Title of Intervention: CHOICE version 1.0

Intervention Strategies: Individual Education

Purpose of the Intervention: To increase patient interest in Colorectal cancer screening

Population: Adults aged 50 to 75

Setting: Health care facility in Chapel Hill, North Carolina; health care facility-based

Partners: None mentioned

Intervention Description:
- Individual Education: A computer-based decision aid consisted of a five-minute introduction and five additional short video segments that described a variety of colorectal cancer screening tests. An audio track accompanied the entire decision aid to provide additional support for low-literacy participants. Participants viewed the decision aid on a computer in a private area in the clinic either before or after their scheduled appointment. A staff person was present during their viewing session. The patients were encouraged to navigate independently through the decision aid and questionnaires, but were offered assistance if needed.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Health care facility staff to provide support
- Training: Training for health care facility staff
- Technology: Computer
- Space: Private space for computer
- Budget: Not mentioned
- Intervention: Computer-based decision aid program
- Evaluation: Questionnaires

Evaluation:
- Design: Pre- and post-test
- Methods and Measures: Questionnaires measured participants’ intent to ask providers about screening, interest in colorectal cancer screening, knowledge about screening, helpfulness of the information provided and preferences for decision-making.

Outcomes:
- Short Term Impact: The average viewing time was 19 minutes. The decision aid significantly improved patients’ intent to ask providers for screening. Most found the aid useful and reported that it improved their knowledge about screening.
- Long Term Impact: Within six months of the intervention, almost half of the participants had been screened for colorectal cancer.

Maintenance: Not mentioned

Lessons Learned: A computer-based decision aid can increase patient intent to be screened and increase interest in screening. This decision aid can be viewed by patients prior to provider appointments to increase motivation to be screened and to help them decide about which type of screening to pursue. Further work is required to integrate the decision aid with other practice change strategies to increase screening rates.

Citation(s):