



Dining with Diabetes in Wyoming



Consent and Information Form

Diabetes Education through
Dining with Diabetes in Wyoming Classes

Introduction

Dining with Diabetes in Wyoming is an educational program being coordinated through University of Wyoming Cooperative Extension Service by Josefina (Jossy) Ibarra, Nutrition and Food Safety Educator – West Area, based in Rock Springs, and by Kentz Willis, Nutrition and Food Safety Educator – Northeast Area, based in Sheridan.

Purpose of the Program

The purpose of this program is to learn how nutrition education and changes in knowledge, attitudes, and behaviors related to self-care, food, and physical activity can improve the lives of persons with diabetes in Wyoming and their family members.

Description of Program

This program, referred to as *Dining with Diabetes in Wyoming*, is a series of four two-hour classes that are held once a week. This four-class series is followed by a follow-up class two to four months later. Each class is team taught by an Extension Educator and a local health care professional. Classes consist of a presentation on diabetes self-care or healthful food choices; a five- to ten-minute low-impact physical activity; a presentation on healthy, tasty versions of familiar foods, followed by tasting of food samples; and demonstrations of cooking techniques of such products as artificial sweeteners, reduced-fat foods, herbs, and spices.

If the values are known to me, I will be asked to share (with the instructors, not with the rest of the class) my most recent readings for hemoglobin A1C, blood pressure, microalbumin, LDL cholesterol, dilated eye exam, and foot exam.

As a participant in this program, I will be asked to complete a questionnaire at three different times – before the classes start, at the end of the last regular class, and at the 3-month follow-up class. Completion of each of these forms is expected to take less than 10-20 minutes. At my request, I can see the questionnaires before signing this consent. I understand I do not have to answer any of the questions if I decide to participate.

I understand that this program does not substitute for any diabetes care appointments or services provided through my regular clinic or health-care provider.

Risks and Discomforts

The risks in participating in this program are minimal. For example, completing questionnaires can be mildly frustrating or a little uncomfortable for some individuals. The physical activity breaks will include an option for individuals who prefer to be seated rather than stand, but participants also can opt out of any or all physical activities. Food sampling also is voluntary, and recipes are provided as handouts and will be available ahead of time upon request to allow participants to avoid known food allergies, food sensitivities, and/or food aversions.

Benefits

By participating in the *Dining with Diabetes in Wyoming* program I may experience personal benefits. These include learning about diabetes self-care, gaining a better understanding of how to select and prepare healthful, tasty foods, and enjoying simple physical activities. These changes could improve my health. Participation may also contribute to broader benefits; for example, my responses on the questionnaires will provide information that may be used to improve the program.

Financial Considerations

To cover the cost of food and handouts, the program registration fee is \$25 for individuals and \$10 for each additional person from the same household. (The cost may be less in some communities through contributions of local donors.) Scholarships also are available if I let the Extension educator know I would find such assistance helpful; in that case, I would pay \$5, with any additional members from my household also paying \$5 each.

Contact Persons

At the local level, I can contact _____ by phone at _____ if I have questions about the classes. If I want to know more about the questionnaires or other information gathered through this program, I can contact Jossy Ibarra at 307-352-6775 or Kentz Willis at 307-674-2980. For more information about my rights as an individual providing information as part of an evaluation or research project, I can contact the Research Office at the University of Wyoming (Compliance Office of the Institutional Review Board) at 307-766-5320.

Confidentiality and Use of the Information I Provide

I understand that any information about me obtained as a result of my participation in this program will be kept as confidential as legally possible. I understand I will be given a unique identification number and that my responses on the questionnaires will be recorded using this number and not my name. The Extension educator who helps teach my classes will store the list of names and corresponding code numbers in a place where only he or she has access. That educator will send to all the questionnaires gathered in the program I attend

I understand that my responses on the questionnaires will be used to help evaluate and report on the effectiveness of the program and to identify ways to improve the program. For this to happen, my questionnaires, along with those of all other participants, will be sent to University of Wyoming for the responses to be analyzed. Other project team members will look at all participants' questionnaires and responses as part of program analysis, but no questionnaires will show individuals' names – only code numbers. In any publications that result from research from this program, neither my name nor any information from which I might be identified will be published without my consent.

Voluntary Participation

Participation in this program is voluntary. I understand I am free to withdraw my consent to participate in this program at any time and that such refusal will not affect my future participation in programs sponsored by the University of Wyoming Extension Service. I have been given the opportunity to ask questions about the program, and I have received answers concerning areas I did not understand. In the event new information becomes available that may affect my willingness to continue to participate in this program, this information will be given to me so I may make an informed decision about my participation.

I, _____, am at least 18 years of age, and I willingly consent to participate in *Dining with Diabetes in Wyoming*. I have received a copy of this form for my own records.

Signature of participant

Date

Signature of UW Investigator (or representative)

Date

