

ficacy is increased through dynamic tailoring of the intervention to patients' needs, the material seen by every patient is presented consistently and thoroughly, behaviors and attitudes appropriate for effective contraception are vividly modeled, and the

interactive medium increases user interest and attention to the material.

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## **Program: Interactive Health Risk Appraisal for Behavior Change**

### **Sponsor: National Heart, Lung and Blood Institute**

#### *Objective*

The purpose of this project is to assist medical providers in empowering their patients to make lifestyle changes that will significantly affect health and longevity.

#### *Assessment of Need*

The program responds to patients' needs to access personalized, easy-to-understand health risk data and to receive self-help information about and referral to appropriate behavior change interventions.

#### *Strategy and Intervention*

Patients using the Interactive Multimedia Health Risk Appraisal (IMM-HRA) respond to questions on a touchscreen kiosk about their medical history and lifestyle habits. The IMM-HRA selects video segments to explain the patient's health risks and describe which lifestyle changes would have the greatest positive impact. Credibility and self-efficacy are enhanced by having actors who resemble the patient in terms of age, gender, and race/ethnicity give testimonials about what they did to make successful life changes. Suggested

change strategies include interactive video interventions also available at the kiosk (e.g., programs on smoking cessation). To reinforce positive, existing behaviors, patients are presented with a review of their good lifestyle habits. The program concludes by giving the patient a printed summary of a "Change Plan" and personalized report.

#### *Evaluation Design*

The IMM-HRA was evaluated with 42 respondents, assessing their risk perception, behavioral intention, and self-efficacy.

#### *Implications for Practitioners*

This interactive system offers several advantages over more traditional approaches: (a) little staff time is required, (b) the program's interactivity allows self-pacing and unlimited review of material, (c) the video report is personalized to each user's specific health history and lifestyle habits, (d) motivation to change is enhanced as positive behaviors and attitudes are modeled via demographically matched testimonials.

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nue, Eugene, OR 97403; phone: (541) 342-7227; e-mail: ORCAS@orcasinc.com.

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## **Program: Adolescent Preventive Health Education CD-ROM**

### **Sponsor: March of Dimes Chapter of the Pacific**

#### *Objective*

The objective of this program is to use a CD-ROM to automate health assessment, problem-specific health advice, and anticipatory guidance. This computerized health education and prevention program intends to reach adolescents in both medical and educational settings, improve their access to health educational services, and improve their general knowledge of teen health issues.

#### *Assessment of Need*

Adolescents receive much of their health education from friends or the media, often do not realize they need health education or services, and tend to avoid bringing pertinent issues to the attention of health professionals. Their health issues are usually uncomfortable to discuss or even learn in school. Health professionals have little time to make a real impact on these time-consuming sensitive issues. Assessment of health risk behaviors and educational needs, and then provision of specific anticipatory guidance via face-to-face counseling, has many barriers, but a multimedia computer is anonymous and non-judgmental.

#### *Strategy and Intervention*

Within minutes, the program completes a health interview, prints feedback, dispenses handouts, then administers relevant

selections from a library of over 60 succinct, high-impact health education multimedia programs. Educational feedback can be uniquely tailored by computerized health history responses given by a teen, with specific subsegments of topics being delivered based on determined needs. Health topics and needs are prioritized according to risk and severity, with highest priority topics presented earliest.

#### *Evaluation Strategy*

This program was evaluated by a controlled study that compared the relative effectiveness of multimedia to that of printed handouts. Comprehensive functional evaluation was conducted in medical and educational settings throughout Hawaii.

#### *Implications for Practitioners*

Interactive multimedia is known to shorten learning time and improve retention. It provides multiple levels of specific health education and directed advice. Avoidance and confidentiality problems are virtually eliminated and staff educator time is reduced with automated health assessment and multimedia education, which enhances the educator's ability to promote credible, quality health education to more adolescents.

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