
**Guidance for Review of
AIDS Institute
Contractor Educational
Materials**

**December 2008
New York State Department of Health AIDS Institute
Office of the Medical Director, Materials Initiative**

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Resources

- *Guidelines for Effective School Health Education to Prevent the Spread of AIDS*. Downloadable at www.cdc.gov/mmwr/preview/mmwrhtml/00001751.htm
- New York State Department of Health, HIV/AIDS Consumer Educational Materials Order Form, April 2003. For the latest consumer materials order form, send an email to HIVPUBS@health.state.ny.us

A. GOALS OF REVIEW

1. Prior to expenditure of contract funds, all educational materials that contractors plan to develop or purchase **using New York State Department of Health AIDS Institute funding, regardless of funding source**, must be reviewed as per this guidance. However materials developed with state funds do not need to adhere to the guidance outlined in attachment 1 (page 28).

The goals of review are to ensure that all covered materials (as defined in part C below) are:

- a. accurate and up-to-date;
- b. consistent with all funder requirements and applicable state laws, rules, regulations and policies; and,
- c. appropriate for the intended target audience.

B. PROGRAM REVIEW PANEL MEMBERS

CONTRACTOR

1. The contractor is responsible for setting up a Program Review Panel consisting of no less than 5 members who:
 - a. Understand how HIV is and is not transmitted.
 - b. Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.
 - c. Represent a reasonable cross section of the intended target population who are not necessarily affiliated with the agency. Panels reviewing materials intended for racial or ethnic minority populations may be drawn predominately from such racial and ethnic populations. Additional considerations may include age, sexual orientation, etc.
2. When reviewing materials for use with school-based populations, the Program Review Panel must include a representative or representatives of groups such as teachers, school administrators, parents and students.
3. Panels that review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels.
4. A Program Review Panel Chairperson must be designated who is knowledgeable and familiar with the project and activities for which materials are being developed to act in this capacity.
5. As described above, each Program Review Panel must meet the minimum requirements for panel size; diversity; member knowledge and school-based populations' panel membership (if applicable). Composition of the review panel may vary in accordance with the needs of the material being considered for development or purchase.
6. Panel members are not required to meet in person.



AIDS INSTITUTE

1. The internal review for materials developed and/or purchased by contractors will be facilitated by two review teams – one for the Division of Health Care and one for the Division of HIV Prevention.



2. The Deputy Executive Directors for Health Care and HIV Prevention and Program Evaluation respectively will appoint a minimum of three individuals as the AI review Team for contractors within their Divisions. Additionally the Office of Medical Director shall name one individual to each Review Team.

3. Each Team will meet as needed to review materials submitted by AI contractors through their contract managers. Reviews shall be conducted in accordance with the Guidance for Review of AIDS Institute Contractor Educational Materials—revised 2008.

4. Expedited Review

An expedited review process shall be established to allow for quick turn around of approval of materials developed by contractors to address circumstances when materials need to be available immediately. Each Division (Health Care and HIV Prevention) shall have an expedited review team composed of the Division Director and Bureau/Section Directors of the respective Divisions as well as a representative from the Office of the Medical Director.

Circumstances meriting expedited review include but not limited to:

- a. New data from city, state or federal government highlighting increased rates of HIV/STD in specific populations
- b. Outbreaks of STDs in particular geographic areas
- c. New screening/testing devices
- d. New clinical developments
- e. Changes in laws and regulations

Reviews shall be conducted in accordance with the Guidance for Review of AIDS Institute Contractor Educational Materials—revised 2008.

C. COVERED MATERIALS

1. The type and format of materials requiring review are listed below, consistent with funding requirements.

Types of Materials Requiring Review Written, visual, audio, internet

- pamphlet/brochure/flier/booklet
- Audiotape/videotape
- curriculum/trainer's guide
- public service announcements (radio, TV, Internet, print)
- wallet card/palm card
- questionnaire/survey instrument
- periodicals
- subway pass/phone card
- poster
- billboard or transit poster
- comic
- book (abstract only)
- plays/skits/dramas/role plays
- CD ROM/DVD
- web page(s) (as per #7 below)

2. **Review is required for all materials, as listed above, which contain educational messages.**

Materials that are designed solely for the purpose of outreach, promotion or client recruitment (i.e., materials that promote programs or services or recruit clients, internet social network site profiles) that do NOT contain educational messages or potentially-obscene¹ language or pictorials DO NOT require review. For example, a wallet or palm card promoting a hotline number that includes hours of operation and the agency phone number does not require review. However, if the card also includes an educational message promoting HIV counseling and testing, review is required, as per this guidance.

3. **Any educational material to be purchased or developed by a NYSDOH/AI contractor utilizing federal funds received from the AIDS Institute requires review.** The submission procedures for purchased, newly developed and reprinted materials are included in Part F of this guidance. AIDS Institute contractors are strongly encouraged to review materials consistent with this guidance to be purchased or developed with funding sources other than the AIDS Institute, or acquired or produced at no cost. The review documents included as attachments may be used for this review, but are not required.

¹ According to the U.S. Supreme Court, to be obscene, material must meet a three-prong test: (1) an average person, applying contemporary community standards, must find that the material, as a whole, appeals to the prurient interest (i.e., material having a tendency to excite lustful thoughts); (2) the material must depict or describe, in a patently offensive way, sexual conduct specifically defined by applicable law; and (3) the material, taken as a whole, must lack serious literary, artistic, political, or scientific value. The Supreme Court has indicated that this test is designed to cover hard-core pornography.

Categories of Materials Requiring Review

- To be developed (by contractor or through a subcontractor)
- To be purchased

- Review of reprints that have received prior approval is recommended but not required before reprinting (except as noted in 5 below) in order to ensure the material is scientifically and technically accurate.** Contractors should ensure that materials re-purchased from vendors are up-to-date and are the most current versions available. A sample content review tool included in Attachment II may be used for this purpose.
- Review of reprints that have received prior approval IS REQUIRED in the following instances:**
 - When documentation of the prior review and approval is unavailable.** Prior to reprinting, contractors must provide the AI designated review team with documentation of prior approval or verify that such documentation is already on file at the NYSDOH/AI.
 - Laws, rules, regulations or policy changes require such revisions.** The Materials Initiative or other AIDS Institute program responsible for implementation of such revisions will provide contract managers with written notification.
 - The intended target audience for the material has changed,** as noted on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*.
- AI review team members will be provided with specific review criteria and text required by funders, laws, policy, or regulations, as they become available.** Please see Attachment III for the current text requirements for covered materials (for materials funded with federal funds only).
- All web pages providing educational information developed completely or in part with NYSDOH/AI funds and materials posted to web pages supported completely or in part by NYSDOH/AI funds must be reviewed and approved of as per this guidance prior to posting on the website.**
 - ❖ Please note that reviews and approvals for revised web pages or revised materials posted to the website need only be done when information changes require review for scientific and technical accuracy; laws, rules, regulations or policy changes require revisions; or the intended target audience of the website or material on the site changes. Profiles on social network or sex sites must follow the NYSDOH Guidelines for Internet outreach.



8. **Materials that have been reviewed and approved in one format (e.g. pamphlet) do not need to be reviewed again for reproduction in another format (e.g. website posting).**
9. **Materials developed by the agencies and organizations listed below; promotional and outreach materials that do not contain any educational messages or obscene² language or pictorials; and materials developed or purchased using funding from sources other than the AIDS Institute or acquired or produced at no cost DO NOT require review by Program Review Panels.**

Materials that do NOT Require Review *

- Developed or distributed by the following organizations:
 - New York State Department of Health
 - Centers for Disease Control and Prevention
 - New York City Department of Health and Mental Hygiene
 - American Red Cross
- Developed under the direction of the HIV Clinical Guidelines Program
- Promotional and outreach materials that do not contain any educational messages or obscene language or pictorials
- Purchased/developed using non-restricted (non-NYSDOH/AI) funds or acquired or produced at no cost**

** Nothing in this Guidance precludes the NYSDOH AIDS Institute from reviewing and approving/denying use of NYSDOH AIDS Institute funding for contractor materials not covered by this Guidance.*

*** While not required, contractors are strongly encouraged to review materials consistent with this guidance to be purchased or developed with funding sources other than the AIDS Institute, or acquired or produced at no cost.*

² According to the U.S. Supreme Court, to be obscene, material must meet a three-prong test: (1) an average person, applying contemporary community standards, must find that the material, as a whole, appeals to the prurient interest (i.e., material having a tendency to excite lustful thoughts); (2) the material must depict or describe, in a patently offensive way, sexual conduct specifically defined by applicable law; and (3) the material, taken as a whole, must lack serious literary, artistic, political, or scientific value. The Supreme Court has indicated that this test is designed to cover hard-core pornography.

D. GUIDING PRINCIPLES

- Materials developed with state funding should address both HIV and STD prevention and care.
- Information contained in the materials should conform to NYSDOH/AI guidelines for HIV health care and prevention.
- Materials should fit with the basic philosophy and values of the intended target population.
- Emphasis should be on harm reduction approaches, especially as it relates to sexual health.
- Materials should promote and support sexual health in a sex positive manner and be relevant and culturally appropriate.
- Images and material should reflect the intended target audience.

E. REVIEW PROCESS REQUIREMENTS

In order to meet the goals of the review process, Program Review Panel members must review materials for the criteria that follow. Documentation of all reviews must be made on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*:

1. All materials must be reviewed for scientific and technical accuracy.



- a. Contractors ensure that experts in the material's content review materials. (See Section B.1.)
- b. AIDS Institute review team members provide additional review for scientific and technical accuracy. When review team members have questions about the accuracy of a material's content, they should seek input from AIDS Institute staff with expertise in the material topic area in question. Contract managers and Materials Initiative staff are available to identify experts when review team members are unsure of the appropriate expert reviewers. The sample content review document, Attachment II e, may be used for this review.
- c. Review of reprints that have received prior approval is recommended, but not required, prior to reprinting in order to ensure the material's continued scientific and technical accuracy. Contractors are strongly encouraged to ensure that materials reprinted or purchased from other organizations are up-to-date and are the most recent versions available.

2. Covered materials FUNDED WITH FEDERAL FUNDS ONLY should be reviewed to ensure that they comply with the *Basic Principles* as listed in the attached document titled, *Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention Assistance Programs* (Attachment I).

- a. It is not necessary to include all of the messages listed in the Basic Principles section of Attachment I in each individual educational material. Rather, reviews of covered materials should consider the consistency of messages provided in all of the contractor's educational materials, ensuring that as a whole, the materials are consistent with the *Basic Principles*, other funder requirements, laws, rules, regulations and policies, and are appropriate for the target audience.

- b. Program Review Panels will review materials for specific target audiences and indicate such on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*. Sample review tools for use by Program Review Panels that address issues of appropriateness of the material for the target audience are provided for use by contractors. (Please see Attachment II.) Further guidance regarding review for target audience appropriateness is available from the Materials Initiative, as necessary.

3. Covered materials must be reviewed for target audience appropriateness.

Contractors are encouraged, when possible, to gather additional input from members of a material's intended target audience through the use of questionnaires and focus groups. This process should assess the effectiveness of the materials and whether the intended audience understands the message. Sample review tools for use with members of the target audience are provided in Attachment II. Further guidance regarding use of questionnaires and focus groups is available from the Materials Initiative, as necessary.



F. WHEN TO REVIEW MATERIALS

All reviews and approvals must be acquired **PRIOR TO EXPENDITURE OF FUNDS**. The NYSDOH/AI review team will notify the contract manager when approval is given so they can authorize expenditures for the material development, purchase or printing.

1. For covered materials to be **DEVELOPED**:

- a. For the sake of efficiency, contractors should seek **initial conceptual approval from the contract manager** to proceed with development of new covered materials. When submitting an initial conceptual proposal for the development of a new material, the contractor should provide as much relevant information as possible and be sure to include the following: goal of material, intended target audience, specific key messages, and planned distribution points. Upon review and approval, contract managers will advise contractors to proceed with development and review of the material.
- b. Once the contract manager approves of conceptual development, the contractor coordinates development of the new material and review by the Program Review Panel. It is strongly recommended that the contractor allow sufficient time, generally no less than two (2) weeks, for this review. Printing, posting, etc. should not be completed prior to receiving approvals from all members of the Program Review Panel, including the AIDS Institute contract manager.
- c. Once contractor acquires all written approvals for the new material from Program Review Panel members on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and the *Individual Program Review Panel Member Clearance*, if applicable, the completed documents and two (2) copies of the proposed material are submitted to NYSDOH/AI contract manager, **PRIOR TO EXPENDITURE OF FUNDS**.
- d. NYSDOH/AI contract manager submits the copies of the proposed material to the AI review team for their review.

e. Upon review, the AI review team selects one of the following dispositions in Part IV of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*:

- i. **Authorized** (for development completion, purchase and/or printing/distribution with AI contract monies). This indicates that the material is approved as submitted.
- ✓
- The AI review team returns a copy of the completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* to the contractor as notification that AI funds may be expended for the requested purpose and provides the contract manager with a copy.
 - The contract manager maintains the original completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* in the contractor files along with a copy of the material.

When CDC funds received through contracts supported by the New York State HIV Prevention Cooperative Agreement are used for the material:

- The contract manager maintains a copy of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and a sample copy of the material.
- The contract manager forwards the original and three (3) copies of the completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and a sample copy of the material to the Grants Development Specialist, Division of HIV Prevention.

- OR -

- ii. **Not authorized as submitted.** This indicates that the material does not meet the review criteria, as per this guidance.

- ✗
- The AI review team should return the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* to the contractor with written notification outlining the reason for this disposition. Sample notification letters are included in this guidance.
 - The contract manager maintains the original completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* in the contractor files along with a copy of the cover letter and material.

When CDC funds received through contracts supported by the New York State HIV Prevention Cooperative Agreement are used for the material:

- The contract manager maintains a copy of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and a sample copy of the material.
- The contract manager forwards the original and three (3) copies of the completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and a sample copy of the material to the Grants Development Specialist, Division of HIV Prevention.

~ OR ~

iii. **Review technical assistance requested.**

- The AI review team requests review assistance from the Materials Initiative to ensure scientific and technical accuracy and/or consistency with funder requirements, laws, rules, regulations and policies and/or appropriateness for intended target audience.
 - Materials Initiative signs-off or forwards for additional review as needed. The results of the additional reviews are communicated to the contract manager who records the results on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*.
 - The AI review team-returns a copy of the completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* to the contractor as notification that funds have either been authorized, as in e.i. above, or have not been authorized, as in e.ii. above.
- ?
- The contract manager maintains the original completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* in the contractor files along with a copy of the material.

When CDC funds received through contracts supported by the New York State HIV Prevention Cooperative Agreement are used for the material:

- The contract manager maintains a copy of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and a sample copy of the material.
- The contract manager forwards the original and three (3) copies of the completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and a sample copy of the material to the Grants Development Specialist, Division of HIV Prevention.

2. **For educational materials to be PURCHASED:**

- a. Contractor coordinates review of material by Program Review Panel. It is strongly recommended that contractor allow sufficient time, generally no less than two (2) weeks, for this review. Contractor submits completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* or *Individual Program Review Panel Member Clearance*, with all Program Review Panel member signatures to contract manager, **PRIOR TO EXPENDITURE OF FUNDS**.
- b. When contractor forwards completed review document and sample material to be purchased, the contract manager should begin by verifying whether the NYSDOH/AI is already publishing materials that address that topic. This, however, does not preclude purchase of materials similar to, but not the same as, NYSDOH/AI materials.
- c. Proceed with steps b through d above (Section E.1.).

3. **For educational materials to be REPRINTED:**

Please see section C, 4-6 to determine when review of reprinted materials is required.

- a. When review of reprints is required, proceed as in 2.a – 2.b above.



4. Expedited Review

In order to facilitate the quick turn around for materials that address an immediate problem, the contractor and the AI shall establish expedited review procedures. Circumstances meriting expedited review include but not limited to:

- ✚ New data from city, state or federal government highlighting increased rates of HIV/STD in specific populations
- ✚ Outbreaks of STDs in particular geographic areas
- ✚ New screening/testing devices
- ✚ New clinical developments requiring timely distribution
- ✚ Changes in laws and/or regulations affecting HIV prevention, testing and care

Expedited reviews shall be completed within 72 hours of receipt of materials from the contractor.

G. ACQUIRING AND DOCUMENTING APPROVALS FROM PROGRAM REVIEW PANEL MEMBERS

1. For covered materials, consensus must be reached among all Program Review Panel (PRP) members in order for the material to be approved for purchase, development or print. Panel members cannot “sign-off with edits.” Any edits required by Panel members must be made prior to acquiring signatures and forwarding the signed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* to the AI review team for review and sign-off. All approvals are final. 
2. Note that Panel members are not required to meet in person. Signatures can be acquired using separate clearance sheets, as per *Individual Program Review Panel Member Clearance*.
3. The Panel chairperson is responsible for acquiring all approvals, as indicated by Panel member signatures on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and *Individual Program Review Panel Member Clearance*.
4. Contractors should allow sufficient time for review of materials by Program Review Panels. It is suggested that Panel members be allowed at least two (2) weeks to review and return signed documents. Additionally, completed documents should be sent for review and approval a minimum of three (3) to four (4) weeks prior to the expiration of funding.
5. Completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet*, with signatures from the Panel, must be submitted to the AI contract manager, who will submit them to the AI review team.
6. The AI review team signs document(s), or processes them for further review as per Section F.
7. Once all approvals/signatures have been acquired and dispositions have been communicated in writing to the contractor, the contract manager maintains a copy of the signed review sheet(s) and the material and authorizes the expenditures of funds. 

8. In the case of contractors utilizing funds from the AI received through the CDC HIV Prevention Cooperative Agreement, one copy of the signed document and sample material is maintained by the contract manager, the original and three (3) copies of the completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and a copy of the material reviewed is forwarded to the Grants Development Specialist, Division of HIV Prevention, AIDS Institute, ESP Corning Tower, Room 308, Albany, NY, 12237.
9. Contractors are encouraged to gather materials for purchase and acquire review and approvals from their Program Review Panels for these materials in advance of identification of funding so that once funds become available, contractors may submit already acquired Panel member sign-off for purchase of these materials. Gathering and seeking approvals for this materials “wish list” in advance may expedite utilization of funds for materials. If the period of time between acquisitions of all signed approvals, as indicated on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and actual purchase of materials is greater than 1 year, then it is recommended that the materials be reviewed again for scientific and technical accuracy before purchase. But PRP signatures need not be obtained again. The attached *Sample Content Review* (Attachment II.e.) may be used for this purpose.
10. In addition to the required PRP review of all covered materials (Section B), contractors are strongly encouraged to coordinate PRP review of materials purchased or developed with other sources of funding, or acquired or produced at no cost, so as to ensure consistency of messages and appropriateness for the target audience.

H. ACKNOWLEDGEMENTS AND NOTICES

Acknowledgments crediting the New York State Department of Health, AIDS Institute are generally not necessary on educational materials and should not be included on materials unless specifically requested by the contractor and deemed necessary by the AI. Contractors may submit a written request detailing the specific text and placement of the acknowledgement to the contract manager. The contract manager will forward the request to the Materials Initiative who will acquire review and approval from AI Executive Office and the NYSDOH Public Affairs Group (PAG). Please note that sufficient time for review by PAG should be allowed. Contractors are asked to please make this request for NYSDOH/AI acknowledgment at least three (3) weeks prior to the date the acknowledgment language is needed for printing. (See expedited review process Section F.4).

1. Materials developed, purchased or reprinted using Ryan White CARE Act federal funds must include required acknowledgements. The contract manager may obtain the required text of the acknowledgements from the AIDS Institute Administration and Contract Management unit.
2. Contractors are required to place a notice on all websites that are developed or contain educational materials that are developed in whole or in part with Centers for Disease Control and Prevention funds received through the NYSDOH/AI HIV Prevention Cooperative Agreement. This notice is required for all contractors receiving CDC funds through the NYSDOH/AI and these contractors will be asked to provide written documentation to their contract managers attesting that the web notice has been added to the website. Contract managers must submit the original and three (3) copies of the contractor signed website notice attestation to the Grants Development Specialist, Division of HIV Prevention. See *Website Attestation* and



Attachment V for suggested text. It is suggested that contractors using other funds post a similar content notice.

I. REVIEW PROCESS ROLES AND RESPONSIBILITIES

AIDS Institute contractors; AI Review Team members; contract managers; supervisors and management; Materials Initiative staff; and, where applicable, Administration and Contract Management staff all have a role in the implementation of this process.

1. Contractors:

- a. Ensure that Program Review Panel members meet all criteria as per this guidance.
- b. Complete the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*, as per this guidance.
- c. Provide the contract manager with completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet*, including all required Program Review Panel signatures, and two (2) copies of reviewed materials.
- d. Ensure that adequate time for acquiring approvals from Program Review Panels and NYSDOH/AI contract manager is allotted so that funds can be utilized when available.
- e. Identify others within own agency that might also be responsible for required reviews of covered materials and determine if reviews have already been successfully completed or can be combined.

2. Contract managers:

- a. Communicate the requirements of the contractor materials review process to contractors and provide them with all the necessary clearance sheets and guidance documents. Provide contractors with technical assistance regarding review requirements.
- b. Maintain files that document that the review process has been carried out, including retaining copies of the signed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* from Program Review Panel members, sample materials, and/or any correspondence to contractors regarding authorization of expenditure of AI funds on materials development, purchase or printing.
- c. When CDC funds received through contracts supported by the New York State HIV Prevention Cooperative Agreement are used for the material, send all final, required documentation and copies to the Grants Development Specialist, Division of HIV Prevention and others as required and/or requested.

3. AI Review Panel

- a. Make a good faith effort to review and authorize materials, as per the guidance.
- b. Provide contractors with correspondence indicating whether or not funding has been authorized for materials development, purchase or printing. Ensure that all appropriate procedures have been conducted and all documents are completed and sent to the contract manager who can authorize expenditure of funds.

4. Materials Initiative:

- a. Conduct training of all existing and newly hired contract managers regarding review procedures, clearance sheets and guidance documents.
- b. Maintain a schedule of semi-annual training and provide this information to AIDS Institute program managers/administration.
- c. Evaluate the review process to determine if guidance requires revisions and if training is effective.
- d. Provide review and determination regarding contractor materials in those instances when review team members are unable; forward to AIDS Institute Executive Office and the NYSDOH Public Affairs Group as necessary; document such review; and return documentation to the contract manager when complete.
- e. Provide technical assistance regarding materials review and development to review team members upon request.
- f. In collaboration with other AI Divisions, notify AI review team members when new information, laws, rules, regulations and policies require review and text revisions and provide notice of such to contract managers for distribution to contractors.
- g. Distribute updates to the *NYSDOH/AI HIV Consumer Educational Materials Order Form* to contract managers and contractors.

**5. Grants Development Specialist, Division of HIV Prevention, AIDS Institute:**

- a. Communicate with contract managers and Materials Initiative regarding needs for written documentation of reviews and approvals for all AI contractors receiving funds through the Centers for Disease Control and Prevention HIV Cooperative Agreement.
- b. Ensure that all documents and materials are submitted for required reports.
- c. Provide the Materials Initiative with all updates and revisions to the required review criteria, including specific content and text requirements and acknowledgements for all programs that receive funds through the Centers for Disease Control HIV Prevention Cooperative Agreement.
- d. Collaborate with the Materials Initiative to revise the *Guidance for Review of AIDS Institute Contractor Educational Materials* as needed to comply with funders.

6. Administration and Contract Management:

- a. Review and revise boilerplate contract language as needed to adequately cover required review, development, purchase and reprinting of covered materials.
- b. Assist Program Managers with making arrangements for existing and new contract managers to attend training in review process.

7. Supervisors and Program Directors:

- a. In collaboration with Administration and Contract Management, make arrangements for existing and new AI panel review members to attend training in review process.
- b. Ensure that AI staff responsibilities in this guidance document are carried out.

Required Documents, Letters and Checklists

- AIDS Institute Contractor Educational Materials Review and Approval Sheet
- Individual Program Review Panel Member Clearance
- Sample Letters to Contractor, Educational Material Not Authorized as Submitted
- Website Notice Attestation
- Checklist for Contractors for Acquiring and Documenting Approvals from Program Review Panels

Attachments

- I. Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs, Interim Revisions June 1992
- II. Sample HIV/AIDS Educational Materials Review Tools (Use suggested, not required):
 - a. Sample HIV/AIDS Educational Materials Review Checklist for Program Review Panel Assessment
 - b. Sample Questions for Intended Target Audience Review of an HIV/AIDS Educational Material
 - c. Sample Phone/Mail Questionnaire for Intended Target Audience Review of HIV/AIDS Educational Material
 - d. Sample Curriculum Review Tool
 - e. Sample Content Review Tool
- III. Required Content/Text Regarding HPV and Condom Effectiveness, for CDC Materials Only
 - a. July 5, 2001 Dear Colleague Letter from Helene D. Gayle, CDC
 - b. 114 Stat.2763A-72 Public Law 106-554 – Appendix A
 - c. CDC Fact Sheet for Public Health Personnel: Male Latex Condoms and Sexually Transmitted Diseases, December 2, 2002
- IV. Required Format for Submission of HIV/AIDS Educational Materials for Review
- V. April 29, 2002, Dear Colleague Letter from Sandra R. Manning, CDC and Proposed language for use by CDC grantees on website(s) containing HIV/AIDS content.

AIDS Institute Contractor Educational Materials Review and Approval Sheet

Contractor Instructions:

Please complete **Parts I and II**.

When panel members meet as a group in one location, please coordinate completion of **Part III**.

If panel members do not meet at one time, have the Program Review Panel Chair complete Part III. Then, please use the *Individual Program Review Panel Member Clearance* to acquire individual signatures from each of the other panel members. Then, please forward original(s) with all Program Review Panel signatures and 2 samples of the material to designated AI review panel, which will complete **Part IV**. Please retain a signed copy for your files.

PART I – Contractor Information

Contact Person _____ Date _____

Agency/Organization _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ County _____

PART II – Material Information

Material Title _____

Type of material: (please check one)

pamphlet/brochure/flier/booklet

curriculum/trainer's guide

wallet card/palm card

periodicals

poster

book (abstract only)

CD ROM/DVD

audiotape/videotape

public service announcements (all media)

questionnaire/survey instrument

subway pass/phone card

comic

plays/skits/dramas/role plays

web pages

Material would be: (please check only one)

developed

purchased

reprinted (completion of this document is necessary only if no prior documentation of review exists.)

Part III – Program Review Panel Attestation

The Program Review Panel has voted for approval of the HIV/AIDS educational material (title listed below), as attested by each panel member’s signature.

Panel members, please complete all information and provide your signature. Signatures indicate approval to develop, purchase or print the material for use with the target audience as described above.

Material Title _____

Program Review Panel Chair Name (Please print) _____

Occupation _____

Organizational Affiliation _____

Signature _____ Date _____

Program Review Panel Member Name (Please print) _____

Occupation _____

Organizational Affiliation _____

Signature _____ Date _____

Program Review Panel Member Name (Please print) _____

Occupation _____

Organizational Affiliation _____

Signature _____ Date _____

Program Review Panel Member Name (Please print) _____

Occupation _____

Organizational Affiliation _____

Signature _____ Date _____

Part IV –AI Review Team – Review Disposition

The AIDS Institute review team completes this section.

Contract Number _____

Source of AIDS Institute contract monies for material submitted:

- State CDC Other federal (specify): _____

Material Title _____ has been (Please check one of the following options):

- Authorized** (for purchase, development, or printing with AI contract funds).
- Not authorized as submitted.** Please check one or more of the following reasons for this disposition:
 - the material submitted is not accurate and up-to-date,
 - the material submitted is not consistent with funder requirements and applicable state laws, rules, regulations and policies.
 - the material submitted is not appropriate for the intended target audience, as identified in Section II.

Review team members (Please print) _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

- Request review/technical assistance from the Materials Initiative.** Following completion of review/technical assistance, this document will be returned to you for your signature. Please specify guidance needed. _____
 _____ Date sent _____

Review Team members: Please send a copy of this completed document to the CONTRACTOR. If the material is NOT AUTHORIZED as submitted, a copy of this document should be sent along with a cover letter describing the rationale for the review outcome. Keep the original of the completed documents and sample material for your files. Copies should be sent to the contract manger to file in the agency contract folder.
 If the material is CDC funded, forward the **original** and three (3) copies of the review sheets and one sample copy of the material to the Grants Development Specialist, Division of HIV Prevention, ESP Corning Tower, Room 308, Albany, NY, 12237. Maintain copies for your files.

AIDS Institute Individual Program Review Panel Member Clearance

Contractor Instructions:

This clearance sheet is for use by individual Program Review Panel members when the Panel is NOT meeting as a group, in one location. Individual Panel members should be provided with a copy of this document, a copy of the sample material, and a copy of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* with parts I and II completed. Panel Review Members must return the original signed document to the contractor.

Contractors should then send the individual signed documents from all four Panel Review Members, a copy of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* with parts I and II completed, and 2 copies of the material to the AIDS Institute contract manager. Please send originals, keeping copies for your files, and attach the documents with paperclips.

Program Review Panel Member Attestation

Panel member, please complete all information and provide your signature. Your signature indicates approval to develop, purchase, or print the material for use with the target audience as described in the attached *AIDS Institute Contractor Educational Materials Review and Approval Sheet*.

I voted for approval of the HIV/AIDS educational material named below and described in Parts I and II of the attached *AIDS Institute Contractor Educational Materials Review and Approval Sheet*, as attested by my signature.

Material Title _____

Program Review Panel Member Name (Please print) _____

Occupation _____

Organizational Affiliation _____

Signature _____ Date _____

**Sample Letter to Contractor, Not Authorized as Submitted
(Due to incomplete information)**

May 12, 2009

Ms. Lucy Provider
AIDS Institute Contractor
123 Paved Road
Township, NY 11111

Dear Lucy:

The brochure developed by AIDS Institute Contractor titled, *ABCs of HIV*, has been reviewed. AIDS Institute funds cannot be authorized for the development of this material as submitted for the following reason(s):

- The information provided on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* is incomplete. Please complete information in Section II regarding material target audience.
- All four Program Review Panel Members did not approve of the material, as indicated by signatures on required documents. Please acquire all of the required signatures and return original signed document(s) to me at the address below for review and approval.

Please submit the requested document(s) so that the material review for authorization of AIDS Institute funds can be completed. If you have any questions about the requested information, please phone me at (123) 456-7890.

Sincerely,

Iona Car, Contract Manager

Sample Letter to Contractor, Not Authorized as Submitted

(Not scientifically accurate or up to date, or not consistent with funder requirements, state laws, rules, regulations or policies, or not appropriate for the intended target audience)

May 12, 2008

Ms. Lucy Provider
AIDS Institute Contractor
123 Paved Road
Township, NY 11111

Dear Lucy:

The brochure developed by AIDS Institute Contractor titled, *ABCs of HIV*, has been reviewed. AIDS Institute funds cannot be authorized for the development of this material as submitted for the following reason(s):

- The material is not scientifically accurate and up to date. Areas in which information needs to be corrected and/or updated are highlighted on the attached copy of the material. Reference materials providing this updated information are attached.

OR

- The material is not consistent with funder requirements, state laws, rules, regulations, or policies. Areas that are not consistent are highlighted for your review and comparison to the attached reference documents.

OR

- The material is not appropriate for the intended target audience, identified on the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*.

Please submit the material with revisions to the highlighted areas so that the material review for authorization of AIDS Institute funds can be completed. If you have any questions about the requested information, please phone me at (123) 456-7890.

Sincerely,

Iona Car, Contract Manager

Website Notice Attestation

Requirement: Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions—**Recipient Web Site Notices**

Agency/Program Information

Contractor/Agency Name _____

Contract Number _____

Street Address _____

City _____ State _____ Zip _____

Contact Person Name _____ Title _____

Phone Number _____ Fax Number _____ Email _____

Attestation

- I certify that this organization has posted the requisite web site notice on the web sites listed below.

Please list below the primary web address(es) (URLs) impacted by this requirement:

All notices are to be placed on all applicable web sites.

Please complete this document and send it to your AIDS Institute Contract Manager.

Checklist for Contractors for Acquiring and Documenting Approvals from Program Review Panels

This checklist is provided as a guide for contractors regarding use of required Program Review Panels for approval/disapproval of all covered educational materials, as per the Guidance for Review of AIDS Institute Contractor Educational Materials.

Step 1: Identify materials that must be reviewed before expenditure of AI contract money

- AIDS Institute contract money is being utilized to purchase, develop or print the material and
- The material contains an educational message(s), and is not solely promotional – promoting a program or service or recruiting clients -- and does not contain any potentially offensive language or pictorials and
- Is a pamphlet, brochure, flier, booklet, poster, videotape, audiotape, questionnaire, survey, curriculum, trainer’s guide, television or radio public service announcement, wallet or palm card, subway pass, phone card, billboard or transit poster, comic, book, play, skit, drama, role play, CD ROM, DVD, or web page and
- No prior documentation of Program Review Panel approval is available, as indicated by signatures from five (5) Program Review Panel members OR if prior documentation exists, the intended target audience for the material has changed from that previously identified and approved by Panel members and
- The material is NOT developed by the New York State Department of Health, Centers for Disease Control and Prevention, New York City Department of Health, or the American Red Cross and
- Prior to development and PRP review of a new material, conceptual approval to begin development was acquired from the AI contract manager, OR this is not applicable.

Note: If all boxes are checked, then move to the next step.

Step 2: Identify Program Review Panel Members

- Members of the Program Review Panel are identified for each material, including members who:
 1. Understand how HIV is and is not transmitted.
 2. Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.
 3. Represent a reasonable cross section of the general population. However, panels reviewing materials intended for racial or ethnic minority populations may be drawn predominately from such racial and ethnic populations. Additional considerations may include age, sexual orientation, etc.

- When reviewing materials for use with school-based populations, the Program Review Panel includes a representative or representatives of groups such as teachers, school administrators, parents and students.
- Panels that review materials intended for a specific audience draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels.
- A Program Review Panel Chairperson is designated.

Note: As long as all requirements above are met, panel membership may include more than 5 persons and may vary in composition in accordance with the needs of the material being considered for development or purchase.

Step 3: Acquire documentation of approvals from Program Review Panel members and submit to AIDS Institute Contract Manager

- The contractor acquires or makes available copies of the material to be purchased or developed in sufficient supply for review by panel members and submission to the AIDS Institute. Six (6) copies are sufficient.
- The contractor completes Parts I and II of *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and provides all Program Review Panel members with these documents and materials to be reviewed. This can either be done via mail, e-mail, or in person. Please note that Program Review Panels are not required to meet in person as a group. However, all Program Review Panel members must return signed originals of the review sheets.
- The contractor instructs Program Review Panel members to complete all information requested (name, occupation, and organizational affiliation) and sign and date the appropriate space in Part III of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*. Or, members may complete the information on the *Individual Program Review Panel Member Clearance* when Panels are not meeting in person. Program Review Panel members should understand that their signature indicates approval of the material for purchase or development for use with the intended target audience.
- The contractor makes one copy of the signed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and retains the copy along with the sample material for their files. The signed originals and two copies of the sample material are submitted to the AIDS Institute contract manager.
- Upon receipt of the documents and sample material from the contractor, the contract manager completes Part IV of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet*. If the contract manager authorizes the material for development, purchase, or printing and distribution with AIDS Institute funds, then original completed sheet and a copy of the material are retained in the contract manager contract files and a copy of the sheet and material are returned to the contractor indicating approval to expend AIDS Institute contract funds.

- When CDC funds received through contracts supported by the New York State HIV Prevention Cooperative Agreement are used for the material, the contract manager sends a copy of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and material to the contractor, maintains a copy of the *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and material, and forwards the original and three (3) copies of the completed *AIDS Institute Contractor Educational Materials Review and Approval Sheet* and material to the Grants Development Specialist, Division of HIV Prevention, ESP Corning Tower, Room 308, Albany, NY, 12237.
- If the AI review panel indicates that the material cannot be authorized as submitted, then a copy of the completed sheet indicating such and a cover letter stating the rationale for the decision are sent to the contractor. The original completed document, a copy of the material and cover letter are retained in the contract manager contract files.

CONTENT OF AIDS RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS INTERIM REVISIONS JUNE 1992

1. Basic Principles

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner. For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

- a. Written materials (e.g., pamphlets, brochures, fliers), audio visual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.
- b. Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels consistent with the provisions of Section 2500 (b), (c), and (d) of the Public Health Service Act, 42 U.S.C. Section 300ee(b), (c), and (d), as follows:

"SEC. 2500. USE OF FUNDS"

(b) CONTENTS OF PROGRAMS. - All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.

(c) LIMITATION. - None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) CONSTRUCTION. - Subsection (c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to, or to transmission of, the etiologic agent for acquired immune deficiency syndrome, provided that any informational materials used are not obscene."

c. Educational sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

d. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37 [suppl. no. S-2]).

1. Program Review Panel

- a. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing modified or intact materials already developed by others. Whenever feasible, CDC funded community-based organizations are encouraged to use a Program Review Panel established by a health department or another CDC-funded organization rather than establish their own panel. The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should:
 - (1) Understand how HIV is and is not transmitted; and
 - (2) Understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.
- b. The Program Review Panel will be guided by the CDC Basic Principles (in the previous section) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the recipient organization or local governmental jurisdiction.
- c. Applicants for CDC assistance will be required to include in their applications the following:
 - (1) Identification of a panel of no less than five persons which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review panel, except as provided in subsection (d) below. In addition:
 - (a) Panels which review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural

sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels.

- (b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, must include an employee of a State or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. If such an employee is not available, an individual with appropriate expertise, designated by the health department to represent the agency in this matter, must serve as a member of the panel.
 - (c) Panels which review materials for use with school-based populations should include representatives of groups such as teachers, school administrators, parents, and students.
 - (d) Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of (a), (b), and (c), above. However, membership of the Program Review Panel may be drawn predominately from such racial and ethnic populations.
2. A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes:
- (a) Concurrence with this guidance and assurance that its provisions will be observed;
 - (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.
- d. CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multi state), or statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review Panel to fulfill this requirement. Such national/regional/State panels must include as a member an employee of a State or local health department, or an appropriate designated representative of such department, consistent with the provisions of Section 2.c.(1). Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/State organization must adopt a national/regional/statewide standard when applying Basic Principles 1.a. and 1.b.
- e. When a cooperative agreement/grant is awarded, the recipient will:
- (1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used;

- (2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which are under development;
- (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel; and
- (4) Provide to CDC in regular progress reports signed statement(s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

Sample HIV/AIDS Educational Materials Review Checklist for Program Review Panel Assessment

Publication and Review Information

Material Title _____

Format (e.g. poster, brochure, etc.) _____ Language _____

Author/Publisher/Developer _____

Reviewer _____ Date _____

Directions for Completing Material Review Checklist

The following set of review criteria have been adapted from: Guidelines for Health Education and Risk Reduction Activities, April 1995, Centers for Disease Control and Prevention, Atlanta, Georgia. To complete the checklist, each Program Review Panel member indicates his/her assessment of the degree to which the author/publisher/developer met the review criteria by placing a check mark in the appropriate box after each item.

- **Excellent:** Indicates that the material exceeds the review criteria for the material to be “fully successful.”
- **Fully Successful:** Indicates that the material met the review criteria successfully.
- **Needs Attention:** Indicates that the material needs improvement to meet review criteria.
- **N/A:** Indicates that these criteria did not apply to this situation.

If undecided, use “Comments” section below to clarify.

Review Criteria

1. Material provides a call for action.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A
2. The text provides reasons for changing behavior.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

3. Material provides current and accurate medical information.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

4. Text offers alternative behaviors to the one(s) that put a person at risk.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

5. Realistic and relevant examples are given.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

6. The format of the text is visually appealing:
 - (a) Typeface is no smaller than a 10 point font.
 - (b) Sentences are not too long.
 - (c) Page is not too text-dense. Text should be broken up with white space, graphics, sidebars, etc.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

7. Graphics and photos are immediately identifiable, relevant, simple and inoffensive. They reinforce the text.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

8. Material is clearly introduced and states the purpose of the text to the reader.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

9. Major points of text are summarized at the end.
 - Excellent
 - Fully Successful
 - Needs Attention
 - N/A

10. Material is brief, concise, and in the language or dialect of the target audience.

- Excellent
- Fully Successful
- Needs Attention
- N/A

11. Material is written at the educational and reading level of the target audience. Avoids jargon and technical phrases.

- Excellent
- Fully Successful
- Needs Attention
- N/A

12. Material uses terms with which the target audience is comfortable.

- Excellent
- Fully Successful
- Needs Attention
- N/A

13. Material uses active verbs and short, simple sentences, with one concept per sentence in short paragraphs.

- Excellent
- Fully Successful
- Needs Attention
- N/A

14. Material avoids or defines difficult words and concepts.

- Excellent
- Fully Successful
- Needs Attention
- N/A

15. Material uses terms consistently (e.g., uses either "HIV" or "AIDS virus" rather than using these terms interchangeably).

- Excellent
- Fully Successful
- Needs Attention
- N/A

16. Material is straightforward and clear. Does not use abbreviations, acronyms, euphemisms, unclear statistics, or anything else that could cause confusion.

- Excellent
- Fully Successful
- Needs Attention
- N/A

17. Illustration of anatomy shows position of organs within the whole body (gives relative size and location reference).

- Excellent
- Fully Successful
- Needs Attention
- N/A

18. Text uses lists, bullets, or illustrations instead of long discussions. Graphics are used to emphasize key points.

- Excellent
- Fully Successful
- Needs Attention
- N/A

19. Text is underlined, boldfaced, or "boxed" for reinforcement.

- Excellent
- Fully Successful
- Needs Attention
- N/A

COMMENTS: _____

Sample Questions for Intended Target Audience Review of an HIV/AIDS Educational Material

Publication Information

Material Title _____

Format (e.g. poster, brochure, etc.) _____ Language _____

Review Questions

What do you like about this material (poster, pamphlet, etc)? _____

What do you dislike? _____

What are the main messages? How clear are the messages? _____

How easy to read is this material? _____

What words do you think others might not understand, or may not relate to? _____

What words, terms or information are missing? Should any words, terms or information be added? _____

How do you feel about the way the material “speaks” to the reader (tone)? _____

Attachment II

What do you think of the graphics and photos used? Do they make sense? What other graphics or photos should be used?_____

What do you think of the colors? What other colors should be used?_____

What would make you likely to pick up or read this material?_____

Who would be the best audience for this material?_____

Where do you think this material should be used or shown?_____

Other comments:_____

Sample Phone/Mail Questionnaire for Intended Target Audience Review of HIV/AIDS Educational Material

Material Title _____ Date _____

Format (e.g. poster, brochure, etc.) _____

Reviewer's Occupation (optional) _____

Organizational Affiliation (optional) _____

A) Material Usefulness

Please answer the following questions on a scale of 1-5 where 1 is the least helpful and 5 is the most helpful.

1. How helpful was this material the first time you read it? Please circle the number which best describes your answer.

Not Helpful	Somewhat Helpful	Helpful	Very Helpful	Extremely Helpful
1	2	3	4	5

Please explain _____

2. How helpful do you think this would be to others you know who are in the intended target audience? Please circle the number which best describes your answer.

Not Helpful	Somewhat Helpful	Helpful	Very Helpful	Extremely Helpful
1	2	3	4	5

Please explain _____

3. How helpful would this material be for the general population in the intended target audience? Please circle the number which best describes your answer.

Not Helpful	Somewhat Helpful	Helpful	Very Helpful	Extremely Helpful
1	2	3	4	5

Please explain _____

4. What do you like best about this material? Please explain why. _____

5. What do you like least about this material? Please explain why. _____

6. Would you use the information in this material? Please check one of the following answers.

- Yes
- No

If yes, please explain how you would use this material. _____

If no, please explain why you would not use this material. _____

B) Readability

7. How easy was this material for you to read? Please check one of the following answers.

- Very easy
- Easy
- Just right
- Difficult
- Very difficult

Please explain. _____

8. Was there anything in this material that you did not understand? Please check one of the following answers.

- Yes
- No

If yes, please specify. _____

9. Do you think this material was the right length? Please check one of the following answers.

- Yes
- No

If no, should it be longer or shorter? Please explain why. _____

10. How likely is it that you would pick up this material and read it, based on seeing the front cover?

- Very unlikely
- Unlikely
- Somewhat likely
- Likely
- Very likely

Please explain why. _____

C) Sensitivity/Appropriateness

11. Do you think this material is sensitive to culture and race? Please check one of the following answers.

- Yes
- No

Please explain. _____

D) Distribution

12. Which person would be most likely to give you a material like this? Please check the top three that would apply.

- Physician
- Nurse
- Case Manager
- Mental Health Counselor
- Nutritionist
- HIV/AIDS Educator
- Outreach Worker
- Substance Use Counselor
- Prevention Educator
- Counselor
- Parent
- Teacher
- Friend
- Other _____

Attachment II

13. Which groups would benefit the most from reading this material? Please check the top two answers.

- Adults
- Older adults (age 50 and over)
- Children
- Adolescents
- Women
- Men
- People living with HIV
- People starting HIV medication
- People newly diagnosed with HIV
- Immigrants/Migrants
- Incarcerated persons/Parolees
- Urban communities
- Rural communities
- Homeless people
- Other _____

Please explain why. _____

Thank you for taking the time to answer these questions. Your comments are helpful to the development of HIV/AIDS educational materials.

Sample Curriculum Review Tool

*Adapted from the New York State Education and Training Program, Office of the Medical Director,
AIDS Institute, New York State Department of Health*

Title of Curriculum _____

Please check the appropriate box/boxes to indicate what format the curriculum is in:

- Trainers' manual
- Participant manual
- Trainers' outline
- Participant outline
- Collection of handouts/overheads

Organization that developed the curriculum _____

Reviewer information

Name _____

Organization _____

Phone _____ Email _____

Curriculum Content

1. Are course goals and objectives clearly stated?
2. Does each module/section have clear, measurable objectives?
3. Is the content up-to-date? If no, please highlight areas that need to be updated. Additionally, does the content (including case studies, role plays, etc.) reflect the diversity of the intended target audience?
4. Is the content consistent with areas of Department of Health policy, laws and regulations?
5. Is the content appropriately tailored for the target audience? For example, if the curriculum is intended for a particular audience, does the content, language, etc. reflect that population?

Training Design

1. Does the curriculum incorporate adult learning principles? For example, does the design of the curriculum include a variety of design approaches (case studies, lectures, role-plays, activities, brainstorming, videos, etc) to meet the needs of different types of learners? Does it allow for the participant to incorporate/share their experience in the training?
2. Does the curriculum provide clear guidance to trainers on how to facilitate activities? Does it include instructions on how to set up activities and key processing points for activities? If no, please highlight areas that need revisions/additions to trainers' notes.
3. Do the time frames allotted support the content and design of the curriculum? If no, please list areas where time may be an issue.
4. Does the flow of information in the curriculum make sense? (i.e. Do concepts/skills later in the day build on concept/skills covered earlier in the training?).

Curriculum Format and Clarity of Writing

1. Is the format of the curriculum laid out clearly; is it easy to follow? If yes, please highlight formatting/design strengths, if no please highlight areas for improvement and offer suggestions on how to improve format/design.
2. Does it appear that the curriculum has been properly edited? Are the grammar, spelling and punctuation correct?

3. Have materials (including handouts) that were adapted by the authors of the curriculum been cited when necessary? If no, please indicate where follow up is needed.

4. Are all handouts (including overheads) that are referenced included in the curriculum? If no, please indicate missing handouts.

5. Is the literacy level of written materials appropriate for the target audience?

6. If the document contains graphics, are they clear, supportive of the content and culturally sensitive?

Sample Content Review

Reviewer Name _____ Title _____

Organizational Affiliation _____

Material Title _____ Date of Review _____

Format (brochure, poster, etc.) _____

Please evaluate the material on the basis of the following criteria:

1. Is the information scientifically accurate? _____ Yes _____ No

Comment: _____

2. Is the information current and up to date? _____ Yes _____ No

Comment: _____

3. Strengths _____

4. Weaknesses _____

Disposition: _____ Accept as is

_____ Accept with minor revisions (please explain): _____

_____ Reject (please explain): _____

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention

July 5, 2001

Dear Colleague:

During the 2001 appropriations process, the United States Congress enacted Public Law 106-554, which authorizes surveillance and educational activities critical to understanding the epidemiology and impact of genital human papillomavirus (HPV). The provisions of this law also identify activities important to better informing health care providers, public health professionals, and the public about HPV prevention.

Specifically, the language requires:

- Implementation of sentinel surveillance to monitor the prevalence of specific types of HPV;
- Prevention research on HPV in areas of the behavioral impact of HPV-related diagnosis;
- Formative research to assist in the development of educational messages of providers, patients and their partners, and the public; and
- Surveys of physicians and public knowledge, attitudes, and practices about genital HPV infection.

Upon completion of the above activities and, based on the findings, the Centers for Disease Control and Prevention (CDC) will develop and disseminate educational materials for health care providers and the public.

This law further requires that all educational and prevention materials prepared after December 21, 2000, by the Department of Health and Human Services, its agencies and their grantees, subgrantees, and contractors that are specifically designed to address sexually transmitted diseases (STDs) including HPV, shall contain “medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address.”

To assist you in preparing those materials, following is a document that provides prevention messages on the effectiveness of condoms in reducing the transmission of specific STDs, as per P.L. 106-554. The document also contains background information, including the theoretical basis for protection and related laboratory and epidemiological studies. Please ensure that all educational materials developed after December 21, 2000, and funded by CDC use the appropriate message or messages. A printed copy of this document will also be mailed to you.

The HPV provisions authorized in P.L. 106-554 are enclosed. If you have any questions, please don't hesitate to call our Office of Communications at (404) 639-8890.

Sincerely,

Helene D. Gayle, M.D., M.P.H.
Director, National Center for
HIV, STD, and TB Prevention

114 Stat. 2763A-72 Public Law 106-554—Appendix A

SEC. 516. (a) HUMAN PAPILLOMAVIRUS. —Part B of title III of the Public Health Services Act (42 U.S.C. 243 et seq.) is amended by inserting before section 318 the following section:

HUMAN PAPILLOMAVIRUS

SEC. 317P. (a) SURVEILLANCE. —

- (1) IN GENERAL. —The Secretary, acting through the Centers for Disease Control and Prevention, shall—
- (A) enter into cooperative agreements with States and other entities to conduct sentinel surveillance or other special studies that would determine the prevalence in various age groups and populations of specific types of human papillomavirus (referred to in this section as ‘HPV’) in different sites in various regions of the United States, through collection of special specimens for HPV using a variety of laboratory-based testing and diagnostic tools; and
 - (B) develop and analyze data from the HPV sentinel surveillance system described in subparagraph (A).
- (2) REPORT. —The Secretary shall make a progress report to the Congress with respect to paragraph (1) no later than 1 year after the effective date of this section.
- (b) PREVENTION ACTIVITIES; EDUCATION PROGRAM. —
- (1) IN GENERAL. —The Secretary, acting through the Centers for Disease Control and Prevention, shall conduct prevention research on HPV, including—
- (A) behavioral and other research on the impact of HPV-related diagnosis on individuals;
 - (B) formative research to assist with the development of educational messages and information for the public, for patients, and for their partners about HPV;
 - (C) surveys of physician and public knowledge, attitudes, and practices about genital HPV infection; and
 - (D) upon the completion of and based on the findings under subparagraphs (A) through (C), develop and disseminate educational materials for the public and health care providers regarding HPV and its impact and prevention.
- (2) REPORT; FINAL PROPOSAL. —The Secretary shall make a progress report to the Congress with respect to paragraph
- (1) not later than 1 year after the effective date of this section, and shall develop a final report not later than 3 years after such an effective date, including a detailed summary of the significant findings and problems and the best strategies to prevent future infections, based on available science.
- (c) HPV EDUCATION AND PREVENTION. —
- (1) IN GENERAL. —The Secretary shall prepare and distribute educational materials for health care providers and the public that include information on HPV. Such materials shall address—
- (A) modes of transmission
 - (B) consequences of infection, including the link between HPV and cervical cancer;
 - (C) the available scientific evidence on the effectiveness or lack of effectiveness of condoms in preventing infection with HPV; and
 - (D) the importance of regular Pap smears, and other diagnostics for early intervention and prevention of cervical cancer purposes in preventing cervical cancer.
- (2) MEDICALLY ACCURATE INFORMATION. —Educational material under paragraph (1), and all other relevant educational and prevention materials prepared and printed from this date forward for the public and health care providers by the Secretary (including materials prepared through the Food and Drug Administration, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration), or by contractors, grantees, or subgrantees thereof, that are specifically designed to address STDs including HPV shall contain medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address. Such requirement only applies to materials mass produced for the public and health care providers, and not to routine communications.
- (b) LABELING OF CONDOMS. —The Secretary of Health and Human Services shall reexamine existing condom labels that are authorized pursuant to the Federal Food, Drug, and Cosmetic Act to determine whether the labels are medically accurate regarding the overall effectiveness or lack of effectiveness of condoms in preventing sexually transmitted diseases, including HPV.

CDC Fact Sheet for Public Health Personnel: Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (<<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>>). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see “Condom Effectiveness” at <[http://www.cdc.gov/nchstp/od/condom effectiveness/css/condom effectiveness.htm](http://www.cdc.gov/nchstp/od/condom%20effectiveness/css/condom%20effectiveness.htm)> for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.

Sexually Transmitted Diseases, Including HIV

Sexually Transmitted Diseases, Including HIV

Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

There are two primary ways that STDs can be transmitted. Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis – the discharge diseases – are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases – genital herpes, syphilis, and chancroid – and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen or protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a “retrospective” design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely--ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed--not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom

use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer – an HPV associated disease.

The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

HIV / AIDS

HIV, the virus that causes AIDS

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in “real-life” studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis

Discharge diseases, other than HIV

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.

Genital Ulcer Diseases and Human Papillomavirus

Genital Ulcer Diseases and HPV Infections

Genital ulcer diseases and HPV infections can occur in both male and female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Genital ulcer diseases include genital herpes, syphilis, and chancroid. These diseases are transmitted primarily through “skin-to-skin” contact from sores/ulcers or infected skin that looks normal. HPV infections are transmitted through contact with infected genital skin or mucosal surfaces/fluids. Genital ulcer diseases and HPV infection can occur in male or female genital areas that are, or are not, covered (protected by the condom).

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid and condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer diseases.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

Required Format for Submission of HIV/AIDS Educational Materials for Review

Prior to expenditure of contract funds, all educational materials that contractors plan to develop, purchase or print using New York State Department of Health AIDS Institute funding, regardless of funding source, must be reviewed and approved by a Program Review Panel, as per the Guidance for Review of AIDS Institute Contractor Educational Materials.

Conceptual Approval for Material Development

For the sake of efficiency, contractors should seek **initial conceptual approval from the AI review panel** to proceed with development of new covered materials.

Note: When submitting initial proposal for the development of a new material to the contract manager, provide as much relevant information as possible, and be sure to include the following:

1. goal of material
2. intended target audience
3. specific key messages
4. planned distribution points

Upon review and approval, AI review panel will advise contractors to proceed with development and review of the material.

Materials Considered for Purchase

A sample or copy of the material must be submitted for review. Hard copies of all materials are acceptable as are electronic submissions. Submission of book abstracts is acceptable. Submission of learning objectives with agendas, descriptions of activities and handouts is acceptable for curricula and trainer guides.

Materials Considered for Development

Pamphlet, brochure, flier, booklet, wallet card, palm card, poster, subway pass, phone card, billboard, transit poster, comic - submit:

1. complete text,
2. graphics (actual or description),
3. color layout (actual or description)
4. electronic or hard copy is acceptable

Audiotape, videotape, television public service announcement, radio public service announcement, play, skit, drama, role play, CD-ROM, DVD – submit:

1. complete script
2. basic story line
3. character descriptions
4. scene descriptions

5. planned audience interaction, if any
6. graphics (actual or description)
7. approximate length

Curricula/Trainer's Guide – submit:

1. learning objectives
2. agenda with timeframes
3. description of activities
4. description of teaching techniques
5. handouts

Survey/Questionnaires – submit:

1. actual instrument
2. objectives
3. target audience

Web site – submit:

1. written description of the major focus of the website, main purpose, intended target audience and key topics that will be addressed on the site
2. text for home page and any educational content to be listed or posted on the web site
3. graphics (actual or description)
4. color layout (actual or description)

Note: Any educational materials posted to a website must be reviewed and approved by Program Review Panels, as per the Guidance for Review of AIDS Institute Contractor Educational Materials.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention

Sandra R. Manning, CGFM
Director
Procurement and Grants Office

April 29, 2008

Dear CDC Funding Recipient:

This letter is in follow-up to our reminder of the requirement that all HIV educational materials supported with CDC funds must be approved in advance by our Program Review Panel (reference letter dated August 23, 2001, from John L. Williams). As provided in the guidelines published in the *Federal Register* on June 15, 1992, the term "HIV educational materials" included written materials (e.g., pamphlets, brochures, fliers), and audio visual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings). When the requirements were developed for community-based review of AIDS materials, the Internet and the World Wide Web were not used by the general public as a major source of information as it is today. Because of the prominence of the web in the information environment, materials placed on the web can be accessed by anyone with Internet capabilities. Recognizing this information environment, it is necessary to notify Internet web users of the nature of information they may be encountering on a website containing HIV/AIDS-related materials funded through CDC grants/cooperative agreements.

For all current and future CDC awards and/or modifications, we require that a web page notice be used by funding recipients who maintain websites to alert individuals who may be searching or browsing the web. In accordance with the intent of the guidelines and the widespread availability and use of the web, this web page notice will apply to (1) those recipients websites funded in whole or part with CDC funds that contain HIV/AIDS educational information subject to the CDC guidelines referenced above; and (2) those recipients websites containing HIV/AIDS educational information subject to the CDC guidelines referenced above, even if the website itself is not funded by CDC. Proposed language for the recipient to use for the web site notice is enclosed.

You will be receiving a revised notice of grant award within the next two weeks, which will incorporate this web notice responsibility and constitute your agreement to comply with this and other requirements explained in *Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions*, published in the *Federal Register* on June 15, 1992. Included in the revised notice of Page 2 – CDC Funding Recipients grant award will be a certification of compliance that should be signed and returned to the Procurement and Grants Office. Not complying with these requirements will result in restrictions or disallowance of funds related to the use of the unapproved materials and related staff activities. You can obtain a copy of these guidelines from the CDC website at www.cdc.gov/od/pgo/forminfo.htm.

If applicable, the placement of this notice on your website should be completed no later than June 14, 2000. Please contact Grants Management Specialist with any questions about this new requirement or your grant.

Sincerely

Sandra R. Manning, CGFM
Director
Procurement & Grants Office

Enclosure

Proposed Language for Use by CDC Grantees on Website(s) Containing HIV/AIDS Content

This language may be customized based on the content of your website.

1. This site contains HIV prevention messages that may not be appropriate for all audiences.
2. This site contains HIV prevention messages that may not be appropriate for all audiences. If you are not seeking such information or may be offended by such materials, please exit this website.
3. This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website.
4. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages on this site may address these topics. HIV prevention materials funded by CDC must be approved by local program review panels. However, the materials may be considered controversial by some viewers.

NOTE: This Notice should be displayed prominently on the website or applicable web page(s) that are most likely to be encountered by viewers of HIV/AIDS content. This could be the site's homepage, other high-level entry pages, portal pages most commonly used to navigate or find the HIV/AIDS-related content. An alternative to displaying the notice in its entirety on the main page is to instead display a link that reads "HIV/AIDS Content Notice," which would then take the user to a separate web page displaying the HIV/AIDS content notice in its entirety.