

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
January 29, 2015
12:30 pm CT

Coordinator: Welcome and thank you for standing by. At this time this call is being recorded. If you have any objections you may disconnect at this time.

Now I would like to turn today's meeting over to your host, Lieutenant Commander Jaclyn Ruiz. You may begin.

Jaclyn Ruiz: Thank you, (Cedric). Today we will be interviewing Dr. Julie Downs as part of our developer interview series. The Office of Adolescent Health will be hosting a series of interviews with developers of those programs identified by the Department of Health and Human Services Team Pregnancy Prevention Evidence Review as having shown effectiveness in reducing teen pregnancy, sexually transmitted infections or sexual risk behaviors.

The goal of these interviews is to ask developers some of the most frequently asked questions by OAH grantees. The Webinar series was developed as a technical assistance product for youth with OAHS grant programs to provide additional guidance on selecting, planning and implementing an evidence based program for teen pregnancy prevention.

This Webinar should not be used on its own but as a complement to various other resources available online. Additional resources are identified later in this Power Point presentation.

Please note an inclusion on the HHS PPP evidence review does not imply endorsement from the Office of Adolescent Health. Program selection is up to grantees.

Today we will welcome Dr. Julie Downs. She is the director for - of the Center of Risk Perception and Communication and Associate Research Professor in the Department of Social and Decision Sciences at Carnegie Mellon University. She studies decision making specifically focusing on how people can make better decisions by understanding the processes at work and the nature of various influences on their behaviors.

Dr. Downs received her PhD in Social Psychology from Princeton University and her BA from the University of California, Berkeley. Her research has been published in psychological public policy and medical journals - journals.
Welcome Dr. Downs.

Julie Downs: Thank you.

Jaclyn Ruiz: Can you please briefly describe the program 17 Days?

Julie Downs: Yes, well maybe not so briefly but to start out with the goals - the goals of 17 Days is to reduce teen birthrates and to reduce the rates of sexually transmitted infections among sexually active females, age 14 to 19.

The program uses several key components to achieve these goals. The first is a selection of six decision vignettes that track the kind of sexual decisions that

young women in our research describe to us. There are basically two different kinds of situations that they talked about. Either finding themselves alone with a boyfriend or having the opportunity to be with a new boy that they liked.

In the earlier version of our program which you may know is called What Could You Do, we created one vignette of a girl (Keisha) who met up with her boyfriend and another of a girl (Kaitlyn) who met up with a boy that she liked at a party.

In the updated version 17 Days we have expanded that to six total vignettes but it is really just three versions of the media new boy story and three versions of the boyfriend story. And we did that because we observed in the earlier evaluation that viewers tended to choose the actress who shared her own racial background and we worried that the character's race, rather than the relationship she was in was determining which content that the viewers would choose.

So in 17 Days we have one boyfriend story with an African-American actress one boyfriend story with a white actress and one boyfriend story with a Latino actress and then the same idea with the three stories about being with a new boy.

So this gives the viewer six vignettes and the program lets them start by watching one of their choosing and then they can always go back later and watch the others after they have seen more of the other content.

The other main source of content is a set of many documentaries that deliver a lot more information, including medical information. So there is a total of four mini documentaries, one covering sexually transmitted infections and the risk of sexual behaviors, one on the female reproductive system, one covering the

process of visiting a gynecologist to get hormonal birth control and one discussing the many different birth control options that are available. Plus a fifth component that is more dramatized rather than documentary style explaining how and why condoms work.

All of these sections of the programs have quite a bit of inter activity and that serves several purposes. First, in the vignettes we allow the viewer to choose what happens next multiple times throughout the story in kind of a choose your own adventure style. As each vignette unfolds we have identified multiple options for the girl in the story to make decisions that would alter what happens next. So for example if a boyfriend suggests leaving a group of friends to go somewhere alone, the girl might go along with that or she might decide to stick with her friends.

So in each of these choice points we pause the action and show thought bubbles emerging from the girl's head where she is imaging three different things she could do. One of these options is always to acquiesce to the boy's request but the other two would change the course of the action to something safer and the viewer sees these three options play out.

That serves two purposes. On an abstract level it suggests that at any given point there are multiple ways of steering the situation. It is not just a yes or no decision but there are lots and lots of different possibilities.

On a concrete level it provides examples of things that one might be able to say in particular situations and then in fact the program reinforces the concrete lessons after every safer option that the viewer chooses by asking her to do a cognitive rehearsal - to think about exactly what she would say in a similar situation and to practice it in her head so that she would be better able to follow through when the time comes.

We also use that concept of cognitive rehearsal in the mini-documentaries. We ask girls to imagine and practice in their heads behaviors like making an appointment at a health clinic or buying condoms, carrying condoms, asking a doctor about birth control - lots of different behaviors that we want to help them get better at carrying through.

The mini-documentaries also have a lot of inner activity where there is typically an introductory video clip and that is followed by an interactive menu allowing the viewer to get more information about the items of particular interest to her.

So for example after finding about birth control generally a viewer might want to investigate the IUD versus birth control pills to find out which is right for her.

And finally I just want to say a few things about the delivery methods. We actually have two different delivery methods for 17 Days. We have a DVD and also in development a mobile app. So the DVD works in any standard DVD player - it doesn't require any kind of Internet access or anything like that. You just pop it in and play it and all of the inner activity is built in. But it doesn't allow any kind of tracking of what the viewers watch so it is limited in how it could be used for formal evaluation or for an agency wanting to motivate young women to meet certain milestones and track those milestones.

Also, it can only be used by one viewer at a time - of course this is a physical disc, although we do offer a bulk pricing discount for agencies wanting to allow many girls to watch at once for example in a classroom.

The other delivery method is a mobile app which works on both Android and Apple IOS platforms phone and tablets, including I-pads and this app can be downloaded for free by adolescents on to their own phones or it could be provided by organizations to use in a variety of settings.

And to go along with the app we offer an educator portal that allows the agency to track individual milestones and other usage of the app by their clients and that is designed to make 17 Days easy to integrate into evaluations and also to provide data for reporting on client usage for agencies wanting to make the program available to their clientele.

Jaclyn Ruiz: That is fantastic. I do have just one sort of follow up question to that. You mentioned six vignettes and I want to just make sure that I am understanding correctly - is it really just two vignettes and then three options based on cultural relevance so like...

Julie Downs: Well it is.

Jaclyn Ruiz: ...the women have three options, another vignette has three options?

Julie Downs: There is actually six completely separate vignettes and the way they are introduced in the program is that you meet these - there is one sort of main character that is kind of a narrator and it is her story and she has six friends and you meet each of the friends and each of the friends has a situation where they are, you know, they have the potential to have some kind of - something going on with a boy.

So three of those friends have a boyfriend and they - their boyfriend at some point in the story is going to want to go off alone with them and three of the friends have - there is some boy who they have some maybe interest in who is

showing some interest in them. And so from our research perspective the three boyfriend stories are functionally the same because we set them up that they all have this set of decisions but from the perspective of somebody watching it we have certainly seen because we, you know, we track everything that our participants do - we see what they watch.

Many girls will go and watch six - all six vignettes, one right after the other because they get kind of sucked into it because they have seen one girl's story and now they are interested in what another girl would say and so one girl might say certain particular things which she is saying she doesn't want to kiss a new boy for example and another girl - she will have the same decision about kissing a boy but she will have different things that she would say and so it is the same - from a research perspective it is the same content - from a program perspective it is the same content but from an experienced perspective it gives them sort of reinforcement with the content without being boring - like you don't want to make them watch the same story three times.

They will say, "Well, I have already seen it," but you can make them get the same general educational content three times through three different girl's stories and that way you get a lot of sort of repetition and reinforcement without boring them.

Jaclyn Ruiz: Thank you for that clarification.

Julie Downs: My pleasure.

Jaclyn Ruiz: Can you briefly talk about the previous evaluation results.

Julie Downs: Yes, the original version of this program which was What Could You Do was evaluated using a randomized control trial. So we recruited 300 sexually

active female adolescents from four clinics in the Pittsburg region and we had them complete base line measures and then we assigned them either to the video condition or to one of two controls which we just pull for analysis and we followed them longitudinally asking them to come in at one, three and six months after baseline to receive a booster session of the video and complete outcome measures.

This was all done before video on the Internet was possible so they had to come in physically to watch. What we found was that those assigned to watch our video were more likely to report abstaining from sexual activity in the three months following the intervention, even though all of these participants had been sexually active as an inclusion criteria prior to enrollment in the study.

We also saw a reduction in condom failures. At baseline we had seen a very large number of girls, about 40%, reported having experienced a problem with condoms such as having a condom leak or fall off. These problems decreased significantly more at the six month mark among those assigned to watch our video relative to controls over time.

And finally we saw a decrease in self-reported diagnosis with sexually transmitted infections at the six-month mark reporting back for the past three months among girls assigned to the video condition. So those were the main benefits that we saw. Are you still there?

Jaclyn Ruiz: I am so sorry. I had myself muted.

Julie Downs: Okay.

Jaclyn Ruiz: Thank you for prompting that. Can you just talk a little bit more about the population in which the program was evaluated but as well as any recommendations you may have for populations that the intervention can be implemented with?

Julie Downs: Yes, so for our evaluation of the original program as well as for our ongoing evaluation of the updated version we have restricted the population to adolescent girls who report having engaged in sexual activity, however, the program should be equally relevant for girls in that age range who have not had sex yet but are willing to or are contemplating sexual activity.

Our original program was evaluated primarily with African American and White adolescents in an urban area but the updated version is also being evaluated with more rural populations. In general I would say populations that are at higher risk of engaging in sexual activity would be appropriate.

Jaclyn Ruiz: Sounds great. Actually I am glad you clarified that because of the few times I have been to Pittsburgh I know it can - the metropolitan city itself can be very urban but you get into rural areas quite quickly.

Julie Downs: Very quickly. Yes, we actually moved down into West Virginia and out into Ohio. We have 15 different sites with the current evaluation so we have a pretty broad geographical area that we are including.

Jaclyn Ruiz: Sounds great and can you talk a little bit about the settings in which the program was both evaluated and maybe recommendations in which it can be implemented?

Julie Downs: Yes, our evaluations have used clinical settings and we have done that in part to facilitate the collection of clinical specimens and healthcare records

because we have been wanting to test biological outcomes of infections and pregnancy.

In the absence of the need to collect those kind of measures though we think 17 Days would be appropriate for a variety of other settings, including private health care offices, counselors who can show it to individual patients, after school programs or community based organizations that can deliver the program to young women individually.

We have actually - we have made - we have had a lot of different kinds of organizations purchase the DVD for, you know, all the - even parents will buy it to show to their own kids.

Jaclyn Ruiz: Nice.

Julie Downs: Yes.

Jaclyn Ruiz: And while adaptations require OH prior approval and there are times the developer's approval as well it can be helpful for organizations to get a sense of previous adaptations that have been successfully implemented. Can you please provide any examples of some of the minor adaptations that are allowable?

Julie Downs: Yes, I would say the program should be suitable for any setting that allows private individual viewing because the research and theoretical foundations of this program require individual decision making, the modeling, cognitive rehearsal we wouldn't really expect the program to be similarly effective if delivered in its current formulation in a group setting. But individual setting it should work pretty well.

The program was designed without relevance to any particular sub-culture, (unintelligible) culture or sub-population group. The content itself was intended to be non-specific reflecting the kind of main stream American culture that many Americans - many adolescents are familiar with from movies and TV.

We made efforts to remove fashion and language markers that would set the story in a particular place in time and much the action occurs in a location that is far away from the character's homes so this allows us to be more vague about the situations of these characters - for example, whether they live with parents or dorm rooms or on their own.

And anecdotally we have shown the video to people from different backgrounds and they tend to infer unstated details to be similar to their own lives. So they will say, "Oh yes, I noticed that the kids are all, you know, away from their dorm," or something like that. You think, well we never said anything about a dorm but you live in a dorm so you sort of assumed that was there or the same thing with living with the parents.

And that sort of suggests that a relatively wide array of audiences should be able to identify with the content. That said, there could certainly be some benefit of bringing out culture specific lessons to apply to general content for audiences with different cultural backgrounds. Of course any adaptation would need to be evaluated for that but I think that would be a great service to accompany this program.

The last thing I would just say about language. The video is a standalone tool. It was created all in English. It would certainly be possible to dub another language to add subtitles to make it more accessible in other languages and we

would absolutely be open to making the raw video assets available or to working with an agency that wanted to do that.

Jaclyn Ruiz: Oh, that is great. Can you describe any staffing recommendations you may be, as well as any training opportunities that you provide?

Julie Downs: Yes, the idea behind 17 Days is that it should be self-sufficient should require only minimal staff just basically to provide access to it. So an agency might for example have a couple of tablets or DVD players on hand and just check them out to clients to watch the program on their own.

There is administrative training available to those wanting to use the program and it covers issues ranging from choosing between the DVD or mobile app, purchasing and maintaining appropriate technological tools like the tablets or the DVD players, integrating the program into patient or clinic flow and just insuring that adolescents really get the most they can out of the program.

We have details about particular training, as well as some printable materials and that is all available on our website.

Jaclyn Ruiz: Can you describe some implementation challenges that you are aware of and is it possible to discuss any strategies that you know organizations have used in the path to overcome those challenges?

Julie Downs: Yes, one problem that is easily overcome is equipment failure. So this is required keeping on top of updates provided by operating systems, especially when you are dealing with tablets or phones or something like that. So having a regular routine where tablets are plugged into a computer or to check for updates while they charge that could take care of most of the equipment problems. But by far the most common problem we have had with online

version is reliable access to broadband internet. Since it requires streaming video the mobile app will not be very effective if internet connections are slow or if they have data limits.

We are working to make available the option of having dedicated equipment that will have all of the video content stored on the tablet itself so that does not - would not require such high data transfers and that should work well in the areas where broadband internet is not as readily available.

The other key problem is retaining adolescent participations over time. Although they can continue to watch the video on their own using the mobile app many girls fail to do so, especially if they don't have good Wi-Fi at home or if they have a limited data plan on their phone and so suggestions for other place where the adolescents could find better Internet access such as libraries - that sometimes is helpful.

But the best way to engage teens seems to be personal involvement with agency staff. So if the teen is invited to return to the clinic or agency to use equipment or Internet on site that seems to be the best way to allow them to watch as much of the program as they would like to see, especially if you live in an area with not great Internet access.

Jaclyn Ruiz: Thank you and can you please discuss any recent or planned revisions that you expect to make to the program?

Julie Downs: Yes, so the DVD is already available and the mobile app is expected to be widely available starting in April 2015 and so that will work on smart phones and tablets including Android and Apple devices like I-Phones, I-Pads, I-Pod Touch. That is probably the biggest update that is going on right now. As I mentioned the dedicated tablet is currently under development for places

without broadband Internet available and the educator portal that I think I mentioned before - that is currently being developed. That will allow agencies to really customize what kind of (unintelligible) they want to track and to observe progress by each individual that they provide access to.

Probably the biggest planned revision - we are currently in the very early planning phase to develop a curricular plan to integrate the program into group settings. We have had a lot of agencies express interest in using 17 Days in classrooms or in group settings and so right now we are working with expert curriculum designers to maximize the effectiveness of a group interaction while still retaining the important individual components of the program.

So that is a longer lead time obviously but we are hopeful that will really broaden the populations we can serve.

Jaclyn Ruiz: Thank you. So on Slide 12 they will actually assign additional resources on 17 Days - we hope that these resources in conjunction with today's Webinar will provide a comprehensive understanding of this evidence-based teen pregnancy prevention program and will assist you in making not only an informed decision on which evidence-based program to select for your community but how to best prepare for and implement this program - any final words Julie?

Julie Downs: No, thank you for the opportunity.

Jaclyn Ruiz: Well thank you. I am pretty excited about all the technology - technological revisions or updates that you plan on making. That looks very exciting and I just want to also thank you so much for taking time today to put this information together and present it to our grantees. I know they will find this information incredibly helpful so thank you again.

Julie Downs: Well you are welcome. Thank you.

Jaclyn Ruiz: Operator, if you can please end the recording?

Coordinator: Sure - at this time that will conclude today's conference. All parties may disconnect at this time.

END