“HIV Testing Factors Among Rural Black Men (HiTFARM)”

Attachment 2b. Focus Group Consent

Flesch-Kincaid Reading Level 7.9

HIV TESTING FACTORS AMONG RURAL/SMALL CITY BLACK MEN (HiTFARM)

WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?
You are being invited to take part in this research study because you: 1) are a black male between the ages of 18 - 64 years old who self-identifies as straight, 2) live in a rural area or small city in North Florida, 3) are either HIV negative or do not know your HIV status, and 4) can speak, read, and understand English. If you volunteer to take part in this study, you will be one of about 72 people.

WHO IS DOING THE STUDY?

The person in charge of this study is Dr. Emma Brown of CHARM, Inc. There may be other people on the research team assisting at different times during the study. The Centers for Disease Control and Prevention is providing financial support for this study.

WHAT IS THE PURPOSE OF THIS STUDY?

By conducting the focus groups, we hope to collect information about your perceptions of: HIV testing and disclosure of HIV testing results, survey items, and effective HIV testing strategies. This information will ensure that we ask the rights types of questions about HIV testing beliefs and behaviors in the future. We also want to learn more about what may help you or prevent you from taking an HIV test and sharing the results.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The focus groups will be conducted at CHARM, Inc. office. You will need to come to one of the sites once during the study. Each focus group will take about 90 *minutes*. The total amount of time you will be asked to volunteer for this part of the study is about 90 minutes, including introduction and the wrap-up.

WHAT WILL YOU BE ASKED TO DO?

You will attend one focus group and answer questions about what you think are helpful in obtaining HIV testing and talking about HIV test results. We will also ask your opinion about the ACASI and the survey items. The focus group will last about 90 minutes. It will be recorded using an audio tape recorder. We will ensure there is nothing that connects your voice on the recording to your name or identifiable information.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

There are no physical risks in you taking part in the focus group. Some questions you are asked to comment about may cause minor discomfort. You may choose not to talk or to leave the focus group if you are not comfortable at any time.

WILL YOU BENEFIT FROM TAKING PART IN THIS STUDY?

You will not get any direct benefit from taking part in this study. You taking part may in the future, help us to develop better ways to ask about HIV and may also encourage others like you to be tested for HIV and to discuss test results with sex partners.

DO YOU HAVE TO TAKE PART IN THE STUDY?

You do not have to take part in this study. If you decide to take part in the study, it should be because you really want to volunteer. You can stop at any time during the focus group.

WHAT WILL IT COST YOU TO PARTICIPATE?

There is no cost to you for taking part in the focus group.

WHO WILL SEE THE INFORMATION THAT YOU GIVE?

We won't record your name or identify you in any way with our reports. We may share the information you provide with other researchers in reports or papers. We will write about and report this information in-group format or use pseudonym when reporting individuals' responses. Your information will be combined with information from other people taking part in the focus group.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information. We will destroy the audiotapes of the focus groups as soon as they are converted to a paper record. We will keep the paper records and secure computer disks of the transcripts in a locked file cabinet in the researcher's locked office.

CAN YOUR TAKING PART IN THE STUDY END EARLY?

You are asked to take part in only one focus group. You may decide to stop taking part in the focus group once it begins. You will not be treated differently if you decide to stop taking part in the focus group.

PARTICIPATION IN OTHER RESEARCH STUDY

You may take part in this study if you are currently involved in another research study.

WHAT HAPPENS IF YOU GET HURT DURING THE STUDY?

If you believe you are hurt because of something that happens in the focus group, you should call Dr. Emma J. Brown at 386-754-0102 immediately.

WHAT YOU WILL RECEIVE

You will receive $25 as a token of appreciation. If you decide to leave early you may still receive a small token of appreciation for volunteering.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Dr. Brown at 386-754-0102. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky toll free at 1-866-400-9428. We will give you a signed copy of this consent form to take with you.

WHAT IF NEW INFORMATION IS LEARNED DURING THE STUDY THAT MIGHT AFFECT YOUR DECISION TO PARTICIPATE?

If the researcher learns of new information in regards to this study, and it might change your willingness to stay in this study, the information will be provided to you. You may be asked to sign a new informed consent form if the information is provided to you after you have joined the study.

WHAT ELSE DO YOU NEED TO KNOW?

The Centers for Disease Control and Prevention is providing financial support for this study.

AGREEMENT TO PARTICIPATE

By signing this consent form you agree that you have read this form or had it read to you. You agree to answer questions as best as you can. You agree to have the focus group recorded and recording kept for presentation purposes. You also agree that you have been given a copy of the consent form and you agree to be in the study.

_____ _____

Signature of person agreeing to take part in the study Date

_____

Printed name of person agreeing to take part in the study

_____ _____

Name of [authorized] person obtaining informed consent Date

_____

Signature of Investigator