



IRB INFORMED CONSENT or AGREEMENT TO PARTICIPATE FORM

IRB No.:15-042-TUR-XPD Rev. No./Date:1/3-26-15

Consent Form Title: Focus Groups - Community

Project Title: Cancer Disparities Needs Assessment

Principal Investigator: David Turcotte

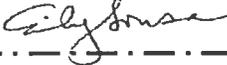
Contact Information: 978-934-4682, David_Turcotte@uml.edu

Co-PI(s):

Student Investigator(s):

Date Submitted: 3/23/2015

This form has been approved for use by the UML IRB and is valid for up to one year from the approval date. (PIs -Give a copy of this form to the study participant after they sign it. Originals are to be retained by the PI.)

Authorized IRB Approval Signature: 

Approval Date: 3-26-15

1. Study Purpose: The research is conducted on behalf of the Greater Lowell Health Alliance. The UML researchers' will facilitate focus groups, conduct interviews collect secondary data, analyze the data, make recommendations and report information about cancer disparities within the Greater Lowell community. The Greater Lowell community includes the city of Lowell and the following seven smaller cities—Dracut, Chelmsford, Billerica, Dunstable, Tewksbury, Tyngsborough and Westford.

2. Procedure and Duration:

If you agree to participate, you will be asked to take part in 60-90 minutes focus group focused on the topic of unmet health needs in the Greater Lowell area. Please be aware that we are asking you to participate as a 'private individual' because you have an informed and knowledgeable perspective on health in this region, rather than as a spokesperson for the organization you might represent professionally. We will not collect any identifying information from them as part of the data and their responses. We will audio record the focus group if everyone agrees to it, in order to check our notes for accuracy so that we can correctly reflect the opinions of those there. We will not be transcribing the recordings. Notes or recordings of the focus group interviews will be accessible only to researchers and focus group comments will be recorded anonymously. Note that your name will only be published with your approval, as indicated below.

3. Potential Risks and Discomfort:

There is less than minimal risk from participating and that no identifying information will be collected to protect your privacy. It is possible that some of the questions might make you uncomfortable if you or someone in your family has had cancer and difficulty getting adequate health care in the region. If you are uncomfortable discussing anything, you do not have to share the information with the group. While we will provide instructions for comments to remain confidential within the group, we cannot guarantee that someone will not discuss your comments outside of the focus group setting.

4. Incentives/Compensation (if any): You will receive your choice of a gift card for \$25 from Market Basket or Target at the completion of the focus group.

5. Anticipated Benefits to the Subject or to Non-subjects:

There are likely no direct benefits to you from participating in the research but study findings help the Greater Lowell Health Alliance and others to work together on meeting healthcare needs. The goal of the research is to evaluate current health needs and make improvements to benefit Greater Lowell residents.

6. Right to Refusal or Withdrawal of Participation:

Participation in this study is completely voluntary. If you decide not to participate, there will be no consequences to you and no one will know whether you decided to participate or not. You can also stop

at any time during the interview or nor answer any questions that might make you uncomfortable. However, you must be present at the end of the focus group to receive your gift card.

7. Assurances of Privacy and Confidentiality:

Only the researchers will have access to the notes and recordings of the focus group. These will be destroyed no later than September 30, 2015. While your name may be published to acknowledge your contributions to the project, we will not identify you in connection to any specific thing you say. Note that that your name will only be published by checking the box below. You do not have to have your name published at all. You are asked to keep what is discussed in this session confidential. We cannot guarantee that the other participants will keep secret what you say in the focus group.

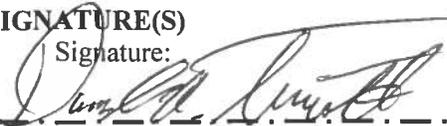
8. Additional Information (Include contact information for researchers):

If you have any questions, now or later, feel free to contact:

David Turcotte, ScD
UMass Lowell
Center for Community Research and Engagement
Broadway Street, Suite 212
Lowell, MA 01854
978-934-4682

PRINCIPAL INVESTIGATOR SIGNATURE(S)

Printed Name: David Turcotte

Signature: 

Date:

3/26/15

PERSON OBTAINING CONSENT

Printed Name:

Date:

Signature:

PARTICIPANT SIGNATURE

I understand the potential risks and/or discomforts that have been described in this document and by the researcher. By signing below, I am indicating that I have read this document, had the opportunity to discuss any concerns and ask questions about the research, and understand the risks and consequences from participating in this study.

I agree to be audio recorded.

Yes

No

I agree to have my name published in the list of participants.

Yes

No

Research Participant:

Printed Name:

Date:

Signature: