Study Title: Environmental Influences on Tobacco Use among API Communities

Tobacco Use among API Communities

Investigators:

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PURPOSE OF STUDY: The purpose of this study is to develop a community assessment by youth who will be trained to take Global Positioning System (GPS) coordinates and also to take pictures of their communities, and interpret how their images are related to the health and well-being of themselves and their communities.

PARTICIPANTS: This study will include approximately 24-30 youth who are affiliated with one of the following groups: Asian Pacific Psychological Services, Families in Good Health, Guam Communications Network, or Washington Asian/Pacific Islander Families Against Substance Abuse.

PROCEDURES: Youth participants will be trained on how to use GPS units and digital care eras. Then the youth will be divided in groups to work on the project. Each group of participants will be given a GIS device and a camera to take coordinates of locations and take photographs of what impact young people, in their respective cities, from their own perspective.

RISKS/BENEFITS: There are no known significant potential risks or dverse e fects of physical, psychological or medical nature with regard to participation in these activation of this research are likely to be low risk, but may include satisfy issues when the youth are in their communities collecting information. There will be no direct benefits to abjects participating in this research study. It is likely that this research project will be a learning experience for all youth participants, and foster greater understanding of what they perceive influence the health and wellbeing of their communities.

COMPENSATION: Compensation for participation by yould in this community assessment will be provided by their community agency.

CONFIDENTIALITY: All information collected part of this study will be stored in a locked cabinet in the university research office. The research project that personally to ntifies a participant will not be voluntarily released or disclosed by these entities without your sparate onsent, except as specifically required by law.

IF YOU HAVE QUESTIC. 'S: C ntact the CSUF Office of Grants and Contracts at (714) 278-7640.

VOLUNTARY PARTICIPATION: You have been given a copy of this parental consent form to keep. You understand that your called participation in this study is voluntary, and that he or she may refuse to answer any question or discontinue involvement at any time without negative impact. Your signature below indicates that you have read the information and agree to allow your child to participate in this study.

Print Name of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:
Printed Name of Child:	 Date: