



Office of  
Population Affairs

# Materials Review Guidance

---

TEEN PREGNANCY PREVENTION PROGRAM

TIER 2 INNOVATION HUB

**February 2024**

---

**HHS Office of Population Affairs**

Web: [opa.hhs.gov](https://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov)

Twitter: [@HHSPopAffairs](https://twitter.com/HHSPopAffairs) | YouTube: [HHSOfficeofPopulationAffairs](https://www.youtube.com/HHSOfficeofPopulationAffairs)

# Contents

**INTRODUCTION** ..... 2

**WHY CONDUCT MATERIALS REVIEW?** ..... 3

**HOW TO CONDUCT YOUR REVIEWS?** ..... 3

**APPENDIX A: SAMPLE MATERIALS REVIEW FORM** ..... 6

**APPENDIX B: HELPFUL RESOURCES** ..... 11

**APPENDIX C: DEFINITIONS OF TERMS**..... 13

## Introduction

The Office of Population Affairs (OPA) expects recipients to ensure that materials and information disseminated through their project is responsive to the needs of and appropriate for the community and population of focus. Teen Pregnancy Prevention (TPP) Program Tier 2 Innovation Hubs recipients and their Innovation Development Teams (IDTs) **must ensure** all materials used and information disseminated within the funded project are **age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive** of all youth (see **Appendix C** for definitions of terms). Materials and information covered by this expectation include, but are not limited to:

- Hub-level materials, which may include components of the Innovation Strategy, used to structure, recruit, coordinate, and support IDTs (e.g., vision statement, learning agenda, Innovation Capacity Assessment Tool)
- Materials (e.g., innovations or learning products) developed by individual IDTs
- Information used, shared, and disseminated with partners and interested parties about Innovation Hubs and IDTs

Recipients are advised to design a materials review process that resonates with their Hub vision and values, while also ensuring that subject-matter experts are a key part of the review process (e.g., youth, caregivers/parents, community members, and other partners). This process should also build the capacity of IDTs to conduct materials review for their own innovations. However, as Hubs build the capacity of IDTs, it is expected that Hubs will provide the support needed to IDTs to ensure their innovations are **age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive** of all youth.

Materials review process should occur regularly, at least annually or based on IDT cohort's cycle with Hub, to ensure that materials and information shared with the community and population(s) of focus remain age appropriate, medically accurate, culturally and linguistically appropriate, trauma-informed, and inclusive. Hubs are expected to inform OPA of their review process, findings, and plans to address any issues identified in their **Semi-Annual Progress Report**.

Note that OPA may require recipients to submit their materials for a medical accuracy review. Recipients will be notified if such a review is needed/required.

This guidance is intended to provide a clear understanding of what the expectation is related to materials review, why it is important, and how to demonstrate to OPA that the expectation is being met. An important note is that the word "materials" used throughout, sometimes in conjunction with the word "information" and sometimes on its own. References to "materials" always includes any information, whether on paper, virtual, or verbal that is shared with the community and population of focus and related to the project.

## Why Conduct Materials Review?

It is critically important that the information shared with youth, with their families, and with the community is age appropriate, medically accurate, culturally and linguistically appropriate, trauma informed, and inclusive of all youth. Not only does conducting a materials review help ensure that innovations created by Hubs and their IDTs are appropriate and relevant, but it also serves as the foundation for the credibility and reputation of an organization in a community. For public health efforts to be effective and to truly advance equity in adolescent health, young people must be able to trust the adults sharing information and resources. False and/or misleading information can spread, leading to known and unknown harms in the context of public health and health equity. Harm can include reinforcing stigma and fear, promoting negative behavior, and/or diminishing the importance of making informed, healthy decisions.

## How to Conduct Your Reviews?

There are different ways to design and conduct material reviews. Each Innovation Hub will have flexibility to decide the process that will work best for their model and IDT cohorts. Regardless of the method selected, OPA has a few expectations and recommendations.

### OPA Material Review *Expectations*

#### Hub-level

- Develop a process for materials review and detail the process in your work plan. Include who is responsible for managing the review and which individuals will be involved in the

actual review of materials and content (i.e., subject matter experts), when and how often materials will be reviewed, and how information will be relayed to the Hub staff, IDTs, and OPA.

- Review all materials used and information shared in the funded project to ensure that they are medically accurate, age appropriate, culturally and linguistically appropriate, trauma-informed, and inclusive.
- Report on materials review process and any changes in your semi-annual progress report (see **Semi-Annual Progress Report Guidance**).
- Conduct material reviews on a continuous basis as part of Hub's standard monitoring and improvement process. Be sure to report on the process and any updates made in the semi-annual progress report.

### IDT-level

It is expected that all materials, including those developed and disseminated by IDTs, are medically accurate, age appropriate, culturally and linguistically appropriate, trauma-informed, and inclusive. Hubs should develop a process that ensures this expectation is met among their IDT cohorts which may include requiring IDTs to submit materials to the Hub for review.

- Hubs should consider how they will build capacity of IDTs to conduct their own materials review with subject matter experts which should include providing technical assistance for the cohort or individual IDTs.
- Hubs should define the frequency in which IDTs are expected to review materials and make necessary modifications during their time as a part of the cohort.
- Hubs are responsible for ensuring any necessary changes to IDT materials are made prior to testing and implementation and continuously revisited throughout IDTs' time with Innovation Hub.

### OPA Material Review *Recommendations*

- Identify what expertise/perspectives should be reflected as part of this review and have multiple individuals with relevant experience and expertise review materials. Don't forget to include individuals representing the population of focus (i.e., youth) as well as other interested parties (e.g., parents/caregivers, youth serving professionals).
  - For medical accuracy reviews, select individuals with medical or health education backgrounds/credentials (e.g., physicians, nurse practitioners, registered nurses, adolescent health education specialists, reproductive health specialists, public health specialists).
  - For age appropriateness, cultural and linguistic appropriateness, and inclusivity, the review should be focused specifically on the population served by your funded project and should involve individuals with experience working with and/or from your population of focus (e.g., youth, teachers, implementers, education/curricula specialists, parents/caregivers, etc.).

- For trauma-informed, the review should include individuals with experience and expertise in trauma-informed approaches (e.g., counselors, social workers, licensed mental health workers, etc.).
- Identify who in your organization may be qualified and have the capacity (i.e., time) to review materials for the various items identified in the expectation – age appropriate, medically accurate, culturally and linguistically appropriate, trauma informed, and inclusive.
- Identify what expertise is missing and needed as part of this review. Determine how you will fill this need. For example, will you contract with experts in the field? Will you leverage partner staff who can fill this expertise? Will you collaborate with other Hubs in review process?
- Ensure that any experts engaged as part of this review are qualified and reputable individuals. Remember that your reputation and credibility are at stake when information is disseminated by your organization, therefore ensure that the outcome of this review results in materials that are complete, accurate and relevant to your community and population of focus.
- Consider the best way to document collect feedback from reviewers. Options include:
  - Making the materials available in a manner where collaborative editing and feedback may occur. Ensure reviewers use appropriate features, such as “track changes,” to properly demonstrate any proposed changes.
  - Create a template review form for all reviewers to use to include documenting issues found and recommendations on how to address issues. See **Appendix A** as an example of Materials Review template for Tier 1 grantees. While OPA will not require these reviews to be submitted, Hubs may consider collecting IDTs’ reviews to ensure they are meeting expectations.
  - When relevant, ask reviewers to use citations to support recommended changes.
- Train reviewers on the process, its importance, your expectations, and timeline for review. Share resources that may be helpful as part of their review. OPA has included some helpful resources for you and for your reviewers under **Appendix B**.

# Appendix A: Sample Materials Review Form

## DIRECTIONS

The Office of Population Affairs (OPA) expects recipients to conduct reviews for each type of material used throughout their grant project. Materials is an all-encompassing word used to refer to any written and verbal information related to the project that is disseminated by a grant recipient under this grant program. This may include but is not limited to program curriculum, social media post, pamphlets, posters, etc. At a minimum, these reviews should ensure that all materials are medically accurate, age appropriate, culturally and linguistically appropriate, trauma-informed, and inclusive of all youth. For each material, conduct a review using this form and submit to XXXXXX no later than MONTH, DAY, YEAR. Please feel free to use the following resources to support you in the review of the materials.

## RESOURCES

*List any resources that may be helpful to your reviewers. OPA has included a list of resources that may be helpful to your reviewers under Appendix B.*

## REVIEW INFORMATION

- Review Completed Date:
- Review Coordinator (person who will be assigning reviews and collecting review results, etc.; include name and role/title on this grant):
- Name of Reviewer (include discipline and/or area of expertise):
- Description of Review Process (e.g., is this reviewer focusing on one particular area, such as age-appropriateness, are they reviewing multiple items, are they a sole reviewer or are they reviewing alongside others, etc.):

## MATERIALS REVIEWED

As a reminder, reviews should be done on all project-related materials. This may include but is not limited to public service announcements, supplemental material, awareness campaign materials, pamphlets, presentation, etc.). The review coordinator should fill out the following for each item that will be reviewed prior to sending the report template to a reviewer.

- Material Name:
- Type of Material (e.g., curriculum, video, brochure):
- Edition:
- Author/Publisher:
- Copyright Date:
- Target Audience and Setting for program implementation:
- Components (e.g., workbook, handout, facilitator manual):
- No. of pages/minutes (total and per component):
- Does the curriculum/material include medical information:  YES  NO  
*Note if the material does not include medical information a medical accuracy review does not need to be completed. However, the material should still be reviewed for age appropriateness, cultural and linguistic appropriateness, trauma-informed principles, and inclusivity.*
- Brief description of the curriculum/material and how it will be used in the funded project:

## REVIEWERS RECOMMENDATION AND FINDINGS

*After you complete the review of the material, please check the recommendation made for this curriculum/material and describe any findings identified.*

### RECOMMENDATION

#### **MEDICAL ACCURACY**

- Is medically accurate
- Is medically accurate with modifications (recommended modifications should be described in the “issues section” of the review)
- Is NOT medically accurate, do not recommend use of the material

**AGE APPROPRIATENESS**

- Is age appropriate for the target population
- Is age appropriate for the target population with modifications (recommended modifications should be described in the “issues section” of the review)
- Is NOT age appropriate for the target population, do not recommend use of the material

**CULTURAL & LINGUISTIC APPROPRIATENESS**

- Is culturally and linguistically appropriate for the target population
- Is culturally and linguistically appropriate for the target population with modifications (recommended modifications should be described in the “issues section” of the review)
- Is NOT culturally and linguistically appropriate for the target population, do not recommend use of the material

**TRAUMA-INFORMED**

- Is trauma-informed
- Is trauma-informed with modifications (recommended modifications should be described in the “issues section” of the review)
- Is NOT trauma-informed, do not recommend use of the material

**INCLUSIVE**

- Is inclusive
- Is inclusive with modifications (recommended modifications should be described in the “issues section” of the review)
- Is NOT inclusive, do not recommend use of the material



## **MATERIAL REVIEW FINDINGS**

*Below is a sample layout for how to document issues and recommended changes. These have been separated by type of material (e.g., text and video). Feel free to add/categorize any additional medium for the material you are reviewing.*

### **Text (include name of book, brochure, etc. you are noting issues for)**

Issue 1

- Page Number:
- Paragraph or Exhibit:
- What topic does this cover?
- What are the issue area(s) (e.g., medical accuracy, age appropriateness, cultural & linguistic appropriateness, or trauma-informed)?
- What are the details of the issue?
- What is your recommendation to address the issue?

### **Video (include name of video you are noting issues for)**

Issue 1

- Minute Number:
  - Description of Scene:
  - What topic does this cover?
  - What issue area(s) (e.g., medical accuracy, age appropriateness, cultural & linguistic appropriateness, or trauma-informed)?
  - What are the details of the issue?
  - What is your recommendation to address the issue?

## **GENERAL COMMENTS**

*Please use this section to provide any general information on the curriculum as a whole that has not been addressed in previous sections and is pertinent to the review.*

**CERTIFICATION FOR REVIEW**

*I certify that all materials have been thoroughly reviewed and recommendations and findings identified are based on my subject matter area of expertise.*

YES    NO

Reviewer's Name and Credentials (Area of Expertise): \_\_\_\_\_

Date: \_\_\_\_\_

# Appendix B: Helpful Resources

## Adaptations

Adaptations eLearning

<https://rhntc.org/resources/introduction-adaptations-elearning>

## Adolescent Development

Adolescent Development Explained

<https://opa.hhs.gov/adolescent-health/adolescent-development-explained>

## Age Appropriate

Health Education Curriculum Analysis Tool (HECAT)

<https://www.cdc.gov/healthyouth/hecat/index.htm>

## Culturally and Linguistically Appropriate

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

<https://thinkculturalhealth.hhs.gov/clas>

Cultural Competence & Cultural Humility

<https://ready.web.unc.edu/section-1-foundations/module-8/>

5 Tips for Creating Culturally Responsive and Sustaining Youth Programs

<https://steinhardt.nyu.edu/metrocenter/5-tips-creating-culturally-responsive-and-sustaining-youth-programs>

Equity, culture and identity

<https://extension.umn.edu/building-high-quality-youth-programs/equity-culture-and-identity>

## Inclusivity

Understanding LGBTQ Youth & Ensuring Inclusivity in TPP Programs

<https://rhntc.org/resources/understanding-lgbtq-youth-ensuring-inclusivity-tpp-programs>

Support LGBTQ+ Clients with Affirming Language Job Aid

<https://rhntc.org/resources/support-lgbtq-clients-affirming-language-job-aid>

DEVELOPING LGBTQ-INCLUSIVE CLASSROOM RESOURCES

[https://www.glsen.org/sites/default/files/2019-11/GLSEN\\_LGBTQ\\_Inclusive\\_Curriculum\\_Resource\\_2019\\_0.pdf](https://www.glsen.org/sites/default/files/2019-11/GLSEN_LGBTQ_Inclusive_Curriculum_Resource_2019_0.pdf)

LGBTQ Inclusivity in Schools: A Self-Assessment Tool

[https://www.cdc.gov/healthyouth/disparities/mai/pdf/LGBTQ\\_Inclusivity-508.pdf](https://www.cdc.gov/healthyouth/disparities/mai/pdf/LGBTQ_Inclusivity-508.pdf)

## Trauma-Informed

Creating Safe, Collaborative, and Empowering Environments Team Meeting Package

<https://rhntc.org/resources/creating-safe-collaborative-and-empowering-environments-team-meeting-package>

A Checklist for Integrating a Trauma-Informed Approach into TPP Programs

<https://rhntc.org/resources/checklist-integrating-trauma-informed-approach-tpp-programs>

## Medical Accuracy

Introduction to Reproductive Anatomy and Physiology eLearning

<https://rhntc.org/resources/introduction-reproductive-anatomy-and-physiology-elearning>

CDC Fact Sheet: Information for Teens and Young Adults: Staying Healthy and Preventing STDs

<https://www.cdc.gov/std/life-stages-populations/stdfact-teens.htm>

What are some types of and treatments for sexually transmitted diseases (STDs) or sexually transmitted infections (STIs)?

<https://www.nichd.nih.gov/health/topics/stds/conditioninfo/types>

Sexually Transmitted Infections Prevalence, Incidence, and Cost Estimates in the United States

<https://www.cdc.gov/std/statistics/prevalence-incidence-cost-2020.htm>

Birth Control

<https://www.fda.gov/consumers/free-publications-women/birth-control>

Contraception

<https://www.cdc.gov/reproductivehealth/contraception/index.htm>

REPRODUCTIVE RIGHTS.GOV

<https://reproductiverights.gov/>

*\*Note that this is a list of some, but not all, resources that may be available on medical accuracy, age appropriate, culturally and linguistically appropriate, trauma-informed, and inclusivity. OPA does not endorse any of the resources listed other than those developed by OPA.*

## Appendix C: Definitions of Terms

**Adaptation** - Changes made to the program content, program delivery, or other core components of an EBP.

**Minor adaptations**—changes to the program that make it a better fit for the population served, more current, or more engaging, but do not significantly change the program's core components or compromise program fidelity.

**Major adaptations**—changes to the program that alter the program's core components. A major adaptation could compromise fidelity of the program and might reduce the impact of the program on intended outcomes.

**Age appropriateness** - Ensures that topics, messages, and teaching methods are suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group. An age-appropriate program addresses students' needs, interests, concerns, developmental and emotional maturity levels, experiences, and current knowledge and skill levels. Learning is relevant and applicable to students' daily lives and concepts and skills are covered in a logical sequence.

**Culturally and linguistically appropriate** - Assures that materials and language used are respectful of and responsive to the cultural and linguistic needs of the population being served. This includes being respectful and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs.

**Inclusivity** - When all people, especially youth, are fully included, supported, and can actively participate in and benefit from the information they need to make healthy choices. This includes ensuring that program materials and practices do not alienate, exclude, or stigmatize individuals of diverse lived experiences and backgrounds, which includes but is not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise historically marginalized and adversely affected by persistent poverty or inequality.

**Medical accuracy** - Verified or supported by the weight of research conducted in compliance with accepted scientific methods; and published in peer-reviewed journals, where applicable or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

**Trauma-informed approach** - Refers to how a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma. It is an approach that: (1) realizes the widespread impact of trauma and potential paths for recovery; (2) recognizes the signs and symptoms of trauma in youth, families, staff, and others; (3) responds by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) seeks to actively resist re-traumatization.