



INFORMED CONSENT: PARTICIPANTS 18 YEARS OF AGE AND OLDER

Greetings,

My name is Brenna Chavarin, and I am a student at the University of Phoenix working on a Doctorate in Health Administration. I am conducting a research study entitled Dental Hygienists and Direct Access Preventive Care: An Explanatory Case Study.

The purpose of this qualitative study is to explore the perceptions of direct access or expanded practice dental hygienists regarding the provision of preventive oral health care in rural dental health professional shortage areas (DHPsAs) in Oregon. There are well documented barriers for accessing preventive oral health care that exist for populations in rural DHPsAs in Oregon. Direct access dental hygienists who utilize their permit to provide direct access to preventive oral health care in community settings can assist in reducing barriers and improve access to preventive oral health care for populations in rural DHPsAs.

Findings from this study will help to improve understanding of the perceptions of direct access dental hygienists on providing preventive oral health care. Participants do not have to have experience providing direct access to preventive oral health care.

Your participation will involve

1. One approximately 90-minute interview that will be conducted remotely over the telephone
2. The interviews will be recorded and transcribed to ensure accuracy
3. Each participant will receive a copy of the transcript of their interview through email
4. Each participant will have one week to review the transcripts of their interview, make edits, and email the corrected transcriptions to Brenna Chavarin
5. Participation may be terminated without participant consent if the participant does not schedule or conduct one phone interview

Brenna Chavarin will conduct each participant's interview in her home in a room alone with the door shut to maintain the confidentiality of each participant. During the interview, participants will be asked questions regarding their perceptions and lived experiences as a direct access dental hygienist including their perception of the need to provide direct access to preventive oral health care and barriers to providing preventive oral health care as direct access dental hygienists.

The sample for this research includes 20 expanded practice dental hygienists who will be interviewed separately.

To qualify to participate you must be:

1. Currently licensed in Oregon as a dental hygienist
2. Currently hold an expanded practice permit in Oregon
3. 18 years of age or older

You can decide to be a part of this study or not. Once you start, you can withdraw from the study at any time without any repercussions. You can decide if you will allow the interview to be recorded. However, declining the audio recording will preclude you from participating in the study. If you do not give verbal consent for the audio recording at the scheduled interview time, the interview will not be conducted, and your signed consent form will be permanently deleted. If you withdraw from the research, all data associated with your interview will be deleted and excluded from the research.

The results of the research study may be published but your identity will remain confidential, and your name will not be made known to any outside parties.

The risk of participating in this study is low. Participating in the study may cause the participant to feel overwhelmed by the questions. The participant can take breaks at any point during the interview process.

Although there may be no direct benefit to you, possible benefits from your being part of this study exist. The results of the study could encourage policymakers and dental leaders to address the perceived barriers so access to preventive oral health services provided by direct access dental hygienists can increase. Additionally, participants will provide valuable information regarding a topic that is understudied.

There are no costs for participating in this study.

If you have any questions about the research study, please call or text me at (503)679-7527 or email me at brenna.chavarin@email.phoenix.edu. For questions about your rights as a study participant, or any concerns or complaints, please contact the University of Phoenix Institutional Review Board at IRB@phoenix.edu.

As a participant in this study, you should understand the following:

1. You may decide not to be part of this study or you may want to withdraw from the study at any time. If you want to withdraw, please call me at (503)679-7527 or email me at brenna.chavarin@email.phoenix.edu. Upon withdrawing from the study, your transcribed and recorded interview will be deleted and all data related to your interview will be withdrawn from the study.
2. Your identity will be kept confidential. The participants will be randomly assigned a numerical identifier as soon as the participant is approved to participate in the study. Numerical identifiers will be utilized to maintain the confidentiality of each participant.
3. Brenna Chavarin, the researcher, has fully explained the nature of the research study and has answered all of your questions and concerns.
4. Before interviews are conducted, you must give permission for the researcher, Brenna Chavarin, to record them. The information from these recorded interviews will be transcribed by Brenna Chavarin, and the data will be coded to assure that your identity is protected.
5. Participant eligibility will be verified. Brenna Chavarin will check the licensure status of each participant on the Oregon Board of Dentistry website prior to conducting the interviews.
6. Any/all applicable COVID-19 protocols/guidelines will be followed in order to minimize potential health risks to participants.
7. Data will be kept secure. The informed consents, audio from the recorded interviews, transcribed interviews, and numerical identifiers will be saved in password-protected files on thumb drives in a locked file cabinet at Brenna Chavarin's home. The emails sent to Brenna Chavarin containing signed informed consent forms will be permanently deleted after the informed consents are moved into a password protected thumb drive. All of the data will be saved in separate password-protected thumb drives. Personally identifiable information including the informed consents and the audio from the recorded interviews will be in separate password-protected thumb drives than the password-protected thumb drive that will hold the numerical identifiers. Raw data will be stored separately from all personally identifiable information. The data will be kept for three (3) years, and then destroyed. All of the data will be deleted from the computer after three (3) years using a file shredding application. There will be no hard copies of data.
8. Information derived from the interview questions and responses, informed consent, and numerical identifiers will be utilized for purposes of the study, and Brenna Chavarin will be the only person with access to the participant's names, informed consent and interview responses. Brenna Chavarin will be the only person with a key to the locked file cabinet holding the password protected thumb drives containing data for this study. Brenna Chavarin will be the only person who knows the passwords to the thumb drives containing data for this study.
9. Before the interview, each participant will receive an email copy of their signed informed consent and confidentiality agreement, demonstrating an understanding of the nature of the study.
10. The results of this study may be published.

If you are interested in participating in the study, please sign this informed consent form and email it back to Brenna Chavarin at brenna.chavarin@email.phoenix.edu. Once the signed document is received and eligibility requirements are verified, the participant will be contacted to set up an interview.

By signing this form, you agree that you understand the nature of the study, the possible risks and benefits to you as a participant, and how your identity will be kept confidential. When you sign this form, this means that you are 18 years old or older and that you give your permission to volunteer as a participant in the study that is described here.

☐ I accept the above terms. ☐ I do not accept the above terms. **(CHECK ONE)**

Signature of the research participant _____ Date _____

Signature of the researcher _____ Date _____