

## Attachment 8

### Evaluation of Food Safety Programs Informed Consent Information Sheet

The Centers for Disease Prevention and Control would like to invite you to participate in a new survey called “Evaluation of Food Safety Programs” (FSPs) implemented in the United States (U.S.). Please read the information below before deciding whether or not to participate.

#### Purpose

The purpose of this survey is to 1) describe the current status and activities of local and state FSPs; 2) describe changes in status and activities that occurred within FSPs from 2007-2012; and to 3) determine if there is a relationship between different levels of FSP funding and FSP status and activities.

#### Risks

The risks for participating in this evaluation are minimal. At most, you may feel uneasy answering some of the questions about your health department’s status and food safety program activities.

#### Benefits

There are no direct benefits for participation in this survey. However, data collected can be used by local and state health departments to improve upon FSP effectiveness in the U.S.

#### Confidentiality

Completed paper surveys will be stored in locked cabinets and electronic data collected will be stored in secure computers. Only authorized CDC staff will have access to the data. All information (e.g., name of local and state health department contacts, and geographic location) used for survey recruitment and follow-up activities will be destroyed upon the conclusion of data collection in accordance with CDC record control schedule. No personal identifying information will be stored together with the data collected. When the results of the evaluation are published or discussed at conferences, no information will be included that would reveal your identity. Information collected from you will be combined with that from other local and state health departments in the U.S.

#### Participation and Withdrawal

Participation in this survey is voluntary. You may choose not to participate without penalty to you or your health department. If you decide to participate, but change your mind later, you may discontinue your participation. If any of the questions make you uncomfortable, you may skip them and continue to complete the rest of the survey.

#### Persons to Contact

If you have any questions now or at a later time, or would like to receive a summary of survey findings, please contact Elizabeth Armstrong-Mensah at 770-488-3464 or at [EArmstrongMensah@cdc.gov](mailto:EArmstrongMensah@cdc.gov). If you want to know more about your rights or feel you have been harmed as a research participant, please contact Kimberly Lane at 1600 Clifton Road, MS-D74, Atlanta, GA 30333.