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**New York City Department of Health and Mental Hygiene  
Bureau of HIV/AIDS Prevention and Control  
Program Review Panel**

**PRP PROCESS: OVERVIEW**

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**INTRODUCTION**

The Centers for Disease Control and Prevention (CDC) requires that educational literature and other HIV/AIDS materials produced with CDC funding be submitted to a Program Review Panel (PRP). To comply with this mandate, the New York City Department of Health and Mental Hygiene (DOHMH) Bureau of HIV/AIDS Prevention and Control (BHIV) requires organizations receiving DOHMH-allocated CDC funding to submit literature and other materials (audiovisual, Web content) to the DOHMH Program Review Panel (PRP) for review. The DOHMH additionally requires that literature and materials produced with other DOHMH-allocated funding (New York Tax Levy, New York City Council) be reviewed by the DOHMH Program Review Panel.

Literature and other materials that meet the PRP criteria will be approved. If the PRP disapproves the material, it is the responsibility of the submitting organization to revise it to meet the PRP's criteria.

This document explains the Program Review Panel process and its requirements. The document includes:

- *Guidance for DOHMH Contractor Organizations;*
- *Guidance for Program Review Panel Members;*
- *Protocol for Materials Development and Submission and for Communicating Program Review Panel Decisions, and*
- *HIV/AIDS Training Curricula Guidelines.*

**I. GUIDANCE FOR DOHMH CONTRACTOR ORGANIZATIONS**

As per Federal law and requirements established by the Centers for Disease Control and Prevention (CDC), HIV prevention service providers planning to develop literature and other materials to be used in their HIV prevention programs must submit the literature/materials for review by a Program Review Panel (PRP). The NYC DOHMH HIV Prevention Program maintains an in-house PRP comprising Department staff with varied expertise in HIV/AIDS prevention education. Contractors may establish their own panels, but if so, the panel must include representation from the New York City Department of Health and Mental Hygiene, Bureau of HIV/AIDS Prevention and Control.

The following guidance outlines the requirements for HIV/AIDS educational materials review.

**Covered Materials**

The following types of materials containing educational messages are required to be reviewed:

- ✓ Pamphlets/brochures/flyers/booklets

- ✓ Audiotapes
- ✓ Videotapes
- ✓ CD Roms and DVDs
- ✓ Posters
- ✓ Billboards
- ✓ Curricula/trainers' guides
- ✓ TV and radio public service announcements
- ✓ Web pages
- ✓ Periodicals
- ✓ Comics
- ✓ Questionnaires/survey instruments

DOHMH-funded materials that do **not** include HIV prevention educational messages, for example, those that are designed solely for the purpose of outreach, program promotion, or client recruitment, also must be submitted for review. (Such materials may include palm cards, flyers, pamphlets, posters, or Web-based content.) *All promotional materials which cite Centers for Disease Control and Prevention (CDC) and/or the NYC DOHMH as funders of the material or the program for which it has been produced, must be submitted for review.*

Research instruments such as surveys and questionnaires do not need to be reviewed if they already have been approved by an Institutional Review Board (IRB). If they have not been approved by an IRB, they must be submitted to the DOHMH Program Review Panel.

### Categories of Materials Requiring Review

HIV/AIDS materials to be developed by funded organizations and materials to be purchased must be submitted for review.

If a contractor wants to reproduce materials that have been already approved, review is not required **unless**:

- Documentation of the prior review and approval is unavailable. Before re-printing materials, contractors must provide their Public Health Solutions contract manager with documentation of prior approval.
- The intended target audience for the materials has changed

Materials that have been reviewed and approved in one format, e.g., a brochure, do not need to be reviewed again for reproduction in another format, e.g., website posting.

### Categories of Materials **Not** Requiring Review

Materials developed by the following organizations do not need to be reviewed before being used in a DOHMH-funded HIV prevention program:

- New York City Department of Health and Mental Hygiene (NYC DOHMH)
- New York State Department of Health (NYSDOH)
- Centers for Disease Control and Prevention (CDC)
- Other federal, New York State, and New York City governmental agencies

### Review Requirements

To meet the requirements of the review process, the Program Review Panel must review materials according to the following criteria:

- Scientific and technical accuracy.
- Compliance with the Basic Principles listed in the document, *Content of AIDS-related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention Assistance Programs* (1992). It is not necessary to include all of the messages listed in the Basic Principles in every educational material. Reviews of materials should consider the consistence of the messages delivered in all of the contractor organization’s educational materials, ensuring that as a whole the materials are consistent with the Basic Principles.
- Appropriateness for target audience. Contractors may gather additional input from members of the target audience(s) through the use of questionnaires and focus groups.

For materials *to be developed*:

- Contractors should seek initial conceptual approval from their NYC DOHMH BHIV Project Officer before proceeding with the development of new materials. Contractors should provide as much information as possible about the proposed materials, such as purpose of the materials, intended target audience, specific key messages, and planned distribution points (e.g., from agency offices, during outreach activities, etc.)
- Once the BHIV Project Officer approves development of the proposed material, the contractor coordinates development of the material and ensures that, when completed, it is submitted to the contractor’s Public Health Solutions contract manager as a draft. (The contract manager will notify the chair of the DOHMH Program Review Panel via e-mail when the material has been received.) Materials should be submitted with the summary cover page, using a template, which Public Health Solutions will provide. The contract manager will review the material to ensure contract-related appropriateness within three business days of receipt. If acceptable, the contract manager will forward the documents to the Chair of the Program Review Panel to be distributed for review. If not acceptable, the contract manager will contact the agency and seek revisions to ensure that the materials are contract-appropriate.

The Program Review Panel will notify the contractor in writing of its decision.

For materials *to be purchased*:

- The contractor submits a sample of the material to be purchased to the Public Health Solutions contract manager, with the summary cover page. The contract manager will review the material to endure contract-related appropriateness within three business days of receipt. If acceptable, the contract manager will forward the documents to the Chair of the Program Review Panel to be distributed for review. If not acceptable, the contract manager will inform the agency that the materials may not be purchased for the program.

**Program Panel Review Decisions**

A minimum of five (5) reviews are required for revision to be completed. Upon completion of review, literature and/or materials will be either:

- **Approved as submitted.** This means the material is approved as submitted because the material has met review requirements. The Panel Chair will provide written

notification of approval to the contractor. Copied will be: the Public Health Solutions contract manager, the Panel Vice Chair, and the HIV Prevention Program Project Officer Unit Director.

- **Approved with suggested changes.** This means the material is approved because the material has met review requirements, but Panel members have suggested changes to strengthen the material. The Panel Chair will provide written notification of approval including suggestions to the contractor. Copied will be: the Public Health Solutions contract manager, the Panel Vice Chair, and the HIV Prevention Program Project Officer Unit Director.
- **Conditionally approved with required changes.** This means that the Panel has identified clear changes that need to be made to the material so that it meets review requirements, and when those changes are made the material is approved. The Panel Chair will provide written notification of conditional approval dependent on required revisions to the contractor. The letter will be signed by the Director of HIV Prevention. Copied will be: the Public Health Solutions contract manager, the Panel Vice Chair, and the HIV Prevention Program Project Officer Unit Director. Contractors will re-submit the revised materials to the Panel Chair for written notification that the contractor may use the materials.
- **Not approved as submitted.** This means that the material does not meet the review criteria and must be completely revised. The Panel Chair will provide written notification of disapproval with the Panel reasoning to the contractor. The letter will be signed by the Assistant Commissioner. Copied will be: the Public Health Solutions contract manager, the Panel Vice Chair, and the HIV Prevention Program Project Officer Unit Director. If the contractor chooses to revise the material, they must re-submit the materials to their Public Health Solutions contract manager. The materials will go through the Program Review Panel again.

If the Program Review Panel authorizes the materials, the PRP Chair will review them for final approval and sign-off. (This will not entail another complete review of the materials.) The Program Review Panel Chair will then communicate the final decision to approve or not approve the materials to contractors within 30 days of receipt of the material from the Public Health Solutions contract manager.

**Note:** If materials are required as a contract deliverable, payment may be withheld for “conditionally approved with required changes” or “not approved as submitted” materials until the contractor has made all revisions required by the Program Review Panel.

## II. GUIDANCE FOR PROGRAM REVIEW PANEL MEMBERS

The DOHMH HIV/AIDS Program Review Panel (PRP) reviews printed, audiovisual, and Web-based materials produced or purchased by community-based organizations receiving DOHMH-allocated funding, whether the funding source is the CDC, New York City Tax Levy, New York City Council, or any combination thereof. The following guidance is intended for HIV/AIDS Program Review Panel (PRP) members in the review of HIV/AIDS literature and other materials.

## The Law

In response to legislation enacted by Congress, the Centers for Disease Control and Prevention (CDC) has required since 1985 that “all educational and related materials” produced with CDC funds “be reviewed by a Program Review Panel designated by the recipient. Since education about preventing HIV transmission involves effectively presenting sensitive subject matter, the purpose of this requirement has been to avoid disruptions of CDC-funded programs by requiring a careful consideration of the content and intended audience of the materials and programs.

(CDC Position on Assurance of Compliance for Written, Pictorial, and Other Educational AIDS Prevention Materials for Funded CDC Prevention Assistance Programs, 57 Federal Register 26742, (effective June 15, 1992)

In accordance with the legislation, CDC has established the following “Basic Principles” for materials review:

*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), audiovisual 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. 300ee(b), (c), and (d), as follows:*

*(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.*

The above limitation is modified somewhat by the following provision:

*(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 the*

*transmission of, the etiologic agent for AIDS, provided that any informational materials used are not obscene."*

## **Reviewer Considerations**

### **1) Obscenity**

Construction-Subsection (c) specifies that "any informational materials" not be "obscene." The U.S. Supreme Court, in 1973 and 1987, ruled that local governments may restrict works if they lack "serious literary, artistic, political, or scientific value" and also are determined, in accordance with local "community standards," to appeal to "prurient interest."

In 1994, The Pennsylvania Law Review assessed the Court's 1987 ruling:

*In defining obscenity, the Court has advanced an incoherent formula that requires the application of "community standards" without any specification of what constitutes a "community"; the identification of national "reasonable" judgments about artistic and literary taste, a subject on which reason may be of little guidance and on which the nation is likely to have no consensus; the differentiation of healthy from "shameful or morbid" sexual interests; and the determination that speech is "patently offensive," a judgment which in nonsexual circumstances is a reason for protecting, not criminalizing speech.*

The conceptual vagueness regarding what constitutes "obscenity" means that the term is of little use in assessing HIV/AIDS educational materials that may directly address sexuality, sexual practices, and sexual identity. This is why Program Review Panel review instruments require reviewers to determine whether "the content and language [are] appropriate for the target audience(s)" rather than whether such materials are "obscene."

Reviewers also may be guided by the "serious literary, artistic, political, or scientific value" proviso of the Supreme Court ruling. In other words, HIV/AIDS educational materials that demonstrate scientific value, i.e., provide scientifically accurate information regarding HIV risk behavior and HIV prevention methods, cannot be deemed obscene.

However, Program Review Panel members should carefully assess materials that might be sexually frank or explicit. Panel members should pay particular attention to whether the explicitness is necessary and integral to the intended message and whether it is appropriate for its intended audience.

### **2) Content of HIV/STD Prevention Messages**

As stated by CDC, HIV prevention educational materials "should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors, and explain less risky practices concerning HIV transmission." The DOHMH Program Review Panel review instrument accordingly asks reviewers to determine whether "the material use[s] terms, descriptors, or graphic elements necessary for the intended audience to understand dangerous behaviors, and explain[s] less risky practices concerning HIV and/or STD transmission."

*Materials that do not meet this criterion should not be approved.*<sup>1</sup>

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<sup>1</sup> The only exception is for materials that promote a particular program or service *and* do not contain actual messages about HIV transmission and prevention.

In assessing materials, reviewers should determine whether they provide clear, consistent, and accurate HIV (and STD) prevention messages. Key messages include:

- How HIV is, and is not, transmitted
- How to prevent HIV transmission
- Condom use as the most effective prevention method for sexually-active persons
- The importance of HIV antibody testing and knowing one's serostatus
- For HIV-infected individuals, the importance of treatment and care, and for adhering to safer sex and injection practices
- For injecting drug users, the dangers of this practice itself, and of sharing injection equipment, and the importance of using only previously unused and sterile syringes/needles
- Accurate information about sexually-transmitted infections other than HIV, and, when appropriate (as in the case of syphilis), the connection between acquisition of STDs and HIV risk.
- Accurate information on how to prevent STDs, including vaccination

*Note:* A single prevention education material does not need to include all of the above messages. For example, material targeted to persons with only sexual risk for HIV does not need to include messages related to injection drug use. CDC does recommend, however, that the *totality* of prevention education materials produced by an organization address as many of the above points as possible.

### III. PROTOCOL FOR MATERIALS DEVELOPMENT AND SUBMISSION AND FOR COMMUNICATING PROGRAM REVIEW PANEL DECISIONS

The NYC DOHMH HIV/AIDS Program Review Panel (PRP) reviews written, audiovisual and Web-based materials produced or purchased by community-based organizations receiving DOHMH-allocated funding, whether the funding source is the CDC, New York City Tax Levy, New York City Council, or any combination thereof. Written materials (e.g., curricula, brochures, pamphlets, flyers, palm cards) Web content, audiovisual materials (e.g., DVDs, video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, illustrations) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors, and explain less risky practices concerning HIV transmission.

The protocol for development, submission, and review of these materials is as follows:

- DOHMH-funded agencies planning to develop materials would consult their BHIV Project Officer before they begin development of the materials.
  - If they plan to purchase existing materials, they would also consult their Project Officer prior to purchase.
  - Project Officers will determine whether the proposed materials are appropriate for the program for which they will be used.
- Once the BHIV Project Officer has determined that the proposed materials are appropriate, the Project Officer will send the Project Officer Letter notifying the agency that they may proceed with the review process to develop or purchase the materials.
  - The Project Officer notifies the Public Health Solutions (PHS) HIVCS Contract Manager, PRP Chair and PRP Vice Chair of the determination.

- Agencies complete the Materials Review Cover Sheet and submit it along with the materials to their HIVCS Contract Manager, with notification of submission to their Project Officer.
  - Agencies may request an expedited review under special circumstances. However, expedited review is at the discretion of the Panel Chair.
- The HIVCS Contract Manager will review the material to ensure contract-related appropriateness within three business days of receipt. The contract manager does not suggest revisions of materials, as that is the Program Review Panel's responsibility.
- If acceptable, the HIVCS Contract Manager will forward the materials, with the Materials Review Cover Sheet and the Project Officer Letter, to the DOHMH Program Review Panel Chair to be distributed for review.
  - If not acceptable, the HIVCS Contract Manager will contact the agency and seek revisions to ensure that the materials are contract-appropriate.
- The Program Review Panel Chair distributes the materials to the Panel and Director of HIV Prevention Program within five business days of their receipt at BHIV from HIVCS Contract Manager.
- The Panel reviews materials submitted by agencies.
  - They either are approved, approved with suggestions, conditionally approved or disapproved based on the review criteria.
- Once the Panel's decisions are compiled, the Director of the HIV Prevention Program will review the final decision, and if necessary, consult with the BHIV Assistant Commissioner.
  - The BHIV Assistant Commissioner and Director of HIV Prevention have the authority to revise or veto the Program Review Panel's decision.
- In each case the Panel Chair will notify the submitting agency in writing of the Panel's decision, within 30 days of receipt of the material at BHIV from HIVCS Contract Manager.
  - The notification letter is copied to the Panel Vice Chair, the agency's HIVCS Contract Manager, their Program Manager and to the Director of the BHIV Project Officer Unit. Copies are kept on file.
- In the event that the Panel decides that the material is conditionally approved, and requires revisions before it can be approved for use, the Panel chair will include details of the required revisions in the letter.
  - The agency is informed that the material cannot be used until it has been revised.
  - The letter is copied to the Panel Vice Chair, the contractor's HIVCS Contract Manager, their Program Manager and to the Director of the BHIV Project Officer Unit.
- When agencies submit revised materials, and the revisions are consistent with the Panel's instructions, the Panel chair will notify the organization in writing that the materials may now be used.
  - The notification is copied to the Panel Vice Chair, the agency's HIVCS Contract Manager, their Program Manager and to the Director of the BHIV Project Officer Unit.
- In the event that an organization declines to make the revisions required by the Panel, the Panel chair will notify the Panel Vice Chair, the agency's HIVCS Contract Manager, their Program Manager and to the Director of the BHIV Project Officer Unit
- If a CBO has questions about the Panel's decision, the organization may contact the Panel Chair either by telephone or in writing.

#### IV. HIV/AIDS TRAINING CURRICULA GUIDELINES

*The following guidelines have been developed for distribution to DOHMH-funded organizations whose HIV prevention programs require the development of training curricula. These organizations are required to submit their curricula to the DOHMH Program Review Panel for review.*

*An organization funded to provide a CDC-endorsed DEBI (Diffusion of Behavioral Interventions) program does not need to submit a program curriculum **unless** the organization has tailored or adapted the DEBI curriculum. The PRP will determine whether the tailored/adapted curriculum may be used, i.e., whether it retains fidelity to the intervention's core elements.*

A curriculum is a blueprint for a training event or experience. It is a plan that establishes what will be done, why it is being done, and procedures for reaching the training objectives. The following guidelines are intended to assist planners in developing curricula that meet the needs of trainers and participants alike.

Please note that although trainer manuals and training curricula are related documents, they are not the same. A curriculum contains the material that trainees will learn; a trainer manual instructs trainers in how to provide the learning material to trainees. For the purposes of materials review conducted by the DOHMH HIV/AIDS Program Review Panel, organizations *must* submit curricula, so that Panel members can assess (for accuracy and appropriateness) the learning material, i.e., the actual HIV-related content that will be delivered in training sessions or events.

Each of the following guidelines can be applied to a range of training formats, including face-to-face, online, and interactive and satellite-based trainings.

##### **1) Define the purpose of the training and the target audience**

The first step is to determine what the training is to accomplish and for whom, e.g., train youth to be HIV peer educators, educate injecting drug users to reduce their risk for HIV and hepatitis, improve the self-efficacy of young gay men to use condoms.

##### **2) Determine the Needs of Training Participants**

The specific needs of training participants will influence the development of a curriculum's learning objectives and guide the choice of activities and training strategies. There are several ways to determine training needs. A needs assessment enables the identification and measurement of gaps between participants' existing knowledge and/or skills and the knowledge and/or skills needed for trainees to become, for example, effective peer educators of other youths. Prospective trainees can be asked to complete a brief written survey in advance of a training event. Focus groups comprising members of the target audience for a training event can be conducted before a training curriculum is developed. Regardless of how the needs assessment is conducted, it is important to know the following about training participants: their roles and responsibilities; any previous training they may have had on the particular topic or topics; their reasons for attending a training event, and their specific needs and expectations from a training event or program.

It is critical, however, that the needs assessment be conducted early enough so that its findings can be used to design the training curriculum.

##### **3) Define Goals and Objectives**

After assessing the needs (and expectations) of prospective trainees, define the goals and objectives of the training. Clearly defined goals and objectives are essential to:

- ✓ Clarifying expected outcomes of the training
- ✓ Outlining the content of the training (what is covered in the curriculum)
- ✓ Planning specific training activities
- ✓ Selecting materials to be used in the training
- ✓ Designing evaluation procedures
- ✓ Communicating the programmatic purpose of the training to the participants
- ✓ Ensuring that the training curriculum is realistic and appropriate for the intended purpose

Goals should be broad statements of what will change and who will be affected as a result of the training.

*Example:* “To increase knowledge of HIV/AIDS among peer educators in Brooklyn.”

Objectives are more specific in establishing a means for achieving the broader goal(s). They should state as specifically as possible the desired, measurable result of the training, including what will change, who will change, under which conditions, and to what extent.

*Example:* “By the end of the training, participants will be able to identify five ways to reduce the risk of HIV infection.” “By the end of this training module, participants will be able to define harm reduction as an approach to working with active drug users that aims to reduce drug-related harm experienced by individuals and communities.”

#### **4) Development of Training Content (Learning Material)**

Once the priorities (goals and objectives) have been determined, the content or learning material should be outlined in a draft curriculum. The curriculum should organize the learning activities so that the outcomes identified by the training objectives are achievable. Each activity should have an introduction, a main segment, and a wrap-up segment. The introduction should briefly describe the purpose and content of the activity and establish a connection between the activity and the one that preceded it. Learning activities should flow logically from one to the next.

In structuring curriculum content, it is important to:

- ✓ Block out the time schedule for the training into segments. Fill in “known” elements such as lunch or breaks. Then fill in specific activities. Finally, assign a time period to each designated activity.
- ✓ Begin with simpler concepts and proceed to more complex ones.
- ✓ If the training curriculum will include topics that may be sensitive or perceived by trainees as “threatening,” begin with less sensitive/threatening topics and proceed to ones that are more sensitive.
- ✓ If the curriculum is to contain activities that require intense concentration, schedule these for times during the training when participants are likely to be most focused and energetic, e.g., at the start of the training session or event. Interactive activities are best scheduled during “low-energy” times, such as after lunch.
- ✓ Review the curriculum design with a critical eye to the number and types of activities. To ensure that meaningful learning occurs, it may be necessary to reduce the number of objectives.

In developing training activities, employ strategies appropriate to meeting the objectives. Skills-building is best achieved through modeling of the desired skill(s), practice, and feedback.

Trainees can best acquire information through group discussion or collaborative group work. Trainees may have different learning styles; some learn best by listening, others by reading, and others by doing. An effective curriculum takes into account the learning styles of participants, the size of the group to be trained, and the educational level and/or prior experience of the participants.

Each activity included in the training curriculum should include a wrap-up component that reviews concepts, answers questions, and discusses application of what has been learned. During the wrap-up, trainers may ask participants questions such as, “What will you do as a result of...? What major concepts emerged? What is your response to....?”

It’s important to keep in mind that additional materials will be needed to support the training activities of the curriculum. These may include handouts, research findings, case studies, bibliographies, or questionnaires.

**5) Evaluation**

Evaluation determines the extent to which the training achieved its objectives, and helps to identify what changes, if any, need to be made to the curriculum. The evaluation form or questionnaire should be designed to determine if:

- ✓ the participants actually acquired the knowledge and/or skills the training was supposed to provide
- ✓ the trainers were knowledgeable about the curriculum content and delivered it effectively
- ✓ the training format was appropriate
- ✓ the training activities engaged and held the interest of participants

**V. REVIEW FORMS**

***See separate document files in this folder for review forms for Print, Audiovisual, and Web-based HIV/AIDS materials***