



The Evaluation of the “17 Days” Video Intervention in Pennsylvania, West Virginia, and Ohio

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Intervention Name	17 Days (formerly What Could You Do)
Intervention Description	<p>The “17 Days” intervention is a stand-alone interactive video that can be used in health clinics with teen girls. The video program is delivered individually to and self-administered by teen girls via an electronic tablet in the clinic while they are waiting for their clinic appointment. It is continued outside the clinic via Internet-enabled devices of the girls’ choice.</p> <p>The core program dosage lasts approximately 35 minutes over as many sessions as they like. The core dosage consists of a specified set of video segments, including: (1) an introduction in which the viewer is exposed to two key concepts empowerment to make her own choice in sexual situations, and cognitive rehearsal of safe choices, (2) a lesson on condom procedure and efficacy, and (3) her choice of a vignette on sexual negotiation, which provides reinforcement of the key concepts of empowered choices and cognitive rehearsal. After this core dosage, which is typically viewed on the same day as random assignment, girls may return to the video materials as often as they like over the course of six months. There are about 2.5 hours of total “17 Days” video material. The video features (1) a set of vignettes modeling skills for negotiating lower-risk sexual behavior (including abstinence) with different kinds of partners; (2) a condom demonstration scene providing background rationale for both how and why condoms lower risk; (3) a gynecological exam explaining female physiology and modeling interactions with a health care provider, including how to ask for further services; and (4) disease information explaining the difference between viral and bacterial infections, the difficulty of identifying infections in partners or oneself, health consequences, and treatment options, if any. The video allows participants to select content that is personally relevant to them and invites them to apply the demonstrated skills in their own lives.</p> <p>The curriculum is an updated version of the evidence-based “What Could You Do?” intervention. Updates include the use of more current modes of delivery (tablet and Internet with the potential for high-definition streaming, compared to the low-definition DVD and slideshows of the previous version), as well as updated content that underwent a review for medical accuracy in 2011, bringing such items up to date as the availability of a vaccine for HPV and including all currently available forms of hormonal contraception.</p>
Counterfactual	Driving video
Counterfactual Description	<p>The “Driving” control condition is a stand-alone interactive video that teaches teens safe driving behaviors. The video program is delivered individually to and self-administered by teen girls via an electronic tablet in the clinic while they are waiting for their clinic appointment. It is continued outside the clinic via Internet-enabled devices of the girls’ choice.</p> <p>The core program dosage lasts approximately 35 minutes; girls may watch the core dosage in one sitting or over as many sessions as they like. After this core dosage, girls may return to the video materials as often as they like over the course of six months. There are about 2.5 hours of total “Driving” video material. The control video includes introductory lessons in car handling (for example, how to handle different road conditions), followed by an interactive menu in which the viewer can choose between different kinds of materials. These include short instructional videos and interactive games (for example, merging onto a busy highway by managing speed with keyboard keys and monitoring other cars on screen).</p>

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Primary Research Question(s)	Does the “17 Days” interactive video result in safer sexual behavior (abstinence or consistent and accurate use of condoms) six months after the offer of the intervention at the clinic, relative to the control video?
Additional Outcomes	Abstinence, consistency of condom use, accuracy of condom use, self-efficacy
Sample	The study sample was drawn from adolescent girls who were patients at one of 19 participating clinics. To be considered eligible for the study, participants had to meet the following criteria: female, aged 14–19, engaged in sex in the past six months, not married, and not currently pregnant. The enrolled sample is projected to be 1,200 girls.
Setting	The 19 participating clinics were located in three states—Pennsylvania, West Virginia, and Ohio. One site was a hospital specializing in women’s health and serving an urban and suburban population. Three sites were adolescent clinics serving an urban population. Fifteen sites were family planning clinics serving urban, suburban, and rural populations.
Research Design	<p>The research design is an individual randomized controlled trial. Consent for participation was obtained prior to collection of baseline survey measures and prior to randomization. The study had two video consent procedures via a tablet: (1) an in-person follow-up by a clinic recruiter or (2) a phone follow-up by the study’s program office staff. Baseline survey data were collected after the online consent process. In addition, recruiters provided participants with a test kit and instructions for completing the clinical tests for sexually transmitted infections and pregnancy immediately after the consent process.</p> <p>Randomization occurred immediately after the baseline surveys were completed. An automated computer program randomly assigned participants to one of the two conditions and automatically routed them to the appropriate video.</p> <p>The data sources included an online survey and clinical test results. The online survey was collected at baseline, 3 months and 6 months (post-intervention) after random assignment. The clinical test results were collected at baseline and 6 months (post-intervention) after random assignment.</p>
Impact Findings	To be determined when data collection and analysis are complete.
Implementation Findings	To be determined when data collection and analysis are complete.
Schedule/Timeline	Sample enrollment ends in November 2014. Short-term follow-up data collection ends in June 2015. A final report, which focuses on 6-month follow-up data, will be available to the Office of Adolescent Health in 2015-2016.