Community Preventive Services Task Force

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

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

Table of Contents

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CPSTF Finding and Rationale Statement

Intervention Definition

Interventions that engage community health workers (CHWs) to increase cervical 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 [www.thecommunityguide.org/findings/cancer-screening-group-education-clients-cervical-cancer], one-on-one education [www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-cervical-cancer], client reminders [www.thecommunityguide.org/findings/cancer-screening-client-reminders-cervical-cancer], or small media [www.thecommunityguide.org/findings/cancer-screening-small-media-targeting-clients-cervical-cancer]
- Improve access to screening services by reducing structural barriers [www.thecommunityguide.org/findings/cancer-screening-reducing-structural-barriers-clients-cervical-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 cervical cancer screening (by Pap smear) based on strong evidence of effectiveness. Studies included in the systematic review showed increases in cervical cancer screening rates when CHWs delivered interventions alone or as part of an implementation team.

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

The CPSTF finds interventions that engage CHWs to increase cervical cancer screening (by Pap smear) are cost-effective with an incremental cost-effectiveness ratio below a conservative threshold of $50,000 per quality-adjusted life year (QALY) gained.

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 cervical cancer screening whether CHWs worked alone or in a team.

- Overall: a median increase of 12.8 percentage points (interquartile interval [IQI]: 8.4 to 21.0; 27 study arms;
- CHW alone: a median increase of 13.0 percentage points (IQI: 8.4 to 19.4; 15 study arms)
- CHW added: a median increase of 11.0 percentage points (Range: 6.4 to 16.8; 3 study arms)
- CHW in a team: a median increase of 18.0 percentage points (IQI: 8.3 to 37.8; 9 study arms)

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]
- Colorectal cancer (recommended) [www.thecommunityguide.org/findings/cancer-screening-interventions-engaging-community-health-workers-colorectal-cancer]

The remaining sections of the finding and rationale statement are based on analysis of all included studies across breast, cervical, or colorectal cancer screening. Economic findings are specific to 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 to increase demand and access to cervical cancer screening are cost-effective.

The economic review included 5 studies (search period through April 2019) specific to cervical cancer screening by Pap smear. Studies were conducted in the United States (4 studies) and the United Kingdom (1 study). They focused on increasing demand for cervical cancer screening (4 studies), and increasing demand for, and access to, screening (1 study). All monetary values were adjusted to 2018 U.S. dollars.

The U.K. study was a simulated 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 median cost per person was $738 (IQI: $589 to $1,071). Three of the U.S. studies were randomized controlled trials, and one was a simulated model. One of the randomized controlled trials reported costs from both societal and payer perspectives for three different intervention modalities (i.e., flipchart, video, combined flipchart and video). The median cost per person from the four U.S. studies was $177 (IQI: $142 to $237).

Two studies from the United States and one from the United Kingdom reported the incremental cost per additional woman screened. The U.K. study, which reported different salary and screening rates for the CHWs involved in comprehensive health intervention activities, had a median incremental cost per additional woman screened of $3,824 (IQI: $2,011 to $11,057). The two U.S. studies, which included the study reporting costs from societal and payer perspectives for different intervention modalities, had a median incremental cost per additional woman screened of $868 (IQI: $642 to $1,132).

Two studies reported incremental cost per QALY gained. A simulated model of a community-based patient navigation program in Texas that targeted Hispanic women, aged 18 years and older, reported an incremental cost-effectiveness ratio (ICER) of $762 per QALY gained. A randomized controlled trial in Seattle, Washington used lay health workers to conduct one-on-one education for 20-79 year old Vietnamese-American women and reported an ICER of $34,405 per QALY gained. Both were good quality studies that conducted the economic analysis from societal perspectives.

Economic evidence indicates these interventions are cost-effective with an ICER below a conservative threshold of $50,000 per QALY gained.

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 cervical cancer screening [www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-cervical-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 [www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health], diabetes prevention

[www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers], and diabetes management [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?
- Do the monetary benefits of interventions that engage community health workers to increase cervical cancer screenings exceed their costs?

References

Flight IH, Wilson CJ, Zajac IT, Hart E, McGillivray JA. Decision support and the effectiveness of web-based delivery and information tailoring for bowel cancer screening: an exploratory study. *JMIR Res Protoc* 2012;1(2):e12.

Leffler DA, Neeman N, Rabb JM, Shin JY, Landon BE, et al. An alerting system improves adherence to follow-up recommendations from colonoscopy examinations. *Gastroenterology* 2011;140(4):1166-73.

Mosen DM, Feldstein AC, Perrin N, Rosales AG, Smith DH, et al. Automated telephone calls improved completion of fecal occult blood testing. *Med Care* 2010;48(7):604-10.

Taplin SH, Haggstrom D, Jacobs T, Determan A, Granger J, et al. Implementing colorectal cancer screening in community health centers: addressing cancer health disparities through a regional cancer collaborative. *Med Care* 2008;46(9 Suppl 1):S74-83.

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U.S. Preventive Services Task Force. Breast Cancer: Screening. Bethesda (MD): January 2016a. Accessed on 07/15/19. Available at URL: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1.

U.S. Preventive Services Task Force. Cervical Cancer: Screening. Bethesda (MD): August 2018. Accessed on 07/15/19. Available at URL: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2.

U.S. Preventive Services Task Force. Colorectal Cancer: Screening. Bethesda (MD): June 2016b. Accessed on 07/15/19. Available at URL: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2.

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

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.

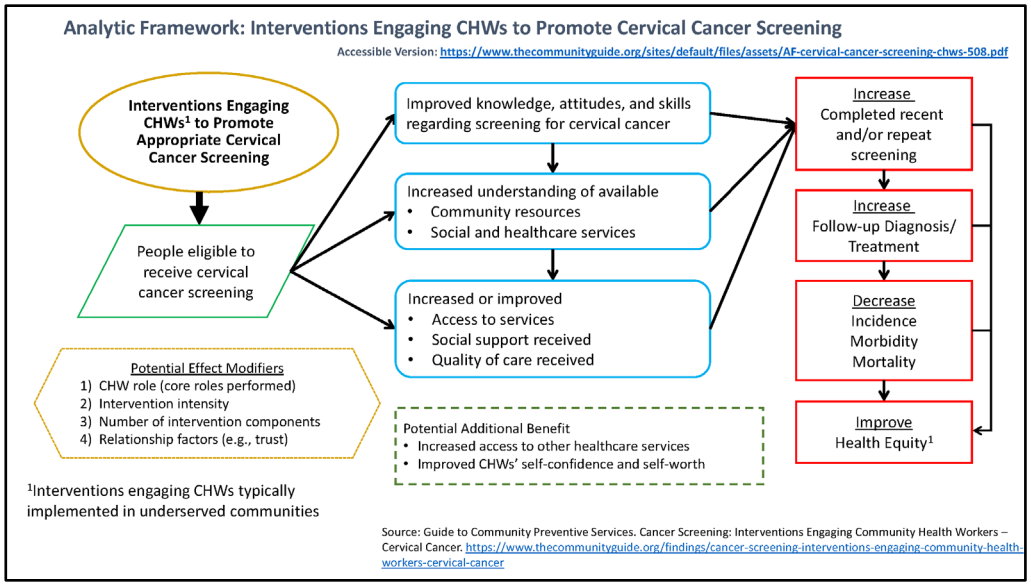
Document last updated July 30, 2026

Appendices of Supporting Documents

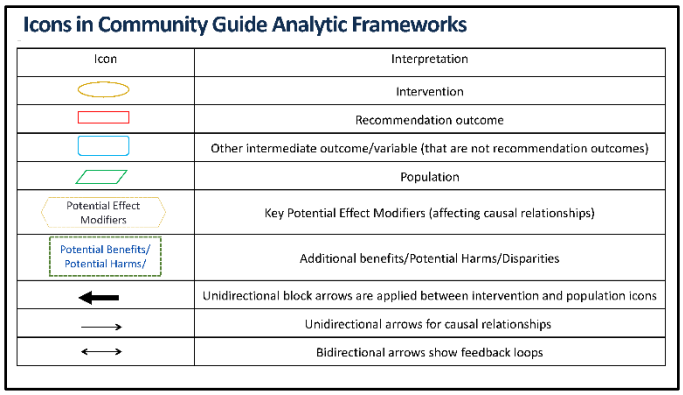
Cancer Screening: Interventions Engaging Community Health Workers — Cervical Cancer

Table of Contents

Appendix A
Analytic Framework (Effectiveness Review)
Cancer Screening: Interventions Engaging Community Health Workers — Cervical Cancer



Analytic Framework Text Description



Icons in Community Guide Analytic Frameworks

Icon	Interpretation
	Intervention
	Recommendation outcome
	Other intermediate outcome/variable (that are not recommendation outcomes)
	Population
Potential Effect Modifiers	Key Potential Effect Modifiers (affecting causal relationships)
Potential Benefits/ Potential Harms/	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

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

Interventions engaging CHWs to increase cervical cancer screening are delivered to people who are eligible for cervical cancer screenings. Eligibility is determined based on USPSTF recommendations. These interventions could improve patients' knowledge, attitudes, and skills regarding cervical cancer screening and improve their understanding of available community resources and social and healthcare services for cervical 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 cervical 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 cervical cancer incidence and cancer-related morbidity and mortality. Interventions engaging CHWs are typically implemented in underserved communities and could improve health equity.

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 — Cervical Cancer

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

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 tumo?r* 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 Asurance, 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 tumo?r* 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 Asurance 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?r* 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 tumo?r* 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 advergam* 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 comptensat* 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 subsidis*[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 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 techolog* 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 — Cervical 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, Semenya 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, P rez 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.

Fern ndez 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.

Janz NK, Schottenfeld D, Doerr KM, et al. A two-step intervention of increase mammography among women aged 65 and older. *American Journal of Public Health* 1997;87(10):1683-6.

Jean-Jacques M, Kaleba EO, Gatta JL, Gracia G, Ryan ER, Choucair BN. Program to improve colorectal cancer screening in a low-income, racially diverse population: a randomized controlled trial. *Annals of Family Medicine* 2012;10(5):412-17.

Jo AM, Nguyen TT, Stewart S, et al. Lay health educators and print materials for the promotion of colorectal cancer screening among Korean Americans: a randomized comparative effectiveness study. *Cancer* 2017;123(14):2705-15.

Katz ML, Tatum C, Dickinson SL, et al. Improving colorectal cancer screening by using community volunteers: results of the Carolinas cancer education and screening (CARES) project. *Cancer: Interdisciplinary International Journal of the American Cancer Society* 2007;110(7):1602-10.

Lam TK, Mc Phee SJ, Mock J, et al. Encouraging Vietnamese-American women to obtain Pap tests through lay health worker outreach and media education. *Journal of General Internal Medicine* 2003;18(7):516-24.

Leone LA, Allicock M, Pignone MP, et al. Cluster randomized trial of a church-based peer counselor and tailored newsletter intervention to promote colorectal cancer screening and physical activity among older African Americans. *Health Education & Behavior* 2016;43(5):568-76.

Liu G, Perkins A. Using a lay cancer screening navigator to increase colorectal cancer screening rates. *Journal of the American Board of Family Medicine* 2015;28(2):280-2.

Livaudais JC, Coronado GD, Espinoza N, Islas I, Ibarra G, Thompson B. Educating Hispanic women about breast cancer prevention: evaluation of a home-based promotora-led intervention. *Journal of Women's Health* 2010;19(11):2049-56.

Luque JS, Tarasenko YN, Reyes-Garcia C, et al. Salud es Vida: a cervical cancer screening intervention for rural Latina immigrant women. *Journal of Cancer Education* 2017;32(4):690-9.

Ma GX, Fang C, Tan Y, Feng Z, Ge S, Nguyen C. Increasing cervical cancer screening among Vietnamese Americans: a community-based intervention trial. *Journal of Health Care for the Poor and Underserved* 2015;26(2 Suppl):36.

Marshall JK, Mbah OM, Ford JG, et al. Effect of patient navigation on breast cancer screening among African American Medicare beneficiaries: a randomized controlled trial. *Journal of General Internal Medicine* 2016;31(1):68-76.

Mishra SI, Bastani R, Crespi CM, Chang LC, Luce PH, Baquet CR. Results of a randomized trial to increase mammogram usage among Samoan women. *Cancer Epidemiology and Prevention Biomarkers* 2007;16(12):2594-604.

Mock J, McPhee SJ, Nguyen T, et al. Effective lay health worker outreach and media-based education for promoting cervical cancer screening among Vietnamese American women. *American Journal of Public Health* 2007;97(9):1693-700.

Navarro AM, Senn KL, McNicholas LJ, Kaplan RM, Ropp B, Campo MC. Por La Vida model intervention enhances use of cancer screening tests among Latinas. *American Journal of Preventive Medicine* 1998;15(1):32-41.

Nguyen BH, Stewart SL, Nguyen TT, Bui-Tong N, McPhee SJ. Effectiveness of lay health worker outreach in reducing disparities in colorectal cancer screening in Vietnamese Americans. *American Journal of Public Health* 2015;105(10):2083-9.

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Nguyen TT, Le G, Nguyen T, et al. Breast cancer screening among Vietnamese Americans: a randomized controlled trial of lay health worker outreach. *American Journal of Preventive Medicine* 2009;37(4):306-13.

Nguyen TT, Tsoh JY, Woo K, et al. Colorectal cancer screening and Chinese Americans: efficacy of lay health worker outreach and print materials. *American Journal of Preventive Medicine* 2017;52(3):e67-76.

Nu o T, Martinez ME, Harris R, Garc a F. A promotora-administered group education intervention to promote breast and cervical cancer screening in a rural community along the US Mexico border: a randomized controlled trial. *Cancer Causes & Control* 2011;22(3):367-74.

O'Brien MJ, Halbert CH, Bixby R, Pimentel S, Shea JA. Community health worker intervention to decrease cervical cancer disparities in Hispanic women. *Journal of General Internal Medicine* 2010;25(11):1186-92.

Paskett ED, Tatum CM, D'Agostino R, et al. Community-based interventions to improve breast and cervical cancer screening: results of the Forsyth County Cancer Screening (FoCaS) Project. *Cancer Epidemiology and Prevention Biomarkers* 1999;8(5):453-9.

Paskett E, Tatum C, Rushing J, et al. Randomized trial of an intervention to improve mammography utilization among a triracial rural population of women. *Journal of the National Cancer Institute* 2006;98(17):1226-37.

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Appendix D

Summary Evidence Table (Effectiveness Review): Cancer Screening: Interventions Engaging Community Health Workers — Cervical 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 *Intervention arm: OE + GE + SM + RSB, alternate site, reducing admin barriers* OE: peer health advisors conducted education via telephone and in-person outreach GE: peer health advisors conducted group education during small group *charlas* 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 **Intervention Intensity**: weekly exposure during church	**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:**	**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**: *Mean age:* 43.9 *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: 65% employed; 32% unemployed *Mean annual household income:* 48% <$30K; 24% ≥$30K <$50K; 5% ≤$50K *Education:* 36% <HS; 35% HS or GED; 21% some college; 8% ≥college *Insurance:* 64% insured *Established source of care:* NR *Baseline screening of intervention group:* 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
	Targeted or Tailored: tailored; targeted to Latinas and included religious themes	Implemented major part of intervention **Specific Component Implemented by CHW:** OE, GE **Methods for Interaction with Participates:** both		
Author, Year: Bird et al; 1998 **Study Design**: Pre-post with comparison **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: San Francisco, California & Sacramento, California **Setting**: urban community **Intervention Duration**: 30 months **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: GE + SM + CI* GE: small group prevention education held at participants' homes covered risk factors, screening recommendations and skill building SM: culturally appropriate wall posters, brochures, booklets, wall calendars, and promotional items distributed at small group sessions, health fairs, physician offices, neighborhood stores CI: women up-to-date were eligible to participate in drawing for prizes	**Training:** outreach team trained lay health workers **Supervision:** research staff provided supervision **Matching to Population:** recruited leaders and assistants from Vietnamese community **Educational Background:** NR **Payment:** leaders received $65 stipend for each session; assistants received $50 stipend per session **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	**Eligibility Criteria**: Vietnamese women age 18 and older living in targeted census tracts with the ability to understand Vietnamese **Sample Size**: 717 **Attrition**: N/A **Demographics**: *Age:* 46% 18-39 years; 26% 40-49 years; 29% ≥50 years *Gender:* 100% female *Race/Ethnicity:* 100% Vietnamese *Employment*: 19% employed *Poverty:* 58% below poverty level *Education:* 23% ≥HS *Insurance:* 77% insured *Established source of care:* 79% had regular physician *Baseline screening of intervention group:* for recent screening, 54% mammogram; 46% pap smear	**Outcome Measure**: receipt of mammogram or pap smear **How Ascertained**: self-reported **Follow-up Time**: NR **Results**: **Absolute effectiveness, CHW in a team:** Up-to-date with MAM: Intervention Control Pre 54% 43% Post 69% 47% Change +15pct pts +4pct pts Difference +11pct pts Maintained MAM (≥2 screening within previous 5 years and MAM within 1.5 years): Intervention Control Pre 37% 32% Post 55% 28% Change +18pct pts -4pct pts Difference +22pct pts Up-to-date with Pap test: Intervention Control Pre 46% 40% Post 66% 42% Change +20pct pts +2pct pts Difference +18pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Control arm: women in Sacramento, California served as controls; additional information not provided **Intervention Intensity**: NR **Targeted or Tailored:** targeted Vietnamese women	**Extent of CHW Involvement:** Implemented major part of intervention **Specific Component Implemented by CHW:** GE **Methods for Interaction with Participates:** face-to-face		Maintained Pap test (≥2 screening within previous 5 years and Pap within 2.5 years): Intervention Control Pre 26% 25% Post 45% 22% Change +19pct pts -3pct pts Difference +22pct pts
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 *Intervention arm: OE + CR + RSB, appointment scheduling, transportation, reducing admin barriers, childcare* 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	**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	**Eligibility Criteria**: Medicare beneficiaries residing on Moloka'i **Sample Size**: 488 **Attrition**: NR **Demographics**: *Mean age:* 67.5 years *Gender:* 53.3% female *Race/Ethnicity:* 46.5% Asian; 45.0% Native Hawaiian *Employment*: NR *Income:* NR *Education:* 36.9% <HS; 62.3% ≥HS *Insurance:* 100% *Established source of care:* NR *Baseline screening of intervention group:* 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: 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 Up-to-date with Pap test: 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 Up-to-date with FOBT: Intervention Control Pre 31/242=12.8% 27/246=11.0% Post 50/242=20.7% 31/246=12.6%

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	RSB, transportation: provided transportation to appointments 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 *Control arm:* received nutrition education and relevant cancer education materials from another healthcare entity on island **Intervention Intensity**: NR **Targeted or Tailored:** tailored; targeted local Hawaiians	health education and information; Care coordination, care 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		Change +7.9pct pts +1.6pct pts Difference +6.3pct pts Up-to-date with endoscopy: Intervention Control Pre 60/242=24.8% 62/246=25.2% Post 104/242=43.0% 67/246=27.2% Change +18.2pct pts +2.0pct pts Difference +16.2pct pts
Author, Year: Byrd et al; 2013 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**:	**Location**: El Paso, Texas, Houston, Texas & Yakima Valley, Washington **Setting**: urban and rural communities **Intervention Duration**: 1 session **Intervention Details**: Type of cancer addressed: CC *Intervention arm: OE*	**Training:** promotora instruction guide with detailed steps for promotoras on how to deliver interventions **Supervision:** NR **Matching to Population:** promotoras were of Hispanic origin and of similar SES to women in study population	**Eligibility Criteria**: women with Mexican origin age 21 or older with no previous history of cancer or hysterectomy and no cervical cancer screening in past 3 years **Sample Size**: 304 **Attrition**: 14% **Demographics**:	**Outcome Measure**: pap smear screening at follow-up **How Ascertained**: self-reported with some records reviewed through medical records **Follow-up Time**: 6 months **Results**: **Absolute effectiveness, CHW alone:** Intervention Control **Overall** Pre 0% 0% Post 17.9% 7.2%

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Fair	OE: promotoras deliver intervention in English or Spanish and use a video to discuss barriers to facilitators for cervical cancer screening and a flip chart, games, and handouts to reinforce the message *Control arm:* usual care **Intervention Intensity**: 1 in-person session **Targeted or Tailored:** tailored; targeted to Hispanic population	**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; Conducting outreach **Extent of CHW Involvement:** Implemented everything **Specific Component Implemented by CHW:** all components **Methods for Interaction with Participates:** face-to-face	*Mean age:* NR *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: NR *Income:* NR *Education:* NR *Insurance:* NR *Established source of care:* NR *Baseline screening of intervention group:* 0%	Change +17.9pct pts +7.2pct pts Difference +10.7pct pts **Rural site** Pre 0% 0% Post 30% 6.4% Change +30pct pts +6.4pct pts Difference +23.6pct pts **Urban site** Pre 0% 0% Post 23.5% 7.2% Change +23.5pct pts +7.2pct pts Difference +16.3pct pts
Author, Year: Dignan et al; 1998 **Study Design**: RCT **Suitability of Design**:	**Location**: Robeson County, North Carolina **Setting**: rural community **Intervention Duration**: 1 month **Intervention Details**: Type of cancer addressed: CC	**Training:** investigators trained lay health educators **Supervision:** investigators used participant observation techniques	**Eligibility Criteria**: Lumbee tribe members residing in Robeson County who were age 18 years or older **Sample Size**: 424 **Attrition**: 12.7% **Demographics**:	**Outcome Measure**: Pap test in past year **How Ascertained**: self-reported **Follow-up Time**: 6 months **Results**: **Absolute effectiveness, CHW in a team:** Odds of intervention group reporting Pap test in past year compared to control group: OR 1.3 (95% CI: 0.83, 2.08)

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Greatest **Quality of Execution**: Fair	*Intervention arm: OE + SM* OE: lay health educators provided individualized and culturally sensitive information on cervical cancer, Pap smears, and importance of follow-up care during home visits SM: periodic mailings that reinforced information shared during home visits *Control arm:* usual care **Intervention Intensity**: 2 home visits **Targeted or Tailored:** tailored; targeted to Lumbee Native Americans	**Matching to Population:** lay health educators were Lumbee tribal members **Educational Background:** NR **Payment:** NR **Roles Performed:** Providing culturally appropriate health education and information; Conducting outreach **Extent of CHW Involvement:** Implemented major part of intervention **Specific Component Implemented by CHW:** OE **Methods for Interaction with Participates:** both	*Mean age:* 42.4 *Gender:* 100% female *Race/Ethnicity:* 100% Native American *Employment*: NR *Mean annual household income:* 9% <$5,000; 18% $5,000-10,999; 26% $11,000-19,999; 28% $20,000-39,999; 8% ≥40,000 *Education:* 16% ≤8th; 21% 8th-12th; 36% HS; 28% >HS *Insurance:* 42% insured *Established source of care:* 62.5% had annual physical exam *Baseline screening of intervention group:* NR	
Author, Year: Dunn et al; 2017 **Study Design**: Pre-post w/comparison **Suitability of Design**: Greatest	**Location**: Toronto, Canada **Setting**: urban community **Intervention Duration**: 1 session **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: GE + CR + RSB, reducing admin barriers, translation,*	**Training**: 3-day training included communication and group facilitation skills and women centered decision making **Supervision**: staff provided ongoing mentorship **Matching to Population**: matched on language **Educational Background**: NR	**Eligibility Criteria**: women aged 21 to 69 for Pap test or 50 to 74 for mammography who have not been screening within past 36 months **Sample Size**: 327 **Attrition**: 0% **Demographics**:	**Outcome Measure**: Pap test or mammogram after GE session **How Ascertained**: anonymized Pap and MAM data **Follow-up Time**: 8 months **Results**: **Absolute effectiveness, CHW alone:** Up-to-date with MAM: Intervention / Control Pre: 0% / 0% Post: 67/183=36.6% / 71/536=13.2% Change: +36.6pct pts / +13.2pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Quality of Execution: Good	*appointment scheduling, transportation* GE: peer leaders provided information about cervical and breast cancer screening using PowerPoint presentation CR: follow-up phone calls to reinforce screening messages RSB, reducing admin barriers: peer leader organized and accompanied group visits to screening sites RSB, translation: peer leaders provided language support during group visits RSB, appointment scheduling: appointment assistance RSB, transportation: transportation to screening appointments *Control arm:* usual care **Intervention Intensity**: 1 in-person session **Targeted or Tailored:** targeted to communities with new immigrants who live in lower-income areas	**Payment**: NR **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; Conducing outreach **Extent of CHW Involvement**: Implemented everything **Specific Component Implemented by CHW**: all components **Methods for Interaction with Participates**: both	*Mean age:* 49.3 Pap eligible; 61.9 mammography eligible *Gender:* 100% female *Race/Ethnicity:* NR *Employment*: NR *Income:* NR *Education:* NR *Insurance:* NR *Established source of care:* NR *Baseline screening of intervention group:* 0%	Difference +23.4pct pts Up-to-date with Pap test: Intervention / Control Pre: 0% / 0% Post: 52/201=25.9% / 45/583=7.7% Change: +25.9pct pts / +7.7pct pts Difference +18.2pct pts
Author, Year: Elder et al; 2017 **Study Design**:	**Location**: San Diego County, California **Setting**: urban community **Intervention Duration**: 12 months	**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 Details**: Type of cancer addressed: BC, CC, CRC *Intervention arm: GE + OE + RSB, reducing admin barriers, appointment scheduling* 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 *Control arm:* received physical activity education **Intervention Intensity**: four 90-120 minutes GE sessions and 2 OE phone calls **Targeted or Tailored:** tailored; targeted to Hispanic women	**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**: *Age:* 31.9% 18-39; 68.1% 40-65 *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: 65.8% employed *Monthly household income:* 58.3% <$2,000 *Education:* 54.8% <HS *Insurance:* 48.0% insured *Established source of care:* NR *Baseline screening of intervention group:* 44% mammography; 90% Pap test; 15% FOBT; 37% colonoscopy	**Results**: **Absolute effectiveness, CHW alone:** Up-to-date with MAM: Intervention: Pre 44%, Post 61%, Change +17pct pts Control: Pre 52%, Post 42%, Change -10pct pts Difference +27pct pts Up-to-date with Pap test: Intervention: Pre 90%, Post 90%, Change +0pct pts Control: Pre 85%, Post 88%, Change +3pct pts Difference -3pct pts Up-to-date with FOBT: Intervention: Pre 15%, Post 25%, Change +10pct pts Control: Pre 13%, Post 20%, Change +7pct pts Difference +3pct pts Up-to-date with colonoscopy or sigmoidoscopy: Intervention: Pre 37%, Post 53%, Change +16pct pts Control: Pre 31%, Post 40%, Change +9pct pts Difference +7pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Author, Year: Fang et al; 2017 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: southeastern Pennsylvania and New Jersey **Setting**: community **Intervention Duration**: 6 months **Intervention Details**: Type of cancer addressed: CC *Intervention arm: GE+ SM+ RSB, appointment scheduling, translation, child care, transportation* GE: one 2hour education session held at church sites; focused on risk factors, screening guidelines and procedures, and possible barriers; information on available low-cost or free screening sites SM: follow-up reminder letter for screening sent 6 months after GE session RSB, appointment scheduling: offered navigation assistance for screening; most commonly requested appointment scheduling assistance RSB, translation: translation services RSB, childcare: childcare arrangements RSB, transportation: transportation assistance	**Training:** NR **Supervision:** NR **Matching to Population:** NR **Educational Background:** NR **Payment:** NR **Roles Performed:** Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Building individual and community capacity **Extent of CHW Involvement:** Implemented minor part of intervention **Specific Component Implemented by CHW:** GE **Methods for Interaction with Participates:** face-to-face	**Eligibility Criteria**: Self-identified Korean women age 21 years or older who were not adherent to current Pap test guidelines and had no diagnosis of cervical cancer or other cancer abnormality **Sample Size**: 705 **Attrition**: 16.6% **Demographics**: *Mean age:* 52.9 *Gender:* 100% female *Race/Ethnicity:* 100% Korean *Employment*: 53.7% employed *Income:* NR *Education:* <HS 9.3%; HS 31,7%; ≥college 59% *Insurance:* 48.4% insured *Established source of care:* 50% in intervention group and 61.5% in control group report having a physician *Baseline screening of intervention group:* 0.0%	**Outcome Measure**: receipt of PAP **How Ascertained**: self-Report **Follow-up Time**: 6 Months **Results**: **Absolute effectiveness, CHW in a team** Pre: Intervention 0%; Control 0% Post: Intervention 209/347 = 60.2%; Control 30/358 = 8.4% Change: Intervention +60.2pct pts; Control +8.4pct pts Difference +51.8pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Control arm: 2-hour education session on general health, cancer education, including tobacco, nutrition, benefits of routine medical checkups; recommended to seek regular preventive health care **Intervention Intensity**: one 2hour educational session plus follow up letter **Targeted or Tailored:** targeted to Korean women			
Author, Year: Fernandez et al; 2009 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: California, New Mexico, & Texas **Setting**: rural community **Intervention Duration**: 2 weeks **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: OE* OE: LHWs contacted all women to set up one-on-one session in women's homes within 2 months of initial contact; sessions lasted 1-2 hours and consisted of a presentation and discussion using the Cultivando la Salud materials; used a "tool box" which contained bilingual breast and cervical cancer	**Training:** program materials consisted of program training curriculum and set of teaching tools for LHWs **Supervision:** used process evaluation measures including LHW encounter forms and randomly selected instances of direct observation by supervisor **Matching to Population:** matched on language **Educational Background:** NR **Payment:** NR **Roles Performed:** Cultural mediation among individuals, communities,	**Eligibility Criteria**: Hispanic female farmworkers aged 50 years and older with no cancer diagnosis, have farmworker status, and were non-adherent to breast or cervical cancer screening recommendations **Sample Size**: 464 eligible for MAM; 243 eligible for Pap test **Attrition**: 30% **Demographics**: *Age:* 48.9% 50-59; 26.9% 60-69; 24.1% ≥70 *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic, primarily Mexican American	**Outcome Measure**: completed MAM or PAP test within 6 months **How Ascertained**: self-reported with verified medical records **Follow-up Time**: 6 months **Results**: **Absolute effectiveness, CHW alone** Up-to-date with MAM: Intervention / Control Pre 0% / 0% Post 25.6% (53/207) / 20.6% (53/257) Change +25.6pct pts / +20.6pct pts Difference +5pct pts (p>0.05) Up-to-date with Pap test: Intervention / Control Pre 0% / 0% Post 24.2% (32/132) / 18.9% (21/111) Change +24.2pct pts / +18.9pct pts Difference +5.3pct pts (p>0.05)

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	educational materials including a video, flipchart, breast models, pamphlets, and teaching guide; at the end of each session, LHWs would provide information about local providers of breast and cervical cancer screening; contacted women 2 weeks after session to provide any further assistance that might be needed *Control arm:* NR but assume usual care **Targeted or Tailored:** targeted to Hispanic female farmworkers with tailored information	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:** face-to-face, remote for follow-up	*Employment*: NR *Income:* 71.6% <$20,000 *Education:* 92.6% 0-11 years *Insurance:* 54.7% Insured *Established source of care:* NR *Baseline screening of intervention group:* 0%	
Author, Year: Han et al; 2017 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**:	**Location**: Baltimore, Maryland & Washington, D.C. Metropolitan Area **Setting**: urban community **Intervention Duration**: 6 months **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: SM + GE + OE*	**Training:** CHW training differed by group assignment; CHWs in the intervention group received 16 hours of training over 3 days, whereas CHWs in the control group received 5 hours of training in 1 day **Supervision:** NR **Matching to Population:** recruited from 23 ethnic churches	**Eligibility Criteria**: Korean American women aged 21 to 65, had not had mammogram (for women 40 and over) or Pap test within past 24 months, able to read and write in Korean or English **Sample Size**: 560 **Attrition**: 0%	**Outcome Measure**: adherence to age-appropriate screening guidelines at 6-month follow-up; MAM or PAP **How Ascertained**: self-report at baseline and medical record review at follow-up **Follow-up Time**: 0 months **Results**: **Absolute effectiveness, CHW in a team:** Up-to-date with MAM: Intervention / Control Pre 0% / 0% Post 111/198=56.1% / 20/201=10.0%

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Fair	SM: individually tailored cancer-screening brochure GE: CHWs delivered health literacy skills training in a 1.5 to 2hr long group meeting OE: CHWs made monthly phone calls to reinforce new skills and knowledge acquired from health literacy training and provide navigation assistance with individually specified barriers over 6-month period *Control arm:* wait list control group received publicly available educational brochures related to breast and cervical cancer. **Intervention Intensity**: mailing plus 1 in-person group meeting plus monthly remote individual phone calls **Targeted or Tailored:** targeted to Korean-American women Tailored: OE	**Educational Background:** at least High school education **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; Conducting Outreach **Extent of CHW Involvement:** Implemented major part of intervention **Specific Component Implemented by CHW:** GE, OE **Methods for Interaction with Participates:** both	**Demographics**: *Mean age:* 46.1 *Gender:* 100% female *Race/Ethnicity:* 100% Asian (Korean American) *Employment*: 57.9% employed *Income:* Reports "very comfortable or comfortable," "just ok," and "uncomfortable or very uncomfortable" *Education:* 64.8%>HS *Insurance:* 37.9% insured *Established source of care:* 34.5% with primary care provider *Baseline screening of intervention group:* 0%	Change +56.1pct pts +10.0pct pts Difference +46.1pct pts Up-to-date with Pap test: Intervention Control Pre 0% 0% Post 134/246=54.5% 23/251=9.2% Change +54.5pct pts +9.2pct pts Difference +45.3pct pts
Author, Year: Lam et al; 2003 **Study Design**: RCT	**Location**: San Jose, CA **Setting**: urban community **Intervention Duration**: 2 months **Intervention Details**:	**Training:** 2x3hr sessions; trainees learn about female reproductive anatomy, cervical cancer and screening; learn about evaluation process, recruitment of participants,	**Eligibility Criteria**: Organization: 2 NGOs who are partners of the program CHWs: each NGO recruited 10 CHWs Participants: each CHW recruited 20 women	**Outcome Measure**: ever had a Pap test at baseline and follow-up **How Ascertained**: self-report **Follow-up Time**: 1-2 months **Results**:

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Suitability of Design: Greatest **Quality of Execution**: Fair	Type of cancer addressed: CC *Intervention arm: GE + RSB, appointment scheduling + MM* GE: conducted during MM campaign; groups organized with 3-4 women to participate in 2x90 minutes sessions, or groups of 5-10 women to participate in 2x120-minute sessions; discussing cervical cancer and benefit of Pap test RSB, appointment scheduling: helped some women to schedule Pap tests MM: TV, radio, and newspaper ads in Vietnamese language channels; posters and information booklet distributed in physicians' offices, community forums, CHW sessions, and culture events *Control arm:* exposed to MM; received delayed intervention **Intervention Intensity**: 2 sessions, either 90 minutes or 120 minutes per session **Targeted or Tailored:** targeted to Vietnamese females	giving oral presentations etc. **Supervision:** NR **Matching to Population:** yes, Vietnamese-American women, ages 18 or older, shared ethnic background and were from Santa Clara Vietnamese community **Educational Background:** NR **Payment:** each CHW paid a $1,500 **Roles Performed:** 1, 2, 3, 4, 6, **Extent of CHW Involvement:** Implemented major part of intervention **Specific Component Implemented by CHW:** GE + RSB, appointment scheduling **Methods for Interaction with Participates:** face-to-face	from her social networks; these women randomized into intervention and control groups **Sample Size**: 400 **Attrition**: 0% **Demographics**: *Mean age:* 43 *Gender:* 100% female *Race/Ethnicity:* 100% Vietnamese American *Employment*: 29.3% employed; 21.5% unemployed; 33.3% homemaker; 12.5% students *Income:* NR *Education:* 52.3% with <12yrs *Insurance:* NR *Established source of care:* NR *Baseline screening of intervention group:* 56.5%	**Incremental effectiveness, CHW added:** Intervention / Control Pre 113/200=56.5% / 134/200=67.0% Post 140/200=70.0% / 139/200=69.5% Change +13.5pct pts / +2.5pct pts Difference +11.0pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Author, Year: Luque et al; 2016 **Study Design**: Pre-post w/ comparison **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: Southeast Georgia **Setting**: rural community **Intervention Duration**: 1 session **Intervention Details**: Type of cancer addressed: CC *Intervention arm: GE* GE: promotoras led 3-hour sessions of groups of 5-7 participants at churches, community organizations, businesses, or homes; covered cervical cancer knowledge and barriers to care using materials created in partnership with promotoras *Control arm:* nutrition classes took place at churches or homes **Intervention Intensity**: 1-time 3-hour session **Targeted or Tailored:** targeted to Hispanic immigrants	**Training:** two 6-hour training sessions **Supervision:** NR **Matching to Population:** matched on language and recruited from existing outreach programs on diabetes education and domestic violence prevention **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; Conducting outreach **Extent of CHW Involvement:** Implemented everything **Specific Component Implemented by CHW:** all components	**Eligibility Criteria**: female, Hispanic immigrants aged 21 to 65 years who had not received a Pap test in past 2 years **Sample Size**: 90 **Attrition**: 0% **Demographics**: *Mean age:* 39 years *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: 66% employed *Median weekly income:* $250-500 *Education:* mean 9 years of schooling *Insurance:* 2% insured *Established source of care:* 42% had regular health care provider *Baseline screening of intervention group:* 0%	**Outcome Measure**: completed Pap test **How Ascertained**: self-reported **Follow-up Time**: 3 months **Results**: **Absolute effectiveness, CHW alone:** Intervention / Control Pre: 0% / 0% Post: 12/38=31.6% / 10/52 = 19.2% Change: +31.6pct pts / +19.2pct pts Difference: +12.3pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
		Methods for Interaction with Participates: face-to-face		
Author, Year: Ma et al; 2015 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: US, no state specified **Setting**: community **Intervention Duration**: NR **Intervention Details**: Type of cancer addressed: CC *Intervention arm: GE + SM + RSB, appointment scheduling + RSB, translation + RSB, transportation* GE: community health educators led small groups and covered information about female body, cervical cancer, risks nationally and in Vietnamese population, and procedures for Pap testing; used visual aids SM: used supplemental visual aids and multimedia cervical cancer education materials in Vietnamese; client-physician communication via videotaping RSB, appointment scheduling: assistance with appointment RSB, translation: language assistance during patient navigation	**Training:** community health educators were trained but details were not provided **Supervision:** NR **Matching to Population:** matched on language **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, case management, and system navigation, Building individual and community capacity **Extent of CHW Involvement:** Implemented everything **Specific Component Implemented by CHW:** all components	**Eligibility Criteria**: self-identified Vietnamese women age 21 to 70 who were non-adherent to Pap test guidelines and had not been diagnosed with cervical cancer **Sample Size**: 1488 **Attrition**: 4.8% **Demographics**: *Age:* majority over 40 years *Gender:* 100% female *Race/Ethnicity:* 100% Vietnamese *Employment*: 61.7% employed *Income:* NR *Education:* 31.9% <HS, 61.5% HS, 6.7% >HS *Insurance:* NR *Established source of care:* NR *Baseline screening of intervention group:* 0%	**Outcome Measure**: completed Pap test **How Ascertained**: self-reported with medical records validation **Follow-up Time**: 12 months **Results**: **Absolute effectiveness, CHW alone:** Intervention / Control Pre 0% / 0% Post 61.1% / 1.6% Change +60.1pct pts / +1.6pct pts Difference +58.5pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	RSB, transportation: transportation assistance *Control arm:* received information for general health issues including mention of routine health exam **Intervention Intensity**: NR **Targeted or Tailored:** targeted to Vietnamese women	**Methods for Interaction with Participates:** both		
Author, Year: Mock et al; 2007 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: Santa Clara County, CA **Setting**: urban community **Intervention Duration**: 3 to 4 months **Intervention Details**: Type of cancer addressed: CC *Intervention arm: GE + RSB, appointment scheduling + MM + SM* GE: two 90-minute sessions for 3 to 5 women included 15-20 minutes presentation about cervical cancer and Pap testing RSB, appointment scheduling: lay health workers helped with scheduling appointments MM: 15 ads distributed through Vietnamese	**Training:** two 3-hour sessions covering procedures and approaches to outreach **Supervision:** NR **Matching to Population:** matched on ethnicity **Educational Background:** NR **Payment:** $1,500 per CHW **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	**Eligibility Criteria**: Vietnamese-American women aged 18 or older who lived in Santa Clara County **Sample Size**: 968 **Attrition**: 3.7% **Demographics**: *Mean age:* 45.9 years *Gender:* 100% female *Race/Ethnicity:* 100% Vietnamese *Employment*: 26.5% employed *Income:* NR *Education:* 56.1%<12 years *Insurance:* NR *Established source of care:* NR *Baseline screening of intervention group:* 45.7%	**Outcome Measure**: up-to-date with Pap test **How Ascertained**: self-reported **Follow-up Time**: immediately following intervention **Results**: **Incremental effectiveness, CHW alone:** Intervention / Control Pre 45.7% / 50.9% Post 67.3% / 55.7% Change +21.6pct pts / +4.8pct pts Difference +16.8pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	language TV, radio and newspapers SM: Vietnamese-language booklets, silk roses with reminder cards, posters, and reminder calendars were distributed by lay health workers during outreach *Control arm: SM + MM* (see above) **Intervention Intensity**: 2 sessions of 90 to 120 minutes plus calls to participants **Targeted or Tailored:** targeted to Vietnamese women	navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach **Extent of CHW Involvement:** Implemented major part of intervention **Specific Component Implemented by CHW:** GE, RSB, appointment scheduling **Methods for Interaction with Participates:** both		
Author, Year: Navarro et al; 1998 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: San Diego County, CA **Setting**: urban community **Intervention Duration**: 3 months **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: GE* GE: consejeras led small-group sessions using culturally appropriate educational materials printed in English and Spanish; sessions included empowerment strategies,	**Training:** trained following the consejera manual specifically designed to guide weekly educational sessions **Supervision:** monthly meetings to identify potential problems, clarify questions, and allow consejeras to learn from each other's experiences **Matching to Population:** recruited from community in which they serve **Educational Background:** NR	**Eligibility Criteria**: consejeras recruited women from their social networks **Sample Size**: 512 **Attrition**: 28.7% **Demographics**: *Mean age:* 34 years *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: 12.9% employed *Median income:* 12.7%<$5K, 57.6% $5-15K	**Outcome Measure**: MAM within past year for women 40 and older; Pap test within past year for women 18 and older **How Ascertained**: self-reported **Follow-up Time**: 0 to 3 months **Results**: **Absolute effectiveness, CHW alone:** Up-to-date with MAM: Intervention: Pre 30.4%, Post 56.4%, Change +26.0pct pts Control: Pre 24.6%, Post 43.6%, Change +19.0pct pts Difference +7.0pct pts Up-to-date with Pap test: Intervention: Pre 46.7% Control: Pre 51.6%

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	and social support; child care was provided during all sessions *Control arm:* participated in equally engaging program entitled "Community Living Skills" **Intervention Intensity**: 12 in-person 90-minute sessions **Targeted or Tailored:** targeted to Hispanic women	**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; Conducting outreach **Extent of CHW Involvement:** Implemented everything **Specific Component Implemented by CHW:** all components **Methods for Interaction with Participates:** face-to-face	*Education:* 80.3%<12 years *Insurance:* 37.9% insured *Established source of care:* 57.6% have regular health care provider *Baseline screening of intervention group:* 30.4% mammogram; 46.7% Pap test	Post 65.3% 61.1% Change +18.6pct pts +6.5pct pts Difference +9.1pct pts
Author, Year: Nguyen et al; 2006 **Study Design**: Pre-post w/ comparison **Suitability of Design**: Greatest	**Location**: Santa Clara, CA and Harris County, TX **Setting**: urban community and clinic **Intervention Duration**: **Intervention Details**: Type of cancer addressed: CC	**Training:** NR **Supervision:** NR **Matching to Population:** recruited from local communities **Educational Background:** NR **Payment:** NR **Roles Performed:**	**Eligibility Criteria**: females ≥18 years, resident in either county, self-identified as Vietnamese **Sample Size**: 1566 **Attrition**: N/A **Demographics**: *Mean age:* 45 *Gender:* 100% female	**Outcome Measure**: Pap screening at follow-up **How Ascertained**: self-report **Follow-up Time**: 0 months **Results**: **Absolute effectiveness, CHW in a team:** Up-to-date with Pap: Intervention Control Pre 484/746=64.9% 425/718=59.2% Post 673/956=70.4% 496/935=53.1% Change +5.5pct pts -6.1pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Quality of Execution: Fair	*Intervention arm: GE + CR + ROPC + RSB, alternate site + MM + SM* GE: over 3 to 4 months, each LHW conducted 2 small group sessions to educate group about pap testing CR: cards on 1-year anniversary to remind women to obtain repeat pap testing ROPC: federal program providing free screening for low-income women RSB, alternate site: weekly clinic staffed by Vietnamese female physician to provide pap tests at discounted rates MM: media campaign ran for 27 months from 2002 to 2004 through Vietnamese-language television, radio, and print media SM: educational materials distributed *Control arm:* usual care **Intervention Intensity**: ongoing intervention with intense media campaign but limited in-person interaction with CHW **Targeted or Tailored:** targeted to Vietnamese American women	Providing culturally appropriate health education and information; Conducting outreach **Extent of CHW Involvement:** Implemented minor part of intervention **Specific Component Implemented by CHW:** GE **Methods for Interaction with Participates:** face-to-face	*Race/Ethnicity:* 100% Vietnamese American *Employment*: 58.5% employed *Income:* 24.5% below poverty level *Education:* 42.0%<high school *Insurance:* 64.1% insured *Established source of care:* 93% with regular care *Baseline screening of intervention group:* 64.9%	Difference +11.6pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Author, Year: Nuno et al; 2011 **Study Design**: Pre-post only; RCT by design, but data could only be used as pre-post **Suitability of Design**: Least **Quality of Execution**: Fair	**Location**: Yuma County, AZ (US-Mexican border community) **Setting**: rural community **Intervention Duration**: 1 year **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: GE* GE: 2hr group session presented by a trained promotora; prizes in the form of patient education materials (shower cards, calendars, etc.) were distributed as incentives *Control arm:* used baseline for the intervention arm **Intervention Intensity**: 1 2-hr GE session + I refresher class 1 year later **Targeted or Tailored:** targeted to Hispanic community at the US-Mexican border; small group discussion meant to be interactive and address individual barriers	**Training:** 5 training modules were conducted in Spanish (per trainee preference) by study coordinator to train 4 promotoras; each training module was approximately 2 h in length **Supervision:** supervised by experience field staff to assure the fidelity and completeness of the structured scripted interviews and the intervention **Matching to Population:** lived in communities **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 everything	**Eligibility Criteria**: Hispanic women 50 years of age or older, residents in a rural county along the U.S.-Mexico border, selected from census tracts with majority Hispanic population **Sample Size**: 371 **Attrition**: 2.6% **Demographics**: *Mean age:* 60.3 *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: 11% employed *Income:* $914 monthly *Education:* 53%<elementary *Insurance:* 82% insured *Established source of care:* 92% has regular source of medical care; 86% visited health care professional within past year *Baseline screening of intervention group:* 48%	**Outcome Measure**: MAM screening within 1 year at follow-up Pap test within 2 years at follow-up **How Ascertained**: self-reported; confirmed by medical records for 65% and 46% of MAM and Pap smears **Follow-up Time**: all follow-up assessment was completed by Dec 2006; but unsure the duration from end of education to assessment **Results**: **Absolute effectiveness, CHW alone** Up-to-date with MAM: Pre: 48% Post: 73% Change: +25pct pts Up-to-date with Pap test: Pre: 52% Post: 67% Change: +15pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
		Specific Component Implemented by CHW: all components **Methods for Interaction with Participates:** face-to-face		
Author, Year: O'Brien et al; 2010 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: South Philadelphia, PA **Setting**: urban community **Intervention Duration**: several rounds of intervention delivered, 4 months in total; for each participant, 6 hours of materials **Intervention Details**: Type of cancer addressed: CC *Intervention arm: GE* GE: 2 3hr workshops with 4 to 10 women in each group, led by 2 promotoras; a copy of the curriculum, plus other program materials including pamphlets from the ACS and HHS *Control arm:* usual care; received intervention after completion of follow-up evaluation **Intervention Intensity**: each session 3 hours long, 2 sessions, delivered in	**Training:** authors stated would try but no detail provided **Supervision:** principal investigator and study coordinator randomly observed 20% of the workshop sessions **Matching to Population:** yes **Educational Background:** NR **Payment:** NR **Roles Performed:** Providing culturally appropriate health education and information; Building individual and community capacity **Extent of CHW Involvement:** Implemented everything **Specific Component Implemented by CHW:** all components	**Eligibility Criteria**: Hispanic women aged 18 to 65; recruitment took place at local faith-based and community-based organizations, the Philadelphia Mexican Consulate, and the participants' homes **Sample Size**: 120 **Attrition**: 42% **Demographics**: *Mean age:* 32 *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: 41% employed *Income:* NR *Education:* 43%<8 years of education, 43% with 8-12 years of education, 13%>12 years of education *Insurance:* 8% insured *Established source of care:* NR *Baseline screening of intervention group:* N/A	**Outcome Measure**: Pap receipt within the follow-up period **How Ascertained**: self-report verified by chart review for 83% of the participants **Follow-up Time**: 6 months **Results**: **Absolute effectiveness, CHW alone:** Up-to-date with Pap test: Intervention, post: 36.7% Control, post: 21.7% Difference: +15.0pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	several rounds over a 4-month period **Targeted or Tailored:** targeted to Hispanic females	**Methods for Interaction with Participates:** face-to-face		
Author, Year: Paskett et al; 1999 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: North Carolina **Setting**: urban community and clinic **Intervention Duration**: 2.5 years **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: GE + SM + MM + OE + PR* GE: "Women's Fest" was a free party that included food, educational classes, prizes, and information booths; monthly classes in each housing community conducted by a lay health educator SM: educational brochures; targeted mailings and door knob hangers with invitations to events; poster and literature distribution in clinic waiting rooms. MM: public bus ads, newspaper and radio ads on African-American media. OE: educational sessions in women's homes	**Training:** NR **Supervision:** project manager monitored delivery of intervention components through weekly reports, observations of classes, and process evaluation measures **Matching to Population:** NR **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:**	**Eligibility Criteria**: women age 40 and older, residing in low-income housing communities **Sample Size**: 248 **Attrition**: N/A **Demographics**: *Age:* 43.5% 40-64, 56.5% 65+ *Gender:* 100% female *Race/Ethnicity:* 100% African American *Employment*: 25% employed *Income:* NR *Education:* 39.9%≤ 8TH grade *Insurance:* NR *Established source of care:* 99% of intervention group reported regular examinations at baseline compared to 90% of control group *Baseline screening of intervention group:* 31% MAM, 73% PAP	**Outcome Measure**: compliance with MAM and Pap test **How Ascertained**: self-report in in-person survey **Follow-up Time**: 0 month **Results**: **Absolute effectiveness, CHW in a team:** Up-to-date with Pap test: Intervention Control Pre 73% 67% Post 87% 60% Change +14pct pts -7pct pts Difference +21pct pts (p=0.004) Up-to-date with MAM Intervention Control Pre 31% 33% Post 56% 40% Change +25pct pts +7pct pts Difference +18pct pts (p=0.04)

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	PR: visual prompts in exam rooms ("Have you screened today?") *Control arm:* control community received successful interventions after follow-up surveys were completed **Intervention Intensity**: does not report on how many GE/OE sessions were provided but intervention was multi-component and included community-based and clinic-based components **Targeted or Tailored:** targeted to low-income, predominantly African American community	Implemented minor part of intervention **Specific Component Implemented by CHW:** GE, maybe OE **Methods for Interaction with Participates:** face-to-face		
Author, Year: Paskett et al; 2011 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: Appalachian, Ohio **Setting**: rural community and clinic **Intervention Duration**: 10 months **Intervention Details**: Type of cancer addressed: CC *Intervention arm: OE + SM* OE**:** 2, 45-60 minutes in-person visits and 2 telephone calls; provided information to increase	**Training:** yes, details not provided **Supervision:** observed by study coordinators in the field **Matching to Population:** women were recruited from local communities between 40-50 years old **Educational Background:** no post-secondary education **Payment:** NR	**Eligibility Criteria**: females 18 years or older, not pregnant, resident of Ohio Appalachia; seen by a physician in clinic from which they were selected within previous 2 years, no history of invasive CC or hysterectomy; recruited from 14 separate health clinics in Ohio Appalachia **Sample Size**: 280 **Attrition**: 3.6%	**Outcome Measure**: pap test **How Ascertained**: medical records **Follow-up Time**: 2 months **Results**: **Absolute effectiveness, CHW alone:** Up-to-date with Pap test Intervention / Control Pre 0% / 0% Post 71/139=51.1% / 55/131=42.0% Change +51.1pct pts / +42.0pct pts Difference +9.1pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	knowledge about cervical cancer, pap test screening, and importance of follow-up after an abnormal test; individualized counseling for reported barriers; telephone calls occurred 1 and 5 months later; second in-person visit occurred 10 months after first and LHA provided additional barriers counseling and encouraged participant to continue to be proactive about health care SM: 4 postcards mailed 2, 3, 6, and 7 months after initial visit *Control arm:* usual care; received a letter from physician and NCI brochure encouraging them to have a pap test **Intervention Intensity**: 2 in-person visits + 2 phone calls + 4 postcards **Targeted or Tailored:** targeted to rural Appalachian population with tailored counseling	**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	**Demographics**: *Mean age:* 43.7 *Gender:* 100% female *Race/Ethnicity:* 95.4% white *Employment*: 59.3% employed, 15.7% unemployed or disabled *Income:* 37.4%<$20K, 37.4% $20-50K, 25.2%≥$50K *Education:* 7.1%<high school, 40.7% high school, 52.1%> high school *Insurance:* 82.1% insured *Established source of care:* yes, all seen by physician in previous 2 years *Baseline screening of intervention group:* 0%	
Author, Year: Studts et al; 2012 **Study Design**: RCT **Suitability of Design**: Greatest	**Location**: Appalachia, Kentucky **Setting**: rural community (churches) **Intervention Duration**: NR **Intervention Details**:	**Training:** trained by the study team about CC, Pap tests, local resources, and screening determinants; 3 training sessions on human subject's protection, home visit procedures, and addressing participants' identified barriers	**Eligibility Criteria**: 40–64 years old, speaking English, and being outside American Cancer Society guidelines at time for CC screening **Sample Size**: 345	**Outcome Measure**: Pap test at follow-up **How Ascertained**: self-report **Follow-up Time**: 3 months **Results**: **Incremental effectiveness, CHW added:** Up-to-date with Pap: Intervention Control

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Quality of Execution: Fair	Type of cancer addressed: CC *Intervention arm: GE + OE* GE: all participants received an educational lunch program at the church, at which local project staff delivered information on cervical cancer screening and prevention OE: home visits were designed to last approximately 2 hours. The LHA provided information about cervical cancer and Pap tests, then addressed each of the participant's identified barriers to screening *Control arm:* GE (same as above) **Intervention Intensity**: 1 group session + 1 home visit **Targeted or Tailored:** tailored content	**Supervision:** CHWs received feedback from the project team throughout the study and were retrained as necessary **Matching to Population:** recruited from local communities **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; Conducting outreach **Extent of CHW Involvement:** Implemented major part of intervention **Specific Component Implemented by CHW:** OE **Methods for Interaction with Participates:** face-to-face	**Attrition**: 2.9% **Demographics**: *Age:* 20.0% 40-44, 20.0% 45-49, 23.8% 50-54, 22.9% 55-59, 13.3% 60-69 *Gender:* 100% female *Race/Ethnicity:* 95.1% white; 4.6% African American *Employment*: 49.9% employed *Income:* 24.6%<$10K, 30.7% $10-30K, 19.1%>$30K, 25.5% NR *Education:* 25.7%<high school, 39.5% high school grad/GED, 23.1% some college, 11.7%≥college grad *Insurance:* 40.3% private, 27.5% public, 32.2% none *Established source of care:* NR *Baseline screening of intervention group:* 0%	Pre 0% 0% Post 31/176=17.6% 19/169=11.2% Change +17.6pct pts +11.2pct pts Difference +6.4pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Author, Year: Sung et al; 1997 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: Atlanta, GA **Setting**: urban community **Intervention Duration**: 11 months **Intervention Details**: Type of cancer addressed: BC, CC *Intervention arm: OE* OE: two 90 min educational sessions held 1 month apart at the home of subject; booster session was scheduled about 2 months after 2nd session for purpose of review and reinforcement; included the interpretation, referral, and follow-up concerning any abnormal Pap smear or mammogram results *Control arm:* members of control group received educational materials on cancer screening after the completion of the follow-up interview **Intervention Intensity**: 2 sessions **Targeted or Tailored:** targeted to African American females with tailored information	**Training:** CHWs were provided with 10 weeks of training in interviewing and health education topics at the Morehouse School of Medicine **Supervision:** biweekly meetings were held to ensure that CHWs were conducting their tasks in a similar manner and to address new training issues and topics **Matching to Population:** recruited from local communities **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, case management, and system navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach	**Eligibility Criteria**: black women≥18, no history of cancer, hysterectomy, or breast surgery; recruitment efforts focused on women≥35 who are less likely to have been screened and more likely to develop cancer **Sample Size**: 321 **Attrition**: 39.3% **Demographics**: *Age:* 13.4% 18-34, 45.2% 35-44, 23.4% 45-59, 18.1% 60-97 *Gender:* 100% female *Race/Ethnicity:* 100% African American *Employment*: 51.1% employed *Income:* 46.7%≤$15,000, 31.8%>$15,000, 21.5% NR *Education:* 32.4%≤11 years of education, 28.0% 12 years of education, 39.6%>12 years of education *Insurance:* NR *Established source of care:* 17.1% recruited from West End Medical Center *Baseline screening of intervention group:*	**Outcome Measure**: MAM and Pap at follow-up **How Ascertained**: self-report follow-up up by medical records **Follow-up Time**: 6 months **Results**: **Absolute effectiveness, CHW alone:** Up-to-date with MAM Intervention / Control Pre 35.5% / 34.3% Post 50.4% / 39.4% Change +14.9pct pts / +5.1pct pts Difference +9.8pct pts Up-to-date with Pap test: Intervention / Control Pre 50.3% / 51.9% Post 58.7% / 62.1% Change +8.4pct pts / +10.2pct pts Difference -1.8pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
		Extent of CHW Involvement: Implemented everything **Specific Component Implemented by CHW:** all components **Methods for Interaction with Participates:** face-to-face	35.5% MAM, 50.3% Pap	
Author, Year: Taylor et al; 2002a **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: Seattle, Washington, US and Vancouver, British Columbia, Canada. **Setting**: urban community **Intervention Duration**: 1 month **Intervention Details**: Type of cancer addressed: CC *Intervention arm: CR + OE + RSB, appointment scheduling, transportation, translation* CR: received Chinese and English versions of an introductory letter OE: within 3 weeks, visited at home by Chinese female outreach worker; women who refused home visit were offered educational materials; 10 attempts made to contact each woman; culturally and linguistically appropriate	**Training:** NR **Supervision:** NR **Matching to Population:** matched on race and language **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, case management, and system navigation; Building individual and community capacity; Conducting outreach **Extent of CHW Involvement:**	**Eligibility Criteria**: women who completed the baseline survey, 20–69 years of age, spoke Cantonese, Mandarin, or English; had no history of invasive cervical cancer, had not received a hysterectomy, and were under utilizers of cervical cancer screening **Sample Size**: 321 **Attrition**: 18.1% **Demographics**: *Age:* majority 45 or older *Gender:* 100% female *Race/Ethnicity:* 100% Chinese *Employment*: NR *Income:* NR *Education:* 44% high school graduates *Insurance:* universal coverage	**Outcome Measure**: Pap at follow-up **How Ascertained**: self-report attempted to verify with medical records **Follow-up Time**: 6 months **Results**: **Absolute effectiveness, CHW in a team:** Up-to-date with Pap test: Intervention Control Pre 21/161=13.0% 17/160=10.6% Post 123/161=76.4% 70/160=43.8% Change +63.4pct pts +33.1pct pts Difference +30.2pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	video, motivational pamphlet and fact sheets RSB, appointment scheduling: assistance provided RSB, translation: medical interpreter services during clinic visits RSB, transportation: assistance provided (i.e., taxicab transportation to and from clinic appointments or 2 bus passes) *Control arm:* usual care **Intervention Intensity**: 1 session **Targeted or Tailored:** targeted to Chinese American women with tailored content	Implemented major part of intervention **Specific Component Implemented by CHW:** OE, RSB, appointment scheduling, transportation, translation **Methods for Interaction with Participates:** face-to-face and remote	*Established source of care:* NR *Baseline screening of intervention group:* 13.0%	
Author, Year: Taylor et al; 2002b **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: Seattle, WA **Setting**: urban community **Intervention Duration**: NR **Intervention Details**: Type of cancer addressed: CC *Intervention arm: SM + OE(SM) + GE(SM) + RSB, appointment scheduling, reducing admin barriers, transportation* SM: introductory mailing	**Training:** yes, but no details provided **Supervision:** NR **Matching to Population:** bicultural and bilingual females **Educational Background:** NR **Payment:** NR **Roles Performed:** Cultural mediation among individuals, communities,	**Eligibility Criteria**: women participated in survey of Cambodian American women aged 18 and older that was conducted in the Seattle areas with high concentrations of Cambodian Americans; no history of invasive cervical cancer and/or previous hysterectomy; no previous participation in an early qualitative study about cervical cancer; must live in close proximity	**Outcome Measure**: Pap test at follow-up **How Ascertained**: self-reported with medical record verification **Follow-up Time**: 12 months **Results**: **Absolute effectiveness, CHW in a team:** Up-to-date with Pap test: Intervention / Control Pre 64/144=44.4% / 74/145=51.0% Post 87/144=60.4% / 90/145=62.1% Change +16.0pct pts / +11.1pct pts Difference +4.9pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	OE: home visits between 1 and 4 weeks after introductory mailing; bicultural, bilingual female outreach worker visited women at home and conducted educational visit using visual aids and provided tailored responses to each woman's individual barriers GE: meetings at local community centers; outreach workers made short presentations about cervical cancer and Pap testing using visual aids RSB, appointment scheduling: provided clinic referral and assistance with appointment scheduling RSB, reducing admin barriers: medical interpretation during clinic visits RSB, transportation: assistance such as taxicab transportation to and from clinic appointments or 2 bus passes *Control arm:* usual care **Intervention Intensity**: 1 home visit + 1 group session **Targeted or Tailored:** targeted to Cambodian American women with tailored content	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 major part of intervention **Specific Component Implemented by CHW:** OE, GE, RSB appointment scheduling, reducing admin barriers, transportation **Methods for Interaction with Participates:** face-to-face	to other respondents in order to be assigned to a neighborhood group **Sample Size**: 289 **Attrition**: 22% **Demographics**: *Age:* 33% 18-39, 47% 40-59, 19% 60+ *Gender:* 100% female *Race/Ethnicity:* 100% Cambodian American *Employment*: NR *Income:* 61% public housing *Education:* 54% had any formal education *Insurance:* NR *Established source of care:* NR, but majority in area received health care at county hospital or community clinic *Baseline screening of intervention group:* 44.4%	

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Author, Year: Taylor et al; 2010 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: Seattle, WA **Setting**: urban community **Intervention Duration**: 1 month **Intervention Details**: Type of cancer addressed: CC *Intervention arm: OE* OE: CHW made up to 11 attempts to complete a home visit; women refused a home visit were offered educational materials; if CHW was unable to contact a participant, educational materials mailed to home During home visit, CHW watched Vietnamese-language DVD with participant; follow-up calls with participants 1 month after home visit completion All study materials translated into Vietnamese by standard methods; culturally and linguistically appropriate materials developed for intervention *Control arm:* a mailing of physical activity print materials, pedometer with instructions for use **Intervention Intensity**: 1 home visit	**Training:** trained to act as role models, given social support, and provide tailored responses to each woman's individual barriers to Pap testing **Supervision:** NR **Matching to Population:** fluently bilingual ethnic Vietnamese women who had grown up in Vietnam and were conversant with Vietnamese culture, married with children to ease the discussion of reproductive concerns **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, case management, and system navigation; Building individual and community capacity **Extent of CHW Involvement:** Implemented everything	**Eligibility Criteria**: women participated in a community-based survey, of Vietnamese descent, aged 20 to 79 years, able to speak Vietnamese or English, not up-to-date on cervical cancer screening **Sample Size**: 234 **Attrition**: 26% **Demographics**: *Age:* 44.9%<50, 54.3%≥50 *Gender:* 100% female *Race/Ethnicity:* 100% Asian *Employment*: NR *Income:* NR *Education:* 52.6%<12 years of education, 47.4%≥12 years of education *Insurance:* NR *Established source of care:* NR *Baseline screening of intervention group:* 0%	**Outcome Measure**: Pap test at follow-up **How Ascertained**: self-report and verified **Follow-up Time**: NR but within 6 months of randomization **Results**: **Absolute effectiveness, CHW alone:** Up-to-date with Pap test: Intervention / Control Pre: 0% / 0% Post: 18/118=15.3% / 8/116=6.9% Change: +15.3pct pts / +6.9pct pts Difference: +8.4pct pts

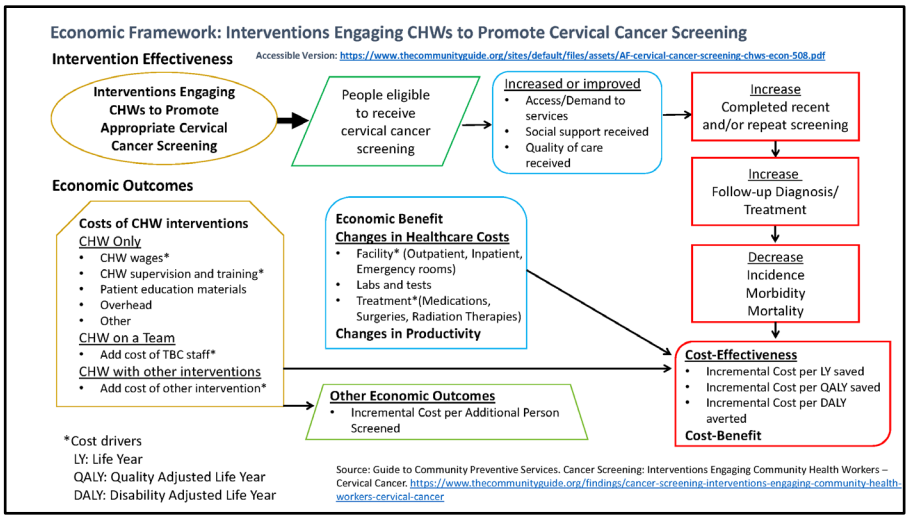
Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Targeted or Tailored: targeted to Vietnamese American women with tailored content	**Specific Component Implemented by CHW:** all components **Methods for Interaction with Participates:** face-to-face and remote		
Author, Year: Thompson et al; 2017 **Study Design**: RCT **Suitability of Design**: Greatest **Quality of Execution**: Good	**Location**: Lower Yakima Valley, WA **Setting**: rural community **Intervention Duration**: 1 home visit and follow-up call 2 weeks **Intervention Details**: Type of cancer addressed: CC *Intervention arm: OE + RSB, appointment scheduling + CR* OE: promotora-led educational session in participant's home; watching video together, making a commitment to have a Pap test, and/or make an appointment for a Pap test; address relevant issues; provided a sheet of local resource RSB, appointment scheduling: during the OE session, promotora make an appointment for a Pap test if needed CR: women who were not ready to schedule a Pap test, promotora will call in 2	**Training:** initial training of 3 days; no other details **Supervision:** NR **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; 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	**Eligibility Criteria**: Latinas aged 21 to 64 who were non-adherent to Pap test screening guidelines, being seen by one of the federally qualified health center clinics in the past 5 years, not up-to-date, not having a prior hysterectomy **Sample Size**: 293 **Attrition**: 10.2% **Demographics**: *Mean age:* 43.9 *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: NR *Income:* NR *Education:* 66.6%<high school, 26.6% high school grad, 6.5%>high school *Insurance:* 24.9% currently insured, 55.6% previously insured, 17.4% never insured *Established source of care:* 100%, all seen by	**Outcome Measure**: Pap test at follow-up **How Ascertained**: medical records **Follow-up Time**: 6 months **Results**: **Absolute effectiveness, CHW alone:** Up-to-date with Pap test: Intervention / Control Pre: 0% / 0% Post: 78/146=53.4% / 50/147=34.0% Change: +54.3pct pts / +34.0pct pts Difference: +19.4pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	weeks to review action steps, and assess readiness to schedule a test *Control arm:* usual care **Intervention Intensity**: 1 home visit with follow-up call **Targeted or Tailored:** targeted to Latinas with tailor materials	**Specific Component Implemented by CHW:** all components **Methods for Interaction with Participates:** face-to-face and remote	one of the FQHC within past 5 years *Baseline screening of intervention group:* 0%	
Author, Year: Wang et al; 2010 **Study Design**: Pre-post w/ comparison **Suitability of Design**: Greatest **Quality of Execution**: Fair	**Location**: New York City, NY **Setting**: urban community **Intervention Duration**: 2 sessions **Intervention Details**: Type of cancer addressed: CC *Intervention arm: GE + SM + RSB, appointment scheduling, translation, transportation* GE: 2 small group education sessions conducted by trained Chinese CHWs to increase knowledge and enhance attitudes towards CC screening SM: handouts on CC and the Pap test and a Chinese-language video RSB, appointment scheduling: patient	**Training:** yes, but no detail provided **Supervision:** NR **Matching to Population:** matched on race **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, case management, and system navigation; Providing coaching and social support; Building individual and community capacity	**Eligibility Criteria**: Chinese women recruited from 4 Asian community-based organizations; each located in a Chinese community and serves predominantly low-income, uninsured, and recent immigrant population Exclusion criteria included <18 years of age, a current diagnosis of cervical cancer, and a Pap test within the past 12 months **Sample Size**: 134 **Attrition**: 6.7% **Demographics**: *Mean age:* 54.6 *Gender:* 100% female *Race/Ethnicity:* 100% Chinese American *Employment*: NR	**Outcome Measure**: PAP test at follow-up **How Ascertained**: self-report and verified by records **Follow-up Time**: 12 months **Results**: **Absolute effectiveness, CHW alone:** Up-to-date for Pap test: Intervention / Control Pre: 0% / 0% Post: 56/80=70.0% / 6/54=11.1% Change: +70.0pct pts / +11.1pct pts Difference: +58.9pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	navigation assistance in arranging Pap test appointments RSB, translation: language translation services available upon request RSB, transportation: transportation assistance provided upon request *Control arm:* health education sessions on general health and cancer education, including tobacco, nutrition, regular medical checkups, and cancer screening (e.g., cervical, breast, and colon-cancer screening); also written materials on general health and cancer screening **Intervention Intensity**: 2 sessions **Targeted or Tailored:** targeted Chinese Americans with tailored content	**Extent of CHW Involvement:** Implemented everything **Specific Component Implemented by CHW:** all components **Methods for Interaction with Participates:** face-to-face	*Income:* NR *Education:* 40.0%<11 years of education, 34.5% with 12 years of education, 25.6% 12+ years of education *Insurance:* 61.8% insured *Established source of care:* 55.1% had a regular doctor *Baseline screening of intervention group:* 0%	
Author, Year: White et al; 2012 **Study Design**: Pre-post only **Suitability of Design**: Least	**Location**: Birmingham, AL **Setting**: urban community **Intervention Duration**: 1 session **Intervention Details**: Type of cancer addressed: BC, CC	**Training:** NR **Supervision:** NR **Matching to Population:** recruited from local communities **Educational Background:** NR **Payment:** NR	**Eligibility Criteria**: Latina in community recruited by CHWs from local churches and flyers in the community; local Spanish newspapers and a local Spanish radio station advertised events **Sample Size**: 782	**Outcome Measure**: PAP and MAM at follow-up **How Ascertained**: clinical records **Follow-up Time**: NR **Results**: **Absolute effectiveness, CHW in a team:** Up-to-date with Pap test: Pre: 39.6% Post: 52.4% Change: +12.9pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Quality of Execution: Fair	*Intervention arm: GE + ROPC + RSB, appointment scheduling* GE: educational lunches in churches conducted on Saturdays; Spanish-speaking Latino physician was invited to give an educational talk, and a Latina breast cancer survivor provided her testimonial regarding the importance of cancer screening ROPC: Pap smears offered at low cost ($25.00), and MAM provided at no cost to participants age 40 years or over RSB, appointment scheduling: women had opportunity to schedule pap or mam appointment during GE events *Control arm:* baseline **Intervention Intensity**: 1 session **Targeted or Tailored:** targeted to Latinas	**Roles Performed:** Care coordination, case management, and system navigation; Building individual and community capacity; Conducting outreach **Extent of CHW Involvement:** Implemented minor part of intervention **Specific Component Implemented by CHW:** RSB, appointment scheduling **Methods for Interaction with Participates:** face-to-face	**Attrition**: N/A **Demographics**: *Age:* 70.7% 19-39, 19.4% 40-49, 9.9% 50-88 *Gender:* 100% female *Race/Ethnicity:* 100% Hispanic *Employment*: NR *Income:* NR, but low income *Education:* 60.5%<high school; 35.7%≥high school *Insurance:* 6.8% insured *Established source of care:* 53.3% with regular care *Baseline screening of intervention group:* 39.6% PAP 17.0% MAM	Up-to-date with MAM: Pre: 17.0% Post: 61.5% Change: +44.6pct pts

Appendix E
Analytic Framework (Economic Review)
Cancer Screening: Interventions Engaging Community Health Workers — Cervical Cancer



Analytic Framework Text Description

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

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

Interventions engaging community health workers to increase cervical cancer screening are delivered to people who are eligible for cervical 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 cervical 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.

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 — Cervical Cancer

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 — Cervical Cancer

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.

Lairson DR, Chang YC, Byrd TL, Smith JL, Fernandez ME, Wilson KM. Cervical cancer screening with AMIGAS: a cost-effectiveness analysis. *American Journal of Preventive Medicine* 2014;46(6):617-23.

Larkey LK, Herman PM, Roe DJ, Garcia F, Lopez AM, et al. A cancer screening intervention for underserved Latina women by lay educators. *Journal of Women's Health* 2012;21(5):557-66.

Li Y, Carlson E, Villarreal R, Meraz L, Pag n JA. Cost-effectiveness of a patient navigation program to improve cervical cancer screening. *American Journal of Managed Care* 2017;23:429-34.

Mandelblatt JS, Schechter CB, Yabroff KR, Lawrence W, Dignam J, et al. Benefits and costs of interventions to improve breast cancer outcomes in African American women. *Journal of Clinical Oncology* 2004;22(13):2554-66.

Marshall JK, Mbah OM, Ford JG, Phelan-Emrick D, Ahmed S, et al. Effect of patient navigation on breast cancer screening among African American Medicare beneficiaries: a randomized controlled trial. *Journal of General Internal Medicine* 2016;31(1):68-76.

Meghea CI, Williams KP. Aligning cost assessment with community-based participatory research: The Kin KeeperSM Intervention. *Health Education & Behavior* 2015;42(2):148-52.

Schuster AL, Frick KD, Huh BY, Kim KB, Kim M, Han HR. Economic evaluation of a community health worker-led health literacy intervention to promote cancer screening among Korean American women. *Journal of Health Care for the Poor and Underserved* 2015;26(2):431.

Scoggins JF, Ramsey SD, Jackson JC, Taylor VM. Cost effectiveness of a program to promote screening for cervical cancer in the Vietnamese-American population. *Asian Pacific Journal of Cancer Prevention* 2010;11(3):717.

Stockdale SE, Keeler E, Duan N, Derose KP, Fox SA. Costs and cost-effectiveness of a church-based intervention to promote mammography screening. *Health Services Research* 2000;35(5 Pt 1):1037.

Thompson B, Carosso EA, Jhingan E, Wang L, Holte SE, et al. Results of a randomized controlled trial to increase cervical cancer screening among rural Latinas. *Cancer* 2017;123(4):666-74.

Appendix H
Summary Evidence Table (Economic Review):

Cancer Screening: Interventions Engaging Community Health Workers — Breast Cancer and Cervical 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: Hayhoe et al., 2018 **Cancer Types:** Breast Cervical **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 Health Research and Care for Northwest London Monetary values are in year 2017	**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 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).	**Target population/Eligibility:** National population of UK patients with chronic conditions. **Analytic Sample Size:** **BC** N = 10%: 1,825,830 20%: 1,825,835 30%: 1,825,833 **CC** N = 3,767,960 **Demographics**: Age: BC: 25–49 years CC: 50–64 years	**Screening Outcome:** Mammogram and Pap test **Follow-up Time**: BC: 3.5 years CC: 5 .5 years **Effects of intervention:** Modeled rates of: 10%, 20%, 30% **BC:** **2018 Adjusted Intervention Cost per Person** Salary Grade 2 10%: $2,196 20%: $1,464 30%: $1,098 Salary Grade 5 10%: $2,367 20%: $1,578 30%: $1,184 Salary Grade 8 10%: $2,613 20%: $1,742 30%: $1,306 **2018 Adjusted Incremental Cost Per Additional Screen:** 10% increase: $21,963 20% increase: $7,321 30% increase: $3,660 Salary Grade 5

Study	Intervention Characteristics	Population Characteristics	Results
	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.		10% increase: $23,674 20% increase: $7,891 30% increase: $3,946 Salary Grade 8 10% increase: $26,125 20% increase: $8,708 30% increase: $4,354 **CC:** **2018 Adjusted Intervention Cost per Person** Salary Grade 2 10%: $1,064 20%: $710 30%: $532 Salary Grade 5 10%: $1,147 20%: $765 30%: $574 Salary Grade 8 10%: $1,266 20%: $844 30%: $633 **2018 Adjusted Incremental Cost Per Additional Screen** Salary Grade 2 10% increase: $10,642 20% increase: $3,548 30% increase: $1,774 Salary Grade 5 10% increase: $11,472 20% increase: $3,824 30% increase: $1,912 Salary Grade 8 10% increase: $12,659 20% increase: $4,220 30% increase: $2,110 **Cost Driver:** Wages

Study	Intervention Characteristics	Population Characteristics	Results
Author, Year: Lairson et al., 2014 **Cancer Type:** Cervical **Study Design**: Randomized Controlled Trial **Economic Analysis:** Cost-Effectiveness (Per Additional Screening) Both societal (accounting for participant time) and provider perspectives **Funding source:** CDC cooperative agreement to University of Texas at El Paso Monetary values are in year 2008 U.S dollars	**Location**: United States (El Paso, Houston TX; Yakima Valley, WA) **Setting**: Community **Intervention Time Frame:** During 2012-2013 6 months **Intervention Details**: AMIGAS trials. Delivered by trained *promotoras*. Used education materials to describe cervical cancer, related risk factors, benefits of screening, and screening process. Materials composed of video showing community women discussing and addressing barriers and beliefs about cervical cancer. Reinforced with a flipchart and if necessary, with additional materials. <u>Study Arms:</u> Flipchart: 154 Video: 155 Video + flipchart: 151 **Comparison:** No CHW	**Target population/Eligibility:** Women aged 21 years and older with no history of cancer, no hysterectomy, and no cervical cancer screening within past 3 years **Analytic Sample Size:** N = 613 Flipchart: 154 Video: 155 Video + flipchart: 151 **Demographics**: Age: Mean age: 38 years Race/Ethnicity: Hispanic Insurance: 18.1% reported some healthcare coverage	**Screening Outcome:** Pap test **Follow-up Time**: 7 months **Effects of intervention:** Flipchart: 20.7% Video: 16.5% Video + flipchart: 27.5% **2018 Adjusted Intervention Cost per Person:** <u>Societal</u> Flipchart: $234 Video: $231 Video + flipchart: $239 <u>Payer</u> Flipchart: $176 Video: $173 Video + flipchart: $177 **2018 Adjusted Incremental Cost per Additional Screen):** <u>Societal</u> Flipchart: $1,132 Video: $1,400 Video + flipchart: $868 <u>Payer</u> Flipchart: $852 Video: $1,049 Video + flipchart: $642 **Cost Driver:** Wages, Supervision/Training
Author, Year: Larkey et al., 2012 **Cancer Type:** Colorectal, Breast, Cervical	**Location**: United States (Phoenix, Arizona) **Setting**: Community	**Target population/Eligibility:** Hispanic/Latina women aged >= 18 years and due for one or more screenings, not being diagnosed	**Screening Outcome:** Colorectal, Breast, and Cervical **Follow-up Time**: 15 months

Study	Intervention Characteristics	Population Characteristics	Results
Study Design: 2 arms (Group and Individual) Pre-Post **Economic Analysis:** Cost Analysis Payer Perspective **Funding source:** American Cancer Society Monetary values are in year 2006 U.S. dollars	**Intervention Time Frame:** 3 months **Intervention Details**: Total of 6 *promotoras* led classes to promote breast, cervical, and colorectal cancer screening and to promote prevention behaviors. Clusters of churches, schools, health centers, and apartment complexes recruited (144 total over 2004-2007). Block randomized to Arm 1 and Arm 2. 6 weekly sessions of 80 minutes each. Seventh session for Arm 1 participant graduation session and Arm 2 for final Q&A with *promotora*. Topics included cancer descriptions; tobacco, diet, and physical activity guidelines; screening for the 3 cancers; screening locations. Arm 1: Delivered in groups Arm 2: Delivered one on one Content of Arms 1 and 2 similar but Arm 1 added group teaching exercises, group goal setting, discussion, and creative handouts that required interaction of participants. **Comparison:** No control group. Objective was to compare individual and group formats of the intervention.	with other cancers except non-melanoma skin cancer **Analytic Sample Size:** N = 509 Group: 307 Individual: 202 **Demographics**: Age: Mean: 38.4 years Race/Ethnicity: Hispanic Income: <=$25,000: 48% >$25,000: 9% NR: 10% Education: <HS: 33% HS: 54% >HS: 10% Insurance: Private: 10% Public: 25% No Insurance: 65%	**Effects of intervention:** Group: 39% Individual: 46% **2018 Adjusted Intervention Cost per Person:** Group: $113 Individual: $430 **Cost Driver:** Wages, Supervision/Training
Author, Year:	**Location**:	**Target population/Eligibility:**	**Screening Outcome:**

Study	Intervention Characteristics	Population Characteristics	Results
Li et al., 2017 **Cancer Type:** Cervical **Study Design**: Modeling **Economic Analysis:** Cost-Effectiveness (Per QALY) Societal Perspective Sensitivity analysis was performed. **Funding Source:** Cancer Prevention and Research Institute of Texas Monetary values are in year 2017 U.S dollars	United States (San Antonio, TX) **Setting**: Community **Intervention Time Frame:** 2012 to 2015 **Intervention Details**: Microsimulation model of cervical cancer to project the long-term cost-effectiveness of a community-based patient navigation program compared with current practice. CHWs were on the implementation team. In addition to the patient navigators, the program also implemented multilevel strategies such as mass media, health education and incentives to help increase screening uptake. **Comparison:** No CHW	18 years & older Hispanic women. **Analytic Sample Size:** N = 4500 **Demographics**: Age: 18 years or older Race/Ethnicity: Hispanic	Pap test **Follow-up Time**: Lifetime **Effects of intervention:** 65% to 80% **2018 Adjusted Intervention Cost per Person:** $317 **2018 Adjusted Incremental Cost:** $46 **Incremental QALY:** 0.06 years **2018 Adjusted Cost per QALY:** $762 **Cost Driver:** Wages
Author, Year: Mandelblatt et al., 2004 **Cancer Type:** Breast **Design**: Modeling **Economic Analysis:** Cost-Effectiveness (Cost per life year) Societal Perspective Sensitivity analysis was performed	**Location**: United States **Setting**: Healthcare facility **Intervention Time Frame:** 3 months **Intervention Details**: One of two interventions modeled is relevant to present review, namely targeted patient reminders or lay health workers; extent of CHW involvement not reported.	**Target population/Eligibility:** Simulated 1.25 million 40-year-old African American patients **Analytic Sample Size:** N = 1.25 million **Demographics**: Age: 40 years Race/Ethnicity: African American	**Screening Outcome:** Mammogram **Follow-up Time**: Lifetime is modeled from age 40 Medical care cost and patient time cost included in numerator. Cost of screening and related consultations for false positives included in medical care cost. **Effects of intervention:** Intervention group vs control group: 85.5% to 76%

Study	Intervention Characteristics	Population Characteristics	Results
Funding source: National Cancer Institute Monetary values are in year 2000 U.S dollars	Model simulates incidence and progression of breast cancer in a Monte Carlo simulation of a cohort of African American women. The reminder or lay health worker interventions increase the probability of screen detection. Model accounts for false results, lead time, and recalculates stage of cancer based on screening. The screening interval is 2 years. Screening has enduring effect on relative risk of remaining unscreened. Effectiveness of mammography modeled as stage shift of lesions. Simulation was done across range of baseline screening since mean rates were high, at 76% for African American women. Screening rates increased from 76% to 85.5% **Comparison:** Comparator is no CHW or reminders		**2018 Adjusted Intervention Cost per Person:** $83 QALY utilities adjusted for morbidity and mortality of cancer but not used in main results because utility analysis did not change conclusions. **2018 Adjusted Incremental Cost:** $143 **Incremental Life Year (LY):** 0.000800 **2018 Adjusted Incremental Cost per LY:** $179,116 **Cost Driver:** Wages
Author, Year: Marshall et al., 2016 **Cancer Type:** Breast **Study Design**: Randomized Controlled Trial **Economic Analysis:** Cost Analysis Payer Perspective **Funding source:**	**Location**: United States (Baltimore, MD) **Setting**: Community and healthcare facility **Intervention Time Frame:** April 2006 to December 2010 **Intervention Details**: Part of Cancer Prevention and Treatment Demonstration (CPTD) programs. One of 6 sites in the U.S.	**Target population/Eligibility:** African American women aged 65+ Medicare fee for service population **Analytic Sample Size:** N = 1358 **Demographics**: Age: 65+ with about 30% above 75 Race/Ethnicity: African American Sex: Female Income: 53% less than $20,000	**Screening Outcome:** Self-reported mammogram within 2 years of end of study. **Follow-up Time**: Median 17.8 months after end of trial **Effects of intervention:** Intervention group reported getting mammograms more than those in the control group (93.3 % and 87.5 %)

Study	Intervention Characteristics	Population Characteristics	Results
Centers for Medicare and Medicaid Services (CMS) Monetary values are in year 2015 U.S dollars	Printed CMS education materials on cancer and cancer prevention covered by Medicare plus patient navigation to overcome barriers to screening. Navigation focused on multiple cancer screenings including for breast. Navigators **not** integrated with primary care teams. Navigator training: didactic, role playing, shadowing, use of database. Navigator activities included introductory phone call, review screening status, discuss print materials, address barriers, schedule appointments, accompany patient to appointment. Oncology nurse available for consultation with navigators. Contacts by phone and in-person with caseloads from 100 to 300 participants. Navigators were 71% African American. **Comparison:** Printed CMS education materials on cancer and cancer prevention covered by Medicare.	Education: 54% HS diploma or less Insurance: Medicaid: 13.1%; Medigap: 59.3%	**2018 Adjusted Intervention Cost per Person:** $3,122 (both control and intervention) **Cost Driver:** Wages, Supervision/Training
Author, Year: Meghea et al., 2015 **Cancer Type:** Breast, Cervical **Study Design**: Randomized Controlled Trial	**Location**: United States (Detroit and Dearborn, Michigan) **Setting**: Community **Intervention Time Frame:** 12 months	**Target population/Eligibility:** Women aged 19-88 years old served by CHWs in Detroit Department of Health and Wellness Promotion **Analytic Sample Size** 406	**Screening Outcome:** Breast and Cervical **Follow-up Time**: 12 months **Effects of intervention:** NR

Study	Intervention Characteristics	Population Characteristics	Results
Economic Analysis: Cost Analysis Payer Perspective **Funding source:** National Institute of Nursing Research at NIH Monetary values are in year In 2011 U.S dollars	**Intervention Details**: Kin Keeper Cancer Prevention Cancer education through home visits with females in families. Implemented in delivery system that already employed CHWs. 16 CHWs involved in intervention, with caseload of 23 patients/month. Two home visits for cervical and breast cancer education and discussion. Average of 3 related females at each home visit. **Comparison:** Control group received one education visit and materials for breast and cervical cancer.	**Demographics**: Age: aged 19 to 88 years Race/Ethnicity: Black: 147 (48%) Latino: 33 (11%) Arab: 126 (41%)	**2018 Adjusted Intervention Cost per Person** $53 **Cost Driver:** Wages, Supervision/Training
Author, Year: Schuster et al., 2015 **Cancer Type:** Breast **Study Design**: Randomized Controlled Trial **Economic Analysis:** Cost-Effectiveness (Per Additional Screening) Payer Perspective **Funding Source:** National Cancer Institute Monetary values are in year 2013 U.S dollars	**Location**: United States (Baltimore-Washington metropolitan area) **Setting**: Community **Intervention Time Frame:** 6 months **Intervention Details**: 2 hour health literacy education session delivered by trained CHW alone; brochure containing specific health messages tailored to individual risk factors and education levels; DVD and picture guidebook with detailed health literacy content addressing beliefs, attitudes, and experiences; follow-up reminder telephone calls and patient navigation including	**Target population/Eligibility/ Eligibility Criteria**: Women aged 21- 65 years old, self-identified as Korean American, had not had a mammogram in the last 24 months, able to read/write Korean or English, willing to provide written consent for mammography records audit **Analytic Sample Size:** Intervention 278 (11 churches) Control 282 (12 churches) **Demographics**: Age: 21 to 65 years Race/Ethnicity: 100% Korean American	**Screening Outcome:** Self-reported mammogram **Follow-up Time**: 6 months **Effect of Intervention:** Incremental screening compared to control 202 (245 versus 43) **2018 Adjusted Intervention Cost per Person:** $472 **2018 Adjusted Incremental Cost per Additional Screen):** $251 (smaller than cost per person because comparator group had CHW involvement and difference in costs less than when comparator had no CHW involvement).

Study	Intervention Characteristics	Population Characteristics	Results
	transportation and translation provided by CHWs. **Comparison:** Wait list control for monthly CHW meetings		**Cost Driver:** Wages, Supervision/Training
Author, Year: Scoggins et al., 2010 **Cancer Type:** Cervical **Study Design**: Randomized Controlled Trial **Economic Analysis:** Cost-Effectiveness (Per QALY) Societal Perspective **Funding Source:** National Cancer Institute Monetary values are in year 2008 U.S dollars	**Location**: United States (Seattle, WA) **Setting**: Community **Intervention Time Frame:** 6 months **Intervention Details**: Lay health workers visits home for one on one education. All were bilingual Vietnamese-American women. **Comparison:** Mailed physical activity pamphlet and fact sheet with pedometer.	**Target population/Eligibility:** Women aged 20-79 years. All Participants had to speak Vietnamese or English. Non-adherent to guideline of pap test every 3 years or never screened (age 70-79). **Analytical Sample Size:** N = 118 women (Vietnamese) **Demographics**: Age: 20–79 years Race/Ethnicity: 100% of participants Vietnamese-American women	**Screening Outcome:** Pap test **Follow-up Time**: 36 months 65% to 80% **2018 Adjusted Intervention Cost per Person:** $111 **2018 Adjusted Incremental Cost:** $119 **Incremental QALY:** 0.00345 years **2018 Adjusted Cost per QALY:** $34,405 **Cost Driver:** Wages
Author, Year: Stockdale et al., 2000 **Cancer Type:** Breast **Study Design**: Randomized Controlled Trial **Economic Analysis:** Cost-Effectiveness (per Life Year)	**Location**: United States (Los Angeles) **Setting**: Community **Intervention Time Frame:** 1995 to 1997 **Intervention Details**: Los Angeles Mammography Program (LAMP)	**Target population/Eligibility:** Active church member women age 50 to 80. Target is approximately 56 women from each church based on study experience. **Analytic Sample Size:** N = 56 **Demographics**: Age: Mean 74 years Race/Ethnicity:	**Screening Outcome:** Self-reported mammogram **Follow-up Time**: Results based on Year One **Effects of intervention:** 2.6% increase in mammography for previously non-adherent **2018 Adjusted Intervention Cost per Person:**

Study	Intervention Characteristics	Population Characteristics	Results
Payer Perspective **Funding source:** National Cancer Institute Monetary values are in year 1999 U.S dollars.	Targeted lower SES and minority women through churches. Three intervention arms with 15 churches each Mail Counseling Telephone Counseling Control Mailed counseling was not effective and is not considered in the paper. Volunteer peer counselors recruited from churches and trained for telephone counseling. Counseling started with screening status and proceeded to barrier counseling. Mailed materials supplemented the counseling and informed about community screening locations Each church received a cancer library. CHW was part of team. **Comparison:** No CHW	Non-White: 57% 18 (12) [15] churches with more than 60% African American (Hispanic) [Caucasian] Median church members: 275 Median members with household income below $15,000: 28	3 models based on labor costs: (Labor: $0) $15.78 (Labor: min. wage) $40.72 (Labor: market value) $75.47 **2018 Adjusted Incremental Cost:** NR **Life Year (LY):** NR **2018 Adjusted Cost per LY:** (Labor: $0) $10,110 (Labor: min. wage) $26,189 (Labor: market value) $48,560 **Cost Driver:** Wages, Supervision/Training
Author, Year: Thompson et al., 2017 **Cancer Type:** Cervical **Study Design**: Randomized Controlled Trial **Economic Analysis:** Cost-Effectiveness (Per Additional Screening) Payer Perspective **Funding Source:** National Institute of Health	**Location**: United States (Yakima Valley, WA) **Setting**: Community **Intervention Time Frame:** 7 months **Intervention Details**: Arm1: culturally appropriate Spanish-language video mailed to participants about cervical cancer, screening, and location for screening. Arm2: Arm1 plus *promotora*-led educational session at home;	**Target population/Eligibility:** Latina women aged 21-64 years who were non-adherent to Pap guidelines (more than 3 years since last Pap) **Analytic Sample Size:** N = 146 **Demographics**: Age: Mean age of women: 43.9 years Race/Ethnicity: Hispanic Education: 65.8% less than high school education Insurance: Previously insured: 57%; never: 18%	**Screening Outcome:** Pap test **Follow-up Time**: 7 months **Intervention Effect:** Intervention=78 persons Control: 50 persons **2018 Adjusted Intervention Cost per Person:** $84 **2018 Adjusted Incremental Cost per Additional Screen)** **Societal:**

Study	Intervention Characteristics	Population Characteristics	Results
Monetary values are in year 2016 U.S dollars	reminder refrigerator magnet, appointment card; local information sheet for overcoming barriers; transportation assistance; childcare assistance All abnormal tests received *promotora* patient navigation. **Comparison:** 2 comparisons, one usual care, one video only; using the usual care arm		$432 **Cost Driver:** Wages, Supervision/Training