



July 22, 2004

HIV Content Guidelines Comments
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mailstop E56
Atlanta, Georgia 30333

RE: Proposed Revision of Interim HIV Content Guidelines for AIDS-Related Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, Marketing Advertising and Web Site Materials, and Education Sessions in CDC Regional, State, Territorial, Local and Community Assistance Programs

On behalf of the National Alliance of State and Territorial AIDS Directors (NASTAD), an organization representing the public health officials that administer state HIV prevention programs, I appreciate the opportunity to comment on the notice for public comment entitled "Proposed Revision of Interim HIV Content Guidelines for AIDS-Related Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, Marketing Advertising and Web Site Materials, and Education Sessions in CDC Regional, State Territorial, Local and Community Assistance Programs," 69 FR 33824. NASTAD believes the HIV Content Guideline should be both responsive and responsible, while not overburdening health departments with new unfunded responsibilities.

I(A), I (B), I(C) and I(E) Basic Principles

NASTAD concurs with the inclusion of Web site-based HIV/AIDS educational materials in the list of materials required to be approved by a Program Review Panel (PRP). States, territories, and the six directly-funded cities have been required to review these materials since 2002. Approval can only be required for those materials funded by CDC. This requirement should in no way be construed to gag the non-funded materials posted to an agency's website that are not in compliance with CDC's HIV Content Guidelines. It is unreasonable to expect an agency to have a firewall between the two different types of materials.

NASTAD also concurs with the requirement that PRPs "ensure that the title of materials developed and submitted for review reflects the content of the activity or program."

NASTAD concurs with the inclusion of a requirement that when HIV materials include a discussion of condoms, the materials comply with Section 317 P of the Public Health Service Act. This Section states that educational materials must contain “medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STD the materials are designed to address.” NASTAD supports the use of medically accurate information that is based on science. Scientific evidence shows that condoms are very effective in preventing exposure to HIV when used consistently and correctly.¹

II(C)(4)Program Review Panel

The HIV Content Guidelines have been revised to require that state and local health officials certify that directly and indirectly funded educational materials are in compliance with Sections 2500 and 317P of the Public Health Services Act. Specifically, the proposed changes require directly-funded community-based organizations (CBOs) to utilize health department PRPs and requires duplicative review of materials by health departments, necessitating that health departments designate additional personnel to review the materials that have already been reviewed by the PRP, which, by definition, must have representation from the funded health department. These proposed changes are onerous and place undue burdens on health departments. The proposed changes to the HIV Content Guidelines will overburden health departments’ materials review processes to the point where quality assurance, turn around time, and responsiveness to internal needs and the needs of grantees and CDC will suffer. NASTAD is adamantly opposed to this change.

NASTAD supports maintaining a materials review process that helps to ensure that materials supported by funds that it receives and disburses are scientifically accurate, meet the needs of their intended audiences and are effective in promoting positive behavior change. NASTAD is concerned that this requirement is burdensome and unnecessary. The new requirement not only imposes new costs, but does so despite a lack of evidence that the change would be beneficial. The proposed changes to the HIV Content Guidelines greatly increase the already heavy burden placed upon health departments. Health departments with large numbers of indirectly-funded CBOs currently struggle to review the materials of their own grantees. Such a rule change could disrupt a policy that has worked for years to assure a meaningful review of HIV/AIDS prevention materials. Since the existing review process already requires Program Review Panels to review materials for compliance with Section 2500, there does not appear to be any need for additional health department oversight of the review process.

¹ National Institutes of Health (2000). *Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention*. June 12-13, 2000, Herndon, Virginia.
<http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>.

As knowledge of effective HIV prevention interventions expands and new educational materials are being developed at an ever increasing rate, the demands on state and local health departments to help their grantees get these new materials reviewed and placed out into their communities grows on a monthly basis. States have had to increase the number of PRPs they run in order to accommodate the demand to meet at more frequent intervals, while at the same time not place an undue burden on PRP members who serve as volunteers. Health department staff that monitor grantees must use their time to collect and transmit proposed new items to the Coordinator of the PRP. The PRP Coordinator must maintain a database, perform an initial review and then copy and mail items in advance to PRP members. Others assist in making meeting arrangements, providing PRP members with assistance and follow-up. Then there is the time that the PRP Coordinator spends at full-day PRP meetings, the follow-up correspondence and documentation both to grantees and CDC. CDC does not provide states with dedicated funding to maintain their Program Review Panels.

Under the current HIV Content Guidelines, directly-funded CBOs are required to convene their own PRP, with the requirement that a health department representative must be a member. This model allows for the most representative PRP membership with a majority of representation from the targeted community, while still having health department presence to help ensure technical accuracy. CBOs, particularly minority CBOs, in the current guidelines are required to use PRPs that consist of individuals who “can represent cultural sensitivities and language” of the racial and ethnic minority population the materials are intended to target. The new requirement that CBOs use state or local government PRPs will dilute the diversity of PRP membership due to the fact that a statewide PRP must be representative of the State, and not just one community. This requirement will result in less representation of the communities to be served, not more.

In addition, NASTAD has expressed concerns that CDC makes CBO funding award decisions without meaningful consultation with health departments, and that funded CBO activities may not be in concordance with the state wide comprehensive HIV prevention plan. Health departments cannot reasonably be required to approve directly-funded CBO materials because they have no oversight authority. To ask state health officials to approve HIV prevention materials for these CBOs will be arduous not only for health departments, but also for the organizations themselves. The current system for reviewing HIV prevention materials, based on the June 1992 guidelines, has been successful for over a decade in approving materials that educate thousands of Americans each year. Over the last decade, it has succeeded in establishing a process of local autonomy and oversight that recognizes that the HIV prevention programs will vary across geographic areas and targeted groups.

Review and certification of materials by health officials is also superfluous and unnecessary. PRPs must have a state or local health department employee on them.

Requiring yet another health department staff person, the health official, to re-review all materials is unacceptable. Health department staff are already stretched too thinly with the current requirements.

NASTAD is also concerned about the potential politicization of materials that must be signed off on for compliance with the HIV Content Guidelines by a state or local health official, who is often a political appointee. HIV prevention materials must target the populations at highest risk for infection, such as men who have sex with men and high risk heterosexuals and may need to employ explicit language and images in order to be effective. Complete and accurate information about human sexuality, substance abuse, and behavioral options for reducing HIV risks and other harm is critical to program effectiveness. The HIV Content Guidelines must assure access to complete, accurate, and science-based information appropriate to each population at risk. By politicizing the approval process, prevention materials may be diluted as not to offend any sector of society, rendering the materials ineffective in targeting the intended population.

At a time of declining HIV prevention resources, state and local health officials must contend with multiple public health challenges, including bioterrorism preparedness and emerging infectious diseases. Mandating that health officials sign-off on all HIV prevention materials produced with CDC funds will prove to be time-consuming and an inefficient use of scarce public health resources. This rule change is being considered without evidence of sufficient necessity; and without an infusion of new resources. State AIDS directors strongly urge you to reconsider this requirement.

Again, we thank you for your attention to this important issue.

Sincerely,

A handwritten signature in black ink that reads "Julie M. Scofield". The signature is fluid and cursive, with the first letters of each name being capitalized and prominent.

Julie M. Scofield
Executive Director