Its Your Game - Keep it Real
Be Part of an Important Research Study!

Are you between 12 and 14 years old?
Are you an American Indian living in WA, OR or ID?
If you answered YES to both of these questions...Keep Reading!

If you answered YES to both of these questions, you may be eligible to participate in a study that will produce a new online health program for American Indian middle school youth.

What?
Participants in the study will test an interactive Internet-based sexual health curriculum called “It’s Your Game (IYG).” They will give feedback on ways to improve the program for other Native youth 12-14 years old.

When?
Sessions will be scheduled based on your availability, please call to reserve a date and time or for more information. If you choose to participate, the study will take about 8 hours of your time. You will review IYG materials on a computer and then answer some questions. Snacks and lunch will be provided.

Where?
Northwest Portland Area Indian Health Board, 2121 SW Broadway, Suite 300 (3rd Floor) Portland, Oregon 97201 OR the study could come to YOUR community.

Why Should I Participate?
• You could improve your decision making skills and sexual health knowledge.
• You will be given a monetary stipend of $50 in appreciation of your time and participation.
• Participants (and guardians) will be given complete travel reimbursement and one-night lodging (for those traveling over 50 miles).

A limited number of seats are available.
Apply today to reserve your spot!
APPLICATION DEADLINE MARCH 15TH!

To participate follow these four simple steps:
1. Ask your parent or guardian if it’s okay.
2. Fill out the attached forms with your parent or guardian.
3. Return the packet to:

   David Stephens
   Northwest Portland Area Indian Health Board
   2121 SW Broadway, Suite 300, Portland, Oregon 97201
   ph: (503) 416-3307  fax: (503) 228-8182  email: dstephens@npaihb.org

4. You or your guardian will be contacted by David Stephens to confirm your participation.

This study is being conducted by the Northwest Portland Area Indian Health Board in partnership with the University of Texas, Houston. For more information please contact David Stephens at 503-416-3307 or dstephens@npaihb.org.
Background

The Northwest Portland Area Indian Health Board
Established in 1972, the Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving the forty-three federally recognized tribes of Oregon, Washington, and Idaho. Our mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.

A project of the NPAIHB, Project Red Talon has worked with the NW tribes for over 22 years to promote sexual health and reduce the prevalence of STDs, HIV/AIDS, and teen pregnancy in the region. Currently, Project Red Talon is kicking off an exciting new initiative to better meet the needs of Native teens and young adults, adapting: It’s Your Game – Keep it Real (IYG).

This project will help create user-friendly sexual health resources made by and for Native youth. All components of the project will be designed to promote positive youth development, delay sexual initiation, reduce sexual risk-taking, and reduce STD/HIV infections and disparities.

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The It’s Your Game (IYG) Program
The goal of this study is to adapt an online HIV, STI, and pregnancy prevention program called “It’s Your Game (IYG)” for American Indian/Alaska Native middle school youth ages 12-14. The lessons in the curriculum cover a variety of topics, including:

Lesson 1. Introduction, determining personal strengths
Lesson 2. Characteristics of healthy and unhealthy friendships
Lesson 3. Introduction to “Select, Detect, Protect” theme; Students identify personal rules and situations that challenge those rules
Lesson 4. Characteristics of clearly saying “no;” effective/ineffective refusal skills
Lesson 5. Anatomy, physiology, and reproduction
Lesson 6. Characteristics of healthy and unhealthy dating relationships; respecting other people’s rules/boundaries
Lesson 7. Social, emotional, physical consequences of sex; reasons to wait
Lesson 8. Communication and negotiation skills practice; Internet communication and safety
Lesson 9. Consequences of pregnancy
Lesson 10. Consequences of STI/HIV; Importance of testing
Lesson 11. Condom and contraception knowledge and skills
Lesson 12. Select, Detect, Protect” review; Condom negotiation
Lesson 13. Brief review; Personalized reasons for not having sex
Travel Information – If you are traveling to Portland for the study -

Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300 (3rd Floor)
Portland, Oregon 97201
ph: (503) 416-3307
www.NPAIHB.org

DIRECTIONS TO THE NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Coming from I-5 North
Take exit #302/Beaverton/St Helens onto I-405
Take exit #1C/6th Ave
Merge into Left lane
Take Left onto SW Hall St
Take Left onto SW Broadway
From the right-hand lane, cross over the 405 Hwy and veer up the hill, staying on SW Broadway
We are located in the Broadway Plaza Building on the right-hand side. The lobby can be accessed from the second driveway entering the building (top level of the parking garage). Free parking is available on Saturdays.

Coming from I-5 South
Take I-5 North towards Portland
Take Left exit #299B/City Center onto I-405 towards city center
Take exit #1C/6th Ave
Merge into Left lane
Take Left onto SW Hall St
Take Left onto SW Broadway
From the right-hand lane, cross over the 405 Hwy and veer up the hill, staying on SW Broadway
We are located in the Broadway Plaza Building on the right-hand side. The lobby can be accessed from the second driveway entering the building (top level of the parking garage). Free parking is available on Saturdays.

Coming from I-84
Take I-5 South onto I-405
Take exit #1C/6th Ave
Merge into Left lane
Take Left onto SW Hall St
Take Left onto SW Broadway
From the right-hand lane, cross over the 405 Hwy and veer up the hill, staying on SW Broadway
We are located in the Broadway Plaza Building on the right-hand side. The lobby can be accessed from the second driveway entering the building (top level of the parking garage). Free parking is available on Saturdays.
Travel Information

Hotel, mileage, and flight reimbursements are available for up to 15 attendees! Please apply today to reserve your spot!

If you are traveling less than 50 miles to attend, we can provide travel reimbursement for:
- All of your mileage ($0.50 per mile)
- Local parking
- Up to $49.50 for food and incidentals

If you are traveling more than 50 miles to attend, we can provide travel reimbursement for:
- All of your mileage ($0.50 per mile)
- Local parking
- One night lodging, up to $113
- Up to $99.00 for food and incidentals

*To obtain reimbursement, please bring your travel receipts with you to the NPAIHB!*

There are several hotels within walking distance of the Northwest Portland Area Indian Health Board. If selected to participate, please make your own hotel reservations.

**Sixth Avenue Motel**
2221 SW 6th Ave, Portland, OR 97201
(503) 226-2979

**Hotel Modera**
515 SW Clay, Portland, OR 97201
Phone: 503.484.1084
Toll Free: 877.484.1084
http://www.hotelmodera.com/

**Hilton Portland & Executive Tower**
921 SW 6th Ave, Portland, OR 97204
(503) 226-1611

**Portland Marriott Downtown Waterfront**
1401 SW Naito Parkway, Portland, Oregon 97201
Toll Free: 1-800-228-9290

Questions? Please Contact:
David Stephens at dstephens@npaihb.org or 503-416-3307
Jessica Leston at jleston@npaihb.org or 907-244-3888
Please fill out this form so we can keep in touch! All information you provide is confidential and will only be used in relation to this project. Forms may be duplicated. Please return completed forms to:

David Stephens
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300, Portland, Oregon 97201
ph: (503) 416-3307
fax: (503) 228-8182
dstephens@npaihb.org

**YOUR INFORMATION:**

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<th>TODAY’S DATE (mm/dd/yyyy)</th>
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<tr>
<td>FIRST NAME</td>
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<tr>
<td>TRIBE/RACE/ETHNICITY</td>
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<td>ADDRESS</td>
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<td>HOME PHONE #</td>
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**IF YOU LIVE AT A SECOND ADDRESS, PLEASE GIVE THAT ADDRESS BELOW:**

| ADDRESS | APT # |
| CITY | STATE | ZIP |
| PHONE # | WHEN DO YOU LIVE AT THIS ADDRESS? (summer?, weekends?) |
I certify the above information is accurate and reflects my child’s intentions and interest.

Parent/Guardian Signature: ____________________________ Date: ____________

Student Signature: ____________________________ Date: ____________

**MOTHER OR FEMALE GUARDIAN INFORMATION:**

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<th>FIRST NAME</th>
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**FATHER OR MALE GUARDIAN INFORMATION:**

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<td>EMPLOYER - NAME OF BUSINESS</td>
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**Thank You!**

When we receive your application, you or your guardian will be contacted by David Stephens to confirm your participation.
USABILITY TESTING: ADOLESCENT INFORMED CONSENT

Please read this form carefully. This form will give you important information about the research project. You are allowed to ask all the questions you want to before choosing whether or not to join the project.

INVITATION TO PARTICIPATE

You are being invited to take part in the research project named on the top of this form. We are inviting you to join this research project because you are an American Indian or Alaska Native youth. This research project is designed to be helpful for Native American youth like you.

The Principal Investigator, or PI, is Ross Shegog of the University of Texas Health Science Center (UTHSC), School of Public Health in Houston, Texas. The PI is the person who is in charge of the research project.

DESCRIPTION OF THE RESEARCH

THE PROJECT TEAM

This program is part of a research project that UTHSC is doing with the Alaska Native Tribal Health Consortium, the Northwest Portland Area Indian Health Board, the Intertribal Council of Arizona, and with the Centers for Disease Control and Prevention (CDC). CDC is paying for this project. This research project has been reviewed by the Committee for the Protection of Human Subjects (CPHS) of UTHSC.

PURPOSE OF THE PROJECT

The purpose of the research is to find out how well a computer-based sexual health education program works for Native American youth. This program is called It’s Your Game…Keep It Real (IYG). The program is designed to help students deal with events that pressure them to become sexually active. It may also help prevent pregnancy and sexually transmitted diseases (STDs) for students who become sexually active. The project is being held in three US locations: Alaska, the Pacific Northwest, and the Arizona Plains. A total of 90 students are expected to join this project. Thirty (30) students will join at each location.

PROCEDURES

This project is divided into many parts. In this part, called “Usability Testing,” we want to know if young people like you find the It’s Your Game (IYG) program easy and fun to use. We will use a form with questions to find out this information, and you will complete the IYG program. Here are some other things you might want to know:

Where?
For your convenience, the usability testing will take place at your school or afterschool program.

When?
You will do your part of the study outside of regular school hours. The study will take 1 day (or around 7 hours) to complete.

Questions for You: Before Using IYG
You will be asked some questions before using the IYG program. These questions include the following information:

- Your age, grade level in school and gender;
- How you use computers; and
- What you think about using computers to learn.

Using the IYG Program
After completing the questions, you will log on to the IYG program on a computer. You will complete as many of the 13-lesson program as you can. This part of the project includes the following details:

- You will complete the IYG lessons by yourself.
• While using the program, you will be given earphones. This will help you to work privately and to block other noises.
• You will be asked to rate each lesson that you complete. You will give grades to each lesson on how:
  o the computer works with you;
  o easy or hard it is to use;
  o acceptable is the lesson material;
  o believable is the lesson presentation;
  o enjoyable is the lesson; and
  o appropriate is the lesson material for you.
• A research staff person will be in the room while you are using the IYG program. The staff may take notes if you have problems using the program. Staff will only help if you really need them and ask for help.

Questions for You: After Using IYG
After finishing the IYG program, the research staff will ask you a few more questions. These questions will be about the IYG program. You will be asked:
• How the IYG program can be made better; and
• What you think about the IYG program lessons learned, how it works and how it is designed.

CONFIDENTIALITY
Any personal information from you will be kept private as long as the law protects it. Your answers to any questions and staff notes about you will not include your name or any other private information. Documents about you will only label you by a secret number. Personal information such as the name of your tribe will not be connected with the study documents. Your answers will be returned to the UTHSC and stored in a locked filing cabinet. Data from the computer system will be downloaded into a safe research library in the university computer system.

You should know that staff of the CPHS and the CDC may review the research records to check on the study. If this happens, those staff will see your information. However, these staff cannot copy or keep records that have any of your personal information. Your name will not be used in any reports or publications that may result from this study.

COSTS OF JOINING THE PROJECT
You will be given $50 as thanks for joining the project. Neither you nor your parent will be required to pay anything to join the project.

BENEFITS
This project may not help you directly. However, your participation will help us create better sexual health education for Native American students like yourself.

RISKS AND/OR DISCOMFORTS
Risks from joining this study, as described above, are limited. Some of the questions on the questionnaire may be personal and embarrassing. You do not have to answer questions that make you uncomfortable.

ALTERNATIVES TO THIS PROJECT
You have the choice to not take part in this study. You may freely decide to not take part in this research project at any time. You should let your parents know if you do not want to be part of this study.

STUDY WITHDRAWAL
It is you and your parents’ choice whether or not to join this research. Also, you may choose to take part now, but change your mind and want to leave later. If you do not want to participate or decide to leave the study later, you will still be treated the same way as before. The choice of not joining will not change the services available at your school or afterschool program and will not change your school grades.
Also, you should know that the PI may take you out of the study. This could happen if you are unable to complete all of the activities for this study. These activities are described in the “PROCEDURES” part of this form.

**IN CASE OF INJURY**
If you are harmed as a result of being in this project, we cannot provide free treatment of the injury or any other type of payment. However, all needed services will be available to you, just as they are to the community on a regular basis.

**RESEARCH CONTACTS**
If you have any questions about the study, you should contact Dr. Ross Shegog at 713-500-9677. He and his staff are happy to answer any of your questions. If you have questions about being part of this research, you should call the Committee for the Protection of Human Subjects at 713-500-7943.

**SIGNATURES:**
Please make sure that all of your questions are answered and that you understand the study. If you decide to take part in this research study, a copy of this signed consent form will be given to you.

By signing below, you are saying that you understand the information given to you about the research and want to join the study.

Participant Name (printed)  Date / Time

______________________________
Participant Signature

______________________________
Printed name of person obtaining consent

______________________________
Signature of person obtaining consent  Date / Time

**CPHS STATEMENT:**
This study (HSC-SPH-10-0499) has been reviewed by the Committee for the Protection of Human Subjects (CPHS) of the University of Texas Health Science Center at Houston. For any questions about research subject's rights, or to report a research-related injury, call the CPHS at (713) 500-7943.

Northwest Portland Area Indian Health Board Statement:
This study (insert study number) has been reviewed by the Portland Area (PA) Institutional Review Board (IRB). Should you have questions regarding your rights as a participant in this project, please contact Thomas Weiser, MD, MPH, Co-Chair, Portland Area IHS IRB, 1-877-664-0604.
USABILITY TESTING: PARENT INFORMED CONSENT

Please read this form carefully. This form will give you important information about the research project. You and your child are welcome to ask all the questions you want to before choosing whether or not to join the project.

INVITATION TO PARTICIPATE

Your child is being invited to take part in the research project named on the top of this form. We are inviting you and your child to join this research project because s/he is an American Indian or Alaska Native youth. This research project is designed to be helpful for American Indian or Alaska Native youth like your child.

The Principal Investigator, or PI, is Ross Shegog of the University of Texas Health Science Center (UTHSC), School of Public Health in Houston, Texas. The job of the PI is to be in charge of the research project.

DESCRIPTION OF THE RESEARCH

THE PROJECT TEAM

This program is part of a research project that UTHSC is doing with the Alaska Native Tribal Health Consortium, the Northwest Portland Area Indian Health Board, the Intertribal Council of Arizona, and with the Centers for Disease Control and Prevention (CDC). CDC is paying for this project. This research project has been reviewed by the Committee for the Protection of Human Subjects (CPHS) of UTHSC.

PURPOSE OF THE PROJECT

The purpose of the research is to find out how well a computer-based sexual health education program works for American Indian and Alaska Native youth. This program is called It’s Your Game…Keep It Real (IYG). The program is designed to help students handle pressures that may lead them to become sexually active. It may also help prevent pregnancy and sexually transmitted diseases (STDs) for students who become sexually active. The project is being held in three US locations: Alaska, the Pacific Northwest, and the Arizona Plains. A total of 90 students are expected to join this project, with 30 students at each location.

PROCEDURES

This project is divided into many parts. In this part, called “Usability Testing,” we want to know if children like your child find the It’s Your Game (IYG) program easy and fun to use. We will use a form with questions to find out this information, and your child will complete the IYG program. Here are some other things you might want to know:

Place
For your convenience, the usability testing will take place at your child’s school or afterschool program.

Time
Your child will participate outside of regular hours. The study will take 1 day (or around 7 hours) to complete.

Questions for Your Child: Before Using IYG
As mentioned, your child will be asked some questions before using the IYG program. These questions include the following information:

• Your child’s age, grade level in school and gender;
• How your child uses computers; and
• What your child thinks about using computers to learn.

The IYG Program
After completing the questions, your child will log on to the IYG program on a computer. S/he will complete as many of the 13-lesson program as s/he is able to do. This part of the project includes the following details:

• The IYG lessons will be completed by each child by him/herself.
While using the program, your child will be given earphones. This will help them work privately and to reduce outside noises.

Your child will be asked to rate each lesson that s/he is able to complete. Your child will give grades to each lesson on how:
  - the computer interaction works;
  - easy or hard it is to use;
  - acceptable is the lesson material;
  - believable is the lesson presentation;
  - enjoyable is the lesson; and
  - appropriate is the lesson material for your child.

A research staff person will be in the room while your child is using the IYG program. The staff may take notes if your child has problems using the program, but will only help, if needed and asked by your child.

Questions for Your Child: After Using IYG
After finishing the IYG program, the research staff will ask your child a few more questions. These questions will be about the IYG program. Your child will be asked:
  - How the IYG program can be made better; and
  - What s/he thinks about the IYG program lessons learned, how it works and how it is designed.

CONFIDENTIALITY
Any personal information from you or your child will be kept private as long as the law protects it. Your child’s answers to any questions and staff notes about your child’s computer use will not include his/her name or any other sensitive information. Your child will be assigned a unique identification number. No personal information such as tribal affiliation will be connected with the study documents. Completed questions will be returned to the University of Texas, School of Public Health and stored in a locked filing cabinet. Data from the computer system will be downloaded into a safe research library in the UTSPH computer system.

Please understand that staff of the CPHS and the CDC may review the research records to verify the data. If this happens, those staff will see personal identifiers. However, these staff cannot copy or keep records that have any of your personal information. You or your child will not be personally identified in any reports or publications that may result from this study.

COSTS OF JOINING THE PROJECT
Your child will be given $50 as thanks to him/her for joining the project. Neither you nor your child will be required to pay anything to join the project.

BENEFITS
This project may not help your child directly. However, his/her participation will help us create better sexual health education programs for American Indian and Alaska Native students.

RISKS AND/OR DISCOMFORTS
Risks from joining this study, as described above, are limited. Some of the questions on the questionnaire are of a personal nature and may cause some discomfort. You and your child do not have to answer questions that make you or your child uncomfortable.

ALTERNATIVES TO THIS PROJECT
You have the choice to stop your child from taking part in this study. You and your child may freely decide to not take part in this research project at any time, even after deciding to join.

STUDY WITHDRAWAL
It is you and your child’s choice whether or not to join this research. Also, you and your child may choose to take part now, but change your mind and want to leave later. If you do not want your child to participate or decide to leave the study later, you and your child will still be treated the same way as before. The choice of not joining will not change the services available to your child at his/her school or afterschool program and will not affect his/her school grades.
Also, you should know that the PI may take your child out of the study. This could happen if your child does not complete all of the activities for this study, as described above.

IN CASE OF INJURY
If you and/or your child are harmed as a result of being in this project, we cannot provide free treatment of the injury or any other type of payment. However, all needed facilities, emergency treatment, and professional services will be available to you, just as they are to the community in general.

RESEARCH CONTACTS
If you have other questions about the project or are harmed from being in this project, you should contact Dr. Ross Shegog at 713-500-9677. If you have questions about your child being part of this research, you should call the Committee for the Protection of Human Subjects at 713-500-7943.

SIGNATURES:
Please make sure that all of your questions are answered and that you understand the study. If you decide for your child to take part in this research study, a copy of this signed consent form will be given to you.

You will not give up any of your legal rights by signing this consent form. By signing below, you are saying that you understand the information given to you about the research and choose for your child to take part.

Printed name of child

Printed name of parent/guardian

Signature of parent/guardian

Date / Time

Printed name of person obtaining consent

Signature of person obtaining consent

Date / Time

CPHS STATEMENT:
This study (HSC-SPH-10-0499) has been reviewed by the Committee for the Protection of Human Subjects (CPHS) of the University of Texas Health Science Center at Houston. For any questions about research subject's rights, or to report a research-related injury, call the CPHS at (713) 500-7943.

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