

ATTACHMENT I2

FOCUS GROUP CONSENT FORM FOR PARENTS OF CHIP DISENROLLEES

PAGE INTENTIONALLY LEFT BLANK FOR DOUBLE—SIDED COPYING

FOCUS GROUPS: PARTICIPANT INFORMED CONSENT
Study Title: Children's Health Insurance Program Evaluation
Principal Investigators: Ian Hill, MSW, MPA, Sheila Hoag, MA
Sponsor's Name: U.S. Department of Health and Human Services

Introduction/Purpose

You are invited to participate in the Department of Health and Human Services (DHHS) evaluation of the Children's Health Insurance Program, or the *[state CHIP program name]*. This study is funded by the U.S. Department of Health and Human Services. Results from this evaluation are intended to inform policymakers how this program is working for children and families like yours. You were selected as a possible participant in this study because you have one or more children who previously had, but no longer has, health insurance coverage through *[state CHIP program name]*. Before you decide to be a part of this study, you need to understand the risks and benefits associated with your participation.

Procedure

You will be asked to participate in a focus group discussion. A colleague and I will be taking written notes of your answers. The focus group will be audio recorded with your permission. There will be no representatives from the *[state CHIP program name]* present at the focus group. If you do not agree to have the focus group recorded, please let me know.

There are no "right" or "wrong" answers; we are only interested in learning about your experiences and opinions. You may choose to not answer any and all questions that I ask, and you may leave the focus group discussion at any time as well. The focus group discussion will last between 1.5 and 2 hours.

Benefits

Participating in this focus group discussion may not benefit you personally. You will be asked about your experiences with the *[state CHIP program name]* program. While you will not benefit directly from this study, your comments will help inform policymakers and providers about how well the *[state CHIP program name]* is serving children.

Risks

There is no known risk to you for your participation in the focus group. Although we have made every effort to reduce any risk to you by participating in this focus group, and to make sure everything is confidential, you may decide not to answer any questions that make you feel uncomfortable in any way.

Compensation

For your participation, you will receive \$50 in cash; light food and refreshments will also be served.

Confidentiality

To protect your privacy, all of the information that you provide us will be kept confidential. You will not be personally identified in any report or publication of this study. Recordings from each focus group will be stored in a project password protected folder that can only be accessed by the study's research team. The focus group notes/summaries will be locked in a file folder in a locked project office. Records can be opened by court order or produced in response to a subpoena or a request for production of documents. We will keep any records that we produce private to the extent we are required to do so by law. The records will be destroyed after the completion of the project by deleting them from the password protected project folder on the evaluation team's research network. All documents created from the focus group will be shredded after the end of the project.

Participation is Voluntary

If you agree to participate in this study, please understand that your participation is voluntary. You have the right to withdraw your consent or stop your participation at any time without penalty. You also have the right to refuse to answer any questions during the focus group.

Questions

If you have any questions about this focus group, including any questions that concern your rights as a participant on the project, you can contact Sheila Hoag at (609) 275-2252. Mathematica uses Public/Private Ventures (P/PV) in Philadelphia, PA, as their Institutional Review Board. You also may call Margo Campbell at P/PV at (215) 557-4446 if you have questions about your rights as a participant in this study. This Review Board oversees the protection of human research participants.

Agreement Statement

Do you agree to participate in the DHHS Evaluation of the Children's Health Insurance Program?

Yes ____ No ____

Do you agree to have this focus group recorded?

Yes ____ No ____

Date of Consent: _____

Name of Focus Group Moderator (print): _____

Signature of Focus Group Participant: _____

Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-. The time required to complete this information collection is estimated to average two hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.