

“Building Wellness for Life”**ALBERT EINSTEIN COLLEGE OF MEDICINE****DOCUMENTATION OF STAFF & STAKEHOLDERS INFORMED CONSENT and
PARENT/GUARDIAN PERMISSION AND STUDENT ASSENT****WELLNESS CHAMPIONS SURVEY**

If you are a parent or legal guardian of a teenage child who may take part in this study, permission from you and the assent (agreement) of your teenage child may be required. When the word “you(r)” / “my” / “me” / “I” appears in this consent form, we mean the participant (your teenage child); “we” means the research study staff.

Introduction

You are being asked to participate in a high school-based research study called **Building Wellness for Life**. Your participation is voluntary – it is up to you whether you would like to participate. It is fine to say “no” now or at any time after you have started the study. If you say “no,” your decision will not affect any of your rights or benefits at as student at this school.

The researcher in charge of this project is called the *Principal Investigator*. Her name is Dr. Judith Wylie-Rosett, Professor and Division Head of Health Promotion and Nutrition. You can reach Dr. Wylie-Rosett at:

Department of Epidemiology & Population Health
1307 Belfer Building
Albert Einstein College of Medicine
1300 Morris Park Avenue
Bronx, NY 10461

For questions about the research study, or if you believe you have an injury, contact the *Principal Investigator* or the IRB.

The Institutional Review Board (IRB) of the Albert Einstein College of Medicine and Montefiore Medical Center has approved this research study. The IRB # is in the stamp in the upper right hand corner. If you have questions regarding your rights as a research subject you may contact the IRB office at 718-430-2253, by e-mail at irb@einstein.yu.edu, or by mail:

Einstein IRB

Albert Einstein College of Medicine
1300 Morris Park Ave., Belfer Bldg #1002
Bronx, New York 10461

Support for this research study is provided by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK; R01 DK097096).

Why is this study being done?

Obesity is a major public health problem in the United States. Schools are promising settings for engaging youth in obesity prevention education and programming, with high-quality programs that integrate physical activity and education being shown to have positive influence on academic achievement and health outcomes among adolescents. The goal of this study is to evaluate ways of bringing new and engaging physical activity and nutrition education activities and materials for adolescents into diverse high schools in the United States.

Why am I being asked to participate?

You are being asked to participate in this study because your high school has partnered with HealthCorps (New York, NY), FamilyCook Productions (New York, NY), and the Albert Einstein College of Medicine, (Bronx, NY) to develop and test educational materials designed to support wellness education and behavioral change in high school students, consistent with the United States Dietary Recommendations for youth (adolescents).

Your high school is part of a nationwide contingent of high schools that have partnered with HealthCorps in the United States. Currently there are approximately twenty-five (25) high schools in eight (8) states working with HealthCorps. Your participation in the study will help us evaluate educational programs that promote and develop physical fitness, healthy eating, and mental resilience. The programs are offered through classroom and schoolwide wellness activities at your high school.

Part of this study is focused on how you along with other students, teachers and staff, and other persons at your school work together to support or 'champion' health and wellness policies, programs and activities in your school community. You are being asked to participate in part of this study because your school's HealthCorps Coordinator has recognized you as a supporter/champion of the HealthCorps Program, and she/he wishes to invite you to take the WELLNESS CHAMPIONS SURVEY.

The information you and others who complete the WELLNESS CHAMPIONS SURVEY will be used to better understand ways to grow and sustain the quality of your working relationships in your school.

Eligible participants for the WELLNESS CHAMPIONS SURVEY include students, teachers and staff, other persons, including parents and others who have been recognized by your school's HealthCorps Coordinator as someone who is actively supporting wellness programming at your school. For student supporters/champions, participation is open to all male and female students enrolled in schools that are partnered with HealthCorps. Students must be between the ages 13-21. For all other supporters/champions, such as school staff or others, participation is open regardless of gender or age.

What will happen if I participate in the study?

You will be asked to provide a preferred e-mail link that we will use to share a link to an online survey. At your convenience but within two weeks of receiving your personal link to the online survey, we ask that you complete the survey to the best of your ability. Your HealthCorps Coordinator will be available to answer any questions or concerns you have about the survey or any items in the survey. The survey can be filled out in 15 minutes or less.

How many people will take part in the research study?

You will be one of about 6 to 20 wellness supporters/champions at your high school who have been nominated to participate in this survey by your school's HealthCorps Coordinator.

Will there be audio and/or video recording?

No audio or video recording will be made for study purposes.

Will I be paid for being in this research study?

You will not receive any payment or other compensation for taking part in this study.

Will it cost me anything to participate in this study?

There will be no cost to participating students in the study.

Confidentiality

We will keep information collected from surveys and teaching documents confidential. Your information will be kept confidential and your name will not be used in any written or verbal reports. Your information will be given a code number and separated from your name or any other information that could identify you. The form that links your name to the code number will be kept in a secure manner and only the investigators and study staff will have access to the file. All information will be kept in a secure manner and computer records will be password protected.

Study information collected through survey and other documents will be kept as long as they are useful for this research.

The only people who can see your research records are:

- The research team and study staff who work with them;
- The organization that funded the research;
- Organizations and institutions involved in this research: HealthCorps and FamilyCook;
- Groups that review research, including the Einstein IRB, and the Office for Human Research Protections.

These people who receive your study information may not be required by privacy laws to protect it and may share your information with others without your permission, if permitted by laws governing them. All of these groups have been asked to keep your information confidential.

If you give us information that suggests that you or any other child is being abused, we are required by law to report that information to the Administration for Children's Services (ACS). Reporting this information may put you, your family, or others who are involved at risk of questioning and legal action by the authorities.

Are there any risks to me?

The risks of this evaluation include potential uncomfortable thoughts or emotions regarding your personal behaviors (as the result of unhealthy eating, physical activity, or other health behaviors). To minimize any emotional risks, the person who will conduct the evaluation surveys and activities will be the HealthCorps Coordinator, who is trained to communicate about any uncomfortable thoughts or emotions you may have.

All surveys and teaching documents used to collect information are completed voluntary. You can skip questions they prefer not to answer and that they may stop providing information at any time. A risk of taking part in this study is the possibility of a loss of confidentiality or privacy. Loss of privacy means having your personal information shared with someone who is not on the

study team and was not supposed to see or know about your information. The study team plans to protect your privacy – see the Confidentiality section above for details.

Are there possible benefits to me?

Potential benefits to WELLNESS CHAMPIONS SURVEY participants include:

- The opportunity to learn about and reflect on how wellness policies and activities are working at your school;
- The opportunity to interact with a health educator (i.e. HealthCorps Coordinator) and other wellness supporters/champions at your school;
- Increased awareness and participation in health promotion techniques;
- Pride in contributing to the improvement of the program and towards scientific advancement.

What choices do I have other than participating in this study?

You can refuse to participate in the evaluation study and still participate in the HealthCorps Program at your high school.

Are there any consequences to me if I decide to stop participating in this study?

No. If you decide to take part in the WELLNESS CHAMPIONS SURVEY, you are free to stop participating at any time without giving a reason. These surveys and teaching documents are NOT a test and answering the questions will not in any way affect your grades. All responses provided by survey participants will be kept confidential.

CONSENT TO PARTICIPATE

I have read the consent form and I understand that it is up to me whether or not I participate. I know enough about the purpose, methods, risks and benefits of the research study to decide that I want to take part in it. I understand that I am not waiving any of my legal rights by signing this informed consent document. I will be retain a signed copy of this consent form.

Printed name of participating student

Signature of participating student

Date

Printed Name of Parent or Guardian (when applicable)

Signature of Parent or Guardian (when applicable)

Date

Printed name of the person conducting the consent process

Signature (HealthCorps Coordinator)

Date