A VIDEOGAME INTERVENTION FOR RISK REDUCTION AND PREVENTION IN YOUNG MINORITY TEENS

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Purpose: Young people, aged 13-29, account for 39% of new HIV infections in the U.S. Disparities exist among the rates of infection, with African-Americans accounting for 65% of new infections in this age group. Recognizing that early intervention to reduce risk is an effective way to prevent risk behavior patterns before they begin, that upwards of 95% of teenage boys and girls, including all racial/ethnic groups, play videogames, and that there is emerging evidence that videogames can be harnessed for health promotion and prevention, play2PREVENT® created an iPad videogame intervention, PlayForward: Elm City Stories. The primary goal of the videogame, developed as a unique vehicle for delivering an evidence-based intervention, is to teach knowledge and skills for preventing HIV infection. PlayForward was developed in an iterative process that involved formative work with focus groups and interviews with minority teens, the creation of behavioral manuals based on established theories, and extensive play-testing. A primary research question of this study is whether the game engaged the teens and impacted their knowledge and perspectives of risk, and if they were able to connect elements of the game to risk situations in their own lives.

Methods: As part of a full-scale randomized controlled trial, semi-structured interviews were conducted with participants regarding their experience of playing PlayForward: Elm City Stories following six weeks of game play. Transcripts of the interviews were professionally transcribed and coded by members of the research team.

Results: Twenty-two teens (12 boys and 10 girls) 11-15 years old (mean age, 13.4 years) were interviewed: 10 (45%) teens were Hispanic/Latino, 5 (23%) African-American, 4 (18%) multiracial, 2 (9%) white, and 1 (5%) “not sure”. They played on average for 9 hours (median = 9.4 hours; range = 2.3-13.8 hours). The majority of the teens appropriately described the goal of PlayForward as “to make good choices; to get a better future.” They described the game as “fun,” “interesting,” “cool,” and “inspiring”. Nineteen of the 22 teens (86%) reported that they would recommend the game to a friend, citing improving decision-making skills, future awareness, and increasing knowledge about sex, drugs, and alcohol as reasons for their recommendation. When asked what they learned from the game, teens reported learning about the consequences of their actions; the importance of using condoms during sex, the dangers of drugs and alcohol, and how peers can influence their decisions. They also reported PlayForward as relatable and transferable to their own lives, citing specific elements of the game that referenced pregnancy, drinking, and marijuana use. In addition, teens described story lines in the game that reflected their own real-life experiences with peer pressure, drugs, and alcohol.

Conclusions: The videogame PlayForward: Elm City Stories is a novel, engaging, and feasible intervention that teens reported obtaining knowledge from and viewed as relatable to real life with the goal of the promotion of positive health behaviors in a population of at-risk young teens.

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