

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

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

Table of Contents

Intervention Definition	2
CPSTF Finding.....	2
Rationale	2
Basis of Finding	2
Applicability and Generalizability Considerations	4
Data Quality Issues.....	5
Other Benefits and Harms.....	5
Economic Evidence	5
Considerations for Implementation.....	5
Evidence Gaps	6
References	7
Disclaimer.....	7
Appendices of Supporting Documents	9
Appendix A: Analytic Framework (Effectiveness Review)	10
Appendix B: Search Strategy (Effectiveness Review)	11
Appendix C: Included Studies (Effectiveness Review)	34
Appendix D: Summary Evidence Table (Effectiveness Review)	40
Appendix E: Analytic Framework (Economic Review)	84
Appendix F: Search Strategy (Economic Review)	85
Appendix G: Included Studies (Economic Review)	86
Appendix H: Summary Evidence Table (Economic Review)	87

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CPSTF Finding and Rationale Statement

Intervention Definition

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

- Increase demand for screening services using [group education](http://www.thecommunityguide.org/findings/cancer-screening-group-education-clients-breast-cancer) [www.thecommunityguide.org/findings/cancer-screening-group-education-clients-breast-cancer], [one-on-one education](http://www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-breast-cancer) [www.thecommunityguide.org/findings/cancer-screening-one-one-education-clients-breast-cancer], [client reminders](http://www.thecommunityguide.org/findings/cancer-screening-client-reminders-breast-cancer) [www.thecommunityguide.org/findings/cancer-screening-client-reminders-breast-cancer], or [small media](http://www.thecommunityguide.org/findings/cancer-screening-small-media-targeting-clients-breast-cancer) [www.thecommunityguide.org/findings/cancer-screening-small-media-targeting-clients-breast-cancer]
- Improve access to screening services by [reducing structural barriers](http://www.thecommunityguide.org/findings/cancer-screening-reducing-structural-barriers-clients-breast-cancer) [www.thecommunityguide.org/findings/cancer-screening-reducing-structural-barriers-clients-breast-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 breast cancer screening (by mammography) based on strong evidence of effectiveness. Studies included in the systematic review showed increases in breast cancer screening rates when CHWs delivered interventions independently or as part of an implementation team.

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

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

- Overall: median increase of 12.7 percentage points (interquartile interval [IQI]: 5.7 to 24.0; 37 study arms)
- CHW alone: median increase of 15.0 percentage points (IQI: 5.7 to 24.2; 17 study arms)
- CHW added: median increase of 11.0 percentage points (IQI: 2.8 to 12.7; 7 study arms)
- CHW in a team: median increase of 13.7 percentage points (IQI: 8.6 to 28.5; 17 study arms)

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

- [Cervical cancer \(recommended\)](http://www.thecommunityguide.org/findings/cancer-screening-interventions-engaging-community-health-workers-cervical-cancer) [www.thecommunityguide.org/findings/cancer-screening-interventions-engaging-community-health-workers-cervical-cancer]
- [Colorectal cancer \(recommended\)](http://www.thecommunityguide.org/findings/cancer-screening-interventions-engaging-community-health-workers-colorectal-cancer) [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. $\geq 50\%$ 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 $\geq 50\%$ 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

There was not enough economic evidence to determine cost-effectiveness for interventions engaging CHWs to increase breast cancer screening.

The economic review included 5 studies (search period through April 2019) specific to breast cancer screening by mammography. Studies were conducted in the United States (4 studies) and the United Kingdom (1 study). They focused on increasing demand for breast cancer screening (2 studies), and increasing demand for, and access to, screening (2 studies); one study did not report strategies used in the interventions. Two of the U.S. studies were excluded from the evidence review (one reported the combined cost for intervention and control groups; the other used a modeling assumption of a high, 76% baseline screening rate). 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 \$1,578 (IQI: \$1,245 to \$1,969). Both U.S. studies were randomized controlled trials, one of which reported costs of CHWs within three different salary grades. The median cost per person from both studies was \$58 (IQI: \$22 to \$373).

One study each from the United States and 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 \$7,891 (IQI: \$4,150 to \$22,819). The median incremental cost per additional woman screened for the U.S. study was \$215.

None of the studies reported incremental cost per quality-adjusted life year (QALY) gained. Therefore, a cost-effectiveness determination could not be made for CHW interventions to increase breast cancer screening.

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 breast cancer screening](http://www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-breast-cancer) [www.thecommunityguide.org/findings/cancer-screening-multicomponent-interventions-breast-cancer]. Interventions that continued longer than six months or consisted of multiple sessions were more effective than ones with shorter durations or single-session interventions. Results indicate that effects may wane over time and booster sessions might be needed.

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

The Community Preventive Services Task Force also recommends interventions engaging CHWs to improve [cardiovascular disease management](http://www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health) [www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventions-engaging-community-health], [diabetes prevention](http://www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers) [www.thecommunityguide.org/findings/diabetes-prevention-interventions-engaging-community-health-workers], and [diabetes management](http://www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers) [www.thecommunityguide.org/findings/diabetes-management-interventions-engaging-community-health-workers]. Together with the findings from the current review, it is clear that CHWs are effective in preventing and managing multiple chronic conditions. Currently, only a few states have certification processes in place for CHWs (some voluntary, some required). Other states are working towards certification. Standardizing the role of CHWs and providing certification opportunities would ensure CHW proficiency. It could also encourage more people to become CHWs and persuade decision makers to fund interventions that engage CHWs.

Evidence Gaps

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

- What is the impact of these interventions on repeat screening?
- Are these interventions effective among American Natives/Alaska Natives?

- Is intervention effectiveness influenced by any of the following?
 - Participants' health literacy
 - Supervision of CHWs
 - Compensation for CHW's work
 - Inclusion of CHWs in research and evaluation
- How does CHW training affect outcomes? What is the best way to train CHWs for this type of work?
- Are interventions that engage community health workers to increase breast cancer screening cost-beneficial or cost-effective? Studies reporting on cost-effectiveness and/or cost-benefits, would provide more economic evidence for systematic reviews.

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.

The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills, and Qualities. Available at URL: <https://sph.uth.edu/dotAsset/55d79410-46d3-4988-a0c2-94876da1e08d.pdf>.

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.

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Appendices of Supporting Documents

Cancer Screening: Interventions Engaging Community Health Workers — Breast Cancer

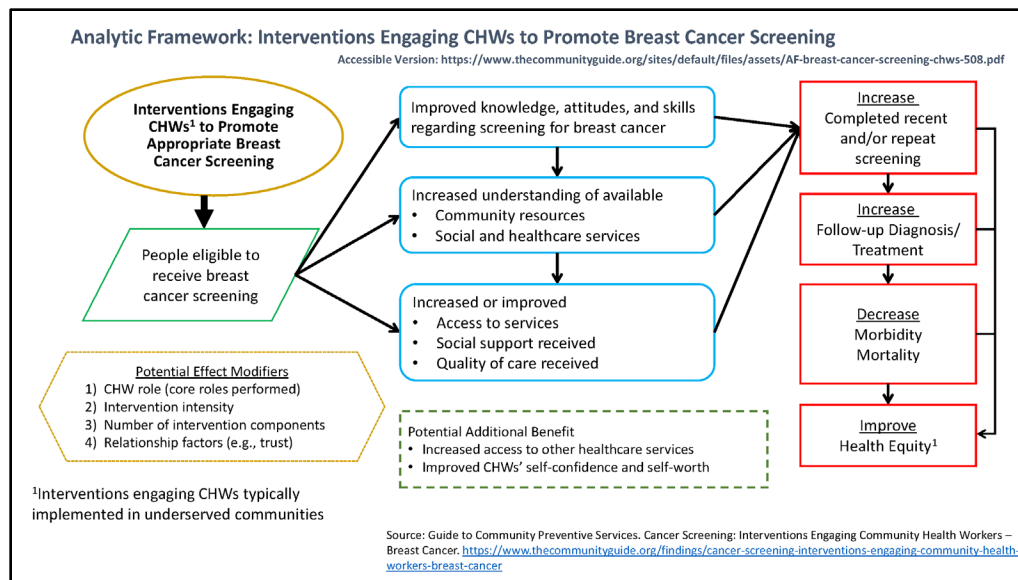
Table of Contents

Appendix A: Analytic Framework (Effectiveness Review).....	10
Appendix B: Search Strategy (Effectiveness Review).....	11
Appendix C: Included Studies (Effectiveness Review)	34
Appendix D: Summary Evidence Table (Effectiveness Review)	40
Appendix E: Analytic Framework (Economic Review)	84
Appendix F: Search Strategy (Economic Review)	85
Appendix G: Included Studies (Economic Review)	86
Appendix H: Summary Evidence Table (Economic Review).....	87

Appendix A

Analytic Framework (Effectiveness Review)

Cancer Screening: Interventions Engaging Community Health Workers — Breast Cancer



Analytic Framework Text Description

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

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

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

Appendix B

Search Strategy (Effectiveness Review): Cancer Screening: Interventions Engaging Community Health Workers — Breast 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: COMMGUIDECANCERMCI FINAL

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

7. mammography/ or mammogra*.ti,ab.
8. (colonography or colonoscop* or fobt or sigmoidoscop*).ti,ab.
9. vaginal smears/ or (pap or papanicolaou).ti,ab.
10. 6 or 7 or 8 or 9
11. 5 or 10
12. health knowledge, attitudes, practice/ or “patient acceptance of health care”/ or patient compliance/ or patient participation/
13. health promotion/ or healthy people programs/ or health education/ or patient education as topic/ or persuasive communication/
14. (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*).ti,ab.
15. reminder systems/ or “appointments and schedules”/
16. (prompt* or reminder*).ti,ab.
17. insurance/ or “cost sharing”/ or Financing, Personal/ or insurance benefits/ or insurance coverage/ or insurance, health/ or health benefit plans, employee/ or insurance, major medical/ or managed care programs/ or health maintenance organizations/ or medicare/ or Medicaid/
18. (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income).ti,ab.
19. (reduc* adj2 fee*).ti,ab.
20. “delivery of health care”/ or after-hours care/ or “delivery of health care, integrated”/ or health services accessibility/
21. (((Health care or healthcare or health services) adj3 access*) or onsite or “on-site” or after hours or (contract or contracted or contracts)).ti,ab. or contract services/
22. (insured or insurance or uninsured).ti,ab.
23. (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies).ti,ab. or Health Care Reform/ or Health Policy/

24. Quality Assurance, Health Care/ or clinical audit/ or medical audit/ or (public-health-improvement or continuous-quality-improvement).mp.

25. ((audit* adj2 (physician* or record or clinic*)) or quality assurance or incentive* or clinical audit).ti,ab. or Guideline Adherence/ or (incentive* or medical audit*).ti,ab. or Practice Guidelines as Topic/ or Predictive Value of Tests/ or (Quality or quality assurance).ti,ab. or quality assurance, healthcare/ or (quality audit or quality control or Quality Indicator*).ti,ab. or quality indicators, health care/ or Health Care/ or quality of health care/ or standards.hw. or quality improvement/ or (clinical quality or quality improvement).ti,ab.

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

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

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

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

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

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

32. (friending or wireless or "new media" or "new technolog*" or conversation* or messag* or video*).ti.

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

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

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

36. (access* adj5 health*).ti,ab. or beauty culture/ or occupational health services/ or (assessment* or beauty parlor or beauty salon or checklist* or cosmetologist or employee health clinic or expand* hour* or feedback or hair dressers or hair salon or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or saturday clinic* or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite).ti,ab.

37. or/12-36

38. 11 and 37

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

40. limit 39 to humans

41. animals/

42. 39 not 41

43. 40 or 42

COMMGUIDECANCERMCIIPSYCINFO

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

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

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

4. 2 or 3

5. 1 and 4

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

7. mammogra*.mp.

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

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

36. ((access* adj5 health*) or beauty culture or occupational health service* or (assessment* or beauty parlor or beauty salon* or hair salon* or checklist* or cosmetologist* or employee health clinic* or expand* hour* or feedback or hair dresser* or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or Saturday clinic* or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite)).mp.

37. or/12-36

38. 11 and 37

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

COMMGUIDECANCERSCREENINGMCIEMBASE

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

2. ((neoplasm* or ductal breast carcinoma* or "hereditary breast and ovarian cancer syndrome") and (diagnosis or prevention)).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]

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

4. 2 or 3

5. 1 and 4

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

7. mammogra*.mp.

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

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

10. 6 or 7 or 8 or 9

11. 5 or 10

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

13. (health promotion or healthy people program* or health education or patient education or persuasive communication*).mp.
14. (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*).mp.
15. (reminder system* or appointment* or schedul*).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
16. (prompt* or reminder*).mp.
17. (insurance or “cost sharing” or personal financ* or insurance benefit* or insurance coverage or health insurance or health benefit plan* or employee or insurance or medical insurance or medical coverage or managed care program* or health maintenance organization* or Medicare or Medicaid).mp.
18. (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income).mp.
19. (reduc* adj2 fee*).mp.
20. ((delivery adj2 health care) or after-hours care or health services accessibility).mp.
21. (((Health care or healthcare or health services) adj3 access*) or onsite or “on-site” or after hours or (contract or contracted or contracts) or contract* service*).mp.
22. (insured or insurance or uninsured).mp.
23. (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies or Health Care Reform* or Health Policy or health policies).mp.
24. ((Quality Assurance adj3 Health Care) or clinical audit or medical audit or (public-health-improvement or continuous-quality-improvement)).mp.
25. ((audit* adj2 (physician* or record or clinic*)) or (quality assurance or incentive* or clinical audit or Guideline Adherence or medical audit* or Practice Guideline*) or (Predictive Value adj2 Test*) or (quality or quality audit or quality control or Quality Indicator*) or (Health Care adj2 quality) or (standard* or quality improvement or clinical quality)).mp.
26. (Organizational Policy or organizational policies or ((organization* or institution*) adj2 (directive* or policies or policy or commitment))).mp. [mp=title, abstract, subject headings, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]

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

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

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

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

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

32. (friending or wireless or “new media” or “new technolog*” or conversation* or messag* or video*).mp.

33. (Community Health Worker* or Patient Navigat* or Community Health Centers).mp.

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

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

36. ((access* adj5 health*) or beauty culture or occupational health service* or (assessment* or beauty parlor or beauty salon* or hair salon* or checklist* or cosmetologist* or employee health clinic* or expand* hour* or feedback or hair dresser* or incremental or interven* or law or laws or longer hour* or mobile or multicomponent or multilevel or multiphas* or occupational health clinic or occupational health service* or outreach or provider* or doctor* or nurse* or resident* or physician* or allied health or salon or saturday clinic* or schedul* or transportation or transported or transporting or week end clinic* or weekend clinic* or work place or work site or workplace or worksite)).mp.

37. or/12-36

38. 11 and 37

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

40. Exp United Kingdom/ Or Exp United States/

41. Exp Canada/ Or Canada.Mp.

42. Exp Western Europe/ Or Exp Southern Europe/

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

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

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

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

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

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

49. animals.mp. or animal/

50. animal experiment/

51. human/

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

53. (Bulgaria Or Hungary Or Morocco Or Algeria Or Libya Or Egypt Or Sudan Or Ethiopia Or Chad Or Niger Or Mali Or Mauritania Or Western Sahara Or Senegal Or Sierra Leone Or Liberia Or Burkina Or Ghana Or Cote D’ivoire Or Togo Or Benin Or Nigeria Or Cameroon Or Gabon Or Central African Republic Or Uganda Or Kenya Or Tanzania Or Congo Or Angola Or Malawi Or Zambia Or Namibia Or Botswana Or Mozambique Or Madagascar Or South Africa*).mp.

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

55. or/40-48

56. or/49-50

57. or/52-54

58. 39 and 55

59. 39 not 57

60. 39 not 56

61. 39 and 51

62. 58 or 59 or 60 or 61

63. limit 62 to medline

64. 62 not 63

65. limit 64 to exclude medline journals

COMMGUIDECANCERSCREENINGSABATINOCOMBINEDHELENAONNALEESTRATEGY08_08_2013 MEDLINE

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

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

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

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

5. or/1-4
6. limit 5 to (english language and humans and yr="2013 -Current")
7. exp uterine cervical neoplasms/pc or exp cervical intraepithelial neoplasia/pc or exp uterine cervical dysplasia/pc or exp breast neoplasms/pc or exp colorectal neoplasms/pc or exp colonic neoplasms/pc or exp neoplasms/pc
8. exp mammography/ or exp vaginal smears/ or exp colonoscopy/ or exp occult blood/ or clinical breast exam*.mp. or barium enema*.mp. or colonoscop*.mp. or endoscop*.mp. or pap* smear*.mp. or occult blood.mp. or vaginal smear*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept, rare disease supplementary concept, unique identifier]
9. (repeat screening* or diagnostic imag*).mp.
10. exp mass screening/ut or exp preventive health services/ut
11. exp *skin neoplasms/ or exp *prostatic neoplasms/ or exp *bone neoplasms/
12. exp *biliary tract neoplasms/ or exp *esophageal neoplasms/ or exp *cecal neoplasms/ or exp *duodenal neoplasms/ or exp *ileal neoplasms/ or exp *jejunal neoplasms/ or exp *stomach neoplasms/ or exp *liver neoplasms/ or exp *pancreatic neoplasms/ or exp *peritoneal neoplasms/ or exp *eye neoplasms/ or exp *"head and neck neoplasms"/ or exp *hematologic neoplasms/ or exp *nervous system neoplasms/ or exp *hematologic neoplasms/ or exp *nervous system neoplasms/
13. exp *skin neoplasms/ or exp *splenic neoplasms/ or exp *thoracic neoplasms/
14. or/7-10
15. or/11-13
16. 6 and 14
17. 16 not 15
18. limit 17 to (english language and humans and yr="2013 -Current")
19. mass screening/ or multiphasic screening/ or (screen or screened or screening).ti,ab. or "early detection of cancer"/
20. (neoplasms/ or breast neoplasms/ or colorectal neoplasms/ or uterine cervical neoplasms/ or carcinoma, ductal, breast/ or "hereditary breast and ovarian cancer syndrome"/ or inflammatory breast neoplasms/ or colonic neoplasms/ or rectal neoplasms/) and (di or pc).fs.

21. ((adenoma* or neoplasia or cancer* or neoplasm* or tumor* or carcinoma* or adenocarcinoma*) and (breast or cervical or cervix or colon or colorectal or crc)).ti,ab.
22. 20 or 21
23. 19 and 22
24. colonography, computed tomographic/ or colonoscopy/ or endoscopy, gastrointestinal/ or sigmoidoscopy/ or ((occult blood.ti,ab. or occult blood/) and (feces/ or (faeces or fecal or faecal or colorectal).ti,ab.)) or (enema/ and barium sulfate/)
25. mammography/ or mammogra*.ti,ab.
26. (colonography or colonoscop* or fobt or sigmoidoscop*).ti,ab.
27. vaginal smears/ or (pap or papanicolaou).ti,ab.
28. 24 or 25 or 26 or 27
29. 23 or 28
30. health knowledge, attitudes, practice/ or “patient acceptance of health care”/ or patient compliance/ or patient participation/
31. health promotion/ or healthy people programs/ or health education/ or patient education as topic/ or persuasive communication/
32. (accept or acceptance or adherence or adhere* or compliance or compliant or health promotion or education or persuad* or persuasive or rescreen*).ti,ab.
33. reminder systems/ or “appointments and schedules”/
34. (prompt* or reminder*).ti,ab.
35. insurance/ or “cost sharing”/ or Financing, Personal/ or insurance benefits/ or insurance coverage/ or insurance, health/ or health benefit plans, employee/ or insurance, major medical/ or managed care programs/ or health maintenance organizations/ or medicare/ or Medicaid/
36. (cost or costs or costing or compensated or complimentary or copay* or co-pay* or cost assistance or coupon* or cover* or discount* or fee reduction* or financial assist* or free or indigen* or out-of-pocket or reduc* fee* or shared cost* or sharing cost* or subsidies or subsidis* or subsidiz* or subsidy or uncompensated or voucher* or employer-provided or low income).ti,ab.
37. (reduc* adj2 fee*).ti,ab.

38. “delivery of health care”/ or after-hours care/ or “delivery of health care, integrated”/ or health services accessibility/
39. (((Health care or healthcare or health services) adj3 access*) or onsite or “on-site” or after hours or (contract or contracted or contracts)).ti,ab. or contract services/
40. (insured or insurance or uninsured).ti,ab.
41. (health reform* or healthcare reform* or health care reform* or health policy or health policies or healthcare policy or healthcare policies or health care policy or health care policies).ti,ab. or Health Care Reform/ or Health Policy/
42. Quality Assurance, Health Care/ or clinical audit/ or medical audit/ or (public-health-improvement or continuous-quality-improvement).mp.
43. ((audit* adj2 (physician* or record or clinic*)) or quality assurance or incentive* or clinical audit).ti,ab. or Guideline Adherence/ or (incentive* or medical audit*).ti,ab. or Practice Guidelines as Topic/ or Predictive Value of Tests/ or (Quality or quality assurance).ti,ab. or quality assurance, healthcare/ or (quality audit or quality control or Quality Indicator*).ti,ab. or quality indicators, health care/ or Health Care/ or quality of health care/ or standards.hw. or quality improvement/ or (clinical quality or quality improvement).ti,ab.
44. Organizational Policy/ or ((organization* or institution*) adj2 (directive* or policies or policy or commitment)).ti,ab.
45. communications media/ or mass media/ or radio/ or television/ or internet/ or blogging/ or social media/ or video recording/ or telecommunications/ or electronic mail/ or blogging/ or text messaging/ or *computers/ or microcomputers/ or computers, handheld/ or computer-assisted instruction/
46. (television or radio or mass media or microcomputer* or cyberspace or “health 2.0” or avatar or wikipedia or weblog* or microblog* or “web 2.0” or listserv* or wiki* or “short message service” or sms or “mobile app” or iphone or ipad or ipod or “tablet computer” or xbox or x-box or nintendo or instagram or orkut or flickr or foursquare or video game* or computer game* or wii or ddr or 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 compensat* or discount or fee or fees or medicaid or medicare or voucher* or coupon* or insurance or cost sharing or managed care or hmo or health maintenance or health benefit* or delivery or contract*:ti,ab,kw in Trials (Word variations have been searched)

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

#13 transport* or work place or work site* or salon or allied health or occupational health or outreach or checklist* or cosmetologist* or hairdresser* or hair dresser* or beauty parlor* or employee health or assessment* or beauty culture or community based or peer or peers or group educat* or link worker* or

indigenous or health advocat* or promotora* or navigat* or lay health or community health:ti,ab,kw in Trials
(Word variations have been searched)

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

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

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

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

#18 #9 and #17

#19 2013 or 2014 or 2015 or 2016 or 2017

#20 #18 and #19

Database: PubMed

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

Zealand"[mesh] OR "Northern Ireland"[mesh] OR Norway[mesh] OR Oman[mesh] OR Poland[mesh] OR Portugal[mesh] OR "Puerto Rico"[mesh] OR Qatar[mesh] OR Russia[mesh] OR "San Marino"[mesh] OR "Saudi Arabia"[mesh] OR Singapore[mesh] OR Slovenia[mesh] OR Spain[mesh] OR Sweden[mesh] OR Switzerland[mesh] OR "United Arab Emirates"[mesh] OR England[mesh] OR Scotland[mesh] OR Wales[mesh] OR "United States"[mesh] OR Uruguay[mesh])) AND (("health knowledge, attitudes, practice"[mesh] OR "patient acceptance of health care"[mesh] OR "patient compliance"[mesh] OR "patient participation"[mesh] OR "health promotion"[mesh] OR "healthy people programs"[mesh] OR "health education"[mesh] OR "patient education as topic"[mesh] OR "persuasive communication"[mesh] OR "reminder systems"[mesh] OR "appointments and schedules"[mesh])))) OR (((("accept"[title/abstract] OR "acceptance"[title/abstract] OR "adherence"[title/abstract] OR adhere*[title/abstract] OR "compliance"[title/abstract] OR "compliant"[title/abstract] OR "health promotion"[title/abstract] OR "education"[title/abstract] OR persuad*[title/abstract] OR "persuasive"[title/abstract] OR rescreen*[title/abstract] OR prompt*[title/abstract] OR reminder*[title/abstract])))) OR (((("cost"[title/abstract] OR "costs"[title/abstract] OR "costing"[title/abstract] OR "compensated"[title/abstract])))) OR (((("free"[title/abstract] OR indigen*[title/abstract] OR "out-of-pocket"[title/abstract] OR reduc* AND fee*[title/abstract] OR shared cost*[title/abstract] OR "subsidies"[title/abstract] OR subsidiz*[title/abstract] OR subsidiz*[title/abstract] OR "subsidy"[title/abstract] OR "uncompensated"[title/abstract] OR voucher*[title/abstract] OR "employer-provided"[title/abstract] OR "low income"[title/abstract] OR "low incomes"[title/abstract])))) OR (((("onsite"[title/abstract] OR "on-site"[title/abstract] OR "after hours"[title/abstract] OR "contract"[title/abstract] OR "contracted"[title/abstract] OR "contracts"[title/abstract])))) OR (((("insured"[title/abstract] OR "uninsured"[title/abstract] OR "insurance"[title/abstract])))) OR (((("health reform"[title/abstract] OR healthcare reform*[title/abstract] OR health care reform*[title/abstract] OR "health policy"[title/abstract] OR "health policies"[title/abstract] OR "healthcare policy"[title/abstract] OR "health care policy"[title/abstract] OR "healthcare policies"[title/abstract] OR "health care policies"[title/abstract] OR "health care reform"[mesh] OR "health policy"[mesh])))) OR (((("quality assurance, health care"[mesh] OR "clinical audit"[mesh] OR "medical audit"[mesh] OR "public health improvement"[title/abstract] OR "continuous quality improvement"[title/abstract])))) OR (((audit*[title/abstract]) AND (physician*[title/abstract] OR "record"[title/abstract] OR clinic*[title/abstract])))) AND (((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

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 OR computer* AND gam*[title/abstract] OR "wii"[title/abstract] OR "ddr"[title/abstract] OR
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 phone*[title/abstract] OR smartphone*[title/abstract] OR social network*[title/abstract] OR telephon* AND
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 "social web"[title/abstract] OR social website*[title/abstract] OR "texting"[title/abstract] OR
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 "twitter"[title/abstract] OR video*[title/abstract] OR video*[title/abstract] OR "vine"[title/abstract] OR
 vlog*[title/abstract] OR "video log"[title/abstract] OR "video blog"[title/abstract] OR web page*[title/abstract]
 OR web site*[title/abstract] OR "you tube"[title/abstract] OR "youtube"[title/abstract] OR
 ((("friending"[title/abstract] OR "wireless"[title/abstract] OR "new media"[title/abstract] OR new technolog* AND
 title/abstract OR conversation*[title/abstract] OR messag*[title/abstract] OR video*[title/abstract] OR
 ((("community health workers"[mesh] OR "patient navigation"[mesh] OR "community health centers"[mesh]))))

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

Appendix C

Included Studies (Effectiveness Review): Cancer Screening: Interventions Engaging Community Health Workers — Breast Cancer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

Nguyen TT, McPhee SJ, Gildengorin G, et al. Papanicolaou testing among Vietnamese Americans: results of a multifaceted intervention. *American Journal of Preventive Medicine* 2006;31(1):1-9.

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.

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Appendix D

Summary Evidence Table (Effectiveness Review): Cancer Screening: Interventions Engaging Community Health Workers — Breast 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: Ahmed et al., 2010 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Tennessee Setting: community and clinic Intervention Duration: 12 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: CR + OE</i> CR: in addition to usual care, received reminder letter from Tennessee Coordinated Care Network (TCCN) stating need for annual mammograms OE: those remaining noncompliant at 3 months were contacted by Community Health Outreach workers to discuss mammography; provided information on screening and treatment and discussed specific barriers and needs of each woman <i>CR only arm:</i> in addition to usual care, received reminder letter from TCCN direct stating need for annual mammograms <i>Control arm:</i> usual care included monthly newsletters on a variety of health topics, health pamphlets, and access to	Training: previously trained by TCCN and were compliant with preventive health care measures; received additional training about breast cancer, mammography, and how to engage clients in open-ended conversational settings Supervision: NR Matching to Population: recruited from study 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; 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	Eligibility Criteria: women aged 40 and older who were enrolled in the TCCN, had no history of breast cancer, and whose claims data indicated noncompliance with mammography in previous 2 years (women aged 50 and older) or 3 years (women aged 40 to 49) Sample Size: 2357 Attrition: 1.3% Demographics: <i>Mean age:</i> 52.8 years <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 12.2% Hispanic; 45.1% White; 42.8% African American <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> 100% insured <i>Established source of care:</i> 100% insured through TCCN <i>Baseline screening of intervention group:</i> 0%	Outcome Measure: MAM within past 2 years (women aged 50 and older) or 3 years (women aged 40 to 49) How Ascertained: medical records Follow-up Time: 0 months Results: Absolute effectiveness, CHW in a team: CR + OE vs. Control <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>213/786=27.1%</td><td>105/786=13.4%</td></tr><tr><td>Change</td><td>+27.1pct pts</td><td>+13.4pct pts</td></tr><tr><td>Difference</td><td>+13.7pct pts</td><td></td></tr></table> Incremental effectiveness, CHW added: CR + OE vs. CR <table><tr><td></td><td>Intervention</td><td>CR only</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>213/786=27.1%</td><td>126/785=16.1%</td></tr><tr><td>Change</td><td>+27.1pct pts</td><td>+16.1pct pts</td></tr><tr><td>Difference</td><td>+11.0pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	213/786=27.1%	105/786=13.4%	Change	+27.1pct pts	+13.4pct pts	Difference	+13.7pct pts			Intervention	CR only	Pre	0%	0%	Post	213/786=27.1%	126/785=16.1%	Change	+27.1pct pts	+16.1pct pts	Difference	+11.0pct pts	
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Difference	+11.0pct pts																																	

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Community Health Outreach workers Intervention Intensity: 1 in-person session with CHW Targeted or Tailored: tailored	Specific Component Implemented by CHW: OE Methods for Interaction with Participates: face-to-face		
Author, Year: Aitaoto et al., 2012 Study Design: Pre-post Suitability of Design: Least Quality of Execution: Fair	Location: Hawaii Setting: community Intervention Duration: 3 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: GE + OE + RSB, appointment scheduling, transportation</i> GE + OE: lay health educators provided cancer educational presentations to Micronesian women; women received an educational gift of a bead necklace kit and bead keychain RSB, scheduling assistance: eligible women received assistance with scheduling appointments RSB, transportation: lay health educators provided funds for transportation costs Intervention Intensity: NR	Training: 6-hour training curriculum provided in four 90-minute sessions over 4 weeks; information tailored to Micronesian women Supervision: weekly meetings Matching to Population: recruited elders or respected community members who spoke at least 1 of 4 target languages Educational Background: vocational school, 2-year college or some college Payment: \$100 per month, however many lay health educators used stipend towards transportation costs for themselves and study participants Roles Performed: Cultural mediation among individuals, communities,	Eligibility Criteria: Micronesian women who were relatives, friends, and neighbors of lay health workers; church attendees, residents of Micronesian neighborhoods, homeless shelters, and other places where Micronesian women gather Sample Size: 567 Attrition: N/A Demographics: <i>Age:</i> 57% <40 years; 43% ≥40 years <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Micronesian <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 18%	Outcome Measure: annual MAM for women ≥40 years How Ascertained: lay health educators accompanied participants to clinic or saw mammogram results Follow-up Time: 6 months Results: Absolute effectiveness, CHW alone: Pre 36/202=17.8% Post 182/202=90.1% Change +72.3pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	Targeted or Tailored: targeted to Micronesian women; tailored to participant during education sessions	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 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																	
Author, Year: Allen et al., 2005 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Los Angeles, California Setting: urban community Intervention Duration: 6 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE + RSB, appointment scheduling + SM</i> OE: counseling regarding importance of complying	Training: details not provided but counselors were trained to follow scripted telephone protocol prior to study implementation Supervision: NR Matching to Population: mature African-American and Latina female counselors Educational Background: NR Payment: NR	Eligibility Criteria: women aged 40 and older living in service area with an operable telephone and had not had screening mammogram in past year Sample Size: 430 Attrition: 17.7% Demographics: <i>Mean age:</i> 51.9 years <i>Gender:</i> 100% female	Outcome Measure: completed MAM How Ascertained: self-reported Follow-up Time: 0 months Results: Absolute effectiveness, CHW in a team: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>68/219=31.1%</td><td>49/211=23.2%</td></tr><tr><td>Change</td><td>+31.1pct pts</td><td>+23.3pct pts</td></tr><tr><td>Difference</td><td>+7.9pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	68/219=31.1%	49/211=23.2%	Change	+31.1pct pts	+23.3pct pts	Difference	+7.9pct pts	
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Difference	+7.9pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	with mammography screening guidelines RSB, scheduling assistance: assistance scheduling a low-cost or no-cost mammography appointment SM: received program letter, screening mammography brochure, and shower card to reinforce counseling messages <i>Control arm:</i> usual care received no intervention components Intervention Intensity: NR Targeted or Tailored: targeted to African Americans and Latina women in an economically disadvantaged, medically underserved, inner-city community of LA	Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individuals and communities Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE, RSB Methods for Interaction with Participates: remote	<i>Race/Ethnicity:</i> 44.9% Hispanic; 38.1% African American; 17.0% other <i>Employment:</i> NR <i>Mean annual household income:</i> 46.7% <20K; 32.6% \$20K to \$29K; 20.7% NR <i>Education:</i> 60.9% ≤HS; 39.1% >HS <i>Insurance:</i> 64.4% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 0%	
Author, Year: Allen et al., 2014 Study Design: Pre-post Suitability of Design: Least	Location: Boston, Massachusetts Setting: urban community Intervention Duration: 6 months Intervention Details: Type of cancer addressed: BC, CC, CRC	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,	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:	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:

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Quality of Execution: Fair	<i>Intervention arm: OE + GE + SM + RSB, alternate site, reducing admin barriers</i> OE: peer health advisors conducted education via telephone and in-person outreach GE: peer health advisors conducted group education during small group <i>charlas</i> and bingo nights SM: banners with scriptures and passages promoting health behaviors or self-care; culturally appropriate educational materials RSB, alternate sites: mammography van day with a mobile health van RSB, reducing admin barriers: assistance with applications for state-based insurance Intervention Intensity: weekly exposure during church Targeted or Tailored: tailored; targeted to Latinas and included religious themes	communication, and interpersonal skills Educational Background: NR Payment: received small stipend Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individuals and communities Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE, GE Methods for Interaction with Participates: both	<i>Mean age:</i> 43.9 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> 65% employed; 32% unemployed <i>Mean annual household income:</i> 48% <\$30K; 24% ≥\$30K <\$50K; 5% ≤\$50K <i>Education:</i> 36% <HS; 35% HS or GED; 21% some college; 8% ≥college <i>Insurance:</i> 64% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 62% MAM; 89% Pap test; 75% any CRC screening	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
Author, Year: Bird et al., 1998	Location: San Francisco, California & Sacramento, California Setting: urban community	Training: outreach team trained lay health workers Supervision: research staff provided supervision	Eligibility Criteria: Vietnamese women age 18 and older living in targeted census tracts with the ability to understand Vietnamese	Outcome Measure: receipt of mammogram or pap smear How Ascertained: self-reported Follow-up Time: NR

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																																												
Study Design: Pre-post with comparison Suitability of Design: Greatest Quality of Execution: Fair	Intervention Duration: 30 months Intervention Details: Type of cancer addressed: BC, CC <i>Intervention arm: GE + SM + CI</i> 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 <i>Control arm:</i> women in Sacramento, California served as controls; additional information not provided Intervention Intensity: NR Targeted or Tailored: targeted Vietnamese women	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 Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: GE Methods for Interaction with Participates: face-to-face	Sample Size: 717 Attrition: N/A Demographics: <i>Age:</i> 46% 18-39 years; 26% 40-49 years; 29% ≥50 years <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Vietnamese <i>Employment:</i> 19% employed <i>Poverty:</i> 58% below poverty level <i>Education:</i> 23% ≥HS <i>Insurance:</i> 77% insured <i>Established source of care:</i> 79% had regular physician <i>Baseline screening of intervention group:</i> for recent screening, 54% mammogram; 46% pap smear	Results: Absolute effectiveness, CHW in a team: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>54%</td><td>43%</td></tr><tr><td>Post</td><td>69%</td><td>47%</td></tr><tr><td>Change</td><td>+15pct pts</td><td>+4pct pts</td></tr><tr><td>Difference</td><td>+11pct pts</td><td></td></tr></table> Maintained MAM (≥2 screening within previous 5 years and MAM within 1.5 years): <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>37%</td><td>32%</td></tr><tr><td>Post</td><td>55%</td><td>28%</td></tr><tr><td>Change</td><td>+18pct pts</td><td>-4pct pts</td></tr><tr><td>Difference</td><td>+22pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>46%</td><td>40%</td></tr><tr><td>Post</td><td>66%</td><td>42%</td></tr><tr><td>Change</td><td>+20pct pts</td><td>+2pct pts</td></tr><tr><td>Difference</td><td>+18pct pts</td><td></td></tr></table> Maintained Pap test (≥2 screening within previous 5 years and Pap within 2.5 years): <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>26%</td><td>25%</td></tr><tr><td>Post</td><td>45%</td><td>22%</td></tr><tr><td>Change</td><td>+19pct pts</td><td>-3pct pts</td></tr><tr><td>Difference</td><td>+22pct pts</td><td></td></tr></table>		Intervention	Control	Pre	54%	43%	Post	69%	47%	Change	+15pct pts	+4pct pts	Difference	+11pct pts			Intervention	Control	Pre	37%	32%	Post	55%	28%	Change	+18pct pts	-4pct pts	Difference	+22pct pts			Intervention	Control	Pre	46%	40%	Post	66%	42%	Change	+20pct pts	+2pct pts	Difference	+18pct pts			Intervention	Control	Pre	26%	25%	Post	45%	22%	Change	+19pct pts	-3pct pts	Difference	+22pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																																												
Author, Year: Braun et al., 2015 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Moloka'i, Hawaii Setting: rural community and clinic Intervention Duration: NR Intervention Details: Type of cancer addressed: BC, CC, CRC <i>Intervention arm: OE + CR + RSB, appointment scheduling, transportation, reducing admin barriers, childcare</i> OE: navigators performed outreach education CR: navigators sent appointment reminders via mail or telephoned reminders RSB, appointment scheduling: lay navigators scheduled appointments and made follow-up appointments RSB, transportation: provided transportation to appointments 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	Training: completed 48-hour evidence-based navigator training program and participated in quarterly continuing education sessions Supervision: nurse supervision in first year, then physicians and young college-educated female provided supervision Matching to Population: recruited from community and matched on ethnicity Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Care coordination, care management, and system navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented everything	Eligibility Criteria: Medicare beneficiaries residing on Moloka'i Sample Size: 488 Attrition: NR Demographics: <i>Mean age:</i> 67.5 years <i>Gender:</i> 53.3% female <i>Race/Ethnicity:</i> 46.5% Asian; 45.0% Native Hawaiian <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> 36.9% <HS; 62.3% ≥HS <i>Insurance:</i> 100% <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 29.7% mammogram; 37.5% pap smear; 12.8% FOBT; 24.8% endoscopy	Outcome Measure: compliance with cancer screening according to USPSTF guidelines How Ascertained: self-reported Follow-up Time: NR Results: Absolute effectiveness, CHW alone: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>38/128=29.7%</td><td>47/132=35.6%</td></tr><tr><td>Post</td><td>79/128=61.7%</td><td>56/132=42.4%</td></tr><tr><td>Change</td><td>+32.0pct pts</td><td>+6.8pct pts</td></tr><tr><td>Difference</td><td>+25.2pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>48/128=37.5%</td><td>52/132=39.4%</td></tr><tr><td>Post</td><td>73/128=57.0%</td><td>48/132=36.4%</td></tr><tr><td>Change</td><td>+19.5pct pts</td><td>-3.0pct pts</td></tr><tr><td>Difference</td><td>+22.5pct pts</td><td></td></tr></table> Up-to-date with FOBT: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>31/242=12.8%</td><td>27/246=11.0%</td></tr><tr><td>Post</td><td>50/242=20.7%</td><td>31/246=12.6%</td></tr><tr><td>Change</td><td>+7.9pct pts</td><td>+1.6pct pts</td></tr><tr><td>Difference</td><td>+6.3pct pts</td><td></td></tr></table> Up-to-date with endoscopy: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>60/242=24.8%</td><td>62/246=25.2%</td></tr><tr><td>Post</td><td>104/242=43.0%</td><td>67/246=27.2%</td></tr><tr><td>Change</td><td>+18.2pct pts</td><td>+2.0pct pts</td></tr><tr><td>Difference</td><td>+16.2pct pts</td><td></td></tr></table>		Intervention	Control	Pre	38/128=29.7%	47/132=35.6%	Post	79/128=61.7%	56/132=42.4%	Change	+32.0pct pts	+6.8pct pts	Difference	+25.2pct pts			Intervention	Control	Pre	48/128=37.5%	52/132=39.4%	Post	73/128=57.0%	48/132=36.4%	Change	+19.5pct pts	-3.0pct pts	Difference	+22.5pct pts			Intervention	Control	Pre	31/242=12.8%	27/246=11.0%	Post	50/242=20.7%	31/246=12.6%	Change	+7.9pct pts	+1.6pct pts	Difference	+6.3pct pts			Intervention	Control	Pre	60/242=24.8%	62/246=25.2%	Post	104/242=43.0%	67/246=27.2%	Change	+18.2pct pts	+2.0pct pts	Difference	+16.2pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	<i>Control arm:</i> received nutrition education and relevant cancer education materials from another healthcare entity on island Intervention Intensity: NR Targeted or Tailored: tailored; targeted local Hawaiians	Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both																	
Author, Year: Cardarelli et al., 2011 Study Design: Pre-post w/comparison Suitability of Design: Greatest Quality of Execution: Fair	Location: Dallas, Texas Setting: urban community Intervention Duration: 2 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: GE + RSB, alternate site</i> GE: series of 8 breast health education classes focusing on primary and secondary prevention and delivered by volunteer physicians, nurses, health educators and lay health educators; used multimodal educational materials RSB, alternate site: mobile mammography unit brought to neighborhood <i>Control arm:</i> received written breast health educational brochures and	Training: NR Supervision: NR Matching to Population: lay health educators came from target areas of the community Educational Background: NR Payment: NR Roles Performed: Providing culturally appropriate health education and information; Building individual and community capacity; Conducting outreach Extent of CHW Involvement: Implemented minor part of intervention Specific Component Implemented by CHW: participated in GE but not	Eligibility Criteria: women aged 40 years or older who resided in specified geographic areas, spoke English, and had no personal history of cancer Sample Size: 119 Attrition: 21.9% Demographics: <i>Mean age:</i> 55.0 years <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African-American; 1.7% Hispanic <i>Employment:</i> 29.4% employed <i>Mean household income:</i> 57.9% <\$10,000; 40.3% \$10,000-50,000; 1.7% >\$50,000 <i>Education:</i> 33.6% <HS; 33.6% HS; 22.7% some college; 3.4% college	Outcome Measure: receipt of mammogram in previous year How Ascertained: self-reported Follow-up Time: 2 months Results: Absolute effectiveness, CHW in a team: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>51.0%</td><td>53.0%</td></tr><tr><td>Post</td><td>80.0%</td><td>46.8%</td></tr><tr><td>Change</td><td>+29.0pct pts</td><td>-6.2pct pts</td></tr><tr><td>Difference</td><td>+35.2pct pts</td><td></td></tr></table>		Intervention	Control	Pre	51.0%	53.0%	Post	80.0%	46.8%	Change	+29.0pct pts	-6.2pct pts	Difference	+35.2pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																																
	were encouraged to seek mammography screening if not adherent to current guidelines Intervention Intensity: eight 90-minute sessions Targeted or Tailored: targeted to low-income women	sole implementer; played major role in recruitment Methods for Interaction with Participates: face-to-face	<i>Insurance:</i> 78.2% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 51%																																																	
Author, Year: Coronado et al., 2016 Study Design: Pre-post w/comparison Suitability of Design: Greatest Quality of Execution: Good	Location: Western Washington State Setting: community and clinics (FQHC) Intervention Duration: NR Intervention Details: Type of cancer addressed: BC <i>Intervention arm 1, promotora & clinic: OE + RSB, alternate site</i> <i>Intervention arm 2, promotora only intervention: OE</i> OE: patient-centered counseling during home visit from promotora RSB, alternate site: digital mobile mammography unit where services were offered free to uninsured women or those enrolled in Washington State Breast, Cervical, and Colon Health Program	Training: 3-day training session plus booster sessions Supervision: NR Matching to Population: promotoras came from community Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity; Conducting outreach Extent of CHW Involvement:	Eligibility Criteria: Latina women aged 42 to 74 years who had visiting one of the participating community health centers in previous 5 years and had not obtained mammogram in previous 2 years Sample Size: 536 Attrition: 0.6% Demographics: <i>Age:</i> NR <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> 46.2% employed <i>Mean household income:</i> 34.7% <\$10,000; 49.3% \$10,000-30,000; 16.0% >\$30,000 <i>Education:</i> 71.9% <HS; 14.1% HS or GED; 13.9% some college	Outcome Measure: completion of mammogram How Ascertained: medical records Follow-up Time: 12 months Results: Absolute effectiveness, CHW alone: <table><tr><td></td><td>Promotora Only</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>17.8%</td><td>12.1%</td></tr><tr><td>Change</td><td>+17.8pct pts</td><td>+12.1pct pts</td></tr><tr><td>Difference</td><td>+5.7pct pts</td><td></td></tr></table> Absolute effectiveness, CHW in a team: <table><tr><td></td><td>Promotora & Clinic</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>22.4%</td><td>12.1%</td></tr><tr><td>Change</td><td>+22.4pct pts</td><td>+12.1pct pts</td></tr><tr><td>Difference</td><td>+10.3pct pts</td><td></td></tr></table> Incremental effectiveness, CHW added: <table><tr><td></td><td>Promotora & Clinic</td><td>Clinic</td></tr><tr><td>Only</td><td></td><td></td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>22.4%</td><td>9.7%</td></tr><tr><td>Change</td><td>+22.4pct pts</td><td>+9.7pct pts</td></tr><tr><td>Difference</td><td>+12.7pct pts</td><td></td></tr></table>		Promotora Only	Control	Pre	0%	0%	Post	17.8%	12.1%	Change	+17.8pct pts	+12.1pct pts	Difference	+5.7pct pts			Promotora & Clinic	Control	Pre	0%	0%	Post	22.4%	12.1%	Change	+22.4pct pts	+12.1pct pts	Difference	+10.3pct pts			Promotora & Clinic	Clinic	Only			Pre	0%	0%	Post	22.4%	9.7%	Change	+22.4pct pts	+9.7pct pts	Difference	+12.7pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
	<i>Intervention arm 3, no CHW involvement, clinic only intervention:</i> RSB (see above) <i>Control arm:</i> usual care Intervention Intensity: 1 in-person session with 1 follow-up call Targeted or Tailored: targeted to Latinas	Implemented major part of intervention (Promotora & clinic); Implemented everything (Promotora only) Specific Component Implemented by CHW: OE Methods for Interaction with Participates: both	<i>Insurance:</i> 27.8% insured <i>Established source of care:</i> 100% <i>Baseline screening of intervention group:</i> 0%																															
Author, Year: Dunn et al., 2017 Study Design: Pre-post w/comparison Suitability of Design: Greatest Quality of Execution: Good	Location: Toronto, Canada Setting: urban community Intervention Duration: 1 session Intervention Details: Type of cancer addressed: BC, CC <i>Intervention arm: GE + CR + RSB, reducing admin barriers, translation, appointment scheduling, transportation</i> 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	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 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	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: <i>Mean age:</i> 49.3 Pap eligible; 61.9 mammography eligible <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> NR <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 0%	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: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>67/183=36.6%</td><td>71/536=13.2%</td></tr><tr><td>Change</td><td>+36.6pct pts</td><td>+13.2pct pts</td></tr><tr><td>Difference</td><td>+23.4pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>52/201=25.9%</td><td>45/583=7.7%</td></tr><tr><td>Change</td><td>+25.9pct pts</td><td>+7.7pct pts</td></tr><tr><td>Difference</td><td>+18.2pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	67/183=36.6%	71/536=13.2%	Change	+36.6pct pts	+13.2pct pts	Difference	+23.4pct pts			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	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results																											
	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 <i>Control arm:</i> usual care Intervention Intensity: 1 in-person session Targeted or Tailored: targeted to communities with new immigrants who live in lower-income areas	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																													
Author, Year: Earp et al., 2002 Study Design: Pre-post w/comparison Suitability of Design: Greatest Quality of Execution: Fair	Location: North Carolina Setting: rural community Intervention Duration: 24 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: GE + OE + RSB, alternate site + SM</i> GE: presentations made to local community groups and at community events OE: lay health advisors engaged in conversations with women they knew using culturally sensitive materials	Training: 3 to 5 sessions involving didactic methods, role playing, and information on breast cancer screening Supervision: NR Matching to Population: women were recruited from the community Educational Background: advisors more often reported a high school education Payment: NR Roles Performed: Cultural mediation among individuals, communities,	Eligibility Criteria: women age 50 and older who did not have breast cancer Sample Size: 801 Attrition: 11% Demographics: <i>Age:</i> 45% 50-64; 32% 65-74; 24% 75+ <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> NR <i>Mean annual household income:</i> 72% <\$12,000 <i>Education:</i> 34% 1st-8th; 33% 9th-11th; 33% ≥HS <i>Insurance:</i> 84% insured	Outcome Measure: Mammogram in previous 2 years How Ascertained: self-reported Follow-up Time: 12 months Results: Absolute effectiveness, CHW in a team: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>40.8%</td><td>55.7%</td></tr><tr><td>Post</td><td>57.4%</td><td>66.7%</td></tr><tr><td>Change</td><td>+16.6pct pts</td><td>+11.0pct pts</td></tr><tr><td>Difference</td><td>+5.6pct pts</td><td></td></tr></table> Incremental effectiveness, CHW added (CHW advice received or not by intervention group participants): <table><tr><td></td><td>CHW advice</td><td>No CHW advice</td></tr><tr><td>Pre</td><td>46%</td><td>39%</td></tr><tr><td>Post</td><td>72%</td><td>54%</td></tr><tr><td>Change</td><td>+26pct pts</td><td>+15pct pts</td></tr></table>		Intervention	Control	Pre	40.8%	55.7%	Post	57.4%	66.7%	Change	+16.6pct pts	+11.0pct pts	Difference	+5.6pct pts			CHW advice	No CHW advice	Pre	46%	39%	Post	72%	54%	Change	+26pct pts	+15pct pts
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results																					
	RSB, alternate sites and hours: alternative screening sites and hours SM: church fans, holiday cards, brochures, posters with photos of local residents and mammography information tailored to each county <i>Control arm:</i> usual care Intervention Intensity: unclear Targeted or Tailored: tailored; targeted to each community	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: face-to-face	<i>Established source of care:</i> 10% reported no regular physician <i>Baseline screening of intervention group:</i> 40.8%	Difference +11pct pts																					
Author, Year: Elder et al., 2017 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: San Diego County, California Setting: urban community Intervention Duration: 12 months Intervention Details: Type of cancer addressed: BC, CC, CRC <i>Intervention arm: GE + OE + RSB, reducing admin barriers, appointment scheduling</i> GE: 6-week series of classes that cover information about cancer screening	Training: 24 hours of training delivered through biweekly meetings over 6 weeks conducted in Spanish Supervision: NR Matching to Population: promotoras chosen from community by church leaders Educational Background: NR Payment: \$10 per hour (5-10 hours per week) Roles Performed:	Eligibility Criteria: Hispanic women attending participating Catholic Churches Sample Size: 436 Attrition: NR Demographics: <i>Age:</i> 31.9% 18-39; 68.1% 40-65 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> 65.8% employed <i>Monthly household income:</i> 58.3% <\$2,000	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 Results: Absolute effectiveness, CHW alone: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>44%</td><td>52%</td></tr><tr><td>Post</td><td>61%</td><td>42%</td></tr><tr><td>Change</td><td>+17pct pts</td><td>-10pct pts</td></tr><tr><td>Difference</td><td>+27pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>90%</td><td>85%</td></tr></table>		Intervention	Control	Pre	44%	52%	Post	61%	42%	Change	+17pct pts	-10pct pts	Difference	+27pct pts			Intervention	Control	Pre	90%	85%
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Pre	90%	85%																							

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																																							
	recommendations and risk factors OE: up to 2 motivational interviewing calls evaluating barriers to screening RSB, reducing admin barriers: promotoras accompanied participants to cancer screening appointments as needed RSB, appointment scheduling: promotoras helped participants schedule appointments <i>Control arm:</i> received physical activity education Intervention Intensity: four 90-120 minutes GE sessions and 2 OE phone calls Targeted or Tailored: tailored; targeted to Hispanic women	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	<i>Education:</i> 54.8% <HS <i>Insurance:</i> 48.0% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 44% mammography; 90% Pap test; 15% FOBT; 37% colonoscopy	<table><tr><td>Post</td><td>90%</td><td>88%</td></tr><tr><td>Change</td><td>+0pct pts</td><td>+3pct pts</td></tr><tr><td>Difference</td><td>-3pct pts</td><td></td></tr></table> Up-to-date with FOBT: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>15%</td><td>13%</td></tr><tr><td>Post</td><td>25%</td><td>20%</td></tr><tr><td>Change</td><td>+10pct pts</td><td>+7pct pts</td></tr><tr><td>Difference</td><td>+3pct pts</td><td></td></tr></table> Up-to-date with colonoscopy or sigmoidoscopy: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>37%</td><td>31%</td></tr><tr><td>Post</td><td>53%</td><td>40%</td></tr><tr><td>Change</td><td>+16pct pts</td><td>+9pct pts</td></tr><tr><td>Difference</td><td>+7pct pts</td><td></td></tr></table>	Post	90%	88%	Change	+0pct pts	+3pct pts	Difference	-3pct pts			Intervention	Control	Pre	15%	13%	Post	25%	20%	Change	+10pct pts	+7pct pts	Difference	+3pct pts			Intervention	Control	Pre	37%	31%	Post	53%	40%	Change	+16pct pts	+9pct pts	Difference	+7pct pts	
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Author, Year: Fernandez et al., 2009 Study Design: RCT Suitability of Design: Greatest Quality of Execution:	Location: California, New Mexico, & Texas Setting: rural community Intervention Duration: 2 weeks Intervention Details: Type of cancer addressed: BC, CC <i>Intervention arm: OE</i> OE: LHWs contacted all women to set up one-on-	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	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	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: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>25.6% (53/207)</td><td>20.6% (53/257)</td></tr></table>		Intervention	Control	Pre	0%	0%	Post	25.6% (53/207)	20.6% (53/257)																														
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results									
Fair	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 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 <i>Control arm:</i> NR but assume usual care Targeted or Tailored: targeted to Hispanic female farmworkers with tailored information	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; 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	Attrition: 30% Demographics: <i>Age:</i> 48.9% 50-59; 26.9% 60-69; 24.1% ≥70 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic, primarily Mexican American <i>Employment:</i> NR <i>Income:</i> 71.6% <\$20,000 <i>Education:</i> 92.6% 0-11 years <i>Insurance:</i> 54.7% Insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 0%	Change +25.6pct pts +20.6pct pts Difference +5pct pts (<i>p</i>>0.05) Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post (21/111)</td><td>24.2% (32/132)</td><td>18.9%</td></tr></table> Change +24.2pct pts +18.9pct pts Difference +5.3pct pts (<i>p</i>>0.05)		Intervention	Control	Pre	0%	0%	Post (21/111)	24.2% (32/132)	18.9%
	Intervention	Control											
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Post (21/111)	24.2% (32/132)	18.9%											
Author, Year: Fiscella et al., 2011	Location: Rochester, New York Setting: urban clinic	Training: formal training on the intervention, use of a database, health promotion, and methods to assist patients to navigate	Eligibility Criteria: aged 40-75 years (MAM) or 50-75 years (CRC); past due for either MAM (>18	Outcome Measure: completed MAM; up-to-date with FIT, colonoscopy, flex sig, or double contrast barium enema How Ascertained: EMR documentation									

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Intervention Duration: NR Intervention Details: Type of cancer addressed: BC, CRC <i>Intervention arm: CR + RSB, reducing admin barriers+ PR</i> CR: mailed 2 personalized letters indicating patient was overdue for screening, followed by up to 4 phone calls; letter also indicated why screening was important and included information on how uninsured patients could obtain free cancer screening. RSB, reducing admin barriers: insured patients in need of CRC screening were mailed kits for stool testing if they failed to respond to outreach. PR: point of care prompts; prompt sheet to remind clinician that patient past due for MAM and/or CRC screening <i>Control arm: usual care</i> Intervention Intensity: 2 letters and 4 phone calls Targeted or Tailored: targeted	the health and social service systems Supervision: supervised by a social worker Matching to Population: recruited from community Educational Background: NR Payment: NR Roles Performed: Care coordination, case management, and system navigation Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: CR, RSB Methods for Interaction with Participates: remote	months from last MAM) or CRC screening (>12 months from last FOBT or >5 or 10 years since last sig or colonoscopy, respectively) Excluded if no visit in past 2yrs or high risk for BC or CRC based on personal or family history Sample Size: BC, 469; CRC, 323 Attrition: NR Demographics: For BC: <i>Age:</i> 38.8% 40-59; 40.6% 50-59; 20.6%≥60 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 60.8% white; 29.5% African American; 9.7% other <i>Employment:</i> NR <i>Income:</i> 22.5%<\$30K; 41.0% \$30 to 39K; 36.5%>\$40K <i>Education:</i> NR <i>Insurance:</i> 89.2% insured; 37.8% private insurance; 23.3% Medicare; 28.1% Medicaid <i>Established source of care:</i> Yes; all recruited from one clinic <i>Baseline screening of intervention group:</i> 0%	Follow-up Time: EMR checked 12 months after randomization Results: Absolute effectiveness, CHW in a team: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>41.0%</td><td>16.8%</td></tr><tr><td>Change</td><td>+41.0pct pts</td><td>+16.8pct pts</td></tr><tr><td>Difference</td><td>+24.2pct pts</td><td></td></tr></table> Up-to-date with CRC using any test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>28.8%</td><td>10.0%</td></tr><tr><td>Change</td><td>+28.8pct pts</td><td>+10.0pct pts</td></tr><tr><td>Difference</td><td>+18.8pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	41.0%	16.8%	Change	+41.0pct pts	+16.8pct pts	Difference	+24.2pct pts			Intervention	Control	Pre	0%	0%	Post	28.8%	10.0%	Change	+28.8pct pts	+10.0pct pts	Difference	+18.8pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Author, Year: Fouad et al., 2010 Study Design: Pre-post Suitability of Design: Least Quality of Execution: Fair	Location: Alabama Setting: urban and rural communities Intervention Duration: 5 years Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE</i> OE: CHAs contacted participants 1 month prior to screening due date and again 2 days before the appointment to discuss barriers that might interfere with keeping the appointment; plans of action to overcome these barriers were discussed and documented on a tracking card Intervention Intensity: multiple calls; maintained monthly contact via phone, mail, or personal visits Targeted or Tailored: both	Training: 2hr training per week for 6 weeks; cancer education knowledge and skill-building opportunities; monthly maintenance meetings, additional leadership training, skill-building, and support for CHW Supervision: NR Matching to Population: recruited from community Educational Background: 32% had HS diploma or equivalent; 28% were community college graduates Payment: each received a \$50 gift card after training completion; \$15 for each eligible participant surveyed at baseline Roles Performed: 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: African American women, aged 40 years or older, willing to give consent, able to read and write, and a resident of a target county Sample Size: 2333 at baseline; 1513 at follow-up Attrition: 35.1% Demographics: <i>Mean age:</i> NR <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> 35.6% HS diploma or GED <i>Insurance:</i> 81.1% Insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 67%	Outcome Measure: MAM in past year How Ascertained: self-report; based on participants responding to CHWs that they kept their appointments Follow-up Time: 2 years Results: Absolute effectiveness, CHW alone: Pre 1563/2333 = 67.0% Post 1146/2333 = 49.1% Change -17.9pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
		Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both																																
Author, Year: Goelen et al., 2010 Study Design: Pre-post w/comparison Suitability of Design: Greatest Quality of Execution: Good	Location: Flanders, Belgium Setting: rural community and clinic Components in community but with MAM mobile units in the clinic Intervention Duration: NR Intervention Details: Type of cancer addressed: BC <i>Intervention arm 1: CR + OE + RSB, alternate site</i> <i>Intervention arm 2: CR + OE</i> CR: direct invitation letter and information leaflet OE: brief conversation scripted by the research team; whether invitation letter was received and understood, whether additional information was needed, and whether recipient planned to attend the appointment RSB, alternate site: mobile mammography unit <i>Control arm:</i> CR; national breast cancer-screening	Training: mandatory 2hr training session; training included an overview of breast cancer screening, the Belgian screening program, and the study design, as well as hands-on operation of the telephone-reminder-call system and study registration Supervision: on-site support and supervision by the first author was in place about 20% of the time when volunteers made the reminder calls Matching to Population: peer volunteers were women from the same age group and community as the women targeted in the intervention Educational Background: NR Payment: NR Roles Performed: Providing culturally appropriate health education and information;	Eligibility Criteria: women aged 50-69; were born from 1937-1956, did not have a mammogram in 2005 or 2006 registered in the screening program database and they had not declined to be invited in writing. Women who had had at least one screening mammogram since 2001, the start of the program and the registration, were excluded Sample Size: 3,880 Intervention; n = 1,940 Control; n = 1,940 Attrition: N/A Demographics: <i>Mean age:</i> NR <i>Gender:</i> 100% Female <i>Race/Ethnicity:</i> Belgian women <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> 100%; universal coverage	Outcome Measure: screening mammogram obtained by the target women within 4 weeks of the date proposed in the direct invitation How Ascertained: verified by screening database review Follow-up Time: NR Results: Incremental effectiveness, CHW in a team: <table><tr><td></td><td>Arm 1</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>146/876=16.7%</td><td>358/1989=18%</td></tr><tr><td>Change</td><td>+16.7pct pts</td><td>+18pct pts</td></tr><tr><td>Difference</td><td>-1.3pct pts</td><td></td></tr></table> Incremental effectiveness, CHW alone: <table><tr><td></td><td>Arm 2</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>289/1064=27.2%</td><td>358/1989=18%</td></tr><tr><td>Change</td><td>+27.2pct pts</td><td>+18pct pts</td></tr><tr><td>Difference</td><td>+9.2pct pts</td><td></td></tr></table>		Arm 1	Control	Pre	0%	0%	Post	146/876=16.7%	358/1989=18%	Change	+16.7pct pts	+18pct pts	Difference	-1.3pct pts			Arm 2	Control	Pre	0%	0%	Post	289/1064=27.2%	358/1989=18%	Change	+27.2pct pts	+18pct pts	Difference	+9.2pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results																								
	program in place since June 2001; program allows Belgian women to use MAM ever 2 years from age 50 to 69; procedure is covered in full; usual care for women in control groups comprised of a direct invitation, a personalized letter proposing an appointment for MAM plus information leaflet; all citizens receive Intervention Intensity: 1 call plus 1 mailed invitation letter; 2 contacts Targeted or Tailored: no to both	Building individual and community capacity Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE Methods for Interaction with Participates: remote	<i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 0%																									
Author, Year: Han et al., 2017 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Baltimore, Maryland & Washington, D.C. Metropolitan Area Setting: urban community Intervention Duration: 6 months Intervention Details: Type of cancer addressed: BC, CC <i>Intervention arm: SM + GE + OE</i> 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	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 Educational Background: at least High school education Payment: NR	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% Demographics: <i>Mean age:</i> 46.1 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Asian (Korean American)	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: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>111/198=56.1%</td><td>20/201=10.0%</td></tr><tr><td>Change</td><td>+56.1pct pts</td><td>+10.0pct pts</td></tr><tr><td>Difference</td><td>+46.1pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>134/246=54.5%</td><td>23/251=9.2%</td></tr></table>		Intervention	Control	Pre	0%	0%	Post	111/198=56.1%	20/201=10.0%	Change	+56.1pct pts	+10.0pct pts	Difference	+46.1pct pts			Intervention	Control	Pre	0%	0%	Post	134/246=54.5%	23/251=9.2%
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	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 <i>Control arm:</i> 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	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	<i>Employment:</i> 57.9% employed <i>Income:</i> Reports "very comfortable," "just ok," and "uncomfortable or very uncomfortable" <i>Education:</i> 64.8% > HS <i>Insurance:</i> 37.9% insured <i>Established source of care:</i> 34.5% with primary care provider <i>Baseline screening of intervention group:</i> 0%	Change +54.5pct pts +9.2pct pts Difference +45.3pct pts
Author, Year: Hatcher et al., 2016 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Unspecified location, US Setting: ED Intervention Duration: 1 session Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE</i> OE: 5-10 minutes in-person motivational interview by lay health	Training: received extensive training in use of motivational interviewing Supervision: NR Matching to Population: African American women recruited from local community Educational Background: NR Payment: NR	Eligibility Criteria: English-speaking, self-identified African-American, ≥40, no history of breast cancer, no MAM in past year when enrolled, recruited from ED Sample Size: 66 Attrition: 35.4% Demographics: <i>Mean age:</i> 52 <i>Gender:</i> 100% female	Outcome Measure: completed mammogram How Ascertained: self-reported Follow-up Time: 3 months Results: Narrative results, CHW alone: No group difference by MAM status at 3-month follow-up (no effect)

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	worker, addressing barriers to screening, familiarize participants with community resources, set up individual action plans <i>Control arm:</i> usual care; written materials about available cancer services, consistent with what would be available in the ED Intervention Intensity: 1 in-person contact Targeted or Tailored: tailored content, targeted to African American females	Roles Performed: 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	<i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> NR <i>Income:</i> 80%<\$40K <i>Education:</i> 56.1%>HS <i>Insurance:</i> 60.6% insured <i>Established source of care:</i> 65.2% have primary care provider <i>Baseline screening of intervention group:</i> 0%																
Author, Year: Hoare et al., 1994 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Manchester, UK Setting: urban community Intervention Duration: one-time interaction Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE + CR</i> OE: trained linkworkers followed up all women in the intervention group, a few weeks before invitations were sent out; interviews participants in appropriate language, providing breast cancer screening information	Training: yes, but no detail provided Supervision: NR Matching to Population: spoken the appropriate language Educational Background: NR Payment: NR, but linkworkers tend to be paid in UK Roles Performed: Providing culturally appropriate health education and information; Conducting outreach	Eligibility Criteria: Selection of general practices: covering areas of highest Asian population; 7 GPs selected; Selection of participants: women 50 to 64 years, registered with a general practitioner, eligible for receiving an invitation letter from the Screening Office; list of women to be invited shortly examined by a translator and health worker experienced in working with Asian women to identify those with Asian names	Outcome Measure: BC screening attendance after being invited How Ascertained: screening attendance was obtained from the Greater Manchester Screening Office computer Follow-up Time: not specified but shortly after intervention Results: Incremental effectiveness, CHW added: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>122/247=49.4%</td><td>117/251=46.6%</td></tr><tr><td>Change</td><td>49.4pct pts</td><td>46.6pct pts</td></tr><tr><td>Difference</td><td>+2.8pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	122/247=49.4%	117/251=46.6%	Change	49.4pct pts	46.6pct pts	Difference	+2.8pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	CR (SM): all women 50 to 64 years, registered with a general practitioner are eligible to be invited for breast screening; invitations accompanied by health education leaflet <i>Control arm:</i> usual care; invitation to receiving BC screening, same as for intervention group Intervention Intensity: 1 short visit prior to receiving invitation for screening Targeted or Tailored: targeted to Asian women (Pakistani and Bangladeshi); deliverer provided information in appropriate language	Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE Methods for Interaction with Participates: face-to-face	Sample Size: 527 randomized; 498 included in study Attrition: NR Demographics: <i>Mean age:</i> 56.1 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Asian <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> 100% insured <i>Established source of care:</i> 100%; women needed to be registered with a general practitioner <i>Baseline screening of intervention group:</i> 0%																
Author, Year: Howze et al., 1992 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Virginia, US Setting: community Intervention Duration: 1 session Intervention Details: Type of cancer addressed: BC <i>Intervention arm:</i> OE + SM OE: personalizes messaged about MAM given by hair stylist during hair appointment,	Training: local hospital’s radiology department provided free mammogram to one stylist while others watched and held discussion session; stylists given prepared scripts and role-played scripts with each other Supervision: investigator stayed in back of shop most of the time Matching to Population: hair stylists are trusted	Eligibility Criteria: women ages 35 and older who were patrons of a hair-styling salon in a university community in Virginia; women were invited to participate in a women’s health project but were not informed about the specific focus of the study; incentivized with “a day of beauty” prize Sample Size: 87 Attrition: 37.9%	Outcome Measure: receipt of MAM How Ascertained: self-reported via mailed questionnaire Follow-up Time: 12 months Results: Absolute effectiveness, CHW in a team: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>NR</td><td>NR</td></tr><tr><td>Post</td><td>11/43=25.6%</td><td>6/44=13.6%</td></tr><tr><td>Change</td><td>N/A</td><td>N/A</td></tr><tr><td>Difference</td><td>+11.9pct pts</td><td></td></tr></table>		Intervention	Control	Pre	NR	NR	Post	11/43=25.6%	6/44=13.6%	Change	N/A	N/A	Difference	+11.9pct pts	
	Intervention	Control																	
Pre	NR	NR																	
Post	11/43=25.6%	6/44=13.6%																	
Change	N/A	N/A																	
Difference	+11.9pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	discussing risk factors like family history and age, value of mammography in detecting breast cancer early, and benefits associated with early detection; stylists told clients that stylists at salon were concerned about clients' health and well-being SM: at end of appointment, received a packet of educational materials including a pamphlet, detailed written instructions about steps to take to get a mammogram, letter endorsing mammography from chief of radiology at local hospital <i>Control arm:</i> short message about diet and a pamphlet about nutrition; after one-year follow-up all subjects received letter describing key findings of study and information on mammography Intervention Intensity: one-time contact Targeted or Tailored: tailored one-on-one interaction	members of the community Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: OE Methods for Interaction with Participates: face-to-face	Demographics: <i>Mean age:</i> 48 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> NR <i>Employment:</i> 54% fulltime <i>Income:</i> 75.9% income over \$25K <i>Education:</i> NR <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> NR	
Author, Year: Husaini et al., 2005	Location: TN, US Setting: urban community (churches)	Training: yes; no details provided Supervision: NR	Eligibility Criteria: African American women aged 40 and over recruited from the	Outcome Measure: obtained MAM during the time periods leading to 3-month and 6-month follow-up interviews

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																		
Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Intervention Duration: unclear interval between GE and OE sessions Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE + SM</i> OE: home visit by a lay home health educator; reinforcing messages presented in the videos, offered additional educational materials, demonstrated self-breast exam, facilitated access to MAM through vouchers from ACS SM: group video presentation and facilitated question-and-answer session <i>Control arm:</i> Partial program: SM Usual care: no intervention received; data not provided for this group, and not used in analysis Intervention Intensity: 1 group session + 1 home visit Targeted or Tailored: targeted to African American women with tailored education materials	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; 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	30 churches that chose to participate in the study; additional participants recruited from 2 public housing projects as part of the full program group Sample Size: 218 Attrition: 4.4% Demographics: <i>Mean age:</i> 56.3 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> NR <i>Income:</i> 74.9% with monthly income \$1,000 or greater <i>Education:</i> 13.8 years <i>Insurance:</i> 3% not insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 69.8%	How Ascertained: self-report Follow-up Time: <6 months Results: Incremental effectiveness, CHW added: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td></td><td>Full program</td><td>Partial program</td></tr><tr><td>Pre</td><td>120/172=69.8%</td><td>36/56=64.3%</td></tr><tr><td>Post</td><td>146/172=84.9%</td><td>44/56=78.6%</td></tr><tr><td>Change</td><td>15.1pct pts</td><td>14.3pct pts</td></tr><tr><td>Difference</td><td>+0.8pct pts</td><td></td></tr></table>		Intervention	Control		Full program	Partial program	Pre	120/172=69.8%	36/56=64.3%	Post	146/172=84.9%	44/56=78.6%	Change	15.1pct pts	14.3pct pts	Difference	+0.8pct pts	
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Difference	+0.8pct pts																					

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
Author, Year: Janz et al., 1997 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Michigan, US Setting: community Intervention Duration: 2 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: CR + CI + OE</i> CR: personal letter from primary care physician with coupon incentive; letter contained MAM recommendations for women>50, a statement that the participant had not had a MAM in last 24 months, information on how and where to get a MAM, and a number to call with questions; postcard was included for patient to complete after obtaining mammogram CI: on confirmation of MAM, participants received a \$15 coupon redeemable at a local grocery OE: for women who did not respond to letter within 2 months, telephone counseling session conducted by community peer <i>Control arm:</i> usual care not described	Training: yes, but no details provided Supervision: NR Matching to Population: whenever possible, matched on race Educational Background: 4 were retired health professionals, 1 an American Cancer Society educator Payment: \$8 per hour 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 minor part of intervention Specific Component Implemented by CHW: OE Methods for Interaction with Participates: remote	Eligibility Criteria: eligible women identified through medical records from 17 primary care practices; 65 to 85 years of age, no known personal history of breast cancer, no MAM in previous 24 months, not institutionalized and were Genesee County residents Sample Size: 460 Attrition: 15.7% Demographics: <i>Mean age:</i> 73.5 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 74% white <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> NR <i>Established source of care:</i> 100%, eligible women identified through primary care medical records <i>Baseline screening of intervention group:</i> 0.0%	Outcome Measure: completed MAM How Ascertained: confirmed by medical or radiology records Follow-up Time: 10 months Results: Absolute effectiveness, CHW in a team <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>85/223=38.1%</td><td>37/237=15.6%</td></tr><tr><td>Change</td><td>38.1pct pts</td><td>15.6pct pts</td></tr><tr><td>Difference</td><td>+22.5pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	85/223=38.1%	37/237=15.6%	Change	38.1pct pts	15.6pct pts	Difference	+22.5pct pts	
	Intervention	Control																	
Pre	0%	0%																	
Post	85/223=38.1%	37/237=15.6%																	
Change	38.1pct pts	15.6pct pts																	
Difference	+22.5pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Intervention Intensity: 1 mailed letter plus 1 follow-up telephone call for those unresponsive at 2 months Targeted or Tailored: tailored			
Author, Year: Livaudais et al., 2010 Study Design: Pre-post only Suitability of Design: Least Quality of Execution: Fair	Location: Lower Yakima Valley, WA Setting: rural community Intervention Duration: 1-time meeting Intervention Details: Type of cancer addressed: BC <i>Intervention arm: GE + RSB, appointment scheduling</i> GE: home health parties with guided discussions about breast cancer RSB, appointment scheduling: CHWs assisted in making appointments for mammograms if participants ask for assistance <i>Control arm: no comparison group, pre-post only</i> Intervention Intensity: 1 time in-person session	Training: trained in general health education and in breast cancer education by bilingual Fred Hutchinson Cancer Research Center staff in Sunnyside, WA Supervision: site supervisor from program office attended a random sample of home health parties to ensure consistency of implementation Matching to Population: recruited from community members in Yakima Valley Educational Background: NR Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing coaching and social support; Care coordination, case management, and system	Eligibility Criteria: female 40-79 years, recruited at community meetings, at church events Sample Size: 70 Attrition: 11.5% Demographics: <i>Mean age:</i> 50 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> targeted predominantly Hispanic population <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> 45.7%≤4 th grade, 38.6% 5-8 grades, 15.7%≥9 th grade <i>Insurance:</i> 75.7% insured, 22% not insured <i>Established source of care:</i> 98.6% reported having a clinic where they are usually seen <i>Baseline screening of intervention group:</i> 65.7%	Outcome Measure: had MAM in last 2 years How Ascertained: self-report Follow-up Time: 6 months Results: Absolute effectiveness, CHW alone: Pre 46/70=65.7% Post 50/70=71.4% Change +5.7pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	Targeted or Tailored: targeted to predominantly Hispanic population	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																	
Author, Year: Marshall et al., 2016 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Baltimore, Maryland Setting: urban community Intervention Duration: NR Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE + RSB, appointment scheduling + RSB, reducing admin barriers</i> OE: navigators called participants to review baseline screening status, discuss printed educational materials, and identify potential barriers to cancer screening	Training: 2-hour bi-weekly group meetings with 3-5 navigators, 1-hour monthly individual meetings with supervisor Supervision: program supervisor provided supervision and evaluation Matching to Population: majority were African-American and all were women from community with prior experience working in Baltimore community with older adults Educational Background: required high school education or GED; 57% had college degree	Eligibility Criteria: self-reported African-American women aged 65 or older who were enrolled in fee-for-service Medicare Parts A & B and were residents of Baltimore City Sample Size: 1,358 Attrition: 39.3% Demographics: <i>Age:</i> 70.7%≤75 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African-American <i>Employment:</i> NR <i>Mean annual income:</i> 53.5% <\$20K, 46.5% ≥\$20K <i>Education:</i> 27.0%<HS, 27.0% HS, 46.0%>HS	Outcome Measure: receipt of MAM in preceding 24 months How Ascertained: self-reported Follow-up Time: mean follow-up was 17.8 months Results: Absolute effectiveness, CHW alone: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>88.7%</td><td>87.3%</td></tr><tr><td>Post</td><td>93.3%</td><td>87.5%</td></tr><tr><td>Change</td><td>+4.6pct pts</td><td>+0.2pct pts</td></tr><tr><td>Difference</td><td>+4.4pct pts</td><td></td></tr></table>		Intervention	Control	Pre	88.7%	87.3%	Post	93.3%	87.5%	Change	+4.6pct pts	+0.2pct pts	Difference	+4.4pct pts	
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Difference	+4.4pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results												
	RSB, appointment scheduling: navigators helped schedule appointments RSB, reducing admin barriers: navigators accompanied participants to screening when necessary <i>Control arm:</i> usual care Intervention Intensity: navigators were expected to have a minimum of quarterly contact with participants Targeted or Tailored: tailored	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 Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both	<i>Insurance:</i> 100% Medicare, 13.1% Medicaid, 59.3% Medigap <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 88.7%													
Author, Year: Mishra et al., 2007 Study Design: RCT Suitability of Design: Greatest	Location: LA and Orange counties, CA Setting: urban community Intervention Duration: 1 month Intervention Details: Type of cancer addressed: BC <i>Intervention arm: GE</i>	Training: 20 hours of training on intervention content, role playing and skills-enhancing techniques for navigating health care system and doctor-patient communications Supervision: investigators informally debriefed educators about group dynamics.	Eligibility Criteria: women of Samoan ancestry who were age 42 or older with no self-reported mammogram in past 2 years and attended one of the participating Samoan-speaking churches Sample Size: 809 Attrition: 4%	Outcome Measure: received MAM since pre-test How Ascertained: self-reported Follow-up Time: 7 months Results: Absolute effectiveness, CHW alone: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>185/406=45.6%</td><td>148/403=36.7%</td></tr><tr><td>Change</td><td>+45.6pct pts</td><td>+36.7pct pts</td></tr></table>		Intervention	Control	Pre	0%	0%	Post	185/406=45.6%	148/403=36.7%	Change	+45.6pct pts	+36.7pct pts
	Intervention	Control														
Pre	0%	0%														
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
Quality of Execution: Good	GE: lay health educators led skill building and behavioral exercising during interactive group discussion sessions; discussed thoughts and beliefs related to risk factors, signs and symptoms of disease, prevention, and treatment; participants set goals; educators used educational booklet specially developed in English and Samoan and featured Samoan artwork, scenery, and pictures of Samoans <i>Control arm:</i> usual care received breast cancer educational materials after post-test surveys Intervention Intensity: 4 weekly in-person 2-hour sessions Targeted or Tailored: targeted to Samoan women	discussion flow and depth, and extent to which discussion followed session-specific script Matching to Population: recruited by Samoan community leaders and matched on ethnicity and language Educational Background: retired nurses 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 Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components	Demographics: <i>Mean age:</i> 55 years <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Samoan <i>Employment:</i> 32% employed <i>Mean income:</i> 40%<\$10K, 30% \$10-30K, 30%>\$20K <i>Education:</i> 15%<8 years, 67% 9-12 years, 17%>12 years <i>Insurance:</i> 79% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 0%	Difference+8.9pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
		Methods for Interaction with Participates: face-to-face																																
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 <i>Intervention arm: GE</i> GE: consejeras led small-group sessions using culturally appropriate educational materials printed in English and Spanish; sessions included empowerment strategies, and social support; child care was provided during all sessions <i>Control arm:</i> participated in equally engaging program entitled “Community Living Skills” Intervention Intensity: 12 in-person 90-minute sessions Targeted or Tailored: targeted to Hispanic women	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 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	Eligibility Criteria: consejeras recruited women from their social networks Sample Size: 512 Attrition: 28.7% Demographics: <i>Mean age:</i> 34 years <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> 12.9% employed <i>Median income:</i> 12.7%<\$5K, 57.6% \$5-15K <i>Education:</i> 80.3%<12 years <i>Insurance:</i> 37.9% insured <i>Established source of care:</i> 57.6% have regular health care provider <i>Baseline screening of intervention group:</i> 30.4% mammogram; 46.7% Pap test	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: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>30.4%</td><td>24.6%</td></tr><tr><td>Post</td><td>56.4%</td><td>43.6%</td></tr><tr><td>Change</td><td>+26.0pct pts</td><td>+19.0pct pts</td></tr><tr><td>Difference</td><td>+7.0pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>46.7%</td><td>51.6%</td></tr><tr><td>Post</td><td>65.3%</td><td>61.1%</td></tr><tr><td>Change</td><td>+18.6pct pts</td><td>+6.5pct pts</td></tr><tr><td>Difference</td><td>+9.1pct pts</td><td></td></tr></table>		Intervention	Control	Pre	30.4%	24.6%	Post	56.4%	43.6%	Change	+26.0pct pts	+19.0pct pts	Difference	+7.0pct pts			Intervention	Control	Pre	46.7%	51.6%	Post	65.3%	61.1%	Change	+18.6pct pts	+6.5pct pts	Difference	+9.1pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
		Specific Component Implemented by CHW: all components Methods for Interaction with Participates: face-to-face																	
Author, Year: Nguyen et al., 2009 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: Santa Clara County, CA Setting: urban community Intervention Duration: 5 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: GE + RSB, appointment scheduling + MM + SM</i> GE: LHWs organized 2 small group outreach sessions lasting about 90 minutes for 3 to 10 women RSB, appointment scheduling: within 1–2 months, LHWs contacted participants to explain how to access screening and help with scheduling appointments MM: media campaign in Vietnamese-language TV, radio, ads, newspaper SM: media campaign created and distributed 45,000 bilingual breast cancer–screening booklets	Training: researchers trained LHW coordinators and LHWs in 2 4.5hr sessions; each LHW received a Vietnamese-language flip chart and booklet for breast cancer info and screening Supervision: NR Matching to Population: recruited from the communities Educational Background: NR Payment: \$1500 per LHW 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; Advocating for individuals and	Eligibility Criteria: CHWs recruited participants; Vietnamese ethnicity, female gender, age ≥40 years, and residence in the county Sample Size: 50 CHWs, each recruited 22 participants, with 1100 participants Attrition: 1% Demographics: <i>Mean age:</i> 57.3 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Vietnamese American <i>Employment:</i> 32.8% employed <i>Income:</i> NR <i>Education:</i> 58.2%<12 years of education <i>Insurance:</i> 79.8% insured <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 64.7%	Outcome Measure: MAM within past 2 years How Ascertained: self-report Follow-up Time: 2 months Results: Incremental effectiveness, CHW added: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>64.7%</td><td>74.0%</td></tr><tr><td>Post</td><td>82.1%</td><td>75.6%</td></tr><tr><td>Change</td><td>+17.4pct pts</td><td>+1.6pct pts</td></tr><tr><td>Difference</td><td>+15.8pct pts</td><td></td></tr></table>		Intervention	Control	Pre	64.7%	74.0%	Post	82.1%	75.6%	Change	+17.4pct pts	+1.6pct pts	Difference	+15.8pct pts	
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Difference	+15.8pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<i>Control arm:</i> MM + SM Intervention Intensity: 2 small group outreach sessions lasting about 90 minutes for 3-10 women at CBO offices or LHW or participant home Targeted or Tailored: targeted to Vietnamese American females with outreach to each participant to resolve barriers	communities; 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: 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 <i>Intervention arm: GE</i> 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 <i>Control arm:</i> used baseline for the intervention arm	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:	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: <i>Mean age:</i> 60.3 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> 11% employed <i>Income:</i> \$914 monthly <i>Education:</i> 53% < elementary <i>Insurance:</i> 82% insured	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																		
	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	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 Specific Component Implemented by CHW: all components Methods for Interaction with Participates: face-to-face	<i>Established source of care:</i> 92% has regular source of medical care; 86% visited health care professional within past year <i>Baseline screening of intervention group:</i> 48%																			
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 <i>Intervention arm: GE + SM + MM + OE + PR</i> GE: "Women's Fest" was a free party that included food, educational classes, prizes, and information booths; monthly classes in	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	Eligibility Criteria: women age 40 and older, residing in low-income housing communities Sample Size: 248 Attrition: N/A Demographics: <i>Age:</i> 43.5% 40-64, 56.5% 65+ <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> 25% employed <i>Income:</i> NR	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: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>73%</td><td>67%</td></tr><tr><td>Post</td><td>87%</td><td>60%</td></tr><tr><td>Change</td><td>+14pct pts</td><td>-7pct pts</td></tr><tr><td>Difference</td><td colspan="2">+21pct pts (p=0.004)</td></tr></table> Up-to-date with MAM <table><tr><td></td><td>Intervention</td><td>Control</td></tr></table>		Intervention	Control	Pre	73%	67%	Post	87%	60%	Change	+14pct pts	-7pct pts	Difference	+21pct pts (p=0.004)			Intervention	Control
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	Intervention	Control																				

Study	Intervention Characteristics	Intervention Deliverer	Population	Results												
	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 PR: visual prompts in exam rooms (“Have you screened today?”) <i>Control arm:</i> 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	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 minor part of intervention Specific Component Implemented by CHW: GE, maybe OE Methods for Interaction with Participates: face-to-face	<i>Education:</i> 39.9%≤ 8TH grade <i>Insurance:</i> NR <i>Established source of care:</i> 99% of intervention group reported regular examinations at baseline compared to 90% of control group <i>Baseline screening of intervention group:</i> 31% MAM, 73% PAP	<table><tr><td>Pre</td><td>31%</td><td>33%</td></tr><tr><td>Post</td><td>56%</td><td>40%</td></tr><tr><td>Change</td><td>+25pct pts</td><td>+7pct pts</td></tr><tr><td>Difference</td><td colspan="2">+18pct pts (p=0.04)</td></tr></table>	Pre	31%	33%	Post	56%	40%	Change	+25pct pts	+7pct pts	Difference	+18pct pts (p=0.04)	
Pre	31%	33%														
Post	56%	40%														
Change	+25pct pts	+7pct pts														
Difference	+18pct pts (p=0.04)															
Author, Year: Paskett et al., 2006	Location: North Carolina	Training: 1-week training included general project information, info on BC, BC	Eligibility Criteria: women over age 40 who had visited	Outcome Measure: MAM completion in past 12 months												

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
Study Design: RCT Suitability of Design: Greatest Quality of Execution: Good	Setting: rural community and clinic Intervention Duration: 9-12 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE + RSB, appointment scheduling</i> OE: 3 in-person visits with educational materials, f/u phone calls and mailings after each visit; covered cancer risk and ways to overcome barriers to MAM, discussed MAM, BC, self-examination, and scheduling MAM RSB, appointment scheduling: 2 phone calls to assist in making MAM appointments, encourage women to discuss MAM experiences <i>Control arm:</i> received letter and brochure calling attention to need for regular CC screening; after f/u assessment, received letter and brochure inviting them to obtain a MAM Intervention Intensity: 3 visits, 30-60 minutes each, 2 phone calls	screening, diagnosis, treatment, and risk factors Supervision: weekly phone or in-person meetings with CHW supervisor; supervisor periodically attended patient visits with each LHA Matching to Population: 2 Native American and 1 African American female who lived in community Educational Background: former nurse, social worker and research study interviewer Payment: yes; salary not reported 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	community health centers within last 2 years, had not had MAM within past 12 months Sample Size: 851 Attrition: 4.7% Demographics: <i>Mean age:</i> 55.1 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 25% white, 33% African American, 42% American Indian <i>Employment:</i> NR <i>Income:</i> 83% lower SES (no private insurance, not high school graduate, annual household income<\$20K) <i>Education:</i> 44%<high school, 31% high school, 25% some college/college <i>Insurance:</i> 71% insured <i>Established source of care:</i> yes, women eligible for intervention visited community health center in last 2 years <i>Baseline screening of intervention group:</i> 0%	How Ascertained: medical records Follow-up Time: 2-3 months Results: Absolute effectiveness, CHW alone Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>42.5%</td><td>27.3%</td></tr><tr><td>Change</td><td>+42.5pct pts</td><td>+27.0pct pts</td></tr><tr><td>Difference</td><td>+15.2pct pts</td><td></td></tr></table>		Intervention	Control	Pre	0%	0%	Post	42.5%	27.3%	Change	+42.5pct pts	+27.0pct pts	Difference	+15.2pct pts	
	Intervention	Control																	
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Difference	+15.2pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Targeted or Tailored: targeted to rural women, with mailing tailored to specific stage of change	Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both		
Author, Year: Percac-Lima et al., 2012 Study Design: Pre-post only Suitability of Design: Least Quality of Execution: Fair	Location: Chelsea, MA Setting: urban community and clinic Intervention Duration: 12 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE + GE + CR + RSB, appointment scheduling + RSB, transportation + RSB, reducing admin barriers</i> OE: talked with patients about preventive care and the importance of routine MAM; explored patient's specific barriers to screening; home visits were made GE: educational group sessions CR: intervention might include making reminder calls RSB, appointment scheduling: supported patients in setting up a	Training: extensive training in breast cancer prevention, treatment and patient navigation; worked with the social worker/training coordinator Supervision: navigator was supervised by the PI, the training coordinator and community health team director Matching to Population: young, bi-lingual woman from former Yugoslavia was recruited Educational Background: college educated Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and	Eligibility Criteria: females, 40-79 years of age, self-identified as speaking Serbo-Croatian, receiving primary care at the health center and overdue or had never had a MAM; Excluded if they were acutely ill, had dementia, metastatic cancer, schizophrenia, end stage disease or bilateral mastectomy Sample Size: 95 Attrition: 4.2% Demographics: <i>Mean age:</i> 54 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Serbo-Croatian <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> 58.3% finished high school or some college <i>Insurance:</i> 48% insured, private	Outcome Measure: MAM in previous year How Ascertained: medical records Follow-up Time: intervention ongoing Results: Absolute effectiveness, CHW alone Up-to-date with MAM Pre 40/95=42.1% Post 61/95=64.2% Change +22.1pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	MAM RSB, transportation: interventions might include arranging transportation RSB, reducing admin barriers: accompanying patients who were afraid or felt unable to navigate the MAM appointment on their own <i>Control arm:</i> baseline Intervention Intensity: several phone calls Targeted or Tailored: both	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	<i>Established source of care:</i> 100% <i>Baseline screening of intervention group:</i> 42.1%	
Author, Year: Percac-Lima et al., 2013 Study Design: Pre-post only Suitability of Design: Least Quality of Execution: Fair	Location: Boston, MA Setting: urban community and clinic Intervention Duration: program is ongoing, assessed at 3 years Intervention Details: Type of cancer addressed: BC <i>Intervention arm: SM + OE + CR + RSB, appointment scheduling, transportation, reducing admin barriers</i> SM: mailed letter introducing program and included educational materials	Training: a refugee PN breast care training curriculum used, 6 2-hr sessions Supervision: yes, but no details provided Matching to Population: recruited from refugee communities Educational Background: high school to college graduates Payment: NR Roles Performed: Cultural mediation among individuals, communities, and health and social	Eligibility Criteria: women 40–74 years of age, self-identified as speaking Serbo-Croatian, Somali, or Arabic, and received primary care at Massachusetts General Hospital Chelsea HealthCare Center; patients were excluded if they had bilateral mastectomy Sample Size: 188 Attrition: 41.5% Demographics: <i>Mean age:</i> 52.8 <i>Gender:</i> 100% female	Outcome Measure: received MAM by follow-up How Ascertained: EHR Follow-up Time: intervention ongoing Results: Absolute effectiveness, CHW alone Up-to-date with MAM Pre 121/188=64.1% Post 153/188=81.2% Change +17.1pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	OE: educated patients about preventive care, importance of routine MAM, and patient's barriers to screening CR: at beginning of each year, an updated list of refugee women who were eligible for screening was generated electronically; patients without a MAM in prior year contacted; in subsequent years, previously "navigated" women only needed scheduling and reminder calls RSB, appointment scheduling: assistance with scheduling appointments RSB, transportation: the PNs helped to arrange transportation RSB, reduced admin barrier: the PNs helped to resolve insurance issues; accompany patients to their appointments if necessary <i>Control arm:</i> baseline Intervention Intensity: 1-8 hours spent with each patient Targeted or Tailored: targeted to refugees with tailored information	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 Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: both face-to-face and remote	<i>Race/Ethnicity:</i> 100% speaking Serbo-Croatia, Somali, or Arabic <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> 53.7% commercial insurance, 34.6% Medicaid, 8% Medicare, 3.7% self-insured <i>Established source of care:</i> all linked to medical care <i>Baseline screening of intervention group:</i> 64.1%	
Author, Year: Russell et al., 2010	Location: Indianapolis, IN Setting: urban clinic	Training: participated in a 2-hour training	Eligibility Criteria: African American females, age 41 to 75,	Outcome Measure: MAM at follow-up

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																					
Study Design: RCT Suitability of Design: Greatest Quality of Execution: Good	Intervention Duration: 4.5 months Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE + SM + RSB, appointment scheduling, transportation</i> OE: interactive computer program targeting individuals, 20-40 minutes, about BC facts and screening; CHW assessed patient understanding of program; contacted participants by phone again SM: post card mailed, tailored by patient's stage of screening adoption RSB, appointment scheduling: barriers counseling; referral to low or no cost MAM and assistance with scheduling screening appointments RSB, transportation: free bus passes and agency referrals <i>Control arm:</i> culturally appropriate pamphlet about BC and MAM, recommendation to contact clinic referral nurse to schedule MAM appointment; received mailed post card with general nutrition information at 3/4, 7/8.	Supervision: periodic audiotape evaluation of counseling sessions to assure intervention fidelity throughout study Matching to Population: recruited through word-of-mouth and the project community advisory board Educational Background: NR Payment: small stipend paid 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 Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: all components except computer program; already developed and	at or below 250% federally designated poverty line, with no MAM within last 15 months, with no history of breast cancer; recruitment from health center Sample Size: 181 Attrition: 1.1% Demographics: <i>Mean age:</i> 51.3 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> 43.0% employed <i>Mean annual household income:</i> \$10,694 <i>Education:</i> mean of 12.1 years of education <i>Insurance:</i> 65.4% insured <i>Established source of care:</i> 80.4% regular doctor or NP <i>Baseline screening of intervention group:</i> 0%	How Ascertained: self-reported with medical record review Follow-up Time: 1.5 months Results: Comparative effectiveness, CHW in a team: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>0%</td><td>0%</td></tr><tr><td>Post</td><td>45/89=50.6%</td><td>16/90=17.8%</td></tr><tr><td>Change</td><td>+50.6pct pts</td><td>+17.8pct pts</td></tr><tr><td>Difference</td><td>+32.8pct pts</td><td></td></tr></table> Absolute effectiveness, CHW in a team: <table><tr><td>Pre</td><td>0%</td></tr><tr><td>Post</td><td>45/89=50.6%</td></tr><tr><td>Change</td><td>+50.6pct pts</td></tr></table>		Intervention	Control	Pre	0%	0%	Post	45/89=50.6%	16/90=17.8%	Change	+50.6pct pts	+17.8pct pts	Difference	+32.8pct pts		Pre	0%	Post	45/89=50.6%	Change	+50.6pct pts
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	13/14, and 18 weeks following baseline interview Intervention Intensity: 1 in-person session followed with 3 phone calls from advisor Targeted or Tailored: targeted to African American females with tailored info provided	patients use them on their own Methods for Interaction with Participates: face-to-face and remote																	
Author, Year: Sadler et al., 2011 Study Design: RCT Suitability of Design: Greatest Quality of Execution: Fair	Location: San Diego, CA Setting: urban community (beauty salons) Intervention Duration: varied Intervention Details: Type of cancer addressed: BC <i>Intervention arm: OE</i> OE: cosmetologists delivered health messages to clients and encouraged them and peers/family to adhere to BC screening guidelines; posters in salon and restroom walls and brochures in Plexiglas stands through salons <i>Control arm:</i> participants in the control group received a comparable diabetes education program	Training: 4 hours of one-on-one training with researcher and an additional 4 hours of reading materials Supervision: researcher made brief, unannounced visits to each stylist about every 2 weeks during first 3 months of study and then at least monthly thereafter Matching to Population: stylists from the local community Educational Background: licensed cosmetologist Payment: \$50 per month Roles Performed: Providing culturally appropriate health education and information; Providing coaching and	Eligibility Criteria: self-identified African American women over the age of 20 who were receiving services at a participating salon with any of the salons’ cosmetologists Sample Size: 984 Attrition: 56.5% Demographics: <i>Mean age:</i> 40.7 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> 11.7%≤HS, 52.2% some college, 33.7% college <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 43%	Outcome Measure: MAM at follow-up How Ascertained: self-reported Follow-up Time: NR Results: Absolute effectiveness, CHW alone: Up-to-date with MAM: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>207/481=43.0%</td><td>236/503=59.0%</td></tr><tr><td>Post</td><td>221/481=46.0%</td><td>176/503=35.0%</td></tr><tr><td>Change</td><td>+3.0pct pts</td><td>-12.0pct pts</td></tr><tr><td>Difference</td><td>+15.0pct pts</td><td></td></tr></table>		Intervention	Control	Pre	207/481=43.0%	236/503=59.0%	Post	221/481=46.0%	176/503=35.0%	Change	+3.0pct pts	-12.0pct pts	Difference	+15.0pct pts	
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Difference	+15.0pct pts																		

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	Intervention Intensity: varied depending on appointment frequencies; women had appts ranging weekly to 8 weeks between appointments Targeted or Tailored: targeted to African American women	social support; Building individual and community capacity Extent of CHW Involvement: Implemented everything Specific Component Implemented by CHW: all components Methods for Interaction with Participates: face-to-face		
Author, Year: Sauaia et al., 2007 Study Design: Pre-post only Suitability of Design: Least Quality of Execution: Fair	Location: Denver, CO Setting: urban community Intervention Duration: unclear Intervention Details: Type of cancer addressed: BC <i>Intervention arm: GE + SM</i> GE: trained peer counselors deliver the health promotion messages personally At least bimonthly meetings held right after mass and through other church events; conducted 1 to 3 health groups per church, meet at the home of one of the participants; SM: newsletter used in the Printed Intervention	Training: only mentioned trained by project and Clinica Tepeyac staff on delivering education about breast cancer screening Supervision: NR Matching to Population: matched on ethnicity and recruited from community Educational Background: NR Payment: NR Roles Performed: Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity	Eligibility Criteria: Latinas aged 50 to 69 enrolled in Colorado's 5 major private and public insurance plans; in plan for > 23 months, with a gap in coverage no longer than 30 days Sample Size: 585 Attrition: N/A Demographics: <i>Age:</i> 23% 50-54, 26% 55-59, 28% 60-64, 22% 65-69 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> NR <i>Income:</i> 20% ≤ \$38,317, 73% \$38,317-45,581, 7% \$45,582-58,937 <i>Education:</i> NR	Outcome Measure: MAM at follow-up How Ascertained: claims data for MAM Follow-up Time: immediately after intervention from Jan 2000-Dec 2001 Results: Absolute effectiveness, CHW in a team Up-to-date with MAM: Pre: 316/536=59.0% Post: 359/590=60.8% Change: +1.9pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
	<i>Control arm:</i> baseline Intervention Intensity: NR Targeted or Tailored: targeted to Latinas	Extent of CHW Involvement: Implemented major part of intervention Specific Component Implemented by CHW: GE Methods for Interaction with Participates: face-to-face	<i>Insurance:</i> 17% HMO-group, 48% HMO-staff, 23% Medicaid, 13% Medicare, 22% Medicaid and Medicare <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 59%																															
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 <i>Intervention arm: OE</i> OE: two 90 min educational sessions held 1 month apart at the home of subject; booster session was scheduled about 2 months after 2 nd session for purpose of review and reinforcement; included the interpretation, referral, and follow-up concerning any abnormal Pap smear or mammogram results <i>Control arm:</i> members of control group received educational materials on cancer screening after the	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	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: <i>Age:</i> 13.4% 18-34, 45.2% 35-44, 23.4% 45-59, 18.1% 60-97 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> 51.1% employed <i>Income:</i> 46.7%≤\$15,000, 31.8%>\$15,000, 21.5% NR <i>Education:</i> 32.4%≤11 years of education,	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 <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>35.5%</td><td>34.3%</td></tr><tr><td>Post</td><td>50.4%</td><td>39.4%</td></tr><tr><td>Change</td><td>+14.9pct pts</td><td>+5.1pct pts</td></tr><tr><td>Difference</td><td>+9.8pct pts</td><td></td></tr></table> Up-to-date with Pap test: <table><tr><td></td><td>Intervention</td><td>Control</td></tr><tr><td>Pre</td><td>50.3%</td><td>51.9%</td></tr><tr><td>Post</td><td>58.7%</td><td>62.1%</td></tr><tr><td>Change</td><td>+8.4pct pts</td><td>+10.2pct pts</td></tr><tr><td>Difference</td><td>-1.8pct pts</td><td></td></tr></table>		Intervention	Control	Pre	35.5%	34.3%	Post	50.4%	39.4%	Change	+14.9pct pts	+5.1pct pts	Difference	+9.8pct pts			Intervention	Control	Pre	50.3%	51.9%	Post	58.7%	62.1%	Change	+8.4pct pts	+10.2pct pts	Difference	-1.8pct pts	
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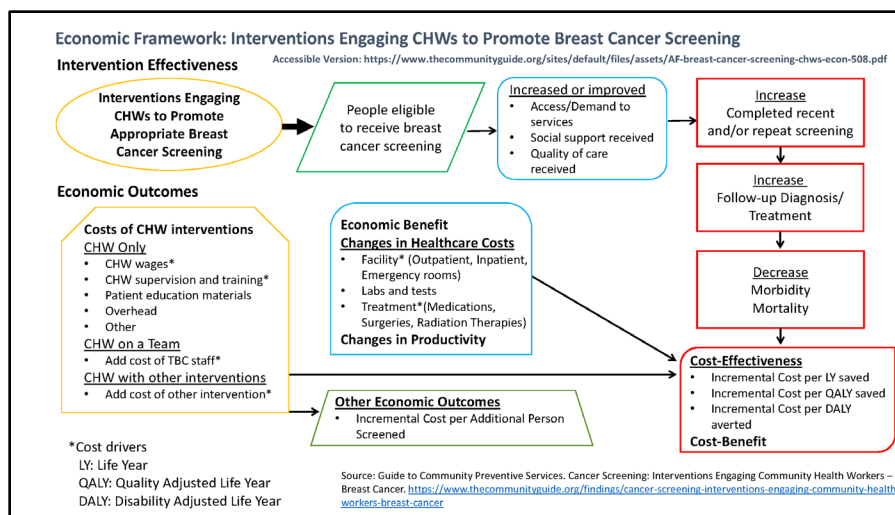
Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	completion of the follow-up interview Intervention Intensity: 2 sessions Targeted or Tailored: targeted to African American females with tailored information	health education and information; Care coordination, case management, 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	28.0% 12 years of education, 39.6% >12 years of education <i>Insurance:</i> NR <i>Established source of care:</i> 17.1% recruited from West End Medical Center <i>Baseline screening of intervention group:</i> 35.5% MAM, 50.3% Pap	
Author, Year: White et al., 2012 Study Design: Pre-post only Suitability of Design: Least Quality of Execution: Fair	Location: Birmingham, AL Setting: urban community Intervention Duration: 1 session Intervention Details: Type of cancer addressed: BC, CC <i>Intervention arm: GE + ROPC + RSB, appointment scheduling</i> GE: educational lunches in churches conducted on Saturdays; Spanish-speaking Latino physician was invited to give an educational talk, and a	Training: NR Supervision: NR Matching to Population: recruited from local communities Educational Background: NR Payment: NR Roles Performed: Care coordination, case management, and system navigation; Building individual and community capacity; Conducting outreach	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 Attrition: N/A Demographics: <i>Age:</i> 70.7% 19-39, 19.4% 40-49, 9.9% 50-88 <i>Gender:</i> 100% female	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 Up-to-date with MAM: Pre: 17.0% Post: 61.5% Change: +44.6pct pts

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	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 <i>Control arm:</i> baseline Intervention Intensity: 1 session Targeted or Tailored: targeted to Latinas	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	<i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> NR <i>Income:</i> NR, but low income <i>Education:</i> 60.5% < high school; 35.7% ≥ high school <i>Insurance:</i> 6.8% insured <i>Established source of care:</i> 53.3% with regular care <i>Baseline screening of intervention group:</i> 39.6% PAP 17.0% MAM	

Appendix E

Analytic Framework (Economic Review)

Cancer Screening: Interventions Engaging Community Health Workers — Breast Cancer



Analytic Framework Text Description

The analytic framework postulates the pathway leading from interventions engaging community health workers (CHWs) to promote breast 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 breast cancer screening are delivered to people who are eligible for breast 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 breast cancer-related 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 — Breast 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 — Breast Cancer

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

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, Derosé 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 <i>promotoras</i>. 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 $\geq$ 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 <i>promotoras</i> 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 <i>promotora</i>. 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 <i>promotora</i>-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 <i>promotora</i> patient navigation. Comparison: 2 comparisons, one usual care, one video only; using the usual care arm		\$432 Cost Driver: Wages, Supervision/Training