

Attachment J:  
ODPHP Physical Activity Guidelines, 2<sup>nd</sup> Edition  
Informed Consent and Participant Information Form  
Parent Focus Groups

OMB Control Number: 0990-0281

December 21, 2017

**Submitted to:**

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U.S. Department of Health and Human Services

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U.S. Department of Health and Human Services

## Informed Consent and Participant Information Sheet - Parent Focus Groups

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*CommunicateHealth*

**Sponsor / Study Title:** CommunicateHealth / “ODPHP-PAG Audience Research to Understand Needs and Preferences of Parents, Children, and Adolescents”

**Principal Investigator:** Corinne Berry

**Telephone:** 413-582-0425 (24 Hours)

**Address:** CommunicateHealth  
26 Market St  
Northampton, MA 01060

Please review the following information about this project. Feel free to ask us any questions you may have.

### **Who is working on this project?**

This research project is being coordinated by CommunicateHealth, a health communication consulting firm, on behalf of the Office of Disease Prevention and Health Promotion (ODPHP), which is part of the U.S. Department of Health and Human Services (HHS).

### **What is the goal of this project?**

We are working to identify the best way to communicate about physical activity. Our goal is to develop information and tools that help families be more physically active.

### **How can I help?**

There will be 12 focus groups with about 88 participants. This focus group will last approximately 90 minutes. The focus groups will include a moderator and a note taker and will include discussion on beliefs, attitudes, and perceptions around physical activity, especially for young children.

We are interested in learning from your experiences and preferences. Your feedback in this focus group will help us make sure we create physical activity-related information and tools that meet the needs of people like you.

**Do I have to participate in this project?**

No. Research is voluntary. It is your choice whether to participate or not. You can stop at any time, and you don't have to answer any questions you don't want to answer. If you don't want to participate or decide to stop, that's okay.

**Will I be compensated for my participation?**

Yes, you will be offered a \$75 cash incentive for your participation in this focus group. You will be paid at the end for your participation. There is no cost to you for taking part in this study.

**Are there risks?**

There is a possible risk of breach of confidentiality. This risk is minimized by protections described in the "How will you protect my privacy?" section below.

**Are there benefits?**

You will not benefit directly from this study, but it is hoped that your participation will help others in the future.

**How will you protect my privacy?**

We will keep your identity and all of your personal information confidential — that means we will not share it with ODPHP or anyone outside of our project staff. We will not collect or store any of your personal information. Also, your responses will not be linked with your name.

**For more information:**

You can ask questions about this consent form or the project (before you decide to start the focus group or at any time). Questions may include:

- Any payment for being in the study
- Your rights and your responsibilities as a study subject
- Other questions

Talk to the focus group staff with any questions or concerns. If you have questions about the project, contact Project Manager Dena Fisher at [dena@communicatehealth.com](mailto:dena@communicatehealth.com) or (413) 582-0425.

If you have any questions or complaints about your rights as a research subject, contact:

- By mail:  
Study Subject Adviser  
Chesapeake IRB  
6940 Columbia Gateway Drive, Suite 110  
Columbia, MD 21046
- or call **toll free:** 877-992-4724
- or by **email:** [adviser@chesapeakeirb.com](mailto:adviser@chesapeakeirb.com)

Please reference the following number when contacting the Study Subject Adviser:  
Pro00023762.

### Consent

I, \_\_\_\_\_, agree to take part in this focus group study.

I understand that I do not have to be in this study. I can leave at any time without penalty. I can agree to be in the study and then change my mind later.

I allow the Office of Disease Prevention and Health Promotion (ODPHP) — which is part of the U.S. Department of Health and Human Services — to use the information from this study. I understand that the information is for research only and that my name will not be shared with anyone else.

I understand that if researchers learn about current or ongoing child abuse or neglect, they will report this to the appropriate authorities.

I agree to ask questions about the study if I don't understand something. If I have questions after the study is over, I can contact Dena Fisher at [dena@communicatehealth.com](mailto:dena@communicatehealth.com) or at 413-582-0425.

### Audio Recording Release

I understand that I will be audio recorded during this study. I allow ODPHP to use the recordings of me for research purposes only. I understand that my name will not be used for any other purpose. I give up any rights to the recording and understand the recording may be copied and used by ODPHP without my permission.

**Summary**

I have read and understood this consent form. I understand that I will get a copy of this form.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

