

## Informed Consent Form

Title of the study: Kamaehu o ke Kaiāulu: Fostering Community Connections Through Native Hawaiian Cultural Values to Strengthen Youth Resilience, Health, and Well-Being

Date of the document: April 3, 2026  
IRB Approval: April 8, 2026

**Waianae Coast Comprehensive Health Center  
Adult (Older Youth 18-25 years) Consent Form for Aim 2 Kamaehu o Ke Kaiāulu  
Pilot**

**Kamaehu o ke Kaiāulu: Fostering Community Connections through Native  
Hawaiian Cultural Values to Strengthen Youth Resilience, Health, and Well-Being  
NIH Community Research Project**

Primary Investigator: Dr. May Okihiro, Dr. Kenneth Ferrenchak

We are asking you to participate in a research study. This form is designed to give you information about this study. We will describe this study to you and answer any of your questions.

**Purpose of the Research Study:**

Our project, **Kamaehu o ke Kaiāulu: Thriving Youth of the Community** evaluates a referral program at the Wai‘anae Coast Comprehensive Health Center. We will connect ‘ōpio (youth) to community programs rooted in cultural practices and traditions. By gathering feedback on how these services impact health and well-being, we aim to improve support for our youth.

**We are asking you to participate in the study. If you agree then we will ask you to:**

- Participate in a community program for youth that will strengthen your connection to ‘āina (land) and culture. These programs take place in partnership with community organizations including MAO Organic Farms, Hoa Āina o Makaha, PALS, Ka‘ala Farm, E Ala Voyaging Academy, and the Wai‘anae Coast Comprehensive Health Center. Programs in the summer are 5 days a week for 4 weeks. Programs in the school-year are 2 days per week for a semester.
- Take surveys at four different times:
  - Before the program begins
  - Immediately after the program finishes
  - 3-4 months after finishing
  - 6-8 months after finishing
- Survey Topics include:
  - Your school and employment status, your ethnicity, sex, and community
  - Your health and well-being, your mood, and emotions.
- We will ask for your permission to contact your parents. We would like to ask them to complete 2 surveys. The first asks about your community, income, and employment. The second survey asks about your well-being in the context of community and cultural values.

**Who Can Participate?**

- Youth aged 12 to 25 years
- Living in the Wai'anae moku community (zip code: 96792)
- Use the Wai'anae Coast Comprehensive Health Center for their healthcare

### **Will this study benefit those who participate?**

- We believe that many participants will enjoy community-based programs and that it may improve your well-being.
- Your experience and feedback will help us develop programs to support best youth and their families from our communities. The information will help us determine ways we can connect our youth to the community to support their well-being.
- You and your parent will receive a \$50 gift card , for your time and effort, when you enroll in the program and complete the initial assessments. You and your parent will also receive a \$25 gift card each time the survey assessments are completed - end of the program, 3-4 months and 6-8 months after the program ends). During the waitlist phase of this research project, you and your parent will be invited to monthly workshops in which you both will be able to receive a \$25 gift card for attendance.

### **Risks or Discomforts**

- Some people may not enjoy the community-based programs. We can work with you to improve your experience. However, you can also stop your participation at any time.
- We recognize that answering questions about your health and well-being may be unsettling. If you are uncomfortable answering any of the questions, you can skip the question or take a break. You can also withdraw from the study altogether.
- If you experience discomfort or unpleasant thoughts by being in the study, we will help connect you to a healthcare provider who can help you discuss these issues. The cost for this treatment will be charged to your insurance company or to your family. The Health Center has no program to pay you or compensate you in any way for this treatment.
- We will ask you questions about your mood. Your answers will be reviewed before you leave. If there is a risk that you may harm yourself or others, we may need to break confidentiality in order to keep you safe.

### **Confidentiality, Privacy, and Protection**

- **Anonymity:** Reports will not use your name or any other details that could identify you.
- **Security:** Your data will be kept in locked, password protected online files and are only accessible by the research team and authorized oversight agencies, such as the health center Institutional Review Board.
- **Consent:** Your personal information won't be shared without your permission unless required by law. If you and your family would like a summary of the results, please contact us at the number listed near the end of this form.

- **Safety First:** If there is a risk of abuse or harm to yourself or others, the team may need to report it for legal and ethical reasons
- **Health Screening:** Some of the surveys screen for mental and emotional concerns such as anxiety, depression, and/or problems with focusing. We will ask for your permission to share those results with your healthcare provider.

### **Use of Data**

- By agreeing to participate, you allow your de-identified data to be used in this project. Your contributions will help us understand the impact of cultural connections on youth well-being, inform future initiatives, and check the functioning of the referral system.

### **It's Your Choice:**

- **Voluntary:** Participation is 100% optional. You can say no, or join now and change your mind later.
- **No Penalties:** Choosing not to join or leaving early won't affect your medical care or your relationship with the Kamaehu O Ke Kaiāulu program.
- **Confidentiality:** Your participation is private. No one outside the study will know you're involved unless you give written permission to share your story.

### **Questions and Concerns**

- The main researchers conducting this study are Dr. May Okihiro and Dr. Kenneth Ferencak, supported by Kamalani Cruz, the Community Connections Manager with the Kamaehu o Ke Kaiāulu program. Please feel free to ask any questions you have now. If you have questions later, you may contact Kamalani Cruz at [Chacruz@wcchc.com](mailto:Chacruz@wcchc.com) or 808-219-9271.
- If you have any questions about your rights as a research participant, in this study, you can contact the Waianae Coast Comprehensive Health Center IRB Research Coordinator Emily Makahi at (808)697-3272. You will be given a copy of this form to keep for your records.

Please keep the prior portion of this consent form for your records. If you agree to participate in this study, please sign the following signature portion of this consent form and return it to the research assistant.

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## Statement of Consent

\_\_\_\_\_ I have read and understood the information above. I have had the opportunity to ask questions and received satisfactory answers. I am giving consent to take part in the Kamaehu o ke Kaiāulu Aim 2 Study. I understand that I may withdraw myself from participating at any time. This will not affect my medical care or that of my family. I have been given a copy of this form.

Sharing assessment results with my health care provider.

Yes, I give the study team permission to share my results with my healthcare provider:

○ Name: \_\_\_\_\_ Clinic location: \_\_\_\_\_

No, I do **not** give permission to share my results with my healthcare provider

Parent demographic and health survey

Yes, I give the study team permission to contact my parent to complete the surveys

○ Name: \_\_\_\_\_

○ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

No, I do not give permission to contact my parent to complete the surveys

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

Your Name (printed): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of person obtaining consent: \_\_\_\_\_

Printed name of person obtaining consent: \_\_\_\_\_

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

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**Waiānae Coast Comprehensive Health Center  
Youth Assent Form for Aim 2 Kamaehu o Ke Kaiāulu Pilot**

**Kamaehu o ke Kaiāulu: Fostering Community Connections through Native Hawaiian  
Cultural Values to Strengthen Youth Resilience, Health, and Well-Being  
NIH Community Research Project**

Primary Investigator: Dr. May Okihiro, Dr. Kenneth Ferencak

We are asking you to participate in a research study. This form is designed to give you information about this study. We will describe this study to you and answer any of your questions.

**Purpose of the Research Study:**

Our project is called *Kamaehu o ke Kaiāulu: Thriving Youth of the Community*. Our goal is to test a referral program, which connects 'ōpio (youth) seen by the Wai'anae Coast Comprehensive Health Center providers to programs that promote health and well-being through cultural practices and traditions. We are gathering insights into the program's effectiveness on their health and well-being so we can improve the services for the youth of our community.

**We are asking you to participate in the study. If you agree you will:**

- Participate in a community program for youth that will strengthen your connection to 'āina (land) and culture. These programs take place in partnership with community organizations including MAO Organic Farms, Hoa Āina o Makaha, PALS, Ka'ala Farm, E Ala Voyaging Academy, and the Wai'anae Coast Comprehensive Health Center. Programs in the summer are 5 days a week for 4 weeks. Programs in the school-year are 2 days per week for a semester.
- Take surveys at four different times:
  - Before the program begins
  - Immediately after the program finishes
  - 3-4 months after finishing
  - 6-8 months after finishing
- Survey Topics include:
  - Your grade, community, ethnicity and sex, how you are doing in school
  - Your health and well-being, your mood and emotions.

**Who Can Participate?**

- Youth aged 12 to 25 years
- Living in the Wai'anae moku (zip code: 96792)
- Use the Wai'anae Coast Comprehensive Health Center for their healthcare

### **Will this study benefit those who participate?**

- The program is designed to be enjoyable and may improve your well-being
- Your experience and feedback will help us develop programs to best support community youth and their families.
- You and your parent will receive a \$50 gift card when you enroll in the program and complete the first survey assessments. You and your parent will also receive \$25 gift card each time the survey assessments are completed - end of the program, 3-4 months and 6-8 months after the program ends). . During the waitlist phase of this research project, you and your parent will be invited to monthly workshops in which you both will be able to receive a \$25 gift card for attendance.

### **Risks or Discomforts**

- If you do not enjoy community-based programs, we can work with you to improve your experience. However, you can also stop your participation at any time.
- We recognize that answering questions about your health and well-being may be unsettling. If you are uncomfortable answering any of the questions, you can skip the question or take a break. You can also withdraw from the study altogether.
- If you experience discomfort or unpleasant thoughts by being in the study, we will help connect you to a healthcare provider who can help you discuss these issues. The cost for this treatment will be charged to your insurance company or to your family. The Health Center has no program to pay you or compensate you in any way for this treatment.
- We will ask you questions about mood. Your answers will be reviewed before you leave. If there is a risk that you may harm yourself or others, we may need to break confidentiality in order to keep you safe.

### **Confidentiality, Privacy, and Protection**

- **Anonymity:** Reports will not use your name or any other details that could identify you.
- **Security:** Your data and recordings are kept in locked files and are only accessible by the research team and authorized oversight agencies.
- **Assent:** Your personal information won't be shared without your permission unless required by law. If you and your family would like a summary of the results, please contact us at the number listed near the end of this form.

### **Exceptions to Privacy**

- **Safety First:**
  - We will ask you questions about your mood. Your answers will be reviewed before you leave. If there is a risk that you may harm yourself or others, we may need to break confidentiality to keep you safe.

- If there is a risk of abuse or harm to yourself or others, the team may need to report it for legal and ethical reasons
- **Health Screening:** If surveys show mental health concerns (like anxiety or depression), the team will ask your parent or guardian for permission to share these results with your doctor.

### Use of Data

- By agreeing to participate, you allow your de-identified data to be used in this project. Your contributions will help us understand the impact of cultural connections on youth well-being, inform future initiatives, and check the functioning of the referral system.

### It's Your Choice:

- **Voluntary:** Participation is 100% optional. You can say no, or join now and change your mind later.
- **No Penalties:** Choosing not to join or leaving early won't affect your medical care or your relationship with the Kamaehu O Ke Kaiāulu program.
- **Confidentiality:** Your participation is private. No one outside the study will know you're involved unless you give written permission to share your story.

### Questions and Concerns

- The main researchers conducting this study are Dr. May Okihiro and Dr. Kenneth Ferenchak, supported by Kamalani Cruz, the Community Connections Manager with the Kamaehu o Ke Kaiāulu program. Please feel free to ask any questions you have now. If you have questions later, you may contact Kamalani Cruz at [Chacruz@wcchc.com](mailto:Chacruz@wcchc.com) or 808-219-9271.
- If you have any questions about your rights as a research participant, in this study, you can contact the Waianae Coast Comprehensive Health Center IRB Research Coordinator Emily Makahi at (808)697-3272. You will be given a copy of this form to keep for your records.

Please keep the prior portion of this assent form for your records. If you agree to participate in this study, please sign the following signature portion of this assent form and return it to the research assistant.

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**Statement of Assent**

\_\_\_\_\_ I have read and understood the information above. I have had the opportunity to ask questions and received satisfactory answers. I am giving my assent to take part in the Kamaehu o ke Kaiāulu Aim 2 Study. I understand that I may withdraw myself from participation at any time. This will not affect my medical care or that of my family. I have been given a copy of this form.

**Contact Permission**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

I give permission for the research team to contact me by cellphone (call and/or text message) regarding this study, including reminders about program participation and follow-up surveys. Standard messaging rates may apply.

If yes, which is your preferred method:

\_\_\_\_\_ Phone call      \_\_\_\_\_ Text      Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email.      Email Address: \_\_\_\_\_.

Signature

Date

Your Name (printed)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of person obtaining assent \_\_\_\_\_

Printed name of person obtaining assent \_\_\_\_\_

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

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**Waianae Coast Comprehensive Health Center  
Parent/Guardian Consent Form for Aim 2 Kamaehu o Ke Kaiāulu Pilot**

**Kamaehu o ke Kaiāulu: Fostering Community Connections through Native  
Hawaiian Cultural Values to Strengthen Youth Resilience, Health, and Well-Being  
NIH Community Research Project**

Primary Investigator: Dr. May Okihiro, Dr. Kenneth Ferencak

We are asking your child to participate in a research study. This form is designed to give you information about this study. We will describe this study to you and answer any of your questions.

**Purpose of the Research Study:**

Our project, **Kamaehu o ke Kaiāulu: Thriving Youth of the Community** evaluates a referral program at the Wai‘anae Coast Comprehensive Health Center. We will connect ‘ōpio (youth) to community programs rooted in cultural practices and traditions. By gathering feedback on how these services impact health and well-being, we aim to improve support for our youth.

**We are asking your child to participate in the study.**

**If you and your child agree, your child will:**

- Participate in a community program for youth that will strengthen your connection to ‘āina (land) and culture. These programs take place in partnership with community organizations including MAO Organic Farms, Hoa Āina o Makaha, PALS, Ka‘ala Farm, E Ala Voyaging Academy, and the Wai‘anae Coast Comprehensive Health Center. Programs in the summer are 5 days a week for 4 weeks. Programs in the school-year are 2 days per week for a semester.
- Take surveys at four different times:
  - Before the program begins
  - Immediately after the program finishes
  - 3-4 months after finishing
  - 6-8 months after finishing
- Youth Survey Topics include:
  - We will ask your child about their ethnicity, sex, school, and community
  - We will ask your child about their health and well-being, mood and emotions.
- In addition, we will ask you to complete the following at enrollment:
  - Short demographic survey which asks about your ethnicity, age, how long your family has lived in the community, income, and employment
  - Parent survey to ask your child’s well-being in the context of community and cultural values.

### **Who Can Participate?**

- Youth aged 12 to 25 years
- Living in the Wai‘anae moku community (zip code: 96792)
- Use the Wai‘anae Coast Comprehensive Health Center for their healthcare

### **Will this study benefit those who participate?**

- We believe that many participants will enjoy the community-based programs and that it may improve their well-being.
- Your child’s experience and feedback will help us develop programs to best support youth and their families from our communities. The information will help us determine ways we can connect our youth to the community to support their well-being.
- Your child and you will receive a \$50 gift card, for time and effort, when your child enrolls in the program and completes the initial assessments. Both of you will also receive a \$25 gift card when the survey assessments are repeated (end of the program, 3-4 months and then 6-8 months after the program). . During the waitlist phase of this research project, you and your child will be invited to monthly workshops in which you both will be able to receive a \$25 gift card for attendance.

### **Risks or Discomforts**

- Some people may not enjoy the community-based programs. We can work with your child to improve their experience. However, they can also stop participation at any time.
- We recognize that answering questions about health and well-being may be unsettling. If your child is uncomfortable answering any of the questions, they can skip the question or take a break. They can also withdraw from the study altogether.
- If your child experiences discomfort or unpleasant thoughts by being in the study, we will help connect you to a healthcare provider who can help you discuss these issues. The cost for this treatment will be charged to your insurance company or to your family. The Health Center has no program to pay you or compensate you in any way for this treatment.
- We will ask your child questions about their mood. Their answers will be reviewed before they leave. If there is a risk that they may harm themselves or others, we will break confidentiality, as needed, in order to inform you and keep them safe.

### **Confidentiality, Privacy, and Protection**

- **Anonymity:** Reports will not use participant name or any other details that could identify an individual.
- **Security:** Participant data will be kept in locked, password protected online files and are only accessible by the research team and authorized oversight agencies, such as the health center Institutional Review Board.

- **Consent:** Personal information won't be shared without parental permission, unless required by law. If you and your family would like a summary of the results, please contact us at the number listed near the end of this form.
- **Safety First:** If there is a risk of abuse or harm to others, the team may need to report it for legal and ethical reasons
- **Health Screening:** Some of the surveys screen for mental and emotional concerns such as anxiety, depression, and/or problems with focusing. We will ask for your permission to share those with your child's healthcare provider, if you would like us to do so.

### **Use of Data**

- By agreeing to participate, you allow your child's de-identified data to be used in this project. Your contributions will help us understand the impact of cultural connections on youth well-being, inform future initiatives, and check the functioning of the referral system.

### **It's Your Choice:**

- To participate, your child must provide their assent or agreement to participate. In addition, you must agree that your child can participate.
- Voluntary: Participation is 100% optional. You can say no. You can also allow your child to join now and change your mind later.
- No Penalties: Choosing not to allow your child to participate, or leaving early, won't affect your child's medical care or your relationship with the Kamaehu O Ke Kaiāulu program.
- Confidentiality: Your child's participation is private. No one outside the study will know they are involved unless you give written permission.

### **Questions and Concerns**

- The main researchers conducting this study are Dr. May Okihiro and Dr. Kenneth Ferencak, supported by Kamalani Cruz, the Community Connections Manager with the Kamaehu o Ke Kaiāulu program. Please feel free to ask any questions you have now. If you have questions later, you may contact Kamalani Cruz at [Chacruz@wcchc.com](mailto:Chacruz@wcchc.com) or 808-219-9271.
- If you have any questions about your rights as a research participant, in this study, you can contact the Waianae Coast Comprehensive Health Center IRB Research Coordinator Emily Makahi at (808)697-3272. You will be given a copy of this form to keep for your records.

Please keep the prior portion of this consent form for your records. If you agree to participate in this study, please sign the following signature portion of this consent form and return it to the research assistant.

**Statement of Consent**

- I have read and understood the information above. I have had the opportunity to ask questions and received satisfactory answers.
- I am giving consent to allow my child \_\_\_\_\_ to take part in the Kamaehu o ke Kaiāulu Aim 2 Study.
- I understand that I may withdraw my consent at any time. This will not affect our medical care. I have been given a copy of this form.

Contact Permission

My child and I give permission for the research team to contact us by cellphone (call and/or text) regarding this study, including reminders about program participation and follow-up surveys.

\_\_\_ Yes     \_\_\_ No

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sharing assessment results with my child's health care provider.

Yes, I give the study team permission to share my results with my healthcare provider:

○ Name: \_\_\_\_\_ Clinic location: \_\_\_\_\_

No, I do **not** give permission to share my child's results with my healthcare provider

Signature \_\_\_\_\_

Date \_\_\_\_\_

Your Name (printed) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of person obtaining consent \_\_\_\_\_

Printed name of person obtaining consent \_\_\_\_\_

Date \_\_\_\_\_