PARTICIPANT INFORMATION SHEET & CONSENT FORM

1. Project title
The Neighborhood Health Study

2. Principal Investigator and co-investigator(s), if any, with the contact number and organization.
Principal Investigator:
A/Prof. Gerald CH Koh, Neighborhood Health Service Doctor, Saw Swee Hock School of Public Health, NUS
Contact No: 65164979

Co-Investigators:
Dr. Wee Liang En, Research Advisor, Neighborhood Health Service
Contact No: 96777651

Prof Ecosse Lamoureux, Head, Health Services Research Group, Singapore Eye Research Institute
Contact No: 65767382

Asst Prof. Dr Sue-Anne Toh, Clinical Director, NUHS Regional Health System Planning
Contact No: 6772 2002

3. **What is the purpose of this research?**
You are invited to participate in an investigational research study. This information sheet provides you with information about the research. The Principal Investigator (the research doctor or person in charge of this research) or his/her representative will also describe this research to you and answer all of your questions. Read the information below and ask questions about anything you don't understand before deciding whether to take part.

The purpose of this study is as follows:
1. To study whether the neighbourhood environment (the community and the physical environment, such as facilities in the neighbourhood) can potentially impact various health outcomes, such as chronic disease and access to health services, amongst people staying in rental flat neighborhoods in Singapore.

2. To study if a free door-to-door screening intervention (the Neighbourhood Health Service, NHS), together with a door-to-door follow up home visit programme, can improve screening rates and management of chronic diseases (eg. diabetes, high blood pressure, high cholesterol), amongst people staying in rental flat neighborhoods in Singapore.

4. Who can participate in the research? What is the expected duration of my participation? What is the duration of this research?
Individuals who are aged 40 years old and above living in the following precincts and blocks:

Site	Rental blocks	Non-rental
Taman Jurong	116, 117, 118, 338A, 338B	119, 120, 121, 122, 337A, 337B, 337C, 337D, 339A, 339B, 339C, 339D
Macpherson	68, 70, 71, 72	59, 60, 61, 67, 69
Eunos Crescent	1, 2, 12	9, 10, 11, 13
Marine Terrace	15, 16, 51, 52, 53	17
Bukit Merah	117, 121, 123	118, 119
Kampong Glam	18, 19	12, 15, 17
Queenstown	45, 48, 49, 151, 155, 156, 55, 56, 57, 58, 59, 61	150, 149, 147, 146, 143, 152, 153, 154, 158, 157, 51, 52, 53

and who have attended and understood the briefing conducted by NHS personnel can participate in the research. The expected duration of your participation and of the research is 36 months.

5. What is the approximate number of participants involved?

Approximately 4200 participants from the above 7 sites will be involved.

6. What will be done if I take part in this research?

Year	**Year 1**	**Year 2**	**Year 3**
Rental flat residents	**Baseline (health-status questionnaire with basic health parameters)**	**Intervention (Screening and follow-up intervention components)**	**Follow-up (health-status questionnaire with basic health parameters)**
Non-rental flat residents	**Baseline (health-status questionnaire with basic health parameters)**	**-**	**Follow-up (health-status questionnaire with basic health parameters)**

All participants in the study (rental and owner-occupied flat residents) will take part in the health status questionnaire and measurement of basic health parameters at baseline (year 1) and follow-up (year 3). The questionnaire will take approximately 30 minutes to complete. Basic health parameters include blood pressure, capillary blood glucose, height and weight, waist and hip circumference, and visual acuity.

If you are a resident in a rental flat, you will be offered free health screenings, door-to-door. These screenings will comprise the following:

1. Fasting blood tests via phlebotomy (blood drawing) for diabetes and high cholesterol, if you are aged ≥ 40 years and have not gone for fasting blood glucose test/fasting blood cholesterol in the past 3 years. The blood drawing will be conducted door to door by trained medical professionals. The blood will be used to determine the individual's Fasting Blood Glucose and Full Lipid Profile.

2. Fecal Occult Blood Test (FOBT) for colorectal cancer screening, if you are aged ≥50 years and have not gone for Fecal Occult Blood Test (FOBT) testing for the past 1 year. You can send the FOBT samples for analysis by mail.

3. Dental screening. Oral health screening is conducted by dentists for all residents.

4. Eye screening. This will be offered to residents with visual acuity <6/12 and will be conducted by ophthalmologists and research staff from the Singapore National Eye Centre (SNEC) and Singapore Eye Research Institute (SERI), respectively. The examination aims to screen for cataract, refractive error, and indications for presence of possible chronic eye diseases such as glaucoma and diabetic retinopathy. Residents will also receive a short 5-7 minutes primary eye care educational intervention. Prior to the eye screening, a questionnaire on knowledge of eye health will be administered to all residents by the research staff. All residents who have completed the eye-screening component will be followed up either in person or via telephone by SERI research staff between 1-3 months post encounter. The questionnaires will also be re-administered at the follow up time points.

You may opt out of the screenings at any point in time. All participants in health screening will receive a copy of their health screening results, regardless of whether the results are normal or require follow-up. You will not be re-identified in the event of any incidental findings (i.e. findings discovered during this research but unrelated to the objectives of this research study).

Subsequently, if you have abnormal results for blood pressure or fasting blood tests, in year 2, you will be offered followup by a team of medical students. This followup will be 3- to 6- monthly and will

comprise follow up home visits and/or telephone calls. This will take place over 1 year. The aim of these follow-up visits is to encourage you to regularly see your GP/polyclinic to manage your chronic conditions, and if you are face difficulty in doing so, to help you to see your GP/polyclinic regularly. You may opt out of these follow up visits at any time.

7. If biological samples are taken, what will be done with my samples?

Biological samples that may be taken are: blood and/or stools. Taking of these biological samples is voluntary. These will be obtained via venepuncture (total: 5 ml), and/or fecal occult blood test respectively. The samples taken will be used solely for research purposes, such as screening for the relevant diseases, and belong to the healthcare providers that perform the screening procedures. They will be discarded after testing and not exported or removed outside of Singapore. The samples taken will not be used in individually-identifiable forms and will not be used in any research involving human-animal combinations.

8. How will my privacy and the confidentiality of my research records be protected?

Only the principal investigator, co-investigators, members and partners of the Neighborhood Health Service Organising Committee have your identifiable information (e.g. names, IC nos.) and this will not be released to any other person. Identifiable information will never be used in a publication or presentation. All your identifiable health information and research data will be coded (i.e. only identified with a code number) at the earliest possible stage of the research. All data collected will be kept in accordance to the University's Research Data Management Policy. Research data used in publication will be kept for a minimum of 10 years before being discarded. Your coded data may also be used for future related research, if you agree. The data may be linked to databases maintained by the Ministry of Health and its affiliated institutions (such as Health Promotion Board, National Registry Disease Office, Agency for Integrated Care and Ministry of Health Holdings) in a manner such that data returned to researchers for analysis are de-identified/anonymized.

9. What are the possible discomforts and risks for participants?

Capillary Blood Glucose Test: you should not take this test if you have any bleeding disorders.
Venepuncture: you are required to fast the night before in preparation for the venepuncture. You may experience some pain and bruising when blood is collected from your vein. Fainting is an occasional adverse event due to blood-taking.
Dental: During the dental examination, some mild discomfort may be experienced. You should inform the trained dental personnel if you feel any extreme discomfort.

10. What is the compensation for any injury?

No significant injury is expected. There is no compensation for any injury.

11. Will there be reimbursement for participation?

You will not receive any reimbursement for your participation as you are not anticipated to incur any expense as a consequence of participation. You will not be charged for any of the health screening procedures.

12. What are the possible benefits to me and to others?

By participating in this research, it is hoped that through the results of health screenings you will be better able to manage your chronic diseases, if any. The knowledge gained will benefit the public in the future. It is hoped that better health programmes can be planned for earlier detection and management of chronic diseases.

13. Can I refuse to participate in this research?

Yes, you can. Your decision to participate in this research is voluntary and completely up to you. You can also withdraw from the research at any time without giving any reasons, by informing the principal investigator and all your data collected will be discarded.

14. Whom should I call if I have any questions or problems?

Please contact

- Principal Investigator, Dr Gerald Koh at 65164979

for all research-related matters, for information on how biological samples will be used, and in the event of research-related injuries.

For an independent opinion regarding the research and the rights of research participants, you may contact a staff member of the National University of Singapore Institutional Review Board (Attn: Mr Chan Tuck Wai, at telephone 6516 1234 or email at irb@nus.edu.sg).

Consent Form

Project title: The Neighborhood Health Study

Principal Investigator with the contact number and organization:
A/P Gerald Koh, NUS, Tel: 65164979

I hereby acknowledge that:

1. My signature is my acknowledgement that I have agreed to take part in the above research.

2. I have received a pamphlet (or a copy of this information sheet) that explains the use of my data in this research. I understand its contents and agree to donate my data for the use of this research. I can withdraw from the research at any point of time by informing the Principal Investigator and all my data will be discarded.

3. I will not have any financial benefits that result from the commercial development of this research.

4. I agree to the use of my medical records for this research. This refers to the data that you provide in this research. The data you provide in this research may be linked to databases maintained by the Ministry of Health and its affiliated institutions (such as Health Promotion Board, National Registry Disease Office, Agency for Integrated Care and Ministry of Health Holdings) in a manner such that data returned to researchers for analysis are de-identified/anonymized.

5. I consent / do not consent* to have the coded data made available for future research.

6. I agree / do not agree* to be re-contacted for future related studies. I understand that future studies will be subject to an Institutional Review Board's approval.

**please delete as appropriate*

** This research has been explained to me in _____ (state language), which I understand, by _____ (name of translator) on _____ (date).

_____ _____
Name and Signature (Participant) Date

_____ _____
Name and Signature (Consent Taker) Date

_____ _____
Name and Signature (Witness) Date

_____ _____
** Name and Signature (Translator) Date

***(Please include this section if the subject is unable to understand English and read any of the translated consent documents available.)*