

Animated segments: *Plan A* includes two short animation segments with information about IUDs and the implant.

Additional resources: After watching the video, participants are offered a handout of additional resources with comprehensive information on teen pregnancy, contraception, and STIs.

***Plan A* DEVELOPMENT TEAM**

Plan A was developed by **Sentient Research, Inc.**

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USER'S GUIDE

WHAT IS Plan A?

The **Plan A** intervention is a 23-minute, entertainment-education video developed to reduce unplanned pregnancies and sexually transmitted infections (STIs) among African-American and Latina young women ages 18–19. This program is based on the model created for Safe in the City, a theory-driven intervention that was found to reduce STIs among a diverse group of clinic patients by 10% in a randomized controlled trial. Safe in the City has been used by over 2,000 clinics and is listed as an effective, evidence-based intervention by CDC.

Plan A includes relatable 18–19-year-old African-American and Latina female characters to deliver information and model behaviors regarding pregnancy and HIV/STI risk and risk reduction strategies. The video is designed to be watched by reproductive health clinic patients before their provider visit, offering an important opportunity to increase the effectiveness of the patient-provider interaction. Research has shown that effective patient-provider communication is associated with positive patient outcomes, including HIV/STI testing.

Topics addressed in the **Plan A** intervention:

- **Risk perception for pregnancy and HIV/STIs**
- **Contraception options, with an emphasis on long-acting reversible contraception (LARCs) and dual contraception**
- **Emergency contraception**
- **Condom use and negotiation skills**
- **The importance of regular HIV/STI testing**
- **Discussion of sexual history, HIV/STI testing, and contraception methods with a health provider**

Theoretical framework

Plan A is grounded in the entertainment-education model. Entertainment-education is a process of creating and implementing an entertainment program to increase knowledge, change attitudes, and change behaviors among a target audience regarding a social or health issue. What makes entertainment-education powerful is that pro-health messages are a central component of the production yet there is no compromise in entertainment-value. This approach draws audiences into the storylines and characters who deliver health messages and model healthy behaviors. Two theories are especially important in explaining how entertainment-education functions within **Plan A**:

- 1) Social Cognitive Theory
- 2) Extended Elaboration Likelihood Model (E-ELM)

Further, Social Cognitive Theory and the Theory of Planned Behavior were utilized to explain the expected behavioral changes that would occur through the intervention, as these have been the underpinning theories of numerous effective programs for STI and unplanned pregnancy prevention.

WHY USE Plan A?

The **Plan A** intervention is:

- **Easy to implement; it requires little staff time and no special training**
- **Brief enough for clients to see before they are called to their appointment**
- **Entertaining, keeping the target audience engaged over the video's entire 23 minutes**
- **Comprised of three stories with a range of characters to appeal to diverse clinic audiences**
- **Available with Spanish and English captions**
- **Highly acceptable and engaging to both African-American and Latina women ages 18-19, as well as younger women and other races/ethnicities**

WHAT CAN BE DONE to prepare for implementation?

There are several steps you can take to maximize the benefits of this video-based intervention in your clinic.

1. Decide on the best method of showing Plan A

The video can be shown:

- Privately in an exam room on a monitor or tablet computer
- In the waiting room, either privately with headphones on a laptop or tablet, or on a public monitor
- Through a link that is emailed or texted to clients with instructions to watch before their appointment

2. Introduce all clinic staff to the new intervention

Prepare the entire clinic for the intervention. This shows that management considers the intervention to be an important part of clinic services. Show staff members **Plan A** and discuss how it will be used, giving them a chance to ask questions and make suggestions about implementation. This will also provide an opportunity to explain how staff can support the intervention. For example, receptionists can

suggest that clients watch the video, and clinicians may wish to discuss the video with clients during their examination.

3. Put an intervention implementation coordinator in charge of the video

No matter how **Plan A** is shown, it is best to have someone take responsibility for its implementation. The coordinator should be available to answer questions from clients, and to ensure that the video and equipment are working properly. The coordinator should also store the equipment at the end of the day. Specific duties would depend on whether the video is shown publicly in a waiting room, privately, or through a video link. Regardless of the method of implementation, an implementation protocol should be used. Approach back-up staff to do these tasks when the coordinator is not present. Have a protocol for reporting and resolving equipment problems, should they occur.

4. Solicit feedback from clients

Your clients can tell you a lot about their experiences watching the video, and they can be used to spur conversations with providers. Ask your clients about **Plan A**. Could they see and hear it all right? How much of the video did they see? What did they learn? If they didn't watch the video, why didn't they? Use client feedback to inform and improve your presentation methods.

WHY was Plan A developed?

In 2013, there were 277,749 births to women under 20 in the U.S. Older teens age 18-19 account for a large majority of teen births. The U.S. Office of Adolescent Health has identified interventions designed for older adolescents (18-19) as a gap in the available evidence-based teen pregnancy prevention programs. Both African-American and Latina young women also experience the highest rates of unplanned pregnancies and STIs. **Plan A** was designed specifically for these groups. However, a 2018 study found that **Plan A** had high acceptability among a wide audience of clinic clients in terms of race, ethnicity, and age.

HOW was Plan A developed?

Plan A was developed by Sentient Research, Inc. using an iterative process involving multiple rounds of development and intensive input from geographically diverse target audience members and clinic staff. In addition, four experts in reproductive health provided regular feedback on storylines and script drafts to ensure medical accuracy as well as age and cultural appropriateness. An article detailing the program's development was published in Health Promotion Practice in 2018.

Plan A COMPONENTS

Video: **Plan A** includes a series of three, inter-related “soap opera” style vignettes, with a short animated sequence about LARC methods between each vignette. **Plan A** is meant to be shown to clinic clients before their encounter with the provider. A brief summary of each vignette follows.

EVA'S STORY:

Recently graduated from high school, Eva moves into her own apartment. Her best friends, Nicole and Chela, arrive to help her unpack. When her on-again off-again boyfriend Rick arrives, Nicole and Chela abruptly leave. Later that night, Rick persuades Eva to have sex without a condom, citing her use of birth control pills as justification. Two weeks later Eva calls Nicole at the pharmacy where she works and explains that she has a possible STI symptom. Nicole encourages her to go a clinic to get an STI test. At the clinic, Eva learns she has chlamydia. The friendly doctor encourages Eva to get tested annually and gives her treatment for chlamydia, as well as patient-delivered partner treatment for Rick. The STI causes friction between Eva and Rick, but they reconcile until Eva discovers that Rick is cheating.

MICHELLE'S STORY:

Eva, Nicole, and John (Nicole's boyfriend) sit in Eva's backyard. There is a raging party going on inside her house; word got out that Eva was having a few friends over and things got out of hand. Their good friend Michelle arrives with pizza from the restaurant where she works, but she has to leave abruptly when her babysitter unexpectedly texts her. Everyone is disappointed, and briefly discusses what a hard time Michelle is having as a young, single parent. The next day, Michelle and her co-worker Kevin are flirting at work. Michelle hasn't been with anyone since she had her daughter, and she decides to get birth control before things go further. After meeting with a doctor and discussing her options, she decides to get an IUD. When Michelle and Kevin are about to have sex, she expresses her desire to use a condom as well. Kevin, also a single parent who wants to avoid another pregnancy, readily agrees. The next day, Michelle tells Eva, Nicole, and Chela all about her evening with Kevin. To everyone's surprise, Chela reveals that she is seeing a woman.

CHELA'S STORY:

Two months later, Nicole, Eva and Chela are hanging out in the park, waiting for John, and discussing their summer. Chela reveals she is lonely; she and her girlfriend split up when she left for college. Just then, John arrives with his friend Lance whom Chela had met at Eva's party a few months back. As Chela and Lance play basketball, their attraction is obvious. The next day, Chela calls Nicole at the pharmacy in a panic. After hanging out at the park, she and Lance got caught up in the heat of the moment and had unprotected sex. She is afraid she will get pregnant; she had stopped taking birth control pills when she got together with her girlfriend. Eva goes to Nicole's pharmacy to get emergency contraception. The next day, Eva, Nicole, Michelle, and Chela are sitting together in Eva's backyard. They talk about emergency contraception, possible contraception side effects, and the importance of having honest communication with your provider. Chela says she wants a new doctor and a new contraception method. She goes to the clinic and discusses her sexual history and contraception options with her new doctor. In the final scene, as all of the friends prepare to go to their old high school for a football game, a surprise guest appears at the door.