

***Title of Study<sup>1</sup>: Community-Led Structural Intervention to Address Health Consequences of Community-Police Interactions***

***Principal Investigator: Linda Fulmer***

**Key Information:** The following is a short summary of this study to help you decide whether or not to be a part of this study. More detailed information is listed later on in this form.

***Why am I being invited to take part in a research study?***

We invite you to take part in a research study because of your experiences as a community member in Tarrant County and possible experiences encountering law enforcement. For this study, we're inviting people to participate who identify as a person of color (i.e. Black, Latine, Latinx, Hispanic); a non-white Immigrant, or a sexual and gender minority (i.e. Lesbian, gay bisexual, transgender, queer, intersex, etc).

***Why is this research being done?***

The purpose of this study is to identify what, if any, types of changes may be needed to improve the relationship between law enforcement and people in Tarrant County. There may be benefits from this research, including improving the relationship between law enforcement officers and members of the community.

***How long will the research last and what will I need to do?***

We expect that you will be in this research study for one hour during the interview.

You will be asked to share your experiences a community member who has encountered law enforcement. You will also be asked questions about your health. Health questions include questions about mental health and connectedness to your community.

More detailed information about the study procedures can be found under ***“What happens if I say yes, I want to be in this research?”***

***Is there any way being in this study could be bad for me?***

You may be asked some questions that make you uncomfortable. You may choose not to answer some questions or stop participating at any time.

More detailed information about the risks of this study can be found under ***“Is there any way being in this study could be bad for me? (Detailed Risks) [Delete if not applicable]”***

***Will being in this study help me in any way?***

There are no benefits to you from your taking part in this research. We cannot promise any benefits to others from your taking part in this research. However, possible benefits to others include help the scientific communities gain a greater understanding about law enforcement relationships in this community.

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<sup>1</sup> This template satisfies AAHRPP elements I.1.G, I.4.A, I-9, II.3.C-II.3.C.1, II.3.E, II.3.F, II.4.B, III.1.F, III.1.G  
UCF HRP-502 Template v 1/31/2023

### ***What happens if I do not want to be in this research?***

Participation in research is completely voluntary. You can decide to participate or not to participate.

**Detailed Information:** The following is more detailed information about this study in addition to the information listed above.

### ***What should I know about a research study?***

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

### ***Who can I talk to?***

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team. You can contact Ms. Linda Fulmer at 817-451-8740 or [lindafulmer@sbcglobal.net](mailto:lindafulmer@sbcglobal.net). This research has been reviewed and approved by an Institutional Review Board ("IRB"). You may talk to them at 407-823-2901 or [irb@ucf.edu](mailto:irb@ucf.edu) if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

### ***How many people will be studied?***

We expect a total of 177 people will be in this research study. Of that 177, we expect 120 people will complete surveys and 57 people will complete interviews.

### ***What happens if I say yes, I want to be in this research?***

If you decide to participate in this study, you will be asked to answer a few questions to determine if you're eligible to participate in the study. That will take no more than 5 minutes to complete. Then, if you choose to participate, you will be asked to complete an interview that will last no longer than one hour. The interview will cover questions about your encounters with law enforcement and questions about your health. Health questions include questions about mental health and connectedness to your community. With your permission, we would like to audio record the conversation. We will not record any personally identifying information, and you can choose for us to turn off the recorder at anytime. Recordings will be sent to a professional transcription company for verbatim transcription. The transcriptions and the audio will be shared with researchers for analysis, but no information identifying you will be shared. If you choose not to be audio recorded, you can still participate in this research.

To participate, you must be 1) 18 or older; 2) speak English; 3) have encountered law enforcement at some point in their lives; and 4) identify as one or more of the following:

- ✓ A person of color (Black, Latine/Latinx/Hispanic)
- ✓ A non-white immigrant
- ✓ A sexual or gender minority (i.e. Lesbian, gay, bisexual, transgender, queer, intersex, etc)

You will be ineligible for participation if you: 1) are younger than 18 years old; 2) speak a language other than English; 3) have never encountered law enforcement at some point in your life, and 4) do not identify as one or more of the following:

- ✓ A person of color (Black, Latine/Latinx/Hispanic)
- ✓ A non-white immigrant
- ✓ A sexual or gender minority (i.e. Lesbian, gay, bisexual, transgender, queer, intersex, etc)

To compensate you for your time, you will receive a \$50 giftcard to a major US retailer.

### ***What happens if I say yes, but I change my mind later?***

You can leave the research at any time it will not be held against you. If you leave the study early and do not finish the interview, you will not be eligible for a giftcard. Any incomplete data will not be used for analysis. Incomplete data will be stored securely for five years after the study closes.

### ***Is there any way being in this study could be bad for me? (Detailed Risks)***

There is a certain amount of risk that is involved with participating in a research study. Every precaution will be taken by the research team to minimize these risks and ensure your safety. Please remember that if you feel uncomfortable about any of these risks, discuss your concerns with the research team. You do not have to enroll in this study. If you decide to enroll in this study, you are free to withdraw from the study at any time.

This study involves informational risks (such as breach of confidentiality). You may also become uncomfortable with the questions we ask. If at any time you feel uncomfortable, you are free to pause or stop participating.

### ***What happens to the information collected for the research?***

Efforts will be made to limit the use and disclosure of your personal information, including research study, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this organization. Other organizations who may access data include the National Institutes of health, who is funding this research. Please note that All of your records will be kept as confidential as possible under current local, state and federal laws. You will not be identified in the analysis or presentation of the data in subsequent publications and presentations at local, national and/or international academic conferences.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that the researchers cannot release or use information, documents, or samples that may identify you in any action or suit unless you say it is okay. They also cannot provide them as evidence unless you have agreed. This protection includes federal, state, or local civil, criminal, administrative, legislative, or other proceedings. An example would be a court subpoena.

There are some important things that you need to know. The Certificate DOES NOT stop reporting that federal, state or local laws require. Some examples are laws that require reporting of child or elder abuse, some communicable diseases, and threats to harm yourself or others. The Certificate CANNOT BE USED to stop a sponsoring United States federal or state government agency from checking records or evaluating programs. The Certificate DOES NOT stop disclosures required by the federal Food and Drug Administration (FDA). The Certificate also DOES NOT prevent your information from being used for other research if allowed by federal regulations.

Researchers may release information about you when you say it is okay. For example, you may give them permission to release information to insurers, medical providers or any other persons not connected with the research. The Certificate of Confidentiality does not stop you from willingly releasing information about your involvement in this research. It also does not prevent you from having access to your own information.

If identifiers are removed from your identifiable private information that is collected during this research, that information could be used for future research studies or distributed to another investigator for future research studies without your additional informed consent.

Upon completing the study, all de-identified data will be retained for a period of five years after study closure until transferred to a data repository for long term storage and access.

### ***What else do I need to know?***

This research is being funded by the National Institutes of Health.

With your permission, we would like to audio record the conversation. We will not record any personally identifying information, and you can choose for us to turn off the recorder at anytime. Recordings will be sent to a professional transcription company for verbatim transcription. The transcriptions and the audio will be shared with researchers at for analysis, but no information identifying you will be shared.

**I agree to be audio recorded for this study**

**YES**                      ☐ ☐  
**NO**                        ☐ ☐

Signature Block for Capable Adult

Your signature documents your permission to take part in this research.

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Signature of subject

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Date

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Printed name of subject

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Signature of person obtaining consent

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