

Appendix H-2

Focus Group Consent Form Farmers' Market Consumers

INFORMED CONSENT FORM
FARMERS' MARKET CONSUMER FOCUS GROUP DISCUSSION

ABOUT THIS STUDY

You are being asked to be in a focus group with other New York City farmers' market shoppers. We want to learn more about New Yorkers who shop at farmers' markets. We also want to learn what farmers' market shoppers think about the New York City Health Bucks program.

This program gives out \$2 coupons called "Health Bucks." Shoppers can use Health Bucks to buy fresh fruits and vegetables in some New York City farmers' markets. The Farmers' Market Federation of New York runs this program for the NYC Department of Health. Abt Associates Inc., a research firm, is studying the Health Bucks program for the Centers for Disease Control and Prevention (CDC). We will use what you and other shoppers say to learn whether this program changes how you shop at farmers' markets. We will also learn how to make the program better.

The focus group will take about 2 hours. A trained moderator will lead it. First you will get to know each other a little bit. Then you will be asked some questions about farmers' markets and the Health Bucks program. You are being asked to provide your informed consent to be in the focus group.

RISKS OF TAKING PART IN THE STUDY

Being in this focus group has minimal risks for you. The main risk is that your responses could be disclosed in a way that identifies you; however, many procedures are in place to lower this risk.

COSTS

There are no costs for being in the focus group.

POSSIBLE BENEFITS OF TAKING PART IN THE STUDY

By being in this focus group, you are helping us learn how to make New York City farmers' markets and the Health Bucks program better. This could make it easier and cheaper for you to get healthy foods in your neighborhood.

COMPENSATION

At the end of the focus group, you will get \$35.

DATA SECURITY

Information collected as part of this focus group will be maintained in a secure manner. Protections will be in place to safeguard your response to the maximum extent allowed by law.

Your full name, address, and phone number were used only to plan this focus group. We will not link your last name, address, or phone number to anything you say today. We will audiotape this focus group. Some researchers may listen to the tapes later. We will transcribe the tapes after the group is over. We do this to make sure that our written report of the focus group is correct. We will destroy the audiotapes after they are

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transcribed. Only your first name will be used during the focus group and in the transcripts. Transcripts will be read only by Abt Associates researchers. We will report what you say during this focus group only combined with what other farmers' market shoppers say. We will not use your name in any government reports, published articles, or other public materials about this study. What you say will not be shared with CDC, the NYC Department of Health, or the Farmers' Market Federation of New York.

TAKING PART IS VOLUNTARY

You can choose not to be in the focus group. If you decide not to be in the focus group, there will be no penalty. Even if you agree to take part, you do not have to answer all the questions. Your choice will not change your relationship with CDC, the NYC Department of Health, or the Farmers' Market Federation of New York.

QUESTIONS

You may call Lauren Olsho of Abt Associates Inc. (617-520-2326) to learn more. You may also call Teresa Doksum, IRB Administrator (617-349-2896), if you have other questions about your rights as part of this study. Calling these numbers will incur a toll.

STATEMENT BY PERSON AGREEING TO TAKE PART IN THIS FOCUS GROUP

I have read and understand this information. My questions have been answered fully. I freely and voluntarily choose to take part in the focus group. I agree to be audiotaped as part of the focus group. I have been given a copy of this form.

Participant Name (Please print)

Participant Signature

Date