Key Informant Interviews PHONE SCRIPT AND VERBAL CONSENT

Hello, my name is [INSERT NAME] and I work for ICF Macro, a research and consulting firm. ICF Macro is conducting the multi-site evaluation of the federally funded *In Community Spirit* Program on behalf of the Office on Women's Health (OWH). As part of this study, ICF Macro is conducting qualitative interviews with five key program participants and partners from each OWH grantee community. Specifically, these interviews are being conducted to obtain feedback from key stakeholders in the *In Community Spirit* Program about how grant funds are used to support HIV prevention programming with American Indian and Alaska Native women, program activities, service capacity, policy and protocol development, resource availability, and collaborations in order to create a picture of the program's impact with your target population being served.

As you probably remember, you participated in an interview in April 2012 to talk about the OWH funded *In Community Spirit* Program because of your position as a [INSERT RESPONDENT POSITION] at [INSERT INSTITUTION/ORGANIZATION]. This is a follow-up to your previous interview. We are asking that you participate in this phone interview which will take no more than approximately 45 minutes of your time for each administration. If you agree to be interviewed, here are some things you should know:

<u>Privacy</u>: Your answers to the interview questions will be kept private, except as otherwise required by law. There is no link between your name and the information you will be providing. Identifying information will not be disclosed to anyone but the researchers conducting this evaluation. The information that we report to OWH will not contain any identifying information, and your name will not be used in any reports about this evaluation.

<u>Procedures</u>: We are conducting interviews with five program participants and partners of each OWH *In Community Spirit* Program. Your input is very important to understand the impact of the *In Community Spirit* Program over time. We will call to interview you at a time that is most convenient for you. The interview questions will ask you about your role and participation in the HIV prevention efforts at [INSERT OWH GRANTEE NAME].

<u>Risks</u>: This interview poses few, if any, risks to you. You may choose to stop the interview at any time or not answer a question, for whatever reason. If you stop the interview, at your request, we will destroy your survey.

Your participation is voluntary. Refusal to participate involves no penalty or loss of benefits. If you agree to be interviewed, here are some additional things you should know:

- You may discontinue participation in the interview at any time without penalty or consequence.
- You may choose to not answer a question at any time without penalty or consequence.
- We would like to get your permission to record this interview to ensure that we accurately capture details that you provide. However, if you do not agree to be recorded, we will not record the interview. If you agree to be recorded, only ICF Macro staff will be able to use the recording. To protect your privacy, we will keep the notes and recordings in private files and only ICF Macro study staff members will be allowed to use them. All tapes will be destroyed at the end of the evaluation, approximately 2 years from now. Your name and other information linking your name to what is said during the groups will not be reported when we present this study or publish its results. Do I have your permission to record the interview?

	YES
\Box	NO

- ICF Macro staff will take notes during the interview.
- Any questions you have about this study will be answered before the interview begins. We will
 provide you contact information for the project director, who you may contact with any questions
 that arise after your participation in this interview.
- You will receive a copy of this consent form via e-mail or regular mail.
- Your name will not be used in any reports about this interview.

<u>Incentive:</u> If you decide to participate, the interview will take no more than 45 minutes, and you will receive \$20 for your time. If you are interested I will give you some more information and get your verbal consent. Can I continue?

Contact information: If you have any concerns about your participation in this study, or have any questions about the research, please contact the project director, Robin Davis, at (404) 592-2188. Do you agree to participate in the interview?

[INTERVIEW INSTRUCTION: RECORD ANSWER, PROVIDE A SIGNATURE, AND FOLLOW THE PROCEDURES OUTLINED]

	YES (Verbal cons	sent provided)		
[INTERVIEWER IN: Date of consent of Time of consent of Site ID: Participant ID: Interviewer signat	otained: otained:	ORD THE FOLLOWIN	NG]	
CALL. IF "YES" ABO a date and time approximately 45	OVE, STATE THE F that is most cor minutes.	FOLLOWING: I'm gla	d that you consent conduct the interv	R THEIR TIME AND END THE to be interviewed. Let's set up view. The interview will take
DATE				
TIME				
name, address, ph	one number, and			. Can you please confirm your
NAME				
MAILING ADDRES	SS			
WORK TELEPHON	IE .		CELL PHONE	
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