

## INFORMED CONSENT FORM FOR RESEARCH PARTICIPATION

**Title of Project:** Maternal and Child Health (MCH) Jurisdictional Survey

**Person in Charge of Study:** Caitlin Oppenheimer, Senior Vice President, NORC at the University of Chicago

**Why are you doing this Study?** We are conducting a survey to learn more about mother's and children's health. We are doing this survey in American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and U.S. Virgin Islands. These areas are part of the Title V MCH Block Grant program. Local MCH programs will use these questions to understand the health of mothers and children. This will help them develop services for families.

1. **Who is funding this Study?** This study is paid for by the Health Resources and Services Administration.
2. **What would I be asked to do if I am in this study?** You will be asked to answer survey questions that are read out loud to you. The questions are about you and your child's health. For example, we will ask about your child as a baby, caring for your child, and your child's learning. We will also ask about illnesses you or your child may have had, doctors you and your child see, household information, and other kinds of questions.
3. **Voluntary Participation:** You don't have to be in this study. You can agree to be in the study now and change your mind later. You do not have to answer any questions you do not want to answer. Your decision to not answer questions or to stop answering questions will not change anything.
4. **Discomforts and Risks:** There are no risks in answering these survey questions beyond the risks that are in everyday life. Some of the questions about health, drug or alcohol use, or feelings are personal and might make you uncomfortable.
5. **Benefits:** There is no direct help to you for answering the survey questions, your answers may help provide better information about the health of mothers and children and the work of the Title V MCH Block grant program.
6. **How long will it take for me to participate in this study?** It will take about 40-45 minutes to answer the questions.
7. **Confidentiality:** The only people allowed to see your answers will be the people who work on the study and people who make sure we run the study the right way. Your name will not be on the survey with your answers. We will use a number code to track your answers, not your name.

The survey does not ask about child abuse or neglect. If we learn about child abuse or neglect that is happening now or is ongoing, we will have to report this to the proper authorities.

Your answers will be saved in my computer and a copy of the survey will be sent to our offices in Chicago, Illinois. We will do our best to keep your answers private, but no one can promise that answers sent over the Internet can be kept private. If you stop answering questions before the end of the survey, you can ask us to delete your responses.

8. **Right to Ask Questions:** Please contact X at (XXX) XXX-XXXX or JMCH@norc.org with questions, complaints or concerns about this study. If you have any questions or concerns about your rights as a research participant, please contact the NORC Institutional Review Board Manager by toll-free phone number at (866) 309-0542.

9. **Payment for participation:** You will not receive a payment for taking part in the interview.

Please keep this form for your records or future review.

**Public Burden Statement:** The purpose of this collection is to create a mechanism for jurisdictions to collect, report, and monitor key maternal and child health indicators over time. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915/0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Individuals and organizations will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose. Public reporting burden for this collection of information is estimated to average approximately 2 minutes per response for the Screener Survey, and 42 minutes per response for the Core Survey, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov). Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.