

PACIFIC HEALTH

SCHOOL OF POPULATION HEALTH

Faculty of Medical & Health Sciences

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| Participant Information Sheet | Building 5071st Floor, Grafton CampusAuckland, New ZealandTelephone 64 9 373 7599 www.fmhs.auckland.ac.nz |
| Study title: |  *Evaluating BBM Motivation: a community-based, Pacific-driven approach to health* |  |
| Locality: | Auckland | Ethics committee ref.: | 21/STH/122 |
| Lead investigator: | Fa’asisila Savila | Contact phone number: | 0276358829 |

Kia ora and warm Pacific greetings. You are invited to take part in a study to evaluate the value and quality of BBM Motivation for people’s health and wellbeing. Taking part is voluntary (your choice) and you may withdraw from the study at any time without giving a reason. If you don’t take part or withdraw, this will not affect your health care or your relationship with BBM.

This Information Sheet will help you decide if you’d like to take part. We will guide you through the information and answer any questions you may have. You do not have to decide to take part today. Feel free to talk about the study with other people, such as family /whānau, friends, or healthcare providers.

If you agree to take part, you will be asked to sign a Consent Form. You will be given a copy of both forms to keep. Please make sure you have read and understood all the information. Only individuals who give independent full informed consent will be enrolled into the study.

## What is the purpose of the study?

The purpose of this study is to understand how important BBM Motivation is for the health and wellbeing of the people it serves. Information from this study will help BBM improve the organisation’s structures and programmes to improve long term health for its staff and members.

This study has been approved by the Health and Disability Ethics Committee on 30 June 2021.

## What will my participation in the study involve?

Taking part involves answering some questions about your quality of life (wellbeing), and have your height and weight measured. This will all take approximately 15 minutes. We ask your permission to use information already collected by BBM when you registered to join. We will also invite you to be measured in 6, 12, and 24 months’ time and answer the same well-being questions in two years’ time. All information will be kept private. You will be provided with a small koha/token at study completion, to acknowledge your time given for the study.

## What are the possible benefits and risks of this study?

We do not think there are any risks with taking part in this study. However, some people may find answering questions about physical and mental health an emotional process, see ***Who do I contact for more information or if I have concerns*** on the page 3 below.

Although efforts will be made to protect your privacy, absolute confidentiality of your information cannot be guaranteed. Even with coded and anonymised information, there is no guarantee that you cannot be identified. The risk of people accessing and misusing your information (e.g. making it harder for you to get or keep a job or health insurance) is currently very small but may increase in the future as people find new ways of tracing information.

Possible benefits of taking part in this study may only be indirect by helping BBM improve their systems and programmes for members. We can also provide you with a summary of the study’s findings.

**What will happen to my information?**

The only information that could identify you (identifiable data) will be your name on the consent form and your contact details. Your identifiable data will be used only for this study. Once you sign the consent form, an identification (ID) code will be assigned to you. All other study information collected about you will be kept separate from your name and contact details, it will be placed against your ID code and entered into a database (coded data).

Your information will be stored in a password protected folder on the university network and only accessible by research staff on this study. Coded data will be summarised, so it does not show your personal data in any reports, publications, or discussions about the study. Your information may be used for future research **only** about the BBM programme. If you withdraw from the study, you may also withdraw any information collected about you.

Your consent form and contact details will be kept in a locked filing cabinet at the university and only the head researcher will have access to it. The consent form will only be accessed if the university, an ethics committee, or other monitoring body needs to check that the study has been carried out appropriately.

## Who pays for the study?

This study is funded by the New Zealand Health Research Council.

## What are my rights?

You have the right to accurate information about your health and to access any information collected about your involvement in the study. Your personal information will be kept confidential and unnamed; it will be summarised, so it does not show your identity in any reports, publications, or discussions about the study. If you withdraw from the study, you may also withdraw any information collected about you.

If you were injured as a result of taking part in this study, which is unlikely, you would be eligible to apply for compensation from ACC just as you would be if you were injured in an accident at work or at home. This does not mean that your claim will automatically be accepted. You will have to lodge a claim with ACC, which may take some time to assess. If your claim is accepted, you will receive funding to assist in your recovery.

## What happens after the study or if I change my mind?

Your information will be stored securely for up to 10 years after which it will be destroyed. Dr Fa’asisila Savila will be responsible for the storage and erasing of your information at the end of this period. Dr Savila will also arrange for you to see the results of the study; these should be available about one to two years after the start of this study.

If you agree to taking part now, but change your mind later, you can pull out of the study at any time.

## Who do I contact for more information or if I have concerns?

If you have any questions, concerns, or complaints about the study at any stage, you can contact:

 Dr Fa’asisila (‘Sila’) Savila OR Georgina James

Phone number: 027 635 8829 Ph: 0274921218

Email: f.savila@auckland.ac.nz Email: jorja@thebbmprogram.com

If you want to talk to someone who isn’t involved with the study, you can contact an independent health and disability advocate on:

Phone: 0800 555 050
Fax: 0800 2 SUPPORT (0800 2787 7678)
Email: advocacy@hdc.org.nz

For Māori health support please contact:

Dr Matire Harwood

Phone:+6499237866

Email: m.harwood@auckland.ac.nz

For Pacific health support please contact:

Dr Vili Nosa

Phone: +64 9 373 7599

Email: v.nosa@auckland.ac.nz

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| Consent Form | UOA_Logo_BW_Hor | Building 5071st Floor, Grafton CampusAuckland, New ZealandTelephone 64 9 373 7599 www.fmhs.auckland.ac.nzf.savila@auckland.ac.nz |

**Please tick to show that you consent to the following:**

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| I have read, or have had read to me, in my first language, and I understand the Participant Information Sheet.   |
| I have been given sufficient time to consider whether to participate in this study. |
| I have had the opportunity to use a legal representative, whanau/ family support or a friend to help me ask questions and understand the study. |
| I am satisfied with the answers I have been given regarding the study and I have a copy of this consent form and information sheet. |
| I understand that my taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without this affecting my medical care or relationship with BBM. |
| I consent to the research staff collecting and processing my information, including information about my health collected by BBM. |
| I understand that my participation in this study is confidential and that no material, which could identify me or my family, will be used in any reports on this study. |
| I understand the compensation provisions in case of injury to myself during the study. |
| I know who to contact if I have any questions about the study in general. |
| If I decide to withdraw from the study, I agree that the information collected about myself up to the point when I withdraw from the study may continue to be processed. |
| I consent to my family doctor or current provider being informed about my participation in the study and of any significant abnormal results obtained during the study. |
| I wish to receive a lay summary of the results from the study. |

**Declaration to take part:** I hereby consent to take part in this study.

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| Full name: |
| Signature: | Date: |

**Declaration by member of research team:**

I have given a verbal explanation of the research project to the participant, and have answered the participant’s questions about it.

I believe that the participant understands the study and has given informed consent to participate.

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| Researcher’s name: |
| Signature: | Date: |