EVALUATION ABSTRACT:
THE EVALUATION OF 'PLAN A' IN CALIFORNIA

Grantee

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Intervention Name

"Plan A"

Intervention Description

"Plan A" is a 23-minute video intervention designed for 18- to 19-year-old African American and Hispanic or Latina women that promotes effective contraceptive use, condom use for dual contraception and human immunodeficiency virus/sexually transmitted disease (HIV/STD) prevention, and HIV/STD testing. The video aims to develop sexual health intentions, knowledge, and self-efficacy for communicating with providers about different contraceptive options that have been proven effective, such as long-acting reversible contraception (LARC).

The video is delivered on laptops or personal electronic devices in a private room or area of a reproductive health clinic. The intervention is designed to have maximum impact when viewed just before a reproductive health visit. The video developers believe that the waiting time before a clinic visit is a moment when the target group will be most receptive to the informational and motivational messages of the intervention. "Plan A" intends to improve sexual health outcomes by empowering viewers to understand their options and communicate their needs to their health providers to get the most out of their experience at a reproductive health clinic.

Comparison Condition

"The Toxic Life Cycle of a Cigarette"

Comparison Condition Description

"The Toxic Life Cycle of a Cigarette" is a 17-minute video that details the negative effects that cigarettes have on the environment and on people who manufacture and use cigarettes. The informational video uses both narration and interviews to educate viewers on the dangers that cigarettes pose. The video is delivered on laptops or personal electronic devices in a private room or area of a Planned Parenthood clinic. The video includes no sexual or reproductive health content.

Behavioral Outcomes

Use of LARC (intrauterine device or implant), use of condoms, STD testing, use of dual methods of protection (condom and prescription birth control), use of other effective contraception methods (consistent and correct use of pill, patch, ring, or Depo-Provera)

Non-behavioral Outcomes

Perception of risk and severity for pregnancy and HIV/STD infection, intention to use LARC, intention to use other effective contraception methods (including condoms), provider communication self-efficacy (or positive outcome expectation from provider interaction), condom negotiation self-efficacy, knowledge or awareness of contraception options and LARC

Sample and Setting

The study is being conducted in ten Planned Parenthood clinics in five different regions of California—Fresno, Oakland, Merced, Bakersfield, and Sacramento. All of the clinics are part of the Planned Parenthood Mar Monte organization. A study coordinator will screen for eligibility all women with reproductive health appointments (including walk-in appointments) at study clinics. Study coordinators are nonclinical employees of Planned Parenthood Mar Monte. None of the study coordinators know the specific reason youth are visiting the clinic, though they might know the type of appointment the participant has scheduled. The intent-to-treat sample will be comprised of eligible teens who are enrolled into the study during the two-year implementation period. To be eligible, participants must (1) be female; (2) be 18 or 19 years old; (3) self-identify as either Hispanic, Latina, or African American; (4) be visiting a reproductive health clinician or provider; (5) be deemed appropriate for the study by clinic staff with regards to physical and mental health capacity; (6) consent to participate in the study; (7) not knowingly be pregnant; and (8) not be trying to get pregnant. The target sample size for the study is 1,770 women.

Research Design and Data Collection

The study is an individual randomized controlled trial in which eligible, consenting participants are randomly assigned to either the intervention ("Plan A") or comparison ("The Toxic Life Cycle of a Cigarette") groups. Random assignment is conducted following consent and study enrollment and before the administration of the baseline questionnaire. The evaluators are responsible for coordinating and verifying random assignment. The standard approach is to carry out random assignment electronically through a web-based survey platform; however, the contingency plan is for study coordinators to use assignment envelopes if Internet access is not available or insufficient at an administration site for any reason.

Participants in both the intervention and comparison groups will receive a baseline survey (before the intervention), 3-month follow-up (post-baseline), and 9-month follow-up (post-baseline). Data collection procedures will be the same for both treatment and comparison groups. In-person data collection will be the preferred mode for all data points. In these instances, participants will complete questionnaires (available in English and Spanish) electronically through a web-based survey form on a computer in a private room or space; however, paper questionnaires will be available when needed or preferred by participants. When participants cannot meet in person to complete follow-up data collection, participants will be offered alternative methods to complete the questionnaires (for example, online using a personal electronic device or by telephone). Data collection windows for both follow-up questionnaires will be four months. The evaluators will track when participants respond and sensitivity analyses will examine whether outcomes differ for participants who responded on time (within the first month of the data collection window) and late (in the second, third, or fourth months of the window).

For the implementation evaluation, the evaluators will collect data on fidelity (participant-reported understanding and participation or engagement), attendance (percentage of video watched), and quality (participant-reported overall quality). The web-based video platform (Wistia) will automatically log attendance and the Post-Visit Questionnaire will collect fidelity and quality data; a randomly selected 10 percent of study participants in both assignment groups will complete that questionnaire using a pencil-and-paper form directly following the participants' reproductive health appointment.

Schedule/Timeline

Sample enrollment and baseline data collection began in June 2016 and will end in June 2018. Not all youth enrolled in the period will be eligible to complete follow-up surveys during the grant due to the shortened project period. The 3-month follow-up data collection began in September 2016 and will end in June 2018. The 9-month follow-up data collection will begin in March 2017 and will end in June 2018.

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