CENTER FOR DATA INSIGHTS AND INNOVATION
CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

View xForm - Project Application v6

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

Data entry
- Submitted 05/29/2026 2:33 PM ET by Jane Allen, MA

New Submission Study Personnel

NEW CONTACT INSTRUCTIONS

If personnel are not found by their email address while trying to complete the following questions, you can add them in the system with the link below. Click on the "New Contact 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.

User had the option to start a different form here.

PRINCIPAL INVESTIGATOR (PI)

Enter the Principal Investigator's email address.

Kim Hayes, MPH

Email: khayes@rti.org **Business:** (919) 541-1215

Choose the institution with which the PI is affiliated (not the location at which the research is being conducted).

Research Triangle Institute (RTI) International

Enter the city in which the PI's institution is located.
Durham

Enter the state in which the PI's institution is located.

Start typing in the state name to select the name from the list.

North Carolina

Attach a copy of the PI's Curriculum Vitae.

Attachment 1. Kim Hayes CV.docx PI Curriculum Vitae

Deleted Attachments: 2 (Most Recent: HAYES_KIM.docx on 04/01/2026 1:55 PM ET)

CO-PRINCIPAL INVESTIGATOR (CO-PI)

Enter the Co-PI's email address by clicking on the "Add Contact" button.

If there are multiple co-principal investigators, repeat this action for all Co-PIs. If there are no Co-PIs for this project, skip this question.

No answer provided.

ADMINISTRATIVE CONTACT

Enter the email address(es) for the administrative contact(s). If you are the administrative contact, enter your email address, and enter anyone else you want listed as an administrative contact.

Jane Allen, MA

Email: janeallen@rti.org **Business:** (781) 370-4041

Kim Hayes, MPH

Email: khayes@rti.org **Business:** (919) 541-1215

Vaughn Armbrister, MPH

Email: aarmbrister@rti.org **Business:** (919) 248-8521

RESPONSIBLE OFFICIAL (RO)

Enter the RO's email address.

*The RO **cannot** be the same person as the PI or Co-PI. The RO must have supervisory authority, in the administrative structure of the institution, over the PI.*

Jane Allen, MA

Email: janeallen@rti.org **Business:** (781) 370-4041

OTHER RESEARCH STAFF

Enter the email address for any other research staff by clicking the "Add Contact" button.

Repeat this action for all other research staff not previously provided on this screen that should receive notifications about this project. If there are no additional research staff, skip this question.

Laurel Curry, PhD
Email: lcurry@rti.org **Business:** (202) 728-2086

Leslie Zapata Leiva, BS
Email: lzapataleiva@rti.org **Business:** (919) 485-7785

Brian Bradfield, BA
Email: bbradfield@rti.org **Business:** (919) 541-6257

Alyssa Jordan, MPH
Email: ajordan@rti.org **Business:** (919) 485-5716

Lauren Dutra, PhD
Email: ldutra@rti.org **Business:** (510) 665-8297

Kevin Davis, MA
Email: kcdavis@rti.org **Business:** (919) 541-5801

Burton Levine, MS
Email: blevine@rti.org **Business:** (919) 541-1252

Check for PI same as RO (internal only question) *(Internal)*

False

Project Information

SUBMITTER

Application completed by:

Jane Allen, MA
Email: janeallen@rti.org **Business:** (781) 370-4041

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).

Evaluation Of The California Department Of Public Health (CDPH) Substance And Addiction Prevention Branch (SAPB) Youth Cannabis Prevention Media Campaign

PROJECT SITE

Indicate the primary site at which the research will be conducted.

RTI International

STUDY PROCEDURES

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

Interviews
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
Assent form

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.

Minors

Please click the link below to fill out the supplement involving children. After you've finished the form, you will need to save it locally and then attach in the space below.

Link to Children Supplemental Form

Attachment 2. Checklist-For-Research-Involving-Children_revised-2-25-22.pdf	Children Supplemental Form

Deleted Attachments: 2 (Most Recent: Checklist-For-Research-Involving-Children_revised-2-25-22.pdf on 04/01/2026 4:12 PM ET)

FUNDING

Is this research funded?

Yes

Indicate the funding source for this project.
State funded

Enter name of state-funded source.
California Department of Public Health

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

06/05/2026

ANTICIPATED PROJECT END DATE

12/31/2029

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 project is designed to evaluate the California Department of Public Health (CDPH) Substance and Addiction Prevention Branch (SAPB) media campaigns to prevent, disrupt, and reduce cannabis use among youth, ages 13-17, and young adults, ages 18-20.

The campaigns consist of Mind Over Marijuana, a campaign for youth (and expanding to young adults in the year ahead) and Let's Talk Cannabis, a campaign for English and Spanish speaking parents and guardians.

A large body of research shows that public education campaigns can promote healthier communities, and that independent evaluation of those campaigns can document progress toward goals and provide insights to strengthen ongoing campaigns.

The major evaluation questions are: 1) whether the campaigns have been seen by the intended audiences, 2) whether the campaigns resonate with the intended audiences, and 3) whether awareness of the campaign brand and ads is associated with campaign-related beliefs and other outcomes at the individual and population levels.

The end products of this evaluation include interim and final reports, brief public-facing reports, one webinar describing the results of the evaluation, and one conference presentation.

The majority of the work conducted for this project will take place at RTI International.

MAJOR RESEARCH QUESTION

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

The major evaluation question is "What is the impact of the Youth Cannabis Prevention Media Campaign on intended audiences?" This overarching evaluation question will be answered using quantitative and qualitative data to document 1) whether the campaigns have been seen by the intended audiences, 2) whether the campaigns resonate with the intended audiences, and 3) whether awareness of the campaign brand and ads is associated with campaign-related beliefs and other outcomes at the individual and population levels. The evaluation team will use this information to document campaign impact and provide recommendations that may increase campaign effectiveness in the future.

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 components of the Youth Cannabis Prevention Media Campaign Evaluation that make use of data from human subjects are: 1) California and National Comparison Surveys, 2) Efficacy Studies, and 3) Qualitative Research in the form of in-depth interviews. We will also engage in social media listening for this evaluation, but we will not cover this study component in detail as it does not involve human subjects. Below we describe the procedures for each.

CALIFORNIA AND NATIONAL COMPARISON SURVEYS

We will conduct online surveys approximately every 4 months throughout the evaluation period, for a total of 11 waves of data collection. The first wave of data collection will be the Bridge Campaign Evaluation Data Collection. It will take place in approximately June 2026, near the end of the youth bridge campaign, and approximately four months after the end of the adult bridge campaign. We will use this data collection to understand awareness of and reactions to advertising created as part of the 2023 media campaign. We will survey 1,000 California youth and 1,000 California parents/guardians, and the same number of youth and parents/guardians from the rest of the United States, as shown in Exhibit 1. The Bridge Campaign Data Collection will be fully cross-sectional.

The second and third waves of data collection will be the Baseline Data Collections for the New Campaign. These will be our primary baseline data collections. Having two data points before the campaign launches will enable us to statistically account for pre-campaign outcome trends. Following baseline, we will conduct the Follow-up Data Collections for the New Campaign. These eight data collections will permit us to draw associations between the campaign and relevant outcomes over time. An effective campaign is expected to produce belief change followed by changes in more distal outcomes, such as intentions and behaviors.

The first Baseline Data Collection will be fully cross-sectional. For the second Baseline Data Collection and the Follow-up Data Collections for the New Media Campaign, we will invite back all past participants which, over time, will produce a series of longitudinal samples. At each wave we will supplement the longitudinal sample with cross-sectional data to achieve a total per-wave sample size of approximately 1,400 California youth and young adults and 1,000 California parents/guardians, and an equal number of surveys from respondents in the rest of the United States, as shown in Exhibit 2.

We will work with an established panel vendor to program the survey, recruit participants, administer the survey, provide participant incentives, and provide the data to RTI for analysis. Survey data files will be delivered to RTI via encrypted email and stored on RTI's secure Linux grid for processing, review, quality checks, and preparation for CDPH. The RTI team will provide the specifications for the survey, test the survey to ensure it is programmed accurately, conduct an analysis of the soft launch data, monitor the number of completes coming in and check progress toward soft quotas, and analyze the survey data when it is available. RTI will ensure that CDPH is an integral partner in the data collection by obtaining CDPH approval on final survey specifications before programming, providing CDPH with live links to test surveys before launch, sharing the details of the soft launch data analysis, and providing CDPH with regular updates on progress toward meeting soft quotas and other metrics, so we can make decisions about how to proceed as a team. Data files will be transferred to CDPH on an ongoing basis.

We provide the youth (Attachment 1) and parent/guardian (Attachment 2) Bridge Campaign surveys for IRB review at this time. The Baseline and Follow-Up Surveys will be provided later as an amendment, as we are unable to develop them at this time (because the campaign they will be designed to evaluate does not yet exist).

EFFICACY STUDIES

We propose to conduct efficacy studies during the Bridge Campaign Evaluation Data Collection and during two waves (First and Fourth Follow-up) of the Follow-up Data Collections for the New Media Campaign, for a total of three studies. However, the timing of the efficacy studies is flexible and can be determined in collaboration with CDPH.

The efficacy studies will be implemented by embedding an experimental design into the California versions of the surveys. Specifically, following survey screening and consent, we randomize participants to one of two conditions: "Exposed" and "Not Exposed" (Exhibit 3). In the "Exposed" condition, we will show participants campaign ads and measure their reactions to those ads before asking about their campaign-related beliefs. In the "Not Exposed" condition, we ask about beliefs first, then show participants the ads. This approach is useful for assessing the immediate, short-term effects of exposure to campaign ads.

IN-DEPTH INTERVIEWS

CDPH would like to determine the audiences and topics for the in-depth interviews based on results from the quantitative surveys. Thus, there is a great deal of detail we do not have at this time. What we do know is that we will work with a recruitment vendor to identify, screen, and schedule participants. All sessions will be conducted virtually via Zoom, which allows for video and audio-recording, screen sharing to test campaign messages and materials, and is compatible with internal and external web cameras. An RTI moderator and notetaker will coordinate each session, leading

participants through semi-structured discussion questions using an approved moderator guide that we will develop in collaboration with CDPH after the audiences are selected. The moderator guide will be organized into several domains, as shown below in Exhibit 5.

Once RTI have finalized study procedures for the in-depth interviews, including priority audiences, recruitment methods and incentive details, in collaboration with CDPH, an amendment to the IRB package will be submitted for committee review and approval.

SOCIAL MEDIA LISTENING

We will also conduct social media listening, which will enable us to document how campaign audiences encounter and react to the campaign on social media. This analysis will capture three primary categories of social media activity: earned, organic, and paid (if CDPH can arrange for RTI to receive the data). We will not describe the social media component of the study in depth in this IRB package because it does not involve human subjects. However, if the IRB would like to know more about our plans for social media listening, we would be glad to supply that information.

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.

Attachment 4. Consenting Documents Adults Quantitative Data Collection (1).docx	Consent Form
Attachment 5. Consenting Documents Youth Quantitative Data Collection (1).docx	Consent Form
DCWP Parent Bridge Survey_FINAL_5.27.2026.docx	Instruments
DCWP Youth Bridge Survey_FINAL_5.27.2026.docx	Instruments
Attachment 3. Study Procedures Exhibits.docx	Misc/Other

Deleted Attachments: 14 (Most Recent: Attachment 5. Youth Bridge Survey.docx on 04/01/2026 2:22 PM ET)

RECORDING

Will audio or video recording occur?

Yes

Describe how the recordings will be maintained during and upon completion of the project. Describe what will become of the recordings after use (e.g., shown at scientific meetings, erased, etc.).
Purpose of Recording

We will use audio and video recording for the in-depth interviews, to allow researchers the ability to review participant answers for the purpose of analysis and report development.

Recording Procedures

At the start of each interview, the moderator will introduce themselves, introduce the study, and review highlights from the consent form. The moderator will allow time for the participant to ask questions and then ask the participant to verbally confirm their consent to participate. The RTI notetaker will document verbal consent, including consent for the interview to be recorded. After receiving consent, the notetaker will start the audio and video recording. The moderator will then lead participants through the semi-structured discussion questions using the approved moderator guide. Participants will be required to join the interview with their camera on.

Storage of Recordings and Transcripts

The recordings from the interviews will be stored securely on a password-protected computer. Transcripts of the interviews will be obtained via Zoom. If the transcripts provided by Zoom are not high quality, RTI will obtain verbatim transcripts via Rev. Transcripts will be stored on a password-protected computer.

Destruction of Recordings and Transcripts

Within 3 months of CDPH's acceptance of the Final Evaluation Report, RTI will delete all recordings and transcripts from this study. We will obtain the recordings and transcripts through this period to ensure we have the information we need to develop the Final Evaluation Report and respond to any follow-up questions CDPH has about the report.

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.

Not applicable

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.

SURVEYS

How Human Subjects will be Involved in the Research

We will survey youth and parents/guardians via online surveys to measure their awareness of CDPH's Youth Cannabis Prevention Media Campaign, and their endorsement of campaign-related beliefs and other outcomes such as intention, self-efficacy, and behavior. We will analyze participant survey data to evaluate the campaign and to make recommendations that may increase campaign effectiveness in the future. All participant survey data will be combined during analysis and reporting, so it will not be possible to identify any individual who participated in a survey.

Participant Characteristics

Age
Participants in the Bridge Campaign Evaluation Data Collection will be youth, ages 13-17, and parents or guardians of youth ages 11-17. Participants in the Baseline and Follow-up Evaluation Data Collections for the New Media Campaign will be youth, ages 13-17, young adults, ages 18-20, and parents or guardians of youth ages 11-17.

Gender
For all surveys, we will aim to develop samples that consist of no more than 60% of participants who describe themselves solely as "girl" or "woman." This is because girls and women participate in online surveys at greater rates than people of other gender identities, and we want to ensure variation in gender identity within our samples.

Race and Ethnicity
For all surveys, including both the California and national comparison surveys, we will aim to develop samples that generally reflect the population of California in terms of race and ethnicity. We have developed soft quotas as guides for recruitment for this purpose. We used census data to develop soft quotas for race/ethnicity for youth and adults. We acknowledge that it may be challenging to develop samples that reflect the state in terms of race/ethnicity, and that our final sample may be less racially and ethnically diverse that the state.

Cannabis Use Status
For the youth surveys, we will screen on cannabis use to ensure that our sample includes people who have used cannabis and/or at risk for future

cannabis use. This is necessary to determine whether the campaign is reaching, resonating with, and influencing the intended audience.

Number of Participants

For the Bridge Campaign Evaluation Data Collection we will survey youth, ages 13-17, and parents/guardians of youth ages 11-17. Specifically, as shown in Study Procedures Exhibit 1, we will survey 1,000 youth in California, and 1,000 youth in the rest of the United States. We will also survey 1,000 parents/guardians in California, and 1,000 parents/guardians in the rest of the United States. Because there will be one data collection associated with the Bridge Campaign Evaluation, the total number of people we will survey for this component of the study is 4,000.

For the Baseline and Follow-up Evaluation Data Collections for the New Media Campaign, we will survey youth, ages 13-17, young adults ages 18-20, and parents/guardians of youth ages 11-17. Specifically, as shown in Study Procedures Exhibit 2, we will survey 1,400 youth and young adults in California, and 1,400 youth and young adults in the rest of the United States. We will also survey 1,000 parents/guardians in California, and 1,000 parents/guardians in the rest of the United States. Because there will be ten data collections associated with the New Media Campaign Evaluation, the total number of people we will survey for this component of the study is 48,000. However, we will invite all participants who have taken any survey to participate in all follow-up surveys. Based on our experience we expect that up to 15% of the sample will participate in multiple surveys. Thus, the total number of individuals we will survey will likely be less than 48,000.

EFFICACY STUDIES

How Human Subjects will be Involved in the Research

Efficacy studies will be embedded within three California surveys. Thus, all efficacy study participants will also be participants in one of the evaluation surveys, and will answer the same questions as participants in one of the evaluation surveys. The only difference between the survey and the efficacy study is that in the efficacy study we vary the order in which some participants view campaign media and answer questions. The purpose of the efficacy study is to document the immediate, short-term effect of exposure to campaign media. These data can be indicators of early campaign effectiveness. We will analyze participant survey data to evaluate the campaign and to make recommendations that may increase campaign effectiveness in the future. All participant survey data will be combined during analysis and reporting, so it will not be possible to identify any individual who participated in a survey.

We propose to conduct efficacy studies during the Bridge Campaign Evaluation Data Collection, and during the first and fourth waves of the Follow-up Data Collections for the New Media Campaign. However, we are flexible about when we conduct efficacy studies, and may make adjustments

to the survey waves at which we will conduct efficacy studies based on the information needs of CDPH.

Participant Characteristics

Age
For the efficacy study conducted via the Bridge Campaign Evaluation Data Collection, participants will be California youth, ages 13-17 and parents/guardians of youth ages 11-17. For the efficacy study conducted via the Follow-up Data Collections for the New Media Campaign, participants will be California youth, ages 13-17, young adults, ages 18-20, and parents/guardians of youth ages 11-17.

Gender, Race/Ethnicity, Cannabis Use status, State of Residence
Because the efficacy study data is derived from the surveys, the participant characteristics will reflect the survey characteristics described above. We will not conduct efficacy studies with survey participants from the national comparison sample.

Number of Participants

For the Bridge Campaign Evaluation Data Collection, we will survey 1,000 California youth and 1,000 California parents/guardians. For the Follow-up Evaluation Data Collections for the New Media Campaign, we will survey 1,400 California youth and young adults, and 1,000 California parents/guardians. Because we will conduct one efficacy study during the Bridge Campaign and two during the New Media Campaign, the total number of individuals that will participate in efficacy studies is 6,800. However, some individuals who participated in the first efficacy study to evaluate the New Media Campaign may also participate in the second efficacy study to evaluate the New Media Campaign. Thus, the total number of efficacy study participants will likely be less than 6,800.

IN-DEPTH INTERVIEWS

How Human Subjects will be Involved in the Research

We plan to conduct in-depth interviews to produce insights into campaign that may not emerge through analysis of quantitative data. CDPH has not yet identified populations of interest for interviews or interview themes. Interviews are not expected to take place in the next year. When the team has identified populations and themes of interest, we will submit an amendment to this package for this component of the evaluation.

Participant Characteristics

Participants characteristics have not yet been determined at this time. RTI and CDPH will work collaboratively to analyze survey data to identify

populations of interest for in-depth interviews.

Number of Participants

We plan to conduct in-depth interviews with a total of 40 individuals. This may be operationalized as two sets of approximately 20 interviews each.

RATIONALE

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

The rationale for studying the California participants is to assess campaign awareness, receptivity, and outcomes among people in the intended campaign audience. This will help us understand if the campaign reached, resonated with, and produced belief and other change as intended.

The rationale for studying the National Comparison Sample is to be able to conduct a difference-in-difference (DiD) analysis. A DiD analysis is helpful for understanding the combined direct (from media exposure) and indirect (from social norm change) effects of a campaign over time, within a complex and shifting policy and social environment. The DiD analysis tracks differences in the campaign-related beliefs and other outcomes of Californians over time (blue line in Exhibit 6) and enables us to calculate how that differs from those of other U.S. residents (gray line in Exhibit 6). This analysis allows us to account for the effect of national policy change and national public discourse on campaign-related outcomes, which is especially important for this evaluation because cannabis policies and norms are in flux across the U.S. We will use calibration weights to benchmark the national comparison sample to demographic distributions of the California population. We have successfully used this method in outcome evaluations for CDPH and other clients.

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.

SURVEYS/EFFICACY STUDIES

The sample for these studies will come from a nonprobability online consumer panel run by Dynata. To recruit to its panel, Dynata relies on loyalty partnerships, online banners, TV ads, emails, apps, social media influencers, and websites, among others. Dynata does not recruit directly to any specific survey. Instead, Dynata invites respondents to engage with the platform, where they can take or locate a survey that aligns well with their profile. This approach is designed to generate a steady stream of respondents who enter the sample platform and are allocated a survey in real time. Messaging does not describe the specific survey topic. Instead, it highlights the opportunity to share one's opinion and potentially receive a reward. Below is an example of a member dashboard.

Interested panelists will complete a brief screening questionnaire to determine survey eligibility. Youth will be recruited primarily through their parents, though some youth may be recruited directly through the Dynata panel. However, few youth in the study age range belong to the Dynata panel.

Those who are between 13 and 17 years of age or are parents/guardians of young people ages 11 to 17 will be eligible to participate in the Bridge Campaign Evaluation Data Collection. Those who are between 13 and 20 years of age or are parents/guardians of young people ages 11 to 17 will be eligible to participate in the Baseline and Follow-up Data Collections for the New Media Campaign.

RTI proposes to use a survey screener and soft quotas to develop a national comparison sample that reflects the nation in terms of cannabis policy. For example, of the 49 states (excluding California) that could be considered for inclusion in our comparison sample, 23 (47%) have legalized cannabis for adult use, 16 (33%) have legalized cannabis for medical use only, and 10 (20%) have not legalized cannabis. We propose that 47% of our comparison sample consist of people from legal adult use states, 33% consist of people from medical use states, and 20% consist of people from states with no legal cannabis. There are two benefits to this approach. The first is that we will have data from states with a spectrum of policies, allowing us to compare California to the nation as a whole; to "peer" states that have legalized cannabis for adult use; and to states that have not legalized

cannabis. Analyses using each of these comparison groups may yield different and informative results. A second benefit of this approach is that we will have a true "national comparison sample," which is intuitive for others to understand and readily defensible.

The primary means of recruiting youth who are 13 through 17 years of age is through their parents. Dynata will identify adults from its existing panel and/or adults who have already participated in this survey who are likely to have eligible children based on the number of children in the home and their ages. Dynata will then send invitations to those parents asking for their permission to solicit their child's opinions. If a parent provides consent, we will ask for the child's assent to participate and screen them to determine eligibility. Everyone under the age of 18 will need permission from a parent or guardian to participate in the study. Dynata may directly recruit some participants under the age of 18. All participants under the age of 18 will have parents who are either participating in the study themselves or are already participating in the Dynata panel.

IN-DEPTH INTERVIEWS

We will work with a recruitment vendor to identify, screen, and schedule participants for the in-depth interviews. CDPH has not yet identified populations of interest for interviews or interview themes. Interviews are not expected to take place in the next year. When the team has identified populations and themes of interest, we will submit an amendment to this package for this component of the evaluation.

Attach copies of all recruitment materials.

Attachment 8. Recruitment Materials.docx Recruitment Materials

Deleted Attachments: 5 (Most Recent: Attachment 6. Recruitment Materials.docx on 04/03/2026 12:11 PM ET)

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.
SURVEYS/EFFICACY STUDIES

Yes, participants will be screened to determine study eligibility.

The criteria for inclusion in the youth Bridge Campaign Evaluation Data Collection are being a U.S. resident, age 13-17, and being capable of watching and hearing a video embedded in the survey. We will also screen on state residence, gender identity, race/ethnicity, and cannabis use status, and will use soft quotas to develop a sample that has good variation on each of these variables.

Criteria for exclusion in the youth survey are being under younger than age 13 or older than 17; reportedly being a parent taking the survey on behalf of their child (based on the screener item); reported age not matching reported birthdate; reported state residence not matching reported zip code; and indicating inability to both watch and hear an embedded video.

The inclusion and exclusion criteria for the youth Baseline and Follow-up Data Collections for the New Media Campaign are the same as for the Bridge Campaign except the age range for inclusion is 13-20 (instead of 13-17).

The criteria for inclusion in the parent/guardian Bridge Campaign Evaluation Data Collection and the Baseline and Follow-up Data Collections for the New Media Campaign are being a U.S. resident, being the parent of a child age 11-17, and being capable of watching and hearing a video embedded in the survey. We will also screen on state residence, gender identity, and race/ethnicity, and will use soft quotas to develop a sample that has good variation on each of these variables.

Criteria for exclusion from the parent/guardian surveys are not having a child in the study age range, reported age not matching reported birthdate; reported state residence not matching reported zip code; and indicating inability to both watch and hear an embedded video.

We will include women and people who identify with underrepresented races. We include children in this study because they are the primary audience for the media campaign we are evaluating. It is necessary to survey members of the campaign audience to assess campaign awareness, receptivity, and

endorsement of campaign-related beliefs and other outcomes.

Should an individual not screen into the study, their data will not become part of the study files and will not be delivered to RTI with the data of participants. Dynata will not retain data from individuals who do not become part of the study.

IN-DEPTH INTERVIEWS

Screening for the in-depth interviews will depend on the populations of interest and interview themes, neither of which has yet been determined. When the team has identified populations and themes of interest, we will submit an amendment to this package for this component of the evaluation.

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.
SURVEYS/EFFICACY STUDIES

Incentives for Dynata panelists will be managed directly through Dynata's proprietary systems. Based on participant preferences indicated at panel enrollment, incentives are distributed via points systems, airline miles, gift cards, or other redemption options. The monetary value of Dynata points for surveys such as those we will administer ranges from approximately $0.25 to $4.50. Incentives are typically processed within 30 days of survey completion, though timing may vary based on incentive method. Due to Dynata's internal privacy protocols and operational procedures, individual-level stipend tracking (including specific recipient identification, individual transfer dates, and payment confirmation by respondent) is not feasible. However, RTI will keep on file, and provide to CDPH upon request/audit, the # of stipends distributed and the total dollar equivalent value. Thus, we will provide aggregate confirmation that incentives have been distributed in accordance with the study protocol. This approach aligns with standard industry practices when working with panel providers who manage their own respondent incentive systems. RTI will require Dynata to be able to provide redacted records to reflect study/project phase, equivalent dollar value, transfer date, and participant ID if requested.

Adult survey participants will receive an incentive for completing the full survey, but no incentive will be provided for screener completion or for partial completion of the survey. Most youth survey participants will be recruited via parents or guardians who are Dynata panelists. These youth participants will not directly receive an incentive, because incentives will be provided only through the Dynata panel. Parents/guardians whose children complete the survey will receive an incentive for their child's participation.

The incentive amount will vary based on several factors including survey length, incidence rate, audience type, and panel provider specifications. We have confirmed with Dynata that the incentive amount will be consistent with other studies of similar scope and complexity. Participants will be notified of the exact incentive amount in their study invitation, which may be delivered via email, the panel platform, or other recruitment channels.

If needed, Dynata may partner with additional panel providers to fulfill sample requirements. Each partner panel manages incentive fulfillment through their own proprietary systems, which may result in variation in

incentive delivery methods and timelines across participants.

IN-DEPTH INTERVIEWS
Participant incentives will be processed and paid by the recruitment vendor. RTI and the recruitment vendor will maintain a shared recruitment grid that tracks important information for each participant, including their scheduled interview date and time, answers to the screener questions, and details about their incentive payment. This recruitment grid will have columns for the type of incentive (virtual gift card), value ($75), transfer date, and recipient.

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 study will end on 12/31/2029. Participants will become involved with the study and end their involvement with the study at different times. We expect to engage new participants in the study at each quantitative and qualitative data collection, spanning the duration of the study period. Most participants will take one survey or participate in one interview. However, it is possible that some participants may remain engaged in the study for a longer period. Our plan is to invite participants who engage in any wave of the Baseline and Follow-up Data Collections for the New Media Campaign to participate in subsequent survey waves. Thus, it is possible a participant may be engaged in the study from June 2026 through December 2029.

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.

SURVEYS/EFFICACY STUDIES

There are minimal risks to participation in the quantitative data collection (surveys/efficacy studies) for this study.

Youth and young adult survey participants may not feel comfortable answering some of the questions that are asked in the screener and survey, such as those about cannabis use. Youth and young adult participants can choose not to answer the cannabis use questions; however, these items are required for eligibility, because they are essential to evaluating the media campaign. Youth and young adult participants also may not feel comfortable with other lifestyle and demographic questions that are asked in the survey, such as questions about their gender identity, sexual orientation, or mental health. However, youth and young adult respondents may skip these questions and still participate in the survey. We provide a description of the possible risks to youth and young adult participants in the consenting documents for this study. Respondents will be assured that the information will be kept private to the extent allowable by law and the technology used.

Adult survey participants may not feel comfortable with some questions that are asked in the main survey, such as the questions about cannabis use, gender identity, and sexual orientation. However, adult respondents may skip these questions and still participate in the survey. We provide a description of the possible risks to adult participants in the consenting documents for this study. Respondents will be assured that the information will be kept private to the extent allowable by law and the technology used.

There is a chance that the information participants share in the context of the survey could be seen by others if they do not take precautions to keep their answers private while participating. To help protect participants' privacy, we encourage them to find a private place to take the survey, where other people cannot see their answers. We will also enact other privacy safeguards. For example, we will program the survey so it is not possible to move backward in the survey, to protect responses that have already been provided by participants.

RTI will do everything we can to protect the data participants share. Data will be collected and stored on Dynata servers in compliance with their internal security controls, RTI's vendor conditions, and contractual data security requirements. Dynata will make data available to RTI through their portal. Data will remain accessible to authorized study team members should the data files need to be retrieved or reviewed. At project closeout, all study data retained by Dynata will be deleted per the contractual

requirements.

At RTI, data will be stored on password protected computers. Only members of the research team will have access to study data. RTI will have no way of identifying individual participants. Results will be aggregated for analysis and data will not be reported in such a way that it will be possible to identify any individual participant.

Study data will be shared with CDPH in the form of an electronic dataset. RTI will prepare a clean data file and codebook for use by CDPH. Beyond this transmission of the dataset to CDPH, RTI will not share the data.

IN-DEPTH INTERVIEWS

There are minimal risks to participation in the qualitative data collection (in-depth interviews) for this study. Participants may not feel comfortable with questions that are asked in the survey. However, respondents do not need to answer any questions they don't want to. We provide a description of the possible risks to participants in the consenting documents for this study.

The interview will take place through an online video call. Participants can join the interview using a smartphone, computer, iPad, tablet, or another device. Before the interview starts, RTI will check that the sound and camera on participant devices work correctly. Participants will be required to turn their camera on during the interview. Participants will be asked to wear headphones or earbuds to help keep the discussion private. Participants will be asked to join the interview by themself in a private room to keep their answers private. Respondents will be assured that the information will be kept private to the extent allowable by law and the technology used.

CDPH has not yet identified populations of interest for interviews or interview themes. Interviews are not expected to take place in the next year. When the team has identified populations and themes of interest, we will submit an amendment to this package for this component of the evaluation.

AUDIO/VIDEO RECORDING RISKS

State if audio/video taking could increase potential risk to subject's confidentiality.

There are minimal risks to participation in the qualitative data collection (in-depth interviews) for this study, which will be audio and video recorded. Recording will allow researchers the ability to review participant answers for the purpose of analysis and report development.

The recordings from the interviews will be stored securely on a password-protected computer. Transcripts of the interviews will be obtained via Zoom. If the transcripts provided by Zoom are not high quality, RTI will obtain verbatim transcripts via Rev. Transcripts will be stored on a password-protected computer.

Within 3 months of CDPH's acceptance of the Final Evaluation Report, RTI will delete all recordings and transcripts from this study. We will obtain the recordings and transcripts through this period to ensure we have the information we need to develop the Final Evaluation Report and respond to any follow-up questions CDPH has about the report.

At the start of each interview, the moderator will review highlights from the consent form and obtain verbal consent to participate, including consent for the interview to be recorded. After receiving consent, the notetaker will start the audio and video recording.

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 in relation to this study.

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 research team does not know of less risky methods for data collection or storage.

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.

There are no direct benefits to individuals from participating in this study. Participant responses will help researchers understand whether a CDPH cannabis prevention campaign is working as intended, and whether adjustments can be made to make the campaign more effective.

JUSTIFICATION OF RISKS

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

The study risks (minimal) are reasonable in relation to the potential benefit to CDPH, which is to understand whether a CDPH cannabis prevention campaign is working as intended, and whether adjustments can be made to make the campaign more effective.

Adminstrative 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.

Address (all geographic subdivisions smaller than state, including street address, city county, and zip code)
All elements (except years) of dates related to an individual (including birthdate, admission date, discharge date, date of death, and exact age if over 89)
Finger, voice print or other bio-metric identifier
Photographic image - Photographic images are not limited to images of the face.

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.

Training for research staff who have access to PID (or PCI) is required of RTI, and described in the evaluation contract (25-10049) in Exhibit F— Information Privacy and Security Requirements. Exhibit F outlines the procedures related to all personal and confidential information (PCI) "collected, created, maintained, stored, transmitted, or Used" by RTI "for or on behalf of CDPH."

RTI has reviewed their obligations under the Information Privacy and Security Requirements and agrees to provide training to all individuals who have access to PID (PCI). Training for staff who have access to PID (PCI) will consist of reviewing Exhibit F— Information Privacy and Security Requirements to develop an understanding of their obligations in relation to PID (PCI). RTI will require workforce members who receive this training to certify that they understand their obligations, and certify the date on which the training was completed. RTI will retain this certification for three years following contract termination or completion. RTI will provide CDPH with the certifications with five business days of a request for them by CDPH.

Additionally, RTI project staff involved in administering or documenting parent permission/assent/consent have completed Collaborative Institutional Training Initiative (CITI) training in Social and Behavioral Research, an RTI-sponsored training for investigators and staff involved in social/behavioral research with human subjects. Copies of CITI certificates for RTI project staff are available upon request.

STAFF VETTING PROCEDURES

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

We do not vet or conduct background checks on staff who 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.

Attachment 9. Letter of Support for Data Release.docx	Department Letter of Support

Deleted Attachments: 2 (Most Recent: Attachment 7. Letter of Support for Data Release.docx on 04/01/2026 2:24 PM ET)

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.

Access to the RTI share drive will be limited to only necessary project staff. RTI project staff who have access to PID (PCI) are required to be trained in CDPH's Information Privacy and Security Requirements and to have human subjects training (i.e., CITI training).

CONFIDENTIALITY OF PUBLISHED DATA

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

No data will be published that could possibly be used to identify an individual participant. Any data that is published will be reported in aggregate. We are cognizant that individuals may be identified if small cell sizes are reported for certain variables or analyses. We have extensive experience reviewing data for this issue and will conduct data quality checks before data delivery and reporting to ensure we are not jeopardizing any individual's identity.

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?

Each of the data points we collect for our quantitative and qualitative data collection has a distinct purpose that contributes to our ability to evaluate the Youth Cannabis Prevention Media Campaign and provide recommendations for adjustments that could be made to the campaign to increase future effectiveness.

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.

Access to the RTI share drive will be limited to only necessary project staff.

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.

We are cognizant that individuals may be identified if small cell sizes are reported for certain variables or analyses. We have extensive experience reviewing data for this issue and will conduct data quality checks before data delivery and reporting to ensure we are not jeopardizing any individual's identity. This is unlikely to occur on this project due to the evaluation questions we are asking and our planned analyses. However, we will review all cell sizes lower than 10 cases and either aggregate or suppress data if necessary.

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*

Attachment 10. RTI Data-Security-Requirement-Letter-signed.pdf	Data Security Letter
Attachment 15. Dynata Data-Security-Letter.docx.pdf	Data Security Letter

Deleted Attachments: 2 (Most Recent: Attachment 8. Data Security Letter.docx on 04/03/2026 5:12 PM ET)

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 contain personal identifiers

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.

We will not have any PID in paper form.

FAXING

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

We will not be faxing PID or other study data or documents as part of this evaluation.

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.

We will not be mailing PID or other study data or documents as part of this evaluation.

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.

We will not be storing laptops or other computers or any portable devices of any kind with PID in cars or other vehicles or in other 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.

We will not have any PID in paper form. Electronic data will be stored on password protected computers.

SERVER SECURITY

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

Servers that include unencrypted PID are kept in a secure room with controlled access.

STORING IDENTIFIERS

Indicate whether identifiers will be stored separately from analysis data.

We will use birthdate verification to ensure that the correct youth is completing each follow-up survey for parents/guardians who have multiple youth responding. Zip code will be used during analysis and reporting to understand campaign reach and effectiveness by geography. Birthdate will be stored separately from analysis data, while zip code will be stored as part of the analysis data.

DISK STORAGE

State whether all disks with PID will be destroyed.

We will not be using disks to store PID.

Electronic Safeguard

COMPUTER ACCESS OVERVIEW

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

All RTI computers have full disc encryption that uses FIPS 140-2 compliant software and are password protected to prevent unauthorized access.

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 RTI computers have full disc encryption that uses FIPS 140-2 compliant software.

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.

All RTI computers have full disc encryption that uses FIPS 140-2 compliant software.

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.

We will not be storing PID on any removable media devices.

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 RTI systems are monitored for the need for security patches, and patches are made as soon as possible in a reasonable period of time.

PASSWORD CONTROLS

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

All RTI computers are password protected to prevent unauthorized access. RTI requires staff to develop strong passwords and to change passwords on a regular basis. Multiple passwords are required to access RTI computers, including authentication via Authenticator.

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.

Yes, RTI security system controls include automatic screen timeout, audit trails, intrusion detection, and anti-virus and other security system checks.

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.

No PID will be transmitted outside of the secure internal network.

INTERNET ACCESSIBILITY

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

PID in electronic form will not be accessible to the internet.

DISPOSING OF PID

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

Electronic PID will be deleted using secure wiping.

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.

We will obtain informed consent to participate in the evaluation from young adults ages 18-20, who will be invited to participate in the Baseline and Follow-up Data Collections for the New Campaign, and for adults who are parents/guardians of youth ages 11-17, who will be invited to participate in the Bridge Campaign Data Collection and the Baseline and Follow-up Data Collections for the New Campaign.

The young adults and parent/guardians represent different campaign audiences, will be asked different survey questions, and their data will be analyzed separately. However, for the purpose of informed consent they are all adults, so we will refer to them in the remained of this section as "adults."

Adults will be invited to participate in the evaluation as a result of their membership in a Dynata panel. We will adhere to the following procedures for obtaining informed consent from adults. First, we will first obtain informed consent to complete the survey screener. Individuals who consent to take the screener will have the opportunity to take a 3-minute online screener to determine eligibility for the full survey. For those individuals who are eligible for the main survey, we will obtain informed consent to complete the main survey. Individuals who consent to take the full survey will have the opportunity to take the full 20-minute survey. The consenting documents include all of the elements of informed consent, provide individuals with the contact information for the study lead in case of questions, and require individuals to document their willingness to participate.

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.

Attachment 4. Consenting Documents Adults Quantitative Data Collection.docx	Consent Form

Deleted Attachments: 3 (Most Recent: Attachment 2. Consenting Documents Adults Quantitative Data Collection.docx on 04/01/2026 2:25 PM ET)

TRANSLATED DOCUMENTS

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

Attachment 9. Spanish Language Consenting Documents.docx	Consent Form

Deleted Attachments: 1 (Most Recent: Attachment 8. Spanish Language Consenting Documents.docx on 03/27/2026 12:25 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.

RIVELL_AILEEN.pdf	Translator Curriculum Vitae

Deleted Attachments: 2 (Most Recent: Attachment 10. CV of Spanish Language Professional.docx on 03/27/2026 3:29 PM ET)

ASSENT PROCEDURES

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

See instructions and examples on the CPHS website.

We will obtain parental permission from parents/guardians for their children to participate in the Bridge Data Collection and the Baseline and Follow-up Data Collections for the New Campaign. After obtaining parental permission, we will ask parents/guardians to pass their computer/device to their child. We will then obtain informed assent from youth ages 11-17 to participate in the Bridge Data Collection and the Baseline and Follow-up Data Collections for the New Campaign.

Parents/guardians will be invited to participate in the evaluation as a result of their membership in a Dynata panel. Dynata has data they can use to identify which of their panel participants have children in the study age range.

We will adhere to the following procedures for obtaining parental permission and informed assent from children. First, we will first obtain parental permission from parents/guardians for their children to complete the survey screener. Parents/guardians who permit their child to take the survey screener will be asked to pass their computer/device to their child. Next, we will obtain informed assent from youth to complete the survey screener. Individuals who consent to take the screener will have the opportunity to take a 3-minute online screener to determine eligibility for the full survey. For those individuals who are eligible for the main survey, we will obtain informed assent to complete the main survey. Individuals who consent to take the full survey will have the opportunity to take the full 20-minute survey. The consenting documents (permission and assent) include all of the elements of informed consent, provide individuals with the contact information for the study lead in case of questions, and require individuals to document their willingness to participate.

ASSENT FORMS

Attach copies of assent 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 assent form, as shown in the examples on the website. Also attach the Participant's Bill of Rights (download the revised version from the CPHS website).

Assent forms must be understandable to children who are 7-17 years of age. However, the same elements that are required in a consent form must be adequately covered in an assent form. The reading level must be age appropriate, and a shortened form may be needed for younger children or those with more limited reading ability. Thus, different versions of the assent form may be needed if the study involves children of significantly different ages. A question-and-answer format, as shown in the CPHS example of an assent form, may be especially appropriate.

Attachment 5. Consenting Documents Youth Quantitative Data Collection.docx	Assent Forms

Deleted Attachments: 3 (Most Recent: Attachment 3. Consenting Documents Youth Quantitative Data Collection.docx on 04/01/2026 4:14 PM ET)

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?

No

Cover Letter and PI Signature for PI Submission

BUDGET

Does this project have a budget?

Yes

Attach a copy of your project budget here

Attachment 11. Budget for 25-10049.docx Project Budget

COVER LETTER

Attach a copy of your project cover letter.

Cover letter must have the requesting institution's letterhead.

Attachment 14. Cover Letter.docx Cover Letter

Deleted Attachments: 1 (Most Recent: Attachment 12. Cover Letter.docx on 04/01/2026 4:14 PM ET)

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.

PI Signature for Coordinator Submission (Initial) - Submitted 05/29/2026 2:48 PM ET by Kim Hayes, MPH

PI Review

Please click "Next" and "Submit" in order to submit this application, regardless of whether or not it is ready for review. If you indicated it is ready for review, it will go to the Responsible Official for review and signature, and if not, it will be returned to the individual who completed the form for changes.

Is this application ready to be reviewed by the IRB? If not, choose no to have the application sent back to the coordinator for revisions.

Yes

To sign this form, enter your IRBManager password. By signing this form, you are indicating that the information within this application is accurate and reflects the proposed research and that you attest to the conflict of interest disclosures for all study team members.

Signed Friday, May 29, 2026 2:48:38 PM ET by Kim Hayes, MPH

Responsible Official Signature
- Submitted 03/30/2026 9:04 AM ET by Jane Allen, MA

Responsible Official Signature

After reviewing this application, is it ready for submission to the CPHS IRB?

Yes, ready for submission to IRB.

Enter your password to sign this protocol. By signing this protocol, you are attesting that the information within is accurate and reflects the details of the proposed research project.

Signed Monday, March 30, 2026 9:04:03 AM ET by Jane Allen, MA

After choosing whether or not the submission is ready for CPHS IRB review, please click "next" and "submit" (on the next screen) to move the form forward to the CPHS IRB or back to the Researcher.

Notify IRB for Pre-Screening
- Submitted 06/01/2026 1:56 PM ET by Sussan Atifeh

Internal IRB Screening

CPHS Office: The questions on this page will appear every time the project is resubmitted to the CPHS IRB (even after review). Once the project has been reviewed by a committee member, unless researcher has changed questions on the form that impact the level of review, you do not need to update the questions here. If the changes made are not clear and require additional clarification change the 'ready for review' to 'no' and require changes. When you change the answer back to yes, it will remember your previous answers.

Is this study ready to be reviewed by the CPHS panel?

Yes

Choose the IRB committee to review this study (this defaults to CPHS)

CPHS

Level of Review Determination (once the level of review is assigned for this project, do not change this answer unless the reviewer/committee has decided that the study requires a different level of review)

Full Board Minimal Risk

This study was approved by conditions for designee review by the full board. Leave the level of review as full board. The form will route for committee designee review as appropriate (this instruction question was added on July 18, 2018--for xForms that went through this stage previous to this date this instruction would not have appeared)

Please provide a rationale for your level of review preliminary determination
This project has human subjects' contacts components, and the Chairs confirmed it should be discussed in the April 24 full board meeting.

Choose the CPHS Chair
Catherine Hess, PhD

Select the vice chair of the committee
Larry Dickey, MD, MPH, MSW

Assign to Cycle

June

Assign to cycle year
2026

Load into IRBManager (Initial Submission)
- Submitted 06/01/2026 1:56 PM ET by The System

Full Board Review & Post Office Processing - Submitted 04/29/2026 5:34 PM ET by Sussan Atifeh

Post Committee IRB Processing

Project number

2026-055

The IRB Office will complete the questions on this page AFTER the Committee meeting has occurred and the minutes finalized.

Choose the Committee decision for this study (this should match the decision indicated in the minutes)

Approve pending conditions -Designee review

Attach a copy of the deferred approval letter that was generated in the minutes.

2026-055 (Hayes) Deferred Approval.pdf Deferred Approval

Choose the member designated by the committee to review the changes
Lemeneh Tefera, MD

If applicable, choose the secondary reviewer
No answer provided.

Enter the date of the meeting at which this study was approved pending designee review. This date is used to create the approval period once the stips are cleared. *Therefore it is important that this date is correct.*
04/03/2026

Designee Review of FB Stipulations

Chair/SME Review

As a reminder, here are the conditions required by the board.

2026-055 (Hayes) Deferred Approval.pdf Deferred Approval

Review Decision (if reviews completed)

Type	Reviewer	Outcome	Assigned	Due	Complete
Review of FB Stipulations	Larry Dickey, MD, MPH, MSW		06/01/2026	06/11/2026	