

February 15, 2001

MEMORANDUM

TO: Local Health Directors  
Family Planning Clinic Coordinators  
Family Planning Health Educators

FROM: Mike Newton-Ward  
Women's Preventive Health Unit

SUBJECT: Title X Media Review Requirements

In response to questions arising from several monitoring visits, the Women's Preventive Health Unit is issuing the attached updated guidance for review of informational and educational materials used in Title X-funded family planning clinics. The unit has based the guidance on the **Program Guidelines For Project Grants For Family Planning Services** (January 2001) from the US DHHS office of Population Affairs (relevant portion attached) and on conversations on 9/22/00 with Joyce McIntyre, federal Region IV Consultant for Family Planning. **Please destroy any previous guidance on this topic.**

We have attached a copy of the Family Planning Media Review Documentation form (DHHS 3941), which your staff can use to review materials. We also have attached information on determining the reading level of materials (Attachments A and B).

If you have any questions about the information in this memorandum, please contact your regional Women's Health Nurse Consultant or call Mike Newton-Ward at (919) 715-3390.

attachments

cc: Regional WH Nurse Consultants  
Regional WCH Social Work Consultants  
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## Title X Requirements for Review of Informational and Educational Materials

The federal Title X requirements for review of informational and educational (I&E) materials are listed in Attachment A. The review of these materials often is simply referred to as “media review.” Clinic staff often ask the following questions about media review.

**Who Has To Have A Media Review Committee?** Each local or district health department family planning clinic that receives Title X funds *must have* a committee that reviews the informational and educational materials the clinic uses. Clinics that do not receive Title X funds may find a review committee helpful, but they are not required to have one.

### **Can The Media Review Committee Be Part Of Another Committee?**

Yes, this committee can be a *subcommittee of an existing group* (e.g., local adolescent pregnancy prevention coalition, local infant mortality reduction coalition, community advisory board, etc.).

The committee may delegate responsibility for the review of *technical* materials (e.g., medical information) or *foreign language* materials to appropriate persons or groups. However, the *final responsibility* for the approval rests with the committee.

**What Must Be Reviewed?** You must review *all informational and educational materials* used by the family planning clinic, regardless of:

the *type* of material (e.g., brochure, video, poster, etc.);

the *source* (e.g., produced locally, produced by the state, bought from an outside vendor, etc.); or

the *intended* audience (e.g., clinic patients, community groups, schools, etc.).

Ideally, even materials used on loan—such as videos from a library—should be reviewed before use to ensure that they are appropriate for the intended audience. However, this may not always be practical if the material has a short turnaround time for its use and return.

**What About Materials in a Foreign Language?** You also need to review materials written in another language. You may wish to have an individual who is fluent in the language and knowledgeable of the culture attend your meeting.

**How Often Should We Have A Meeting?** You *must* hold a meeting of your review committee *at least once a year*. It is all right to collect a group of materials for a regularly scheduled periodic review (e.g., every six months, yearly), *but the review must take place before distributing the materials*.

**What If We Have Not Purchased New Materials?** You must have a meeting to review *any* materials *newly* received from the WPH Unit or other sources. You do not have to wait until you purchase new materials to hold a media review meeting. Some clinics find it helpful to re-review materials that have been in existence for some time, in order to ensure that the materials are still up-to-date and appropriate. **This can be a good use for a yearly meeting.**

### **What Are the Benefits of Holding Media Review Meetings?**

Such meetings increase the likelihood that materials actually will be used by clients, by ensuring that the materials are appropriate to the audience.

A review provide some protection for the clinic in case someone complains that certain materials are not appropriate for use in your community. A copy of the documentation form can demonstrate that the clinic sought input from members of the community about the material in question.

## **The Form**

We have attached a copy of the Family Planning Media Review Documentation form (DHHS 3941). We designed the form based on input from local health department staff. The form was pilot tested in five health departments and further refined. Please follow the instructions on the back of the form to complete it. The form is available on the Requisition For Women's Preventive Health Forms And Educational Materials (DHHS 3269).

# Title X Requirements

## Review and Approval of Informational and Educational Materials

“An advisory committee of five to nine members (the size of the committee can differ from these limits with written documentation and approval from the Regional Office) who are broadly representative of the community must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X. Oversight responsibility for the I&E committee(s) rests with the grantee. The grantee may delegate the I & E operations for the review and approval of materials to delegate/contract agencies.

The I&E committee(s) must:

- Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
- Consider the standards of the population or community to be served with respect to such materials;
- Review the content of the material to assure that the information is factually correct;
- Determine whether the material is suitable for the population or community to which it is to be made available; and
- Establish a written record of its determinations [59.6].

The committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff. However, final approval of the I& E material rests with the committee(s).”

*(Source: Program Guidelines For Project Grants For Family Planning Services, Bethesda, MD: US DHHS, Office of Population Affairs, January 2001.)*

## Reading Level

There is a growing awareness among public health professionals of the discrepancy between the reading level of many health education materials and the reading abilities of the clients we serve. Many health educators in the state have spoken to the WPH Unit about the need for health education materials to be produced on a reading level and in a format that patients can comprehend, in order for the material to be useful.

**What is the Extent of The Problem?** A previous review of information on literacy rates by regional health education staff found these impressive statistics:

- People generally read **at or below the 8th grade level** in the United States;
- **Public health** clinic clients on average read at a **6th grade** level;
- **One in four** adults is **functionally illiterate** in North Carolina;
- An individual's actual reading and comprehension level may be **two to five grades below** the "school grade completed" that is on their medical record.

**How is the WPH Unit Addressing the Concerns About Reading Levels?** The Women's Preventive Health Unit is writing all materials it produces in-house at a junior high school reading level. The unit purchases as many materials as possible at this level. (There are some cases in which we are required to provide information that is not available in an easy-to-read format. As an example, Title X requires us to provide information on infertility services. However, the available materials are not produced at a junior high reading level. In these cases, we provide the best information that is available and rely on clinic staff to help patients understand it.)

The WPH Unit field-tests both in-house materials and materials it is considering purchasing with target populations to ensure appropriateness.

The media review form asks a question about reading level. This was included in response to requests from local staff.

### **How Can We Determine the Reading Level If It is not Supplied?**

Several readability formulas exist that you can use to determine the reading grade level of written material. One of the quickest and easiest to use is the SMOG Formula. Directions for using the SMOG Formula are provided in Attachment B.

## Smog Readability Formula

1. Count off 10 consecutive sentences near the beginning, middle and end of the text. If the text has fewer than 30 sentences, use as many as are provided.
2. Count the number of polysyllabic words (i.e., words containing 3 or more syllables), including repetitions of the same word.
3. Look up the approximate grade level on the conversion chart below.

| Total Multi-Syllabic Word Count | Approximate Grade Level<br>(+/- 1.5 Grades) |
|---------------------------------|---|
| 0-2                             | 4   |
| 3-6                             | 5   |
| 7-12                            | 6   |
| 13-20                           | 7   |
| 21-30                           | 8   |
| 31-42                           | 9   |
| 43-56                           | 10  |
| 57-72                           | 11  |
| 73-90                           | 12  |
| 91-110                          | 13  |
| 111-132                         | 14  |
| 133-156                         | 15  |
| 157-182                         | 16  |
| 183-210                         | 17  |
| 211-240                         | 18  |

### **Tips for using the SMOG formula:**

A sentence is defined as a string of words punctuated with a period, an exclamation mark or a questions mark. Consider long sentences with a semi-colon mark as two sentences;

Hyphenated words are considered one word (e.g., Depo-Provera, Winston-Salem);

Numbers should be pronounced to determine if they contain three or more syllables (e.g., 7 is not polysyllabic, 27 and 127 are);

Proper nouns, if polysyllabic, should be counted;

Abbreviations should be read as though unabbreviated to determine if they are polysyllabic (e.g., read HIV as Human Immunodeficiency Virus = 12 syllables, read Sept. as September = 3 syllables).