Attachment E.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 participating in the MOVED Study.

We are writing to invite you to continue your participation in MOVED. You may remember taking part in surveys with our team or having us visit your home to measure your and your child's height, weight, and waist circumference.

As a reminder, MOVED stands for Mobility Opportunity Vouchers to Eliminate Diabetes and obesity. Researchers from Johns Hopkins University are working with Abt Global 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 Johns Hopkins University will contact you to invite you to continue your participation in the MOVED study. If you are interested, the interviewer will ask you some questions by phone and then set up a time for them to visit your home, just like last time. 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 remind you about 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 again and if you would like your child to participate again. 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.

You and your child can receive up to $185 if you participate in all parts of the study. You can receive another $70 if you and your child are asked to wear an activity monitor.

You can choose whether or not to continue your participation 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 Rachel Deitch by phone at 443-287-6553 or by email at moved@jh.edu

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 443-287-6553 or emailing moved@jh.edu. 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 Anna P. Guido at anna.p.guido@hud.gov or call 202-402-5535.

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.