

You may be eligible to take part in a research study. This form gives you important information about the study. It describes the purpose of this research study, and the risks and possible benefits of participating.

If there is anything in this form you do not understand, please ask questions. Please take your time. You do not have to take part in this study if you do not want to. If you take part, you can leave the study at any time.

In the sections that follow, the word “we” means the research staff.

**Why are you being asked to take part in this study?**

You are being asked to take part in this research study because you are a female caregiver of a child and you live in a rural community in the state of Pennsylvania.

**What is the purpose of this research study?**

This research study wants to better understand how mothers living in rural communities feel that place and environment has affect their health and the health of their families during the ongoing COVID-19 pandemic.

**How many people will take part in this research study?**

30-50 women.

**What is involved in this study?**

Participation in this study involves three parts, which will also be discussed over the phone in an introduction to the project. If you decide if you would like to participate. First, you will be asked to fill out an anonymous demographic survey via email or text message. Second, you will receive instructions for taking photos of places in your community that you believe have an impact on your health, or the health of your child. These photos may be directly related to the present pandemic or not. You will choose 6-10 photos to share with our research team via text or email, along with the county in which you took the photos. Third, you will participate in a one-hour long interview with a member of our research team over phone or video conference call to discuss the photos you chose to send and how the images impact your health. During this interview, additional consent will be sought for use of each photo and how you want that photo to be used by the study team, if at all. There are multiple ways the photograph could be used: 1) photos can be shared anonymous with only the study team knowing the photographer, 2) the photo can be used to create an *anonymous* digital story map on a website which you can view, or 3) the photo

can be used to create a digital story map *attributed to you* on a website which you can view. A copy of this additional consent and your selections for use of photos will be mailed to you following the interview. If you would like to participate in creating a story map, additional communication with the study team will continue so that you have the opportunity to ensure your story is told the way you want it to be told.

**What are the risks of this study?**

Risks to this study are minimal. You have the choice of what images to share with the study team and can use your judgement for what you are comfortable sharing with the study team.

**Are there any benefits to taking part in this study?**

There is no direct benefit to you from participation. If you choose, your story and images can be turned into a digital story map on a larger website about health in Pennsylvania. This website will be shared with you if you would like to view or share it.

**Do you need to give your consent in order to participate?**

If you decide to participate in this study, you will need to give verbal consent via a phone call.

Separate forms will be discussed verbally for permission to use each of the photographs you contribute to the project. You retain full right to share or not share these images, and control how these images are used. A copy of this form will be mailed to you.

Please consider the study time commitments and responsibilities as a research subject when making your decision about participating in this study.

**What happens if I decide not to participate in this study?**

Participation in this study is voluntary. If you decide not to take part or if you change your mind later there will be no penalties.

**Can you stop your participation in the study early?**

You can stop being in the study at any time. You do not have to give a reason.

**What about privacy and confidentiality?**

The research team will remove your identity from all data, including images and interview transcripts. Images and stories will only be attributable to you if you explicitly grant permission for this.

**Will you be paid for taking part in this study?**

You will receive a total of \$150 through a gift card for participation in the study. A gift card will be mailed to you with \$75 when you finish the first part of the study. An additional \$75 will be added following your participation in the second part of the study.

**Who is funding this research study?**

This project has received funding from the Health Policy Research Scholars Program, a program of the Robert Wood Johnson Foundation.

**What if you have questions about the study?**

If you have questions about the study, call the study coordinator Jennifer (Jenny) Whittaker at [REDACTED]

**Documentation of Verbal Consent to Take Part in this Research Study**

\_\_\_\_\_  
Person Providing  
Consent

The research study and consent form were explained to:

\_\_\_\_\_  
Person Providing Consent

The person who provided consent confirmed that all of their questions had been answered and they agreed to their participation in this research study.

Person Obtaining  
Consent

Signature of Person  
Obtaining Consent

**Use or reproduction  
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is prohibited.**

Date