



**University of Illinois at Chicago (UIC)
 Research Information and Consent for Participation in Social Behavioral Research
 Little Village and North Lawndale Community Health Assessment
 Greater Lawndale Healthy Work Project**

Principal Investigator: Jeni Hebert-Beirne, Assistant Professor

Department and Institution: School of Public Health, Community Health Sciences

Address and Contact Information: 1603 West Taylor Room 645

Sponsor: Centers for Disease Control and Prevention National Institute of Occupational Safety and Health under grant number U19 OH011232.

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Taking part in this research study is voluntary.

You may choose to say “no” to this research or may choose to stop participating in the research at any time. Deciding not to participate, or deciding to stop participating later, will not result in the loss of any services, class standing, and/or professional status to which you are entitled, and will not affect your relationship with the University of Illinois at Chicago (UIC), and/or University of Illinois Hospital and Health Science System (UI Health), or any of the agencies or organizations collaborating in this research.

You are being asked to participate in this study because you are older than 18 years and may have experience with work that is unpredictable, unstable, does not pay a living wage, does not provide benefits, is dangerous, or has few opportunities for advancement. We are interested in learning more about how this kind of work impacts the health of residents in your neighborhood.

The researchers expect about 500 individuals may participate in the survey from the Greater Lawndale area.

Important Information

This information gives you an overview of the research. More information about these topics may be found in the pages that follow.

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| WHY IS THIS STUDY BEING DONE? | To conduct a community health assessment to better understand how work impacts health in Little Village and North Lawndale. Your participation is valuable. Understanding your experiences with work will help us understand how work impacts community health. |
| WHAT WILL I BE | The researchers are inviting you to participate in a community health survey that |

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| ASKED TO DO DURING THE STUDY? | asks about work experiences. The survey will be administered in one of three ways: Community Researcher administered survey; self-administered; or small group Community Researcher administered survey. |
| HOW MUCH TIME WILL I SPEND ON THE STUDY? | The community health survey may take 45-60 minutes to complete. |
| ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY? | This study is not designed to benefit you directly. This study is designed to learn more about work and health. The study results will be used to help other people in your neighborhood the future. |
| WHAT ARE THE MAIN RISKS OF THE STUDY? | Rarely, answering questions about stressful conditions at work might be upsetting for some people. If you feel upset while answering the survey questions, you may skip those questions or stop participating in the study. Our study team members can talk to you about your experiences or reactions to the survey, and can provide a list of community resources if you need help. |
| DO I HAVE OTHER OPTIONS BESIDES TAKING PART IN THE STUDY? | You have the option not to participate in this study. |
| QUESTIONS ABOUT THE STUDY? | <p>a) For questions, concerns, or complaints about the study, please contact the researcher Jeni Hebert-Beirne, PhD, MPH, at 312-355-0887 or by e-mail at jheber1@uic.edu or call: 312-996-2583 or email: healthywork@uic.edu.”</p> <p>b) If you have questions about your rights as a study subject; including questions, concerns, complaints, or if you feel you have not been treated according to the description in this form; or to offer input you may call the UIC Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1 866-789-6215 (email OPRS at uicirb@uic.edu).</p> |

What about privacy and confidentiality?

The people who will know that you are a research subject are members of the research team who administer the survey to you. Efforts will be made to keep your personal information confidential; however, we cannot guarantee absolute confidentiality. In general, information about you, or provided by you, during the research study, will not be disclosed to others without your written permission. However, laws and state university rules might require us to tell certain people about you. For example, study information may be looked at and/or copied for quality assurance and data analysis by:

- Representatives of the university committee and office that reviews and approves research studies, the Institutional Review Board (IRB) and Office for the Protection of Research Subjects.
- Other representatives of the State and University responsible for ethical, regulatory, or financial oversight of research.
- Government Regulatory Agencies, such as the Office for Human Research Protections (OHRP).
- The sponsor of the research study, through the University of Illinois at Chicago (UIC) Center for Healthy Work, a National Institute for Occupational Safety and Health Total Worker Health Center of Excellence (Grant: U19OH010154).

A possible risk of the study is that your participation in the study or information about you might become known to individuals outside the study. To minimize this from happening, no identifying information will be collected. Data from all surveys will be combined. Findings will only be shared in this combined form.

What are the costs for participating in this research?

There are no costs to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

You will receive \$25 gift card for completing the community health survey.

Can I withdraw or be removed from the study?

You are free to stop participation at any time during the survey. You may skip any questions you do not wish to answer.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this form.