



T E X A S
A H E C
E A S T
COASTAL REGION

Encouraging the College-Bound into Healthcare Occupations (ECHO) Participant Guide



*2011 Health Careers Summer Camp,
Coastal Region*



*2011 Health Careers Summer Camp,
Northeast Regional*

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WHAT IS AHEC?

Texas Area Health Education Center (AHEC) East has been working in 111 East Texas communities through 9 regional centers over the past 20 years. We are a regionally-focused, community-responsive program with a special interest in primary care and a priority for underserved populations. We link communities in East Texas counties with opportunities and resources offered by health science schools and collaborative partners through our community-based centers.

Our Mission: Improve the health of our communities by developing a quality health workforce and helping address unmet health needs.

Our major focus areas include: Health Literacy, Community Based Education, Practice Entry and Support and Health Careers Promotions.

WHAT IS ECHO?

Encouraging the College-Bound into Healthcare Occupations (ECHO) is a research study funded by the Texas Higher Education Coordinating Board to study the effectiveness of multiple interventions with students, especially at-risk, African American, and Hispanic students and their intent to pursue health careers.

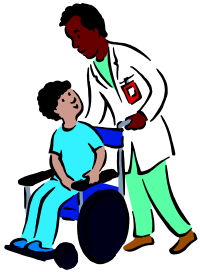
You will be provided with accurate health career information and opportunities for career shadowing, consistent contact from an AHEC coordinator, parent academies including college tours and the opportunity to attend Health Careers Summer Camp. Students participating in ECHO activities are eligible to apply for a \$1500 college scholarship.

This study has been approved by the University of Texas Medical Branch at Galveston Institutional Review Board (IRB).

WHY SHOULD I PARTICIPATE?

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- **College Tours**



- **Learn about various Health Careers and how to starting planning to become one**

- **Gain Experience through shadowing a health care professional**

- **Junior Health Educator Certification**



- **Active Leader Certification**

- **Community Service Projects**

- **Opportunity to attend Health Careers Summer Camp**

- **Eligible to apply for a \$1500 scholarship**

FUN

- **Fun, exciting, meet other students with the same interest**



Experience



ECHO Program
PARTICIPANT DATA FORM

Last Name/First name

Address City State Zip Code

Primary Phone #

Email Address

Gender Grade Date of Birth

School Counselor's Name

Ethnicity (check all that apply specify)

- Asian
- African American/Black
- American Indian/Alaskan Native
- Hispanic/Latino
- White
- Other

Parent/Guardian Name Contact Number

Relationship to Student Date

ECHO Program
CODE OF CONDUCT

1. I agree to be respectful and attentive to the leaders of the program, guest speakers and my peers at all times. Language must be appropriate and respectful to others.
2. I understand that I will be treated as an adult and therefore, have the responsibility of exhibiting appropriate adult behavior. Mature subjects and medically related anatomy may be discussed.
3. I realize that my behavior may impact the activities of future programs.
4. Participants will not use tobacco, alcohol, drugs (except those directed by your physician), fireworks or firearms at any time during this program.
5. Students are responsible for any damage due to misconduct related to their behavior.

CONSEQUENCES OF VIOLATIONS:

1. The student will have the opportunity to explain the action and/or behavior to the leaders in charge.
2. The parent/guardian may be contacted to pick up the student immediately and the student may not be permitted to return for violating program policy, rule, or request of staff.

I have read and understand the above rules and agree to abide by them. I understand failure to abide by said rules may result in dismissal from the program.

Signature of Student

Date

Signature of Parent/Guardian

Date

STUDENT CONFIDENTIALITY AGREEMENT

As a participant in the **ECHO PROJECT**, you may be involved with confidential patient information, as result of a job shadow or touring medical facilities. Be aware, you have the responsibility to safeguard the privacy of all patients and people you come in contact with during the week.

PATIENT INFORMATION IS STRICTLY CONFIDENTIAL BY LAW IN TEXAS. NO INFORMATION, RECORD, OR MATERIAL CONCERNING PATIENTS MAY BE USED, RELEASED, OR DISCUSSED WITH ANYONE OUTSIDE THE MEDICAL FACILITIES OR WITH OTHER MEDICAL EMPLOYEES WITHOUT PROPER AUTHORIZATION.

“I understand a patient’s right to privacy is protected by Texas Law. Failure to respect the confidentiality of patient information can result in punitive action and will be considered cause for immediate removal from the program.”

Signature of Student

Date

Signature of Parent/Guardian

Date

ECHO Program
STUDENT COMMITMENT FORM

1. I will commit to completing all permission forms- my portion, having my parent/guardian complete their portion, and then turning in these forms by the required due date.
2. I will commit to participate in our meetings, activities, and will listen attentively all guest speakers.
3. I will commit to completing the **Junior Health Educator online program** (www.activelifemovement.org/junior_health_educator) **and will provide my certificate my AHEC/ECHO coordinator.** (A copy will be made and the original will be returned to you.)
4. I will commit to participating in a minimum of one community service project.
5. I will commit to attending at least two sessions of the parent academy along with my parent/guardian/significant adult in my life.
6. I will commit to improving my math, science, and reading comprehension skills to the best of my ability.
7. I will commit to contribute my talents and abilities to make this a fun and educational learning experience!

Print Name

Date

Signature of Student

Date

ECHO Program
PARENT COMMITMENT FORM

1. I am willing to commit to attend a minimum of two parent meetings.
Parent meetings can be group meetings or individual sessions and can be conducted by phone in special circumstances.

2. I am willing to support my child by participating with him/her in a minimum of one health education service project.

3. I prefer to meet on the following day(s):
 - a. Monday _____
 - b. Tuesday _____
 - c. Wednesday _____
 - d. Thursday _____
 - e. Friday _____
 - f. Saturday _____

4. I prefer to meet at the following time(s):
 - a. Morning _____
 - b. Afternoon _____
 - c. Evening _____

_____ Date _____
Print Name

Signature of Parent

Best way to contact (circle one): Phone Email Text Other

Phone Number _____

Email Address _____

Other _____

Best time to contact you: _____

**PARENTAL PERMISSION FOR A CHILD
TO PARTICIPATE IN RESEARCH**

You are being asked to give permission for your child, _____ to participate as a subject in the research project entitled, Encouraging the College-Bound into Healthcare Occupations - (ECHO) under the direction of Steven Shelton MBA, PA-C.

This study is being sponsored by a grant from the Texas Higher Education Coordinating Board. Portions of Mr. Shelton's and his research team's salaries may be paid by this grant.

PURPOSE OF THE STUDY

The purpose of this study is to determine if multiple activities over time help attract and retain minority students into careers in health professions. Information will be collected through surveys and interview.

PROCEDURES RELATED ONLY TO THE RESEARCH

The subject will be asked to complete a short survey on their experiences with the Area Health Education Center (AHEC).

PROCEDURES NOT RELATED TO THIS RESEARCH (i.e., standard of care)

There are no procedures related to standard of care as being part of this study.

RISKS OF PARTICIPATION

The potential risks from participation in the study are loss of confidentiality that may arise from participation in the project.

RISKS TO THE FETUS

Completing a survey poses no risk to a fetus.

NUMBER OF SUBJECTS PARTICIPATING AND THE DURATION OF YOUR CHILD'S PARTICIPATION

The anticipated number of subjects involved in the study will be 832. During this study your child will be asked to complete an on-line survey. The survey will take 10-15 minutes. Surveys will be conducted before and after your child participates in an activity with AHEC. The average time your child will be participating in this study is 30 minutes.

BENEFITS TO THE SUBJECT

Your child will not benefit from his/her participation in the research project.

BENEFITS TO SOCIETY

There is a benefit to society for this research. Knowledge gained from this study will assist academic institutions be successful in their attempts to recruit and retain minority students in careers in the health professions.

OTHER CHOICES (ALTERNATIVE TREATMENT)

This study involves not medical treatment, thus there are no alternative treatments. If your child chooses not to complete the survey, he/she can still participate in AHEC activities.

SAFE WITHDRAWAL OF YOUR CHILD FROM THE STUDY

Participation in the study is voluntary and will not affect the services that your child may receive from AHEC at the present time, or at any time in the future. Your child may decide to stop participating at any time during the study.

REIMBURSEMENT FOR EXPENSES

There will be no reimbursement for your child's participation in this study.

COMPENSATION FOR RESEARCH RELATED INJURY

Completing a survey poses no risk for injury, thus there will be no compensation for research related injury.

COSTS OF PARTICIPATION

There are no additional costs of participation.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION

Study records that identify your child will be kept confidential as required by law. Federal privacy regulations provided under the Health Insurance Portability and Accountability Act (HIPAA) provide safeguards for privacy, security, and authorized access of your child's records. These regulations require UTMB to obtain an authorization from you for the use and disclosure of your child's health information. By signing this consent form, you are authorizing the use and disclosure of your child's health information related to the research study. Except when required by law, your child will not be identified by name, social security number, address, telephone number, or any other direct personal identifier in study records disclosed outside of the University of Texas Medical Branch (UTMB). For records disclosed outside of UTMB, your child will be assigned a unique code number. The key to the code will be kept in a locked file in Mr. Shelton's office.

The sponsor of this study, Texas Higher Education Coordinating Board, may further disclose this information to regulatory agencies or other recipients. While Texas Higher Education Coordinating Board and other recipients may understand the importance of protecting the confidentiality of your health information, UTMB cannot guarantee the confidentiality of your child's health information or protect it from further disclosures once these recipients receive your health information.

If you sign this form, you are giving us permission to collect, use and share your child's health information. You do not need to sign this form. If you decide not to sign this form, your child cannot be in the research study. We cannot do the research if we cannot collect, use and share your child's health information. Whether or not you agree to the research project or give us permission to collect, use or share your child's health information will not affect the care you will be given at UTMB.

Your child's records may be reviewed in order to meet federal or state regulations. Reviewers may include, for example, representatives of Texas Higher Education Coordinating Board, the Food and Drug Administration, UTMB, UTMB IRB. This authorization for the use and disclosure of your child's medical information as described above expires upon the conclusion of the research study except for FDA regulated studies. For FDA regulated studies, the study sponsor and government agencies, such as the FDA may review your records after the study ends.

If you change your mind later and do not want us to collect or share your child's health information, you need to contact the researcher listed on the attached consent form by telephone or by letter. You need to say that you have changed your mind and do not want the researcher to collect and share your child's health information. Your child may also need to leave the research study if we cannot collect any more health information. We may still use the information we have already collected. We need to know what happens to everyone who starts a research study, not just those people who stay in it. The results of this study may be published in scientific journals without identifying your child by name.

ADDITIONAL INFORMATION

1. If you have any questions, concerns or complaints before, during or after the research study, or if you need to report a research related injury or adverse reaction (bad side effect) you should immediately contact Mr. Shelton at 409-772-7884 or, if after normal office hours, at 409-772-7884 or Dr. Amanda Scarbrough at 409-772-7884 or, if after normal office hours, at 409-772-7884.
2. Your permission for your child's participation in this study is completely voluntary and you have been told that you may refuse to give permission or stop your child's participation in this project at any time without penalty or loss of benefits and without jeopardizing your child's medical care at UTMB. If you decide to stop your child's participation in this project and revoke your authorization for the use and disclosure of your child's health information, UTMB may continue to use and disclose your child's health information in some instances. This would include any health information that was used or disclosed prior to your decision to stop your child's participation and needed in order to maintain the integrity of the research study. If there are significant new findings or we get any information that might change your mind about allowing your child to participate, we will give you the information and allow you to reconsider whether or not to continue allowing your child to participate in the study.
3. If you have any complaints, concerns, input or questions regarding your child's rights as a subject participating in this research study or you would like more information, you may contact the Institutional Review Board Office, at (409) 266-9475.

4. Your child has had the risks and benefits of the research explained to him/her in a language that he/she can understand and agreed to participate in this research.

Parental permission is required for participation of all children in this project. Whether or not you provide a signed parental permission form for this research study will have no effect on your current or future relationship with UTMB.

Signature of Parent _____
Date

Signature of Parent _____
Date

Using language that is understandable and appropriate, I have discussed this project and the items listed above with the parents of the child that will participate in the research.

Signature of Person Obtaining Consent

Date

PHOTOGRAPH/VIDEO/SOCIAL MEDIA RELEASE FORM

Our students' safety is a key priority for us and we all have a role to safeguard our students' privacy and identity. By working together, we can create awareness and use technologies wisely and safely.

I give my consent to be contacted via social media such as email, Facebook, MySpace, Flickr, Twitter, etc. and telephone.

I give my consent to appear in a videotape/photographic session produced by representatives East Texas AHEC. I further allow the use of finished videotapes and/or still pictures for presentation purposes. I understand that this tape/photograph may be reproduced and used for marketing purposes for East Texas AHEC. I understand that I will receive no monetary compensation.

I understand my actual name will not be used in the narration of the tape or with the photograph. I further understand that I will not have any editorial control over the final product. I relinquish all rights, title and interest in the finished videotape/still pictures, negatives, prints, reproductions, and copies of the originals, negatives, recordings, duplicates and prints.

Print Student Name

Date

Signature of Parent



TEXAS
AHEC
EAST
COASTAL REGION

Waco Region

Matt Mueller
1722 Colcord Ave.
Waco, TX 76707
254.753.4392 x12
mmueller@bahec.org

Coastal Region

Isaac Mancillas & Lucero Salinas
P.O Box 2
La Marque, TX 77568
(409) 933-0021
imancillas@cahectx.org lsalinas@cahectx.org

Northeast Region

Miguel Gaona & Nicole Durham
11937 US Hwy 21
Tyler, TX 77708-3154
(903) 877-5785
miguel.gaona@uthct.edu

Piney Woods Region

Lurah Bryant
P.O Box 6123, SFA Station
Nacogdoches, TX 75962
(936) 468-6915
lbryant@pwahec.org

Victoria Region

Jody Sanders, M.A
2200 E. Red River
Victoria, TX 77901
(361) 485-6815
Jody.Sanders@victoriacollege.edu

North Central Region

Claudia Reyes
307 S. Cates
Decatur, TX 76234
(817) 598-8887
creyes@wc.edu