

**UNIVERSITY OF MICHIGAN
CONSENT TO BE PART OF A RESEARCH STUDY**

KEY INFORMATION ABOUT THE RESEARCHERS AND THIS STUDY

Study title: Promoting Community Conversations About Research to End Suicide

Principal Investigator: Lisa Wexler, PhD, University of Michigan in collaboration with Kawerak and Norton Sound Health Corporation

Study Sponsor: National Institutes of Health

Your child is invited to take part in a research study. This form contains information that will help you decide whether your child should join the study.

Introduction: Thank you for coming today and participating in this PC CARES learning circle. As part of our research and to help us know what you learn in the session and to evaluate PC CARES, we invite your child to fill out a short survey (approximately 20 minutes) that asks your child about your knowledge, beliefs, skills, relationships and suicide prevention actions. Participating in this research study is totally voluntary and up to you and your child. Even after starting the survey, your child can quit at any time and that will be okay. There is a small risk that the survey questions may ask about something your child doesn't feel confident about, and the benefit of participating is that your child will help us understand where PC CARES is successful in improving wellness and prevention behaviors in your community.

PURPOSE OF THIS STUDY

We are trying to learn what works about our approach, and how to make PC CARES better. We hope your child will learn information and useful skills to help your child reach out to young people in their lives, to share ideas about prevention, and to get help and support if they are worried about someone. By filling out these surveys, your child will help us track what they learned through this training, and their feedback will help us improve PC CARES learning circles.

WHO CAN PARTICIPATE IN THE STUDY

3.1 Who can take part in this study? Anyone aged 15 or older who lives or works in this community.

3.2 How many people are expected to take part in this study? We expect to have up to 975 people across the Bering Strait region to participate in this research.

INFORMATION ABOUT STUDY PARTICIPATION

4.1 What will happen to my child in this study? Your child will be asked to complete a short survey now, and at the end of each future learning circle they attend for a total of 5, if they attend all of the learning circles in your community. We also ask if your child will let us contact them for a short follow-up survey in three to six months

4.2 How much of my time will be needed to take part in this study? Each survey will take about 20 minutes to fill out. The entire study will be completed in 2022.

INFORMATION ABOUT STUDY RISKS AND BENEFITS

5.1 What risks will my child face by taking part in the study? What will the researchers do to protect my child against these risks? It is possible that completing the survey may point out something your child may not be confident about or something that your child has not yet done, which may not feel good. We only ask you questions about what your child knows and does for prevention. We do not ask about risk.

5.2 How could my child benefit if they take part in this study? How could others benefit? The Learning Circle Surveys will help us track what your child learned and how (or if) it was helpful and whether your child used what they learned. This information will help us improve PC CARES for your community and others like it.

ENDING THE STUDY

6.1 If my child wants to stop participating in the study, what should I do? Your child is free to leave the study at any time. If your child leaves the study before it is finished, there will be no penalty to you or your child. If your child decides to leave the study before it is finished, please tell one of the persons listed in the "Contact Information" section below. If you or your child choose to tell the researchers why your child is leaving

the study, your reasons may be kept as part of the study record. The researchers will keep the information collected about your child for the research unless you or your child ask us to delete it from our records. If the researchers have already used your child's information in a research analysis it will not be possible to remove your child's information.

FINANCIAL CONSIDERATIONS

7.1 Will my child be paid? Your child will receive a \$20 credit at the local grocery store (or AC in Nome) in their name for each survey that they complete. If your child attends all 5 learning circles and fills out a survey after each one, your child will receive a total of \$100 in store credit.

PROTECTING AND SHARING RESEARCH INFORMATION

8.1 How will the researchers protect my child's information? When your child has completed their survey, they may seal it in the blank envelope they received. This will protect anyone from seeing your child's answers. Once we enter your child's data into a computer database, we'll assign your child a Participant ID. All of your child's answers will be tied to that ID and no longer be tied to their name. All results that are made public will be summary results, they will not report anything that would identify a person. Summary results will be shared with Tribal leadership and may appear in scientific literature.

8.2 Who will have access to my child's research records? Only Dr. Wexler and her direct research staff will have access to your child's records.

8.3 What will happen to the information collected in this study? Your child's answers will be private and will not be associated with your child's name, just a research identification number. We will use this number to look at what your child learned over time. Your child's name will not be linked to your child's survey and will not be shared with anyone.

8.4 Will my child's information be used for future research or shared with others? We may use or share your child's research information for future research studies. If we share your child's information with other researchers it will be de-identified, which means that it will not contain your child's name or other information that can directly identify your child. This research may be similar to this study or completely different. We will not ask for your additional informed consent for these studies.

8.4.1 Special Requirements A description of this clinical trial will be available on www.ClinicalTrials.gov, as required by the National Institutes of Health (NIH). This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.

To protect your privacy, this research holds a Certificate of Confidentiality from the National Institutes of Health. This means that we cannot be forced to disclose any research information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. For additional information about the CoC please contact the Principal Investigator.

CONTACT INFORMATION

Who can I contact about this study?

Please contact the researchers listed below to:

- Obtain more information about the study
- Ask a question about the study procedures
- Report an illness, injury, or other problem (you may also need to tell your regular doctors)
- Leave the study before it is finished
- Express a concern about the study

Principal Investigator: Dr. Lisa Wexler
Email: lwexler@umich.edu
Phone: (413) 824-1190

If you have questions about your rights as a research participant, or wish to obtain information, ask questions or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

University of Michigan
Health Sciences and Behavioral Sciences Institutional Review Board (IRB-HSBS)
2800 Plymouth Road
Building 520, Room 1169Ann Arbor, MI 48109-2800
Telephone: 734-936-0933 or toll free (866) 936-0933
Fax: 734-936-1852
E-mail: irbhsbs@umich.edu

Or

Alaska Area IRB: 907-729-3924 (collect calls accepted) akaalaskaarealRB@anthc.org
Norton Sound RERB: (907) 443-3304 / research@nshcorp.org

YOUR CONSENT

Parent or Legally Authorized Representative Permission

By signing this document, you are agreeing to your child's participation in this study. Make sure you understand what the study is about before you sign. I/We will give you a copy of this document for your records. I/We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree for my child to take part in this study.

Print Participant Name

Print Parent/Legally Authorized Representative Name
Relationship to participant: Parent Spouse Child Sibling Legal guardian Other

Signature

Date