INFORMED CONSENT FOR PARTICIPANTS OF INVESTIGATIVE PROJECTS

Title of Project: Physician Referral of Low-Income Patients to a Community Nutrition Education Program

Investigators: Gregory W. Shawver and Dr. Ruby H. Cox

I. Purpose of Research
The purpose of this study is to determine the likelihood of primary-care doctors making referrals to the FSNEP (Food Stamp Nutrition Education Program) program. In order to accomplish this, a questionnaire will be used to determine doctors’ attitudes and practices concerning nutrition. A total of 450 primary-care doctors in Southwest Virginia will be mailed a questionnaire. Also, 60 current FSNEP participants will be interviewed in order to discover their attitudes about following doctors’ referrals. All of this information will be gathered together and studied and a conclusion will be made as to whether primary-care doctors would be an appropriate referral source.

II. Procedures
The questions in the survey cover a broad range of topics concerning your previous experiences with doctors. The participant is expected to answer the questions as accurately as possible. Nothing further will be required. The Program Assistants are available to answer any of your questions concerning the survey. Also, a phone number is provided if you have concerns about the administration of the interview or questions about its content.

III. Risks
There are no perceivable risks associated with participating in this survey. If the participant perceives a risk, then he or she should withdraw from the study after explaining the situation to the Program Assistant.
IV. Benefits of this study
This study will provide valuable information to help establish a referral network between doctors and the FSNEP program. This, in turn, will allow doctors to better serve their low-income patients by referring them to a free nutrition education program. The patients who are referred to FSNEP will receive information that will allow them to eat better and thus live healthier lives. No promise or guarantee of benefits is being made in which to encourage the participant to participate.

V. Extent of Confidentiality
All results will be kept strictly confidential. If a participant’s statements are later reported, then the participant will be identified by an ID number. At no time will the researchers release the results of the study or the list of each participant’s assigned ID number to anyone other than individuals working on the study without your written consent.

VI. Compensation
No compensation will be provided for participation in the study.

VII. Freedom to Withdraw
At any time, the participant is free to withdraw from the study for any reason. If the participant does not feel comfortable answering any particular question, then he or she may decline to answer that question.

VIII. Approval of Research
This research project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University and by the Department of Human Nutrition, Foods and Exercise.

IX. Subject’s Responsibilities
I voluntarily agree to participate in this study. I have the following responsibilities:
- I will answer the questions as accurately as possible.
- If I do not understand a question or directions, I will ask the Program Assistant or call the provided phone numbers for help.

X. Subject’s Permission

I have read and understand the Informed Consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

__________________________________                                     _________________
Signature                                                                                Date

Should I have any questions about this research or its conduct, I may contact:

_____________________________                     _______________________
Gregory Shawver                        (540) 951-2867
Investigator, Virginia Tech              Phone

_____________________________                     _______________________
Dr. Ruby Cox                           (540) 231-7156
Faculty Advisor, Virginia Tech          Phone

_____________________________                     _______________________
E.R. Stout                              (540) 231-9359
Chair, IRB                             Phone
Research Division