State of California—Health and Human Services Agency
Committee for the Protection of Human Subjects

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

GAVIN NEWSOM
Governor

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (CPHS)
CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY (CalHHS)

Friday, June 5, 2026
8:30 a.m.

Zoom:
CPHS June 5, 2026, Full Committee Meeting

Meeting ID: 161 194 8792
Passcode: 118973

Location:
Office of Technology and solutions integration (OTSI)
2870 Gateway Oaks Drive, Suite 200, Conference Room 2SW19, 2nd Floor,
Sacramento, CA 95833

Phone:
+1 669 254 5252 US (San Jose)
+1 669 216 1590 US (San Jose)
+1 646 828 7666 US (New York)

Meeting ID: 161 194 8792

Members
Catherine Hess, PhD, Chair
Larry Dickey, MD, MPH, Vice Chair
Juan Ruiz, MD, DrPH, MPH
Maria Dinis, PhD, MSW
Philip Palacio, EdD, MS
John Schaeuble, PhD, MS
Allen Azizian, PhD
Maria Ventura, PhD
Jonni Johnson, PhD
David Lang, PhD
Lemeneh Tefera, MD, MSc

Remote Attendees
Maria Dinis, PhD, MSW
Juan Ruiz, MD, DrPH, MPH

Alternate Member
Millard Murphy, JD
Carrie Kurtural, JD

CDII
Agnieszka Rykaczewska, Deputy Director

CPHS Administrator
Agnieszka Rykaczewska, PhD

MINUTES

Committee Members Present in Person:

Larry Dickey, MD, MPH
Jonni Johnson, PhD
Maria Ventura, PhD
John Schaeuble, PhD, MS
David Lang, PhD
Carrie Kurtural, JD

Committee Members Present Remotely:

Maria Dinis, PhD, MSW
Juan Ruiz, MD, DrPH, MPH

CPHS Staff Present in Person:

Agnieszka Rykaczewska, PhD
Sussan Atifeh
Nicholas Zadrozna

CPHS Consultants Remotely:

Joshua Fedewa

Also, Present Principal Investigators and Associate Investigators, and Public Remotely:

Abigail Ramirez
Adam Vasquez
Alma Torres Nguyen
Amy Kim
Chelsea Austin
Dan Woo
Katya Salcedo
Maria Munoz
Regan Foust
Sarita Shah
William Jardell
Jessica Hwang
Edana Fielden
Lia Scott
Danny Azucar
Jennifer Flood
Jenifer Tsui
Amber Rockson
Lacrel Curry
Kim Hayes
Vaughn Armbrister
Jane Allen

A. Welcome

a) Announcement on board transitions

Dr. Larry Dickey, Vice Chair of the Committee for the Protection of Human Subjects (CPHS), called the meeting to order at 8:30 a.m., noting that Dr. Hess, the Chair, was unavailable for

today's meeting. Dr. Dickey reminded all committee members attending remotely to keep their cameras on for the duration of the meeting.

Dr. Agnieszka Rykaczewska, CPHS Administrator, informed the committee and the public that under the Bagley-Keene Open Meeting Act, a member participating from a remote location may count toward the quorum if two conditions are met:

1) the member has a need related to a physical or mental disability as defined by the Federal Americans with Disabilities Act of 1998, and

2) The member notifies the state body at the earliest opportunity, including at the start of the meeting, of their need to participate remotely and provides a general description of the circumstances requiring remote participation.

Dr. Ruiz notified the CPHS Administrator prior to the meeting that his circumstances meet both conditions. He is participating remotely and is counted toward today's quorum.

Additionally, Ms. Carrie Kurtural has joined CPHS as an alternate member and is serving as the alternate for Dr. Palacio at today's meeting.

Sussan Atifeh, from the CPHS administrative team, conducted the quorum roll call.

Dr. Dickey informed the committee that Ms. Lund has resigned from CPHS for personal reasons. He acknowledged her nearly decade-long service and expressed appreciation for her many contributions, noting that she will be greatly missed.

b) Reminders of CPHS Board Member expectations to support effective board functioning

Dr. Dickey reminded the committee that several members still have not completed the CITI Training. He emphasized the importance of completing the training and noted that it is unfair to require researchers appearing before CPHS to complete it while some committee members have not yet done so.

B. Review and Approve of Meeting Minutes

Dr. Dickey asked whether there were any comments from committee members or any public comments regarding the meeting minutes from the April 24th, 2026, Full Board Meeting. There were no questions or comments from either the committee or the public.

Motion: It was moved by Dr. Ventura and seconded by Dr. Lang to approve April 24th, 2026, Full Board Committee Meeting Minutes.

Approve: Dr. Ventura, Dr. Lang, Dr. Dinis, Dr. Ruiz, Dr. Schaeuble, Dr. Dickey
Oppose: None
Abstain: Ms. Kurtural
Absent: Dr. Azizian, Dr. Tefera, Dr. Johnson, Dr. Palacio, Dr. Hess
Total=7 In Favor-6, Opposed-0, Abstained-1

C. Projects with Reported Adverse Events and/or Deviations

None.

D. New Projects – Full Committee Review Required

1) Project #	2026-055 (Dickey)
Title:	Evaluation of the California Department of Public Health (CDPH) Substance and Addiction Prevention Branch (SAPB) Youth Cannabis Prevention Media Campaign
PI:	Kim Hayes, MPH
Decision:	Deferred Approved Pending Conditions – Designee Review

Discussion:

The Committee for the Protection of Human Subjects (CPHS) reviewed the project previously discussed at the April full board meeting. The Subject Matter Expert (SME) for the project, Dr. Tefera, who was not present, had confirmed that all previously required changes were satisfactorily addressed except for two items. Because those two items were outside the scope of the prior approval, the project returned to the full board for further review.

The researchers explained that they had implemented four of the five changes requested in April full board meeting and uploaded multiple revised documents accordingly. The remaining issue involved the Committee's prior instruction to revise consent documents to identify racial/ethnic identity and sexual identity questions as sensitive topics. The researchers stated that they updated the youth assent to include information about these identity questions but did not place this language under the "sensitive topics" section. They explained that their intent was to inform youth while avoiding stigmatizing identity-related questions. They also expressed concern that explicitly flagging sexual orientation questions in the parent permission form could reduce youth privacy and potentially lead to unintended disclosure if parents monitored youth during survey completion.

The Committee discussed whether the consent materials adequately addressed youth privacy. It was clarified that the parent permission form includes language instructing parents to allow youth to complete the survey privately. The Committee determined that an explicit affirmation from parents should be added at the end of the parent permission form to ensure parents agree to provide a private location for survey completion. The Committee also requested that the youth survey include a clear statement for youth to confirm they completed the survey without anyone observing their answers. The researchers confirmed that such an item already exists and that responses would be discarded if a youth indicates they were not alone. The Committee requested minor edits to the wording of this item to make it clearer.

The Committee reviewed the placement of the new identity-related language in the youth assent. The researchers explained that they intentionally placed the sentence in the general description of survey topics rather than under the "sensitive questions" bullet point to avoid labeling identity questions as sensitive. The Committee discussed whether youth should be informed that these questions may feel sensitive and whether they could skip them. The researchers clarified that all questions except race and ethnicity are optional. Race and ethnicity are required to ensure racial balance in the sample. The Committee discussed whether the detailed race and ethnicity categories could be perceived as sensitive but also noted that these categories are widely used and required in many public health data collections.

The Committee identified a typographical error in the protocol indicating that assent would be obtained from youth ages 11–17. The researchers confirmed that the correct age range is 13–17 and agreed to correct the error.

After discussion, the Committee agreed that the researchers' rationale for not labeling identity questions as sensitive was acceptable, provided that additional privacy protections were added to the parent and youth materials.

Motion:
Dr. Ventura moved, and Dr. Lang seconded, to grant the project conditional approval for one year at the minimal-risk level, pending the specified minor revisions, which require expedited review and approval by the CPHS subcommittee of Dr. Dickey.

1. **Adding the privacy language to the parental permission form, that indicates that the parent agrees to the child to take the survey in private at the end of the parent permission form.**
2. **Not labeling questions about sexual orientation or race/ethnicity as sensitive on either the adult or youth forms.**
3. **Changes to the youth survey to include language "without anyone seeing my answers" at the end.**
4. **Correcting the typo on the protocol under assent procedures from 11-17 years old to 13-17 years old.**
5. **Accept remaining proposed changes related to previously required items that have been already reviewed and approved by Dr. Tefera.**

Approve: Dr. Ventura, Dr. Lang, Ms. Kurtral, Dr. Ruiz, Dr. Schaeuble
Oppose: None
Abstain: None
Absent: Dr. Azizian, Dr. Tefera, Dr. Johnson, Dr. Palacio, Dr. Hess, Dr. Dinis

Total=5 In Favor-5, Opposed-0, Abstained-0

2) Project #	2026-087 (Ventura)
Title:	Building a Geographically Diverse Cohort to Examine the Multilevel Effect of Racism on Breast Cancer
PI:	Lia Scott, PhD, MPH
Decision:	Deferred Approved Pending Conditions – Designee Review

Discussion:

The Principal Investigator (PI) of the project provided a summary of it, explaining that the study aims to recruit a diverse cancer epidemiology cohort of women in the Greater Bay Area who have been diagnosed with a first primary breast cancer. The project intends to follow participants for five years and examine the multi-level impact of racism and discrimination on characteristics at diagnosis and subsequent outcomes. The PI stated that data will be pooled with cases from the Georgia Cancer Registry to eventually examine structural and interpersonal racism across regions. The current protocol focuses on obtaining an initial case listing from the Greater Bay Area Cancer Registry (GBACR) and determining feasibility for patient contact. The PI explained that approximately 14,000 cases are expected over five years, and only about 1% will be contacted for the feasibility study. Participants will be identified through the cancer registry and contacted by mail. The PI described data security measures, including storage on a

secure research data computing platform at the University of California, Berkeley, with access limited to the PI and a postdoctoral fellow.

The Committee noted that the reading level of the consent form and brochure materials was too high, previously measured at a 12th-grade level. The Committee requested that all study materials under the research team's control be lowered to at least an 8th-grade reading level. The PI confirmed that the consent form had already been revised and agreed to lower the reading level of the remaining documents, except for the California Cancer Registry (CCR) brochure, which cannot be altered because it is a required registry document.
The Committee also asked for clarification regarding the inclusion of Hispanic women in the sample, noting that the protocol listed Black, White, and Asian women. The PI confirmed that Hispanic women will be included and stated that this information had been added in the most recent submission.

It was confirmed that only the PI and a postdoctoral fellow will have access to the data and that the data will be stored securely at the University of California, Berkeley. The Committee expressed no concerns regarding data access or storage.
The Committee asked whether the research team anticipated returning with an amendment for the full study. The PI confirmed that this protocol represents only the feasibility phase and that a future amendment will be submitted with the full survey and procedures once feasibility is established.

No public comments were provided for this project.

Motion:
Dr. Ventura moved, and Dr. Schaeuble seconded, to grant the project conditional approval for one year at the minimal-risk level, pending the specified minor revisions, which require expedited review and approval by the CPHS subcommittee of Dr. Ventura.

1) Review of consent form and brochure for at least 8th grade reading level

Approve: Dr. Ventura, Dr. Schaeuble, Dr. Dinis, Ms. Kurtural, Dr. Lang, Dr. Ruiz.
Oppose: None.
Abstain: None.
Absent: Dr. Hess, Dr. Azizian, Dr. Johnson, Dr. Palacio, Dr. Tefera.

Total=6 In Favor-6, Opposed-0, Abstained-0

3) Project #	2026-074 (Schaeuble)
Title:	Infectiousness and Social Mixing in Asymptomatic TB as a Driver of Population-level Transmission (INSPIRE study)
PI:	Sarita Shah, MD, MPH
Decision:	Deferred Approved Pending Conditions – Designee Review

Discussion:

The Principal Investigator (PI) presented an observational study examining the prevalence and social contact patterns of individuals with early-stage or asymptomatic tuberculosis (TB). The PI described the planned enrollment of 2,000 participants and explained that the study involves a

single visit with structured interviews, symptom screening, and collection of sputum, blood, and face-mask aerosol samples. All samples and data collection forms will be de-identified. The research team explained that at the end of the study, the California Department of Public Health (CDPH) TB Registry will match participant identifiers (name, date of birth, and zip code) to determine whether any participants developed active TB after the study visit. CDPH will return matched results to Emory University using study IDs only. The PI stated that a Data Security Letter (DSL) from Emory University had been uploaded to the application and that a DSL from the California Department of Public Health (CDPH) would be uploaded following the meeting.

The Committee asked for clarification regarding whether the Emory University DSL included a signature from an information-technology (IT) official. The PI responded that the letter "should be countersigned" and agreed to verify the signatures. The CPHS Administrator confirmed during the meeting that the DSL included a signature from an Emory IT official (1).

The Committee discussed the most recent revisions submitted by the research team. The PI confirmed that the team reviewed the reviewer's latest comments and agreed to make the requested updates to the consent and assent forms, including simplification of certain sections and the addition of the medical version of the Participant Bill of Rights. The Committee agreed that the remaining revisions were limited to those already documented in the reviewer's comments within the protocol.

No public comments were received.

(1) Footnote (Administrative Correction):
After the meeting, the CPHS Administrator clarified that the Emory University Data Security Letter (DSL) attached to the application at the time of the meeting did not include a signature from an information-technology (IT) official. The Administrator's statement during the meeting was made in error after inadvertently checking the DSL of a different project in the IRBManager system. The research team was instructed to obtain the appropriate Emory-signed DSL and upload it along with the other required revisions.

Motion:
Dr. Schaeuble moved and Dr. Ventura seconded to grant the project conditional approval for one year at the minimal-risk level, pending the specified minor revisions, which require expedited review and approval by the CPHS subcommittee of Dr. Schaeuble.

1. Upload the Data Security Letter from CDPH
2. Upload the Data Security Letter from Emory University that is signed by an appropriate IT official.
3. Make the clarifications in the consent form and assent forms that were requested in comments already existing in the protocol
4. Add the medical version of the participant's bill of rights at the end of the consent and assent forms

Approve: Dr. Schaeuble, Dr. Ventura, Dr. Dinis, Ms. Kurtural, Dr. Lang, Dr. Ruiz.
Oppose: None.
Abstain: None.
Absent: Dr. Hess, Dr. Azizian, Dr. Johnson, Dr. Palacio, Dr. Tefera.

Total=6 In Favor-6, Opposed-0, Abstained-0

E. Full Board Continuing Review

None.

F. Amendments – Full Committee Review Required

1) Project #	2023-171 (Dinis)
Title:	Community Health Workers, Healthy Homes, and Healthy Families
PI:	Alma Torres-Nguyen, MPH
Decision:	Deferred Approved Pending Conditions – Designee Review

Discussion:

The research team summarized the requested changes in this amendment, explaining that the project team is seeking two modifications: extending the project end date by one year and adding a process-evaluation component involving focus groups. The extension is intended to allow additional time to continue evaluating the project. The research team stated that the focus groups will involve program partners who have been engaged since 2023, including Kaweah Health and Proteus. The purpose of the focus groups is to understand enablers and barriers to implementation among staff involved in the community health worker and healthy homes project. The focus groups will examine collaborative dynamics, program barriers and facilitators, and recommendations. The research team noted that UC Davis and Wild Blue Evaluation, who have been involved since the initial submission, will support the focus group evaluation. It was clarified that no new third-party organizations are being added.
The research team also explained that they will be providing additional energy-efficiency services to participating homes, including portable heat pumps, air purifiers, and air filters. Additional questions were added to the post-weatherization survey to understand the health and home-environment impacts of these new services.

The Committee asked why the research team decided to add these new evaluation components. The research team explained that they originally expected to weatherize at least ten homes, but only five homes were weatherized. They stated that this limited progress was due to insufficient or exhausted state weatherization funds, complex program guidelines, and difficulty getting people to respond to programs. They noted that current political challenges have also affected participation. The research team stated that the small sample size could lead to misleading interpretations and would not accurately represent the health benefits of weatherization services. Because of this, the team expanded the evaluation to include a process-focused assessment to understand barriers to eligibility, participation, and implementation.

The Committee asked how the focus group questions relate to the state data originally intended for analysis. The research team clarified that the focus groups are not directly connected to the state-level outcome data. Instead, the focus groups are intended to understand implementation challenges, delays, and workflow dynamics among the partner organizations. The research team stated that the connection to outcome data is limited and mainly intended to understand why the project did not progress as expected.

The Committee discussed whether the California Committee for the Protection of Human Subjects (CPHS) has purview over the new focus group activities. It was clarified that the California Department of Public Health (CDPH) is engaged in the research because CDPH staff

are participating in the research activities, and therefore the project remains under CPHS jurisdiction.
The Committee reviewed the focus group questions and consent form. The Committee requested clarification regarding which individuals and institutions will have contact with participants, conduct recruitment, obtain consent, and access identifiable information. The Committee noted that several organizations are involved in the project, including CDPH, Kaweah Health, Proteus, UC Davis, and Wild Blue Evaluation, but not all personnel were listed in the protocol. The Committee requested that all individuals who will have contact with participants or access to identifiable data be added to the protocol.

The research team clarified that UC Davis will conduct the focus groups and will handle recruitment by emailing partners. CDPH will assist by sending invitations. UC Davis will capture and evaluate the focus group and survey data. The research team explained that the amendment includes two data-collection components: the focus groups and a survey examining individual-level experiences and organizational capacity to implement the program. The research team stated that UC Davis subcontractors will be responsible for recruitment and data handling. The research team also stated that the specific data-storage location has not yet been finalized and may involve either UC Davis or CDPH systems, but they prefer UC Davis to store identifiable data temporarily to encourage open disclosure during the focus groups.

The Committee requested that the protocol clearly specify where identifiable data will be stored, whether raw or analytic files will be held at each institution, and which institutions will retain identifiable information. The Committee emphasized that any institution storing personally identifiable information must provide a data security letter. The Committee also clarified that all UC Davis personnel and any other staff from partner organizations who will access identifiable information, conduct recruitment, or participate in research activities must be listed in the protocol. The Committee noted that personnel changes must be submitted through future amendments.
The Committee asked whether the research team intends to publish the survey or focus group results. The research team stated that the primary purpose is to report findings to the Centers for Disease Control and Prevention (CDC), the project funder, and possibly to share results with weatherization partners or on the CDPH website. The research team stated that they have not yet decided whether to pursue peer-reviewed publication. The Committee reminded the research team that whether an activity is considered research depends on whether it is designed to create generalizable knowledge, not whether it will be published. The Committee also emphasized that any published results must be properly de-identified.

The research team explained that survey participants will receive a unique identifier to access the survey, and a temporary file linking emails to identifiers will be deleted after data cleaning. Focus group transcripts will also use unique identifiers, and the linking file will be removed after cleaning. The Committee confirmed that these linking files will not be included in any public reporting.

No public comment was received for this amendment.

Motion:
Dr. Dinis moved, and Dr. Ventura seconded, to grant the project conditional approval at the minimal-risk level, pending the specified minor revisions, which require expedited review and approval by the CPHS subcommittee of Dr. Dinis.

1. Listing all study personnel in the protocol
2. Specifying where data will be stored in detail.
3. Ensure all institutions storing data provide a data security letter.

Approve: Dr. Dinis, Dr. Ventura, Ms. Kurtural, Dr. Lang, Dr. Ruiz, Dr. Schaeuble.
Oppose: None.
Abstain: None.
Absent: Dr. Hess, Dr. Azizian, Dr. Johnson, Dr. Palacio, Dr. Tefera
Total=6 In Favor-6, Opposed-0, Abstained-0

2) Project #	2025-178 (Lang)
Title:	Understanding Attitudes, Perceptions, and Behaviors toward Youth Cannabis Use in California
PI:	Danny Azucar, PhD, MPH
Decision:	Deferred Approved Pending Conditions – Designee Review

Discussion:

The Committee invited the research team to present the amendment requesting increased participant incentives. The research team clarified that although the previously submitted amendment requested raising incentives for teenagers from $40 to $75 and for young adults from $70 to $100, they were now requesting $125 across all three audiences—teenagers, young adults, and parents or caregivers—to align compensation and address recruitment challenges.

The research team explained that the study, conducted by Rescue Agency in partnership with the California Department of Public Health (CDPH), Substance Addiction and Prevention Branch (SAPB), aims to inform a statewide public health education campaign on preventing or delaying cannabis use among youth and young adults. The amendment was limited to compensation for Phase 2 virtual focus groups.

The Committee revisited prior concerns about coercion, especially for teenagers, and discussed whether the proposed amounts could shift motivation from willingness to participate toward participation primarily for compensation. The Committee noted that previously approved incentive levels for similar studies were substantially lower. The Committee asked whether evidence existed that teenagers required higher incentives; the research team stated that while no specific studies supported this, equitable compensation for comparable study burden across all audiences was important. The research team also stated that some participants expressed that the incentive felt low and that higher incentives might increase honesty when answering sensitive questions.

The Committee discussed psychological thresholds around incentive amounts, including the significance of amounts above $100. Some Committee members expressed concern that $125 was excessive, while others acknowledged that incentives must be sufficient to secure participation. The Committee noted that recruitment vendors reported that current incentive levels were below prevailing market rates for qualitative research.

The Committee considered whether a flat amount of $100 might be appropriate. The research team stated they preferred $125 to ensure equitable compensation, encourage attendance, and acknowledge the sensitivity of discussing cannabis use among teenagers.

One public comment was received, stating that $125 is comparable to everyday expenses and that higher incentives may increase participant honesty. No additional public comments were received.

Motion: Dr. Lang moved and Ms. Kurtural seconded to grant the amendment application a conditional approval at the minimal-risk level, pending the specified minor revisions, which require expedited review and approval by the CPHS subcommittee of Dr. Lang.

1) Change all consent and assent forms to state the compensation to $125 for all participant groups

Approve: Dr. Lang, Ms. Kurtural, Dr. Ruiz, Dr. Ventura.
Oppose: Dr. Schaeuble.
Abstain: None.
Absent: Dr. Hess, Dr. Azizian, Dr. Dinis, Dr. Johnson, Dr. Palacio, Dr. Tefera.

Total=5 In Favor-4, Opposed-1, Abstained-0

3) Project #	2023-117 (Dickey)
Title:	Assessing Cervical Cancer Healthcare Inequities in Diverse Populations: The ACHIEVE Study
PI:	Jennifer Tsui, PhD, MPH
Decision:	Deferred Approved Pending Conditions – Designee Review

Discussion:

The Committee reviewed the amendment request for the ACHIEVE Study (Assessing Cervical Cancer Healthcare Inequities in Diverse Populations), a multi-site National Institutes of Health (NIH)–funded study recruiting cervical cancer survivors through the Los Angeles Cancer Surveillance Program (LACSP) and the New Jersey State Cancer Registry (NJSCR). The Principal Investigator (PI) and research team presented two proposed modifications: (1) revising the consent process at LACSP to allow participants to indicate consent by returning the survey after reviewing an Information Sheet, and (2) reducing the length of the baseline and 12-month surveys to decrease participant burden.

The research team explained that the two sites currently use different consent procedures. At NJSCR, participants receive an Information sheet, and consent is indicated by returning the survey. At LACSP, the Committee previously required a signed consent form. The research team reported that baseline response rates have been consistently lower at LACSP (approximately 15–16%) compared to NJSCR (approximately 21–22%), despite similar recruitment procedures. They stated that participants at LACSP frequently express concerns about privacy, mistrust, and the burden of signing formal documents. The research team also noted that no adverse events or complaints have been reported at either site, and that once participants complete the baseline survey, 12-month follow-up rates are comparable or higher in Los Angeles.

The Committee discussed the regulatory basis for waiving documentation of consent under the Common Rule (45 CFR 46.117), including the criterion that the signed consent form may be the only link to the participant and that a waiver may be appropriate when a breach of

confidentiality could pose risk. Committee members also noted that the study is federally funded and therefore subject to the single-IRB requirement, which typically requires alignment across sites. It was discussed that the current situation—where Columbia University serves as the single IRB but defers to local IRBs at Rutgers University and the California Committee for the Protection of Human Subjects (CPHS)—has resulted in divergent procedures. The Committee recognized that this issue may require future policy clarification.

Committee members discussed whether returning a survey alone is sufficient documentation of consent, particularly given the sensitive nature of some survey items. It was clarified that participants may not always read the Information Sheet before completing the survey, and that the Committee must ensure that participants are adequately informed. The Committee also discussed whether separating the return of the consent form from the survey could address privacy concerns, but the research team explained that the primary concern raised by community advisors was the act of signing a formal document itself, not the envelope configuration.

The Committee explored alternative approaches, including adding a checkbox to document that participants have read the Information Sheet and voluntarily agree to participate without requiring a signature. Committee members noted that this approach has been used in other minimal-risk studies and may satisfy the requirement for documenting informed consent while reducing participant burden. The research team stated they were open to this option and would work with NJSCR to align procedures if needed.

The Committee also discussed the survey-length reduction. Members agreed that reducing survey burden is acceptable and does not raise human-subjects protection concerns.
Public comment was acknowledged, with seven written comments submitted and included in the meeting materials.

After discussion, the Committee concluded that the study may proceed with a modified consent approach that maintains participant protections while reducing burden. The Committee determined that a checkbox acknowledgment on the first page of the survey would provide adequate documentation that participants received and read the Information Sheet and voluntarily agreed to participate, while making the signature optional.

Motion: Dr. Lang moved, and Ms. Kurtural seconded, to grant the amendment a conditional approval at the minimal-risk level, pending the specified minor revisions, which require expedited review and approval by the CPHS subcommittee of Dr. Dickey.

1) Amend the first page of the survey to contain a checkbox consent for acknowledging that they have received and read the Information Sheet and to make the signature optional.

Approve: Dr. Lang, Ms. Kurtural, Dr. Dinis, Dr. Ruiz, Dr. Ventura.
Oppose: None.
Abstain: Dr. Schaeuble.
Absent: Dr. Hess, Dr. Azizian, Dr. Johnson, Dr. Palacio, Dr. Tefera.

Total=6 In Favor-5, Opposed-0, Abstained-1

G. Second Review Calendar

1) Project #	2026-055 (Tefera)
Title:	Evaluation of the California Department of Public Health (CDPH) Substance and Addiction Prevention Branch (SAPB) Youth Cannabis Prevention Media Campaign
PI:	Kim Hayes, MPH
Decision:	Deferred Approved Pending Conditions – Designee Review

H New Projects – Expedited Review Requested

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (13)

I. Projects Requiring Continuing Review

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (25)

I1. Projects Requiring Continuing Review- Administrative Action Taken

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (37)

J. Amendments – Projects with Revisions Approves through Expedited Review

Some projects listed may have been approved by expedited review prior to this meeting and were not reviewed by the full committee.
Total Project Count (14)

K. Projects with Request for CPHS to Rely on Another IRB

None.

L. Exemption/Not Research Approvals

Total Project Count (5)

M. Final Reports

Total Project Count (9)

N. Public Comments

None.

O. Next Meeting

The next CPHS meeting is scheduled to be held on Friday, August 7, 2026.

P. Adjournment

This meeting was adjourned at 12:09 PM on June 5th, 2026.