

# Community Oral Health Transformation (CO<sub>r</sub>HT) Initiative-Patients

## Consent to Qualitative Interview

**Research Objective:** The objective of the CO<sub>r</sub>HT initiative is to provide education, testing grounds, and financial support for dental providers to embrace minimally invasive, integrated, and personalized oral healthcare. The goal of the research interview for patients is to determine if the CO<sub>r</sub>HT initiative helped improve dental care for patients.

**Interview Process:** The interviewer will ask a series of questions that have already been prepared. There are no right or wrong answers. This is an informal interview process and your opinions on your or your child's last dental experience are welcome.

### **Participants Rights:**

Participation is voluntary.

You may stop at any time.

You are participating in this study as a patient or the caregiver of a patient. You are not representing your dental clinic.

Your answers will be confidential. Your dental clinic will not know if you agreed to participate in the study. Your dental clinic will not know how you answered study questions.

The study team will protect your privacy. All responses will be lumped together. Individual responses will not be shared.

You will receive a \$10 gift card through the mail for participating in this study.

The interviewer will answer any questions you have before starting the interview.

**Protection of Privacy:** Your name, personal information, and direct comments will be kept anonymous or private. Nobody other than the person asking the interview questions will know your name. Your interview session will be assigned a Unique Personal Identification number to keep your information private.

**Study Inclusions:** Must be able to understand and speak English. You must be 18 or older to provide information for yourself or for your minor child. Must have had a dental visit within 6 months with a COrHT participating dental clinic.

**Study Exclusions:** Non-English speaking. Under the age of 18. Have not had a dental visit in the last 6 months with a COrHT participating dental clinic.

**Consent:** I [First name, Last Name] on [Month, Day, Year] agree to participate in an interview about my most recent dental experience. I have had the opportunity to read the above information, or it has been read to me. All questions that I had were clearly answered. I understand that I can end the interview at any time.

**Assent:** I [First name, Last Name] on [Month, Day, Year] agree to participate in an interview about my child's most recent dental experience. I have had the opportunity to read the above information, or it has been read to me. All questions that I had were clearly answered. I understand that I can end the interview at any time.