

View xForm - Project Application v6

This form is for new projects that have not been previously approved by CPHS.

Data entry

Amendment Header

Amendment Submitter

June 2025 cycle

04/28/2025 • Nicholas Zadrozna • Internal

Dr. Ruiz will review the Spanish documents once the English versions receive approval.

04/30/2025 • Nicholas Zadrozna • Internal

Ms. Lund mentioned: This amendment has significant changes, including expanding the population to be studied, changes to the consent form, and changes to the survey. This amendment should be heard by the full board at the next meeting.

05/07/2025 • Sussan Atifeh • Internal

William Jardell, MPH

Email: william.jardell@cdph.ca.gov **Business:** (409) 289-3429

Instructions for amending your approved application:

This is a copy of the project application in order to amend the project. You must answer all the amendment questions. After you've answered those questions, you will have to update all answers on the form that related to your proposed changes. You may leave other questions with their original answer. If you do not update the appropriate responses on the form related to your proposed amendment, you will be required to make additional changes.

Note that the contacts listed on this page are output only questions that cannot be changed. If you need to request personnel changes, you will be prompted later on within this form to enter the new contact information.

PI:

Alma Torres-Nguyen, MPH

Email: altorres@kaweahhealth.org **Business:** (559) 936-1256

Administrative Contacts:

Name	Role
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Protocol Number:

2023-171

Protocol Title:

Community Health Workers, Healthy Homes, and Healthy Families

**Indicate what types of changes you are requesting to this project.
Select all that apply**

Recruitment strategy and/or materials
Research methodology and/or research questions
Population, sample size, inclusion/exclusion criteria
Data collection

Clearly summarize and justify your proposed changes to the protocol in layman's terms for all selections made above

You state: Those eight potentially eligible patients who completed the original intake survey will be recontacted by phone or in-person by a CHW. Those recontacted will be told that five optional, additional questions are being added to help the study. They will then be asked if they would be willing to provide responses to the five additional, optional questions. Only those who verbally agree will be asked the additional questions. All eight participants will be allowed to proceed through the additional study and weatherization offerings regardless of whether they respond to the additional questions.

Please provide the contact scripts that you will use to recontact individuals to request collecting additional information from them.

Do you plan to re-consent these individuals? How long will it have been since they were originally consented? Is it reasonable to expect that they will have remembered the important components of the consent process when you recontact them?

05/14/2025 • Laura Lund, MA • *Not Internal*

What are the additional survey items you plan to add? Have they already been incorporated into the surveys? I did not see any documents provided with track changes which would allow me to see the difference between the originally approved documents and the changes you are proposing.

05/14/2025 • Laura Lund, MA • *Not Internal*

Population, sample size, inclusion/exclusion criteria:

The target population for the research protocol is expanding from patients enrolled in the Enhanced Care Management Program (ECM) to any patient assigned to Kaweah Health by a Tulare County Medi-Cal Managed Care plan with asthma or Chronic obstructive pulmonary disease (COPD). The distinction between these programs is that the ECM program is a Medi-Cal benefit tailored exclusively for Medi-Cal Managed Care eligible members with complex clinical and non-clinical needs, which necessitates a more intensive level of care coordination, while the broader Medi-Cal Managed Care assigned patients provides general health coverage to eligible individuals without the focused, enhanced care management elements exclusive to the ECM program. This change is prompted by the current target population not

yielding enough eligible participants for weatherization and energy services referrals. Participants who previously met the original inclusion criteria within the ECM program will remain in the pilot study, as we are simply broadening the target population to include Medi-Cal Managed Care assigned patients to broaden the pool of potential eligible participants, with the goal of expanding the study's reach and impact.

The previous target population included individuals who were enrolled in the Enhanced Care Management (ECM) Program, a Medi-Cal Managed Care benefit program addressing the highest-need enrollees through intensive coordination of health and health-related services. In order to be eligible for the pilot program, the patients had to be at least 18 years of age or older, reside in households in Tulare County (Visalia, Woodlake, Lindsay, Dinuba, Exeter, and City of Tulare), have the ability to legally consent, and meet at least one (1) of the following:

- a. Diagnosed with Asthma or Chronic Obstructive Pulmonary Disease (COPD)
- b. Those at risk of being homeless
- c. High utilizers of the emergency department or Hospital
- d. A mental health diagnosis

By focusing on ECM patients with complex health and social needs, the goal was to improve their health and home environment through weatherization and energy services because these interventions have been shown to help reduce financial stress by lowering utility bills and enhancing mental well-being, particularly benefiting those with respiratory issues like asthma. However, this target population did not yield sufficient eligible patients for weatherization and energy services referrals.

Utilizing the eligibility criteria outlined above, Kaweah Health compiled the initial master internal list of 157 ECM patients, which was used by CHWs to reach out to potential participants. Upon contacting patients, it was observed by the CHWs that many of the ECM patients were homeless or in transitional housing. Furthermore, multifamily housing units, such as apartments and room and board facilities, were not covered under the weatherization and energy services programs offered through this pilot. With this insight, Kaweah Health refined the master list by removing patients deemed ineligible for weatherization and/or energy services due to their housing status. As a result, 87 ECM patients were deemed ineligible for referrals. Furthermore, Kaweah Health noted additional barriers hindering the process of contacting, engaging, or referring patients, which led to an additional 54 ECM patients not being able to be referred for services. These barriers included:

- Patient was deceased.
- Patient relocated outside of Tulare County.

- Patient had recently received weatherization services.
- Patient expressed anxiety about participating in program.
- Inability to contact the patient or the patient not returning phone call.
- Patient no longer being enrolled in ECM program.

After excluding ineligible patients based on their housing status and additional barriers noted above, only 21 out of the 157 ECM patients (13.4%) were potentially eligible for weatherization. Out of those 21 patients, 13 were deemed ineligible. The remaining 8 households all went on to complete the original, approved intake survey. At this time, all 8 households are paused in proceeding through weatherization and study protocols until approval for additional baseline collection via amended intake survey.

Expanding the target population to include Medi-Cal Managed Care patients outside of the ECM program, which has been found to have many patients who are homeless or in transitional housing and therefore ineligible, can increase the pool of potential eligible patients who can be referred to Proteus for weatherization and energy eligibility assessment.

The eligibility criteria were revised to include only single-family homes due to the extended permit approval times for multi-family dwellings and mobile homes, which would not have aligned with the project completion timeline. Weatherizing multi-family buildings and mobile homes would have entailed navigating extensive and specific building code requirements, permit approvals, and other regulatory requirements that would have further delayed the project timeline.

Lastly, the post-weatherization data collection time frame for both the comparison and treatment groups were modified from occurring within 12 months of the weatherization to six (6) to twelve (12) months from weatherization. We modified this timeframe to accommodate the fluid funding environment to ensure that we can capture as much post-weatherization data as possible.

Recruitment strategy and/or materials:

Due to the expanded target population now including Medi-Cal Managed Care patients, the consent form will need to be modified to align with these changes. Currently, the consent form begins by stating that Kaweah Health patients have been chosen for the study based on their participation in Enhanced Care Management Program (ECM). The amendment will involve revising the language to also include references to Medi-Cal Managed Care patients in order to accurately reflect the updated target population. Other materials that will need to be revised to include the new target population

include the HIPAA form. Lastly the intake survey and post survey were adjusted to include additional questions (please see data collection below for more information about the questions).

Research methodology and/or research questions:

All three of the research questions identify the target population as ECM patients. The questions will remain the same, however the term Medi-Cal Managed Care patients will be included to reflect the expansion to this target population.

Data collection:

We have identified additional survey items for both the intake and post-weatherization surveys to capture changes related to the new program offerings. The additional survey items are derived from peer-reviewed studies on weatherization activities and health. We believe these additions will correspond to the new weatherization services and yield data that would otherwise be lost, limiting our ability to evaluate the full extent of the intervention.

Those eight potentially eligible patients who completed the original intake survey will be recontacted by phone or in-person by a CHW. Those recontacted will be told that five optional, additional questions are being added to help the study. They will then be asked if they would be willing to provide responses to the five additional, optional questions. Only those who verbally agree will be asked the additional questions. All eight participants will be allowed to proceed through the additional study and weatherization offerings regardless of whether they respond to the additional questions.

These citations for these studies are:

- Tonn, B., Hawkins, B., Rose, E., Marincic, M., Pigg, S., & Cowan, C. (2023). Saving lives by saving energy? Examining the health benefits of energy efficiency in multifamily buildings in the United States.
- Breysse, J., Dixon, S., Gregory, J., Philby, M., Jacobs, D. E., & Krieger, J. (2014). Effect of weatherization combined with community health worker in-home education on asthma control.
- Koops-Van Hoffen, H. E., Poelman, M. P., Droomers, M., Borlée, F., Vendrig-De Punder, Y. M. R., Jambroes, M., & Kamphuis, C. B. M. (2023). Understanding the mechanisms linking holistic housing renovations to health and well-being of adults in disadvantaged neighbourhoods: A realist review.
- Tonn, B., Rose, E., Hawkins, B., & Marincic, M. (2021). Health and financial benefits of weatherizing low-income homes in the southeastern United States'

Indicate the Level of Risk involved with the changes proposed.

If level of risk has changed, please update the "Risks" section in the protocol form.

Level of Risk has not changed

PI City Output *(Internal)*

Visalia

PI Location State Output *(Internal)*

California

Personnel Information for Amendment**Please complete the questions below.**

If while trying to complete those questions, personnel are not found by their email address, you can add them in the system by completing the 'new contact form'. Click on the form and complete it. Within a few minutes of completing the form you will receive an email notifying you of the availability of the new contact. You should then be able to add them in the subsequent questions.

New Contact Form

Existing Personnel

Name	Role
Abigail Ramirez, MS	Co-Principal Investigator
Alma Torres-Nguyen, MPH	Principal Investigator
Rohan Radhakrishna, MD, MPH, MS	Responsible Official
William Jardell, MPH	Research Team

Will you be making any changes to the makeup of research personnel?

*No change in personnel

Project Information

SUBMITTER

Application completed by:

William Jardell, MPH

Email: william.jardell@cdph.ca.gov **Business:** (409) 289-3429

PREVIOUSLY APPROVED EXEMPTION

Is there a previously-approved exemption from CPHS for this project?

No

PROJECT TITLE

Enter the project title (please capitalize each word in your title).

Community Health Workers, Healthy Homes, and Healthy Families

STUDY PROCEDURES

Indicate the study procedures involved in this research. Check all that apply.

Interviews
Program Evaluations
Recruitment-Participant
Surveys

TYPE OF RESEARCH REQUEST

Indicate which of the following applies to this research. Check all that apply.

*Death Data Only refers to health-related studies requesting existing mortality data from **within** the California Human Health Services Agency (CHHSA)*

*SB-13 (Information Practices Act) refers to health-related studies requesting existing data from **outside** the CHHSA (e.g. California Department of Corrections and Rehabilitation [CDCR], California Department of Education [CDE], etc.) **OR** studies requesting data **within** the CHHSA that are not state funded or involving state staff.*

Common Rule/Human Subjects refers to health-related studies that involve direct or indirect interaction with human subjects (e.g. recruitment, interviews, etc.)

*Common Rule Only refers to health-related studies requesting existing data from **within** the CHHSA (e.g. Office of Statewide Health Planning and Development [OSHPD], California Department of Public Health [CDPH], etc)*

Common rule/Human subjects

PROJECT TYPE DETAILS

Indicate which, if any, apply to this research. Check all that apply.

If the research does not involve any of following, choose "None of the above."

Minimal Risk

Non-English translation required

Consent form

Informed Consent Waiver

VULNERABLE POPULATIONS

Indicate which vulnerable populations, if any, will be involved with this research. Check all that apply.

If vulnerable populations are not part of the research, choose "Not applicable."

Note regarding minors: in the United States, a minor is under 18 years of age. If research is conducted outside the United States, a minor is under the age of majority in the countries where research is to be conducted.

Economically or Educationally Disadvantaged Persons

FUNDING

Is this research funded?

Yes

Indicate the funding source for this project.

Federally funded

Enter name of federally-funded source.

Center for Disease Control and Prevention

EXPEDITED REVIEW CONSIDERATION

Please check the criteria below that you think your project meets to qualify for an expedited review. If none of these expedited criteria are appropriate for your project, choose 'not applicable'; your protocol will be reviewed by the full committee. Note that CPHS will make the final determination of whether the project meets the criteria for expedited review.

Protected Health Information/Personally Identifiable Data (PHI/PID) is defined as information in any format that identifies the individual, including demographic information collected from an individual that can reasonably be used to identify the individual. Additionally, PHI is information created or received by a healthcare provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual, including any of the 18 HIPAA identifiers.

Note: Please be aware that individual participants may be identifiable by combining other items in the data even when none of the 18 HIPAA identifiers are present. Thus, a study may still contain PID even after removing or never acquiring the identifiers, and the investigator may still need to provide complete answers for the data security questions in the protocol.

***The Departments within the California Health and Human Services Agency (CHHSA) are: Aging, Alcohol and Drug Programs, Child Support Services, Community Services and Development, Developmental Services, Emergency Medical Services Authority, Health Care Services, Mental Health, Public Health, Rehabilitation, Social Services and Statewide Health Planning and Development.*

Not applicable

ANTICIPATED PROJECT START DATE

Projects cannot begin before they have been reviewed. The earliest possible start date is always the date of the next public meeting at which the project will be heard.

For a list of public meeting dates, see the CPHS website

10/07/2023

ANTICIPATED PROJECT END DATE

08/31/2026

Project Details

PURPOSE

Include a brief statement, less than 500 words, describing the research project. Be sure to address the background for the project, including relevant literature, the major research questions to be addressed, and the expected end product (e.g., article, report or other publications). Include the location(s) where the project will take place. The summary should be understandable to the general public.

This study aims to explore the feasibility and acceptability of a pilot weatherization program in Tulare County while also assessing the effects on housing quality, energy costs, and health.

Weatherization and energy efficiency measures have been shown to enhance health outcomes for low-income households, decrease healthcare utilization, emergency department visits, and improve the overall health of tenant and homeowners (Tonn, B., et al. 2018). A report titled "Weatherization + Health" published by the Vermont Department of Public Health showed that weatherization measures like insulation, air sealing, ventilation, heating, and cooling can result in significant improvements in overall health, and lead to substantial reductions in financial stress as a result of reducing household expenditure on energy costs, allowing for additional money to be spent on food and medicine ("Weatherization + Health", 2018).

The purpose of this weatherization pilot is to examine: 1. The adoptability, feasibility, and acceptability of a weatherization program among Kaweah Health patients enrolled in Medical's Enhanced Care Management program (ECM) and Managed Care programs in Tulare County; and 2. the effects on housing quality, on energy use and cost, and on health outcomes for patients who participate in the weatherization program. Patients will be selected from Kaweah's Enhanced Care Management Program, a Medi-Cal benefit program addressing the highest-need enrollees through intensive coordination of health and health-related services and the Medi-Cal Managed Care Program, California's Medicaid health care insurance program that offers free or low-cost health care coverage to eligible low-income individual. Kaweah Health Community Health Workers (CHWs) will administer a housing and health assessment survey (intake survey) to understand each patient's need and eligibility for weatherization and energy efficiency services. Kaweah will collect: (1) Electronic Health Record Data (EHR) and (2) responses from intake survey and share with UC Davis to establish baseline health status among the study population. Eligible patients referred to Proteus for weatherization and energy services will be provided services free of charge and receive a follow-up postintervention survey after one year to assess the effect on energy costs, health, and quality of life.

Dr. Chris Patty, the RO for this study, possesses authoritative oversight over the PI Alma Torres-Nguyen at Kaweah.

MAJOR RESEARCH QUESTION

What is the major research question to be addressed in this project?

1. To what extent is the pilot weatherization program adoptable, feasible, and acceptable to study participants in the ECM and Medi-Cal Managed Care program?
2. To what extent do ECM and Medi-Cal Managed Care patients participating in the weatherization program experience improvements in housing quality, including energy savings?
3. To what extent do ECM and Medi-Cal Managed Care patients participating in the weatherization program experience improvements in related health outcomes?

STUDY PROCEDURES

Describe in detail all procedures for this research. Do not attach grant applications or similar documents. Information in this application must be sufficient to fully explain the procedures without such documents

The weatherization program will use a randomized pilot with a comparison group study design. All ECM and Medi-Cal Managed Care patients meeting the eligibility criteria above will be eligible for the pilot. We will use rolling enrollment until at least 25 patients have completed a study-specific intake survey administered by Community Health Workers (CHWs) and agreed to be referred to weatherization and energy services. As part of this rolling enrollment process, patients enrolled in the ECM and Medi-Cal Managed Care program will be assigned a program identification number that is linked to the patient's medical record number. The assigned numbers will undergo randomization using an online tool used by Kaweah Health. The first 25 numbers produced by the randomization tool will be selected for participation in the treatment group. Once randomized, Kaweah Health will use the identification numbers to create a master internal list to facilitate communication and contact with participants. When identifying the control group, the selected patients for the treatment group will be removed, and the same process will be followed. Kaweah Health will identify eligible patients assigned by Medi-Cal Managed Care plans who have a documented diagnosis of asthma or COPD by leveraging internal diagnosis data from multiple points of care. This includes records from outpatient clinics, urgent care, emergency department visits, and inpatient hospitalizations. Patients with either an active or historical diagnosis of asthma or COPD will be included. When housing status information is available within the electronic medical record (EMR), patients flagged as experiencing homelessness will be excluded from the eligible population. Based on current estimates, approximately 600 patients from the Medi-Cal Managed Care population are expected to be on the screening list.

Of the 25 patients, we expect at least ten (10) patients to be eligible for weatherization and/or energy services and their residences be successfully weatherized during this pilot program. Ten (10) ECM and Medi-Cal Managed Care patients who were not part of the initial outreach and ultimately not able to participate in the weatherization program will be randomly selected to serve as the comparison group. Both pilot and comparison group members' EHRs will be used to assess changes in health. Participants in the pilot program will additionally complete a study-specific post survey after weatherization to determine additional changes in housing quality and energy use and cost as well as changes in self-reported health status.

Kaweah Health will collect patients' data from EHR for one (1) retrospective calendar year preceding the beginning of the study period. Dates of data collection will vary from patient to patient depending on the time at which they complete intake surveys and participate in weatherization services.

Post-weatherization data for both the comparison and treatment groups will be collected between six (6) and twelve (12) months after the completion of the study. Data will be collected in Tulare County, California, between October 2023-August 2026.

Sample Size:

Our sample size will be at most 35 ECM and Medi-Cal Managed Care patients. We will use rolling enrollment to reach a minimum of twenty-five (25) patients and ten (10) weatherized homes. After this, we will randomly select an additional ten (10) patients who have not been invited to the weatherization program to serve as the comparison group.

Study Population:

The population of the study is comprised of Kaweah Health patients enrolled in the Medi-Cal Enhanced Care Management Program (ECM), a new statewide Medi-Cal benefit available to select "Populations of Focus" that will address clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services and patients enrolled in the Medi-Cal Managed Care program, California's Medicaid health care program that offers free or low-cost health care coverage to eligible low-income individuals, families, seniors, persons with disabilities, and pregnant women in the state. To be eligible for inclusion in the pilot, participants must be at least 18 years of age or older, residing in households in Tulare County (Visalia, Woodlake, Lindsay, Dinuba, Exeter, and City of Tulare), and meet at least one (1) of the following:

- a. Diagnosed with Asthma and/or Chronic Obstructive Pulmonary Disease (COPD)
- b. Live in single-family dwelling

According to the Green and Healthy Homes Initiative, health problems most commonly associated with poor housing conditions include respiratory symptoms, asthma, lung cancer, depression, anxiety, and injury or death from fires (Norton, et al.). Many of the ECM patients are also low-income, farmworkers, and are monolingual Spanish speakers. To overcome potential language barriers faced by ECM and Medi-Cal Managed Care patients, all outreach and communication activities provided by Kaweah Health and Proteus, including written documents, will be offered in Spanish and English. There are several barriers to receiving weatherization and energy services for these populations, including a lack of information about available programs, distrust of government agencies, as well as cultural and linguistic barriers. There are no exclusion criteria based on gender or race.

PROCEDURE:

Step 1: Train Community Health Workers (CHWs)

An in-depth 4-hour training was developed by Kaweah Health in collaboration with the California Department of Public Health (CDPH), The Association for Energy Affordability, and Proteus, Inc. for all CHWs and Care Coordinators participating in the study. The Training provided guidance on a variety of topics, including 1) conducting culturally and linguistically sensitive

in-home visits 2) how to administer the study-specific intake survey 3) training on how to access and manage sensitive patient information 4) overview of weatherization services and how weatherization referrals work; and 5) best practices for how to obtain landlord and tenant participation in a weatherization program.

Step 2: Identify and Enroll Participants:

Patients identified on the master list created by Kaweah's data team during the randomization process will be contacted for the first time by a CHW. The CHW will provide information about the study and ask if they are interested in participating. CHWs are bilingual in English and Spanish and will utilize a script (available in English and Spanish) that highlights program objectives, process, and information about what to expect during and after weatherization. Additionally, the script used to contact patients will include questions about housing type. Due to the expanded target population, Kaweah Health will not have access to information such as housing status like they did for ECM patients. This data is not currently tracked for Medical enhanced care patients. This information will help CHWs identify if patients would be eligible for weatherization and energy services. Currently, the pilot is only available to single-family dwelling type. If patients live in apartments or other multi-family housing, the CHWs will then direct them to other programs if they are interested in learning more about weatherization and energy services beyond the pilot program. re interested in participating will be scheduled for an in-home visit at a time and date that is convenient for them. During the home visit they will have the opportunity to sign a consent form to participate in the study, sign a HIPAA form, and complete an intake survey.

The patients will have multiple opportunities to determine if they want to participate in the project:

- During the initial engagement call from the CHW, the patient can decline the offer to complete an intake survey and receive a home visit.
- Interested patients must sign an informed consent agreement and HIPAA form at the beginning of the home visit. Those who consent will go on to complete the study-specific intake survey, which asks for more explicit permission that asks whether someone wants to be referred for weatherization, if eligible.
- At the beginning of the in-home visit, the patient can decline to sign the consent form before the intake survey, at which point the in-home visit would conclude. Patients are additionally advised in the consent form that they can decline to answer any question and/or end the survey at any time.
- At the end of the in-home visit, the patient can decline to be referred to Proteus for weatherization services.
- After the referral is made to Proteus, the patient at any point of the eligibility determination process can decide not to continue participating.
- Additional economic and social services will be provided by CHW upon the request of a patient. Weatherization support outside of the scope of this project will be provided by Proteus, Inc. to those deemed ineligible and who are not part of the pilot project. All patients will be compensated for participating in the study. Patients who complete an intake survey will be

compensated with \$50. Patients who complete a post-survey will be compensated with an additional \$50. Patients who complete a survey during an in-home visit will receive their gift card at the end of the visit. Patients who complete a post survey over the phone will have the option to pick up the gift card at their nearest Kaweah Health clinic or have it sent by mail.

- Kaweah Health, CDPH, and Proteus, Inc. developed an educational brochure to inform CHWs and patients about the program objectives and weatherization benefits for renters and landlords. The brochure will be provided to patients at the end of the intake survey process to share information about the next steps and how to discuss the weatherization work with their landlord. This brochure may be shared again with patients during the eligibility process by Proteus, Inc. There will be no public posting of this brochure.

The study will require access to electronic records of the comparison group six (6) and twelve (12) months after the completion of the study. In order to ensure that the comparison group is informed and grants Kaweah Health access to their health records, the following process will be followed:

1. A Kaweah Health CHW will contact the patient via phone to explain the program and how they will participate as a comparison group. If the patient agrees to participate, an in-home visit will be scheduled.
2. The patient will sign a consent form and HIPAA form acknowledging their participation in the study and granting Kaweah Health access to their electronic health records during the in-home visit. Health data will retrospectively be gathered from the previous year once the consent form has been signed. The patient's health data will not contain any personal identifying information about the patient.
3. A Stipend of \$50 will be offered to the comparison group for reviewing the information with the CHW in their home.
4. Those participating as comparison group will be given adequate resources and support to participate in weatherization services after consent has been gathered.

For patients who do not qualify for services or live in multifamily units (not covered under these programs), Proteus will connect them to other weatherization providers in Tulare County who can provide these services. No data or personally identifying information will be gathered from patients who do not qualify, and they will not be included in this study. Proteus has engaged with various resource agencies and has participated in extensive trainings to learn about the different services available to their clients. Proteus' motto is that no customer leaves empty-handed, meaning that even if they can't offer services under their existing programs, they will make sure all their customers are offered additional resources and services.

Proteus provides referrals to the following organizations:

- 1) Workforce Investment Board of Tulare County (WIB)
- 2) Visalia Adult School
- 3) Tulare Adult School
- 4) Tulare County of Education, Ticket to Success Program
- 5) The Sequoias Adult Education Consortium (SAEC)

- 6) Root and Rebound
- 7) Proteus- Farmworker, Energy, Education
- 8) Porterville Adult school
- 9) Job Corps, Tulare County
- 10) Tulare County Health & Human Services Agency (HHSA) – CalWORKS Employment Services
- 11) Tulare County Health & Human Services Agency (HHSA) – CalFresh Employment and Training
- 12) Employment Connection
- 13) Employment Development Department (EDD) - Workforce Services
- 14) Department of Rehabilitation
- 15) Community Services Employment Training (CSET)- Energy Services
- 16) Community Services Employment Training (CSET)- Community Initiatives
- 17) Community Services Employment Training (CSET)- Youth@Work Program
- 18) College of the Sequoias Tulare College Center, Career Technical Education.
- 19) Department of Child Support Services, Tulare County

Step 3: Collect Baseline Data:

In this study, baseline data will be collected in two ways:

1. Electronic Health Records:

During this study, Kaweah Health will collect data from patient's electronic health records, which will then be de-identified and shared with UC Davis and Wild Blue Evaluation, an approved contractor under UC Davis, as de-identified information for data analysis purposes. The electronic health record data will assist UC Davis in evaluating the impact of weatherization and energy interventions on the health outcomes of patients who received these services. Additionally, it will enable a comparison with the comparison group that did not receive any services. Patients' health records will be collected and analyzed for one (1) retrospective calendar year preceding the beginning of the study period and six (6) to twelve (12) months post-weatherization. This will enable UC Davis to establish a baseline and assess whether weatherization and energy interventions resulted in better health outcomes. The research will look at patient clinic and emergency department visits at baseline and compare health outcomes post intervention.

Before sharing this information with UC Davis, Kaweah Health will remove all 18 HIPAA Identifiers listed under the HIPAA safe harbor rule. To collect patient's electronic health records, Kaweah Health must obtain signed HIPAA forms from all participants in the treatment group and comparison group.

The information that Kaweah Health will share with UC Davis will be:

1.) Health information: Data fields from the patient's medical records, focusing on medical conditions such as Asthma, Chronic Obstructive Pulmonary Diseases (COPD), Lung Disease, Heart Disease, and Heat-related illnesses including Heat cramps, Heat exhaustion, Heat stroke. Additionally,

Kaweah Health will collect information on the frequency of clinic visits, urgent care visits, emergency visits, and hospitalization associated with Asthma and COPD. Kaweah Health will assign each patient a program identification number that is not associated with any personal patient information when sharing this information.

2.) Socioeconomic Data: Kaweah Health will provide UC Davis with a list of socioeconomic status (SES) variables extracted from the patients' electronic health records, including age, sex primary language, race, ethnicity, marital status, employment type, income, and health plan type, for the purpose of evaluation. The data gathered from these variables will provide significant information during the evaluation process, as they highlight disparities in social, economic opportunities, and access to resources. Additionally, SES variables help researchers analyze complex social factors that may impact health outcomes. This information will not include any personal identifiable information and will be only connected to the program identification number created for this program.

The following ICD codes related to respiratory, cardiovascular, renal, and heat-related injuries will be queried:

- a. Respiratory (ICD 10: J00-J06, J12-J18, J20-J22, J30-J31, J33-J34, J38, J39, J40-J47, J80-J86, J90-J92, J94, J96-J99, R04-R07, R09)
- b. Cardiovascular (ICD 10: I00-I02, I05-I16, I20-I28, I30-I5A, I70-I79)
- c. Renal (ICD 10: N00-N08, N10-N13, N15-N23, N25-N29, R30-R39)
- d. Heat (ICD 10: T67.0-T67.9, X30)

Using the program identification number provided by Kaweah Health, UC Davis will connect the patient's electronic health data to their survey responses without accessing any identifiable information.

2. Intake Survey:

A study-specific questionnaire (described as the intake survey hereafter) has been developed by Kaweah Health, the California Department of Public Health's Climate Change and Health Equity Section (CDPH), and the University California, Davis (UC Davis), with support from the Centers for Disease Control and Prevention (CDC). After gaining consent and signature on a consent form, the CHW will assist patients in answering the intake survey and provide a copy in their preferred language. Those eight potentially eligible patients who completed the original intake survey will be recontacted by phone or in-person by a CHW. Those recontacted will be told that five optional, additional questions are being added to help the study. They will then be asked if they would be willing to provide responses to the five additional, optional questions. Only those who verbally agree will be asked the additional questions. All eight participants will be allowed to proceed through the additional study and weatherization offerings regardless of whether they respond to the additional questions. The survey is divided into the following sections: 1) general patient information (employment type, income, and enrollment in social services), 2) housing and living conditions, 3) energy cost and use, 4) health conditions, and 5) referral authorization in which the patient decides whether to allow Kaweah Health to refer a household to the weatherization provider

For evaluation purposes, Kaweah Health will provide UC Davis with de-identified survey responses to help UC Davis determine if weatherization measures enhanced the comfort levels of patients, mitigated symptoms, and contributed to improved affordability of electricity bills. Each survey will be identified only via the program identification number; Kaweah will remove all personal information before sharing.

Proteus will be granted access solely to the specific survey responses pertaining to weatherization, namely:

- Survey responses pertaining to rental or ownership status of home.
- Survey responses regarding patient's ability to pay electricity bills.
- Survey responses indicating if patient has received weatherization services in the past.
- Survey response about enrollment in Social Services (Medical, CalFresh, Women, Infant, and Children Program (WIC), or other)

Kaweah Health will digitalize all patient intake surveys and post-surveys by converting them from paper to digital format. Kaweah's CHW coordinators will input each individual survey response into a dedicated excel document, utilizing the special program identification number. Once the data have been successfully inputted into the Excel document, it will be securely stored within the SFTP system. Kaweah Health will create separate Excel sheets for UC Davis and Proteus, with the data they each need for their respective evaluations.

Kaweah Health Data Transferring Process:

Kaweah Health has implemented the use of the Secure File Transfer Protocol System (SFTP) to securely share information with Proteus and UC Davis. SFTP is a network protocol that ensures encrypted and protected file sharing through a protected secure server. To guarantee the utmost security and protection of file sharing, the Kaweah Health data team will create individual accounts for authorized representatives of this study from UC Davis and Proteus. These accounts are equipped with unique email addresses, usernames, passwords, as well as the specific Kaweah Health host server name, and port numbers. This ensures that only authorized personnel from UC Davis and Proteus will have access to the shared files.

Within the SFTP system, Kaweah Health will create two different folders: one exclusively for Proteus and another for UC Davis.

For the purpose of sharing health-related information, the de-identified medical information and survey responses will be shared in a similar manner. Kaweah Health will input the medical information and survey responses for each individual patient into an Excel document, linking them with the program identification number specially created for this program. Access to this folder containing medical information and survey responses will only be granted to UC Davis for analysis.

Step 4: Conduct Intervention:

Participants who agree during the initial outreach call to an in-home visit will receive an in-home visit from a CHW.

In-home visit process:

- CHW will confirm the scheduled in-home visit with the patient via phone.
- CHW will review the consent form and HIPAA form with the patient in their preferred language and answer any questions before any information is collected. During the consent process, the CHW will review the program's objectives, data collection purpose, and ensure participant feels comfortable with the intake survey process.
- The CHW will provide an overview of what home weatherization is and benefits of weatherization intervention services.
- The CHW will assist patient with filling out the intake survey (paper format). They will capture patient's responses on a separate copy that includes the patient's cover sheet, and guiding icons. The guiding icons were developed and discussed during the training with the purpose of providing guidance to CHWs during the intake process.
- The icons include small graphics with different meanings including a pencil- (additional details), question mark (follow-up questions), magnifying glass (CHW observations), handle with care box (sensitive question), raised hand (patient request for additional resources). A copy of the intake assessment without the cover sheet and icons will be provided to the patient to ensure they can see the questions and follow along with the CHW.
- Kaweah Health staff will develop a patient cover sheet to go alongside the intake survey. This cover sheet will only be visible to the Kaweah Health Data Team and not accessible by any other party. The source of information on the cover sheet is the patient's electronic health records held by Kaweah Health. The cover sheet will include essential details such as the patient's program identification number, the patient's first and last name, phone number, emergency contact number, primary language spoken, address, CHW assigned to the in-home visits, and date of in-home visit. The cover sheet will be utilized for the purposes of connecting patient's program identification number with their survey responses and providing the CHWs with necessary information for the home visit, and will only be accessible to the Kaweah Health staff. The study will use a program ID number for each patient. This number will be used to analyze data without personal identification details. Kaweah Health will remove patient information, including the cover sheet, before sharing any data with other project staff including researchers and evaluators.
- If the patient is interested in being referred to the local weatherization provider (Proteus, Inc.) to determine eligibility for weatherization services, the patient will provide referral authorization to Kaweah Health with their signature on the last page of the intake survey. The CHW will share next steps for referral process and provide a timeline for when Proteus will reach out to the patient. Proteus will obtain the following information from Kaweah Health:

1. Program identification number created for this study.
2. First and last name
3. Address

4. Phone number and alternative phone number
5. Primary language
6. Four Survey responses:
 - Survey responses pertaining to rental or ownership status of home.
 - Survey responses regarding patient's ability to pay electricity bills.
 - Survey responses indicating if patient has received weatherization services in the past.
 - Survey responses about enrollment in Social Services (Medical, CalFresh, Women, Infant, and Children Program (WIC), or other)
7. Employment type
8. Patient income

All of these data will be securely protected with a password within a dedicated folder in the Secured File Transfer Platform (SFTP), exclusively accessible to Kaweah Health and Proteus. No other partner or entity will have access to this folder.

CHWs play a vital role in providing invaluable support and guidance to patients during in-home visits and the referral process, but they do not have the necessary training to determine eligibility for weatherization services. (As a weatherization provider, assessing eligibility for weatherization is part of Proteus's routine work: Every time it receives a referral or request for weatherization, it must conduct an eligibility check.) Kaweah Health will provide referral information of interested participants (who have signed the referral consent form) to aid Proteus in assessing eligibility. However, Proteus requires supplementary documentation to verify eligibility and confirm farmworker status for those applying for the farmworker program. Additionally, Proteus must perform a comprehensive home inspection to assess the infrastructure of the home and identify any potential barriers to weatherization. This analysis cannot be completed by Kaweah Health staff as it necessitates trained and certified professionals who possess the expertise to thoroughly inspect the home. As a result, Proteus, a well-established local weatherization provider with over 50 years of experience, has been enlisted to collaborate with Kaweah Health to receive patient referrals. This partnership allows for specialized expertise and ensures accurate eligibility determinations.

To priority patient safety and maintain confidentiality, Kaweah Health will only share data with Proteus after obtaining signed consent forms from all patients who wish to be referred for weatherization services. The consent form outlines the information that will be shared with Proteus and the reasons for sharing this information. Additionally, as part of this submission Proteus has provided a data security letter. These measures are in place to guarantee that patients data remains secure and protected throughout the weatherization process.

Upon receiving the referral from Kaweah Health, Proteus will contact the patient to schedule a home assessment to determine eligibility for weatherization services. Proteus will use the information collected by Kaweah Health during the in-home assessment to make an initial determination regarding eligibility for services. Additional documentation will

be needed by Proteus to determine whether the patient is eligible for weatherization, such as a gas bill, proof of ownership, homeowner contact information (if renter), and categorical information.

1. Proteus has established procedures for storing and handling confidential information to ensure the utmost security and compliance. Firstly, when hiring each employee, it is mandatory for them to sign an Addendum of Confidentiality statement, emphasizing their commitment to safeguarding confidential information. Additionally, Proteus utilizes highly secured, password-protected firewall software systems provided by administrators of the programs to gather patient data during the weatherization eligibility process. All confidential information is stored securely within the Proteus system, utilizing measures such as access controls, passwords protections, and encryption to prevent unauthorized access. Most of the information is collected in a digital format. However, in cases where customer information is printed, Proteus retains those files within the customer's designated locked file until weatherization is completed. After the services are finalized, Proteus stores these files in their warehouse, typically for five years, to maintain a record of completed work and provide support if needed. Proteus disposes of the paper files through a contracted company that securely shreds the documents. Through regular training, Proteus ensures that all staff members are equipped with the knowledge and skills necessary for the proper handling and protection of confidential information. Periodic reviews and updates of procedures are conducted to align with any regulatory changes.

2. To capture the documentation and information required for eligibility determination, Proteus uses password and firewall protected company tablets.

- Proteus creates individual files for each customer. These files include the customer's name, address, and appointment date. Access to these files is restricted and required double identification methods and the personal password of the assigned Proteus staff to access or edit.
- Proteus staff visits the patient's home and collects all necessary information directly on a company tablet, eliminating the need for paper documentation. For example, income eligibility can be assessed by capturing a picture of a paystub or a letter from a social service program like WIC, SNAP, etc. Proteus takes a picture of these documents and submits them for additional review. Only authorized staff members have access to this information.

3. Besides determining eligibility on the basis of income, a household may be categorically eligible or automatically eligible if it received assistance from state from such as CalFresh, Medi-Cal, or the Women, Infant, and Children Program (WIC). Categorical eligibility may be established by verifying enrollment in public assistance programs that use an income level consistent with the LIWP and ESA program (80 percent of Area Median Income (AMI) or less. Examples of public assistance programs include CalFresh, CalWorks, Medi-Cal/Medicaid, Supplementary Security Income (SSI).

4. After determining whether a home is eligible for services, the

weatherization team collects all necessary documentation and recommend measures to install or repair. Homes would be deemed ineligible if they surpass the income threshold or because of unresolved health, safety, or structural home problems such as inadequate roof, electrical, mold, asbestos, and lead which are currently outside the funding scope of the weatherization programs. Following the processing of all documents, a work order is developed, and an appointment is scheduled for the home installation.

5. All patients who complete the intake survey will receive a \$50 gift card regardless of whether they choose to move forward in the weatherization process or not.

Proteus Program Eligibility Data

To understand program success rates and barriers to service delivery, data for both successful and unsuccessful weatherized homes will be analyzed.

Proteus will provide the following data:

- Referral Status (pending determination, qualified, not approved)
- Barriers for projects not eligible
- Structure type (single family, mobile home, multi-family)
- Home year built and square footage
- Eligible program name and enrollment date
- Only weatherization services offered by the Energy Saving Assistance (ESA) Program and the Low-Income Weatherization Program (LIWP), Farmworker Housing Energy Efficiency & Solar PV will be offered as part of this study.
- Patients who do not qualify under these programs will be referred by Proteus to other weatherization providers in Tulare County. The program eligibility data collected by Proteus will be used to track and analyze data for these patients. Using these data, we can determine how many patients have been referred and the reasons why they were not eligible.
- Home assessment date
- Installation scheduled and completion date
- List of measures/services delivered to patient's residence

Proteus will not receive any health or medical information in the course of this study. In order to establish eligibility for weatherization services, only necessary information including name, address, household type, phone number, income, and landlord information for patients who are renters will be shared with Proteus after receiving written consent from the patient during the referral process.

Proteus has four different departments that interact with the homeowner during the weatherization eligibility process. The departments include 1.) Enrollment 2.) Processing 3.) Service & Delivery and 4.) Asset. All these departments communicate their process and procedures to alter their property. Proteus conducts the following protocol to obtain authorization from homeowners for weatherization installation:

Enrollment Department:

1.) Once Kaweah Health refers patients to Proteus, Proteus Enrollment Department creates a file for the patient and assigns a staff member who will perform the home visit.

- If a patient is a renter, Proteus will obtain the homeowner's contact information from the patient and contact the homeowner to receive authorization to weatherize their property (see more detail under Processing Department), following their existing established protocol used for all weatherization referrals.

- Proteus's Processing Department will make three attempts to contact the homeowner to request weatherization authorization via the Proof of Ownership and Property Owner Authorization Agreement (POA).

- If the homeowner agrees to participate in the program, Proteus will arrange an in-person appointment to review program guidelines, requirements, verify homeownership, and complete a POA agreement. If homeowner cannot provide proof of ownership, with permission Proteus will utilize Home Infomax to verify the property title (to ensure accurate ownership information). As requested by the homeowner, documents can be sent via email, fax, or in person. The POA agreement authorizes Proteus and its contractor(s) to:

- Access the property to provide all feasible program measures, improvements, and services.

- Access the property to perform inspections and audits.

- Once the homeowner signs the Property Owner Authorization Agreement, the Enrollment Department contacts the renter to schedule a home visit.

2.) During the home visit, the Enrollment Department will obtain all the necessary information and documentation to determine eligibility and services. Documentation that will be obtained to determine eligibility include a utility bill (as needed for ESA program), proof of homeownership, household income or any categorical documentation, and proof of farm worker status (paystub or written verification), if applying for the LIWP program.

3.) At the home visit, an estimator from the Enrollment Department will enroll the customer and recommend measures to install or repair based on the home inspection. The goal of this inspection is to identify weatherization measures that can be installed and identify any infrastructure limitations that may render a home ineligible for weatherization services, such as the presence of mold, asbestos, or roofing issues.

4.) The dwelling assessments documents are submitted to the office and processed. If the customer qualifies, then a work order is created.

- Adhering to the weatherization program's protocols, Proteus is required to collect data on program limitations, including income ineligibility and infrastructure issues. This information plays a critical role in enabling Proteus to identify and address potential barriers to enrollment and ensuring the

program effectively serves the targeted population. All Proteus staff members have received extensive training on the proper collection and storage of this data. For this study, Proteus will compile this data in an Excel document within their secure software system, while ensuring the removal of personal identification information before sharing with the Association for Energy Affordability (AEA). AEA will then utilize this information to evaluate program success, identify any shortcoming in program implementation, and make necessary improvements. For instance, the data collected by Proteus may reveal a significant reduction in energy consumption in low-income households, allowing AEA to showcase the positive impact of the program and seek additional support for weatherization services. The data may also highlight disparities in the program's effectiveness across different regions in Tulare County or demographics, enabling AEA to address these gaps and work towards equitable access for all participants.

- For this study, Proteus will compile these data in an Excel document within their secure software system, while ensuring the removal of personal identification information before sharing with the Association for Energy Affordability (AEA). AEA will then utilize this information to evaluate program success, identify any shortcoming in program implementation, and suggest improvements. For instance, the data collected by Proteus may reveal a significant reduction in energy consumption in low-income households post-weatherization, allowing AEA to showcase the positive impact of the program and seek additional support for weatherization services. The data may also highlight disparities in the program's effectiveness across different regions in Tulare County or by demographics, enabling AEA to address these gaps and work towards equitable access for all participants.

Processing Department:

5.) The processing team gets the work order and calls the customer to schedule an appointment to perform installation at the home. The work is assigned to a Service and Delivery crew to perform the service.

6.) Upon the completion of the installation, the work order is returned to the processing team to invoice and close enrollment.

Service and Delivery Department:

7.) The Service and Delivery Department reviews the order and obtain the necessary inventory and tools from the Asset Department to perform the work.

8.) The Service and Delivery team goes to the home to complete the installation and /or repairs at the home.

Asset Department:

The Asset team is in charge of ordering appliances, tools, vehicles, etc., and communicates directly with the Service and Delivery Department.

Step 5: Post-Intervention Survey:

For the Intervention group who received weatherization services, the post-intervention survey will repeat measures from the baseline intake survey

relevant to housing and living conditions, energy cost reductions and changes to health conditions.

Post-Intervention Survey Process:

- After a period of one (1) year, CHWs will contact the ECM patients who received weatherization services to ask if they are interested in participating in a post-intervention survey (questionnaire format) to collect data and feedback about the project. CHWs will share an overview of the project and help answer any questions before the initiation of the survey.
- A survey reminder will be sent by Kaweah Health six months after the intervention in the form of a letter or postcard reminding patients about the upcoming survey opportunity. The letter will include an overview of the program objectives and indicate that their participation will include a compensation of \$50 dollars.
- All post intervention surveys will be digitalized, and personal identification information removed before sharing with program partners.
- Kaweah Health will digitalize all patient surveys, including the intake survey and post-survey. Kaweah's CHW coordinators will input each individual survey response into a dedicated excel spreadsheet, utilizing the special program identification number to de-identify the data in the spreadsheet. Kaweah Health will create separate Excel spreadsheets for UC Davis and Proteus, with the data each needs for their evaluations.
- Once the data have been successfully inputted into the Excel spreadsheets, they will be securely stored within the SFTP system.

For evaluation purposes, UC Davis will have access to all survey responses, while Proteus will be granted access solely to the specific responses pertaining to weatherization including:

- Survey responses pertaining to rental or ownership status of home.
- Survey responses regarding patient's ability to pay electricity bills.
- Survey responses indicating if patient has received weatherization services in the past.
- Survey response about enrollment in Social Services (Medical, CalFresh, Women, Infant, and Children Program (WIC), or other)

Step 6: Data Analysis:

- For ECM and Medi-Cal Managed Care patients who were listed as potential participants for the program and were called by a CHW but were not interested in participating, the CHW will collect information during the initial call to determine why the patient was not interested in participating in the study.
- For ECM and Medi-Cal Managed Care patients who received in-home visits and completed an intake survey but were not interested in being referred for services, the intake survey will be used to collect data on barriers to participation.
- For ECM and Medi-Cal Managed Care patients who were interested in the weatherization and energy intervention but were not eligible for services, the Proteus eligibility data will be analyzed to understand barriers to eligibility

and other unmet needs.

- For ECM and Medi-Cal Managed Care patients whose households successfully received weatherization and energy services, three (3) different sources of data will be used to evaluate the study outcomes:

a) UC Davis evaluators will analyze the de-identified electronic health records collected pre- and post-intervention to determine whether weatherization and energy services improved health outcomes.

b) Data gathered from the intake assessment and post-intervention survey will be analyzed and compared after a period of one (1) year to determine if the household experienced energy cost reductions and improvements in health and wellbeing.

c) Proteus eligibility data will be analyzed to determine which weatherization and energy measures were selected, their potential impact on energy reduction and cost, common eligibility criteria for households selected for weatherization, and factors affecting ineligibility for the weatherization and energy services.

Step 7: Interpret Findings:

Descriptive statistics will be used to track and demonstrate the scope and scale of program implementation (e.g., # of weatherization programs identified, trained CHWs, etc.) and outcomes (e.g., # of residents reporting health improvements). Kaweah Health and Proteus will collect qualitative data to track and demonstrate the quality of implementation, such as feedback on the referral protocol, and barriers to program adoption. Simple content analyses will be performed to derive themes.

CHWs will collect qualitative data from patients using the post survey. This qualitative data serves to track and showcase the quality of the implementation, including valuable feedback on the referral process and identifying any barriers to program adoption. Similarly, the post-survey asks about participants' experience in the program and whether they believe weatherization services have positively impacted their overall health. The CHWs will record the patients' responses and share the information with UC Davis to gather essential data on service delivery that can be potentially addressed thorough program guideline revisions. Additionally, Kaweah's CHWs actively contribute to program improvements by providing feedback through a dedicated CHW survey developed by Kaweah Health. CHWs will be asked about their survey facilitation experience, suggestions for how to enhance patient comfort, and ideas for improving the overall program. Furthermore, Proteus data will provide important insights regarding the program limitations and opportunities, including income-related ineligibility, unaddressed home infrastructure issues, or types of measures installed. This information will not include any patient information and will be shared using the program identification number created for this program. All descriptive and qualitative findings will be generated by the UC Davis evaluators and interpreted in collaboration with key evaluation stakeholders (e.g., Kaweah Health, AEA, CHWs, CDPH, etc.)

- The findings from this study will help determine if weatherization interventions improve patients' overall health. If differences are found between health improvements of the intervention group and the comparison group, results could indicate that weatherization interventions did improve health outcomes in this population.
- Additionally, the findings from this study will help determine if weatherized households experienced reductions in energy use over the period of one (1) year compared to homes who did not receive the intervention. This data will help determine whether energy efficiency and weatherization measures result in positive energy outcomes and safer home environments for patients.

Research Limitations:

- The small sample and nonrandomized nature of the intervention mean many unobserved variables cannot be controlled for or measured.
- We expect intervention and study attrition due to longer follow-up periods which may further limit our sample size.

Informed Consent:

A consent form will be signed by all study participants before commencing an in-home visit and intake survey. The agreement ensures the following:

1. Participants will be provided with all the required information about the study (goal, objectives, timelines, etc.) in the language the participant prefers.
 - a) Information about the consent form is provided upon initial contact with the patient (via phone call) by the care coordinator. The consent form is explained in detail during the in-home visit and signed by the patient.
 - b) The consent form has been translated by Kaweah Health into English and Spanish. Additionally, all care coordinators and CHWs involved in the process fluently speak both languages.
2. Participants are given ample time to read the consent form and consider participation. Kaweah Health staff are available to answer any questions or concerns before signing.
3. Participants are informed that they can change their mind, refuse to answer any of the questions or withdraw from the pilot at any time.
4. Participants are informed that their decision to not participate in the study will not affect their participation or care in the ECM program.
5. The patient is provided with a copy of both the consent form and the participant's bill of rights for non-medical research.

The consent form for the treatment group outlines the following:

1. Purpose and Objective of the study.
2. Procedures that will be conducted throughout the study.
3. Potential risks or benefits that may be associated with their involvement.
4. Participants' rights, including their ability to withdraw for the study at any point.
5. Process for how patient's confidentiality and privacy will be protected and

- how researchers will ensure their personal information remains secure.
6. Informs patients that they will be asked to fill out an intake survey.
 7. Authorizes Kaweah Health to share specific (non-health-related) patient information with Proteus Inc. to determine weatherization eligibility (Only for patients who sign the intake assessment referral authorization).
 8. Informs patients that one (1) year after receiving weatherization services, patients can choose to participate in a post-intervention survey administered by CHW via phone.
 9. Grants Kaweah Health permission to access patient electronic health data for both treatment group and comparison group.
 10. Gives Kaweah Health permission to share de-identified information collected in the pilot process (intake assessment and post-intervention survey, electronic health data) with the University of California, Davis who will be conducting the evaluation.
 11. Inform patients that study staff will protect patient personal information to limit the ability to connect a patient's responses with any other information that identifies them. Each patient will be assigned a unique program ID number and PHI/PHD will be removed before any data is shared outside Kaweah Health with project partners.
 12. Informs patients that this study may lead to publication and other ways of sharing the study results with the scientific community and/or general public. Specific individuals will not be identified in any such publications from this study.

Additionally, the consent form for the comparison group outlines:

1. Purpose and Objective of the study.
2. Procedures that will be conducted throughout the study.
3. Potential risks or benefits that may be associated with their involvement.
4. Participants' rights, including their ability to withdraw for the study at any point.
5. Process for how patient's confidentiality and privacy will be protected and how researchers will ensure their personal information remains secure.
6. Grants Kaweah Health permission to access patient electronic health data for both treatment group and comparison group.
7. Gives Kaweah Health permission to share de-identified electronic health data information with the University of California, Davis who will be conducting the evaluation.
8. Inform patients that study staff will protect patient personal information to limit the ability to connect a patient's responses with any other information that identifies them. Each patient will be assigned a unique program ID number and PHI/PHD will be removed before any data is shared outside Kaweah Health with project partners.
9. Informs patients that this study may lead to publication and other ways of sharing the study results with the scientific community and/or general public. Specific individuals will not be identified in any such publications from this study.

To ensure informed consent, Kaweah's Community Health Workers (CHWs) will collect signed HIPAA authorization forms and participant consent forms for patients in both the comparison and treatment groups prior to the commencement of the in-home visit and accessing any health information.

The forms will be available in both English and Spanish. The HIPAA release form will describe the protected health information (PHI) being accessed, indicate the reasons for accessing and analyzing the PHI, and describe the entities and individuals that will receive the information. Kaweah's CHWs will collect signed consent forms for all adults in the household. The forms will be available in both English and Spanish. Kaweah Health CHWs will only collect signed consent forms from patients participating in the study. By signing the consent forms, participants agree to be referred to Proteus for weatherization determination and to have their electronic health records and survey responses shared with UC Davis and Proteus. In the case of patients who are renter, they also will need to provide consent to share homeowner contact information with Kaweah Health. No other household member needs to sign in order to be referred to Proteus.

While all patients referred for weatherization services will receive the same consent form, patients in the comparison group will receive a different form that does not request that they complete a survey. The consent form for the comparison group requests permission to access patients' medical records for research purposes, and advises the patient that they can receive information about how to access weatherization services. All patients must be 18 years or older and the ability to legally consent.

Patient's medical records will not be linked to any identifying information. Kaweah Health will de-identify all information and assign a Program Identification number to be used for analysis purposes before sharing any data with partners. The only partner that will receive de-identified health information will be Kathryn Conlon from UC Davis and Chelsea Austin of Wild Blue Evaluation, an approved contractor for this study under UC Davis (Please see forms attached). Other study partners will not receive any health or medical information. Only data from ECM patients who are 18 years or older will be collected. The revised intake assessment no longer includes the question about the symptoms of other family members or their relationship with the patient. No information will be gathered from any other member residing in the same household and no medical treatments will be offered under this study beyond the weatherization services.

Protocol to obtain verbal consent:

1.) A Community Health Worker (CHW) will speak with the main study participant to schedule a time and date to visit their home. The CHW will attempt to arrange an appointment on a day when all adult household members are available.

2.) During the in-home visit, the CHW will have a copy of the waiver to record the verbal consents of the household members. Additionally, the CHW will provide copies of the written waiver document to all present household members, enabling them to follow along. The document is available in Spanish and English, but its translation to other languages is possible upon request. The waiver outlines the study's purpose, its implications on the home environment, and the reasons why a waiver is necessary. Informed consent elements, such as potential risks and confidentiality procedures are also clearly explained in the waiver. The CHW will emphasize to the

household members that no data or information will be collected from them or shared with any agency.

No identifying information will be collected from the household members. They will only be asked to provide a verbal consent as an acknowledgment of study and their understanding of the waiver.

If household members are absent during the in-home visit, the CHW will leave a copy of the waiver information and follow-up with the study participant. The CHW will ask to speak to the household member to receive verbal confirmation. The waiver form will contain the PI's information for any concerns or questions.

3.) To accurately track the total number of verbal consents from all household members and identify any missing members requiring follow-up, the CHW will record this information on their copy of the waiver document and transfer this information to the study's participant Excel file, available only to Kaweah Health and secured in the SFTP system. For example, if a household consists of four adult members, including the study participant, but only two are present during the in-home visit, the CHW will document the total number verbal consents and make note of any missing ones.

4) If any household member is hesitant to sign the waiver, the CHW will strive to address their concerns, answer any questions, and provide further information about the purpose of the waiver and the study. If the household member refuses to sign the waiver, the CHW will inform the study participant that the referral process cannot proceed.

5.) If any household member is not present during the home visit or requests more time to consider, the CHW leave copies of the waiver form at the household. The CHW will phone the household at a later date, read the waiver script and the waiver form to any household member that has not yet verbally consented. Household members will then have the opportunity to give verbal consent.

By following this protocol, the study team aims to ensure that all adults in the household have a chance to understand the implications of the study intervention on their living environment and potential health impacts. This approach facilitates effective communications between the CHW and the household members regarding their involvement in the study.

Please upload here any tables or charts related to your study procedures and any materials (such as surveys or interview questions) that will be presented to participants.

ESA-Property Owner Authorization Agreement .pdf	Misc/Other
LIWP Application.pdf	Misc/Other
CHW Training Guide	Other Documents
Weatherization Initial CHW Call Script.pdf	Other Documents
CHW Post Survey - English	Questionnaires

CHW Post Survey - Spanish	Questionnaires
English Cover Sheet.pdf	Questionnaires
English Intake Form.pdf	Questionnaires
Patient Post Intake Survey (English).pdf	Questionnaires
Patient Post Intake Survey (Spanish).pdf	Questionnaires
Spanish Cover Sheet .pdf	Questionnaires
Spanish Intake Form.pdf	Questionnaires
Weatherization Brochure - Spanish	Recruitment (non-English)
Weatherization Brochure	Recruitment Materials
Deleted Attachments: 7 (Most Recent: SPANISH- Post Survey.pdf on 04/17/2025 12:35 AM ET)	

RECORDING

Will audio or video recording occur?

No

DECEPTION

Will deception be used in this study?

No

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CHHSA) DEPARTMENTS LIST

Indicate any of the following CHHSA department(s)' involvement in providing research staff, funding and/or patients from State mental hospitals for this project.

CDPH: Department of Public Health

Study Population

POPULATION DESCRIPTION

Provide a full description of how human subjects will be involved in the research. Address characteristics of subjects such as: age; sex; ethnicity; and number of participants. Include requested participant number.

Our sample size will be at most 35 ECM and Medi-Cal Managed Care patients. We will use rolling enrollment to reach a minimum of ten (10) weatherized homes. After weatherization and energy services have been completed, we will randomly select an additional ten (10) patients who were not initially invited to the weatherization program to serve as the comparison group and will collect retrospective electronic health record data (EHR) inclusive of the previous 12 months. The population of the study is comprised of Kaweah Health patients enrolled in the Enhanced Care Management Program (ECM) and Medi-Cal Managed Care program. To be eligible for inclusion in the pilot, participants must be enrolled in ECM and Medi-Cal Managed Care, be at least 18 years of age or older, reside in households in Tulare County (Visalia, Woodlake, Lindsay, Dinuba, Exeter, and City of Tulare), have the ability to legally consent, and meet at least one (1) of the following:

- a) Diagnosed with Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
- b. Live in single-family dwelling

According to the Green and Healthy Homes Initiative, health problems most commonly associated with poor housing conditions include respiratory symptoms, asthma, lung cancer, depression, anxiety, and injury or death from fires (Norton, et al.). Many of the ECM and Medi-Cal Managed Care patients are also low-income, farmworkers, and are monolingual Spanish speakers. To overcome potential language barriers faced by ECM and Medi-Cal Managed Care patients, all outreach and communication activities provided by Kaweah Health and Proteus, including written documents, will be offered in Spanish and English. There are several barriers to receiving weatherization and energy services for these populations, including a lack of information about available programs, distrust of government agencies, as well as cultural and linguistic barriers.

There are no exclusion criteria based on gender or race.

RATIONALE

What is the rationale for studying the requested group(s) of participants?

Patients will be selected from Kaweah's Enhanced Care Management (ECM) Program, a Medi-Cal benefit program addressing the highest-need enrollees through intensive coordination of health and health-related services. These patients largely have asthma or other respiratory-related illness which weatherization can provide improved health outcomes for these types of patients. Many of the ECM patients are also low-income, farmworkers, and are monolingual Spanish speakers. There are several barriers to receiving weatherization services for these populations, including a lack of information about available programs, distrust of government agencies, as well as cultural and linguistic barriers.

Additionally, Kaweah Health will identify patients who are assigned to Kaweah in the Medi-Cal Managed Care program and who have a confirmed diagnosis of either asthma or Chronic Obstructive Pulmonary Disease (COPD). Medi-Cal is California's Medicaid health care program that offers free or low-cost health care coverage to eligible low-income individuals, families, seniors, persons with disabilities, and pregnant women in the state. Medi-Cal plays a crucial role in providing essential healthcare services to vulnerable populations, including low-income individuals, farmworkers, and undocumented populations who encounter significant barriers to accessing healthcare and other services. Additionally, Medi-Cal addresses asthma and COPD issues through various programs and resources aimed at improving the management and treatment of these conditions. Kaweah Health will focus on the Medi-Cal Managed Care assigned population with asthma and COPD for which weatherization and energy services can provide improved health outcomes by reducing irritants, allergens, and minimize exposure to triggers such as mold, dust mites in their lived environments. According to UC Berkeley Labor Center, 64% of Tulare County residents are enrolled in Medi-Cal, demonstrating that a large portion of the population depends on the program due to the region's large low-income population. Expanding the target population from ECM patients to include Medi-Cal enrollees would broaden our reach to identify more eligible individuals for weatherization and energy services. To address any potential issues related to a patient's housing situation, Kaweah Health will create a comprehensive list outlining the revised program's criteria, including residing in a single-family dwelling.

RECRUITMENT DETAILS

Describe how potential subjects will be identified for recruitment. Examples include: class rosters; group membership; individuals answering an advertisement; organization position titles (e.g., presidents, web designers, etc.). How will potential participants learn about the research and how will they be recruited (e.g., flyer, email, web posting, telephone, etc.)?

Important to remember: subjects cannot be contacted before IRB approval.

The population of the study is comprised of Kaweah Health patients enrolled in the Enhanced Care Management Program (ECM), a new statewide Medi-Cal benefit available to select "Populations of Focus" that will address clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services and patients assigned to Kaweah Health and enrolled in Medi-Cal Managed Care, California's Medicaid health care program that offers free or low-cost health care coverage to eligible low-income individuals, families, seniors, persons with disabilities, and pregnant women in the state.

Attach copies of all recruitment materials.

Brochure Recruitment Materials
Brochure - Spanish Recruitment Materials

SCREENING

Will subjects be screened prior to entry into the research?

Yes

Please address the criteria for exclusion and inclusion in the research during the screening process. Provide reasons for not including women or minorities. Provide justification for including vulnerable populations such as children or prisoners. Please also provide a statement regarding what will happen to the information collected about the individual should they not enter into the study.

To be eligible for inclusion in the pilot, participants must be at least 18 years of age or older, residing in households in Tulare County (Visalia, Woodlake, Lindsay, Dinuba, Exeter, and City of Tulare), and meet at least one (1) of the following:

- a) Diagnosed with Asthma/ Chronic Obstructive Pulmonary Disease (COPD)
- b.) Live in single-family dwelling

COMPENSATION

Will subjects be compensated for participating in the study?

Yes

Compensation type

Gift card

Explain the amount and schedule of compensation that will be paid for participation in the study. Include provisions for prorating payment. The amount should not be coercive.

Patients who complete an intake survey will be compensated with a \$50 gift card. Patients who complete a post-survey will be compensated with an additional \$50 gift card. A \$50 gift card will be offered to the comparison group for reviewing the information with the CHW in their home.

Patients who complete a survey during an in-home visit will receive their gift card at the end of the visit. Patients who complete a post survey over the phone will have the option to pick up the gift card at their nearest Kaweah Health clinic or have it sent by mail.

STUDY DURATION

Estimate the probable duration of the entire study. This estimate should include the total time each subject is to be involved and the duration of each data collection about the subject.

E.G., This is a two-year study. Participants will be interviewed three times per year; each interview will last approximately two hours. Total approximate time commitment for participants is 12 hours.

This is a three-year study. Participants will be interviewed twice during the study period; each interview will last approximately 30 minutes up to 1 hour. For those patients who receive weatherization services, the implementation of weatherization actions can vary between 2 hours up to 8 hours.

Participants are not directly involved in installation of weatherization services; however, their home will be undergoing upgrades. Total approximate time commitment for participants should not exceed 12 hours including surveys, follow-up, weatherization services and any unforeseen time needed. Participants will be compensated for their time including \$50 for completing the intake survey and \$50 for completing the postintervention survey for a total of \$100 for participation. Comparison group participants will receive \$50 for participating in an in-home visit with a CHW to gain informed consent.

Risks and Benefits

RISK DESCRIPTION

Provide a description of possible risks to participants: physical, psychological, social, economic, loss of data security, and/or loss of confidentiality. Describe and justify whether the research is minimal risk or greater than minimal risk.

Minor risks associated with weatherization installation include strangers entering the patient's home and potential home damage. Weatherization is an extremely safe intervention that poses no major risks to the patient or to the home. Numerous studies reveal that energy efficiency weatherization programs improve household health and safety and can reduce climate risks as well as energy costs. Additionally, weatherization providers utilize locally based and professionally trained weatherization crews to create a comprehensive analysis of the home to determine the most cost-effective measures appropriate and to identify any health and safety concerns. To ensure acceptable outcomes for home energy upgrades on single-family and multifamily housing, the Office of State and Community Energy Programs in collaboration with the U.S. Environmental Protection Agency (EPA), U.S. Department of Agriculture, and U.S. Department of Housing and Urban Development developed the Standard Work Specifications (SWP), an industry guide and tool that defines the minimum acceptable outcomes for home energy upgrade installation. Lastly, the weatherization network and the private sector have established the Guidelines for Home Energy Professionals including Standard Work Specifications for Home Energy Upgrades (SWS), and Home Energy Professional certifications along with accreditation of energy-efficiency training programs.

Households not receiving weatherization services because of unresolved health, safety, or structural home problems such as inadequate roof, electrical, mold, asbestos, and lead are currently outside the funding scope of the weatherization programs. A significant part of the aim of this pilot program is to develop potential solutions and funding sources to integrate healthy homes services to clients. These recommendations will be contained in a final barriers and recommendations report in an effort to enhance existing program guidelines and funding.

Low-Income Weatherization Program

A landlord may potentially increase rent or evict a tenant to increase rent because of a unit's increased value following weatherization improvements. To mitigate this potential risk, the Low-Income Weatherization Program agreement offers protections for participating patients. Additionally, CHWs will provide tenant protection resources and connect them to local tenant rights services. The California Department of Community Service and Development (CSD),

Low-Income Weatherization Program (LIWP) guidelines for Single-Family Energy Efficiency and Solar Photovoltaics Program: Farmworker Housing includes provisions that require property owners participating in the farmworker housing program to maintain affordable rents for a minimum of

two years after a home is retrofitted. These provisions are outlined in the LIWP Energy Service Occupant Agreement that the homeowner must sign before any services are installed. The agreement contains the following terms related to rent affordability:

"I understand that the Property Owner cannot raise the rent of the unit for a period of two years from the date of weatherization because of the increased value of the unit due solely to weatherization measures provided by the Contractor/Agency (allowable factors for rent increase include an actual increase in property taxes, actual cost of amortizing other improvements to the property accomplished after the date of work completed by the Contractor/Agency, or actual increases in expenses of maintaining and operating this property)."

Furthermore, Proteus is required to provide a copy of the signed agreement to the tenant explaining its terms effective for a two-year period after weatherization services have been completed. The agreement also includes the following complaint process that tenants can follow when a contract is breached.

"In the event the provisions of this Agreement related to increased rent or the landlord's failure to decrease utility costs for master metered units are not met, tenants may contact the Contractor/Agency to submit a verbal or written complaint, which will be investigated by the Department of Community Services and Development. Contractor/Agency contact information is located on this Agreement under the section entitled, "Contractor/Agency Assurance."

If a landlord is found to have breached their contract, a tenant can reach out to Proteus to acquire information about the agreement signed by the homeowner. Proteus will file the complaint and help answer the tenants' questions.

Energy Savings Assistance (ESA) Program:

The LIWP and ESA have different contracts and guidelines. In contrast to LIWP, ESA does not have rent increase protections under its program guidelines. To address this issue and protect the well-being and safety of patients CHWs will not refer patients to the program if they express concerns about program staff contacting the homeowner or that the landlord will raise rent prices because of weatherization. All CHWs involved in the weatherization referral process received tenant protection rights and advocacy training. CHWs were provided with an overview of weatherization policies that protect tenants and best practices for communicating with landlords on behalf of tenants. These resources will be provided to study participants. In the event that an agreement is breached by the landlord after a home is retrofitted, tenants may contact Proteus to submit a verbal or written complaint for both programs (LIWP and ESA). For the LIWP, the complaint will be sent to the Community Services and Development Agency who will further review the complaint and can make determinations about future program involvement. The following is Proteus complaint process:

1. Tenant can call Proteus, Inc. Energy Division at (559) 651-0800 to file a

formal complaint.

2. Proteus keeps records of all the calls related to their programs. During the call Proteus includes all the resources and outcomes provided during the discussion.

3. Supervisors of the program are informed of the complaint.

4. Proteus prints the customers complaint and files it in the customers' folder.

5. This information is shared with program administrators (CSD for LIWP and California Public Utilities Commission for ESA).

MEDICAL SERVICE RISKS

Describe how medical services will be provided if subjects suffer adverse mental or physical effects as result of research activity. If no services provided, state that clearly.

No medical services will be provided. Additional resources and support will be provided.

INTERNATIONAL RESEARCH

Will this research occur outside of the United States or U.S. territories?

Check with client to see if they consider territories to be outside the U.S. or not, as this can vary between institutions.

No

LESS RISKY METHODS

Describe any less risky methods and why they are not being used.

The lowest level of risk has been employed in this study.

BENEFITS

Describe the benefits, if any, to the subjects or to society that will be realized as a result of this project. Discuss the benefits that may accrue directly to the subjects as well as to society. If there is no direct benefit anticipated for the subjects, state that clearly.

Weatherization and energy efficiency services can provide a variety of benefits to patients (homeowners and tenants) and society at large. The benefits include:

1. Reducing energy usage for lower utility bills: By making a household more energy efficient, households are able to reduce cooling and heating cost during the warmer and coldest months of the year.
2. Improved health and safety: Weatherization and energy efficiency services can have positive impacts on health and safety. Proper ventilation, sealing air leaks, and improving insulation, can reduce exposure to harmful toxins, allergens, and pollutants.
3. Decreasing power plant emissions and air pollution: Energy efficient and weatherization services can help reduce energy consumption and greenhouse gas emissions.

JUSTIFICATION OF RISKS

Explain why study risks are reasonable in relation to the potential benefits to subjects and to society.

Low-income residents of California's Central Valley, particularly farmworkers, suffer disproportionate exposure to climate-related health hazards such as extreme heat, wildfire smoke and air pollution. Poor quality housing can exacerbate health effects caused by exposure to these hazards. Home weatherization programs—which reduce energy bills and can help protect the building interior from outdoor elements—are offered to residents of Central Valley but demand often outstrips supply. Additionally, substandard housing conditions such as the presence of asbestos, roof load limits that cannot handle solar panels, and electrical wiring that cannot handle the voltage of energy-efficient appliances, complicate, or altogether halt weatherization. In addition to improving health outcomes for low-income households, weatherization and energy efficiency measures can help reduce healthcare utilization, emergency department visits, and hospitalizations.

Administrative Safeguards

PERSONALLY IDENTIFIABLE DATA (PID) INSTRUCTIONS

Protected Health Information/Personally Identifiable Data (PHI/PID) is defined as information in any format that identifies the individual, including demographic information collected from an individual that can reasonably be used to identify the individual. Additionally, PHI is information created or received by a healthcare provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual, including any of the 18 HIPAA identifiers.

Note: Please be aware that individual participants may be identifiable by combining other items in the data even when none of the 18 HIPAA identifiers are present. Thus, a study may still contain PID even after removing or never acquiring the identifiers, and the investigator may still need to provide complete answers for the data security questions in the protocol.

If the researcher demonstrates that he or she is unable to comply with any of the requirements below, he or she may request an exception from these requirements. The researcher should indicate any measures that will be taken to address this requirement. The exception request should be made in the text box of the corresponding requirement. An exception will only be granted if the researcher can demonstrate that adequate alternative measures have been taken to minimize risks so as to justify the exception.

HIPAA IDENTIFIERS

Please identify which HIPAA Identifiers you plan to request as part of your submission.

Name

Address (all geographic subdivisions smaller than state, including street address, city county, and zip code)

Telephone numbers

Medical record number

TRAINING PROCEDURES

Describe the procedures for training all research staff who have access to PID on privacy and security. Indicate if staff are required to sign a confidentiality statement related to general use, security, and privacy.

CHWs have all been trained utilizing the weatherization pilot project training manual developed in conjunction with Kaweah Health, CDPH, AEA, Proteus, Inc. and University of California, Davis. Research and evaluation staff with data access to PID have also completed the CITI Human Subjects Training or HHS Human Research Protection Training and certification of training completion can be provided upon request. Dr. Conlon has completed annual and is up to date with all CITI training that is required of all UC Davis faculty and staff conducting research. These modules include the Social and Behavioral Research module and the UC Davis All Researchers module. Each cover material that is essential for conducting research with PID that ensures privacy and security. All staff who have contact with participants or have data access to PID will have completed Information Privacy and Security training and signed a statement agreeing to comply with CDPH Information Privacy and Security Policies and Kaweah Health Information and Security Policies. All participating Kaweah Staff have been extensively trained in the voluntary nature of pilot participation and the weatherization referral process. Both CDPH staff engaged in this project will not have access to PID. Weatherization providers, Proteus service staff, and installers will not have access to PID. All researchers and evaluators have signed confidentiality agreements with their respective institutions.

STAFF VETTING PROCEDURES

Describe procedures, either background check or thorough reference check, for vetting staff who will have access to PID.

All individuals working on this project have already been vetted by their respective hiring units (CDPH, Kaweah Health, UC Davis, and Proteus, Inc.), including reference checks relevant to their role. Additionally, all UC Davis staff are subject to a thorough criminal background check. CDPH staff will not have access to PID.

SUPPORT LETTER

Obtain and submit a department support/data release letter.

This is a statement from the state agency or department you are receiving data from. It must be on that agency's/department's letterhead and should include both

1) *that the release of the desired data is legal and*

2) *that the entity is willing to release the desired data to you, the researcher. If you are not receiving data, this letter should indicate that you are supported.*

***For VSAC requests, if you do not have a Departmental Letter of Support (LOS)/Data Release, you may upload a copy of the Data Request Form (application) from the department to secure a review for the upcoming cycle. The protocol will not be approved until the LOS is uploaded to the protocol.*

Please also review the CPHS Statement for Birth and Death Data.

Letter of Support - CDPH Department Letter of Support
Letter of Support.pdf Department Letter of Support

PREVENTING RE-USE AND UNAUTHORIZED ACCESS

Explain how you will ensure that data will not be reused or provided to any unauthorized person or entity.

Unauthorized means that the person or entity does not have a need to access the data for purposes of the research project approved by CPHS.

All information gathered for this study will be used only for the research described in the research plan by specific team members with a need for the data. Data will not be reused or provided to any persons outside of the research team. Information about this study will be retained by Kaweah for a period of 5 years, and any paper files related to the study will be shredded by a company they contract with to dispose of it. Electronic data will be stored on a Kaweah's computer drive that is backed up daily, in a password-protected folder only accessible by the PI and other study personnel and deleted after five years. Intake surveys collected during in-home visits will be transported in a locked bag and stored in a locked cabinet and room that only program staff will be able to access.

CONFIDENTIALITY OF PUBLISHED DATA

Indicate whether information will be published that could possibly be used to identify an individual subject.

No individual identifiers or information that could be used to identify a participant in this pilot will be released or included in any publication or report produced by this research project. We will follow CDPH and HHS privacy guidelines for data.

DATA REQUEST JUSTIFICATION

Provide adequate justifications for the quantity of the data, the years and the variables being requested. Have you requested no more than the minimum necessary data to perform the research?

The minimum necessary data are being requested for this pilot project. The project will gather two cross sectional data sets, one at the start of the pilot (intake surveys and relevant electronic health records) for baseline health status and one post-intervention (post surveys and electronic health records) to evaluate the change in health status, if any, related to weatherization services. Questions on the intake and post surveys are limited to study-relevant questions about income, housing status and conditions, and health conditions. ICD codes evaluated are only those shown by research to be linked to indoor home environments. The variables being requested from EHR are necessary to understand and identify the linkage between improved health outcomes related to weatherization services, if any. No other personal or health-related data will be captured outside of these two instances. PID gathered is limited to only what is required to maintain contact with the patient and determine their eligibility for weatherization services.

LIMITATIONS TO DATA ACCESS

Indicate if access to data is limited only to those with a need to know for purposes of implementing or evaluating the research.

All data related to this project will only be accessible to study staff who "need to know" for the purposes of implementing the pilot or evaluating the research. PID will only be accessible to the study staff responsible for contacting participants. De-identified health data will be accessible to evaluators conducting the analysis.

PROTECTION AGAINST SMALL CELL SIZES AND ASSOCIATED PROBLEMS

Describe appropriate and sufficient methods to protect the identity of individual subjects when small cells or small numbers and/or data linkage to another data set are involved in the research project.

The investigators will comply with the standards of de-identification of individual subjects established in 45 CFR 164.514(a) and 164.514(b) of the HIPAA privacy regulations, such that cell sizes less than five, whether actual or implied, and rates of either 100 or zero percent, will not be reported in the findings, listings, or information resulting from this study. Record linkage and access to identifiers will be limited to staff at Kaweah Health, which is a HIPAA-covered entity.

Data related to the intake survey and post-intervention survey will be linked to the EHR for each patient using a unique study ID number that allows for de-identification of data. Only de-identified data will be utilized for analysis by the research team. The research team will carefully consider whether the information could be used to determine individual identity.

LINKAGES

Will the data set be linked with any other data sets?

No

DESTRUCTION OF PID VERIFICATION

Indicate that you will provide CPHS with a letter certifying that PID has been destroyed and/or returned to the data source once research is concluded.

Yes

DATA SECURITY LETTER

Upload a certification/statement from the Chief Information Officer, Privacy Officer, Security Officer or equivalent position of the researcher's institution that CPHS Data Security Standards are met.

- *Data security letters cannot be signed by the Principal Investigator or Responsible Official.*
- *The data security letter must be on your institution's letterhead.*
- *Example of data security letter*

Data Security Letter - UC Davis

Signed DataSecurity Letter.pdf

Wild Blue Evaluation Data Security Letter

Data Security Letter

Data Security Letter

Data Security Letter

Physical Safeguards

DATA PROTECTION

Indicate that research records and physical samples will be protected through the use of locked cabinets and locked rooms; PID in paper form will not be left unattended unless locked in a file cabinet, file room, desk, or office.

Yes

DATA DESTRUCTION

Will data/samples will be destroyed or returned as soon as it is no longer needed for the research project.

Yes

RETAINED DATA

Will the retained data/samples have personal identifiers or be de-identified?

data will be de-identified

Explain what identifiers will be removed and how.

Analytic datasets will be coded with a study ID and contain no PID.

DESTRUCTION METHODS

Describe how you will ensure the PID in paper form is disposed of through confidential means, such as cross cut shredding or pulverizing.

Data in paper form will be disposed of through confidential means including cross cut shredding or pulverizing, or securely delivered to a commercial entity specializing in destruction of confidential data.

FAXING

Describe how you will ensure that faxes with PID are not left unattended and fax machines are in secure areas.

No PID will be transmitted via fax machine, and no fax machines are located near study areas.

MAILING

Indicate whether mailings of PID are sealed and secured from inappropriate viewing; and whether mailings of 500 or more individually identifiable records of PID in a single package, and all mailings of PID to vendors/contractors/co-researchers, are sent using a tracked mailing method, which includes verification of delivery and receipt, such as UPS, U.S. Express Mail, or Federal Express, or by bonded courier.

Mailing of PID or any data will not be utilized in this study.

ELECTRONIC STORAGE

State whether PID in paper or electronic form, e.g., stored on laptop computers and portable electronic storage media (e.g., USB drives and CDs), will ever be left unattended in cars or other unsecured locations.

Electronic data will be stored on a Kaweah's computer drive that is backed up daily, in a password-protected folder only accessible by the PI and other study personnel and deleted after five (5) years. PID paper or electronic form will never be left unattended or in unsecured locations.

PHYSICAL STORAGE

Describe whether facilities, which store PID in paper or electronic form, have controlled access procedures, and 24 hour guard or monitored alarm service.

Kaweah Health is the largest hospital in Tulare County, with commensurate security procedures: Buildings which store PID are locked, alarm service, and paper surveys locked in a locked bag

SERVER SECURITY

Provide a description of whether all servers containing unencrypted PID are housed in a secure room with controlled access procedures.

All servers containing encrypted or unencrypted PID are housed in locked rooms.

STORING IDENTIFIERS

Indicate whether identifiers will be stored separately from analysis data.

PID will be stored separately from analysis data. PID will be maintained in a password-protected file that links participant identifiers with a Participant ID number. Data will only be identified with the study ID number and a sample barcode number.

DISK STORAGE

State whether all disks with PID will be destroyed.

All PID data will be deleted after five (5) years. Any back-up containing data will be physically destroyed when no longer needed for this project.

Electronic Safeguard

COMPUTER ACCESS OVERVIEW

State whether all computer access will be protected through the use of encryption, passwords, and other protections.

All computers that will be used to evaluate and work with this data are password protected. Files with PID are also protected and can only be accessed by authorized project staff. Electronic data will be stored on a Kaweah's computer drive that is backed up daily, in a password-protected folder only accessible by the PI and other study personnel.

FIPS 140-2 COMPLIANCE: WORKSTATIONS

Indicate whether all workstations that contain PID have full disc encryption that uses FIPS 140-2 compliant software. If not, explain why not and what encryption will be used.

All encryption meets FIPS 140-2 compliance. Access to data stored on compliance hardware is limited to only authorized users, where least privilege is employed, and multi-factor authentication is required when accessing remotely. No PID will be stored on laptops or hard drives. Hard drives and laptops in UC Davis Public Health Sciences servers have self-encrypting drives and/or system level full disk encryption using FIPS 140-2 compliant encryption, and in the use of OneDrive, which is hosted by Microsoft, encryption starts with self-encrypting drives, and also employs system level encryption.

FIPS 140-2 COMPLIANCE: LAPTOPS

Indicate if all laptops that contain PID have full disc encryption that uses FIPS 140-2 compliant software. If not, explain why not and what encryption will be used.

No laptops will store PID at any time.

FIPS 140-2 COMPLIANCE: REMOVABLE MEDIA DEVICES

Indicate if PID on removable media devices (e.g. USB thumb drives, CD/DVD, smartphones, backup recordings) are encrypted with software that is FIPS 140-2 compliant.

No PID will be stored or transported on CD/DVDs, thumb drives, smartphones, tapes, or other removable media.

SECURITY PATCHES

Indicate if all workstations, laptops and other systems that process and/or store PID have security patches applied in a reasonable time frame.

Yes, all workstations, servers, and laptops that process or store PID have security patches applied in a reasonable time frame.

PASSWORD CONTROLS

Indicate if sufficiently strong password controls are in place to protect PID stored on workstations, laptops, servers, and removable media.

Sufficiently strong passwords and password controls are in place on all laptops, servers, and workstations. Access to the CDPH intranet and workstations are granted to authorized users only using a password that must be least 8 characters long with unique attributes.

ELECTRONIC SECURITY CONTROLS

Indicate if sufficient system security controls are in place for automatic screen timeout, automated audit trails, intrusion detection, anti-virus, and periodic system security/log reviews.

Sufficient system security controls are in place for automatic screen timeout, automated audit trails, intrusion detection, anti-virus, and periodic system security/log reviews.

FIPS 140-2 COMPLIANCE: ELECTRONIC TRANSMISSION

Explain whether all transmissions of electronic PID outside the secure internal network (e.g., emails, website access, and file transfer) are encrypted using software which is compliant with FIPS 140-2.

Transmission of CDPH data to and from outside entities requires the use of the Secure File Transfer Protocol (SFTP) for direct server-to-server communication. CDPH staff can send secure emails that meet HIPAA standards. CDPH adheres to State standards and best practices that all data in transit is encrypted. Both Kaweah and UC Davis also employ encryption software compliant with FIPS 140-2 for transmission of electronic PID.

INTERNET ACCESSIBILITY

Note if PID in an electronic form will be accessible to the internet.

Encrypted PID is not accessible to an uncredentialed user on the internet.

DISPOSING OF PID

When disposing of electronic PID, indicate whether sufficiently secure wiping, degaussing, or physical destruction will be used.

Sufficiently secure wiping and physical destruction of paper surveys will be used. CDPH uses secure wiping, degaussing, and physical destruction methods when disposing of electronic data containing confidential, personal, or sensitive information.

Conflict of Interest Information

CONFLICT OF INTEREST (COI) INSTRUCTIONS

A COI is defined as any financial or other relationships of the researcher(s) or the institution that could be perceived as affecting the objective conduct of the research, including the interpretation and publication of the findings. Researchers must disclose any COI, including perceived COI.

Financial relationships to be disclosed include but are not limited to the following:

- **Present or anticipated ownership of stock, stock options, or other financial obligations of the source of funding.**
- **Receipt or expectation of payment of any sort in connection with papers, symposia, consulting, editing, etc. from the source of funding.**
- **The sale or licensing or anticipated sale or licensing of medical or other products or intellectual property, such as patents, copyrights, or trade secrets to the source of funding or other entities.**
- **Any past, present or anticipated receipt of money or other valuable consideration from the source of research funding by the researcher(s), the family of the researcher(s), the research institution, or by an institution in which the researcher(s) or the family of the researcher(s) has an interest as owner, creditor, or officer.**

DISCLOSURES

Does any member of the study team, members' spouses, or members' dependent children have any significant financial interests related to the work to be conducted as part of the above-referenced project?

No

Informed Consent Procedures

INFORMED CONSENT PROCEDURES

Provide a description of procedures to be used in obtaining and documenting informed consent from participants.

See instructions and examples on CPHS website.

A consent form will be signed by all study participants before commencing an in-home visit and intake survey. The agreement ensures the following:

1. Participants will be provided with all the required information about the study (goal, objectives, timelines, etc.) in the language the participant prefers.

a) Information about the consent form is provided upon initial contact with the patient (via phone call) by the care coordinator. The consent form is explained in detail during the in-home visit and signed by the patient.

b) The consent form has been translated by Kaweah Health into English and Spanish. Additionally, all care coordinators and CHWs involved in the process fluently speak both languages.

2. Participants are given ample time to read the consent form and consider participation. Kaweah Health staff are available to answer any questions or concerns before signing.

3. Participants are informed that they can change their mind, refuse to answer any of the questions or withdraw from the pilot at any time.

4. Participants are informed that their decision to not participate in the study will not affect their participation or care in the ECM and Medi-Cal Managed Care program.

5. The patient is provided with a copy of both the consent form and the participant's bill of rights for non-medical research.

The consent form for the treatment group outlines the following:

1. Purpose and Objective of the study.

2. Procedures that will be conducted throughout the study.

3. Potential risks or benefits that may be associated with their involvement.

4. Participants' rights, including their ability to withdraw from the study at any point.

5. Process for how patient's confidentiality and privacy will be protected and how researchers will ensure their personal information remains secure.

6. Informs patients that they will be asked to fill out an intake survey.

7. Authorizes Kaweah Health to share specific (non-health-related) patient information with Proteus Inc. to determine weatherization eligibility (Only for patients who sign the intake assessment referral authorization).

8. Informs patients that one (1) year after receiving weatherization services, patients can choose to participate in a post-intervention survey administered

by CHW via phone.

9. Grants Kaweah Health permission to access patient electronic health data for both treatment group and comparison group.

10. Gives Kaweah Health permission to share de-identified information collected in the pilot process (intake assessment and post-intervention survey, electronic health data) with the University of California, Davis who will be conducting the evaluation.

11. Inform patients that study staff will protect patient personal information to limit the ability to connect a patient's responses with any other information that identifies them. Each patient will be assigned a unique program ID number and PHI/PHD will be removed before any data is shared outside Kaweah Health with project partners.

12. Informs patients that this study may lead to publication and other ways of sharing the study results with the scientific community and/or general public. Specific individuals will not be identified in any such publications from this study.

Additionally, the consent form for the comparison group outlines:

1. Purpose and Objective of the study.

2. Procedures that will be conducted throughout the study.

3. Potential risks or benefits that may be associated with their involvement.

4. Participants' rights, including their ability to withdraw for the study at any point.

5. Process for how patient's confidentiality and privacy will be protected and how researchers will ensure their personal information remains secure.

6. Grants Kaweah Health permission to access patient electronic health data for both treatment group and comparison group.

7. Gives Kaweah Health permission to share de-identified electronic health data information with the University of California, Davis who will be conducting the evaluation.

8. Inform patients that study staff will protect patient personal information to limit the ability to connect a patient's responses with any other information that identifies them. Each patient will be assigned a unique program ID number and PHI/PHD will be removed before any data is shared outside Kaweah Health with project partners.

9. Informs patients that this study may lead to publication and other ways of sharing the study results with the scientific community and/or general public. Specific individuals will not be identified in any such publications from this study.

To ensure informed consent, Kaweah's Community Health Workers (CHWs) will collect signed HIPAA authorization forms and participant consent forms for patients in both the comparison and treatment groups prior to the commencement of the in-home visit and accessing any health information. The forms will be available in both English and Spanish. The HIPAA release form will describe the protected health information (PHI) being accessed, indicate the reasons for accessing and analyzing the PHI, and describe the entities and individuals that will receive the information. Kaweah's CHWs will collect signed consent forms for all adults in the household. The forms will be available in both English and Spanish. Kaweah Health CHWs will only collect signed consent forms from patients participating in the study. By

signing the consent forms, participants agree to be referred to Proteus for weatherization determination and to have their electronic health records and survey responses shared with UC Davis and Proteus. In the case of patients who are renter, they also will need to provide consent to share homeowner contact information with Kaweah Health. No other household member needs to sign in order to be referred to Proteus.

While all patients referred for weatherization services will receive the same consent form, patients in the comparison group will receive a different form that does not request that they complete a survey. The consent form for the comparison group requests permission to access patients' medical records for research purposes, and advises the patient that they can receive information about how to access weatherization services. All patients must be 18 years or older and the ability to legally consent.

Patient's medical records will not be linked to any identifying information. Kaweah Health will de-identify all information and assign a Program Identification number to be used for analysis purposes before sharing any data with partners. The only partner that will receive de-identified health information will be Kathryn Conlon from UC Davis (Please see forms attached). Other study partners will not receive any health or medical information. Only data from ECM patients and managed care patients who are 18 years or older will be collected. The revised intake assessment no longer includes the question about the symptoms of other family members or their relationship with the patient. No information will be gathered from any other member residing in the same household and no medical treatments will be offered under this study beyond the weatherization services.

CONSENT FORMS

Attach copies of consent forms and any other documents or oral scripts used to inform potential research subjects about the study. See examples of consent and assent forms on the CPHS website.

Be sure to include a concise explanation of key information for participants at the beginning of your consent form, as shown in the examples on the website. Also attach the Participant's Bill of Rights (download the revised version from the same CPHS website). CPHS may approve the use of a consent procedure which does not include, or which alters, some or all of the elements of informed consent. If a waiver or alteration of informed consent is being requested, attach a document that explains how all of the criteria below will be satisfied.

Comparison Group, Consent Form (English).pdf	Consent Form
Treatment Group- Consent Form (English).pdf	Consent Form
Waiver CHW Copy Script	Consent Form
Waiver CHW Script	Consent Form
Waiver Patient Copy	Consent Form

Deleted Attachments: 2 (Most Recent: Treatment Group - Consent Form (English) on 04/16/2025 7:00 PM ET)

TRANSLATED DOCUMENTS

Provide copies of the non-English version of consent/assent forms and/or scripts to be used in this research.

Comparison Group,Consent Form (Spanish).pdf	Consent Form
Treatment Group- Consent Form (Spanish).pdf	Consent Form
Waiver CHW Copy Script SPANISH	Consent Form
Waiver Patient Copy SPANISH	Consent Form

Deleted Attachments: 2 (Most Recent: Treatment Group - Consent Form (Spanish) on 04/16/2025 7:02 PM ET)

TRANSLATOR

Provide a copy of the curriculum vitae of the translators(s) and/or proof of certification of the translation firm.

CPHS may reject poorly written documents or documents from translators lacking adequate proof of training or expertise. For studies using documents translated into Spanish, the translation should use formal language.

Abigail Ramirez Resume .pdf Translator Curriculum Vitae

Alma Torres Resume.pdf Translator Curriculum Vitae

Informed Consent Waiver

INFORMED CONSENT WAIVER

Are you requesting a waiver or alteration of informed consent?

Yes

Provide a rationale as to why the research could not practicably be conducted without the waiver or alteration.

This research study will obtain verbal waiver of consent from all adults living within the household. No PI will be collected from these adults and trained community health workers will obtain the waiver of consent.

Provide a detailed account of the plans and measures that will be in place to protect the rights and welfare of the subjects.

Researchers will not only obtain a written consent form from the primary study participants but also a verbal waiver of written consent from all the adult household members living in the household. The purpose of the waiver is to ensure that all adults in a household are provided with the opportunity to consent to a study intervention that may impact their living environment, even if they are not directly participating in the research study. The following are the procedures for obtaining waiver forms from adults living with the study participants.

Protocol to obtain verbal consent:

- 1.) A Community Health Worker (CHW) will speak with the main study participant to schedule a time and date to visit their home. The CHW will attempt to arrange an appointment on a day when all adult household members are available.
 - 2.) During the in-home visit, the CHW will have a copy of the waiver to record the verbal consents of the household members. Additionally, the CHW will provide copies of the written waiver document to all present household members, enabling them to follow along. The document is available in Spanish and English, but its translation to other languages is possible upon request. The waiver outlines the study's purpose, its implications on the home environment, and the reasons why a waiver is necessary. Informed consent elements, such as potential risks and confidentiality procedures are also clearly explained in the waiver. The CHW will emphasize to the household members that no data or information will be collected from them or shared with any agency.
- No identifying information will be collected from the household members. They will only be asked to provide a verbal consent as an acknowledgment of study and their understanding of the waiver.
 - If household members are absent during the in-home visit, the CHW will leave a copy of the waiver information and follow-up with the study participant. The CHW will ask to speak to the household member to receive verbal confirmation. The waiver form will contain the PI's information for any concerns or questions.

3.) To accurately track the total number of verbal consents from all household members and identify any missing members requiring follow-up, the CHW will record this information on their copy of the waiver document and transfer this information to the study's participant Excel file, available only to Kaweah Health and secured in the SFTP system. For example, if a household consists of four adult members, including the study participant, but only two are present during the in-home visit, the CHW will document the total number verbal consents and make note of any missing ones.

4) If any household member is hesitant to sign the waiver, the CHW will strive to address their concerns, answer any questions, and provide further information about the purpose of the waiver and the study. If the household member refuses to sign the waiver, the CHW will inform the study participant that the referral process cannot proceed.

5.) If any household member is not present during the home visit or requests more time to consider, the CHW leave copies of the waiver form at the household. The CHW will phone the household at a later date, read the waiver script and the waiver form to any household member that has not yet verbally consented. Household members will then have the opportunity to give verbal consent.

By following this protocol, the study team aims to ensure that all adults in the household have a chance to understand the implications of the study intervention on their living environment and potential health impacts. This approach facilitates effective communications between the CHW and the household members regarding their involvement in the study.

HIPAA Determination

HIPAA INSTRUCTIONS

To determine if this project is covered by HIPAA, answer the following questions.

COVERED ENTITY

Will health information be obtained from a covered entity, known as a clearinghouse, such as Blue Cross, that processes or facilitates processing health data from another entity, including but not limited to state databases?

No

HEALTHCARE PROVISIONS

Will the study involve the provision of healthcare by a covered entity, such as the UCD Medical Center?

No

OTHER HIPAA CRITERIA

Will the study involve other HIPAA criteria not listed above?

Yes

HIPAA WAIVER

Are you requesting a waiver or alteration of HIPAA authorization?

If you have already received a waiver/alteration from another IRB choose 'waiver/alteration approved by another IRB'. You do not need to apply for a waiver or alteration as the HIPAA waiver or alteration of authorization is only required from one IRB.

No

HIPAA AUTHORIZATION FORM

Upload a copy of the HIPAA Authorization form(s) or the documentation of the approval of a waiver/alteration from another IRB.

Comparison Group- HIPAA Form (English).pdf HIPAA Documents

Comparison Group- HIPAA Form (Spanish).pdf HIPAA Documents

Treatment Group (HIPAA Form)- English.pdf HIPAA Documents

Treatment Group (HIPAA form)- Spanish.pdf HIPAA Documents

Deleted Attachments: 4 (Most Recent: Treatment Group - HIPAA Form (Spanish) on 04/16/2025 6:59 PM ET)

Amendment Changes

List the pages and questions that have been changed.

1.) Purpose:

- listed the new target population, Medi-Cal Managed Care patients and provided a description of the program and the intended beneficiaries.
- consolidated sentences to comply with word count restriction.

2.) Research Question:

- Added the new target population, Medi-Cal Managed Care patients to all three research questions.

3.) Study Population:

- Listed new target population, Medi-Cal Managed Care patients and included program and population description. - Adjusted the previous eligibility criteria by removing those at risk of being homeless, high utilizers of the emergency department or Hospital, and those with a mental health diagnosis. The current criteria only include patients 1.) diagnosed with Asthma/ Chronic Obstructive Pulmonary Disease (COPD) and patients 2.) living in a single-family dwelling.
- The post-weatherization data collection time frame for both the comparison and treatment groups were modified from occurring within 12 months of the weatherization to six (6) to twelve (12) months from weatherization. We modified this timeframe to accommodate the fluid funding environment to ensure that we can capture as much post-weatherization data as possible.

4.) Study Procedures- Intake Survey Section

- Included additional details regarding intake survey procedures and outlined outreach details for patients who were previously surveyed by CHWs with the previous survey.

5.) Changes to the following documents:

- English and Spanish intake survey: Addition of questions to the Health Conditions and Housing Conditions sections.
- English and Spanish patient post survey- include the questions added to the intake survey.
- English and Spanish CHW call Script: Inclusion of question by CHW that inquiries about the patient's housing type to assess eligibility for the programs available through this pilot.

6.) Rationale:

- Added the new target population, Medi-Cal Managed Care patients and provided a description of the program and intended beneficiaries. The rationale also included a description of barriers faced by this new population and an explanation for why they are being included in the study.

7.) Screening:

- Adjusted the previous eligibility criteria by removing those at risk of being homeless, high utilizers of the emergency department or Hospital, and those with a mental health diagnosis. The current criteria only include patients 1.) diagnosed with Asthma/ Chronic Obstructive Pulmonary Disease (COPD) and patients 2.) living in a single-family dwelling.

8.) Consent Forms + Translated Materials

- Addition of Medi-Cal Managed Care patients to both comparison and treatment group forms (English and Spanish documents)

9.) HIPAA Authorization form

- Addition of Medi-Cal Managed Care program/patients to Section III – Reason for Using Health Information of the HIPAA form.

Cover Letter and PI Signature for PI Submission

BUDGET

Does this project have a budget?

Yes

Attach a copy of your project budget here

Budget Project Budget

COVER LETTER

Attach a copy of your project cover letter.

Cover letter must have the requesting institution's letterhead.

Cover Letter.pdf Cover Letter

In order for the PI to review and sign this form, you will need to click "Next" and on the next page, click "Submit." At that point the PI will receive notification that will need to review the application and if they request changes, they will return the form to you and you will receive an email notification.

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