

PLAN A

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.

Plan A includes relatable, young African-American and Latina 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. However, **Plan A** is suitable for implementation in a wide range of settings in addition to clinics.

Evidence of Effectiveness

A five-year randomized controlled trial with over 1,700 young women found **Plan A** viewers had significant, sustained improvements in risk perception, contraceptive knowledge, patient-provider communication, HIV/STI testing, and safer sex practices compared to participants in the trial's control condition. Results from three additional studies found that **Plan A** is highly engaging and acceptable to young women as well as with organizational staff.

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

- Risk perception for pregnancy and HIV/STIs
- Contraception options, including 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

Plan A Versions:

Plan A is available in *two versions*, the original intervention and an adaptation, both of which are approved by Health and Human Services Office of Population Affairs (OPA). These versions differ only in the content covered during the two, one-minute animated sequences about contraceptives.

Plan A (Original Version): animated sequences focus on long acting reversible contraception (LARC) methods: the intrauterine device (IUD) and 2) the implant

Plan A (Adapted Version): animated sequences focus on the full range of contraceptive options available and using condoms to prevent unplanned pregnancy and STIs

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 **Plan A** 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:

- 23 minutes long—very brief compared to most teen pregnancy prevention interventions
- Demonstrated to be effective in a rigorous randomized controlled trial
- Designed for diverse settings (e.g., clinics, schools, community-based organizations) and implementation options (e.g., waiting rooms, classrooms, outreach, texting/emailing video link to participants).
- Entertaining to keep participants engaged
- Comprised of three stories with a range of characters to appeal to diverse 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?

Organizations can take several steps to maximize the benefits of the **Plan A** video intervention.

1. Decide on the best method of showing Plan A

The video can be shown:

1. Privately (e.g., in an exam room on a monitor or tablet computer)
2. In a waiting room, either publicly on a monitor or privately with headphones on a laptop or tablet
3. Through a link that is emailed or texted to participants (e.g., to watch before a clinic appointment)
4. In classroom or outreach settings

2. Introduce all organization staff to the new intervention

Prepare the entire site for the intervention. This shows that management considers the intervention to be an important part of their 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 any equipment used are working properly. The coordinator should also store 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. Approach back-up staff to do these tasks when the coordinator is not present. Develop a brief implementation protocol outlining staff duties and how to resolve equipment problems, etc.

4. Solicit feedback from clients

Clients can tell organizations a lot about their experiences watching the video, and they can be used to spur conversations with providers. Ask clients about **Plan A**. Could they see and hear it all right? How much of the video did they watch? What did they learn? Use client feedback to inform and improve implementation 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, and most of these teen births are unplanned. The HHS Office of Population Affairs (formerly Office of Adolescent Health) had 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. Nevertheless, a 2018 study found that **Plan A** had high acceptability among a wide audience of young women 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 2018.¹

Plan A COMPONENTS

Video: **Plan A** includes a series of three, inter-related "soap opera" style vignettes, with a short animated sequence about contraceptive methods between each vignette. 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 to 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.

Plan A, Montoya JA, Snow EG, Coyle K, Rietmeijer C. Developing a Video Intervention to Prevent Unplanned Pregnancies and Sexually Transmitted Infections Among Older Adolescents. Health Promot Pract. 2019;20(4):593-599.

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. Their good friend Michelle arrives with pizza from the restaurant where she works, but she has to leave abruptly when her babysitter unexpectedly texts. 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. 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. Chela is afraid she will get pregnant since 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 provider and a new contraception method. She goes to the clinic and discusses her sexual history and contraception options with her new provider. 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.

Animated segments: The **Plan A** original version animated segments cover IUDs and the implant. The **Plan A** adapted version animated segments cover the full range of contraceptive methods and condoms for pregnancy and STI prevention.

Additional resources: Participants may be offered a handout with additional resources covering comprehensive information on teen pregnancy, contraception, and STIs.

Plan A DEVELOPMENT TEAM

Plan A was developed by **Sentient Research**

Reproductive health experts: Cornelis Rietmeijer, MD, PhD and Karin Coyle, PhD

Adolescent health experts: Jenna Gaarde, MPH and Michelle Cantu, MPH

Screenwriter: Cris Franco

Video production: Mile End Films

Animation production: Imaginary Lava

Graphic and package design: Vera Valentine

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