

**Attachment K.1: The Child Assessment and The Obesity & Type II Diabetes Risk Assessment
Email Reminder**

Dear [NAME],

I hope you are well!

Because of your enrollment in the Community Choice Demonstration, we would like to invite you to participate in a special study called the Mobility Opportunity Vouchers to Eliminate Disparities (MOVED) Study. Researchers from Johns Hopkins 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.

We sent you a letter last week about participating in the MOVED study. I've attached a copy of the letter, which has more information about the study.

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 baseline 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 meet with your family 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. Your housing assistance will not be affected if you do not participate. It will also not affect your participation in the Community Choice Demonstration.

If you have any questions or would like to schedule your interview, 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.

On behalf of the research team, we look forward to talking with you soon.

Sincerely,

XXX

Community Choice Demonstration Study Researcher

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 1 minute 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@XXXXXX.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: Evaluation of the Community Choice Demonstration (CCD).

Routine Use: The information will be used for the purpose set forth above and may be provided to Congress or other Federal, state, and local agencies, when determined necessary.

Disclosure: Records will be used for research and statistical analysis and will not be used to make decisions that affect the rights, benefits, or privileges of specific individuals.

SORN ID: Community Choice Demonstration Evaluation Data Files, HUD/PDR-09

Note: Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.