

Cancer Screening: Interventions Engaging Community Health Workers – Colorectal Cancer, Updated 2026

Community Preventive Services Task Force Finding and Rationale Statement Ratified April 2019

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Suggested citation:

The Community Preventive Service Task Force (CPSTF). *Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer, Updated 2026*. The Community Guide [www.thecommunityguide.org]. The Community Preventive Service Task Force, Atlanta, Georgia, 2026. <https://doi.org/10.15620/cdc/168662>

CPSTF Finding and Rationale Statement

Intervention Definition

Interventions that engage community health workers (CHWs) to increase colorectal cancer screening implement one or more interventions reviewed by the Community Preventive Services Task Force (CPSTF) to do the following:

- Increase demand for screening services using [group education](http://www.thecommunityguide.org/findings/cancer-screening-group-education-clients-colorectal-cancer) [www.thecommunityguide.org/findings/cancer-screening-group-education-clients-colorectal-cancer], [one-on-one education](http://www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-colorectal-cancer) [www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-colorectal-cancer], [client reminders](http://www.thecommunityguide.org/findings/cancer-screening-client-reminders-colorectal-cancer) [www.thecommunityguide.org/findings/cancer-screening-client-reminders-colorectal-cancer], or [small media](http://www.thecommunityguide.org/findings/cancer-screening-small-media-targeting-clients-colorectal-cancer) [www.thecommunityguide.org/findings/cancer-screening-small-media-targeting-clients-colorectal-cancer]
- Improve access to screening services by [reducing structural barriers](http://www.thecommunityguide.org/findings/cancer-screening-reducing-structural-barriers-clients-colorectal-cancer) [www.thecommunityguide.org/findings/cancer-screening-reducing-structural-barriers-clients-colorectal-cancer]

CHWs are trained frontline health workers who serve as a bridge between communities and healthcare systems. They are from, or have a close understanding of, the community served. They often receive on-the-job training and work without professional titles. Organizations may hire CHWs or recruit volunteers to act in this role. CHWs may work alone or as part of an intervention team that includes other healthcare professionals.

CPSTF Finding (April 2019)

The Community Preventive Services Task Force (CPSTF) recommends interventions that engage CHWs to increase colorectal cancer screening (by colonoscopy or fecal occult blood test [FOBT]) based on strong evidence of effectiveness. Studies included in the systematic review showed increases in colorectal cancer screening rates when CHWs delivered interventions alone or as part of an implementation team.

Interventions that engage CHWs to increase colorectal cancer screening are typically implemented in underserved communities to improve health and can enhance health equity.

The CPSTF finds interventions that engage CHWs in a team to increase colorectal cancer screening (by colonoscopy) are cost-effective based on a conservative threshold of \$50,000 per quality-adjusted life year saved and may also result in net cost-savings.

Rationale

Basis of Finding

The CPSTF recommendation is based on evidence from a systematic review of 66 studies (search period database inception – July 2017). Included studies evaluated intervention effects on breast (36 studies), cervical (29 studies), or colorectal (17 studies) cancer screening use—services recommended by the U.S. Preventive Services Task Force (2016a [www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1], 2018 [www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2], 2016b [www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2], respectively).

The included studies examined interventions where CHWs worked alone or as part of a team. To better understand CHW effectiveness in increasing cancer screening use, the following stratifications were used:

- CHW alone – CHWs implemented everything independently
- CHW added – CHWs worked in a team, where the effect of adding a CHW could be isolated
- CHW in a team – CHWs worked in a team, but the effect of adding CHW could not be isolated; only the effect of the whole team could be determined

Compared with no intervention or usual care, interventions that engaged community health workers increased colorectal cancer screening whether CHWs worked alone or in a team.

- Overall:
 - Up-to-date using any colorectal cancer screening test*: a median increase of 12.5 percentage points (interquartile interval [IQI]: 4.7 to 21.0; 9 study arms)
 - Up-to-date using colonoscopy: a median increase of 13.0 percentage points (Range: 7.1 to 16.2; 4 study arms)
 - Up-to-date using FOBT: a median increase of 7.8 percentage points (IQI: 5.0 to 9.4; 11 study arms)
- CHW alone:
 - Up-to-date using any colorectal cancer screening test*: a median increase of 12.8 percentage points (Range: 12.1 to 37.3; 4 study arms)
 - Up-to-date using colonoscopy: a median increase of 13.0 percentage points (Range: 7.1 to 16.2; 4 study arms)
 - Up-to-date using FOBT: a median increase of 7.8 percentage points ([IQI: 3.0 to 9.4; 6 study arms)
- CHW added:
 - Up-to-date using any colorectal cancer screening test*: 4.0, 7.6 percentage points; 2 study arms
 - Up-to-date using FOBT: a median increase of 7.5 percentage points (IQI: 5.2 to 22.6; 5 study arms)
- CHW in a team:
 - Up-to-date using any colorectal cancer screening test*: a median increase of 13.4 percentage points (IQI: 0.9 to 21; 5 study arms)
 - Up-to-date using FOBT: 13.5, 28.6 percentage points; 2 study arms

*Up-to-date using any colorectal cancer screening test: based on [USPSTF 2016b](#)

[<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectalcancer-screening2>], people are considered current with colorectal cancer screening if they obtained FOBT or fecal immunochemical test (FIT) within last year, or colonoscopy within last 10 years, or flexible sigmoidoscopy within last 5 years.

The CPSTF has related findings for interventions engaging CHWs to increase appropriate screening for the following:

- [Breast cancer \(recommended\)](#) [www.thecommunityguide.org/findings/cancer-screening-interventions-engaging-community-health-workers-breast-cancer]
- [Cervical cancer \(recommended\)](#) [www.thecommunityguide.org/findings/cancer-screening-interventions-engaging-community-health-workers-cervical-cancer]

The remaining sections of the finding and rationale statement are based on an analysis of all included studies across breast, cervical, or colorectal cancer screening.

Stratified Analyses

Interventions that engage community health workers vary in the type and number of intervention components used, CHW roles, and study population characteristics. The review team conducted stratified analyses to understand the influence of these factors on cancer screening use.

Included studies used intervention components such as one-on-one education, group education, small media, and client reminders to increase community demand for screening services. Studies also improved community access to screening services by reducing administrative barriers, assisting with appointment scheduling, providing transportation, translation, or child care.

Interventions were designed to increase community demand, improve access to services, or both. Interventions that aimed to do both reported the largest increases in screening rates (median increase of 18.5 percentage points, IQI: 8.9 to 26.6; 24 study arms).

Interventions engaged CHWs to implement one to six intervention components. While increases in screening use were seen across interventions with different numbers of components, larger increases were seen when CHWs implemented more intervention components.

CHWs most commonly provided one-on-one or group education, either alone or in combination with other components. Interventions that provided group education produced larger increases in cancer screening use (15.0 percentage points, IQI: 8.9 to 25.0; 35 study arms) than ones that provided one-on-one education (9.8 percentage points, IQI: 5.0 to 20.2; 42 study arms). Among studies that aimed to increase access to screening services, larger increases were seen when CHWs assisted with translation (30.2 percentage points, range: 18.2 to 58.9; 4 study arms) or addressed transportation barriers (26.8 percentage points, IQI: 17.9 to 58.6; 9 study arms).

Most studies provided information about baseline screening rates and were stratified to compare 0% vs. non-0% baseline or 0% to 50% vs. ≥50% baseline. Interventions were effective across all strata, though participants with baseline between 0% and 50% saw a greater increase (15.9 percentage points, IQI: 8.9 to 25.1; 22 study arms) than participants with ≥50% baseline (8.4 percentage points, IQI: 0.2 to 15.6; 20 study arms).

Applicability and Generalizability Considerations

Intervention Settings

The CPSTF finding is considered applicable to a range of settings within or outside the United States, including healthcare or community-based settings in urban or rural areas. Studies were conducted in the United States (61 studies), Canada (1 study), in both the United States and Canada (1 study), Europe (2 studies), and Australia (1 study).

Population Characteristics

Interventions were effective for age-appropriate populations that reported different baseline screening use.

Interventions were effective across racial and ethnic groups examined, and many studies focused on one racial or ethnic group. Only two interventions were implemented among majority or 100% American Indian/Alaska Native populations.

Interventions were effective across population groups with different educational backgrounds, employment levels, insurance statuses, and income levels. Slightly higher effects were reported in studies that targeted mostly low income populations.

While interventions were effective whether or not participants had a regular source of care, larger increases were observed when all or most of the participants had an established source of care.

Intervention Characteristics

Findings should be applicable across intervention characteristics, independent of the number and type of intervention components used. Interventions were effective whether components were used to increase demand or both demand and access. Only two studies increased access to services alone and were effective in increasing cancer screening.

Interventions were effective when components were delivered remotely, face-to-face, or both, though greater effects were reported when CHWs used both methods of communication. Interventions with or without tailoring produced similar increases in screening.

CHWs met with study participants one or more times, and larger increases were reported when there were more encounters. With two or more encounters, interventions lasted from half a month to 60 months and were stratified into <6 months, between 6 and 12 months, and ≥ 12 months. While all of the interventions were effective, slightly larger effects were reported by studies with longer intervention durations.

CHW Roles

CHWs in the included studies focused on six out of the ten core roles identified by the Community Health Worker Core Consensus Project in 2016 (C3 Project): cultural mediation among individuals, communities, and health and social service systems; culturally appropriate education and information; care coordination, case management, and system navigation; coaching and social support; individual and community capacity building; and outreach. Findings are applicable independent of the type or the number of core roles performed by the CHWs.

Data Quality Issues

Study designs included randomized control trials (43 studies), pre-post with concurrent comparison groups (11 studies), or pre-post (12 studies). Stratified analyses found increases across different study designs, indicating robust findings.

Other Benefits and Harms

No additional benefits or harms were reported in the included studies.

Included studies reported that CHWs improved their self-confidence and feelings of self-worth by delivering the interventions. The broader literature suggests that CHWs can also increase their target population's access to other healthcare services.

Economic Evidence

Evidence from the systematic economic review shows interventions engaging CHWs in a team to increase colorectal cancer screening (by colonoscopy) are cost-effective and may also result in net cost-savings.

The economic review included nine studies (search period through April 2019) specific to colorectal cancer screening. Studies were conducted in the United States (7 studies), the United Kingdom (1 study), and France (1 study). They focused on increasing demand for colorectal cancer screening (3 studies), and increasing demand for, and access to, screening (6 studies). All monetary values were adjusted to 2018 U.S. dollars.

The U.K. study was a simulated national model that reported costs of CHWs within three different salary grades and screening rates. In addition to promoting cancer screening, the CHWs helped clients manage chronic conditions such as asthma and diabetes. The France study, also a national study, evaluated interventions in which CHWs used one-on-one education and client reminders to increase colorectal cancer screening. Across the two studies, the median cost per person targeted was \$1,150 (IQI: \$776 to \$1,693).

Two of the U.S. studies were quasi-experimental studies, two were Markov models, one was a pre-post study, one was a randomized controlled trial, and one was a cohort study. The pre-post study reported costs from three hospitals that involved different staff in the intervention. One of the quasi-experimental studies provided the intervention in either individual or group sessions using three intervention modalities (i.e., flipchart, video, combined flipchart and video). Across the U.S. studies, the median cost per person was \$90 (IQI: \$66 to \$564).

One study from the United States examined cost-benefit for three hospitals from a payer perspective and found mixed evidence. They reported net cost benefits of \$17, -\$517, and \$40, and benefit-to-cost ratios of 1.1, 0.3, and 1.2, respectively.

Three studies, including the U.K. and France studies, reported the incremental cost per additional person screened. The U.K. and France studies reported a median incremental cost per additional person screened of \$5,752 (IQI: \$2,930 to \$16,931). The U.S. study, which provided the intervention in individual or group sessions using three intervention modalities, had a median incremental cost per additional person screened of \$117 (IQI: \$111 to \$128).

Two good quality studies, both Markov models, reported incremental cost per quality-adjusted life year (QALY) gained from a societal perspective. An intervention program in New York that targeted African Americans and Hispanics who were aged 50 years and older reported a 25 percentage point increase in screening, and a negative incremental cost-effectiveness ratio (ICER) with cost-savings of \$10,289 per QALY gained (Ladabaum et al., 2015). A study in Texas that targeted Hispanic men aged 50 years and older reported a 64 percentage point increase in screening, and a negative ICER with cost-savings of \$4,063 per QALY gained (Wilson et al., 2015). Both studies reported had screening increases that were higher than the median increase of 13 percentage point found in the effectiveness review. Economic evidence indicates interventions that engage CHWs to increase colorectal cancer screening are cost-effective based on an ICER below a conservative threshold of \$50,000 per QALY saved and may also result in net cost-savings. The authors of both studies also conducted sensitivity analyses. Ladabaum et al. found that for the cost-savings to disappear, either the screening increase had to go down 25 to 10 percentage points or the cost per participant had to increase 10-fold. Wilson et al. only considered the cost of screening and found that if the increase in screening rate remained the same, a 2.5 fold increase in cost per participant would cause the cost-savings to disappear.

Considerations for Implementation

Results from stratified analyses showed interventions were effective across different settings with different population or intervention characteristics, suggesting intervention composition can be flexible. Studies in this review recruited CHWs from the target community or matched them with participants by race, language, or culture. The CHWs worked alone or as part of a team and implemented interventions with a heterogeneous mix of components, duration, and intensity. Decision makers should consider the local population, needs, and context when selecting intervention components.

While most of the included studies targeted underserved populations, increases in cancer screening were observed for all population groups examined (i.e., across different racial or ethnic groups and socioeconomic status). Interventions implemented in areas with low-income or low screening rates, however, produced larger screening increases. In 2015, people without health insurance or with incomes less than 139% of the federal poverty level had much lower cancer screening rates than their counterparts. Asian Americans, American Indians, and Alaska Natives also had lower screening rates than other racial and ethnic groups (White 2015). Interventions engaging CHWs can be targeted to these populations to increase cancer screening and improve health equity.

Most of the included studies provided some form of education. Interventions involving group education reported greater effects than those involving one-on-one education. It's possible that the social support received in group sessions motivates more participants to obtain screening. Interventions were effective whether or not they tailored to individual participant's needs. It's possible that with CHWs delivering the interventions based on their understanding of the target communities and individual participant, additional tailoring might not add value. While effectiveness was similar across the core roles performed by CHWs (C3 Project 2016), interventions reported larger increases in screenings when CHWs provided care coordination, case management, or system navigation.

Greater increases in cancer screening were observed when interventions had more than two components, or when interventions increased both demand for, and access to, screening services. Similar findings were reported in the Community Guide review on [multicomponent interventions to increase colorectal cancer screening](http://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-colorectal-cancer) [www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-colorectal-cancer]. Interventions that continued longer than six months or consisted of multiple sessions were more effective than ones with shorter durations or single-session interventions. Results indicate that effects may wane over time and booster sessions might be needed.

Technology infrastructure may be a consideration for some intervention approaches. Interventions that used both face-to-face and remote methods of communication were more effective than interventions that used either method alone. Technology may increase efficiency and reduce maintenance costs (Flight et al., 2012; Mosen et al., 2010), but it also may require upfront costs and resources (Taplin et al., 2008; Leffler et al., 2011). In addition, populations may not have equal access to these technologies (Flight et al., 2012).

The Community Preventive Services Task Force also recommends interventions engaging CHWs to improve [cardiovascular disease management](http://www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health) [www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health], [diabetes prevention](http://www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers) [www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers], and [diabetes management](http://www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers) [www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers]. Together with the findings from the current review, it is clear that CHWs are effective in preventing and managing multiple chronic conditions. Currently, only a few states have certification processes in place

for CHWs (some voluntary, some required). Other states are working towards certification. Standardizing the role of CHWs and providing certification opportunities would ensure CHW proficiency. It could also encourage more people to become CHWs and persuade decision makers to fund interventions that engage CHWs.

Evidence Gaps

Several areas were identified as having limited information. Additional research would help answer questions and strengthen findings in these areas.

- What is the impact of these interventions on repeat screening?
- Are these interventions effective among American Natives/Alaska Natives?
- Is intervention effectiveness influenced by any of the following?
 - Participants' health literacy
 - Supervision of CHWs
 - Compensation for CHW's work
 - Inclusion of CHWs in research and evaluation
- How does CHW training affect outcomes? What is the best way to train CHWs for this type of work?
- Are the interventions using FIT or FOBT cost-effective?
- Are the interventions to increase colorectal cancer screening cost-effective in rural settings?
- Do the monetary benefits associated with increased colorectal cancer screenings exceed the intervention costs?

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White A, Thompson TD, White MC, et al. Cancer screening test use—United States, 2015. *MMWR* 2017;66(8):201-6.

Wilson FA, Villarreal R, Stimpson JP, Pagán JA. Cost-Effectiveness Analysis of a Colonoscopy Screening Navigator Program Designed for Hispanic Men. *Journal of Cancer Education*. 2015 Jun 1;30(2):260-7.

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

Document last updated July 30, 2026

Appendices of Supporting Documents

Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer

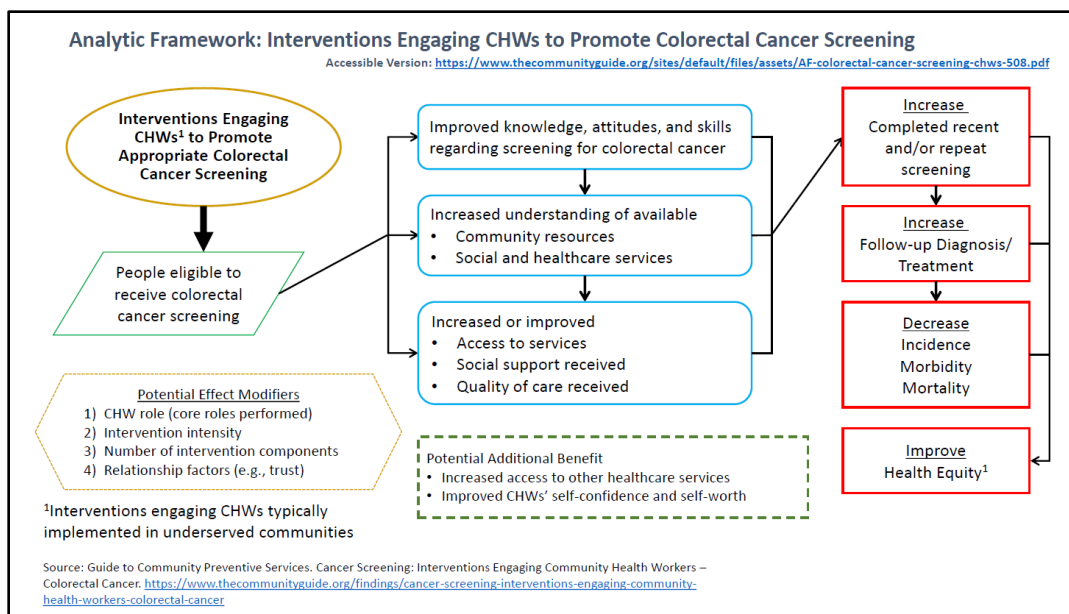
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Appendix A

Analytic Framework (Effectiveness Review)

Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer



Analytic Framework Text Description

The analytic framework postulates the pathway leading from interventions engaging community health workers (CHWs) to promote colorectal cancer screening to downstream health outcomes.

Interventions engaging CHWs to increase colorectal cancer screening are delivered to people who are eligible for colorectal cancer screenings. Eligibility is determined based on USPSTF recommendations. These interventions could improve patients' knowledge, attitudes, and skills regarding colorectal cancer screening and improve their understanding of available community resources and social and healthcare services for colorectal cancer screening. CHWs can assist patients to better access available services, improve social support received and quality of care.

Increased demand for and access to colorectal cancer screening services could increase the number of completed or repeat screenings. With appropriate follow-up diagnoses or treatment for positive screening results, this intervention could decrease colorectal cancer incidence and cancer-related morbidity and mortality. Interventions engaging CHWs are typically implemented in underserved communities and could improve health equity.

Icons in Community Guide Analytic Frameworks	
Icon	Interpretation
	Intervention
	Recommendation outcome
	Other intermediate outcome/variable (that are not recommendation outcomes)
	Population
	Key Potential Effect Modifiers (affecting causal relationships)
	Additional benefits/Potential Harms/Disparities
	Unidirectional block arrows are applied between intervention and population icons
	Unidirectional arrows for causal relationships
	Bidirectional arrows show feedback loops

Some potential effect modifiers include the core roles performed by the CHWs, intervention intensity, number of intervention components implemented by CHWs, and relationship factors between CHWs and patients such as trust.

These interventions could produce additional benefits. Patients could gain access to other healthcare services through their interaction with the CHWs. By implementing these interventions, the CHWs could improve their self-confidence and perceived self-worth.

Appendix B

Search Strategy (Effectiveness Review): Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer

The following outlines the search strategy for multicomponent interventions to increase breast, cervical, or colorectal cancer screening.

The search for evidence included two steps.

1. Researchers identified relevant publications from studies included in previous Community Guide systematic reviews of interventions to increase breast, cervical, or colorectal cancer screening (search period through 2013).
2. A broad search for English-language papers that evaluated the impact of interventions engaging community health workers to increase breast, cervical, or colorectal cancer included the following databases PubMed, Medline, Embase, PsycINFO, Cochrane and CINAHL (search period: 2014 to July 2017). Search strategies were adjusted to each database, based on controlled and uncontrolled vocabularies and search software.

The systematic review team combined publications identified through these two steps, and two team members independently screened each paper to determine eligibility. Uncertainties and disagreements were resolved by consensus among review team members.

Database: MEDLINE (OVID)

Saved Search Strategy Name: CommGuideCancerMCIFINAL

1. mass screening/ or multiphasic screening/ or (screen or screened or screening).ti,ab. or “early detection of cancer”/
2. (neoplasms/ or breast neoplasms/ or colorectal neoplasms/ or uterine cervical neoplasms/ or carcinoma, ductal, breast/ or “hereditary breast and ovarian cancer syndrome”/ or inflammatory breast neoplasms/ or colonic neoplasms/ or rectal neoplasms/) and (di or pc).fs.
3. ((adenoma* or neoplasia or cancer* or neoplasm* or tumor* or carcinoma* or adenocarcinoma*) and (breast or cervical or cervix or colon or colorectal or crc)).ti,ab.
4. 2 or 3
5. 1 and 4
6. colonography, computed tomographic/ or colonoscopy/ or endoscopy, gastrointestinal/ or sigmoidoscopy/ or ((occult blood.ti,ab. or occult blood/) and (feces/ or (faeces or fecal or faecal or colorectal).ti,ab.)) or (enema/ and barium sulfate/)
7. mammography/ or mammogra*.ti,ab.
8. (colonography or colonoscop* or fobt or sigmoidoscop*).ti,ab.

9. vaginal smears/ or (pap or papanicolaou).ti,ab.
10. 6 or 7 or 8 or 9
11. 5 or 10
12. health knowledge, attitudes, practice/ or “patient acceptance of health care”/ or patient compliance/ or patient participation/
13. health promotion/ or healthy people programs/ or health education/ or patient education as topic/ or persuasive communication/
14. (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*).ti,ab.
15. reminder systems/ or “appointments and schedules”/
16. (prompt* or reminder*).ti,ab.
17. insurance/ or “cost sharing”/ or Financing, Personal/ or insurance benefits/ or insurance coverage/ or insurance, health/ or health benefit plans, employee/ or insurance, major medical/ or managed care programs/ or health maintenance organizations/ or medicare/ or Medicaid/
18. (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income).ti,ab.
19. (reduc* adj2 fee*).ti,ab.
20. “delivery of health care”/ or after-hours care/ or “delivery of health care, integrated”/ or health services accessibility/
21. (((Health care or healthcare or health services) adj3 access*) or onsite or “on-site” or after hours or (contract or contracted or contracts)).ti,ab. or contract services/
22. (insured or insurance or uninsured).ti,ab.
23. (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies).ti,ab. or Health Care Reform/ or Health Policy/
24. Quality Assurance, Health Care/ or clinical audit/ or medical audit/ or (public-health-improvement or continuous-quality-improvement).mp.
25. ((audit* adj2 (physician* or record or clinic*)) or quality assurance or incentive* or clinical audit).ti,ab. or Guideline Adherence/ or (incentive* or medical audit*).ti,ab. or Practice Guidelines as Topic/ or Predictive Value of Tests/ or (Quality or quality assurance).ti,ab. or quality assurance, healthcare/ or (quality audit or quality control or Quality Indicator*).ti,ab. or quality indicators, health care/ or Health Care/ or quality of health care/ or standards.hw. or quality improvement/ or (clinical quality or quality improvement).ti,ab.

26. Organizational Policy/ or ((organization* or institution*) adj2 (directive* or policies or policy or commitment)).ti,ab.
27. communications media/ or mass media/ or radio/ or television/ or internet/ or blogging/ or social media/ or video recording/ or telecommunications/ or electronic mail/ or blogging/ or text messaging/ or *computers/ or microcomputers/ or computers, handheld/ or computer-assisted instruction/
28. (television or radio or mass media or microcomputer* or cyberspace or “health 2.0” or avatar or wikipedia or weblog* or microblog* or “web 2.0” or listserv* or wiki* or “short message service” or sms or “mobile app” or iphone or ipad or ipod or “tablet computer” or xbox or x-box or nintendo or instagram or orkut or flickr or foursquare or video game* or computer game* or wii or ddr or advergram* or mobile phone* or cell phone* or handheld* or hand-held or web-based learning).ti,ab.
29. (internet or social media or world wide web or small media or advertis* or apps or app or automated voice or billboard* or blog or blogged or blogging or chat room* or commercial* or dvd or dvds or “dvd’s” or educational entertainment).ti,ab.
30. (email* or facebook or Googleplus or “google+” or Google plus or instagram or LinkedIn or myspace or toolkit* or edutainment or (“virtual reality” and (gaming or game*))).ti,ab.
31. (online or pinterest or pod cast* or podcast* or psa or psas or “psa’s” or public service announcement* or push* content or radio or Reddit or smart phone* or smartphone* or social network* or telephon* or television* or text messag* or instant messag* or social web or social website* or texting or texts or tumblr or tweet* or twitter or video* or vine or vlog* or video log or video blog or web page* or web site* or webinar* or website* or you tube or youtube).ti,ab.
32. (friending or wireless or “new media” or “new technolog*” or conversation* or messag* or video*).ti.
33. exp Community Health Workers/ or Patient Navigation/ or Community Health Centers/
34. (community health worker* or lay health worker* or consejera* or embajador* or group educat* or health advocat* or health educator* or link worker* or outreach worker* or outreach health or promotora* or patient navigat*).ti,ab.
35. ((Indigenous health* adj2 worker*) or link worker* or Peer-based health care team* or Peer-based healthcare team* or Allied health worker or community health center* or Community-based health worker or Lay health advisor* or Skilled health attendant* or wraparound or wrap around).ti,ab.
36. (access* adj5 health*).ti,ab. or beauty culture/ or occupational health services/ or (assessment* or beauty parlor or beauty salon or checklist* or cosmetologist or employee health clinic or expand* hour* or feedback or hair dressers or hair salon or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or saturday clinic* or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite).ti,ab.
37. or/12-36

38. 11 and 37

39. limit 38 to (english language and yr="2013 -Current")

40. limit 39 to humans

41. animals/

42. 39 not 41

43. 40 or 42

CommGuideCancerMCIPsycINFO

1. (mass screening or multiphasic screening or screen or screened or screening or "early detection of cancer").mp.

2. ((neoplasm* or ductal breast carcinoma* or "hereditary breast and ovarian cancer syndrome") and (diagnosis or prevention)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]

3. ((adenoma* or neoplasia or cancer* or neoplasm* or tumor* or carcinoma* or adenocarcinoma*) and (breast or cervical or cervix or colon or colorectal or crc)).mp.

4. 2 or 3

5. 1 and 4

6. ((colonography or colonoscopy or gastrointestinal endoscopy or sigmoidoscopy or occult blood) and (feces or faeces or fecal or faecal or colorectal)).mp.

7. mammogra*.mp.

8. (colonography or colonoscop* or fobt or sigmoidoscop*).mp.

9. (vaginal smears or pap or papanicolaou).mp.

10. 6 or 7 or 8 or 9

11. 5 or 10

12. (health knowledge or health attitude* or health practice* or (patient acceptance adj2 health care) or (patient compliance or patient participation)).mp.

13. (health promotion or healthy people program* or health education or patient education or persuasive communication*).mp.

14. (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*).mp.

15. (reminder system* or appointment* or schedul*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]

16. (prompt* or reminder*).mp.
17. (insurance or “cost sharing” or personal financ* or insurance benefit* or insurance coverage or health insurance or health benefit plan* or employee or insurance or medical insurance or medical coverage or managed care program* or health maintenance organization* or medicare or Medicaid).mp.
18. (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income).mp.
19. (reduc* adj2 fee*).mp.
20. ((delivery adj2 health care) or after-hours care or health services accessibility).mp.
21. (((Health care or healthcare or health services) adj3 access*) or onsite or “on-site” or after hours or (contract or contracted or contracts) or contract* service*).mp.
22. (insured or insurance or uninsured).mp.
23. (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies or Health Care Reform* or Health Policy or health policies).mp.
24. ((Quality Assurance adj3 Health Care) or clinical audit or medical audit or (public-health-improvement or continuous-quality-improvement)).mp.
25. ((audit* adj2 (physician* or record or clinic*)) or (quality assurance or incentive* or clinical audit or Guideline Adherence or medical audit* or Practice Guideline*) or (Predictive Value adj2 Test*) or (quality or quality audit or quality control or Quality Indicator*) or (Health Care adj2 quality) or (standard* or quality improvement or clinical quality)).mp.
26. (Organizational Policy or organizational policies or ((organization* or institution*) adj2 (directive* or policies or policy or commitment))).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
27. (communications media or mass media or radio or television or internet or blogging or social media or video recording or telecommunications or electronic mail or blogging or text messaging or computer* or microcomputer* computers or computer-assisted instruction).mp.
28. (television or radio or mass media or microcomputer* or cyberspace or “health 2.0” or avatar or wikipedia or weblog* or microblog* or “web 2.0” or listserv* or wiki* or “short message service” or sms or “mobile app” or iphone or ipad or ipod or “tablet computer” or xbox or x-box or nintendo or instagram or orkut or flickr or foursquare or video game* or computer game* or wii or ddr or advergam* or mobile phone* or cell phone* or handheld* or hand-held or web-based learning).mp.
29. (internet or social media or world wide web or small media or advertis* or apps or app or automated voice or billboard* or blog or blogged or blogging or chat room* or commercial* or dvd or dvds or “dvd’s” or educational entertainment).mp.

30. (email* or facebook or Googleplus or "google+" or Google plus or instagram or LinkedIn or myspace or toolkit* or edutainment or ("virtual reality" and (gaming or game*))).mp.
31. (online or pinterest or pod cast* or podcast* or psa or psas or "psa's" or public service announcement* or push* content or radio or Reddit or smart phone* or smartphone* or social network* or telephon* or television* or text messag* or instant messag* or social web or social website* or texting or texts or tumblr or tweet* or twitter or video* or vine or vlog* or video log or video blog or web page* or web site* or webinar* or website* or you tube or youtube).mp.
32. (friending or wireless or "new media" or "new technolog*" or conversation* or messag* or video*).mp.
33. (Community Health Worker* or Patient Navigat*or Community Health Centers).mp.
34. (community health worker* or lay health worker* or consejera* or embajador* or group educat* or health advocat* or health educator* or link worker* or outreach worker* or outreach health or promotora* or patient navigat*).mp.
35. ((Indigenous health* adj2 worker*) or link worker* or Peer-based health care team* or Peer-based healthcare team* or Allied health worker or community health center* or Community-based health worker or Lay health advisor* or Skilled health attendant* or wraparound or wrap around).mp.
36. ((access* adj5 health*) or beauty culture or occupational health service* or (assessment* or beauty parlor or beauty salon* or hair salon* or checklist* or cosmetologist* or employee health clinic* or expand* hour* or feedback or hair dresser* or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or Saturday clinic* or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite)).mp.
37. or/12-36
38. 11 and 37
39. limit 38 to (english language and yr="2013 -Current")

CommGuideCancerScreeningMCIEmbase

1. (mass screening or multiphasic screening or screen or screened or screening or "early detection of cancer").mp.
2. ((neoplasm* or ductal breast carcinoma* or "hereditary breast and ovarian cancer syndrome") and (diagnosis or prevention)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
3. ((adenoma* or neoplasia or cancer* or neoplasm* or tumo?* or carcinoma* or adenocarcinoma*) and (breast or cervical or cervix or colon or colorectal or crc)).mp.
4. 2 or 3
5. 1 and 4

6. ((colonography or colonoscopy or gastrointestinal endoscopy or sigmoidoscopy or occult blood) and (feces or faeces or fecal or faecal or colorectal)).mp.
7. mammogra*.mp.
8. (colonography or colonoscop* or fobt or sigmoidoscop*).mp.
9. (vaginal smears or pap or papanicolaou).mp.
10. 6 or 7 or 8 or 9
11. 5 or 10
12. (health knowledge or health attitude* or health practice* or (patient acceptance adj2 health care) or (patient compliance or patient participation)).mp.
13. (health promotion or healthy people program* or health education or patient education or persuasive communication*).mp.
14. (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*).mp.
15. (reminder system* or appointment* or schedul*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
16. (prompt* or reminder*).mp.
17. (insurance or “cost sharing” or personal financ* or insurance benefit* or insurance coverage or health insurance or health benefit plan* or employee or insurance or medical insurance or medical coverage or managed care program* or health maintenance organization* or Medicare or Medicaid).mp.
18. (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income).mp.
19. (reduc* adj2 fee*).mp.
20. ((delivery adj2 health care) or after-hours care or health services accessibility).mp.
21. (((Health care or healthcare or health services) adj3 access*) or onsite or “on-site” or after hours or (contract or contracted or contracts) or contract* service*).mp.
22. (insured or insurance or uninsured).mp.
23. (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies or Health Care Reform* or Health Policy or health policies).mp.
24. ((Quality Assurance adj3 Health Care) or clinical audit or medical audit or (public-health-improvement or continuous-quality-improvement)).mp.

25. ((audit* adj2 (physician* or record or clinic*)) or (quality assurance or incentive* or clinical audit or Guideline Adherence or medical audit* or Practice Guideline*) or (Predictive Value adj2 Test*) or (quality or quality audit or quality control or Quality Indicator*) or (Health Care adj2 quality) or (standard* or quality improvement or clinical quality)).mp.
26. (Organizational Policy or organizational policies or ((organization* or institution*) adj2 (directive* or policies or policy or commitment))).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
27. (communications media or mass media or radio or television or internet or blogging or social media or video recording or telecommunications or electronic mail or blogging or text messaging or computer* or microcomputer* computers or computer-assisted instruction).mp.
28. (television or radio or mass media or microcomputer* or cyberspace or “health 2.0” or avatar or wikipedia or weblog* or microblog* or “web 2.0” or listserv* or wiki* or “short message service” or sms or “mobile app” or iphone or ipad or ipod or “tablet computer” or xbox or x-box or nintendo or instagram or orkut or flickr or foursquare or video game* or computer game* or wii or ddr or advergam* or mobile phone* or cell phone* or handheld* or hand-held or web-based learning).mp.
29. (internet or social media or world wide web or small media or advertis* or apps or app or automated voice or billboard* or blog or blogged or blogging or chat room* or commercial* or dvd or dvds or “dvd’s” or educational entertainment).mp.
30. (email* or facebook or Googleplus or “google+” or Google plus or instagram or LinkedIn or myspace or toolkit* or edutainment or (“virtual reality” and (gaming or game*))).mp.
31. (online or pinterest or pod cast* or podcast* or psa or psas or “psa’s” or public service announcement* or push* content or radio or Reddit or smart phone* or smartphone* or social network* or telephon* or television* or text messag* or instant messag* or social web or social website* or texting or texts or tumblr or tweet* or twitter or video* or vine or vlog* or video log or video blog or web page* or web site* or webinar* or website* or you tube or youtube).mp.
32. (friending or wireless or “new media” or “new technolog*” or conversation* or messag* or video*).mp.
33. (Community Health Worker* or Patient Navigat* or Community Health Centers).mp.
34. (community health worker* or lay health worker* or consejera* or embajador* or group educat* or health advocat* or health educator* or link worker* or outreach worker* or outreach health or promotora* or patient navigat*).mp.
35. ((Indigenous health* adj2 worker*) or link worker* or Peer-based health care team* or Peer-based healthcare team* or Allied health worker or community health center* or Community-based health worker or Lay health advisor* or Skilled health attendant* or wraparound or wrap around).mp.
36. ((access* adj5 health*) or beauty culture or occupational health service* or (assessment* or beauty parlor or beauty salon* or hair salon* or checklist* or cosmetologist* or employee health clinic* or expand* hour* or feedback or hair dresser* or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or

outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or saturday clinic* or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite)).mp.

37. or/12-36

38. 11 and 37

39. limit 38 to (english language and yr=2013 “Current”)

40. Exp United Kingdom/ Or Exp United States/

41. Exp Canada/ Or Canada.Mp.

42. Exp Western Europe/ Or Exp Southern Europe/

43. Exp “Australia And New Zealand”/ Or Exp Australia/ Or Australia.Mp.

44. (Antigua Or Barbuda Or Andorra Or Aruba Or Austria Or Bahama* Or Bahrain* Or Barbados Or Belgium Or Belgian Or Bermuda Or Brunei Or Darussalam).Mp.

45. (Cayman Islands Or Channel Islands Or Chile Or Croatia Or Curacao Or Cyprus Or Czech Or Denmark Or Estonia Or Equatorial Guinea Or Faeroe Islands Or Finland Or France).Mp.

46. (French Polynesia Or Germany Or Greece Or Greenland Or Guam Or Hong Kong Or Iceland Or Ireland Or “Isle Of Man” Or Israel Or Italy Or Japan Or Korea Or Kuwait Or Latvia Or Luxembourg Or Liechtenstein Or Lithuania Or Macao Or Malta Or Monaco Or New Caledonia Or New Zealand).Mp.

47. (Northern Mariana* Or Norway Or Oman Or Poland Or Portugal Or Puerto Rico Or Qatar Or Russian Federation Or Russia* Or San Marino Or Saudi Arabia Or Singapore Or Sint Maarten Or Saint Marten Or Saint Martin Or Slovak Or Slovenia Or Spain Or Saint Kitts Or St Kitts Or Nevis Or Sweden Or Switzerland Or Trinidad Or Tobago).Mp.

48. ((Turks And Caicos) Or United Arab Emirates Or United Kingdom Or Wales Or England Or Scotland Or United States Or Uruguay Or Virgin Island*).Mp.

49. animals.mp. or animal/

50. animal experiment/

51. human/

52. (India Or Pakistan Or Bangladesh Or China Or Taiwan Or North Korea Or Indonesia Or Malaysia Or Burma Or Myanmar Or Thailand Or Vietnam Or Tibet Or Afghanistan Or Turkmenistan Or Kazakhstan Or Uzbekistan Or Mongolia Or Kazakhstan Or Philippines Or Borneo Or New Guinea Or Sri Lanka Or Yemen Or Syria Or Iraq Or Iran Or Romania Or Turkey).mp.

53. (Bulgaria Or Hungary Or Morocco Or Algeria Or Libya Or Egypt Or Sudan Or Ethiopia Or Chad Or Niger Or Mali Or Mauritania Or Western Sahara Or Senegal Or Sierra Leone Or Liberia Or Burkina Or Ghana Or Cote D’ivoire Or Togo Or Benin Or Nigeria Or Cameroon Or Gabon Or Central African Republic Or Uganda Or Kenya Or Tanzania Or

Congo Or Angola Or Malawi Or Zambia Or Namibia Or Botswana Or Mozambique Or Madagascar Or South Africa*).mp.

54. (Mexico Or Guatemala Or Honduras Or San Salvador Or Costa Rica Or Belize Or Nicaragua Or Panama Or Colombia Or Venezuela Or Guyana Or Suriname Or French Guiana Or Brazil Or Ecuador Or Peru Or Bolivia Or Paraguay Or Argentina Or Cuba Or Jamaica Or Haiti Or Dominican Republic).mp.

55. or/40-48

56. or/49-50

57. or/52-54

58. 39 and 55

59. 39 not 57

60. 39 not 56

61. 39 and 51

62. 58 or 59 or 60 or 61

63. limit 62 to medline

64. 62 not 63

65. limit 64 to exclude medline journals

CommGuideCancerScreeningSabatinoCombinedHelenaOnnaleeStrategy08_08_2013 MEDLINE

1. (uptake*or outreach or intervention*).tw. or exp intervention studies/ or exp patient compliance/ or “patient acceptance of health care”.mp. or provider*.mp. or doctor*.mp. or nurse*.mp. or resident*.mp. or physician*.mp. or “allied health”.mp. or incentive*.mp. or law.mp. or laws.mp. or assessment*.mp. or feedback.mp. or checklist*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]

2. ((cancer* or neoplasm* or tumor*) adj4 (control* or early detection or health promotion* or reminder* or recall* or incentive* or mass media or small media or pamphlet* or brochure* or education or translation service* or reduced co-pay* or reduced cost* or women* health service* or mobile or promotor* or health advisor* or patient navigator or communit*)).tw.

3. ((access* adj5 health) or (access* adj5 health) or expand* hour* or longer hour* or weekend clinic* or saturday clinic* or schedul* or transporting or transportation).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]

4. (clinical-quality-improvement or quality-improvement or clinical-quality).mp.

5. or/1-4

6. limit 5 to (english language and humans and yr=”2013 -Current”)

7. exp uterine cervical neoplasms/pc or exp cervical intraepithelial neoplasia/pc or exp uterine cervical dysplasia/pc or exp breast neoplasms/pc or exp colorectal neoplasms/pc or exp colonic neoplasms/pc or exp neoplasms/pc
8. exp mammography/ or exp vaginal smears/ or exp colonoscopy/ or exp occult blood/ or clinical breast exam*.mp. or barium enema*.mp. or colonoscop*.mp. or endoscop*.mp. or pap* smear*.mp. or occult blood.mp. or vaginal smear*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]
9. (repeat screening* or diagnostic imag*).mp.
10. exp mass screening/ut or exp preventive health services/ut
11. exp *skin neoplasms/ or exp *prostatic neoplasms/ or exp *bone neoplasms/
12. exp *biliary tract neoplasms/ or exp *esophageal neoplasms/ or exp *cecal neoplasms/ or exp *duodenal neoplasms/ or exp *ileal neoplasms/ or exp *jejunal neoplasms/ or exp *stomach neoplasms/ or exp *liver neoplasms/ or exp *pancreatic neoplasms/ or exp *peritoneal neoplasms/ or exp *eye neoplasms/ or exp *"head and neck neoplasms"/ or exp *hematologic neoplasms/ or exp *nervous system neoplasms/ or exp *hematologic neoplasms/ or exp *nervous system neoplasms/
13. exp *skin neoplasms/ or exp *splenic neoplasms/ or exp *thoracic neoplasms/
14. or/7-10
15. or/11-13
16. 6 and 14
17. 16 not 15
18. limit 17 to (english language and humans and yr="2013 -Current")
19. mass screening/ or multiphasic screening/ or (screen or screened or screening).ti,ab. or "early detection of cancer"/
20. (neoplasms/ or breast neoplasms/ or colorectal neoplasms/ or uterine cervical neoplasms/ or carcinoma, ductal, breast/ or "hereditary breast and ovarian cancer syndrome"/ or inflammatory breast neoplasms/ or colonic neoplasms/ or rectal neoplasms/) and (di or pc).fs.
21. ((adenoma* or neoplasia or cancer* or neoplasm* or tumor* or carcinoma* or adenocarcinoma*) and (breast or cervical or cervix or colon or colorectal or crc)).ti,ab.
22. 20 or 21
23. 19 and 22
24. colonography, computed tomographic/ or colonoscopy/ or endoscopy, gastrointestinal/ or sigmoidoscopy/ or ((occult blood.ti,ab. or occult blood/) and (feces/ or (faeces or fecal or faecal or colorectal).ti,ab.)) or (enema/ and barium sulfate/)

25. mammography/ or mammogra*.ti,ab.
26. (colonography or colonoscop* or fobt or sigmoidoscop*).ti,ab.
27. vaginal smears/ or (pap or papanicolaou).ti,ab.
28. 24 or 25 or 26 or 27
29. 23 or 28
30. health knowledge, attitudes, practice/ or “patient acceptance of health care”/ or patient compliance/ or patient participation/
31. health promotion/ or healthy people programs/ or health education/ or patient education as topic/ or persuasive communication/
32. (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*).ti,ab.
33. reminder systems/ or “appointments and schedules”/
34. (prompt* or reminder*).ti,ab.
35. insurance/ or “cost sharing”/ or Financing, Personal/ or insurance benefits/ or insurance coverage/ or insurance, health/ or health benefit plans, employee/ or insurance, major medical/ or managed care programs/ or health maintenance organizations/ or medicare/ or Medicaid/
36. (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income).ti,ab.
37. (reduc* adj2 fee*).ti,ab.
38. “delivery of health care”/ or after-hours care/ or “delivery of health care, integrated”/ or health services accessibility/
39. (((Health care or healthcare or health services) adj3 access*) or onsite or “on-site” or after hours or (contract or contracted or contracts)).ti,ab. or contract services/
40. (insured or insurance or uninsured).ti,ab.
41. (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies).ti,ab. or Health Care Reform/ or Health Policy/
42. Quality Assurance, Health Care/ or clinical audit/ or medical audit/ or (public-health-improvement or continuous-quality-improvement).mp.
43. ((audit* adj2 (physician* or record or clinic*)) or quality assurance or incentive* or clinical audit).ti,ab. or Guideline Adherence/ or (incentive* or medical audit*).ti,ab. or Practice Guidelines as Topic/ or Predictive Value

of Tests/ or (Quality or quality assurance).ti,ab. or quality assurance, healthcare/ or (quality audit or quality control or Quality Indicator*).ti,ab. or quality indicators, health care/ or Health Care/ or quality of health care/ or standards.hw. or quality improvement/ or (clinical quality or quality improvement).ti,ab.

44. Organizational Policy/ or ((organization* or institution*) adj2 (directive* or policies or policy or commitment)).ti,ab.

45. communications media/ or mass media/ or radio/ or television/ or internet/ or blogging/ or social media/ or video recording/ or telecommunications/ or electronic mail/ or blogging/ or text messaging/ or *computers/ or microcomputers/ or computers, handheld/ or computer-assisted instruction/

46. (television or radio or mass media or microcomputer* or cyberspace or “health 2.0” or avatar or wikipedia or weblog* or microblog* or “web 2.0” or listserv* or wiki* or “short message service” or sms or “mobile app” or iphone or ipad or ipod or “tablet computer” or xbox or x-box or nintendo or instagram or orkut or flickr or foursquare or video game* or computer game* or wii or ddr or advergaming* or mobile phone* or cell phone* or handheld* or hand-held or web-based learning).ti,ab.

47. (internet or social media or world wide web or small media or advertis* or apps or app or automated voice or billboard* or blog or blogged or blogging or chat room* or commercial* or dvd or dvds or “dvd’s” or educational entertainment).ti,ab.

48. (email* or facebook or Googleplus or “google+” or Google plus or instagram or LinkedIn or myspace or toolkit* or edutainment or (“virtual reality” and (gaming or game*))).ti,ab.

49. (online or pinterest or pod cast* or podcast* or psa or psas or “psa’s” or public service announcement* or push* content or radio or Reddit or smart phone* or smartphone* or social network* or telephon* or television* or text messag* or instant messag* or social web or social website* or texting or texts or tumblr or tweet* or twitter or video* or vine or vlog* or video log or video blog or web page* or web site* or webinar* or website* or you tube or youtube).ti,ab.

50. (friending or wireless or “new media” or “new technolog*” or conversation* or messag* or video*).ti.

51. exp Community Health Workers/ or Patient Navigation/ or Community Health Centers/

52. (community health worker* or lay health worker* or consejera* or embajador* or group educat* or health advocat* or health educator* or link worker* or outreach worker* or outreach health or promotora* or patient navigat*).ti,ab.

53. ((Indigenous health* adj2 worker*) or link worker* or Peer-based health care team* or Peer-based healthcare team* or Allied health worker or community health center* or Community-based health worker or Lay health advisor* or Skilled health attendant* or wraparound or wrap around).ti,ab.

54. (access* adj5 health*).ti,ab. or beauty culture/ or occupational health services/ or (assessment* or beauty parlor or beauty salon or checklist* or cosmetologist or employee health clinic or expand* hour* or feedback or hair dressers or hair salon or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or saturday clinic*

or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite).ti,ab.

55. or/30-54

56. 29 and 55

57. limit 56 to (english language and yr="2013 -Current")

CINAHL (EbscoHost)

S57 S55 AND S56

S56 Limiters – Published Date: 20130101-20171231; English Language

S55 S52 AND S53

S54 S52 AND S53

S53 Limiters – Published Date: 20130101-20171231; English Language

S52 S50 AND S51

S51 Limiters – Published Date: 20130101-20171231

S50 S18 OR S37 OR S49

S49 S11 AND S48

S48 S38 OR S39 OR S40 OR S41 OR S42 OR S43 OR S44 OR S45 OR S46 OR S47

S47 ((access* N5 health*) or beauty culture or occupational health service* or (assessment* or beauty parlor or beauty salon* or hair salon* or checklist* or cosmetologist* or employee health clinic* or expand* hour* or feedback or hair dresser* or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or saturday clinic* or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite))

S46 ((Indigenous health* Nj2 worker*) or link worker* or Peer-based health care team* or Peer-based healthcare team* or Allied health worker or community health center* or Community-based health worker or Lay health advisor* or Skilled health attendant* or wraparound or wrap around)

S45 (community health worker* or lay health worker* or consejera* or embajador* or group educat* or health advocat* or health educator* or link worker* or outreach worker* or outreach health or promotora* or patient navigat*)

S44 (Community Health Worker* or Patient Navigator* or health navigat* or Community Health Center*)

S43 (friending or wireless or "new media" or "new technolog*" or conversation* or messag* or video*)

S42 (online or pinterest or pod cast* or podcast* or psa or psas or “psa’s” or public service announcement* or push* content or radio or Reddit or smart phone* or smartphone* or social network* or telephon* or television* or text messag* or instant messag* or social web or social website* or texting or texts or tumblr or tweet* or twitter or video* or vine or vlog* or video log or video blog or web page* or web site* or webinar* or website* or you tube or youtube)

S41 (email* or facebook or Googleplus or “google+” or Google plus or instagram or LinkedIn or myspace or toolkit* or edutainment or (“virtual reality” and (gaming or game*)))

S40 (internet or social media or world wide web or small media or advertis* or apps or app or automated voice or billboard* or blog or blogged or blogging or chat room* or commercial* or dvd or dvds or “dvd’s” or educational entertainment)

S39 (television or radio or mass media or microcomputer* or cyberspace or “health 2.0” or avatar or wikipedia or weblog* or microblog* or “web 2.0” or listserv* or wiki* or “short message service” or sms or “mobile app” or iphone or ipad or ipod or “tablet computer” or xbox or x-box or nintendo or instagram or orkut or flickr or foursquare or video game* or computer game* or wii or ddr or advergam* or mobile phone* or cell phone* or handheld* or hand-held or web-based learning)

S38 (communications media or mass media or radio or television or internet or blogging or social media or video recording or telecommunications or electronic mail or blogging or text messaging or computer* or microcomputer* computers or computer-assisted instruction)

S37 S11 AND S36

S36 (S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35)

S35 (organization* or institution*) N2 (directive* or policies or policy or commitment)

S34 Organizational Policy or organizational policies

S33 (standard* or quality improvement or clinical quality)

S32 Health Care quality or “quality of health care”

S31 (quality or quality audit or quality control or Quality Indicator*)

S30 “predictive value of tests” or “predictive value of testing”

S29 quality assurance or incentive* or clinical audit or Guideline Adherence or medical audit* or Practice Guideline*

S28 audit* and (physician* or record or clinic*)

S27 ((Quality Assurance and Health Care) or clinical audit or medical audit or (public-health-improvement or continuous-quality-improvement))

S26 (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies or Health Care Reform* or Health Policy or health policies)

S25 insured or insurance or uninsured

S24 onsite or “on-site” or after hours or contract or contracted or contracts or contract* service*

S23 (Health care or healthcare or health services) and access*

S22 ((delivery of health care) or after-hours care or health services accessibility or health care delivery or healthcare delivery)

S21 (reduc* fee*)

S20 (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income)

S19 (insurance or “cost sharing” or personal Financ* or insurance benefit* or insurance coverage or health insurance or health benefit plan* or employee or insurance or medical insurance or medical coverage or managed care program* or health maintenance organization* or medicare or Medicaid)

S18 S11 AND S17

S17 S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16

S16 (prompt* or reminder*)

S15 (reminder system* or appointment* or schedul*)

S14 (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*)

S13 (health promotion or healthy people program* or health education or patient education or persuasive communication*)

S12 (health knowledge or health attitude* or health practice* or (patient acceptance adj2 health care) or (patient compliance or patient participation))

S11 S5 OR S10

S10 S6 OR S7 OR S8 OR S9

S9 (vaginal smears or pap or papanicolaou)

S8 (colonography or colonoscop* or fobt or sigmoidoscop*)

S7 mammogra*

S6 ((colonography or colonoscopy or gastrointestinal endoscopy or sigmoidoscopy or occult blood) and (feces or faeces or fecal or faecal or colorectal))

S5 S2 AND S4

S4 S1 OR S3

S3 ((adenoma* or neoplasia or cancer* or neoplasm* or tumor* or tumour* or carcinoma* or adenocarcinoma*) and (breast or cervical or cervix or colon or colorectal or crc))

S2 (mass screening or multiphasic screening or screen or screened or screening or “early detection of cancer”)

S1 ((neoplasm* or ductal breast carcinoma* or “hereditary breast and ovarian cancer syndrome”) and (diagnosis or prevention))

Database: COCHRANE

Saved Search Name: CommGuideCancerScreeningMCI

ID Search

#1 screen* or “early detection”:ti,ab,kw (Word variations have been searched)

#2 vaginal smears or pap or papanicolaou

#3 colonography or colonoscop* or fobt or sigmoidoscop* or mammogra*.

#4 ((colonography or colonoscopy or gastrointestinal endoscopy or sigmoidoscopy or occult blood) and (feces or faeces or fecal or faecal or colorectal))

#5 ((neoplasm* or ductal breast carcinoma* or “hereditary breast and ovarian cancer syndrome”) and (diagnosis or prevention))

#6 ((adenoma* or neoplasia or cancer* or neoplasm* or tumor* or tumour* or carcinoma* or adenocarcinoma*) and (breast or cervical or cervix or colon or colorectal or crc))

#7 #5 or #6

#8 #1 and #7

#9 #2 or #3 or #4 or #8

#10 reminder* or compliance or participation or knowledge or attitude* or practice* or accept* or adher* or persua* or rescreen* or prompt* or appointment* or schedul* or “after hours” or access*:ti,ab,kw in Trials (Word variations have been searched)

#11 reform* or policy or policies or reduced fee* or reducing fee* or reduce fee* or subsidi* or compensat* or discount or fee or fees or medicaid or medicare or voucher* or coupon* or insurance or cost sharing or managed care or hmo or health maintenance or health benefit* or delivery or contract*:ti,ab,kw in Trials (Word variations have been searched)

#12 multicomponent or multilevel or multi level or multiphas* or outreach or provider or salon or saturday clinic* or after hours or weekend or week end or worksite:ti,ab,kw in Trials (Word variations have been searched)

#13 transport* or work place or work site* or salon or allied health or occupational health or outreach or checklist* or cosmetologist* or hairdresser* or hair dresser* or beauty parlor* or employee health or assessment* or beauty culture or community based or peer or peers or group educat* or link worker* or indigenous or health advocat* or promotora* or navigat* or lay health or community health:ti,ab,kw in Trials (Word variations have been searched)

#14 transport* or friend* or new media or new technology website* or youtube or you tube or email* or facebook or tweet* or twitter or edutainment:ti,ab,kw in Trials (Word variations have been searched)

#15 new technology or website* or blog or blogs or blogging or social media or mass media or radio or television or commercials or commitment or electronic or mass media or microcomputer* or wii or handheld* or hand held or phone* or telephon* or advergam* or app or rss or listserv*:ti,ab,kw in Trials (Word variations have been searched)

#16 automated or chat room* or myspace or computer*:ti,ab,kw in Trials (Word variations have been searched)

#17 #10 or #11 or #12 or #13 or #14 or #15 or #16

#18 #9 and #17

#19 2013 or 2014 or 2015 or 2016 or 2017

#20 #18 and #19

Database: PubMed

(((((Andorra OR Antigua OR Barbuda OR Aruba OR Australia OR Austria OR Bahamas OR Bahrain OR Barbados OR Belgium OR Bermuda OR Brunei OR Darussalam OR Canada OR "Cayman Islands" OR "Channel Islands" OR Chile OR Croatia OR Curacao OR Cyprus OR "Czech Republic" OR Denmark OR Estonia OR "Equatorial Guinea" OR "Faeroe Islands" OR Finland OR France OR "French Polynesia" OR Germany OR Greece OR Greenland OR Guam OR "Hong Kong" OR Iceland OR Ireland OR "Isle of Man" OR Israel OR Italy OR Japan OR Korea OR Kuwait OR Latvia OR Liechtenstein OR Lithuania OR Luxembourg OR Macao OR Malta OR Monaco OR Netherlands OR "New Caledonia" OR "New Zealand" OR "Northern Mariana Islands" OR Norway OR Oman OR Poland OR Portugal OR "Puerto Rico" OR Qatar OR "Russian Federation" OR Russia OR "San Marino" OR "Saudi Arabia" OR Singapore OR "Sint Maarten" OR "Saint Maarten" OR "St. Martin" OR "Saint Martin" OR "Slovak Republic" OR Slovenia OR Spain OR "St. Kitts" OR Nevis OR Sweden OR Switzerland OR "Trinidad" OR "Tobago" OR Turks OR Caicos) AND English[lang])) OR ("Russia"[Mesh] OR "Republic of Korea"[Mesh] OR "Slovakia"[Mesh] OR "Great Britain"[Mesh] OR "Saint Kitts and Nevis"[Mesh] OR "Netherlands Antilles"[Mesh] OR "Brunei"[Mesh] OR "Virgin Islands of the United States"[Mesh] OR "Trinidad and Tobago"[Mesh] OR Andorra[mesh] OR Antigua[mesh] OR Barbuda[mesh] OR Aruba[mesh] OR Australia[mesh] OR Austria[mesh] OR Bahamas[mesh] OR Bahrain[mesh] OR Barbados[mesh] OR Belgium[mesh] OR Bermuda[mesh] OR Brunei[mesh] OR Canada[mesh] OR "Channel Islands"[mesh] OR Chile[mesh] OR Croatia[mesh] OR Cyprus[mesh] OR "Czech Republic"[mesh] OR Denmark[mesh] OR Estonia[mesh] OR "Equatorial Guinea"[mesh] OR Finland[mesh] OR France[mesh] OR Germany[mesh] OR Greece[mesh] OR Greenland[mesh] OR Guam[mesh] OR "Hong Kong"[mesh] OR

Iceland[mesh] OR Ireland[mesh] OR Israel[mesh] OR Italy[mesh] OR Japan[mesh] OR Korea[mesh] OR Kuwait[mesh] OR Latvia[mesh] OR Liechtenstein[mesh] OR Lithuania[mesh] OR Luxembourg[mesh] OR Macao[mesh] OR Malta[mesh] OR Monaco[mesh] OR Netherlands[mesh] OR “New Caledonia”[mesh] OR “New Zealand”[mesh] OR “Northern Ireland”[mesh] OR Norway[mesh] OR Oman[mesh] OR Poland[mesh] OR Portugal[mesh] OR “Puerto Rico”[mesh] OR Qatar[mesh] OR Russia[mesh] OR “San Marino”[mesh] OR “Saudi Arabia”[mesh] OR Singapore[mesh] OR Slovenia[mesh] OR Spain[mesh] OR Sweden[mesh] OR Switzerland[mesh] OR “United Arab Emirates”[mesh] OR England[mesh] OR Scotland[mesh] OR Wales[mesh] OR “United States”[mesh] OR Uruguay[mesh])))) AND (((“health knowledge, attitudes, practice”[mesh] OR “patient acceptance of health care”[mesh] OR “patient compliance”[mesh] OR “patient participation”[mesh] OR “health promotion”[mesh] OR “healthy people programs”[mesh] OR “health education”[mesh] OR “patient education as topic”[mesh] OR “persuasive communication”[mesh] OR “reminder systems”[mesh] OR “appointments and schedules”[mesh]))) OR (((((“accept”[title/abstract] OR “acceptance”[title/abstract] OR “adherence”[title/abstract] OR adhere*[title/abstract] OR “compliance”[title/abstract] OR “compliant”[title/abstract] OR “health promotion”[title/abstract] OR “education”[title/abstract] OR persuad*[title/abstract] OR “persuasive”[title/abstract] OR rescreen*[title/abstract] OR prompt*[title/abstract] OR reminder*[title/abstract]))) OR (((“cost”[title/abstract] OR “costs”[title/abstract] OR “costing”[title/abstract] OR “compensated”[title/abstract]))) OR (((“free”[title/abstract] OR indigen*[title/abstract] OR “out-of-pocket”[title/abstract] OR reduc* AND fee*[title/abstract] OR shared cost*[title/abstract] OR “subsidies”[title/abstract] OR subsidiz*[title/abstract] OR subsidiz*[title/abstract] OR “subsidy”[title/abstract] OR “uncompensated”[title/abstract] OR voucher*[title/abstract] OR “employer-provided”[title/abstract] OR “low income”[title/abstract] OR “low incomes”[title/abstract]))) OR (((“onsite”[title/abstract] OR “on-site”[title/abstract] OR “after hours”[title/abstract] OR “contract”[title/abstract] OR “contracted”[title/abstract] OR “contracts”[title/abstract]))) OR (((“insured”[title/abstract] OR “uninsured”[title/abstract] OR “insurance”[title/abstract]))) OR (((“health reform”[title/abstract] OR healthcare reform*[title/abstract] OR health care reform*[title/abstract] OR “health policy”[title/abstract] OR “health policies”[title/abstract] OR “healthcare policy”[title/abstract] OR “health care policy”[title/abstract] OR “healthcare policies”[title/abstract] OR “health care policies”[title/abstract] OR “health care reform”[mesh] OR “health policy”[mesh]))) OR (((“quality assurance, health care”[mesh] OR “clinical audit”[mesh] OR “medical audit”[mesh] OR “public health improvement”[title/abstract] OR “continuous quality improvement”[title/abstract]))) OR (((audit*[title/abstract]) AND (physician*[title/abstract] OR “record”[title/abstract] OR clinic*[title/abstract])))((audit*[title/abstract]) AND (physician*[title/abstract] OR “record”[title/abstract] OR clinic*[title/abstract]))) OR (((“quality assurance”[title/abstract] OR incentive*[title/abstract] OR “clinical audit”[title/abstract] OR “guideline adherence”[mesh] OR “medical audit”[title/abstract] OR “quality”[title/abstract] OR “quality assurance”[title/abstract]))) OR (((“quality audit”[title/abstract] OR “quality control”[title/abstract] OR quality indicator*[title/abstract] OR “quality indicators, health care”[mesh] OR “health care”[mesh] OR “quality of health care”[mesh] OR “quality improvement”[mesh] OR standards OR “clinical quality”[title/abstract] OR “quality improvement”[title/abstract]))) OR (((reduc*[title/abstract] AND fee*[title/abstract]))) OR (“organizational policy”[mesh]) OR ((((((organization*[title/abstract] OR institution*[title/abstract])) AND (directive*[title/abstract] OR “policy”[title/abstract] OR “policies”[title/abstract] OR “commitment”[title/abstract]))) OR (((“communications media”[mesh] OR “mass media”[mesh] OR “radio”[mesh] OR “television”[mesh] OR “internet”[mesh] OR “blogging”[mesh] OR “social

media"[mesh] OR "video recording"[mesh] OR "telecommunications"[mesh] OR "electronic mail"[mesh] OR "text messaging"[mesh] OR "computers"[mesh] OR "microcomputers"[mesh] OR "computers, handheld"[mesh] OR "computer-assisted instruction"[mesh]))) OR (((("television"[title/abstract] OR "radio"[title/abstract] OR "mass media"[title/abstract] OR microcomputer*[title/abstract] OR "cyberspace"[title/abstract] OR "health 2.0"[title/abstract] OR "avatar"[title/abstract] OR "wikipedia"[title/abstract] OR weblog*[title/abstract] OR microblog*[title/abstract] OR "web 2.0"[title/abstract] OR listserv*[title/abstract] OR wiki*[title/abstract] OR "short message service"[title/abstract] OR "sms"[title/abstract] OR "mobile app"[title/abstract] OR "iphone"[title/abstract] OR "ipad"[title/abstract] OR "ipod"[title/abstract] OR podcast*[title/abstract] OR "tablet computer"[title/abstract] OR "tablet computers"[title/abstract] OR "tablet computing"[title/abstract] OR "xbox"[title/abstract] OR "x-box"[title/abstract] OR "nintendo"[title/abstract] OR "instagram"[title/abstract] OR "orkut"[title/abstract] OR "flickr"[title/abstract] OR "foursquare"[title/abstract] OR video gram*[title/abstract] OR computer* AND gam*[title/abstract] OR "wii"[title/abstract] OR "ddr"[title/abstract] OR advergram*[title/abstract] OR mobile phone*[title/abstract] OR cell phone*[title/abstract] OR handheld*[title/abstract] OR "hand-held"[title/abstract] OR "snapchat"[title/abstract] OR "web-based"[title/abstract]))) OR ((("internet"[title/abstract] OR "social media"[title/abstract] OR "world wide web"[title/abstract] OR "small media"[title/abstract] OR advertis*[title/abstract] OR "apps"[title/abstract] OR "app"[title/abstract] OR "automated voice"[title/abstract] OR billboard*[title/abstract] OR "blog"[title/abstract] OR "blogging"[title/abstract] OR "blogged"[title/abstract] OR "chat"[title/abstract] OR commercial*[title/abstract] OR "dvd"[title/abstract] OR "dvds"[title/abstract] OR "dvd's"[title/abstract] OR "educational entertainment"[title/abstract] OR email*[title/abstract] OR "facebook"[title/abstract] OR "googleplus"[title/abstract] OR "google+"[title/abstract] OR "google plus"[title/abstract] OR "instagram"[title/abstract] OR "linkedin"[title/abstract] OR "myspace"[title/abstract] OR toolkit*[title/abstract] OR "edutainment"[title/abstract]))) OR (((("internet"[title/abstract] OR "social media"[title/abstract] OR "world wide web"[title/abstract] OR "small media"[title/abstract] OR advertis*[title/abstract] OR "apps"[title/abstract] OR "app"[title/abstract] OR "automated voice"[title/abstract] OR billboard*[title/abstract] OR "blog"[title/abstract] OR "blogging"[title/abstract] OR "blogged"[title/abstract] OR "chat"[title/abstract] OR commercial*[title/abstract] OR "dvd"[title/abstract] OR "dvds"[title/abstract] OR "dvd's"[title/abstract] OR "educational entertainment"[title/abstract] OR email*[title/abstract] OR "facebook"[title/abstract] OR "googleplus"[title/abstract] OR "google+"[title/abstract] OR "google plus"[title/abstract] OR "instagram"[title/abstract] OR "linkedin"[title/abstract] OR "myspace"[title/abstract] OR toolkit*[title/abstract] OR "edutainment"[title/abstract]))) OR ((("virtual reality"[title/abstract]) AND (game*[title/abstract] OR "gaming"[title/abstract]))) OR ((("online"[title/abstract] OR "pinterest"[title/abstract] OR pod cast*[title/abstract] OR podcast*[title/abstract] OR "psa"[title/abstract] OR "psas"[title/abstract] OR "psa's"[title/abstract] OR public service announcement*[title/abstract] OR "push content"[title/abstract] OR "pushing content"[title/abstract] OR "pushed content"[title/abstract] OR "radio"[title/abstract] OR "reddit"[title/abstract] OR smart phone*[title/abstract] OR smartphone*[title/abstract] OR social network*[title/abstract] OR telephon* AND title/abstract OR television*[title/abstract] OR text messag*[title/abstract] OR instant messag*[title/abstract] OR "social web"[title/abstract] OR social website*[title/abstract] OR "texting"[title/abstract] OR "texts"[title/abstract] OR "text"[title/abstract] OR "tumblr"[title/abstract] OR tweet*[title/abstract] OR "twitter"[title/abstract] OR video*[title/abstract] OR video*[title/abstract] OR "vine"[title/abstract] OR vlog*[title/abstract] OR "video log"[title/abstract] OR "video blog"[title/abstract] OR web page*[title/abstract] OR web site*[title/abstract] OR "you tube"[title/abstract] OR "youtube"[title/abstract]))) OR

((("friending"[title/abstract] OR "wireless"[title/abstract] OR "new media"[title/abstract] OR new technolog* AND title/abstract OR conversation*[title/abstract] OR messag*[title/abstract] OR video*[title/abstract]))) OR ((("community health workers"[mesh] OR "patient navigation"[mesh] OR "community health centers"[mesh]))) OR ((community health worker*[title/abstract] OR lay health worker*[title/abstract] OR consejera*[title/abstract] OR embajador*[title/abstract] OR group educat*[title/abstract] OR health advocat*[title/abstract] OR health educator*[title/abstract] OR link worker*[title/abstract] OR outreach worker*[title/abstract] OR "outreach health"[title/abstract] OR promotora*[title/abstract] OR patient navigat*[title/abstract]))) OR "health outreach"[title/abstract]) OR program*[Title]) OR ((("indigenous health"[title/abstract]) AND worker*[title/abstract])) OR ((("peer-based health care team"[title/abstract] OR "peer-based health care teams"[title/abstract] OR "peer-based healthcare team"[title/abstract] OR "peer-based healthcare teams"[title/abstract] OR allied health worker*[title/abstract] OR community health center*[title/abstract] OR community-based health worker*[title/abstract] OR lay health advisor*[title/abstract] OR skilled health attendant*[title/abstract] OR "wraparound"[title/abstract] OR "wrap around"[title/abstract]))) OR ((access*[title/abstract]) AND health*[title/abstract])) OR ((("beauty culture"[mesh] OR "occupational health services"[mesh] OR assessment*[title/abstract] OR beauty parlor*[title/abstract] OR beauty salon*[title/abstract] OR checklist*[title/abstract] OR cosmetologist*[title/abstract] OR employee health clinic*[title/abstract] OR expand* AND hours[title/abstract] OR "feedback"[title/abstract] OR hair dresser*[title/abstract] OR hair salon*[title/abstract] OR "incremental"[title/abstract] OR interven*[title/abstract] OR "law"[title/abstract] OR "laws"[title/abstract] OR "longer hours"[title/abstract] OR "mobile"[title/abstract] OR "multicomponent"[title/abstract] OR "multilevel"[title/abstract] OR multiphas*[title/abstract]))) OR ((occupational health clinic*[title/abstract] OR occupational health service*[title/abstract] OR "outreach"[title/abstract] OR provider*[title/abstract] OR doctor*[title/abstract] OR nurse*[title/abstract] OR resident*[title/abstract] OR physician*[title/abstract] OR "allied health"[title/abstract] OR "salon"[title/abstract] OR "salons"[title/abstract] OR saturday clinic*[title/abstract] OR schedul*[title/abstract] OR "transportation"[title/abstract] OR "transported"[title/abstract] OR "transporting"[title/abstract] OR week end clinic*[title/abstract] OR weekend clinic*[title/abstract] OR work place*[title/abstract] OR work site*[title/abstract] OR workplace*[title/abstract] OR worksite*[title/abstract])))))) AND ("2013/01/01"[PDat] : "2017/12/31"[PDat]))) AND (((((((("neoplasms"[mesh] OR "breast neoplasms"[mesh] OR "colorectal neoplasms"[mesh] OR "uterine cervical neoplasms"[mesh] OR "carcinoma, ductal, breast"[mesh] OR "hereditary breast and ovarian cancer syndrome"[mesh] OR "inflammatory breast neoplasms"[mesh] OR "colonic neoplasms"[mesh] OR "rectal neoplasms"[mesh]))) AND ("2013/01/01"[PDat] : "2017/12/31"[PDat]) AND English[lang])) AND (((("mass screening"[mesh] OR "multiphasic screening"[mesh] OR "early detection of cancer"[mesh]))) OR ((("screening"[title/abstract] OR "screenings"[title/abstract] OR "screen"[title/abstract] OR "screens"[title/abstract] OR "screened"[title/abstract]))) AND ("2013/01/01"[PDat] : "2017/12/31"[PDat]) AND English[lang])) OR ((("colorectal"[title/abstract] OR "crc"[title/abstract] OR "colonography"[title/abstract] OR "colonoscopies"[title/abstract] OR "colonoscopy"[title/abstract] OR "fobt"[title/abstract] OR "sigmoidoscopy"[title/abstract] OR "vaginal smears"[mesh] OR "pap"[title/abstract] OR "papanicolaou"[title/abstract]) OR ((("occult blood"[title/abstract] OR "occult blood"[mesh]) AND ("feces"[mesh] OR "faeces"[title/abstract] OR "fecal"[title/abstract] OR "faecal"[title/abstract]))) AND ((("2013/01/01"[PDAT] : "2017/12/31"[PDAT]) AND English[lang]))) AND ("2013/01/01"[PDat] : "2017/12/31"[PDat]))

Appendix C
Included Studies (Effectiveness Review):
Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer

The number of studies and publications do not always correspond (e.g., a publication may include several studies or one study may be explained in several publications).

The following list of included studies is for interventions engaging community health workers to increase breast, cervical, or colorectal cancer screening.

Ahmed NU, Haber G, Semanya KA, Hargreaves MK. Randomized controlled trial of mammography intervention in insured very low income women. *Cancer Epidemiology and Prevention Biomarkers* 2010;19(7):1790-8.

Aitaoto N, Braun KL, Estrella J, Epeluk A, Tsark J. Design and results of a culturally tailored cancer outreach project by and for Micronesian women. *Preventing Chronic Disease* 2012;9:E82.

Allen JD, Perez JE, Tom L, Leyva B, Diaz D, Torres MI. A pilot test of a church-based intervention to promote multiple cancer-screening behaviors among Latinas. *Journal of Cancer Education* 2014;29(1):136-43.

Allen Jr B, Bazargan-Hejazi S. Evaluating a tailored intervention to increase screening mammography in an urban area. *Journal of the National Medical Association* 2005;97(10):1350.

Bird JA, McPhee SJ, Ha N-T, Le B, Davis T, Jenkins CN. Opening pathways to cancer screening for Vietnamese-American women: lay health workers hold a key. *Preventive Medicine* 1998;27(6):821-9.

Braun KL, Thomas Jr WL, Domingo JLB, et al. Reducing cancer screening disparities in Medicare beneficiaries through cancer patient navigation. *Journal of the American Geriatrics Society* 2015;63(2):365-70.

Byrd TL, Wilson KM, Smith JL, et al. AMIGAS: a multicity, multicomponent cervical cancer prevention trial among Mexican American women. *Cancer* 2013;119(7):1365-72.

Cardarelli K, Jackson R, Martin M, et al. Community-based participatory approach to reduce breast cancer disparities in south Dallas. *Progress in Community Health Partnerships: Research, Education, and Action* 2011;5(4):375-85.

Coronado GD, Beresford SA, McLerran D, et al. Multilevel intervention raises Latina participation in mammography screening: findings from Fortaleza Latina! *Cancer Epidemiol Biomarkers Prev* 2016;25(4):584-92.

Coronado GD, Golovaty I, Longton G, Levy L, Jimenez R. Effectiveness of a clinic-based colorectal cancer screening promotion program for underserved Hispanics. *Cancer* 2011;117(8):1745-54.

Dignan MB, Michielutte R, Wells HB, et al. Health education to increase screening for cervical cancer among Lumbee Indian women in North Carolina. *Health Education Research* 1998;13(4):545-56.

Dunn SF, Lofters AK, Ginsburg OM, et al. Cervical and breast cancer screening after CARES: a community program for immigrant and marginalized women. *American Journal of Preventive Medicine* 2017;52(5):589-97.

Earp JA, Eng E, O'Malley MS, et al. Increasing use of mammography among older, rural African American women: results from a community trial. *American Journal of Public Health* 2002;92(4):646-54.

Elder J, Haughton J, Perez L, et al. Promoting cancer screening among churchgoing Latinas: Fe en Accion/faith in action. *Health Education Research* 2017;32(2):163-73.

Elkin EB, Shapiro E, Snow JG, Zauber AG, Krauskopf MS. The economic impact of a patient navigator program to increase screening colonoscopy. *Cancer* 2012;118(23):5982-8.

Fang CY, Ma GX, Handorf EA, et al. Addressing multilevel barriers to cervical cancer screening in Korean American women: a randomized trial of a community-based intervention. *Cancer* 2017;123(6):1018-26.

Fernandez ME, Gonzales A, Tortolero-Luna G, et al. Effectiveness of Cultivando la Salud: a breast and cervical cancer screening promotion program for low-income Hispanic women. *American Journal of Public Health* 2009;99(5):936-43.

Fiscella K, Humiston S, Hendren S, et al. A multimodal intervention to promote mammography and colorectal cancer screening in a safety-net practice. *Journal of the National Medical Association* 2011;103(8):762-8.

Fouad MN, Partridge E, Dignan M, et al. Targeted intervention strategies to increase and maintain mammography utilization among African American women. *American Journal of Public Health* 2010;100(12):2526-31.

Goelen G, De Clercq G, Hanssens S. A community peer-volunteer telephone reminder call to increase breast cancer-screening attendance. *Oncology Nursing Forum* 2010;37(4):E312-7.

Han H-R, Song Y, Kim M, et al. Breast and cervical cancer screening literacy among Korean American women: a community health worker led intervention. *American Journal of Public Health* 2017;107(1):159-65.

Hatcher J, Schoenberg N, Dignan M, Rayens M. Promoting mammography with African-American women in the emergency department using lay health workers. *Journal of National Black Nurses' Association* 2016;27(1):38-44.

Hirst S, Mitchell H, Medley G. An evaluation of a campaign to increase cervical cancer screening in rural Victoria. *Community Health Studies* 1990;14(3):263-8.

Hoare T, Thomas C, Biggs A, Booth M, Bradley S, Friedman E. Can the uptake of breast screening by Asian women be increased? A randomized controlled trial of a linkworker intervention. *Journal of Public Health* 1994;16(2):179-85.

Holt C, Litaker M, Scarinci I, et al. Spiritually based intervention to increase colorectal cancer screening among African Americans: screening and theory-based outcomes from a randomized trial. *Health Education & Behavior* 2013;40(4):458-68.

Howze EH, Broyden RR, Impara JC. Using informal caregivers to communicate with women about mammography. *Health Communication* 1992;4(3):227-44.

Husaini BA, Emerson JS, Hull PC, Sherkat DE, Levine RS, Cain VA. Rural-urban differences in breast cancer screening among African American women. *Journal of Health Care for the Poor and Underserved* 2005;16(4):1-10.

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Appendix D

Summary Evidence Table (Effectiveness Review): Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer

Abbreviations Used in this Document

- Intervention components:
 - CI: client incentive
 - CR: client reminder
 - GE: group education
 - MM: mass media
 - OE: one-on-one education
 - PAF: provider assessment and feedback
 - PI: provider incentive
 - PR: provider reminder
 - ROPC: reducing out-of-pocket costs
 - RSB: reducing structural barriers
 - SM: small media
- Cancer types
 - BC: breast cancer
 - CC: cervical cancer
 - CRC: colorectal cancer
- Screening types
 - Flex sig: flexible sigmoidoscopy
 - FOBT: fecal occult blood test
 - MAM: mammography
 - Pap: Papanicolaou test
- Others
 - ED: emergency department
 - N/A: not applicable
 - NR: not reported
 - PN: patient navigator
 - RCT: randomized control trial

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Author, Year: Allen et al., 2014 Study Design: Pre-post Suitability of Design: Least Quality of Execution: Fair	Location: Boston, Massachusetts Setting: urban community Intervention Duration: 6 months Intervention Details: Type of cancer addressed: BC, CC, CRC <i>Intervention arm: OE + GE + SM + RSB, alternate site, reducing admin barriers</i> OE: peer health advisors conducted education via telephone and in-person outreach GE: peer health advisors conducted group education during small group <i>charlas</i> and bingo nights SM: banners with scriptures and passages promoting health behaviors or self-care; culturally appropriate educational materials RSB, alternate sites: mammography van day with a mobile health van RSB, reducing admin barriers: assistance with applications for state-based insurance	Training: 2 days of training covering risk factors, prevention, and screening guidelines Supervision: patient navigator provided supervision Matching to Population: recruited from church community by pastor based on leadership, communication, and interpersonal skills Educational Background: NR Payment: received small stipend Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individuals and communities Extent of CHW Involvement: Implemented major part of intervention	Eligibility Criteria: female church members age 18 and older who self-identified as Hispanic or Latina and spoke either English or Spanish Sample Size: 77 Attrition: 53% Demographics: <i>Mean age:</i> 43.9 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> 65% employed; 32% unemployed <i>Mean annual household income:</i> 48% <\$30K; 24% ≥\$30K <\$50K; 5% ≤\$50K <i>Education:</i> 36% <HS; 35% HS or GED; 21% some college; 8% ≥college <i>Insurance:</i> 64% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 62% MAM; 89% Pap test; 75% any CRC screening	Outcome Measure: adherence to screening guidelines (annual FOBT or sigmoidoscopy within 5 years or colonoscopy within 10 years; mammogram within 2 years for women 40-49 or annual mammogram for ≥50; pap smear within 3 years) How Ascertained: self-reported Follow-up Time: NR Results: Absolute effectiveness, CHW in a team: High attrition; loss to follow-up not imputed Up-to-date with MAM: Pre 13/21=61.9% Post 18/21=85.7% Change +23.8pct pts Up-to-date with Pap test: Pre 24/27=88.9% Post 20/26=76.9% Change -12.0pct pts Up-to-date with CRC Screening using any test: Pre 9/12=75.0% Post 9/12=75.0% Change 0.0pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																																			
	Intervention Intensity: weekly exposure during church Targeted or Tailored: tailored; targeted to Latinas and included religious themes	Specific Component Implemented by CHW: OE, GE Methods for Interaction with Participates: both																																																					
Author, Year: Braun et al., 2015 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Moloka'i, Hawaii Setting: rural community and clinic Intervention Duration: NR Intervention Details: Type of cancer addressed: BC, CC, CRC <i>Intervention arm: OE + CR + RSB, appointment scheduling, transportation, reducing admin barriers, childcare</i> OE: navigators performed outreach education CR: navigators sent appointment reminders via mail or telephoned reminders RSB, appointment scheduling: lay navigators scheduled appointments and made follow-up appointments RSB, transportation: provided transportation to appointments	Training: completed 48-hour evidence-based navigator training program and participated in quarterly continuing education sessions Supervision: nurse supervision in first year, then physicians and young college-educated female provided supervision Matching to Population: recruited from community and matched on ethnicity Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Care coordination, care management, and system navigation; Providing coaching and social	Eligibility Criteria: Medicare beneficiaries residing on Moloka'i Sample Size: 488 Attrition: NR Demographics: <i>Mean age:</i> 67.5 years <i>Gender:</i> 53.3% female <i>Race/Ethnicity:</i> 46.5% Asian; 45.0% Native Hawaiian <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> 36.9% <HS; 62.3% ≥HS <i>Insurance:</i> 100% <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 29.7% mammogram; 37.5% pap smear; 12.8% FOBT; 24.8% endoscopy	Outcome Measure: compliance with cancer screening according to USPSTF guidelines How Ascertained: self-reported Follow-up Time: NR Results: Absolute effectiveness, CHW alone: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>38/128=29.7%</td><td>47/132=35.6%</td></tr><tr><td>Post</td><td>79/128=61.7%</td><td>56/132=42.4%</td></tr><tr><td>Change</td><td>+32.0pct pts</td><td>+6.8pct pts</td></tr><tr><td>Difference</td><td>+25.2pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>48/128=37.5%</td><td>52/132=39.4%</td></tr><tr><td>Post</td><td>73/128=57.0%</td><td>48/132=36.4%</td></tr><tr><td>Change</td><td>+19.5pct pts</td><td>-3.0pct pts</td></tr><tr><td>Difference</td><td>+22.5pct pts</td><td></td></tr></table> Up-to-date with FOBT: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>31/242=12.8%</td><td>27/246=11.0%</td></tr><tr><td>Post</td><td>50/242=20.7%</td><td>31/246=12.6%</td></tr><tr><td>Change</td><td>+7.9pct pts</td><td>+1.6pct pts</td></tr><tr><td>Difference</td><td>+6.3pct pts</td><td></td></tr></table> Up-to-date with endoscopy: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>60/242=24.8%</td><td>62/246=25.2%</td></tr></table>		Intervention	Control	Pre	38/128=29.7%	47/132=35.6%	Post	79/128=61.7%	56/132=42.4%	Change	+32.0pct pts	+6.8pct pts	Difference	+25.2pct pts			Intervention	Control	Pre	48/128=37.5%	52/132=39.4%	Post	73/128=57.0%	48/132=36.4%	Change	+19.5pct pts	-3.0pct pts	Difference	+22.5pct pts			Intervention	Control	Pre	31/242=12.8%	27/246=11.0%	Post	50/242=20.7%	31/246=12.6%	Change	+7.9pct pts	+1.6pct pts	Difference	+6.3pct pts			Intervention	Control	Pre	60/242=24.8%	62/246=25.2%
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	RSB, reducing admin barriers: lay navigators communicated with providers and completed paperwork RSB, childcare: lay navigators made arrangements to take care of family while participant was at appointment <i>Control arm:</i> received nutrition education and relevant cancer education materials from another healthcare entity on island Intervention Intensity: NR Targeted or Tailored: tailored; targeted local Hawaiians	support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both		Post 104/242=43.0% 67/246=27.2% Change +18.2pct pts +2.0pct pts Difference +16.2pct pts															
Author, Year: Coronado et al., 2011 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Good	Location: South King County, Washington Setting: urban community and clinic Intervention Duration: NR Intervention Details: Type of cancer addressed: CRC <i>Intervention arm 1: RSB, reducing admin barriers + CR + OE</i>	Training: covered strategies for prevention and early detection of CRC and was delivered in English and Spanish Supervision: NR Matching to Population: promotoras spoke Spanish Educational Background: NR Payment: NR	Eligibility Criteria: Hispanic patients aged 50 to 79 years who had visited one of the participating clinics from 2002 to 2006 and were non-compliant with CRC screening guidelines Sample Size: 503 Attrition: 7.8% Demographics:	Outcome Measure: FOBT screening How Ascertained: completed FOBT cards mailed to clinic were tracked by promotora and lab results were reviewed to document test results Follow-up Time: 9 months Results: Absolute effectiveness, CHW in a team: <table><tr><td></td><td>Arm 1</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>52/168=31.0%</td><td>4/165=2.4%</td></tr><tr><td>Change</td><td>+31.0pct pts</td><td>+2.4pct pts</td></tr><tr><td>Difference</td><td>+28.6pct pts</td><td></td></tr></table>		Arm 1	Control	Pre	0%	0%	Post	52/168=31.0%	4/165=2.4%	Change	+31.0pct pts	+2.4pct pts	Difference	+28.6pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	<i>Intervention arm 2: RSB, reducing admin barriers</i> RSB, reducing admin barriers: mailed packet containing letter, FOBT card, and pamphlet with instructions on how to complete FOBT along with pre-stamped and addressed envelope for mailing card to clinic CR: promotoras provided telephone reminders 2 weeks after mailing OE: promotora conducted home visits for those in area who had not returned FOBT cards and agreed to visit <i>Control arm: usual care</i> Intervention Intensity: Intervention arm 1 included 10-minute telephone call and 50-minute home visit Targeted or Tailored: targeted low-literacy audience; Intervention arm 1 tailored home visits	Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented minor part of intervention Specific Component Implemented by CHW: CR, OE Methods for Interaction with Participates: both	<i>Age:</i> 57.1% 50-59; 33.0% 60-69; 9.9% 70-79 <i>Gender:</i> 52.9% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> NR <i>Established source of care:</i> 100% <i>Baseline screening of intervention group:</i> 0%	Incremental effectiveness, CHW added: <table><tr><td></td><td>Arm 1</td><td>Arm 2</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>52/168=31.0%</td><td>43/168=25.6%</td></tr><tr><td>Change</td><td>+31.0pct pts</td><td>+25.6pct pts</td></tr><tr><td>Difference</td><td>+5.4pct pts</td><td></td></tr></table>		Arm 1	Arm 2	Pre	0%	0%	Post	52/168=31.0%	43/168=25.6%	Change	+31.0pct pts	+25.6pct pts	Difference	+5.4pct pts	
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Author, Year: Elder et al., 2017 Study Design:	Location: San Diego County, California Setting: urban community	Training: 24 hours of training delivered through biweekly meetings over 6 weeks conducted in Spanish Supervision: NR	Eligibility Criteria: Hispanic women attending participating Catholic Churches Sample Size: 436	Outcome Measure: Pap test in last 3 years, MAM in last year, FOBT in last year, colonoscopy and sigmoidoscopy ever How Ascertained: self-reported Follow-up Time: 12 months															

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																																												
RCT Suitability of Design: Greatest Quality of Execution: Fair	Intervention Duration: 12 months Intervention Details: Type of cancer addressed: BC, CC, CRC <i>Intervention arm: GE + OE + RSB, reducing admin barriers, appointment scheduling</i> GE: 6-week series of classes that cover information about cancer screening recommendations and risk factors OE: up to 2 motivational interviewing calls evaluating barriers to screening RSB, reducing admin barriers: promotoras accompanied participants to cancer screening appointments as needed RSB, appointment scheduling: promotoras helped participants schedule appointments <i>Control arm:</i> received physical activity education Intervention Intensity: four 90-120 minutes GE sessions and 2 OE phone calls	Matching to Population: promotoras chosen from community by church leaders Educational Background: NR Payment: \$10 per hour (5-10 hours per week) Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both	Attrition: NR Demographics: <i>Age:</i> 31.9% 18-39; 68.1% 40-65 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> 65.8% employed <i>Monthly household income:</i> 58.3% <\$2,000 <i>Education:</i> 54.8% <HS <i>Insurance:</i> 48.0% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 44% mammography; 90% Pap test; 15% FOBT; 37% colonoscopy	Results: Absolute effectiveness, CHW alone: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>44%</td><td>52%</td></tr><tr><td>Post</td><td>61%</td><td>42%</td></tr><tr><td>Change</td><td>+17pct pts</td><td>-10pct pts</td></tr><tr><td>Difference</td><td>+27pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>90%</td><td>85%</td></tr><tr><td>Post</td><td>90%</td><td>88%</td></tr><tr><td>Change</td><td>+0pct pts</td><td>+3pct pts</td></tr><tr><td>Difference</td><td>-3pct pts</td><td></td></tr></table> Up-to-date with FOBT: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>15%</td><td>13%</td></tr><tr><td>Post</td><td>25%</td><td>20%</td></tr><tr><td>Change</td><td>+10pct pts</td><td>+7pct pts</td></tr><tr><td>Difference</td><td>+3pct pts</td><td></td></tr></table> Up-to-date with colonoscopy or sigmoidoscopy: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>37%</td><td>31%</td></tr><tr><td>Post</td><td>53%</td><td>40%</td></tr><tr><td>Change</td><td>+16pct pts</td><td>+9pct pts</td></tr><tr><td>Difference</td><td>+7pct pts</td><td></td></tr></table>		Intervention	Control	Pre	44%	52%	Post	61%	42%	Change	+17pct pts	-10pct pts	Difference	+27pct pts			Intervention	Control	Pre	90%	85%	Post	90%	88%	Change	+0pct pts	+3pct pts	Difference	-3pct pts			Intervention	Control	Pre	15%	13%	Post	25%	20%	Change	+10pct pts	+7pct pts	Difference	+3pct pts			Intervention	Control	Pre	37%	31%	Post	53%	40%	Change	+16pct pts	+9pct pts	Difference	+7pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Targeted or Tailored: tailored; targeted to Hispanic women			
Author, Year: Elkin et al., 2012 Study Design: Pre-post w/comparison Suitability of Design: Greatest Quality of Execution: Fair	Location: New York City, NY Setting: urban clinic Intervention Duration: 1 session Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: OE + RSB, reducing admin barriers, appointment scheduling</i> OE: PN review bowel preparation and colonoscopy info with patients, addressed their concerns, and linked to financial services RSB, reducing admin barriers: PN assisted patients in completing paperwork RSB, appointment scheduling: PN assisted patients in scheduling appointment <i>Control arm: comparison hospitals served similar patient population but did not implement intervention</i>	Training: intensive initial training in a 1-week program orientation and subsequent ongoing training Supervision: NR Matching to Population: recruited from surrounding communities Educational Background: NR Payment: NR Roles Performed: Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components	Eligibility Criteria: all patients with an appointment for colonoscopy, identified in schedules in participating clinics Sample Size: 44326 Attrition: N/A Demographics: <i>Mean age:</i> 13.3% <50; 59.5% 50-64; 27.2% ≥65 <i>Gender:</i> 60.7% female <i>Race/Ethnicity:</i> 13.3% white; 26.8% African American; 8.0% Asian American; 5.0% other; 58.4% Hispanic <i>Employment:</i> NR <i>Income:</i> predominantly low-income <i>Education:</i> NR <i>Insurance:</i> 81.1% insured <i>Established source of care:</i> all are patients from hospitals with PN program <i>Baseline screening of intervention group:</i> NR	Outcome Measure: completion of colonoscopy How Ascertained: medical records Follow-up Time: intervention ongoing Results: Absolute effectiveness, CHW alone: In adjusted analysis, the navigator program was associated with an increase in the probability of colonoscopy completion of approximately 20 percentage points (p<.0001)

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
	Intervention Intensity: 1 in-person session Targeted or Tailored: no to both	Methods for Interaction with Participates: face-to-face																																
Author, Year: Fiscella et al., 2011 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Rochester, New York Setting: urban clinic Intervention Duration: NR Intervention Details: Type of cancer addressed: BC, CRC <i>Intervention arm: CR + RSB, reducing admin barriers+ PR</i> CR: mailed 2 personalized letters indicating patient was overdue for screening, followed by up to 4 phone calls; letter also indicated why screening was important and included information on how uninsured patients could obtain free cancer screening. RSB, reducing admin barriers: insured patients in need of CRC screening were mailed kits for stool testing if they failed to respond to outreach. PR: point of care prompts; prompt sheet	Training: formal training on the intervention, use of a database, health promotion, and methods to assist patients to navigate the health and social service systems Supervision: supervised by a social worker Matching to Population: recruited from community Educational Background: NR Payment: NR Roles Performed: Care coordination, case management, and system navigation Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: CR, RSB Methods for Interaction with Participates: remote	Eligibility Criteria: aged 40-75 years (MAM) or 50-75 years (CRC); past due for either MAM (>18 months from last MAM) or CRC screening (>12 months from last FOBT or >5 or 10 years since last sig or colonoscopy, respectively) Excluded if no visit in past 2yrs or high risk for BC or CRC based on personal or family history Sample Size: BC, 469; CRC, 323 Attrition: NR Demographics: For CRC: <i>Age:</i> 62.6% 50-59; 37.4%≥60 <i>Gender:</i> 56.3% female <i>Race/Ethnicity:</i> 64.2% white; 24.8% African American; 11.0% other <i>Employment:</i> NR	Outcome Measure: completed MAM; up-to-date with FIT, colonoscopy, flex sig, or double contrast barium enema How Ascertained: EMR documentation Follow-up Time: EMR checked 12 months after randomization Results: Absolute effectiveness, CHW in a team: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>41.0%</td><td>16.8%</td></tr><tr><td>Change</td><td>+41.0pct pts</td><td>+16.8pct pts</td></tr><tr><td>Difference</td><td>+24.2pct pts</td><td></td></tr></table> Up-to-date with CRC using any test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>28.8%</td><td>10.0%</td></tr><tr><td>Change</td><td>+28.8pct pts</td><td>+10.0pct pts</td></tr><tr><td>Difference</td><td>+18.8pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	41.0%	16.8%	Change	+41.0pct pts	+16.8pct pts	Difference	+24.2pct pts			Intervention	Control	Pre	0%	0%	Post	28.8%	10.0%	Change	+28.8pct pts	+10.0pct pts	Difference	+18.8pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	to remind clinician that patient past due for MAM and/or CRC screening <i>Control arm:</i> usual care Intervention Intensity: 2 letters and 4 phone calls Targeted or Tailored: targeted		<i>Income:</i> 22.6% <\$30K; 40.9% \$30 to 39K; 36.6% >\$40K <i>Education:</i> NR <i>Insurance:</i> 89.7% insured; 41.8% private insurance; 26.6% Medicare; 21.3% Medicaid <i>Established source of care:</i> Yes; all recruited from one clinic <i>Baseline screening of intervention group:</i> 0%	
Author, Year: Holt et al., 2013 Study Design: Pe-post only Suitability of Design: Least Quality of Execution: Fair	Location: Birmingham, AL Setting: urban and suburban communities Intervention Duration: 2 GE sessions 1 month apart; 1 month Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: GE</i> Two groups: spiritual based and non-spiritual based groups GE: Session 1, standardized power point presentation developed specifically for this project.; presentation was supplemented by print materials encouraging	Training: two 4-hour training days and a mock session where they practiced their delivery of the educational session in front of a video camera and members of the investigative team Supervision: NR Matching to Population: church member, from community Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health	Eligibility Criteria: 16 African American churches, randomly assigned to either spiritually based or non-spiritually based intervention; each church recruit individuals 50 to 74yr Sample Size: 316 Attrition: 9.8% Demographics: <i>Mean age:</i> 58 <i>Gender:</i> 69.9% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> 44.8% fulltime; 8.8% part time; 9.6% not employed; 25.6% retired; 11.2% disabled <i>Income:</i> 56.9% <\$40k	Outcome Measure: CRC screening; FOBT in past 12 months; Flex sig in past 5 years; colonoscopy in past 10 years How Ascertained: self-report Follow-up Time: total 12 months; 11 months post intervention Results: Absolute effectiveness, CHW alone: Up-to-date with FOBT, spiritual: Pre 15/162=9.3% Post 12/162=7.4% Change -1.9pct pts Up-to-date with FOBT, non-spiritual: Pre 8/154=5.2% Post 20/154=13.0% Change +7.8pct pts Up-to-date with Flex sig, spiritual: Pre 25/162=15.4% Post 123/162=75.9% Change +60.5pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	screening; materials consisted of a professionally designed and produced, full-color booklet and a CRC screening reminder card Session 2, one month after first session, Health Belief Model constructs addressed in intervention content Spiritual-based group: intervention materials included relevant scripture and spiritual themes Nonspiritual-based group: no spiritual message <i>Control arm:</i> 2 groups treated as pre-post arms; baseline only Intervention Intensity: 2 GE sessions lasting about 1hour Targeted or Tailored: targeted to African Americans with tailored content	education and information; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: face-to-face	<i>Education:</i> 34.1% high school or less <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 47.5%	Up-to-date with flex sig, non-spiritual: Pre 16/154=10.4% Post 103/154=66.9% Change +56.5pct pts Up-to-date with colonoscopy, spiritual: Pre 77/162=47.5% Post 98/162=60.5% Change +13.0pct pts Up-to-date with colonoscopy, non-spiritual: Pre 64/154=41.6% Post 84/154=54.5% Change +12.9pct pts
Author, Year: Jean-Jacques et al., 2012 Study Design: RCT	Location: Chicago, IL Setting: urban clinic Intervention Duration: 2 months	Training: yes, but only reported that one of the study authors trained the outreach coordinator Supervision: yes, but only reported that one of the	Eligibility Criteria: Site selection: a single Heartland International Health Center clinic Patients: adults 50-80 years, at least 2 visits to study site between	Outcome Measure: CRC screening with any test How Ascertained: medical records Follow-up Time: 11 months

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
Suitability of Design: Greatest Quality of Execution: Fair	Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: RSB, reducing admin barriers + OE</i> RSB, reducing admin barriers: mailing included (1) a letter from their medical professional notifying them re CRC screening, best if through FOBT (2) a CRC fact sheet from CDC, both English and Spanish (3) FOBT test (4) how to use FOBT kit; patients can return completed FOBT kit to health center lab in person or via postage-paid envelope OE: patients who did not return FOBT kit within 2 weeks received telephone outreach by a lay health educator; addressed questions regarding CRC screening in general and FOBT specifically <i>Control arm:</i> usual care; could be referred for CRC screening per usual health center protocol Intervention Intensity: outreach included up to 3 phone	study authors supervised the outreach coordinator Matching to Population: only stated that the outreach coordinator is bilingual with English and Spanish Educational Background: NR Payment: NR Roles Performed: Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE Methods for Interaction with Participates: remote	7/1/08 and 12/31/09, no history of CRC or total colectomy, no documented FOBT within 1 year, sigmoidoscopy within 5 years, or colonoscopy within 10 years as of 12/31/09 Sample Size: 202 Attrition: N/A Demographics: <i>Mean age:</i> 60 <i>Gender:</i> 61.2% female <i>Race/Ethnicity:</i> 20.3% Hispanic, 26.2% White, 27.2% African American, 13.9% Asian American, 1.5% multiracial, 10.9% other <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> 67.8% uninsured <i>Established source of care:</i> 100%; recruited from a single clinic <i>Baseline screening of intervention group:</i> 0.0%	Results: Absolute effectiveness, CHW in a team: Up-to-date with CRC using any test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>40/104=38.5%</td><td>15/98=15.3%</td></tr><tr><td>Change</td><td>38.5pct pts</td><td>15.3pct pts</td></tr><tr><td>Difference</td><td>+23.2pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	40/104=38.5%	15/98=15.3%	Change	38.5pct pts	15.3pct pts	Difference	+23.2pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																													
	call attempts each spaced 2 weeks apart Targeted or Tailored: tailored to address each patient’s questions																																																
Author, Year: Jo et al., 2017 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Los Angeles, CA Setting: urban community Intervention Duration: 4 months Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: GE + CR</i> GE: 2 CHW-led educational sessions 2 months apart Session 1: information about CRC, risk factors, and CRC screening Session 2: discuss participants’ experiences with CRC screening, barriers, and overcoming barriers CR: 2 follow-up telephone calls where CHW reminded participants to obtain a CRC test, answered questions, addressed concerns, taught or reinforced knowledge,	Training: 8 hour small-group orientation and training session; description of program, roles and responsibilities, research methods; CHW in intervention arm participated in a second training session on information regarding CRC screening Supervision: NR Matching to Population: recruited from Korean American communities Educational Background: NR Payment: each paid \$1,200 Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social	Eligibility Criteria: each CHW recruited 12 to 15 study participants Participants: age 50-75, self-identified as Korean, able to speak Korean or English, living and intending to stay in the LA area for at least 12 months, willingness to participate in a study; 1 member of a HH allowed to participate in the study Exclusion: personal history of CRC, with medical issues that may prevent them from attending education sessions Sample Size: 348 Attrition: 2.9% Demographics: <i>Mean age:</i> 61.4 <i>Gender:</i> 83.6% female <i>Race/Ethnicity:</i> 100% Asian <i>Employment:</i> 40.5% employed	Outcome Measure: CRC screening, up-to-date with any test, FOBT, sigmoidoscopy, colonoscopy How Ascertained: self-report Follow-up Time: 2 months since the intervention end Results: Absolute effectiveness, CHW alone Up-to-date with FOBT: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>4.9%</td><td>6.7%</td></tr><tr><td>Post</td><td>25/184=13.6%</td><td>13/164=7.9%</td></tr><tr><td>Change</td><td>8.7pct pts</td><td>1.2pct pts</td></tr><tr><td>Difference</td><td>+7.5pct pts</td><td></td></tr></table> Up-to-date with sigmoidoscopy or colonoscopy: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>38.0%</td><td>39.6%</td></tr><tr><td>Post</td><td>89/184=48.4%</td><td>76/164=46.3%</td></tr><tr><td>Change</td><td>10.4pct pts</td><td>6.7pct pts</td></tr><tr><td>Difference</td><td>+3.7pct pts</td><td></td></tr></table> Up-to-date with CRC screening using any test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>41.3%</td><td>41.5%</td></tr><tr><td>Post</td><td>99/184=53.8%</td><td>82/164=50.0%</td></tr><tr><td>Change</td><td>12.5pct pts</td><td>8.5pct pts</td></tr><tr><td>Difference</td><td>+4.0pct pts</td><td></td></tr></table>		Intervention	Control	Pre	4.9%	6.7%	Post	25/184=13.6%	13/164=7.9%	Change	8.7pct pts	1.2pct pts	Difference	+7.5pct pts			Intervention	Control	Pre	38.0%	39.6%	Post	89/184=48.4%	76/164=46.3%	Change	10.4pct pts	6.7pct pts	Difference	+3.7pct pts			Intervention	Control	Pre	41.3%	41.5%	Post	99/184=53.8%	82/164=50.0%	Change	12.5pct pts	8.5pct pts	Difference	+4.0pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	and addressed specific barriers <i>Control arm:</i> 2 nutrition and physical activity lectures 2 months apart; received a CRC brochure during the 1st lecture Intervention Intensity: 2 GE sessions and 2 follow-up calls Targeted or Tailored: targeted to Korean Americans with tailored messages	support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both	<i>Income:</i> 54.6% with household income ≥ \$20K <i>Education:</i> 39.9% ≥ college <i>Insurance:</i> 70.7% insured <i>Established source of care:</i> 64.4% with regular place for health care, 67.0% has a primary care physician, 72.7% saw a medical provider within last 12 months <i>Baseline screening of intervention group:</i> 4.9% up-to-date with FOBT	
Author, Year: Katz et al., 2007 Study Design: Pre-post w/ comparison Suitability of Design: Greatest Quality of Execution: Fair	Location: NC and SC Setting: community Intervention Duration: Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: GE + MM + SM</i> GE: educational classes MM: media campaigns by community newspapers included, segments on local radio stations SM: direct mailings, brochures, in-reach strategies (waiting-room posters, monthly	Training: American Cancer Society (ACS) volunteer training included general project information, role of a volunteer, cancer and CRC information, cancer screening, diagnosis, and treatment; project protocol, procedures, documentation of materials and events, importance of completing admin docs Supervision: ACS coordinator Matching to Population: recruited from community Educational Background: varied education background with no details	Eligibility Criteria: at each cycle of intervention, a cross-sectional sample of women was randomly selected from housing authority resident lists in each study region; independent samples were taken at each cycle and women were interviewed only once; ≥50 years of age, resident of housing community Sample Size: 888 Attrition: NR Demographics:	Outcome Measure: CRC screening How Ascertained: self-reported Follow-up Time: NR Results: Absolute effectiveness, CHW in a team: After intervention, odds of being within CRC screening guidelines for women living in a city that had received the intervention were 1.27 times (95% CI 0.90, 1.78, p = 0.172) the odds of women living in a city that had not received the intervention

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	examination-room messages) were directed to healthcare providers and clinics <i>Control arm:</i> usual care Intervention Intensity: NR Targeted or Tailored: no to both	Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: GE + SM Methods for Interaction with Participates: both	<i>Age:</i> 38% 50-64, 30% 65-74, 22% 75-84, 9% 85+ <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 19% White, 78.0% African American, 3% other <i>Employment:</i> 9% employed, 3% volunteer, 4% unemployed, 41% retired, 43% unable to work <i>Income:</i> NR <i>Education:</i> 38% <8th grade, 33% 9-12 grade, 23% high school or GET, 7% some college <i>Insurance:</i> 85% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i>																
Author, Year: Leone et al., 2016 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Michigan, North Carolina Setting: community churches Intervention Duration: NR Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: OE + GE + SM</i>	Training: All CHWs completed a 3- to 4-hour training session, led by church coordinator using a training DVD and manual adapted from previous studies Supervision: yes, but no details provided Matching to Population: church pastors and coordinators selected church members who were considered natural leaders/	Eligibility Criteria: Churches: had to have a predominantly African American congregation, at least 100 active members aged ≥50 years; Church members participated in the intervention Sample Size: 712 Attrition: 25.4% Demographics:	Outcome Measure: completion of CRC screening by any test How Ascertained: self-report Follow-up Time: mean of 13 months (range 9-20) Results: Absolute effectiveness, CHW in a team: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>75.9%</td><td>73.7%</td></tr><tr><td>Post</td><td>82.3%</td><td>78.4%</td></tr><tr><td>Change</td><td>+6.4pct pts</td><td>+4.7pct pts</td></tr><tr><td>Difference</td><td>+1.7pct pts</td><td></td></tr></table>		Intervention	Control	Pre	75.9%	73.7%	Post	82.3%	78.4%	Change	+6.4pct pts	+4.7pct pts	Difference	+1.7pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	OE: provide info, increase motivation, and promote support for behavioral change GE: church-wide events related to colon cancer, with motivational DVD about importance of CRC for African Americans, CRC DVD screening decision aid SM: 4-page individually tailored colored newsletters; newsletters included participant's name and a message from the church pastor <i>Control arm:</i> comparison churches received Body and Soul intervention Intervention Intensity: ongoing intervention with multiple sessions Targeted or Tailored: targeted to African Americans with individually tailored information	advisors in the church community to serve as peer counselors Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE, maybe GE Methods for Interaction with Participates: both	<i>Mean age:</i> 62.8 <i>Gender:</i> 68.6% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> NR <i>Income:</i> 17.7% <\$20K, 35.1% \$20K - \$49,999, 27.1% \$50K - \$99,999, 10.8% ≥\$100K, 9.3% missing data <i>Education:</i> 6.7% <12th grade, 20.3% high school grad, 32.9% trade/ beauty/ some college, 18.7% college, 21.4% > college <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 75.9%	
Author, Year: Liu et al., 2015 Study Design: Pre-post only	Location: US, no specific state or city Setting: urban clinic; university-based family medicine residency Intervention Duration: 6 months	Training: formal training provided, but no details Supervision: NR Matching to Population: NR; lay cancer screening navigator working with patients in the clinics	Eligibility Criteria: patients aged 50 to 74, seen in the clinic within the past 3 years; not at high risk for CRC, did not have a terminal disease, not part of special population requiring an	Outcome Measure: received colonoscopy or FIT by follow-up How Ascertained: assume medical records, since all participants from a clinic Follow-up Time: 6-months Results:

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Suitability of Design: Least Quality of Execution: Fair	Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: CR + RSB, appointment scheduling</i> CR: CHW made the initial contact by phone, if FIT not returned within 2 weeks, CHW would call to remind the patient RSB, appointment scheduling: following contact and discussion, if patients agreed to screening, patient was offered either colonoscopy or a mailed FIT <i>Control arm: no comparison, pre-post only</i> Intervention Intensity: multiple phone contacts Targeted or Tailored: tailored	Educational Background: NR Payment: NR Roles Performed: Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: remote by phone	individualized approach Sample Size: 1394 Attrition: N/A Demographics: <i>Mean age:</i> 59.3 <i>Gender:</i> 67% female <i>Race/Ethnicity:</i> NR <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> 52.4% private insurance, 26.6% Medicare, 18.2% Medicaid, 2.8% no insurance <i>Established source of care:</i> 100% <i>Baseline screening of intervention group:</i> 21.5% colonoscopy, 7.0% FIT	Absolute effectiveness, CHW alone: Up-to-date with colonoscopy: Pre: 300/1394=21.5% Post: 399/1394=28.6% Change: +7.1pct pts Up-to-date with FIT: Pre: 98/1394=7.0% Post: 229/1394=16.4% Change: +9.4pct pts
Author, Year: Nguyen et al., 2015 Study Design: RCT	Location: Santa Clara County, CA Setting: urban community Intervention Duration: 2- 3 months	Training: trained on participant recruitment, outreach, and organization and facilitation of educational sessions; intervention LHWs were educated about CRC screening, whereas the control LHWs received	Eligibility Criteria: females self-identifying as Vietnamese or Vietnamese American, 50 to 74 years of age, understanding Vietnamese, living in and intending to stay in the study area for	Outcome Measure: up to date with CRC screening using any test How Ascertained: self-Report Follow-up Time: 3-4 months Results: Absolute effectiveness, CHW alone

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
Suitability of Design: Greatest Quality of Execution: Fair	Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: GE + RSB, reducing admin barriers + RSB, appointment scheduling</i> GE: lay health workers conducted two 1-2 hours educational sessions for 10 participants; developed materials in Vietnamese to connect directly to the target audience RSB, reducing admin barriers: accompany participants to appointments RSB, appointment scheduling: assistance with scheduling appointments <i>Control arm: education about physical activity</i> Intervention Intensity: 2 educational sessions 1 to 2 hours at 2-3 months apart Targeted or Tailored: targeted to Vietnamese females	information about healthy nutrition and physical activity Supervision: NR Matching to Population: recruited from the same Vietnamese communities Educational Background: NR Payment: \$1200 per CHW Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both	the next 6 months, and never having had CRC screening Sample Size: 640 Attrition: 2% Demographics: <i>Age:</i> 71.4% 50-64, 28.6% 65-74 <i>Gender:</i> 50% female <i>Race/Ethnicity:</i> 100% Vietnamese <i>Employment:</i> 27% employed <i>Income:</i> 16.6% <\$10K, 22.2% \$10-19K, 13.6% \$20-39K, 11.1% >\$40K <i>Education:</i> 40.8% <high school, 21.2% high school, 37.7% > high school <i>Insurance:</i> 69.9% insured <i>Established source of care:</i> 58.6% have a particular place for health care; 70.2% have personal doctor Baseline screening of intervention group: 0%	Up-to-date with CRC screening using any test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>56.3%</td><td>19.0%</td></tr><tr><td>Change</td><td>+56.3pct pts</td><td>+19.0pct pts</td></tr><tr><td>Difference</td><td>+37.3pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	56.3%	19.0%	Change	+56.3pct pts	+19.0pct pts	Difference	+37.3pct pts	
	Intervention	Control																	
Pre	0%	0%																	
Post	56.3%	19.0%																	
Change	+56.3pct pts	+19.0pct pts																	
Difference	+37.3pct pts																		
Author, Year:	Location: San Francisco, CA	Training: 4-hour training session on project; 12 hours of training over 2	Eligibility Criteria: age 50-75 years; self-identifying as Chinese	Outcome Measure: being up-to-date for CRC screening; ever having FOBT, sigmoidoscopy, or colonoscopy															

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
Nguyen et al., 2017 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Setting: urban community Intervention Duration: 4 months Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: GE + OE</i> GE: 2 small group sessions led by lay health worker held at lay health worker home or NICOS office First session, LHW delivered information about CRC and screening Second session, 2 months after 1 st session and covered barriers to screening OE: follow-up calls following each group session to address barriers <i>Control arm:</i> 2 in-language lectures on nutrition and physical activity Intervention Intensity: 2 GE sessions + 2 OE sessions Targeted or Tailored: targeted to Chinese Americans	days on CRC; learned how to use FOBT kit; visited endoscopy suite where gastroenterologist showed equipment and described CRC screening procedures; trained on how to conduct telephone calls; 90-minute booster training 1 month after intervention began Supervision: supervised by study staff Matching to Population: recruited from local communities Educational Background: NR Payment: \$1000 Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented everything	or Chinese American; speaking English, Cantonese, or Mandarin; residing in San Francisco with intention to stay for 6 months; no personal history of CRC, no other participants in same household Sample Size: 725 Attrition: 0.9% Demographics: <i>Mean age:</i> 62.2 <i>Gender:</i> 81.1% female <i>Race/Ethnicity:</i> 100% Chinese American <i>Employment:</i> 27.2% employed <i>Income:</i> 59.2% <\$20K <i>Education:</i> 70.5% <high school <i>Insurance:</i> 91.9% insured <i>Established source of care:</i> 89.6% had regular place for healthcare; 88.6% had primary care doctor; 80.3% had doctor visit in past 12 months <i>Baseline screening of intervention group:</i> 60%	How Ascertained: self-report Follow-up Time: 2 months Results: Absolute effectiveness, CHW alone: Up-to-date with CRC with any test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>216/360=60.0%</td><td>281/360=78.1%</td></tr><tr><td>Post</td><td>212/365=58.1%</td><td>234/365=64.1%</td></tr><tr><td>Change</td><td>+18.1pct pts</td><td>+6.0pct pts</td></tr><tr><td>Difference</td><td>+12.1pct pts</td><td></td></tr></table>		Intervention	Control	Pre	216/360=60.0%	281/360=78.1%	Post	212/365=58.1%	234/365=64.1%	Change	+18.1pct pts	+6.0pct pts	Difference	+12.1pct pts	
	Intervention	Control																	
Pre	216/360=60.0%	281/360=78.1%																	
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Change	+18.1pct pts	+6.0pct pts																	
Difference	+12.1pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																													
		Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both																																															
Author, Year: Tong et al., 2017 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Sacramento, CA Setting: urban community Intervention Duration: 3 months Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: GE + OE</i> GE: participants attended 2 small-group educational sessions lasting approximately 90 minutes each and separated by 2 months OE: participants received 2 follow-up calls approximately 1 month after each session <i>Control arm:</i> control group participants received nutrition and physical activity education from a health educator Intervention Intensity: 2 small	Training: trained to deliver CRC prevention information; attended 2 training sessions Supervision: NR Matching to Population: recruited through Hmong radio and Hmong Women’s Heritage Association clients; need to be Hmong and ≥18; native Hmong speakers who could also speak English Educational Background: ranged from some high school to college graduates Payment: \$1,200 Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Building individual and community capacity; Conducting outreach	Eligibility Criteria: aged 50 to 75, self-identifying as Hmong, speaking Hmong or English, living and intending to stay in area for at least 6 months, having no personal history of CRC, having no medical problems preventing them from attending sessions, and willing to participate in a study regarding CRC screening or nutrition and physical activity Sample Size: 329 Attrition: 1.5% Demographics: <i>Mean age:</i> 60.4 <i>Gender:</i> 74.2% female <i>Race/Ethnicity:</i> 100% Asian American (Hmong) <i>Employment:</i> 9.1% employed <i>Income:</i> 53.8%≥\$20k <i>Education:</i> 88.8% no formal education	Outcome Measure: up-to-date CRC screening (FOBT at 1 year, sigmoidoscopy at 5 years, or colonoscopy at 10 years) How Ascertained: self-report Follow-up Time: 3 months Results: Absolute effectiveness, CHW alone Up-to-date for CRC with any test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>71/161=44.1%</td><td>73/168=43.5%</td></tr><tr><td>Post</td><td>92/161=57.1%</td><td>70/161=43.5%</td></tr><tr><td>Change</td><td>+13.0pct pts</td><td>+0.0pct pts</td></tr><tr><td>Difference</td><td>+13.0pct pts</td><td></td></tr></table> Up-to-date for CRC with FOBT: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>52/161=32.2%</td><td>59/168=35.1%</td></tr><tr><td>Post</td><td>67/161=41.6%</td><td>58/168=34.5%</td></tr><tr><td>Change</td><td>+9.4pct pts</td><td>-0.6pct pts</td></tr><tr><td>Difference</td><td>+10.0pct pts</td><td></td></tr></table> Update to date CRC with sigmoidoscopy or colonoscopy: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>32/161=19.9%</td><td>27/168=16.1%</td></tr><tr><td>Post</td><td>43/161=26.7%</td><td>24/168=14.3%</td></tr><tr><td>Change</td><td>+6.8pct pts</td><td>-1.8pct pts</td></tr><tr><td>Difference</td><td>+8.6pct pts</td><td></td></tr></table>		Intervention	Control	Pre	71/161=44.1%	73/168=43.5%	Post	92/161=57.1%	70/161=43.5%	Change	+13.0pct pts	+0.0pct pts	Difference	+13.0pct pts			Intervention	Control	Pre	52/161=32.2%	59/168=35.1%	Post	67/161=41.6%	58/168=34.5%	Change	+9.4pct pts	-0.6pct pts	Difference	+10.0pct pts			Intervention	Control	Pre	32/161=19.9%	27/168=16.1%	Post	43/161=26.7%	24/168=14.3%	Change	+6.8pct pts	-1.8pct pts	Difference	+8.6pct pts	
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Difference	+8.6pct pts																																																

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
	group sessions + 2 phone calls Targeted or Tailored: targeted to Hmong American with tailored content	Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: face-to-face and remote	<i>Insurance:</i> 95.1% Insured <i>Established source of care:</i> 94.2% have regular source of health care, 84.8% saw physician within past year, 92.1% has primary physician <i>Baseline screening of intervention group:</i> any CRC 44.1%, FOBT 32.2%, sig/colonoscopy 19.9%																															
Author, Year: Walsh et al., 2010 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Santa Clara County, CA Setting: urban community and clinic Intervention Duration: NR Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: RSB, reducing admin barriers + SM + OE</i> RSB, reducing admin barriers: mailed FOBT kits plus culturally tailored brochures SM: bilingual culturally tailored brochures were developed separately in Spanish and Vietnamese languages OE: telephone counseling was delivered	Training: >20 hours using didactic coursework, role-plays, practice counseling sessions Supervision: study investigators met frequently with CHAs and regularly reviewed CHAs’ records Matching to Population: recruited from community Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Providing coaching and social support; Building	Eligibility Criteria: Vietnamese and Latino male and female patients aged 50 to 79 with no history of cancer Sample Size: 1789 Attrition: 24.2% Demographics: <i>Mean age:</i> 60.37 <i>Gender:</i> 69.1% female <i>Race/Ethnicity:</i> 55.7% Hispanic; 44.2% Asian American (Vietnamese) <i>Employment:</i> 21.6% employed <i>Income:</i> 57.8%<\$20K <i>Education:</i> 55.8%<elementary, 24.4% with some or completed middle school, 19.8% with	Outcome Measure: up-to-date for screening (FOBT within past year, sigmoidoscopy within past 5 years, colonoscopy within past 10 years) How Ascertained: self-report Follow-up Time: NR Results: Incremental effectiveness, CHW added; Up-to-date for CRC with any test: <table><tr><td></td><td>Intervention</td><td>Control Arm 2</td></tr><tr><td>Pre</td><td>265/768=34.5%</td><td>257/765=33.6%</td></tr><tr><td>Post</td><td>414/768=53.9%</td><td>343/765=44.8%</td></tr><tr><td>Change</td><td>+19.4pct pts</td><td>+11.2pct pts</td></tr><tr><td>Difference</td><td>+8.2pct pts</td><td></td></tr></table> Up-to-date for CRC with FOBT: <table><tr><td></td><td>Intervention</td><td>Control Arm 2</td></tr><tr><td>Pre</td><td>358/768=46.6%</td><td>369/765=48.2%</td></tr><tr><td>Post</td><td>485/768=63.2%</td><td>437/765=57.1%</td></tr><tr><td>Change</td><td>+16.6pct pts</td><td>+8.9pct pts</td></tr><tr><td>Difference</td><td>+7.7pct pts</td><td></td></tr></table> Absolute effectiveness, CHW in a team: Up-to-date for CRC with any test:		Intervention	Control Arm 2	Pre	265/768=34.5%	257/765=33.6%	Post	414/768=53.9%	343/765=44.8%	Change	+19.4pct pts	+11.2pct pts	Difference	+8.2pct pts			Intervention	Control Arm 2	Pre	358/768=46.6%	369/765=48.2%	Post	485/768=63.2%	437/765=57.1%	Change	+16.6pct pts	+8.9pct pts	Difference	+7.7pct pts	
	Intervention	Control Arm 2																																
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Difference	+7.7pct pts																																	

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
	according to protocol and scripts modeled on Pathfinders study <i>Control arm 1: RSB, reducing admin barriers + OE (see above)</i> <i>Control arm 2: usual care</i> Intervention Intensity: NR Targeted or Tailored: targeted to Vietnamese Americans and Latinos with tailored content	individual and community capacity Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE Methods for Interaction with Participates: remote	some or completed high school <i>Insurance:</i> NR <i>Established source of care:</i> 100%, attended community clinic <i>Baseline screening of intervention group:</i> FOBT 34.5%; any CRC screening 46.6%	<table><tr><td></td><td>Intervention</td><td>Control Arm 1</td></tr><tr><td>Pre</td><td>265/768=34.5%</td><td>92/256=35.9%</td></tr><tr><td>Post</td><td>414/768=53.9%</td><td>107/256=41.8%</td></tr><tr><td>Change</td><td>+19.4pct pts</td><td>+5.9pct pts</td></tr><tr><td>Difference</td><td>+13.5pct pts</td><td></td></tr></table> Up-to-date for CRC with FOBT: <table><tr><td></td><td>Intervention</td><td>Control Arm 1</td></tr><tr><td>Pre</td><td>358/768=46.6%</td><td>124/256=48.4%</td></tr><tr><td>Post</td><td>485/768=63.2%</td><td>132/256=51.6%</td></tr><tr><td>Change</td><td>+16.6pct pts</td><td>+3.1pct pts</td></tr><tr><td>Difference</td><td>+13.5pct pts</td><td></td></tr></table>		Intervention	Control Arm 1	Pre	265/768=34.5%	92/256=35.9%	Post	414/768=53.9%	107/256=41.8%	Change	+19.4pct pts	+5.9pct pts	Difference	+13.5pct pts			Intervention	Control Arm 1	Pre	358/768=46.6%	124/256=48.4%	Post	485/768=63.2%	132/256=51.6%	Change	+16.6pct pts	+3.1pct pts	Difference	+13.5pct pts	
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Change	+16.6pct pts	+3.1pct pts																																
Difference	+13.5pct pts																																	
Author, Year: Weinrich et al., 1993 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: South Carolina Setting: community Intervention Duration: 1 session Intervention Details: Type of cancer addressed: CRC <i>Intervention arm: GE + RSB, reducing admin barriers + ROPC</i> GE: registered nurse presented CRC education program at the 12 meal sites ROPC: FOBT kits distributed without costs RSB, reducing admin barriers: nurses collected kits 6 days after	Training: 3-hour session on interviewing techniques and CRC; on-the-job training also included discussions of reasons persons don't participate in CRC screening Supervision: NR Matching to Population: matched on age and ethnic origin to congregate meal site participants and dressed similarly; developed rapport and trust with the participants during the pre-program interviews Educational Background: NR Payment: yes, but no detail provided	Eligibility Criteria: Meal sites: randomly selected from 173 of SC's Council on Aging's Congregate Meal Sites Participants: individually asked to participate in the study Sample Size: 171 Attrition: NA Demographics: <i>Mean age:</i> 72 <i>Gender:</i> 77.2% female <i>Race/Ethnicity:</i> 50.3% white, 49.7% African American <i>Employment:</i> NR <i>Income:</i> 59.6%≤\$5,800, 27.5% \$5,801-9,999, 11.1%≥\$10K	Outcome Measure: FOBT at follow-up How Ascertained: test kits collected Follow-up Time: 6 days Results: Incremental effectiveness, CHW added: Up-to-date for CRC with FOBT: Elderly educator added vs. nurse educator Elderly educator added: 61.0% Nurse educator: 56.0% Difference: +5.0pct pts Elderly educator added, using modified materials vs. nurse educator Elderly educator + modified material: 93.0% Nurse educator: 56.0% Difference: +37.0pct pts																														

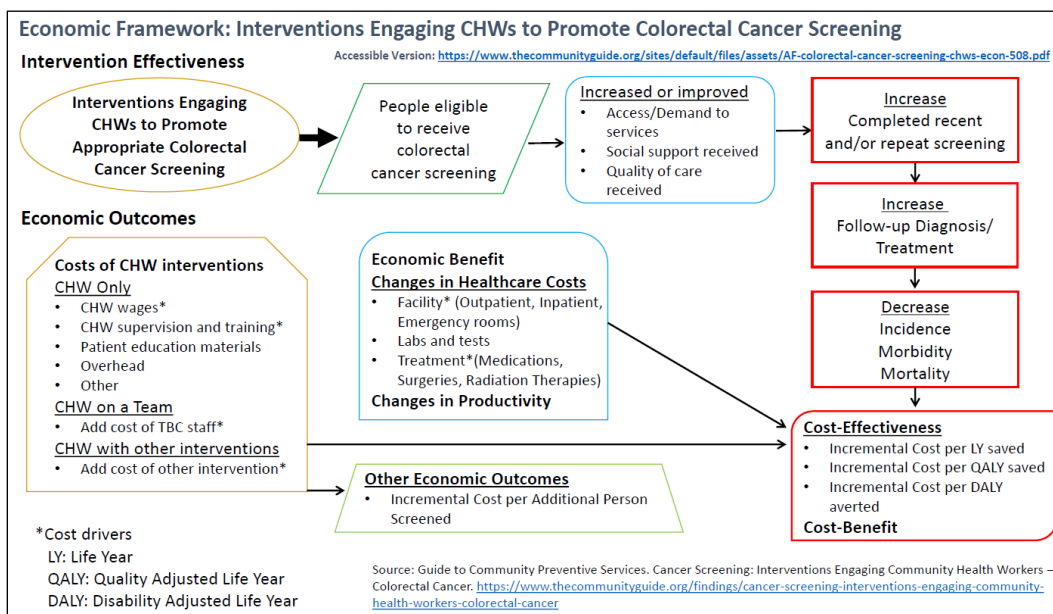
Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	educational program and left stamped, addressed envelopes for those failing to respond <i>Elderly Educator arm:</i> elderly persons served as teachers and demonstrators in CRC slide tape presentation with accompanying handout on CRC <i>Elderly Educator plus Adaptation for Aging arm:</i> elderly persons served as teachers and demonstrators; small media was adapted to elderly participants (reading level, print size), techniques to reinforce short term memory were used (post-it notes and posters provided); deeper tone of voice used; more time was used during demonstration <i>Control arm:</i> standard American Cancer Society slide tape presentation and handout on CRC Intervention Intensity: 60-90 minutes	Roles Performed: Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented minor part of intervention Specific Component Implemented by CHW: part of GE Methods for Interaction with Participates: face-to-face	<i>Education:</i> mean 7.8 years of education <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 22%	

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Targeted or Tailored: targeted to elderly participants			

Appendix E

Analytic Framework (Economic Review)

Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer



Analytic Framework Text Description

The analytic framework postulates the pathway leading from interventions engaging community health workers (CHWs) to promote colorectal cancer screening to downstream effects and economic outcomes.

Interventions engaging community health workers to increase colorectal cancer screening are delivered to people who are eligible for colorectal cancer screenings. These interventions could increase access to, or demand for, cancer screening services, improve patients' understanding of available social services and the quality of care they receive. This, in turn, would be expected to increase the number of completed or repeat screenings, which would increase follow-up diagnoses or treatment. This is expected to decrease colorectal cancer-related incidence, morbidity, and mortality.

The economic outcomes are costs of the interventions, economic benefit, other economic outcomes, cost-effectiveness, and cost-benefit. Some of the costs are cost drivers, because they are the unit costs that drive the total costs of the intervention. The costs of the interventions consist of cost drivers such as wages of the CHW and supervision and training costs. Other costs, which are not drivers, include providing educational materials to patients, overhead, and any other costs. Additionally, should the CHW be on a team, the cost driver of additional staff is included. If there are additional interventions, those cost drivers are added.

Icons in Community Guide Economic Frameworks

Icon	Interpretation
	Intervention Costs
	Economic Benefit
	Economic Outcome for Task Force Finding
	Other Economic Outcomes
	Unidirectional arrows for causal relationships

Economic benefit measures benefit in monetary terms and comprises changes in healthcare costs resulting from use of the cost driver of healthcare facilities including inpatient, outpatient, or emergency room costs. Additional drivers are treatment costs from medications, surgeries, or radiation therapies. Healthcare costs not considered drivers are those resulting from labs and tests. Changes in productivity are also categorized as an economic benefit due to the intervention. Another economic outcome is the incremental cost per additional person screened. This is the cost of screening an additional person targeted for screening by the intervention. Cost-effectiveness is either measured as the incremental cost per life year or quality-adjusted life year saved or disability-adjusted life year averted. The cost benefit is the monetized benefit to cost resulting from the intervention.

Appendix F

Search Strategy (Economic Review): Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer

The following outlines the search strategy for multicomponent interventions to increase breast, cervical, or colorectal cancer screening.

The review team conducted a search for economic evidence (search period through April 2019) using the following databases: PubMed, Medline, Embase, CINAHL, PsycINFO, Cochrane Library, and EconLit. To be included in the review, studies had to meet the following criteria:

- Studies had to be written in English and conducted in a high-income economy (identified by the World Bank).
- Studies had to evaluate screening outcomes recommended by USPSTF (breast, cervical and colorectal cancer screenings)
- Outcomes could include recent or repeat screenings
- Studies had to contain at least one of the following: cost(s), economic benefit(s), cost-benefit, cost-effectiveness

Appendix G

Included Studies (Economic Review):

Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer

The number of studies and publications do not always correspond (e.g., a publication may include several studies or one study may be explained in several publications).

The following list of included studies is for interventions engaging community health workers to increase breast, cervical, or colorectal cancer screening.

Elkin EB, Shapiro E, Snow JG, Zauber AG, Krauskopf MS. The economic impact of a patient navigator program to increase screening colonoscopy. *Cancer* 2012;118(23):5982-8.

Hayhoe B, Cowling TE, Pillutla V, Garg P, Majeed A, Harris M. Integrating a nationally scaled workforce of community health workers in primary care: a modelling study. *Journal of the Royal Society of Medicine* 2018;111(12):453-61.

Jandorf L, Stossel LM, Cooperman JL, Graff Zivin J, Ladabaum U, et al. Cost analysis of a patient navigation system to increase screening colonoscopy adherence among urban minorities. *Cancer* 2013;119(3):612-20.

Kim KE, Randal F, Johnson M, Quinn M, Maene C, et al. Economic assessment of patient navigation to colonoscopy-based colorectal cancer screening in the real-world setting at the University of Chicago Medical Center. *Cancer* 2018;124(21):4137-44.

Ladabaum U, Mannalithara A, Jandorf L, Itzkowitz SH. Cost-effectiveness of patient navigation to increase adherence with screening colonoscopy among minority individuals. *Cancer* 2015;121(7):1088-97.

Lairson DR, Kim J, Byrd T, Salaiz R, Shokar NK. Cost-effectiveness of community interventions for colorectal cancer screening: low-income Hispanic population. *Health Promotion Practice* 2018;19(6):863-72.

Mil R, Guillaume E, Guittet L, Dejardin O, Bouvier V, et al. Cost-effectiveness analysis of a navigation program for colorectal cancer screening to reduce social health inequalities: a French cluster randomized controlled trial. *Value in Health* 2018;21(6):685-91.

Shokar NK, Byrd T, Lairson DR, Salaiz R, Kim J, et al. Against colorectal cancer in our neighborhoods, a community-based colorectal cancer screening program targeting low-income Hispanics: program development and costs. *Health Promotion Practice* 2015;16(5):656-66.

Wilson FA, Villarreal R, Stimpson JP, Pag n JA. Cost-effectiveness analysis of a colonoscopy screening navigator program designed for Hispanic men. *Journal of Cancer Education* 2015;30(2):260-7.

Appendix H
Summary Evidence Table (Economic Review):
Cancer Screening: Interventions Engaging Community Health Workers — Colorectal Cancer

Abbreviations Used in this Document

- Intervention components:
 - CI: client incentive
 - CR: client reminder
 - GE: group education
 - MM: mass media
 - OE: one-on-one education
 - PAF: provider assessment and feedback
 - PI: provider incentive
 - PR: provider reminder
 - ROPC: reducing out-of-pocket costs
 - RSB: reducing structural barriers
 - SM: small media
- Cancer types
 - BC: breast cancer
 - CC: cervical cancer
 - CRC: colorectal cancer
- Screening types
 - Flex sig: flexible sigmoidoscopy
 - FOBT: fecal occult blood test
 - MAM: mammography
 - Pap: Papanicolaou test
- Others
 - ED: emergency department
 - N/A: not applicable
 - NR: not reported
 - PN: patient navigator
 - RCT: randomized control trial

Study	Intervention Characteristics	Population Characteristics	Results
Author, Year: Elkin et al., 2012 Cancer Screening Test: Colonoscopy Study Design: 3-arms Pre-Post Economic Analysis: Cost Benefit Payer Perspective Funding source: Grant from the New York Community Trust Monetary values are in year 2007 U.S dollars	Location: United States (New York City, NY) Setting: Healthcare facility Intervention Time Frame: 3 years Intervention Details: Colonoscopy patient navigation program at 3 urban public hospitals. Program effectiveness was assessed in a 2-group, pre- and post- program, nonrandomized evaluation comparing program hospitals with comparison hospitals that served similar populations. The full-time patient navigators were lay health educators who received intensive initial training in a 1-week program orientation and subsequent ongoing training. They were recruited from within the hospital systems or the surrounding communities, which have predominantly minority populations.	Target population/Eligibility: Participants, ≥50 years, of low- income status with high-risk for colorectal cancer. Analytic Sample Size: Hospital A: 131 Hospital B: 108 Hospital C: 171 Demographics: Age: ≥50 years Race/Ethnicity: Hispanic: 70.8% African American: 16.4% White: 3.9% Asian: 6.3% Other: 6.4% Female: 60%	Screening Outcome: Colonoscopy Follow-up Time: 12 months Effects of intervention: Screening rates: Hospital A: 44% Hospital B: 48 % Hospital C: 67% 2018 Adjusted Intervention Cost per Person: Hospital A: \$972 Hospital B: \$3,768 Hospital C: \$670 2018 Adjusted Economic Benefit: \$258 2018 Adjusted Net Cost Benefit (Benefit/Cost Ratio): Hospital A: \$17 (1.1) Hospital B: -\$517 (0.3) Hospital C: \$40 (1.2) Cost Driver: Wages, Supervision/Training

Study	Intervention Characteristics	Population Characteristics	Results
	At each program site, key activities of the patient navigators included reminding patients to arrive at scheduled appointments, reviewing bowel preparation procedures and general colonoscopy information, addressing patient concerns about the procedure, and linking patients with financial services. Comparison: Comparator is no CHW		
Author, Year: Hayhoe et al., 2018 Cancer Screening Test: NR Design: Modeling Economic Analysis: Cost-effectiveness (per additional screen) Societal Perspective Funding source: Imperial National Institute for Health Research Biomedical Research Center and the National Institute for Health Research Collaborations for Leadership in Applied	Location: United Kingdom Setting: Community Intervention Time Frame: National 4-year program from April 2006 to December 2010 Intervention Details: Modeling a scaled integration of CHWs in the UK National Health System. Five chronic diseases common in UK primary care were used, and published prevalence data were applied to illustrate the numbers of patients with these conditions that community health workers might provide	Target population/Eligibility: National population of UK patients with chronic conditions. Analytic Sample Size CRC 2,414,620 Demographics: Age: CRC: 50–64 years	Screening tests: Any colorectal screening Follow-up Time: CRC: 2.5 years Effects of intervention: Modeled rates of: 10%, 20%, 30% CRC: 2018 Adjusted Intervention Cost per Person Salary Grade 2 10%: \$1,661 20%: \$1,107 30%: \$830 Salary Grade 5 10%: \$1,790 20%: \$1,193 30%: \$895

Study	Intervention Characteristics	Population Characteristics	Results
Health Research and Care for Northwest London Monetary values are in year 2017 U.K pounds	with homebased support, thus indicating the possible benefit to general practices in additional chronic disease management. Modeling was done with projected increase in screening rates of 10%, 20%, 30% and the attributable population and costs for the role of CHWs specific to the type of cancer screening were considered. CHW salaries were calculated based on national salary grades (£18,000-£22,148). Role of CHWs in chronic disease management has lower costs compared to costs of using medical practitioners in this capacity. Comparison: Comparator is no CHW		Salary Grade 8 10%: \$1,975 20%: \$1,317 30%: \$615 2018 Adjusted Incremental Cost Per Additional Screen Salary Grade 2 10% increase: \$16,607 20% increase: \$5,536 30% increase: \$2,768 Salary Grade 5 10% increase: \$17,902 20% increase: \$5,967 30% increase: \$2,984 Salary Grade 8 10% increase: \$19,755 20% increase: \$6,585 30% increase: \$3,292 Cost Driver: Wages
Author, Year: Jandorf et al., 2013 Cancer Screening Test: Colonoscopy Study Design: Randomized Controlled Trial Economic Analysis: Cost Analysis	Location: United States (New York City, NY) Setting: Healthcare facility Intervention Time Frame: 2 years Intervention Details:	Target population/Eligibility: Participants ≥50 years, without active gastrointestinal symptoms, significant comorbidities, or a history of inflammatory bowel disease or CRC. Analytic Sample Size: 503	Screening Outcome: Colonoscopy Follow-up Time: 5 years Effects of intervention: Screening rates: 78.5% 2018 Adjusted Intervention Cost per Person:

Study	Intervention Characteristics	Population Characteristics	Results
Payer Perspective Funding source: National Cancer Institute, by the Doris Duke Charitable Foundation, and by Mount Sinai School of Medicine Monetary values are in year 2012 U.S dollars	A cohort of African Americans received culturally targeted patient navigation (PN) part of a National Cancer Institute-funded randomized controlled trial (RCT) comparing the efficacy of professional navigators (trained health educators) versus community-based peer navigators (lay individuals aged >50 years from East Harlem who had undergone colonoscopy and who were trained to conduct PN). Peer-PN is a form of CHW. Other patients, predominantly of Latino background, received 1 of 2 types of non-targeted PN in a separate RCT funded by Mount Sinai School of Medicine that compared the efficacy of 2 navigation scripts. Overall, there were 4 types of PN. Participants received 3 scripted telephone calls: a scheduling call, a call 2 weeks before the colonoscopy, and a final call 3 days before the procedure. After the first call, written instructions for the bowel preparation and a reminder postcard with the colonoscopy date were mailed.	Demographics: Age: 50-64 years Race/Ethnicity: Hispanic: 45.7% African American: 46% Other: 8% Female: 68%	\$29 Cost Driver: Wages, Supervision/Training

Study	Intervention Characteristics	Population Characteristics	Results
	The only difference between the groups was that one script (Peer-PN) also included a discussion about the importance of CRC screening and asked about patients' concerns. However, since the interventions share the key characteristics, the data was analyzed together. Comparison: Comparator is no CHW		
Author, Year: Kim et al., 2018 Cancer Screening Test: Colonoscopy Study Design: Cohort Study Economic Analysis: Cost Analysis Payer Perspective Funding source: Centers for Disease Control and Prevention to RTI International and the Center for Asian Health Equity Monetary values are in year 2017 U.S dollars	Location: United States (Chicago, IL) Setting: Healthcare facility Intervention Time Frame: 1 year Intervention Details: Between 2013 and 2014, the University of Chicago Medical Center (UCMC) participated in a State of Illinois patient navigation (PN) program to enhance CRC screening among uninsured Illinois residents. Qualifications for the non-nurse navigator position included previous navigation experience, ideally in a specialty care setting; a college	Target population/Eligibility: Participants, 50 to 75 years, without CRC diagnosis, inflammatory bowel disease, or undergoing a diagnostic colonoscopy. Analytic Sample Size: 536 Demographics: Age: 50-75 years Race/Ethnicity: African American: 65% Female: 60%	Screening Outcome: Colonoscopy Follow-up Time: NR Effects of intervention: 85.1% among those who were selected to receive PN compared with 74.3% when no navigation was implemented 2018 Adjusted Intervention Cost per Person: \$126 Cost Driver: Wages, Supervision/Training

Study	Intervention Characteristics	Population Characteristics	Results
	education; and residence within the geographic service areas of the hospital. Before initiation of the PN services, all patients received up to 2 gastrointestinal procedure nurse calls to remind patients of their procedure time and place and to field any questions about the process. After the initiation of PN, patients who were identified as requiring PN services did not continue to receive nurse pre-procedure calls. Comparison: Comparator is no CHW		
Author, Year: Ladabaum et al., 2015 Cancer Screening Tests: Colonoscopy Study Design: Modeling Economic Analysis: Cost-effectiveness (Per QALY saved) Societal Perspective Sensitivity analysis was performed Funding source:	Location: United States (New York City, NY) Setting: Healthcare facility Intervention Time Frame: 2 years Intervention Details: A hypothetical cohort based on a previous study (Pelto, 2015), which included 43% African Americans, 49% Hispanics, 4% whites, and 4% others. For the African American, Hispanic, and white subpopulations, the	Target population/Eligibility: Participants, 50-64 years. Analytic Sample Size: 392 Demographics: Age: 50-64 years Race/Ethnicity: Hispanic: 49% African American: 43% White: 4% Other: 4% Female: 68%	Screening Outcome: Colonoscopy Follow-up Time: 1 year Effects of intervention: Screening rates: 65% 2018 Adjusted Intervention Cost per Person: \$29 2018 Adjusted Incremental Cost: -\$144 Incremental QALY saved:

Study	Intervention Characteristics	Population Characteristics	Results
National Cancer Institute, the Doris Duke Charitable Foundation, Mount Sinai School of Medicine Monetary values are in year 2012 U.S dollars	age dependent prevalence of lesions at simulation entry and the transition probabilities from normal to small polyp or localized CRC was adjusted. Colonoscopy uptake without navigation was 40% based on uptake at Mount Sinai Hospital before navigation was available, and it was conservatively assumed that uptake with navigation would be 65%. Primary outputs were quality-adjusted life-years (QALYs) and costs per individual, which were discounted by 3% per year. Comparison: Comparator is no CHW		0.014 2018 Adjusted Incremental Cost per QALY saved: -\$10,289 Cost Driver: Wages, Supervision/Training
Author, Year: Lairson et al., 2018 Cancer Screening Tests: Colonoscopy Fecal Immunochemical Test (FIT) Study Design: Quasi-experimental Economic Analysis:	Location: United States (El Paso, TX) Setting: Community Intervention Time Frame: 6 months Intervention Details: The Against Colorectal Cancer in Our Neighborhoods (ACCION) program was a	Target population/Eligibility: Participants 50 to 75 years old, due for colorectal cancer screening, self-reported Texas address, and uninsured without rectal bleeding in the prior 3 months. Analytic Sample Size: 467 Flipchart: 148 Video: 160	Screening Outcomes: Colonoscopy (high risk patients with positive family history or prior adenomatous polyps) Fecal Immunochemical Test (FIT) (average risk patients) Follow-up Time: 6 months Effects of intervention: Screening rates:

Study	Intervention Characteristics	Population Characteristics	Results
Cost-effectiveness (per additional screen) Payer Perspective Funding source: Cancer Prevention and Research Institute of Texas. Monetary values are in year 2012 U.S dollars	community-wide service and research program designed to educate and facilitate colorectal cancer screening compliance among the low-income uninsured Hispanic population in El Paso, Texas. The cost-effectiveness analysis was conducted alongside a community intervention trial. The quasi-experimental study design, intervention, and outcomes were described in detail in (Shokar et al., 2015; Shokar et al., 2016). The intervention consisted of education, navigation, and provision of no-cost colorectal cancer screening and diagnostic testing, if needed. For the video arm, participants watched a motivational video with information about colorectal cancer and the importance of screening. The CHW arm involved the use of a flip chart for explaining the same content covered in the video. For the combined video and CHW arm, a CHW played the video and had specified pauses for standardized interactive activities. The primary screening test was the	Video + flipchart: 159 Demographics: Age: 50-75 years Race/Ethnicity: Hispanic: 100% Female: 75%	Individual Session Flipchart: 87.09% Video: 78% Video + flipchart: 83.17% Group Session Flipchart: 74.54% Video: 80% Video + flipchart: 75% 2018 Adjusted Intervention Cost per Person: Individual Session Flipchart: \$93 Video: \$87 Video + flipchart: \$93 Group Session Flipchart: \$73 Video: \$74 Video + flipchart: \$73 2018 Adjusted Incremental Cost per Additional Screen: Individual Session Flipchart: \$120 Video: \$129 Video + flipchart: \$127 Group Session Flipchart: \$113 Video: \$105 Video + flipchart: \$113 Cost Driver:

Study	Intervention Characteristics	Population Characteristics	Results
	FIT for average-risk individuals and colonoscopy for high-risk individuals. Comparison: Comparator is no CHW.		Wages, Supervision/Training
Author, Year: Mil et al., 2018 Cancer Screening Test: Fecal Occult Blood Test (FOBT) Study Design: Randomized Controlled Trial Economic Analysis: Cost-effectiveness (per additional screen) Payer Perspective Funding source: French National Institute of Cancer Monetary values are in year 2013 U.S dollars	Location: France Setting: Community Intervention Time Frame: 2 years Intervention Details: Navigation consisted of personalized support provided by social workers. A cost-effectiveness analysis of navigation versus usual screening in the Picardy region of northern France. Navigation services included telephone follow-up, home visits, and mailing of the FOBT kit. If a participant could not be reached by telephone after three or four attempts, a postal reminder was sent containing a reply coupon with a prepaid envelope on which participants could provide their phone number or indicate their wish for a home visit.	Target population/Eligibility: Participants, 50 to 74years in a national screening program in Picardy, France. Analytic Sample Size: 8105 Demographics: Age: 50 to 74 years Sex: Female: 49%	Screening Outcome: FOBT Follow-up Time: 4 months Effects of intervention: 3.3% 2018 Adjusted Intervention Cost per Person \$34 2018 Adjusted Incremental Cost Per Additional Screen \$1046 Cost Driver: Wages, Supervision/Training

Study	Intervention Characteristics	Population Characteristics	Results
	Comparison: Control group in a national program, received a client reminder, and reduced administration barriers (free, mailed FOBT kit)		
Author, Year: Shokar et al., 2015 Cancer Screening Tests: Colonoscopy Fecal Immunochemical Test (FIT) Study Design: Quasi-experimental Economic Analysis: Cost-Analysis Funding source: Cancer Prevention and Research Institute of Texas. Monetary values are in year 2011 U.S dollars.	Location: United States (El Paso, TX) Setting: Community Healthcare facility Intervention Time Frame: 6 months Intervention Details: The Against Colorectal Cancer in Our Neighborhoods (ACCION) program was a community-wide service and research program designed to educate and facilitate colorectal cancer screening compliance among the low-income uninsured Hispanic population in El Paso, Texas. The intervention consisted of education, navigation, and provision of no-cost colorectal cancer screening and diagnostic testing, if needed. <i>Promotoras</i> assess eligibility and risk level (family history of	Target population/Eligibility: Participants 50 to 75 years old, history of colorectal cancer, no health insurance, living in Texas, due for CRC screening and uninsured without rectal bleeding in the prior 3 months. Analytic Sample Size: 6000 Demographics: Age: 50-64 years Race/Ethnicity: Hispanic: 100%	Screening Outcomes: Colonoscopy (high risk patients with positive family history or prior adenomatous polyps) Fecal Immunochemical Test (FIT) (average risk patients) Follow-up Time: 6 months 2018 Adjusted Intervention Cost per Person \$44 Cost Driver: Wages, Supervision/Training

Study	Intervention Characteristics	Population Characteristics	Results
	CRC, prior history of adenomas) to determine which test they qualify for. The <i>promotora</i> delivers the education individually or in groups depending on convenience and space availability. Eligible average-risk participants are given the FIT kit and a postage-paid return envelope, and the stool collection process is reviewed with them. Those qualifying for colonoscopy are given an information sheet explaining that the navigator will contact them to set up the screening colonoscopy. Comparison: Comparator is no CHW		
Author, Year: Wilson et al., 2015 Cancer Screening Tests: Colonoscopy Study Design: Modeling Economic Analysis: Cost-effectiveness (per QALY saved) Societal Perspective	Location: United States (New York City, NY) Setting: Healthcare facility Intervention Time Frame: 2 years Intervention Details: The Colorectal Cancer Male Navigation (CCMN) Program was funded by the Cancer	Target population/Eligibility: Participants, ≥50 years, who were members of CareLink (Bexar County’s financial assistance program) and who had not received CRC screening in the last 10 years. Analytic Sample Size: 461 Demographics: Age: 50-64 years Race/Ethnicity:	Screening Outcome: Colonoscopy Follow-up Time: NR Effects of intervention: Screening rates: 80% 2018 Adjusted Intervention Cost per Person: \$529 2018 Adjusted Incremental Cost:

Study	Intervention Characteristics	Population Characteristics	Results
Sensitivity analysis was performed. Funding source: Cancer Prevention and Research Institute of Texas Monetary values are in year 2013 U.S dollars.	Prevention and Research Institute of Texas. The CCMN Program had four main components: (1) no-cost screening colonoscopy referrals for Hispanic men 50 years of age and older, (2) program navigation provided by bilingual patient navigators, (3) open-access endoscopy through the removal of system barriers and assisted transportation, and (4) colonoscopy services, provided at no cost by a bilingual, male Hispanic surgeon. The CHW made home visits to encourage participants to schedule and receive screening and to help address concerns and issues. To encourage participation in the program, the CHW engaged immediate family members in CRC discussions and also served as a liaison between targeted Hispanic local communities and patient care services. Comparison: Comparator is no CHW.	Hispanic: 70% African American: 18% White: 4% Female: 100%	-\$1,219 Incremental QALY saved: 0.3 2018 Adjusted Incremental Cost per QALY saved: -\$4,063 Cost Driver: Wages, Supervision/Training