

BACKGROUND

- Less than half of Title-X family planning users choose a Tier 1 or Tier 2 method of birth control.
- Audio computer assisted self-interviewing (ACASI) and touch-screen technologies present an opportunity to engage patients of all literacy levels in health-related decision-making processes.
- Interventions integrating such technology may help women choose acceptable and effective contraceptive methods.

METHODS

Development of Intervention:

- Validation of underlying algorithm with 3 clinical experts
- Adaptation of counseling tool developed by Emory University
- Bilingual (Spanish/English) audio – no reading required
- Touch-screen technology
- 50+ questions on patient preferences, medical and contraceptive history
- Algorithm identifies methods that are “best fit” based on responses

Patient Recruitment & Randomization:

- 1,983 family planning patients at 2 centers completed all protocols
- Participants randomized to 3 arms:
 - **Intervention + Tailored:** Complete computer module & receive tailored handout on best contraceptive methods based on responses
 - **Intervention + Generic:** Complete computer module & receive generic handout
 - **Control:** 10 demographic questions using same computer interface & receive generic handout

Eligibility criteria:

- Age 16 or over
- Not currently pregnant or seeking pregnancy
- Not currently relying on sterilization (tubal ligation or vasectomy)
- Not gone through or going through menopause
- Able to speak Spanish or English

Data Analysis:

- Compare contraceptive method choice outcome across randomization arms

PRIMARY OUTCOME

Contraceptive method choice at visit

- WHO Typical Use Effectiveness Tiers:
 - Tier 1: Vasectomy, BTL, Implant, IUD
 - Tier 2: OCPs, Injectables, Patch, Ring
 - Tier 3: Condoms, Female barrier methods
 - No method

SAMPLE MODULE SCREEN

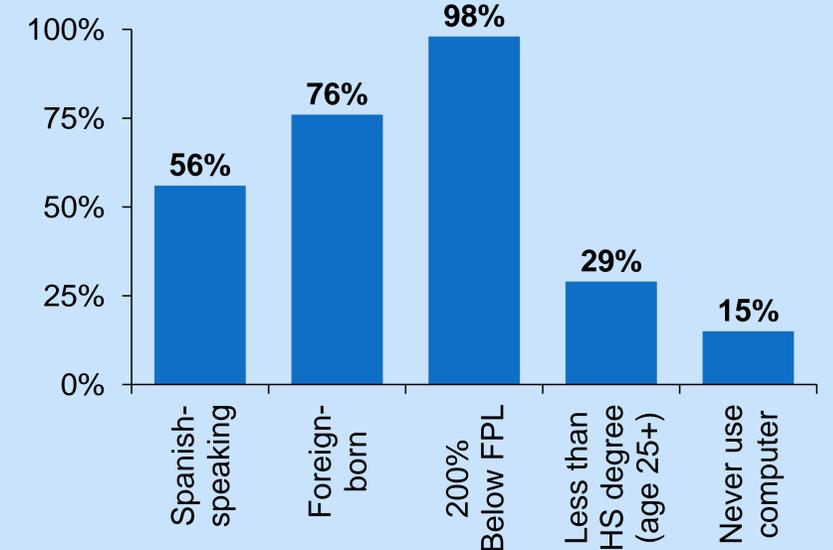


SAMPLE TAILORED HANDOUT

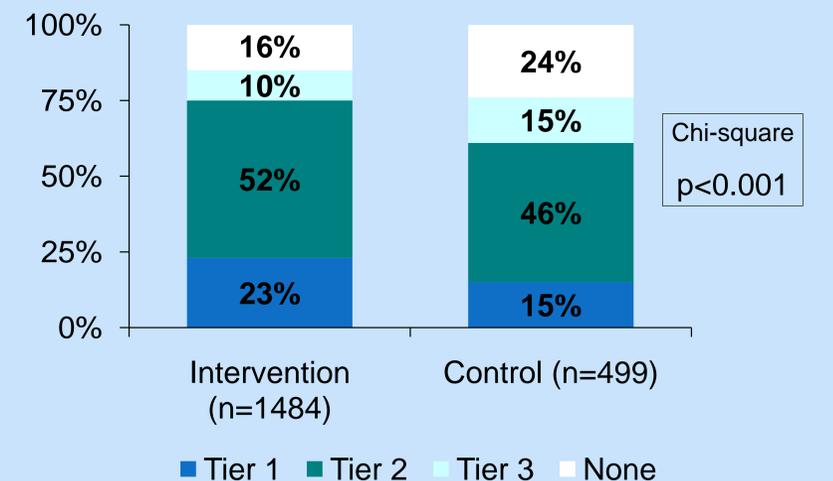


PARTICIPANT CHARACTERISTICS

(n=1,983)



WHO TIER OF METHOD CHOSEN



CONCLUSIONS

- In a family planning network in New York City serving predominantly foreign-born Latinas, patients randomized to complete the intervention were significantly more likely to leave their visit with a more effective contraceptive method, compared to those who were not.
- Continued evaluation will examine the efficacy of the computer-based module in improving method continuation at 4 months after baseline.
- Additional research on the impact of the module on provision of care, including visit time, is needed.