



# Institutional Review Board

# Human Subjects Protection Training

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Office of the IRB



# Training Objectives

After completing this training, you will have a better understanding of:

- the principles underlying ethical research
- the role of the IRB and the types of IRB review
- how to submit an IRB application
- the IRB's Health Equity Initiative





# Ground Rules

- Please keep your microphones on mute
- Please enter your questions in the chat box or raise your hand using the reaction buttons
- Please remember this is a safe space and be respectful of others and their opinions





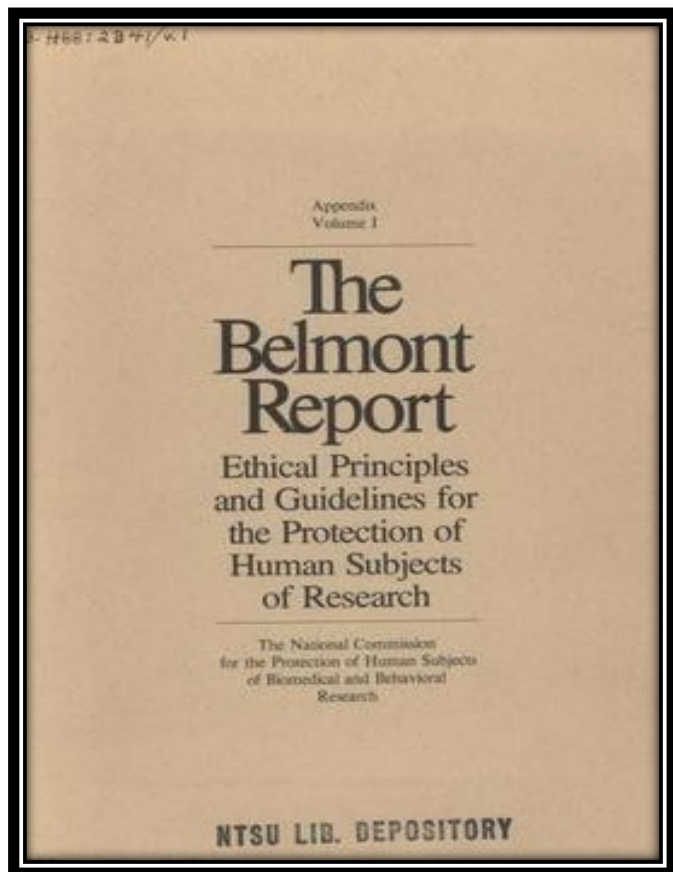
## Administrative Items

- Presentation slides available on the **IRB website**
- Evaluation survey will be available after training
- **NEW!** Training knowledge check
  - Required to receive a certificate of completion
  - Have until 4pm on **Friday, September 20<sup>th</sup>** to complete
- Certificates of completion will be available in TalentWorks after passing knowledge check



## Brief History of Ethics in Research

- Tuskegee Syphilis Experiment, 1932-1972
- Willowbrook Hepatitis Experiments, 1955-1970
- Milgram's experiments on obedience, 1960s



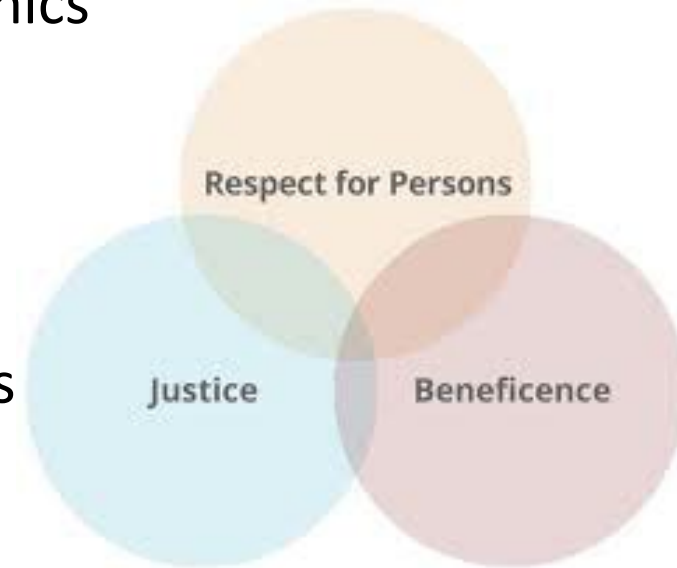
## An Ethical Framework

- Belmont Report, 1979
  - National Research Act, 1974 - National Commission of the Protection of Human Subjects of Biomedical and Behavioral Research
  - Provided the foundation for the federal human subjects research regulations known as “the Common Rule” (45 CFR 46)

# Principles Outlined in The Belmont Report

## Basic Principles of Biomedical Research Ethics

- **Respect for Persons**
  - Autonomy
- **Beneficence**
  - Minimize harm, maximize benefits
- **Justice**
  - Equity of risks and benefits



## Legal Basis for the IRB



### The “Common Rule” (45 CFR 46)

- Published in 1991, revised in 2017-2018
- Outlines basic requirements for IRBs



### LAC Board of Supervisors, 1999

- HIVNet
- Lack of community sensitivity and engagement
- Creation of LAC DPH IRB



## What is the DPH IRB?

- Oversight entity housed in DPH
- Board made up of **15 people**
  - Minimum 5 members
  - Diverse across race, gender, cultural background
  - Scientist, non-scientist
  - Not affiliated with institution (community members)
  - Prisoner advocates
- Meets once a month, every fourth Thursday



## Who Does DPH IRB Serve?

- Covers DPH, Ambulatory Care Network (ACN), Health Services Administration (HSA), and Correctional Health Services (CHS)
- IRB of record for community-based organizations and other health departments



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**HealthJustice**

# Our IRB

- **We consider:**
  - Community not just individual rights
  - Community engagement and accountability
  - Utility: How will results be used, applied, shared?
  - Promotion of health equity/reduction of disparities
- Ethical review required not only of research, but other related activities



**DPH IRB Standard of Practice posted on [SharePoint](#) for internal use**

## By law, the IRB functions to ensure:



- Risks are minimized
- Selection of subjects is equitable
- Appropriateness of design and methods
- Informed consent is properly obtained and documented
- Privacy of subjects is protected, and confidentiality of data is maintained
- Additional protections are in place if vulnerable groups involved
- Language equity
- Compliance with applicable regulations



## What is a Vulnerable Population?

- “The IRB should be particularly cognizant of the special problems of research that involves a category of subjects who are ***vulnerable to coercion or undue influence***, [emphasis added] such as children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons.” **§46.111(a)(3)**
- **Coercion/undue influence** “The *Belmont Report* states that coercion involves ‘...an overt threat of harm...to obtain compliance, and offer of excessive, unwarranted, inappropriate reward...’
- **Impaired decision-making**
- **Economically or educationally disadvantaged persons**



## What is a Vulnerable Population, cont.?

- Other examples:
  - Persons experiencing homelessness
  - Persons with terminal illness or medical vulnerability (life-impacting disorders/illnesses)
  - Non-English-speaking participants
  - Wards of the State
  - Elderly
  - Institutionalized persons
  - Probationers and parolees
    - We apply same protections as prisoners

# What is “Research?”

- **Federal regulatory definition**  
**§46.102(I)**: “A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.”
- Difficulties may arise when applying this definition in practice





## Does it matter if it's research or not?

- Yes, but only in **how** regulations apply
- Exempt categories for research and “non-research”
- For research (including generalizable program evaluation) ***all federal regulations apply***
- For exempt projects all **ethical principles and spirit of federal regulations apply, but more flexibility in how they are concretely applied**





## DPH IRB Policy on IRB Submission

**Any project involving collection or analysis of data from or about individuals, whether “research” or not:**

- Needs IRB consultation for determination of whether IRB review is needed
- A project is anything involving staff, facilities, clients, patients, funding, databases from DPH, DHS, etc.

The best policy is to **ask** via e-mail if you are not sure... **AND never assume** that a past determination by the IRB will automatically apply to a new project



## Related activities requiring review

“Related activities” means any process that involves collecting, accessing or analyzing data from or about individuals other than research, including but not limited to:

- Program evaluation for external use and/or publication;
- Program evaluation for internal program use with intention to publish and/or that collect/access data that involve sensitive topics such as substance use/disorder or that collect/access data about persons belonging to vulnerable populations;
- Certain quality assurance and quality improvement projects;
- Certain non-legally mandated surveillance;
- Needs assessments
- Projects using surveys that collect data from the respondent but not necessarily about the respondent.



## Exceptions to DPH IRB Submission Policy

No submission required if:

- Does not involve humans (e.g., animals only, some lab studies)
- Legally mandated reporting/surveillance
- Information collected/charted as part of clinical care
- Anonymous meeting evaluations
- Authorized operational activities in support of criminal justice or criminal investigative activities or defense/national security
- Environmental investigation
- Staff assessments or other internal queries that pertain to core job duties and skills



## Exceptions to DPH IRB Submission Policy, cont.

No submission required if:

- Customer satisfaction surveys that do not collect/access data from vulnerable populations or involve sensitive topics (such as substance use), OR that do not collect/access personally identifiable information (PII) or protected health information (PHI)
- Program evaluation for internal use with no intention to publish and that do not collect/access data that involve sensitive topics such as substance use/disorder or that do not collect/access data about persons belonging to vulnerable populations
- Evaluations for internal use for trainings that are linked to receiving CE units or certificates of completion or that do not involve vulnerable populations and/or where the IRB determines that informed consent is not required for participation in the trainings



## **Applies to all projects**

- Project activities or changes may not begin until approval letter has been received
- Please follow data collection guidelines on Race/Ethnicity, Sexual Orientation, Gender Identity, and Disability Status per Chief Science Office Standards of Practice (available upon request)
- Sound study design
- Equitable selection of subjects



## Sound Study Design and Equitable Subject Selection

- “Risks to subjects are minimized by using procedures that are consistent with sound research design and that do not unnecessarily expose subjects to risk.” **§46.111(a)(1)(i)**
- “Selection of subjects is equitable. In making this assessment the IRB should take into account the purposes of the research and the setting in which the research will be conducted.” **§46.111(a)(3)**



## **Levels of IRB Review**

**Exempt as Non Research**

**Research of an Exempt type**

**Expedited**

**Full Board**

## Levels of IRB Review



**Exempt as Non Research**

**Research of an Exempt type**

**Expedited**

**Full Board**





## Exempt as non-research

- Most standard Quality Assurance/Quality Improvement activity
- Most program evaluations
- Needs assessments
- Does not require written informed consent but “effective” consent required

## Levels of IRB Review

Exempt as Non Research



Research of an Exempt type

Expedited

Full Board



## Research of an Exempt Type

- Interview-based research **that does not deal with sensitive topics**
- Observation of public behavior
- A study of previously collected data or records (if publicly available or recorded in de-identified manner)
- Requires either **written consent or application for a waiver**, and cannot claim it is not research

## Levels of IRB Review

Exempt as Non Research

Research of an Exempt type



Expedited

Full Board



## What is Minimal Risk?

According to the federal regulations at **§46.102(j)**, *minimal risk* means that “the probability **and** [emphasis added] magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.”



## Expedited Review

- Project poses no more than minimal risk
- One of the expedited categories, for example
  - Survey/interview-type methods that include sensitive topics
  - Previously collected data or records that are not totally de-identified (e.g. you might need addresses for geo-coding or names/SSNs for cross referencing)
  - Recording of minors



## Expedited Review

- The classification Expedited Review refers to the way that federal regulations are applied when reviewing a research study.
- **“Expedited” DOES NOT** refer to the timing or speed of review – the DPH IRB reviews all applications in the order that they are received.
- Expedited review and approval can be given by Chair, Vice Chair, or IRB analyst, without waiting for monthly IRB meeting



## Levels of IRB Review

Exempt as Non Research

Research of an Exempt type

Expedited

Full Board







## Full Board review

- Full board review covers studies that pose “**more than minimal risk**” and do not meet the criteria for Exempt or Expedited review
- Projects deemed full board review will be discussed at the following IRB meeting
  - Quorum (i.e, a majority) of committee members must be present to vote on study approval



## Overview of the application process

- **Step 1:** Review IRB website and application checklist
- **Step 2:** Is DPH or DHS involved?
  - Yes, DPH – Will project use surveys?
    - Yes – Obtain DPH RATE review
    - No – Proceed with Step 3
  - Yes, DHS – Obtain DHS ROB approval
- **Step 3:** Submit IRB application using IRBManager



## External process: RATE Review (DPH projects)

Per **DPH Policy 117**, surveys used by DPH projects (including projects funded by DPH) must be reviewed by the Office of Health Assessment and Epidemiology (OHAE) Rapid Assessment, Training and Evaluation (RATE) Unit

### How to comply:

Project team submits final drafts of survey(s) and protocol to IRB via email at [IRB@ph.lacounty.gov](mailto:IRB@ph.lacounty.gov)

### Ensure that:

- Any survey questions asking about Race/Ethnicity, Sexual Orientation/Gender Identity, and Disability Status follow DPH CSO SOPs (available upon request)
- Protocol follows the template posted on the IRB website
- Documents do not contain any internal comments or tracked changes



## External process: ROB Review (DHS projects)

Projects involving DHS (including DPH projects that involve DHS) need to be reviewed and assigned a priority category by DHS' Research Oversight Board (ROB) to ensure the proposed activities are feasible and align with DHS' mission

### How to comply:

Project team submits final drafts of protocol, budget, and other project materials to IRB via email at [IRB@ph.lacounty.gov](mailto:IRB@ph.lacounty.gov)

### Ensure that:

- Include the project protocol, budget and relevant study documents as attachments.
- The IRB will forward your email to the ROB who will then review the proposal and will assign the priority category.



## External process:

# PHIS Software Information Security Office Approval

- 1 Is your project collecting/using personally identifiable information (PII) or protected health information (PHI) accessing PHI?
- 2 Does your project involve external contractors/organizations?
- 3 Does your project involve non-County approved/installed software?

If **YES** to 1 and 2 or **YES** to 3, your project needs PHIS Information Security Office approval.

### How to comply:

- An IT ticket will be created automatically if criteria are met when your IRBManager application is submitted
- Your online application will include questions needed for PHIS Information Security Office

### Ensure that:

- Your responses are complete or risk delay of your approval.
- Once you receive approval from PHIS Information Security Office, please printout a PDF of the approval email and upload it your IRB application

## What will PHIS Information Security Office Ask?

- What is the software (including version) that you will use in your project?
  - How will it be used? Where will the software be installed?
- Where data will be stored (physical and electronic) and how long will the data be retained?
- Will data be transmitted, and, if so, where?
- Who will have access to the data and who is the “data owner” (must be one person)?





## Items You Will Need to Submit a New IRB Application



### **Before you begin an IRB application:**

DPH projects must obtain RATE review. DHS projects must obtain ROB review



Principal investigator(PI)/project lead, Co-PI (if any), and Division Chief/Program Director signature



DPH/DHS liaison signature (if applicable)



Informed Consent forms (including any scripts for verbal or effective consent)









HIPAA individual authorization or a strong justification for a waiver of HIPAA authorization



Professional qualifications, e.g., Curriculum Vitae/resume or other supporting information



## Items You Will Need to Submit a New IRB Application

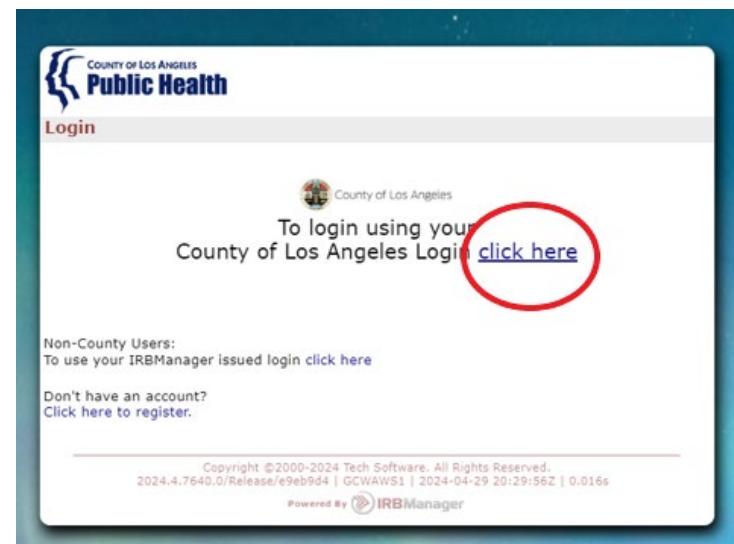
-  Research Protocol (must follow the template posted on the IRB website)
-  Lay summary (300 words max, written in prose and not bullet points or list style)
-  Materials used for recruitment including fliers, scripts for social media posts, etc.
-  Budget (if applicable)
-  Certificates of Human Subjects Protection Training for all study personnel
-  HIPAA Training Certificate for all study personnel
-  Cybersecurity and Privacy Awareness Training Certificates
-  Data collection instruments, including surveys, focus group and interview questions and scripts
-  Documentation of PHIS IT approval for software (if applicable)
-  Laboratory Review Form (if applicable)





## When you are ready to submit your IRB application

- Go to <https://lacdph.my.irbmanager.com/Login.aspx> and log in to IRBManager where you can submit:
  - New applications for IRB review
  - Amendment requests
  - Annual progress reports
  - Requests for continuing review
  - Adverse events reports
- County users can log in using your County email and password
  - Try logging in with County credentials before registering for a new account
  - A user guide with basic steps for navigating IRBManager is available on the IRB website





# Home page or “Dashboard”

From the dashboard, you can access approved projects for which you are listed as a key personnel (from the “IRB” tab), you can start new applications (also called “xForms”), and you can access applications in progress (from the “xForms” tab)

**My Projects**

YOU ARE VIEWING THIS PAGE AS: brenda.robles@udg.edu  
If this message goes away you have navigated to a page that does not support impersonation.

3 IRB    0 xForms    2 Events

Search Projects    Export to Excel    Click here to start an IRB application    **Start Other xForm**

2 Co-Investigator    1 Co-Principal Investigator

<b>2020-10-904-DPH</b> Approved as research of an exempt type Exp Exempt Cal State LA Health During the COVID-19 Pandemic Student Survey	<b>2022-007-DPH</b> Approved as exempt as non-research <b>IRBManagerTest, PI</b> Comprehensive Evaluation of The Wellness Center (TWC) Acupuncture Clinic	<b>2023-11-006-DPH</b> Approved as exempt as non-research Exp Exempt Lessons learned from 10 years of the Sodium Reduction in Communities Program in Los Angeles County
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Click here to start a new application



# IRB application

Collaborators

Study Information

Page 1 of 7

on

**Please enter the name of the person creating this form.** [Add Note](#) [View Audit](#)

Camarena, Paul

**Email:** [pcamarena@ph.lacounty.gov](mailto:pcamarena@ph.lacounty.gov)

**Instructions for completing this application.** [Add Note](#)

*All applications for IRB review must be submitted using IRBManager. Applications not submitted within 60 days will automatically be closed. If you would like to navigate between pages of the application without completing all required questions on each page, please select the desired page from drop-down menu at the top of the application.*

**Project title** *(Required)* [Add Note](#) [View Audit](#)

**If the principal investigator/project lead or any other personnel is not found in the system, use the link below to create a contact for them.** [Add Note](#)

[Start new contact form](#)

**Principal Investigator/Project Lead instructions** [Add Note](#) [View Audit](#)

*Note: The **Principal Investigator (PI)** is the person responsible for all aspects of **research**, including methodology, recruitment, data collection, data analysis and ethical conduct and compliance with all state and federal regulations as well as the policies of this IRB.*

*The **Project Lead** is the person responsible for all aspects of **non-research** (e.g., evaluation, needs assessment, non-legally mandated public health surveillance, QA/QI), including methodology, recruitment, data collection, data analysis and ethical conduct and compliance with all state and federal regulations as well as the policies of this IRB. The project lead is not necessarily the same person as the project coordinator.*

*If the PI/project lead is a DPH/DHS volunteer, contractor, or intern, then a Co-PI who is a permanent, full-time DPH/DHS staff must be*



## For your project, the IRB reviewer will ask ...



Why is the project and the question(s) it poses important to public health?



Are the methods clearly described and appropriate to the question and is the study team capable of carrying them out?



Who will be recruited and how? Are consent procedures clear and adequate?



Are forms and instruments, including recruitment materials, clear, intelligent, sensitive and at appropriate literacy levels?



## For your project, the IRB reviewer will ask ...



Is personally identifying information minimized and is each item necessary and justifiable?



Are individual privacy and data confidentiality protections adequate?



Have potential risks been thought through and minimized, including group harms and risks to vulnerable populations?



How will community be involved in the project?



How will the data be analyzed? How will the results be disseminated?

## Required Signatures

- PI/project lead, Co-PI (if any), and Program Director/Division Chief will need to “sign” the electronic application
- If the Principal Investigator/Project lead or Co-PI for a research study is not a permanent DPH/DHS employee, a DPH/DHS staff member will need to be designated as DPH/DHS liaison on your application





# Signing and submitting an IRB application

When signing an application:

- click on the “sign” button,
- enter your login password to sign the application,
- click on the “Next” button at the bottom of the page to submit the application.

ature

<b>Is this application complete and ready to be reviewed by the IRB?</b> <i>(Required)</i>	<a href="#">Add Note</a>
<input checked="" type="radio"/> Yes <input type="radio"/> No	

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<b>Enter your password to sign the form</b> <i>(Required)</i>	<a href="#">Add Note</a>
<input type="text" value="Sign..."/>	

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<b>To return the form for revisions or to submit to the IRB, click Next and on the next screen click Submit</b>
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# Types of IRB Action

**Approval (with category of exemption or expedited review specified)**

**Full approval for one year (or completion of study for exempt/expedited projects)**

**Full approval for shorter period**

**Approval with stipulations**

**Tabled until revised or substantial questions answered**

**Rejected**



## What happens after approval?

- IRB conducts project monitoring until completion via routine audits
- Submit an amendment application in IRBManager **before** you implement any changes – including changes to key personnel.
- Submit annual progress report or continuing review request (as applicable) or risk automatic closure – submit 2 weeks before due date
- Report any adverse or unexpected events or protocol deviations to IRB
- Submit a final report when project is complete
- Project teams must maintain up-to-date training certifications for key personnel





# Informed Consent

## What do the federal regulations say?

Federal regulations require that an investigator obtain the legally effective informed consent of the subject or the subject's legally authorized representative (LAR), unless:

- the project is exempt under 45 CFR 46.101(b)
- the IRB determines that certain conditions have been met such that informed consent can be waived

# Informed Consent Ethical Framework

Founded on the principle of respect for persons:

- Individuals should be treated as autonomous agents
- Rights and welfare of persons with diminished autonomy must be appropriately protected



# The Informed Consent Process

## Active process



- Sharing information between the investigator and the prospective participant
- Time for questions
- Clarification

Participants should be able to freely decide whether to initially enroll in the research, or later, to withdraw or continue participating in the research

## When obtaining informed consent:

- Must include all the basic elements
- If obtaining written informed consent, must include key information section plus a detailed section
- Use the preferred language of the prospective participant
- Use clear, accurate and understandable language
  - Avoid medical and scientific jargon; instead, use common, everyday language
  - General population - 8<sup>th</sup>-grade reading level or lower



## Basic Elements of Informed Consent

- Statement that it is research, purpose, duration, procedures to be followed, identification of any procedures that are experimental
- Risks/Discomforts
- Benefits
- Alternative procedures or treatments, if any
- Confidentiality of records
- If more than minimal risk, explanation of any compensation and medical treatments if injured
- Contact information
- Voluntary participation, refusal or withdrawal





# Informed Consent Documentation

- Documentation that process took place
  - Record of the participant's agreement to take part in the project
  - May be electronic, audio or video recording, as approved by the IRB
  - Copy given to subject
- Most non research projects will qualify for waiver of documentation of informed consent and will use an effective consent instead

## Informed Consent Waiver



- Requirement for Documentation of Informed Consent can be waived under certain circumstances
  - Effective consent
- IRB determines whether conditions have been met for eligibility of waiver
- Inconvenience is **not** a justifiable reason
- To request waiver, you will be required to answer questions on the IRB application





# Key Terms to Remember for Your Reference

- **Identifiable private information:** Information that an individual can reasonably expect will not be made public through which the identity of the subject may readily be ascertained, e.g., a medical record
  - Also known as sensitive personal information (SPI), personally identifiable information (PII)
- **Protected health information (PHI):** Identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral
- **Anonymous:** No identifiable private information or PHI is collected, thus cannot be re-identified
- **Confidential:** Identifiable private information is collected but kept private from public view, stored away from public view, can be de-identified and re-identified
  - Public: Anyone not associated with the data collection for the study
- **Vulnerable populations:** Subjects in research studies vulnerable to the possibility of coercion or undue influence (Pregnant women, prisoners, children, economically disadvantaged populations)



# Additional Informed Consent Tips for Your Reference

- If a technical term is used, define or explain it in lay language the first time
- Spell out abbreviations or acronyms the first time they are used
- Use short sentences and short paragraphs
- Avoid details that do not help participants make a decision about being in the project
- Use active voice rather than passive voice whenever possible; for example, use “We will draw a blood sample” instead of “A sample of blood will be drawn”
- Use bullets for long lists of procedures or risks
- Use subheadings to break up large amounts of text

# HIPAA Privacy Rule

What is HIPAA?

- Health Insurance Portability and Accountability Act of 1996

When does HIPAA apply?

- PHI: protected health information
- Any of 18 types of demographic identifiers or health care delivery information, including ZIP code.
- Any PHI collected or transmitted in any form by a “covered entity”
- Applies to all data collection activities

Two ways to comply

- HIPAA Individual Authorization
- Waiver





# HIPAA Waiver Request in IRBManager

- Strong justification for a waiver needed
  - Describe how the study could not practicably be conducted without access to and use of the PHI
  - Inconvenience is not a **JUSTIFIABLE** reason
- Include a detailed list: 1) PHI to be collected 2) list of the source(s) used/accessed for the PHI.
- Describe how the uses and disclosures of PHI will be limited to the “**minimum necessary**” to achieve the purpose(s) of the investigation.
- Describe the plan to destroy the identifiers at the earliest opportunity.
  - This must be done unless there is a health or clinical justification for retaining the identifiers or such retention is otherwise required by law.
- Describe the plan to protect identifiers from improper use and disclosure. Indicate where PHI will be stored and who will have access
  - List all entities that might have access to the study’s PHI such as sponsors, FDA data safety monitoring boards



## Helpful Tips for Submitting an Application

- Update your contact information in IRBManager to include your degree(s)
- The best way to ensure a smooth review process is to:
  - 1) make sure that your application is **complete** including all consent/HIPAA documents, recruitment materials (including social media posts, etc.), data-collection instruments (including phone or email scripts for recruitment, interviews/focus groups, etc.), and PHIS approval
  - 2) respond to emails from IRB staff or automated notification emails from the IRBManager system as promptly as possible
- When you submit an application, IRB office receive an automated notification from IRBManager so there is no need to inform the IRB with a separate email
- Please send IRB inquiries to IRB inbox at [IRB@ph.lacounty.gov](mailto:IRB@ph.lacounty.gov)

## IRB Health Equity Initiative

LAC DPH defines health equity as ***“when everyone has a fair and just opportunity to attain their optimal health and well-being.”***

- striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on certain social conditions.



## IRB Health Equity Initiative

- Addressing health equity in research is a matter of justice and is necessary to ensure that research and related activities produce quality (robust and generalizable) data that can better inform action at all levels.
- As a research goal, health equity is a lens through which all research activities should be viewed.
  - From study design all the way to dissemination of results



# IRB Health Equity Initiative



**Key Informant  
(KI) Interviews**

**Annual Health  
Equity Survey**

**Internal Health  
Equity  
Standard of  
Practice (SOP)**

- A Health Equity Report summarizing results from the interviews is available on the IRB website

- Apply to DPH projects and will provide guidance for reporting progress toward meeting health equity objectives, including the methods used to measure health equity





## IRB Health Equity Initiative

- **New:** Health Equity SOP regarding health equity, diversity and inclusion in research and related activities reviewed by the DPH IRB
  - Internal version available on IRB intranet
  - External version available on IRB website
- SOP informed by key informant interviews and health equity survey completed as part of IRB's Health Equity Initiative (HEI).
- Please refer to our [Health Equity Initiative](#) page for more information about the HEI and our efforts to develop this SOP.



## IRB Health Equity Initiative

- IRB will collect data and report on health equity to ensure research and related activities are addressing the following:
  - community engagement
  - recruitment and sampling equity
  - language and cultural equity
- Project leads should be prepared to answer questions about health equity in their projects when they submit new applications and annual progress reports to the IRB

## Any Questions??



Visit our website:

<http://publichealth.lacounty.gov/irb/>

Write us with questions:

[irb@ph.lacounty.gov](mailto:irb@ph.lacounty.gov)



# Thank you!

Evaluation survey:

<https://www.surveymonkey.com/r/LVMTYK7>