunity Vouchers to Eliminate Disparities (MOVED) Study. The purpose of the MOVED study is to help researchers better understand the effects of neighborhood conditions on the health and well-being of adults and children. The MOVED study is recruiting families, like yours, who recently enrolled in the US Department of Housing and Urban Development (HUD)'s Community Choice Demonstration.

Today, you are invited to participate in one part of the MOVED study which looks at how housing and neighborhood environments impact your family's health, including conditions like obesity and type II diabetes. This part is being performed by Johns Hopkins University and is being paid for by the National Institutes of Health (NIH). A second part of the study is being funded by HUD, though we won't focus on this part today.

Our goal is to learn from families, like you, in the program to help understand the ways the Community Choice Demonstration affects your health and your children's health.

Before we get started, I'd like to describe the interview process. The interview will last 60-90 minutes and, during this time, I would like to talk to you about whether and how your housing and community affects your health and your family's health. Taking part in this interview is completely voluntary and refusing to participate will not affect your housing subsidy or any other service you may be receiving in the Community Choice Demonstration. Because I want to make sure that we remember everything that you say, I'm going to write notes in my notebook and use a recorder to catch anything that I miss. If there is ever a time that you would like me to turn off the recorder, let me know. Please also feel free to ask questions at any time.

We will keep your interview responses confidential to the extent allowed by law. To the extent you choose to share this information, your status as a survivor of domestic violence, dating violence, sexual assault or stalking will never be shared. But if we hear that someone may be at risk of harm, we may need to report that to the authorities. No one will hear the recording except for the research team and the person who transcribes it. Then we erase the recording. We take out your name and any other identifying information from the transcript. In other words, no one will know who you are, but a lot of people will read the words you say because we believe they are important. Nothing you say can be traced back to you.

As a thank you for your participation in this interview, I will provide you with a \$75 gift card.

Any questions?

Do you agree to participate in the interview?

*If yes continue with interview.*

*If no thank the individual for their time.*

Before we start, I would like you to make up a name for yourself that we will use in the interview. This is to protect your identity and prevent anyone from tracing the interview back to you. Don't use a nickname or a name you use on social media that can be recognized by your friends or others. I will use your made-up name when referring to you and you will use that name when talking about yourself. We will use this made-up name on the recording and transcript – again, so that your real name will not be connected to the information you provide. What name would you like to choose for yourself?

Is it okay if I turn on the tape recorder now? *[Interviewer gets verbal consent.]*

The tape recorder is now on. This is [your name], and I'm chatting with [their pseudonym] [their ID number], on [the date] in [place interview is held].

OK, let's start.