

PACIFIC HEALTH

SCHOOL OF POPULATION HEALTH

Faculty of Medical & Health Sciences

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| Participant Information Sheet | | | | | | | Building 507  1st Floor, Grafton Campus  Auckland, New Zealand  Telephone 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.: | | ####### | | |
| 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.

## 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 [DAY/MONTH] 2021.

## What will my participation in the study involve?

Taking part involves answering some questions about your quality of life (wellbeing), physical and mental health. You will have your height and weight measured. We ask your permission to use information already collected by BBM when you registered to join. We will also invite you to answer the same questions and be measured in six months, one year and two years’ time. All information will be kept private.

## 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

We will not share any personal information with anyone, including BBM staff, except between research staff.

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.

## Who pays for the study?

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

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 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.

## 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

Phone number: 027 635 8829

Email: f.savila@auckland.ac.nz

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](mailto:advocacy@hdc.org.nz)

For Māori health support please contact:

Dr Matire Harwood

Phone:+6499237866

Email: [m.harwood@auckland.ac.nz](mailto: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 507  1st Floor, Grafton Campus  Auckland, New Zealand  Telephone 64 9 373 7599  www.fmhs.auckland.ac.nz  f.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: |