

PLAN A

A Brief Entertainment-Education Video Intervention to Prevent Unintended Pregnancies and Sexually Transmitted Infections Among Young Women

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Background

Entertainment education delivers messages through entertainment programs to improve knowledge, attitudes, and behaviors regarding health or social issues. This intervention method has been shown to be effective in numerous studies at improving health outcomes, including those related to adolescent sexual and reproductive health. *Plan A* is a 23-minute video intervention designed to prevent unintended pregnancies and sexually transmitted infections (STIs) among young women. This intervention was developed using extensive input from Black and Latina females ages 18-19. *Plan A* is engaging to young women, easy to implement (in a range of settings and using various methods), requires no training, and can be efficiently scaled to reach large numbers of participants. A 5-year randomized controlled trial (RCT; n=1,770) found that *Plan A* is effective at increasing knowledge, risk perception, STI testing, condom use, and patient-provider communication.

Methods

Since *Plan A* was developed in 2016, we have used data from multiple sources to inform and improve program implementation and dissemination. This includes two acceptability studies with young women and a study of clinic staff to investigate barriers and facilitators to implementing the intervention. In addition, we gather regular feedback from organizations as they implement *Plan A* and provide support and program refinements to better meet their needs. Finally, we recently partnered with the NYC Department of Health and Mental Hygiene to develop an adaptation of the video with new animated sequences focused on the full range of contraceptive methods and condoms.



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Benefits of Entertainment-Education

- Effective at bringing about positive behavior change
- Multiple possible formats (short videos, telenovelas, comics, performing arts)
- Can be very brief compared to other interventions (e.g., <30 mins)
- Engaging to participants
- Low burden on staff and participants
- Can be disseminated and scaled easily to reach many participants

Elements of Successful Programs

- Incorporation of relevant behavior change theories (i.e., social cognitive theory and extended elaboration likelihood model)
- Utilize a logic model with clearly-defined outcomes
- Intensive, iterative input from intended audience and stakeholders
- High production values (i.e., for videos, hire a script writer and production company capable of developing a television-quality product)
- Plan for implementation and dissemination from the beginning

Plan A Video Topics Covered

- Risk perception for pregnancy and HIV/STIs
- Contraception options, including emergency and dual contraception
- Condom use and negotiation skills
- The importance of regular HIV/STI testing
- Effective communication with health providers
- Healthy relationships

Plan A Acceptability Studies

Study 1: Young Black and Latina females age 18-19 (10% subsample of evaluation RCT; n=91)

- Video quality rating (4.5/5 excellent)
- Emotional involvement/relevance score (3.8/5 agree)
- Interest in additional episodes (3.9/5 interested)

Study 2: Black, Latina, and White females ages 16-19 (online study; n=120)

- Acceptability = 5.0/7
- No significant differences based on race/ethnicity or age

Study 3: Clinic staff acceptability study (n=100 survey + 20 interviews)

- *Plan A* would be easy to implement at my clinic (4.2/5 agree)
- *Plan A* seems appropriate for the clients at my clinic (4.7/5 strongly agree)
- *Plan A* would likely resonate with young women at my clinic (4.7/5 strongly agree)
- The staff at my clinic would like *Plan A* (4.6/5 strongly agree)
- I would like to show this video at my clinic (4.7/5 strongly agree)
- *Plan A* would fit with my clinic's mission and values (4.7/5 strongly agree)

Implementation Settings

- Clinics, community-based organizations, schools, after school programs, health departments, universities

Implementation Options

- Individually: on a tablet or laptop at a physical location
- Group: waiting room, classroom, or outreach
- Virtually: participants receive a link via text or email to view on their own smartphone, tablet, or computer

Program Dissemination Activities

- *Plan A* website
- Direct outreach to organizations
- Three journal articles and 10 conference presentations
- Exhibition booths at public health conferences
- Quarterly newsletter

Plan A Improvements Based on Partner Feedback

- Facilitating use of a low-cost, third party system to track program fidelity for virtual implementation
- Optional discussion guide for use in classrooms or outreach
- Program adaptation with new animated sequences
- Possible Spanish-dubbed version (in addition to Spanish captions)

Results

Since launching in 2016, *Plan A* has been implemented by a wide range of organizations across the U.S. in hundreds of clinics, schools, and other sites. Three studies found a high level of acceptability among diverse populations of young women and clinic staff. Based on feedback from organizations that implement *Plan A*, we began offering technical assistance around fidelity with virtual video implementation and added features like an optional discussion guide. We also developed a new adaptation of the intervention which was approved by OPA for use by grantees.

Conclusions

Plan A is an evidence-based intervention proven effective through rigorous evaluation to reduce behavioral risk factors underlying teenage pregnancy, and other associated risk factors, and is on the Health and Human Services (HHS) TPP Evidence Review (TPPER). We continue to refine our processes for implementing the program and to expand our dissemination efforts, to better meet the needs of the diverse organizations across the U.S.



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