

## Application to the North Seattle Community College Human Subjects Review Committee

**Name of Investigator(s)**

**Phone:**

**E-mail contacts:**

**Proposal title**

Theory of planned behavior for parents' immunization practices concerning the MMR-vaccine.

Purpose of study: What will be the central question or issue your project will be exploring?

How does inherent attitude of parents towards the MMR vaccine relate to actual behavior in terms of vaccinating children against MMR?

**How will you conduct your investigation (please attach any materials that you are going to use in the exact format that participants will receive. Include any recruitment material)?**

We will conduct a survey. Parents will be given questionnaires at three different locations. We either ask them to fill them out and return them into a collection box or else fill out an online questionnaire and submit their answers online.

Sample/population:

- a. Describe the sample size and demographic requirements and location of recruitment for the participants.

We will ask parents of two different schools, at the Little Gym and from an email list that caters to parents (kinderstube.org)

- b. Who will recruit subjects and how?

We will all recruit participants; Anna, Margie and Nicole will go to the schools and the Little Gym. Nicole will target the email list.

What ideas do you have for making your work public?

We will submit it to the UW undergraduate science symposium; if accepted, we may think about publishing it in journals that address behavioral issues related to health and children.

**What possible risks can you envision there might be to subjects? (See list of risks to consider.)**

We believe this study carries with it no risk to minimal risk to its participants. Even though the study is based upon confidential surveys, participants may be concerned about anonymity and/or confidentiality issues. Additionally, our study may raise concerns among participants about the potential link between MMR and autism.

**How might your study be able to ameliorate those risks?**

We will ensure the separation of informed consent forms and questionnaires, making it very difficult to identify participants on the basis of their responses. The surveys will ask some demographic questions, but no personal information in the form of names, DOB, or SSN. In addition, participants will either turn in surveys to collection boxes or submit their answers online using a survey service to ensure confidentiality. Secondly, we will debrief participants about the lack of scientific data linking MMR to autism.

**Benefits: Assess the potential benefits that may be gained by any individual participant, as well as benefits which may accrue to society in general as a result of the planned work. Please specify any compensation such as monetary or academic credit that you may offer as part of the study.**

The benefits to the individual (and thereby eventually to society) could be a heightened awareness of the relationship between attitude and actual behavior concerning health issues. In the case of immunization it could give insight into why people refrain from vaccinating their children. Hopefully it will lead to further discussions among parents and public health officials about health behaviors.

**Have you created an Informed Consent Form which you will ask your prospective subjects to read and sign? If applicable, please attach this form with your application.**

**If working with vulnerable populations such as children, describe how assent will be obtained? How will data be stored and for what duration?**

N/A

**If documented informed consent will not be obtained, specifically point this out and explain how you will communicate participants' rights.**

N/A

If any deception (i.e., withholding of complete information) is required for the validity of this activity, explain why this is necessary and attach debriefing statement.

N/A

Note: After completing this form please send it, along with a brief one-paragraph description of your project, as an email attachment to Tom Kerns here in FirstClass or to [tkerns@sccd.ctc.edu](mailto:tkerns@sccd.ctc.edu). Please also attach the informed consent form you intend to use for your study

# **INFORMED CONSENT FORM**

## **Health Behavior Survey**

### **Faculty Sponsor (if applicable):**

Melissa Grinley  
[mgrinley@sccd.ctc.edu](mailto:mgrinley@sccd.ctc.edu)  
(206) 526-7017

### **Investigator(s):**

### **Purpose and Benefits**

You are invited to participate in a research study that is being conducted as part of a course requirement for Psychology 209: Fundamentals of Psychological Research. The purpose of this study is to collect data about health behavior practices.

### **Procedures**

You will be asked to complete a series of survey questions that examine your behavior surrounding certain health issues. You will also be asked a few demographic items. These surveys will take approximately 15-20 minutes to complete.

### **Risks**

There are no anticipated risks for participating in this study. The surveys being used are relatively non-invasive. However, please feel free not to answer any items that make you uncomfortable.

### **Confidentiality**

The information in the study records will be kept confidential. Your consent form will be separated from the questionnaire immediately upon collection, and no link will remain between your name and your data to guarantee confidentiality. Data will be stored securely and will be made available only to the persons listed above who are conducting the study. No reference will be made in oral or written reports that could link you to the study. Your confidential data may be used in future research or presentations.

### **Contact**

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the faculty sponsor/investigator, Melissa Grinley, at [mgrinley@sccd.ctc.edu](mailto:mgrinley@sccd.ctc.edu), or (206) 526-7017. If you have questions about your rights as a participant, contact the chair of the NSCC Human Subjects Review Committee, Tom Kerns, at [tkerns@sccd.ctc.edu](mailto:tkerns@sccd.ctc.edu).

### **Participation**

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

### **Consent**

**Your signature on this form indicates that you are at least 18 years of age and have understood to your satisfaction the information regarding participation in this research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and**

professional responsibilities.

I am at least 18 years old and have read the above information and agree to participate in this study. I have received a copy of this form.

<b>Participant's name (print)</b> _____ _____	<b>Investigator's name (print)</b> _____ _____
<b>Participant's signature</b> _____ _____	<b>Investigator's signature</b> _____ _____
<b>Date</b> _____	<b>Date</b> _____

Copies to: Participant    Principal Investigators

## DEBRIEFING FORM

### **PURPOSE**

The purpose of this study was to investigate whether a relationship exists between one's attitude towards the vaccine MMR and the behavior of vaccinating one's children against MMR. We investigated three variables: attitude, behavior and perceived control over behavior (i.e. access to immunization; relationship w/ doctor, et al.) based on the theory of planned behavior.

### **BACKGROUND**

In recent years there has been a lot of media coverage on the suggested link between MMR and Autism in young children. Even though some parents and physicians remain convinced of the causal relationship between MMR inoculation and subsequent onset of autism in children, it is important to note, that to this date, there has been no scientific data that establishes the link between the two. Numerous longitudinal studies have been dedicated to this issue, both in the US and abroad, but have concluded that there is **no link**.

### **CONFIDENTIALITY**

Once again, all data will be held in strict confidentiality. Your questionnaire will be kept separate from your signed informed consent form. Data is reported in an aggregate (combined) form and anonymous.

### **FINAL REPORT**

If you are interested in obtaining a copy of the final report of this study, contact the primary investigators XXXX at XXXX.

### **CONTACT**

If you have *any* questions regarding this study, its purpose or procedures, please feel free to contact the faculty sponsor, Melissa Grinley, at [mgrinley@sccd.ctc.edu](mailto:mgrinley@sccd.ctc.edu) or the chair of the Human Subjects Review Committee, Tom Kerns, at [tkerns@sccd.ctc.edu](mailto:tkerns@sccd.ctc.edu). Thank you!

### **FOR FURTHER READING**

Baker, J. (2008). Mercury, Vaccines, and Autism: One Controversy, Three Histories. *American Journal of Public Health, 98*(2), 244-253.

Madsen, K.M., Hviid, A. Vestergaard, M., Schendel, D. et al. (2002). A Population-Based Study of Measles, Mumps, and Rubella Vaccination and Autism. *N Engl J Med, 347* (19), 1477-1482.

Ajzen, I., Fishbein, M. (1969). The predication of Behavioral Intentions in a Choice Situation. *Journal of Experimental Social Psychology 5*, 400-416.

Benin, A. L., Wisler-Scher, D. J., Colson, E., Shapiro, E. D., & Holmboe, E. S. (2006). Qualitative Analysis of Mothers' Decision-Making About Vaccines for Infants: The Importance of Trust. *Pediatrics*, *117*(5), 1532-1541.

# Health Behavior Survey

For this portion of the survey, read the statement and circle the appropriate response. Please circle only one response/number for each statement.

1. My children have received the MMR Vaccination (please circle appropriate response)

YES

NO

2. I plan to vaccinate my child against MMR

YES

NO

3. Immunization service are covered by my insurance

YES

NO

4. There is a correlation between MMR (Mumps, Measles, Rubella)-Vaccine and Autism (please circle the appropriate number)

1

2

3

4

5

6

7

Strongly  
Disagree

Strongly  
Agree

5. I receive regular booster shots (tetanus/flu).

1

2

3

4

5

6

7

Strongly  
Disagree

Strongly  
Agree

6. Immunization services are very accessible to me and my family

1

2

3

4

5

6

7

Strongly  
Disagree

Strongly  
Agree

7. My child attends

Private  
School

Public  
School

8. It is required that I vaccinate my children

1

2

3

4

5

6

7

Strongly  
Disagree

Strongly  
Agree

9. My doctor encouraged me to vaccinate my child against MMR

1

2

3

4

5

6

7

Strongly  
Disagree  
Agree

Strongly

10. My children visit the doctor, on average \_\_\_\_\_times a year

11. I am informed about health issues that affect children

1

2

3

4

5

6

7

Strongly  
Disagree  
Agree

Strongly

12. I am comfortable vaccinating my children against MMR

1

2

3

4

5

6

7

Strongly  
Disagree

Strongly  
Agree

**13.** I trust my pediatrician.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

**14.** Vaccines pose a health risk

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

**15.** Un-immunized children pose a health risk to others

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

**16.** I would go against my pediatrician's advice if I felt it was the right thing to do.

1	2	3	4	5	6	7
Strongly Disagree						Strongly Agree

**Demographic Information**

Gender:

Age:

Are you a parent? Y/N

How many children do you have and what are their ages?

What area of Seattle (or its surroundings) do you currently reside?