NWX-OS-OGC-RKVL

Moderator: Joanne Jensen
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12:00 pm CT

Coordinator: Thank you all for standing by and welcome to today's conference call. At this time all lines are on listen-only for today's conference until the question-and-answer portion of our call at which time you will be prompted to press star 1 on your touch-tone phone.

Please ensure that your line is unmuted and please record your name when prompted so that I may introduce you to ask your question. Our conference is being recorded and if you have any questions you may disconnect at this time. I will now turn the conference over to your host, Ms. Joanne Jensen. Ma'am, you may proceed.

Joanne Jensen: Thank you (Jill). Good afternoon and welcome to the medical inaccuracy Webinar. We're happy to have you join us today as we review and discuss the process for ensuring the information you provide your program participants is up-to-date, accurate and complete. My name is Joanne Jensen.

I am a Project Officer with the Office of Adolescent Health and I've worked with the OAH contractor to help ensure the materials used in OAH projects are medically accurate. With me today is Liz Moreno, who is the Program

Manager for the contract. Liz is an important part of the process as you will see as we go through the information today.

First because some of you were grantees in OAH's first TPP cohort. Please note that the review process has changed. You probably noted this change when you read the funding announcement so today we would provide you with the details of this new process for the second cohort of TPP grantees.

Our agenda today we'll be defining medical accuracy, what is medical accuracy, why is medical accuracy important. We want to define what is required of TPP grantees so it'll be clear to you what you need to do.

We want to talk about the initial grantee medical accuracy review that you will be doing. We will be talking about the OAH medical accuracy review that we'll be doing on our side and we will be responding, how will we respond to OAH review reports. In other words what do you do once you get our report.

Also we're going to try to give you some tips and tools for ensuring medical accuracy and then we'll have some time for Q&A. What is medical accuracy? The definition used by OAH was adopted from the Patient Protection and Affordable Care Act and here it is.

The term medically accurate and complete means 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 recognized as accurate, objective and complete.

Practically speaking medically accurate information should be up to par with current research and data. It should be objective and not misleading. It should

be complete and verifiable by reliable references and all factual information, statistics and data should be properly referenced.

You will find this definition in the funding announcement. Please notice the word complete. We will return to this word later and define it for the OAH review process. Liz?

Liz Moreno: Yes, next we're going to discuss why medical accuracy is important. One reason is that adolescents along with all recipients of public health information deserve reliable, accurate information to best equip them to make healthy decisions for their lives.

Also credibility is closely tied to accuracy and programs that wish to impact and influence behaviors must ensure that information presented is medically accurate. Why are medical accuracy reviews important? Medical information is constantly evolving and as new discoveries are made, program materials can become outdated.

Medical accuracy reviews help ensure that program materials are accurate and complete and kept current and up-to-date. Grantees are encouraged to independently review materials on a regular basis and make updates as needed.

This means that you as a grantee even when the review process is complete will want to still have eyes on your materials at least yearly as medical information changes and you'll need to ensure that your program has the most accurate information available. We will discuss how to conduct your own reviews a bit later.

What is required of TPP grantees to help ensure medical accuracy of program materials? All of the funding announcements as you probably recognize these state to ensure that the most current science is reflected in the program materials, successful applicants will be required to submit all program materials prior to use in the project to OAH for a medical accuracy review.

All of the funding announcements also state grantees should do an initial review of the materials for medical accuracy prior to submitting to OAH for the final review. Now let's talk about the initial grantee-led medical accuracy review. This is the review the grantee does before OAH does their review.

Basically if you are funded by OAH you are required to have the program materials you select for the intervention reviewed twice. The first time is done by the grantee and we'll spend some time discussing that today and after that review is complete, OAH does their review of the program materials.

The OAH funding announcements state that grantees should do an initial review of the materials for medical accuracy prior to submitting to OAH for final review. As we just mentioned this is stated in the funding announcement.

Our experience has demonstrated that grantees reviewing materials carefully prior to the intervention may make a difference in the materials that you ultimately choose to use in your project.

For example if you discover that there are issues that permeate the program materials and require major modifications, you may decide to consider alternatives rather than having to incorporate extensive modification.

As you can see on this slide, it shows you the process for the grantee-led initial review. You're welcome to use this graphic as a guide for your review.

Here we have the first step is conduct a needs assessment and select the program for implementation.

Second step, recruit expert reviewers. This could be individuals within your organization or outside consultants. Step three, provide training, guidelines and tools to the reviewers including this Webinar and other documents that we will make available such as FAQs, a standardized review report form and a list of commonly-used resources that OAH provides to the reviewers.

Step Number 4, provide the reviewers with program materials and request that they conduct a thorough review and document any issues found along with recommendations and references for addressing issues.

Step Number 5, grantees review the findings from the review and determines whether to proceed with the selected program materials or they may determine at this time that they would like to select another program in which case those materials would have to also be reviewed.

Step Number 6, make necessary modifications such as page inserts or making modifications to the actual program materials if any such modifications are needed and Step Number 7, once the initial medical accuracy review is complete and your program selection is final, a list of the materials you plan to implement to your OAH project officer.

Joanne Jensen: Okay, so let's discuss these steps a little more closely. First we want to recruit two to three experts in the field of adolescent health, reproductive health, pregnancy prevention, STI HIV prevention or preferably with some clinical experience also for example physician and/or nurses.

Selecting an expert might be as easy as selecting yourself or not but if you select yourself, get at least one other person so you will have someone to discuss issues with. Take it from Liz and myself having someone to discuss issues with is very helpful.

There are several options you might consider in finding good candidates for reviewing, perhaps one or two of your staff if they have the expertise. Reviewing also helps them become more familiar with the materials. Another alternative is to hire consultants. Whoever you select consider if they are individuals who will be available for periodic reviews in the future.

You may want to look at them on an annual basis particularly if you are a Tier 2B grantee and you plan to market your product at the end of five years, developing a protocol for medical accuracy review could be important for you going forward.

The second bullet reads provide training for the reviewers about what they should be looking for in program materials and that is medical information that is inaccurate, incomplete, dated, misleading and what to do when one of these issues are found. This Webinar will be stored and available on the OAH Website so listening to this Webinar could be helpful for your reviewers.

Conducting the initial review provides reviewers with OAH medical accuracy review resources. We call them the MAR for medically accurate review. Available online including again this Webinar, we're going to give you a resource list and also we'll share with you the standardized review form that we use and you're welcome to use it.

You don't have to but it's a good place for you to start. Also provide reviewers with all the program materials and request they begin their review for medical accuracy.

Liz Moreno: Documenting issues found. If issues are found during the review, request that the reviewers clearly document the issues by providing the following information: page number where the issue is found, the paragraph number, the statements that appear to be inaccurate, out of date, etcetera; recommendations for correcting the information containing medical accuracy issues; and references supporting any recommendations given.

As Joanne mentioned OAH has a standardized review report form that is available for you to use. It can be downloaded, well we had hoped that it could be downloaded but due to some limitations with uploading PDFs we're going to send you that or make it available on the OAH Website in the coming days.

Joanne Jensen: Addressing issues found. After the initial review is done and results have been provided to the grantee, the grantee should select some staff members to review the findings and finalize strategies for addressing issues found.

You might consider creating a medical accuracy team, for example you could use the program directors, the reviewers, program coordinators that you have or educator and these people would meet to discuss the review findings and finalize the strategies for addressing the issues found.

You are looking for people to give you a second look to the issues found during the review and how they might be addressed satisfactorily. Also what you want to do is keep records of issues found and modifications made. Be prepared to share this information with OAH.

How to make medical accuracy review modifications. Once the issues are identified, you need to incorporate the recommended modifications into your program materials and this can be done by one of two ways.

The first is if you are using copyrighted material, you're not able then to alter the copyrighted material. Therefore, for your modifications you can develop an insert page that you will provide the program facilitators with the information they should use when implementing the program.

This first method of using page inserts is applicable for all the grantees except possibly Tier 2B who may be using new materials that they are evaluating so if you're the owner in other words of materials, you can go ahead and modify those. You don't have to do the insert page.

Liz Moreno: Once the initial medical accuracy review is complete and you have finalized your program selections, you'll need to submit a list of any materials that you plan to implement to your OAH project officer. In that list you'll need to include the following information.

The type of material that it is and so let's say it's a teacher manual but you'll need to specify that, the title and if there are any subtitles, copyright dates, additions, author and publisher for each material so again this will need to be done for each material that you plan on using in your program whether that be a brochure, a video curriculum, etcetera.

And we will also be providing a template of a graph where you can take note of all of that information and send into your project officer if you so would like to use it.

Joanne Jensen: Getting ready for the OAH review so Part 1 done, now we do Part 2. The list will be used by OAH to make sure all materials are reviewed. It's kind of like a checklist for us. We don't want to leave anything out. OAH will notify you which materials need to be submitted.

The reason for that is we have some of the materials on hand so you may not have to send them and we wouldn't ask you to do that if we already have them here so we will get back to you and let you know what you need to send in.

How and what to submit. When submitting materials the grantee can send links or you can put it as an attachment via e-mail or you can send materials to us using a tracking service and I really want to make sure that you have a tracking number. I hate to say it but even with tracking numbers, materials can be lost but that's really the best we can do.

Number 1, if the grantee is using copyrighted materials, submit the program materials that are requested by OAH to your OAH project officer with the insert pages and if OAH has the program materials, submit the insert pages to your project officer so if we have them, you don't need to send them in but if you don't in either case you do need to give us the insert pages.

For materials that are owned by the grantee in other words not copyrighted by someone else, the modifications if you want can be made right on the page where it's appropriate on your DVD or your handout so you don't have to provide an insert.

There is an alternative here or another scenario is you may actually own them but they're already copyrighted and so in that case if you own materials that are copyrighted and you may not want to make the changes yet until they go through all the reviews, then you can obviously send in the insert pages also.

The process that we go through is much the same as what we're asking you to do so we want you to try and see that we will give a thorough review as you are doing on your side. The one thing I do want to point out is OAH mailing address.

We are located in Rockville, Maryland and this next slide gives you the address so you just put your project officer's name and when it comes to the office will be distributed to your project officer so a lot of the paperwork you have is going to say Washington, D.C. and maybe a little bit more but don't send things to Washington, D.C.

We are way away from that so be sure and use this address for mailing. Okay, let's stop here and see if we have any questions. (Jill), are you there? We'd like to...

Coordinator: Yes, I am.

Joanne Jensen: ...see some questions about the initial review.

Coordinator: All right. At this time if you would like to ask a question over the phone, please press star 1 on your touch-tone phone. Please ensure that your line is unmuted and please record your name when prompted so that I may introduce you to ask your question. Once again it is star 1 at this time. Please standby for questions.

Joanne Jensen: I don't know that we were that clear, were we? There has to be some questions.

Liz Moreno: I have a question Joanne.

Joanne Jensen: Go ahead.

Liz Moreno: If OAH is conducting their own medical accuracy review of program
                  materials, why must TPP grantees also conduct their own medical accuracy
                  review prior to our review?

Joanne Jensen: I think that's a great question and one that people may be a little embarrassed
                  to answer but I think it's a valid question. In the last cohort some of the
                  medical accuracy reviews conducted by OAH were really very lengthy and
                  detailed and suggested considerable modifications.

                  A prior review by the grantee seems like it would be advisable because then
                  you'd see that there were a lot of issues that needed to be dealt with. When
                  you do this initial review if you find that you have to do a lot of updating, a lot
                  of modifications, you may begin to think twice about do I really want to use
                  these materials?

                  And so when you send it to us, it takes a lot longer for the turnaround time to
                  get back to you but you may see early on that things aren't what you thought
                  they were. Sometimes people have only had a partial piece of program to look
                  at and when they get down and they look at the whole program, it maybe isn't
                  what they thought it was going to be.

                  So it puts you a little bit ahead so in case you want to change your mind and
                  look at some other alternatives, then you have a little bit more time whereas if
                  you wait and you send it to OAH, you get the review back. Time is passing,
                  you're further down in the year, you may feel like I don't have a choice, I
                  have got to go with this even though I know it's not the best thing for what I
                  want to do.

Liz Moreno: Thanks Joanne.

Joanne Jensen: Yes.

Coordinator: We do have some questions Ms. Jensen. First question is from (Jennifer Hedama). Your line is open.

(Jennifer Hedama): Hi there, this is (Jenny Hedama). I'm a 2B grantee at the University of New Mexico.

Joanne Jensen: Hi (Jenny).

(Jennifer Hedama): Hey. We're going to be developing our own materials and a lot of that is going to be based on the formative work that we do during Tier 1 so we're going to do a lot of focus groups with our stakeholders and kind of iteratively develop our materials.

And so with our timeline that's going to take us right up to the end of Year 1. I was just kind of curious about your experiences with the turnaround time and trying to anticipate how that might impact our - if we got our materials in near the end of Year 1 - when might we get them back in your best estimate?

Joanne Jensen: Well, we are telling people to estimate six weeks turnaround. What you might consider in your particular case is if things can be rolled-out kind of in segments. You might want to submit things for partial review so you don't wait to the very end to do everything. Would that be a possibility?

(Jennifer Hedama): Definitely and kind of related to that we had planned to do a small pilot study before we rolled-out our larger randomized control trial. Do you think it

would be acceptable to use draft materials prior to review in the formative pilot work?

Joanne Jensen: Well, you're supposed to have everything reviewed for medical accuracy even before the pilot.

(Jennifer Hedama): Okay.

Joanne Jensen: So and maybe it wouldn't be as extensive so I would say as soon as you have something, try to send it - because I'm your Project Officer - send it to me and we'll try to get it in the process.

(Jennifer Hedama): Thank you.

Joanne Jensen: As soon as possible.

Coordinator: Our next question is from (Rachel Chambers). Your line is open.

(Rachel Chambers): Hi, yes, my question is just I'm (Rachel Chambers) from Johns Hopkins University and I am just wondering what kind of documentation you guys would require or would like to show that we have completed the medical accuracy review on our own.

Joanne Jensen: Well, you don't really have to show us that you've done it. What you will do is you will give us like an end product of saying here's what our modification - what tier are you - what...

(Rachel Chambers): I'm sorry, we are Tier 2B.

Joanne Jensen: ...okay, so I don't know if you'll be developing things or not but what you'll do is you'll be sending us either the final thing of what you're going to give as your program and again you might be like New Mexico, you may have - it may more - come in pieces for you but you do want to go ahead and one of the reasons I - and this is - I've got my project officer had on and I've got my medical education specialist hat on when I say this.

I think if you keep documentation like if you were to use our template for example to give to your reviewers and you would have that, you may be later want to go back to that and watch the evolution of what you develop come together and that might be something that you might want to write about in the future about implementation that may give you some insights and being able to help other people start at a little bit higher level than you did, you know, because you learn from that process.

So I think it's kind of a tool to have so what I would say to keep for your - if I was a grantee - I would keep all those medical whatever form you use, you can use your own form, we just share ours to say here's what we use and, you know, we're not into reinventing the wheel but we are not saying you have to use this form but you do need to cover the issues that we are bringing-up.

So it's not something you, you know, are going to say this has to be submitted or anything. What's going to have to be submitted is the materials for review and that may include like the insert pages but if you have materials that you've developed and this is it, you don't even have to give an insert page.

You are just going to submit it and say this is ready for review because, you know, then you would have made all the changes right on the material and, you know, thinking you've given it your best shot right there. Does that make sense?

(Rachel Chambers):   Yes, thank you.

Joanne Jensen: Uh huh.

(Rachel Chambers):   Very helpful, thank you so much.

Coordinator: Our next question is from Genevieve Martinez. Your line is open.

Genevieve Martinez: Hi, I'm Genevieve Martinez from Healthy Teen Network Tier 2Band we
are developing Web-based or mobile-based interventions so my question is
what would be the best format to give you the materials since we have
multiple formats?

We have text, we have audio, we have video, we have animation. Do we need
to submit just the animation for example or the animation with the script so
you can read along while you can watch the animation? What would be the
best format?

Joanne Jensen: I would say all of the above because it kind of depends on where you are. If
you haven't put your video or your whatever together and you only have the
script, you can submit the script and that actually is a great question before
you then do the final product and so if you haven't done the final product, that
might save you a little money.

You don't want to have to go back and recreate everything just because, you
know, it doesn't, you know, you left something out or something was
inaccurate or something.

But if you send a script and then that gives us a chance to have a little back and forth if you may so you can talk about like when you do videos and stuff, it's kind of important to think about how long you think they're going to be used for because you don't want to put in data that could be out of date, you know, in six months or a year, you know, because it kind of, you know, messes-up what it is you're trying to do.

So everything I would say you have written and what we could do, that's one thing that we are going to provide you with is a list. I wish we would have been able to have it as an attachment (of then work out) today on the Webinar but basically it just you will send us a list and it will give you the name and what it is, you know, what kind of is it a video?

Is it a script? Is it a DVD? Is it a teacher's manual, whatever it is and then the other information about it and then we can even discuss what is the best way to go about that. We really try not to impede you. We want you to be able to keep moving forward and help you in as timely a manner as we can.

So I think we may have to have a discussion of what it is you have available because it kind of seems like you have different things for different products and that would be fine.

Genevieve Martinez: Okay, thank you.

Joanne Jensen: Uh huh.

Coordinator: Our next question is with Doug Taylor. Your line is open, sir.

Doug Taylor: Thank you. I'm with the South Carolina Campaign to Prevent Teen Pregnancy and we are a 1A and 1B site. My question is specific to curricula. We as I

understand it have to use a curricula that is from the list of approved on the OAH list so my question is more from an efficiency perspective.

I totally agree that each grantee should take a look at the curriculum that they're interested in, thoroughly review it to see if it's a good fit but my question is let's just say there's 20 grantees or 20 sites that want to use MPC, making proud choices across, you know, all the grantees.

I mean, in reality they should all come-up with the exact same medical accuracy updates if they are needed and for consistency they should all be the same.

And I'm just wondering if there's a thought at OAH that relates to the curriculum or curricula that there could be, you know, another way of approaching that so that we're not spending all of our grantees or spending the same amount of time trying to figure-out what needs to be medically accurate when in the end you're going to know what needs to be updated in those curricula as well.

Joanne Jensen: Absolutely, and you've really hit the nail on the head. I love this question because this is perfect. Here's what we'd love to see happen. We'd love to see all the people who are doing whatever and there'll be other curricula. Maybe there won't be as many as what you're describing but there will be a number of people or a number of grantees rather who will be using the same curricula.

What I would say is you guys can get together and do one internal report and then and I think that just does multiple things. First of all it saves you time, it saves you money and it gives you resources you can do with something else so absolutely. I hope everybody's really hearing this.

Even if there's only two people using the same program, why not combine forces and look at it because then you can have a dialogue about it, just even on the phone if you're on opposite places in the country and talk about, you know, what's the best way to address some of the issues that come up so thank you, thank you for that question.

Doug Taylor: Thank you.

Coordinator: Our next question is from (Beth Watchdove). Your line is open.

(Beth Watchdove): Hi, everybody, I'm sorry I just on the call, this call a little bit late so I hope I'm not asking a question that's been addressed but I'm a Tier 2B along with (West Ed) and we are modifying an existing app that is comprised of quite a number of videos and various components and we'll be reshooting new components.

Number 1 with the existing video material when you say insert a card, I'm wondering conceptually A, what that means. Do you mean at the beginning of the video there will be a, you know, a notice that says blah, blah, blah or do you mean the video gets interrupted at that time and then flashes a title card that says something that corrects information that's been stated?

Joanne Jensen: That's a great point to bring up and I think the answer is it depends...

((Crosstalk))

(Beth Watchdove): I also have a second part to that question but go ahead.

Joanne Jensen: ...that it could be there's something to be said at the beginning. It maybe depends on, you know, how long the video is, will people remember how

important the information is? It could be that you want to stop the video and discuss it.

So I think it's going to really depend and that's something we can always discuss and one thing we haven't really talked about yet but we're going to talk about it a little bit more going forward when we talk about the OAH review, let's just say you get the review back and you don't like our review or you have objections of this or that or the other or whatever.

You know, we're open to talking. Have your project officer present, Liz Moreno present, have myself present and we discuss it because, you know, our agenda is to give you as good of information, help you get as good of information as you can have and for it to be medically accurate.

So there can be a lot of back and forth and there has been in the past about trying to, you know, do the best but I don't think there's one answer that it just depends on, you know, how it works out and it really will be dependent on a lot of the information the grantee gives us and what they think has worked best in the environment they're in.

(Beth Watchdove):   Okay, thank you very much. On a related question to that, when you have youths sharing personal stories as one component, often as part of a portrait that a point you're trying to present the information might, you know, be inaccurate like a (mess).

Joanne Jensen: Right, right.

(Beth Watchdove):   So how is that treated if that occurs so, you know, you're asking kids a bunch of questions and some of it is right and some of it is wrong but it's on camera and it's then later addressed as an inaccuracy but...

Joanne Jensen: Yes, we've seen that and it depends on, you know, like if a participant is being interviewed and they're saying something then we'd have to figure-out a way you don't change it but you come back and make a point out of it in some way to then give the right and the accurate information.

(Beth Watchdove):   Okay, so long as later in the program it's, you know, then addressed, that's...

Joanne Jensen: Yes, yes, but you do - you're right - you do want to address it but that's an example. I have seen that before where people say things when they're being - they're talking - and you hear it like in scenarios sometimes that people will say things that just aren't right but that's what they think but that's what part of the program is about, trying to, you know, look at those kinds of things and what people think and what's really true and what's not maybe.

(Beth Watchdove):   Okay. Thank you.

Coordinator: Thank you. Our last question at this time is from (Stan Martin), your line is open.

(Stan Martin):   Thank you for the presentation. My question actually has already been answered so thank you.

Joanne Jensen: Yes, okay. Well, why don't we go ahead and get back to the rest of the slides and then we'll have a chance to have some more questions at the end.

Liz Moreno: All right, now we're going to turn to the review that happens at OAH. When you're selected and finalized your program and committed to what you want

to have in the program and submitted the materials to OAH via your project officer, here's what happens on our end.

This slide shows you the process for grantee program materials when submitted to OAH so Step Number 1, OAH receives the program materials for review. Step Number 2, OAH sends the materials to the MAR contractor and requests a medical accuracy review.

Step Number 3, the contractor assigns the materials to two independent reviewers so all the materials are reviewed twice by two different people. Step Number 4, the reviewers review the materials for medical information.

They complete a review report indicating any issues found and provide recommendations for correcting issues and then they send their reports to the contractor. Step Number 5, the contractor synthesizes the two review reports and sends all final reports to OAH.

Step Number 6, if there are no issues or questions regarding the reports, the consolidated report is then sent to the grantees using that particular program material and the grantee is required to make corrective changes when applicable.

And Step Number 7, all grantee modifications are reviewed by OAH and a final e-mail is sent to the grantee stating that they may proceed with implementation of the updated materials.

This whole process can take up to six weeks depending on how many materials overall are submitted and how lengthy the program materials are as well as how much medical information they contained and we'll now discuss this process in some more detail.

As for what medical accuracy issues may come up during the reviews, here are some examples. We may find information that is inaccurate, incomplete, outdated, poorly referenced or supported by non-scientific studies or it's confusing misleading.

These are examples of some of the medical accuracy issues that reviewers keep an eye out for. If a medical accuracy issue is identified, reviewers note the issue in the report form that we provide them with and they also provide a recommendation for correcting the information and a reference to validate what is being recommended.

This next slide as well as the two that follow it will show you a copy of the standardized review report form that OAH provides the reviewers for their review. Using the same form is helpful as it provides a consistent way for reviewers to address issues that arise but using the form is up to you as far as whether you want to use that in the initial review.

We're just making it available if you would find it helpful. Here is the second page and as you can see there are a list of topics which help reviewers focus on pertinent areas and also give us a heads-up of medical topics that are addressed in materials such as STIs, contraception, pregnancy and so forth.

It is possible that you have materials that do not contain any medical or health information but even so you'll still need to submit the materials for validation. All materials have to be reviewed for medical accuracy.

This last page has a section for general comments as sometimes there are issuers that reviewers find that may need to be address or at least recognized in this section. Some may be related to medical information and some may

not. It may just be spelling errors for other things that they feel should be brought to attention.

The following slides include examples of how the OAH MAR reviewers report issues in the review report. Hopefully this will give you some ideas of how your reviewers can respond to issues found in the materials.

The first example we have is a curriculum where in a teacher's manual on Page 10, the fifth paragraph, they're talking about STDs and they say that the text states that chlamydia is a viral infection which is inaccurate and they cite Teen Magazine - Seventeen Magazine rather - as the reference.

So we provide the correct information which is that chlamydia is a bacterial infection and cite one appropriate resource which would be an STD fact sheet on chlamydia. In this example we have information that is referenced by an unscientific source which in itself may not be incorrect but in this case the information from the publication is wrong.

The reviewer provided correct information and cited an (unintelligible) source. OAH tries to use government resources as much as possible since government sites use a body of evidence meaning not just one study is used to validate a finding.

Attached we wish today we were going to give you some handouts with the resources but what will happen is now they will be uploaded to the OAH Website because we're going to have a holiday next Monday. They may not be on the Website until toward the end of next week but as soon as we can get the materials together, we are going to put them on the Website.

Liz Moreno: We have to go to someone else to help us do that so that takes us a little bit of time. In this next example you'll see that a teen in the video tells her friend that STIs never have symptoms and the reviewer recommends providing a handout with a list of STIs and their possible symptoms.

Please note that the minute number and scene description is provided since there are no pages to go by and as you'll see, the reference also provided is from the Office of Women's Health.

And this example brings-up a helpful tip and somebody asked a question earlier that relates to this. If you're creating your own videos, you should submit your video script or review before filming if possible.

Joanne Jensen: Okay, in the next example we have as a poster. In this example the poster contains a large chart on birth control methods. The poster provided is outdated. The reviewer recommends not using this poster and suggests creating a new poster or handout with updated information from sections of the SCA Website which discusses contraceptives.

It is important to remember that new contraceptives can go on the market at any time and updating your information so that you are giving complete information is important. For example when you give contraceptive information, you want to include all the different types.

Also keep in mind if you give them a resource like the above Website, the program participants can return to the Website in the future for continued up-to-date information. Okay, let's discuss how to address medical accuracy issues.

Liz Moreno: All right, what is required of grantees so once you receive your review report, all the issues that were noted in that report must be addressed. Now how the grantee goes about addressing them may vary. For example you may make modifications to the actual curriculum text if you own that text and you own the copyright or you're developing a new one.

You may create an insert with updated information. Let's say your curriculum is copyrighted. You can't make changes to the actual text. Well, then you can create an insert or a handout or let's say it's a brochure that has a lot of inaccuracies.

Just you can select a different brochure or video or handout, etcetera, to use but please keep in mind that this will also need to be submitted for review.

Joanne Jensen: So to recap just a little bit, the funding announcements state that the grantee will not be able to begin implementation of their program until after the OAH medical accuracy is one, complete, all required modifications have been made and that they've been verified and they've been accepted by OAH.

I tell my grantees to keep the funding announcement close to you. You will need to refer to it throughout the life of the grant. As mentioned earlier, the review for medical accuracy is also a term and condition listed on your notice of grant award. Check it out if you haven't already. Oh, I'm on the wrong page, sorry so let's talk a little bit about verification now.

How will OAH verify that the modifications have been made? Okay, first of all we told you about sending-in the insert pages for copyrighted materials. Second, if you own them then you can make them right on the materials that you have.

When modifications are made to the satisfaction of OAH, you're going to get an acknowledgement from OAH telling you and that basically is going to tell you that now you're able to implement this material in your OAH project. For now we will use e-mails just to correspond about the program materials.

But in the near future grantees and project officers will begin to use a new system called max.gov where all the correspondence and documents can be uploaded to the system and it will be available to you as grantees and OAH staff. You will be hearing more about max.gov at orientation in November so stay tuned.

Liz Moreno: Next we're going to discuss some additional tips and resources to keep in mind when doing an internal review so some things to look out for, these are things that have come-up often or sometimes come-up as we're reviewing materials and the reviewers are reviewing materials.

In terms of contraceptives, keep an eye out for new contraceptives that have been added to the marketplace or new vaccines scheduled for immunizations, contraceptives that have been taken off of the marketplace and current contraceptive effectiveness rates. Please see the latest edition of contraceptive technologies, the 20th revised edition for the most recent effectiveness rates.

Joanne Jensen: Okay, some other topics, absent dual method in STIs absence should be defined as abstaining from oral, anal and vaginal sex and discussed as the most reliable way to prevent pregnancy and STI transmission. The use of dual method you are going to be hearing a lot more about this.

This is course most of you probably know is a condom plus another reliable form of birth control. This is more effective than for pregnancy prevention and STI prevention than the use of one method alone and the importance of

STI testing is if one has engaged in sexual activity and then of course the current STD treatment options.

These are examples of some of the things you may see coming-up in your materials. We talked about complete information. For STIs to be complete, the policies for OAH is that it needs to you need to give information on the following STIs, syphilis, gonorrhea, chlamydia, herpes Simplex 2, hepatitis B, human papilloma virus, trichomonas and HIV/AIDS.

The thing to remember if you have to talk about the type of organism that causes the STI, whether it's viral, bacterial, parasite, modes of transmission, the symptoms, treatment, possible complications and (sequella) and prevention details.

Remember earlier in the Webinar we talked about medical information being complete. To give complete information about STIs, you need to address all of the ones listed here and provide the detail for each one.

This is an instance where there is a lot of information so you might want to give information on specific, sorry, on specific STIs particularly to the person who has the infection and then they have given handouts or links to the CDC site for information where they can access it in the future.

In other words we don't expect you to give somebody everybody, you know, 10 pages of information but you need to address what the issue is right there and then show them where they can go back and find it.

If an immunization exists for an STI such as HPV and hepatitis B, this information should also be included. In addition a recommendation of HIV and STI testing for sexually-active individuals is vital.

An excellent resource for information on STIs is the CDC Website where there are fact sheets for STIs in English and Spanish and many are also translated into Haitian Creole, Russian and Vietnamese.

Liz Moreno: Okay, the following is what is regarded complete information when discussing contraceptives. OAH defines complete information for contraceptives if they describe each method including how the method works, duration of contraceptive effects, effectiveness failure rates both for typical and perfect use, whether the contraceptive provides no protection or does reduce the risk of HIV/AIDS and other STIs, any health risks or drawbacks and benefits both medical and personal associated with the method.

Now of course this is an overwhelming amount of information and that is why you need to think about how to present it. Maybe a one-pager that provides a graphic on the effectiveness rates, for instance CDC has a one-pager on this which can be found on the resource list that we'll make available later on.

This could be provided to your participants and so they can revisit the information or find it online and this is just another example of information being complete.

You can't provide information on just one or two methods but rather on all the methods available. Giving program participants complete information provides them with enough detail so that they can make decisions if they need to. In other words you don't want anyone to show-up at your clinic or program and you only recommend one type of contraceptive.

Each individual needs to make an informed decision and that is not possible without them having the information or showing them where to find it. A

program participant may not need all the information right away but when they do need it, they need to know where to find it and to learn about it and what is known about the method.

See references or resources for multiple references on contraceptives such as the Office of Population Affairs, FDA, CDC and women's health.

Joanne Jensen: We want to make one clarification on STIs and contraception. If a program has information on STIs and contraception, it needs to be complete. However, if the program does not have STI information or contraception information, it is not necessary to provide information as discussed in the earlier slides and this might be if you were giving a positive youth development program.

There may not be any of this content in there so just to be clear on it, we're not saying every program has to have that, you just can't talk about, you know, two or three STIs and two or three contraceptives. You got to make the whole body of information available to the participants.

Liz Moreno: Thank you, Joanne and speaking of making the whole body of information available, we have developed a list of frequently-used resources which we make available to our reviewers and we'll make available to you as well.

And these resources can just help verify medical information and provide recommendations and references for correcting medically inaccurate information. We'll make this resource list available soon and basically it includes fact sheets, publications, news releases, reports and Websites of government agencies.

These are recent resources, you know, which have been published within the past 10 years such as peer review journals of health and science and the

contraceptive technology 20th revised edition and on this page you can see a screenshot of the first page of the resource list and it will be as we mentioned earlier made available to you in the coming days.

And as you can also see the resource list if organized according to topic and is about six or seven pages long so there's plenty of information on there and there are some one-page fact sheets that can be made available to your participants.

Joanne Jensen: We're excited about the work you're going to be doing. We're here to help you ensure your programs are medically accurate and ready for implementation.

We encourage you to continue conducting medical accuracy reviews periodically such as annually to keep your materials current, accurate and complete and with that list we have just a few minutes so let's see what questions we have so don't hesitate.

Coordinator: Once again if you would like to ask a question, please press star 1 on your touch-tone phone. Once again please record your name when prompted so that I may introduce you. Once again it is star 1. We have a question from (Loren Solator). Your line is open.

(Loren Solator): Yes, hi. I'm calling from the National Campaign to Prevent Teen and Unplanned Pregnancy in D.C. We're a Tier 2A grantee. My question is just regarding what is submitted for review and what isn't, are we on our own to determine that so when you were talking about the form earlier I was struck by your saying that even if it's not medical, it needs to have review.

So we're going to create a Website that is not medical in any way that is a call for participants to submit applications to participate in workshops. Is that something that goes for medical review even though it's not medical at all? Thank you.

Joanne Jensen: Well, if you're just asking for kind of like people to get registered and everything, no, that wouldn't be. What we would be saying is if it's something that's going to be used as a part of your program, it's the program itself, it's not, you know, sending-out information about how to now it could be that you develop posters and you put some information on the side and that will make it a different story.

Anytime you start providing information and it's part of your program, I think that it's kind of the administrative part and then there's the program part and I think you're maybe talking more about the administrative part it sounds like?

(Loren Solator): I am, yes, and not for the ultimate target audience.

Joanne Jensen: Right, right, so that's, yes, you would need to send that in, that's right.

(Loren Solator): Okay, thank you.

Joanne Jensen: Uh huh.

Coordinator: Our next question is from Edith Fox. Your line is open.

Edith Fox: Hi, I'm calling from UCSF and our program focuses mainly on some of the most effective contraceptive methods available to young people and really getting information out about those specifically.

So in terms of providing comprehensive information on all options, would it be sufficient to include say a page on our Website which is one program component sort of about other options available to young people or would that have to be more integrated into all of our program materials like pamphlets, social media stuff, etcetera?

Joanne Jensen: Well, I don't know. We may have to discuss it a little bit more thoroughly because I don't think you have to repeat it over and over but what you want to do is have it be available and I think, you know, what you're coming from is you're talking about the most effective methods and I think and then you have the others are obviously less effective.

So I think we may have to look at your materials and figure-out how to present that. We may have to have a longer discussion about that but it sounds like you're aware of it and that's not an option. It's just deciding how to do it.

Edith Fox: All right, thank you.

Joanne Jensen: Uh huh.

Coordinator: Our next question is from Anna Kashner. Your line is open.

Anna Kashner: Hi, this is Anna Kashner from Planned Parenthood and my question is in reference to the other reviews that need to happen in particular for the 2Bs regarding is the curriculum trauma-informed, inclusive, age appropriate, etcetera. Does that happen at the same time as the medical accuracy review and in the same time period?

Joanne Jensen: That's a great question and I think it's totally up to the grantee. It's up to you in how you develop that protocol so to speak, how you're going to do it. I

know that a lot of groups do actually do all those things at one time so it depends on who is maybe, you know, obviously in your group who's looking at it and you may do it as is what I would think about doing is having different people review at the same time but for different things.

For example I know when you talk about age appropriateness, if you're doing something around certain age groups like middle school or ninth-tenth grade, if you have teachers who actually know what that population is, you know, like and they can respond to what's age appropriate to that but they may not be great on the medical accuracy part.

But I, you know, I would look at doing that simultaneously or it may be that some people are able to put it all together, you know, it just depends on people's skillsets.

Anna Kashner: Great, thank you. Is OAH are you all reviewing that as well or this is just internal for our organization?

Joanne Jensen: I'm sorry, you mean for like inclusivity and age appropriateness, in that you mean or...

Anna Kashner: Yes.

Joanne Jensen: ...that we were going to have some Webinars and some information coming-up more specifically on that so I kind of hesitate. I may put my foot in my mouth. I think those are going to be a little bit different than the medical accuracy and I think that in my mind I would see them happening which doesn't make it right I should say.

But I would see it going, you know, simultaneously if not by the same group, then the same one and what you have to do for OAH for the others, I'm not really sure about that at this point.

Anna Kashner: Okay, thank you.

Joanne Jensen: Uh huh.

Coordinator: Our next question is from Beth DeHart. Your line is open.

Beth DeHart: Hello, this is Beth DeHart with the South Carolina Campaign. I think I know the answer to this question but I just wanted to confirm it. Most of us are going to be conducting this process of medical accuracy reviews during Year 1.

We're a scalability grantee and so we'll be doing that during our planning year, Year 1 but I think we would probably be expected to go through the same process at any point in our grant if a partner may be changed, the curriculum that they were using or maybe wanted to add an additional one when they were taking their programs to scale. Is that true?

Joanne Jensen: Yes, yes. If you add new materials, yes, you'd need to submit it, yes.

Beth DeHart: Okay.

Joanne Jensen: And so the same, the initial review on your end and then submit it, yes.

Beth DeHart: Okay, thanks.

Joanne Jensen: Uh huh.

Coordinator: Our next question is from (Beth Watsda). Your line is open.

(Beth Watsda):   My question was answered regarding the age appropriateness and medical accuracy so thank you.

Coordinator: Thank you. We have one last question at this time. Just a reminder, if you would like to ask a question please press star 1 and be sure to record your name. Our last question is from Laura Beadles. Your line is open, ma'am.

Laura Beadles: Hi, Laura Beadles from San Diego Youth Services. Could you clarify what needs to be provided when you're using a positive youth development model that does not include medical information? What do we need to submit?

Joanne Jensen: Well, depends on the program. You would just submit the program. Whatever it is you're going to give to your participants, that's what you would submit.

Laura Beadles: So just submit all the curriculum materials and handouts, even if none of it contains medical information?

Joanne Jensen: That's correct. Now one thing I may not have made really clear is when we talked about it, I'm sorry we didn't have this for you guys to download and see today but when you make a list of what you - when you reviewed and you think yes, this is it, this is the final cut, this is what we're going to do our program with - so you make a list and you send it in to your project officer.

Then at that time we're able to look at it and see maybe some of the stuff we've already reviewed and you wouldn't have to send it in or maybe somebody else in the program has already done that.

So we would, you know, we wouldn't need you to send it in because we'd already looked at it for somebody else so that's why we decided to have the list because I think that will help us to be more efficient and, you know, you're not having to just send everything in but we'll kind of triage whatever it is you have on your list so to speak. Does that make sense?

Laura Beadles: When will the OAH list be available? Do you have a line on that?

Joanne Jensen: Yes, we'll have it up because Monday's a holiday, it'll be towards the end of next week, maybe Wednesday, Thursday or Friday and you go to the OAH Website under the Webinar and there we should have the Webinar where you'll have a recording, you'll have the - what do you call it?

Liz Moreno: The transcript?

Joanne Jensen: Transcript, thank you, I was trying to say translation, I knew that wasn't right and then we'll have these handouts for you that we weren't able to get up on the site today. There'll be things that you can look at and use them or not. I don't think any of them are anything you have to use.

They're just there for to help you and what we are starting to do is make a list of FAQs and we'll start now we just kind of keep growing as we get more FAQs, we'll put that there so hopefully it will be helpful to you particularly as you bring people together or if you want to listen to this again or have your reviewers listen or have your reviewers listen to this again to try and cover everything that, you know, that was covered today.

Laura Beadles: Thank you.

Joanne Jensen: Uh huh, thank you.

Coordinator: We do have a couple more questions that came in. We have one from (Karen Stratford). Your line is open.

(Karen Stratford): Hi, this is Karen Stratford from the New York City Department of Health (unintelligible) connection. I am a 1B grantee. You mentioned the idea of those of us grantees that are using the same evidence-based curricula could maybe combine efforts to do these reviews which was a very good idea.

But my question is how we could find out what other grantees are using similar curricula's as this particular grant has so many grantees and so I'm just curious what vehicles or ways we could find that out so we could connect with each other?

Joanne Jensen: You know, that's a great idea and I think we'll talk about that in the office and I think that's something we'll try to put together so people can well, I'll have to look at the list because I think we have a lot of that information. Whether or not it's going to change or not, I think probably isn't going to change right away so I'm thinking maybe it's something we can facilitate.

I'll talk with Amy Margolis and we'll see what we can come-up with, okay, and that'd be something we would share, you know, with everybody. Probably it would come-out through your project officer or unless I can get it, maybe it will come from me, I don't know. We'll see what kind of format we get it into, okay?

(Karen Stratford): That would be great, thank you.

Joanne Jensen: Uh huh.

Coordinator: Our last question is from (Lynn Moriarty). Your line is open.

(Lynn Moriarty):   Hi, thank you. This is (Lynn) from the Nevada Primary Care Association and (Karen) in New York just asked our question so thank you.

Joanne Jensen: Okay, well that's good.

Coordinator: At this time we have no further questions.

Joanne Jensen: Well, (Jill), I want to thank you for facilitating this and also allowing us to go over some. I appreciate that. I didn't think we would go this long but I'm happy we did and your questions were really good.   Stay in touch with your project officer. If you want to, you can contact me.

It's first name Joanne, altogether J-O-A-N-N-E dot Jensen J-E-N-S-E-N at OAH - no, that's not right - at hhs.gov. It's the same as your project officer's, just my first name last name and if you forget, look on the site and you'll see my name and my picture, ha, that's funny, I shouldn't have mentioned that, should I?

And that way you can send it to me directly particularly if you have any more questions particularly about the medical accuracy review process. You guys take care. We have a long weekend coming-up. Be safe over that Labor Day weekend and thank you for calling-in and participating. I appreciate it.

Liz Moreno: We're looking forward to working with you.

Joanne Jensen: Bye bye, now.

Coordinator: That does conclude today's conference call. We thank you all for

participating. You may now disconnect and have a great rest of your day.

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