



## **Focus Group Consent Form: Brain Health in Community: Cohesion, At-homeness, and Playfulness?**

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### **Purpose of the study**

More and more older adults are aging in community. Some may be underserved and more prone to cognitive decline. We engage older adults through community organizations to evaluate a place-based model to prevent cognitive decline in community.

### **What happens if you wish to participate?**

Your participation is voluntary. You are free to refuse or withdraw at any time. Focus groups will be conducted on Zoom to obtain community inputs. Each focus groups will involve up to 15 older adults, and span 2 sessions x 45-60 minutes:

- Session 1:
  - Part A: Cohesion, At-homeness, and Playfulness
  - Part B: Brain health components
- Session 2: Pathways and programming co-creation

In addition, two surveys will be conducted to understand the cognitive health needs of older adults across time. Each survey will take 30-40 minutes, and may be broken into two parts. The first survey will take place during Session 1. During the first survey, you may opt in to be contacted for a virtual brain health pilot programming after Session 2. The second survey will take place in 2022 towards the end of the study. Both surveys are online and include an interactive component that will require you call a research assistant by phone.

### **Is there any potential risk? What are the benefits of participating?**

We anticipate no risk, harm, direct costs, or direct benefits to participants from participating in this study. Participants will be compensated with gift cards worth \$25 for each focus group (or \$15 for surveys only).

### **What about my privacy? What if I decide to withdraw?**

Focus groups will be recorded to auto-generate transcripts. Video and audio recordings will be deleted once a transcript is generated. Transcripts will be anonymized and stripped of any identifying information such as names of people or places. We encourage participants to keep confidentiality, but that cannot be promised as researchers cannot control over what participants say after the focus group.

Survey data will be anonymized with unique participant ID and stored separately from other identifying information. The survey can be ended at any time by closing the window. After surveys are completed, you may withdraw your data by contacting Dr. Daniel Gan ([drgan@sfu.ca](mailto:drgan@sfu.ca)).

### **How will data be stored? Who will have access?**

Data will be stored on SFU servers indefinitely as part of the BC Community Health and Aging database



which collates and visualizes place-based resources and survey data at Forward Sortation Area (first three digits of postcodes) level to facilitate targeted deployment of interventions, research, and education. Researchers will have access to anonymized data only. The code-breaking file will be stored by Dr. Daniel Gan for five years in a separate password-protected folder. Only relevant research team members (including a research assistant) will have access to this file or parts thereof, on an as-needed basis (e.g., to return phone calls).

The web platforms Zoom and Google Forms are US companies, and as such, are subject to the USA Patriot Act and CLOUD Act. These laws allow government authorities to access the records of host services and internet service providers. By choosing to participate, you understand that your participation in this study may become known to US federal agencies.

**Study results**

A webinar will be held to share study findings with members of the general public and any participants who may be interested.

**Who can you contact if you have concerns about the study?**

If you have any concerns about your rights as a research participant and/or your experiences while participating in this study, you may contact Dr. Jeffrey Toward, Director, Office of Research Ethics [jtoward@sfu.ca](mailto:jtoward@sfu.ca) or 778-782-6593

**Do you have any questions about the study?**

Please contact Dr. Daniel Gan at [drgan@sfu.ca](mailto:drgan@sfu.ca) or 672-999-5486 if you have any questions.

Please indicate your interest here: <https://tinyurl.com/h6ku6mda> or use the form below

- I consent
- I do not consent

Name of participant: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address (for gift card): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of staff/translator: \_\_\_\_\_  
(if any)