

Cancer Screening: Interventions Engaging Community Health Workers—Breast Cancer

Summary Evidence Table

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																														
<p>Author, Year: Ahmed et al., 2010</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Tennessee</p> <p>Setting: community and clinic</p> <p>Intervention Duration: 12 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p> <p><i>CR only arm:</i> in addition to usual care, received reminder letter from TCCN direct stating need for annual mammograms</p> <p><i>Control arm:</i> usual care included monthly newsletters on a variety of health topics, health pamphlets, and access to</p>	<p>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</p> <p>Supervision: NR</p> <p>Matching to Population: recruited from study population</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p>	<p>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)</p> <p>Sample Size: 2357</p> <p>Attrition: 1.3%</p> <p>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%</p>	<p>Outcome Measure: MAM within past 2 years (women aged 50 and older) or 3 years (women aged 40 to 49)</p> <p>How Ascertained: medical records</p> <p>Follow-up Time: 0 months</p> <p>Results: Absolute effectiveness, CHW in a team: CR + OE vs. Control</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Incremental effectiveness, CHW added: CR + OE vs. CR</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>CR only</th> </tr> </thead> <tbody> <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> </tbody> </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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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															
	<p>Targeted or Tailored: targeted to Micronesian women; tailored to participant during education sessions</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face</p>																	
<p>Author, Year: Allen et al., 2005</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Los Angeles, California</p> <p>Setting: urban community</p> <p>Intervention Duration: 6 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: OE + RSB, appointment scheduling + SM</i></p> <p>OE: counseling regarding importance of complying</p>	<p>Training: details not provided but counselors were trained to follow scripted telephone protocol prior to study implementation</p> <p>Supervision: NR</p> <p>Matching to Population: mature African-American and Latina female counselors</p> <p>Educational Background: NR</p> <p>Payment: NR</p>	<p>Eligibility Criteria: women aged 40 and older living in service area with an operable telephone and had not had screening mammogram in past year</p> <p>Sample Size: 430</p> <p>Attrition: 17.7%</p> <p>Demographics: <i>Mean age:</i> 51.9 years <i>Gender:</i> 100% female</p>	<p>Outcome Measure: completed MAM</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: 0 months</p> <p>Results: Absolute effectiveness, CHW in a team:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>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</p> <p><i>Control arm:</i> usual care received no intervention components</p> <p>Intervention Intensity: NR</p> <p>Targeted or Tailored: targeted to African Americans and Latina women in an economically disadvantaged, medically underserved, inner-city community of LA</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: OE, RSB</p> <p>Methods for Interaction with Participates: remote</p>	<p><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%</p>	
<p>Author, Year: Allen et al., 2014</p> <p>Study Design: Pre-post</p> <p>Suitability of Design: Least</p>	<p>Location: Boston, Massachusetts</p> <p>Setting: urban community</p> <p>Intervention Duration: 6 months</p> <p>Intervention Details: Type of cancer addressed: BC, CC, CRC</p>	<p>Training: 2 days of training covering risk factors, prevention, and screening guidelines</p> <p>Supervision: patient navigator provided supervision</p> <p>Matching to Population: recruited from church community by pastor based on leadership,</p>	<p>Eligibility Criteria: female church members age 18 and older who self-identified as Hispanic or Latina and spoke either English or Spanish</p> <p>Sample Size: 77</p> <p>Attrition: 53%</p> <p>Demographics:</p>	<p>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)</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: NR</p> <p>Results: Absolute effectiveness, CHW in a team:</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
<p>Quality of Execution: Fair</p>	<p><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</p> <p>Intervention Intensity: weekly exposure during church</p> <p>Targeted or Tailored: tailored; targeted to Latinas and included religious themes</p>	<p>communication, and interpersonal skills</p> <p>Educational Background: NR</p> <p>Payment: received small stipend</p> <p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: OE, GE</p> <p>Methods for Interaction with Participates: both</p>	<p><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</p>	<p>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</p> <p>Up-to-date with Pap test: Pre 24/27=88.9% Post 20/26=76.9% Change -12.0pct pts</p> <p>Up-to-date with CRC Screening using any test: Pre 9/12=75.0% Post 9/12=75.0% Change 0.0pct pts</p>
<p>Author, Year: Bird et al., 1998</p>	<p>Location: San Francisco, California & Sacramento, California</p> <p>Setting: urban community</p>	<p>Training: outreach team trained lay health workers</p> <p>Supervision: research staff provided supervision</p>	<p>Eligibility Criteria: Vietnamese women age 18 and older living in targeted census tracts with the ability to understand Vietnamese</p>	<p>Outcome Measure: receipt of mammogram or pap smear</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: NR</p>

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<p>Study Design: Pre-post with comparison</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Intervention Duration: 30 months</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><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</p> <p><i>Control arm: women in Sacramento, California served as controls; additional information not provided</i></p> <p>Intervention Intensity: NR</p> <p>Targeted or Tailored: targeted Vietnamese women</p>	<p>Matching to Population: recruited leaders and assistants from Vietnamese community</p> <p>Educational Background: NR</p> <p>Payment: leaders received \$65 stipend for each session; assistants received \$50 stipend per session</p> <p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: GE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p>Sample Size: 717</p> <p>Attrition: N/A</p> <p>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</p>	<p>Results: Absolute effectiveness, CHW in a team:</p> <p>Up-to-date with MAM:</p> <table border="1" data-bbox="1394 337 1938 483"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Maintained MAM (≥2 screening within previous 5 years and MAM within 1.5 years):</p> <table border="1" data-bbox="1394 571 1938 717"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with Pap test:</p> <table border="1" data-bbox="1394 776 1938 922"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Maintained Pap test (≥2 screening within previous 5 years and Pap within 2.5 years):</p> <table border="1" data-bbox="1394 1010 1938 1156"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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<p>Author, Year: Braun et al., 2015</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Moloka'i, Hawaii</p> <p>Setting: rural community and clinic</p> <p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: BC, CC, CRC</p> <p><i>Intervention arm: OE + CR + RSB, appointment scheduling, transportation, reducing admin barriers, childcare</i></p> <p>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</p>	<p>Training: completed 48-hour evidence-based navigator training program and participated in quarterly continuing education sessions</p> <p>Supervision: nurse supervision in first year, then physicians and young college-educated female provided supervision</p> <p>Matching to Population: recruited from community and matched on ethnicity</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented everything</p>	<p>Eligibility Criteria: Medicare beneficiaries residing on Moloka'i</p> <p>Sample Size: 488</p> <p>Attrition: NR</p> <p>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</p>	<p>Outcome Measure: compliance with cancer screening according to USPSTF guidelines</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: NR</p> <p>Results: Absolute effectiveness, CHW alone:</p> <p>Up-to-date with MAM:</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with Pap test:</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with FOBT:</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with endoscopy:</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p><i>Control arm:</i> received nutrition education and relevant cancer education materials from another healthcare entity on island</p> <p>Intervention Intensity: NR</p> <p>Targeted or Tailored: tailored; targeted local Hawaiians</p>	<p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both</p>																	
<p>Author, Year: Cardarelli et al., 2011</p> <p>Study Design: Pre-post w/comparison</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Dallas, Texas</p> <p>Setting: urban community</p> <p>Intervention Duration: 2 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p> <p><i>Control arm:</i> received written breast health educational brochures and</p>	<p>Training: NR</p> <p>Supervision: NR</p> <p>Matching to Population: lay health educators came from target areas of the community</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Providing culturally appropriate health education and information; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented minor part of intervention</p> <p>Specific Component Implemented by CHW: participated in GE but not</p>	<p>Eligibility Criteria: women aged 40 years or older who resided in specified geographic areas, spoke English, and had no personal history of cancer</p> <p>Sample Size: 119</p> <p>Attrition: 21.9%</p> <p>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</p>	<p>Outcome Measure: receipt of mammogram in previous year</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: 2 months</p> <p>Results: Absolute effectiveness, CHW in a team:</p> <table border="1" data-bbox="1394 862 1942 1003"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>were encouraged to seek mammography screening if not adherent to current guidelines</p> <p>Intervention Intensity: eight 90-minute sessions</p> <p>Targeted or Tailored: targeted to low-income women</p>	<p>sole implementer; played major role in recruitment</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><i>Insurance:</i> 78.2% insured</p> <p><i>Established source of care:</i> NR</p> <p><i>Baseline screening of intervention group:</i> 51%</p>																																																	
<p>Author, Year: Coronado et al., 2016</p> <p>Study Design: Pre-post w/comparison</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Good</p>	<p>Location: Western Washington State</p> <p>Setting: community and clinics (FQHC)</p> <p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm 1, promotora & clinic: OE + RSB, alternate site</i></p> <p><i>Intervention arm 2, promotora only intervention: OE</i></p> <p>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</p>	<p>Training: 3-day training session plus booster sessions</p> <p>Supervision: NR</p> <p>Matching to Population: promotoras came from community</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement:</p>	<p>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</p> <p>Sample Size: 536</p> <p>Attrition: 0.6%</p> <p>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</p>	<p>Outcome Measure: completion of mammogram</p> <p>How Ascertained: medical records</p> <p>Follow-up Time: 12 months</p> <p>Results:</p> <p>Absolute effectiveness, CHW alone:</p> <table> <thead> <tr> <th></th> <th>Promotora Only</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Absolute effectiveness, CHW in a team:</p> <table> <thead> <tr> <th></th> <th>Promotora & Clinic</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Incremental effectiveness, CHW added:</p> <table> <thead> <tr> <th></th> <th>Promotora & Clinic</th> <th>Clinic</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p><i>Intervention arm 3, no CHW involvement, clinic only intervention: RSB (see above)</i></p> <p><i>Control arm: usual care</i></p> <p>Intervention Intensity: 1 in-person session with 1 follow-up call</p> <p>Targeted or Tailored: targeted to Latinas</p>	<p>Implemented major part of intervention (Promotora & clinic); Implemented everything (Promotora only)</p> <p>Specific Component Implemented by CHW: OE</p> <p>Methods for Interaction with Participates: both</p>	<p><i>Insurance: 27.8% insured</i></p> <p><i>Established source of care: 100%</i></p> <p><i>Baseline screening of intervention group: 0%</i></p>																															
<p>Author, Year: Dunn et al., 2017</p> <p>Study Design: Pre-post w/comparison</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Good</p>	<p>Location: Toronto, Canada</p> <p>Setting: urban community</p> <p>Intervention Duration: 1 session</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><i>Intervention arm: GE + CR + RSB, reducing admin barriers, translation, appointment scheduling, transportation</i></p> <p>GE: peer leaders provided information about cervical and breast cancer screening using PowerPoint presentation</p> <p>CR: follow-up phone calls to reinforce screening messages</p> <p>RSB, reducing admin barriers: peer leader organized and</p>	<p>Training: 3-day training included communication and group facilitation skills and women centered decision making</p> <p>Supervision: staff provided ongoing mentorship</p> <p>Matching to Population: matched on language</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p>	<p>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</p> <p>Sample Size: 327</p> <p>Attrition: 0%</p> <p>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%</p>	<p>Outcome Measure: Pap test or mammogram after GE session</p> <p>How Ascertained: anonymized Pap and MAM data</p> <p>Follow-up Time: 8 months</p> <p>Results: Absolute effectiveness, CHW alone:</p> <p>Up-to-date with MAM:</p> <table border="1" data-bbox="1394 948 1940 1094"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with Pap test:</p> <table border="1" data-bbox="1394 1143 1940 1289"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>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</p> <p><i>Control arm:</i> usual care</p> <p>Intervention Intensity: 1 in-person session</p> <p>Targeted or Tailored: targeted to communities with new immigrants who live in lower-income areas</p>	<p>coaching and social support; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both</p>																													
<p>Author, Year: Earp et al., 2002</p> <p>Study Design: Pre-post w/comparison</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: North Carolina</p> <p>Setting: rural community</p> <p>Intervention Duration: 24 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p>	<p>Training: 3 to 5 sessions involving didactic methods, role playing, and information on breast cancer screening</p> <p>Supervision: NR</p> <p>Matching to Population: women were recruited from the community</p> <p>Educational Background: advisors more often reported a high school education</p> <p>Payment: NR</p> <p>Roles Performed: Cultural mediation among individuals, communities,</p>	<p>Eligibility Criteria: women age 50 and older who did not have breast cancer</p> <p>Sample Size: 801</p> <p>Attrition: 11%</p> <p>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</p>	<p>Outcome Measure: Mammogram in previous 2 years</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: 12 months</p> <p>Results:</p> <p>Absolute effectiveness, CHW in a team:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Incremental effectiveness, CHW added (CHW advice received or not by intervention group participants):</p> <table border="1"> <thead> <tr> <th></th> <th>CHW advice</th> <th>No CHW advice</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>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</p> <p><i>Control arm: usual care</i></p> <p>Intervention Intensity: unclear</p> <p>Targeted or Tailored: tailored; targeted to each community</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: GE, OE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><i>Established source of care:</i> 10% reported no regular physician <i>Baseline screening of intervention group:</i> 40.8%</p>	<p>Difference +11pct pts</p>																								
<p>Author, Year: Elder et al., 2017</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: San Diego County, California</p> <p>Setting: urban community</p> <p>Intervention Duration: 12 months</p> <p>Intervention Details: Type of cancer addressed: BC, CC, CRC</p> <p><i>Intervention arm: GE + OE + RSB, reducing admin barriers, appointment scheduling</i></p> <p>GE: 6-week series of classes that cover information about cancer screening</p>	<p>Training: 24 hours of training delivered through biweekly meetings over 6 weeks conducted in Spanish</p> <p>Supervision: NR</p> <p>Matching to Population: promotoras chosen from community by church leaders</p> <p>Educational Background: NR</p> <p>Payment: \$10 per hour (5-10 hours per week)</p> <p>Roles Performed:</p>	<p>Eligibility Criteria: Hispanic women attending participating Catholic Churches</p> <p>Sample Size: 436</p> <p>Attrition: NR</p> <p>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</p>	<p>Outcome Measure: Pap test in last 3 years, MAM in last year, FOBT in last year, colonoscopy and sigmoidoscopy ever</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: 12 months</p> <p>Results: Absolute effectiveness, CHW alone:</p> <table> <tr> <td></td> <td>Intervention</td> <td>Control</td> </tr> <tr> <td>Up-to-date with MAM:</td> <td></td> <td></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> <table> <tr> <td>Up-to-date with Pap test:</td> <td></td> <td></td> </tr> <tr> <td>Pre</td> <td>90%</td> <td>85%</td> </tr> </table>		Intervention	Control	Up-to-date with MAM:			Pre	44%	52%	Post	61%	42%	Change	+17pct pts	-10pct pts	Difference	+27pct pts		Up-to-date with Pap test:			Pre	90%	85%
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>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</p> <p><i>Control arm:</i> received physical activity education</p> <p>Intervention Intensity: four 90-120 minutes GE sessions and 2 OE phone calls</p> <p>Targeted or Tailored: tailored; targeted to Hispanic women</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both</p>	<p><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</p>	<p>Post 90% 88% Change +0pct pts +3pct pts Difference -3pct pts</p> <p>Up-to-date with FOBT: Intervention Control Pre 15% 13% Post 25% 20% Change +10pct pts +7pct pts Difference +3pct pts</p> <p>Up-to-date with colonoscopy or sigmoidoscopy: Intervention Control Pre 37% 31% Post 53% 40% Change +16pct pts +9pct pts Difference +7pct pts</p>
<p>Author, Year: Fernandez et al., 2009</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution:</p>	<p>Location: California, New Mexico, & Texas</p> <p>Setting: rural community</p> <p>Intervention Duration: 2 weeks</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><i>Intervention arm: OE</i> OE: LHWs contacted all women to set up one-on-</p>	<p>Training: program materials consisted of program training curriculum and set of teaching tools for LHWs</p> <p>Supervision: used process evaluation measures including LHW encounter forms and randomly selected instances of direct observation by supervisor</p>	<p>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</p> <p>Sample Size: 464 eligible for MAM; 243 eligible for Pap test</p>	<p>Outcome Measure: completed MAM or PAP test within 6 months</p> <p>How Ascertained: self-reported with verified medical records</p> <p>Follow-up Time: 6 months</p> <p>Results: Absolute effectiveness, CHW alone Up-to-date with MAM: Intervention Control Pre 0% 0% Post 25.6% (53/207) 20.6% (53/257)</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results									
Fair	<p>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</p> <p><i>Control arm:</i> NR but assume usual care</p> <p>Targeted or Tailored: targeted to Hispanic female farmworkers with tailored information</p>	<p>Matching to Population: matched on language</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face, remote for follow-up</p>	<p>Attrition: 30%</p> <p>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%</p>	<p>Change +25.6pct pts +20.6pct pts Difference +5pct pts ($p>0.05$)</p> <p>Up-to-date with Pap test:</p> <table border="1" data-bbox="1394 337 1938 427"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Change +24.2pct pts +18.9pct pts Difference +5.3pct pts ($p>0.05$)</p>		Intervention	Control	Pre	0%	0%	Post (21/111)	24.2% (32/132)	18.9%
	Intervention	Control											
Pre	0%	0%											
Post (21/111)	24.2% (32/132)	18.9%											
<p>Author, Year: Fiscella et al., 2011</p>	<p>Location: Rochester, New York</p> <p>Setting: urban clinic</p>	<p>Training: formal training on the intervention, use of a database, health promotion, and methods to assist patients to navigate</p>	<p>Eligibility Criteria: aged 40-75 years (MAM) or 50-75 years (CRC); past due for either MAM (>18</p>	<p>Outcome Measure: completed MAM; up-to-date with FIT, colonoscopy, flex sig, or double contrast barium enema</p> <p>How Ascertained: EMR documentation</p>									

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
<p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: BC, CRC</p> <p><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</p> <p><i>Control arm: usual care</i></p> <p>Intervention Intensity: 2 letters and 4 phone calls</p> <p>Targeted or Tailored: targeted</p>	<p>the health and social service systems</p> <p>Supervision: supervised by a social worker</p> <p>Matching to Population: recruited from community</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Care coordination, case management, and system navigation</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: CR, RSB</p> <p>Methods for Interaction with Participates: remote</p>	<p>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</p> <p>Sample Size: BC, 469; CRC, 323</p> <p>Attrition: NR</p> <p>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%</p>	<p>Follow-up Time: EMR checked 12 months after randomization</p> <p>Results: Absolute effectiveness, CHW in a team: Up-to-date with MAM:</p> <table border="1" data-bbox="1394 428 1940 574"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with CRC using any test:</p> <table border="1" data-bbox="1394 623 1940 769"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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<p>Author, Year: Fouad et al., 2010</p> <p>Study Design: Pre-post</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Alabama</p> <p>Setting: urban and rural communities</p> <p>Intervention Duration: 5 years</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p> <p>Intervention Intensity: multiple calls; maintained monthly contact via phone, mail, or personal visits</p> <p>Targeted or Tailored: both</p>	<p>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</p> <p>Supervision: NR</p> <p>Matching to Population: recruited from community</p> <p>Educational Background: 32% had HS diploma or equivalent; 28% were community college graduates</p> <p>Payment: each received a \$50 gift card after training completion; \$15 for each eligible participant surveyed at baseline</p> <p>Roles Performed: Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented everything</p>	<p>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</p> <p>Sample Size: 2333 at baseline; 1513 at follow-up</p> <p>Attrition: 35.1%</p> <p>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%</p>	<p>Outcome Measure: MAM in past year</p> <p>How Ascertained: self-report; based on participants responding to CHWs that they kept their appointments</p> <p>Follow-up Time: 2 years</p> <p>Results: Absolute effectiveness, CHW alone: Pre 1563/2333 = 67.0% Post 1146/2333 = 49.1% Change -17.9pct pts</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
		<p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both</p>																																
<p>Author, Year: Goelen et al., 2010</p> <p>Study Design: Pre-post w/comparison</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Good</p>	<p>Location: Flanders, Belgium</p> <p>Setting: rural community and clinic</p> <p>Components in community but with MAM mobile units in the clinic</p> <p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm 1: CR + OE + RSB, alternate site</i> <i>Intervention arm 2: CR + OE</i></p> <p>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</p> <p><i>Control arm:</i> CR; national breast cancer-screening</p>	<p>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</p> <p>Supervision: on-site support and supervision by the first author was in place about 20% of the time when volunteers made the reminder calls</p> <p>Matching to Population: peer volunteers were women from the same age group and community as the women targeted in the intervention</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Providing culturally appropriate health education and information;</p>	<p>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.</p> <p>Women who had had at least one screening mammogram since 2001, the start of the program and the registration, were excluded</p> <p>Sample Size: 3,880 Intervention; n = 1,940 Control; n = 1,940</p> <p>Attrition: N/A</p> <p>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</p>	<p>Outcome Measure: screening mammogram obtained by the target women within 4 weeks of the date proposed in the direct invitation</p> <p>How Ascertained: verified by screening database review</p> <p>Follow-up Time: NR</p> <p>Results: Incremental effectiveness, CHW in a team:</p> <table border="1" data-bbox="1396 803 1942 950"> <thead> <tr> <th></th> <th>Arm 1</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Incremental effectiveness, CHW alone:</p> <table border="1" data-bbox="1396 1006 1942 1153"> <thead> <tr> <th></th> <th>Arm 2</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>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</p> <p>Intervention Intensity: 1 call plus 1 mailed invitation letter; 2 contacts</p> <p>Targeted or Tailored: no to both</p>	<p>Building individual and community capacity</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: OE</p> <p>Methods for Interaction with Participates: remote</p>	<p><i>Established source of care:</i> NR</p> <p><i>Baseline screening of intervention group:</i> 0%</p>																									
<p>Author, Year: Han et al., 2017</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Baltimore, Maryland & Washington, D.C. Metropolitan Area</p> <p>Setting: urban community</p> <p>Intervention Duration: 6 months</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><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</p>	<p>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</p> <p>Supervision: NR</p> <p>Matching to Population: recruited from 23 ethnic churches</p> <p>Educational Background: at least High school education</p> <p>Payment: NR</p>	<p>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</p> <p>Sample Size: 560</p> <p>Attrition: 0%</p> <p>Demographics: <i>Mean age:</i> 46.1 <i>Gender:</i> 100% female <i>Race/Ethnicity:</i> 100% Asian (Korean American)</p>	<p>Outcome Measure: adherence to age-appropriate screening guidelines at 6-month follow-up; MAM or PAP</p> <p>How Ascertained: self-report at baseline and medical record review at follow-up</p> <p>Follow-up Time: 0 months</p> <p>Results: Absolute effectiveness, CHW in a team:</p> <table border="0"> <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> <table border="0"> <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
	<p>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</p> <p><i>Control arm:</i> wait list control group received publicly available educational brochures related to breast and cervical cancer.</p> <p>Intervention Intensity: mailing plus 1 in-person group meeting plus monthly remote individual phone calls</p> <p>Targeted or Tailored: targeted to Korean-American women Tailored: OE</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: GE, OE</p> <p>Methods for Interaction with Participates: both</p>	<p><i>Employment:</i> 57.9% employed <i>Income:</i> Reports “very comfortable or 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%</p>	<p>Change +54.5pct pts +9.2pct pts Difference +45.3pct pts</p>
<p>Author, Year: Hatcher et al., 2016</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Unspecified location, US</p> <p>Setting: ED</p> <p>Intervention Duration: 1 session</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: OE</i> OE: 5-10 minutes in-person motivational interview by lay health</p>	<p>Training: received extensive training in use of motivational interviewing</p> <p>Supervision: NR</p> <p>Matching to Population: African American women recruited from local community</p> <p>Educational Background: NR</p> <p>Payment: NR</p>	<p>Eligibility Criteria: English-speaking, self-identified African-American, ≥40, no history of breast cancer, no MAM in past year when enrolled, recruited from ED</p> <p>Sample Size: 66</p> <p>Attrition: 35.4%</p> <p>Demographics: <i>Mean age:</i> 52 <i>Gender:</i> 100% female</p>	<p>Outcome Measure: completed mammogram</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: 3 months</p> <p>Results: Narrative results, CHW alone: No group difference by MAM status at 3-month follow-up (no effect)</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	<p>worker, addressing barriers to screening, familiarize participants with community resources, set up individual action plans</p> <p><i>Control arm:</i> usual care; written materials about available cancer services, consistent with what would be available in the ED</p> <p>Intervention Intensity: 1 in-person contact</p> <p>Targeted or Tailored: tailored content, targeted to African American females</p>	<p>Roles Performed: Providing coaching and social support; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><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%</p>																
<p>Author, Year: Hoare et al., 1994</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Manchester, UK</p> <p>Setting: urban community</p> <p>Intervention Duration: one-time interaction</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p>	<p>Training: yes, but no detail provided</p> <p>Supervision: NR</p> <p>Matching to Population: spoken the appropriate language</p> <p>Educational Background: NR</p> <p>Payment: NR, but linkworkers tend to be paid in UK</p> <p>Roles Performed: Providing culturally appropriate health education and information; Conducting outreach</p>	<p>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</p>	<p>Outcome Measure: BC screening attendance after being invited</p> <p>How Ascertained: screening attendance was obtained from the Greater Manchester Screening Office computer</p> <p>Follow-up Time: not specified but shortly after intervention</p> <p>Results: Incremental effectiveness, CHW added:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>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</p> <p><i>Control arm:</i> usual care; invitation to receiving BC screening, same as for intervention group</p> <p>Intervention Intensity: 1 short visit prior to receiving invitation for screening</p> <p>Targeted or Tailored: targeted to Asian women (Pakistani and Bangladeshi); deliverer provided information in appropriate language</p>	<p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: OE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p>Sample Size: 527 randomized; 498 included in study</p> <p>Attrition: NR</p> <p>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%</p>																
<p>Author, Year: Howze et al., 1992</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Virginia, US</p> <p>Setting: community</p> <p>Intervention Duration: 1 session</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm:</i> OE + SM</p> <p>OE: personalizes message about MAM given by hair stylist during hair appointment,</p>	<p>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</p> <p>Supervision: investigator stayed in back of shop most of the time</p> <p>Matching to Population: hair stylists are trusted</p>	<p>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</p> <p>Sample Size: 87</p> <p>Attrition: 37.9%</p>	<p>Outcome Measure: receipt of MAM</p> <p>How Ascertained: self-reported via mailed questionnaire</p> <p>Follow-up Time: 12 months</p> <p>Results: Absolute effectiveness, CHW in a team:</p> <table border="1" data-bbox="1394 1240 1942 1386"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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 colspan="2">+11.9pct pts</td> </tr> </tbody> </table>		Intervention	Control	Pre	NR	NR	Post	11/43=25.6%	6/44=13.6%	Change	N/A	N/A	Difference	+11.9pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>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</p> <p>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</p> <p><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</p> <p>Intervention Intensity: one-time contact</p> <p>Targeted or Tailored: tailored one-on-one interaction</p>	<p>members of the community</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: OE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p>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</p>	
<p>Author, Year: Husaini et al., 2005</p>	<p>Location: TN, US</p> <p>Setting: urban community (churches)</p>	<p>Training: yes; no details provided</p> <p>Supervision: NR</p>	<p>Eligibility Criteria: African American women aged 40 and over recruited from the</p>	<p>Outcome Measure: obtained MAM during the time periods leading to 3-month and 6-month follow-up interviews</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
<p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Intervention Duration: unclear interval between GE and OE sessions</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p> <p><i>Control arm:</i> Partial program: SM Usual care: no intervention received; data not provided for this group, and not used in analysis</p> <p>Intervention Intensity: 1 group session + 1 home visit</p> <p>Targeted or Tailored: targeted to African American women with tailored education materials</p>	<p>Matching to Population: NR</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: OE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p>30 churches that chose to participate in the study; additional participants recruited from 2 public housing projects as part of the full program group</p> <p>Sample Size: 218</p> <p>Attrition: 4.4%</p> <p>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%</p>	<p>How Ascertained: self-report</p> <p>Follow-up Time: <6 months</p> <p>Results: Incremental effectiveness, CHW added:</p> <table border="1" data-bbox="1394 396 1938 574"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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 colspan="2">+0.8pct pts</td> </tr> </tbody> </table>		Intervention	Control	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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<p>Author, Year: Janz et al., 1997</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Michigan, US</p> <p>Setting: community</p> <p>Intervention Duration: 2 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: CR + CI + OE</i></p> <p>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</p> <p>CI: on confirmation of MAM, participants received a \$15 coupon redeemable at a local grocery</p> <p>OE: for women who did not respond to letter within 2 months, telephone counseling session conducted by community peer</p> <p><i>Control arm:</i> usual care not described</p>	<p>Training: yes, but no details provided</p> <p>Supervision: NR</p> <p>Matching to Population: whenever possible, matched on race</p> <p>Educational Background: 4 were retired health professionals, 1 an American Cancer Society educator</p> <p>Payment: \$8 per hour</p> <p>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</p> <p>Extent of CHW Involvement: Implemented minor part of intervention</p> <p>Specific Component Implemented by CHW: OE</p> <p>Methods for Interaction with Participates: remote</p>	<p>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</p> <p>Sample Size: 460</p> <p>Attrition: 15.7%</p> <p>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%</p>	<p>Outcome Measure: completed MAM</p> <p>How Ascertained: confirmed by medical or radiology records</p> <p>Follow-up Time: 10 months</p> <p>Results: Absolute effectiveness, CHW in a team</p> <table border="1" data-bbox="1394 483 1940 630"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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 colspan="2">+22.5pct pts</td> </tr> </tbody> </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	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>Intervention Intensity: 1 mailed letter plus 1 follow-up telephone call for those unresponsive at 2 months</p> <p>Targeted or Tailored: tailored</p>			
<p>Author, Year: Livaudais et al., 2010</p> <p>Study Design: Pre-post only</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Lower Yakima Valley, WA</p> <p>Setting: rural community</p> <p>Intervention Duration: 1-time meeting</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p> <p><i>Control arm: no comparison group, pre-post only</i></p> <p>Intervention Intensity: 1 time in-person session</p>	<p>Training: trained in general health education and in breast cancer education by bilingual Fred Hutchinson Cancer Research Center staff in Sunnyside, WA</p> <p>Supervision: site supervisor from program office attended a random sample of home health parties to ensure consistency of implementation</p> <p>Matching to Population: recruited from community members in Yakima Valley</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing coaching and social support; Care coordination, case management, and system</p>	<p>Eligibility Criteria: female 40-79 years, recruited at community meetings, at church events</p> <p>Sample Size: 70</p> <p>Attrition: 11.5%</p> <p>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% ≤4th grade, 38.6% 5-8 grades, 15.7% ≥9th 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%</p>	<p>Outcome Measure: had MAM in last 2 years</p> <p>How Ascertained: self-report</p> <p>Follow-up Time: 6 months</p> <p>Results: Absolute effectiveness, CHW alone: Pre 46/70=65.7% Post 50/70=71.4% Change +5.7pct pts</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	<p>Targeted or Tailored: targeted to predominantly Hispanic population</p>	<p>navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face</p>																	
<p>Author, Year: Marshall et al., 2016</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Baltimore, Maryland</p> <p>Setting: urban community</p> <p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: OE + RSB, appointment scheduling + RSB, reducing admin barriers</i></p> <p>OE: navigators called participants to review baseline screening status, discuss printed educational materials, and identify potential barriers to cancer screening</p>	<p>Training: 2-hour bi-weekly group meetings with 3-5 navigators, 1-hour monthly individual meetings with supervisor</p> <p>Supervision: program supervisor provided supervision and evaluation</p> <p>Matching to Population: majority were African-American and all were women from community with prior experience working in Baltimore community with older adults</p> <p>Educational Background: required high school education or GED; 57% had college degree</p>	<p>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</p> <p>Sample Size: 1,358</p> <p>Attrition: 39.3%</p> <p>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</p>	<p>Outcome Measure: receipt of MAM in preceding 24 months</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: mean follow-up was 17.8 months</p> <p>Results: Absolute effectiveness, CHW alone:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>RSB, appointment scheduling: navigators helped schedule appointments</p> <p>RSB, reducing admin barriers: navigators accompanied participants to screening when necessary</p> <p><i>Control arm: usual care</i></p> <p>Intervention Intensity: navigators were expected to have a minimum of quarterly contact with participants</p> <p>Targeted or Tailored: tailored</p>	<p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both</p>	<p><i>Insurance:</i> 100% Medicare, 13.1% Medicaid, 59.3% Medigap</p> <p><i>Established source of care:</i> NR</p> <p><i>Baseline screening of intervention group:</i> 88.7%</p>													
<p>Author, Year: Mishra et al., 2007</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p>	<p>Location: LA and Orange counties, CA</p> <p>Setting: urban community</p> <p>Intervention Duration: 1 month</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: GE</i></p>	<p>Training: 20 hours of training on intervention content, role playing and skills-enhancing techniques for navigating health care system and doctor-patient communications</p> <p>Supervision: investigators informally debriefed educators about group dynamics,</p>	<p>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</p> <p>Sample Size: 809</p> <p>Attrition: 4%</p>	<p>Outcome Measure: received MAM since pre-test</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: 7 months</p> <p>Results:</p> <p>Absolute effectiveness, CHW alone:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table>		Intervention	Control	Pre	0%	0%	Post	185/406=45.6%	148/403=36.7%	Change	+45.6pct pts	+36.7pct pts
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Change	+45.6pct pts	+36.7pct pts														

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
<p>Quality of Execution: Good</p>	<p>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</p> <p><i>Control arm:</i> usual care received breast cancer educational materials after post-test surveys</p> <p>Intervention Intensity: 4 weekly in-person 2-hour sessions</p> <p>Targeted or Tailored: targeted to Samoan women</p>	<p>discussion flow and depth, and extent to which discussion followed session-specific script</p> <p>Matching to Population: recruited by Samoan community leaders and matched on ethnicity and language</p> <p>Educational Background: retired nurses</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p>	<p>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%</p>	<p>Difference+8.9pct pts</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																														
		Methods for Interaction with Participates: face-to-face																																
<p>Author, Year: Navarro et al., 1998</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: San Diego County, CA</p> <p>Setting: urban community</p> <p>Intervention Duration: 3 months</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><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</p> <p><i>Control arm:</i> participated in equally engaging program entitled “Community Living Skills”</p> <p>Intervention Intensity: 12 in-person 90-minute sessions</p> <p>Targeted or Tailored: targeted to Hispanic women</p>	<p>Training: trained following the consejera manual specifically designed to guide weekly educational sessions</p> <p>Supervision: monthly meetings to identify potential problems, clarify questions, and allow consejeras to learn from each other’s experiences</p> <p>Matching to Population: recruited from community in which they serve</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>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</p> <p>Extent of CHW Involvement: Implemented everything</p>	<p>Eligibility Criteria: consejeras recruited women from their social networks</p> <p>Sample Size: 512</p> <p>Attrition: 28.7%</p> <p>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</p>	<p>Outcome Measure: MAM within past year for women 40 and older; Pap test within past year for women 18 and older</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: 0 to 3 months</p> <p>Results: Absolute effectiveness, CHW alone:</p> <p>Up-to-date with MAM:</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with Pap test:</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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		<p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face</p>																	
<p>Author, Year: Nguyen et al., 2009</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Santa Clara County, CA</p> <p>Setting: urban community</p> <p>Intervention Duration: 5 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p>	<p>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</p> <p>Supervision: NR</p> <p>Matching to Population: recruited from the communities</p> <p>Educational Background: NR</p> <p>Payment: \$1500 per LHW</p> <p>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</p>	<p>Eligibility Criteria: CHWs recruited participants; Vietnamese ethnicity, female gender, age ≥40 years, and residence in the county</p> <p>Sample Size: 50 CHWs, each recruited 22 participants, with 1100 participants</p> <p>Attrition: 1%</p> <p>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%</p>	<p>Outcome Measure: MAM within past 2 years</p> <p>How Ascertained: self-report</p> <p>Follow-up Time: 2 months</p> <p>Results: Incremental effectiveness, CHW added: Up-to-date with MAM:</p> <table border="1" data-bbox="1394 776 1940 922"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p><i>Control arm:</i> MM + SM</p> <p>Intervention Intensity: 2 small group outreach sessions lasting about 90 minutes for 3-10 women at CBO offices or LHW or participant home</p> <p>Targeted or Tailored: targeted to Vietnamese American females with outreach to each participant to resolve barriers</p>	<p>communities; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: GE + RSB, appointment scheduling</p> <p>Methods for Interaction with Participates: both</p>		
<p>Author, Year: Nuno et al., 2011</p> <p>Study Design: Pre-post only; RCT by design, but data could only be used as pre-post</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Yuma County, AZ (US-Mexican border community)</p> <p>Setting: rural community</p> <p>Intervention Duration: 1 year</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><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</p> <p><i>Control arm:</i> used baseline for the intervention arm</p>	<p>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</p> <p>Supervision: supervised by experience field staff to assure the fidelity and completeness of the structured scripted interviews and the intervention</p> <p>Matching to Population: lived in communities</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed:</p>	<p>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</p> <p>Sample Size: 371</p> <p>Attrition: 2.6%</p> <p>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</p>	<p>Outcome Measure: MAM screening within 1 year at follow-up Pap test within 2 years at follow-up</p> <p>How Ascertained: self-reported; confirmed by medical records for 65% and 46% of MAM and Pap smears</p> <p>Follow-up Time: all follow-up assessment was completed by Dec 2006; but unsure the duration from end of education to assessment</p> <p>Results: Absolute effectiveness, CHW alone Up-to-date with MAM: Pre: 48% Post: 73% Change: +25pct pts</p> <p>Up-to-date with Pap test: Pre: 52% Post: 67% Change: +15pct pts</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results																					
	<p>Intervention Intensity: 1 2-hr GE session + I refresher class 1 year later</p> <p>Targeted or Tailored: targeted to Hispanic community at the US-Mexican border; small group discussion meant to be interactive and address individual barriers</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><i>Established source of care:</i> 92% has regular source of medical care; 86% visited health care professional within past year</p> <p><i>Baseline screening of intervention group:</i> 48%</p>																						
<p>Author, Year: Paskett et al., 1999</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: North Carolina</p> <p>Setting: urban community and clinic</p> <p>Intervention Duration: 2.5 years</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><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</p>	<p>Training: NR</p> <p>Supervision: project manager monitored delivery of intervention components through weekly reports, observations of classes, and process evaluation measures</p> <p>Matching to Population: NR</p> <p>Educational Background: NR</p> <p>Payment: NR</p>	<p>Eligibility Criteria: women age 40 and older, residing in low-income housing communities</p> <p>Sample Size: 248</p> <p>Attrition: N/A</p> <p>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</p>	<p>Outcome Measure: compliance with MAM and Pap test</p> <p>How Ascertained: self-report in in-person survey</p> <p>Follow-up Time: 0 month</p> <p>Results: Absolute effectiveness, CHW in a team: Up-to-date with Pap test:</p> <table border="1" data-bbox="1394 1239 1940 1385"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with MAM</p> <table border="1" data-bbox="1394 1417 1940 1466"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </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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Study	Intervention Characteristics	Intervention Deliverer	Population	Results												
	<p>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?")</p> <p><i>Control arm:</i> control community received successful interventions after follow-up surveys were completed</p> <p>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</p> <p>Targeted or Tailored: targeted to low-income, predominantly African American community</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented minor part of intervention</p> <p>Specific Component Implemented by CHW: GE, maybe OE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><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</p>	<table border="0"> <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)	
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<p>Author, Year: Paskett et al., 2006</p>	<p>Location: North Carolina</p>	<p>Training: 1-week training included general project information, info on BC, BC</p>	<p>Eligibility Criteria: women over age 40 who had visited</p>	<p>Outcome Measure: MAM completion in past 12 months</p>												

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
<p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Good</p>	<p>Setting: rural community and clinic</p> <p>Intervention Duration: 9-12 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: OE + RSB, appointment scheduling</i></p> <p>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</p> <p><i>Control arm: 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</i></p> <p>Intervention Intensity: 3 visits, 30-60 minutes each, 2 phone calls</p>	<p>screening, diagnosis, treatment, and risk factors</p> <p>Supervision: weekly phone or in-person meetings with CHW supervisor; supervisor periodically attended patient visits with each LHA</p> <p>Matching to Population: 2 Native American and 1 African American female who lived in community</p> <p>Educational Background: former nurse, social worker and research study interviewer</p> <p>Payment: yes; salary not reported</p> <p>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</p>	<p>community health centers within last 2 years, had not had MAM within past 12 months</p> <p>Sample Size: 851</p> <p>Attrition: 4.7%</p> <p>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%</p>	<p>How Ascertained: medical records</p> <p>Follow-up Time: 2-3 months</p> <p>Results: Absolute effectiveness, CHW alone Up-to-date with MAM:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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 colspan="2">+15.2pct pts</td> </tr> </tbody> </table>		Intervention	Control	Pre	0%	0%	Post	42.5%	27.3%	Change	+42.5pct pts	+27.0pct pts	Difference	+15.2pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>Targeted or Tailored: targeted to rural women, with mailing tailored to specific stage of change</p>	<p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both</p>		
<p>Author, Year: Percac-Lima et al., 2012</p> <p>Study Design: Pre-post only</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Chelsea, MA</p> <p>Setting: urban community and clinic</p> <p>Intervention Duration: 12 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p>	<p>Training: extensive training in breast cancer prevention, treatment and patient navigation; worked with the social worker/training coordinator</p> <p>Supervision: navigator was supervised by the PI, the training coordinator and community health team director</p> <p>Matching to Population: young, bi-lingual woman from former Yugoslavia was recruited</p> <p>Educational Background: college educated</p> <p>Payment: NR</p> <p>Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and</p>	<p>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</p> <p>Sample Size: 95</p> <p>Attrition: 4.2%</p> <p>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</p>	<p>Outcome Measure: MAM in previous year</p> <p>How Ascertained: medical records</p> <p>Follow-up Time: intervention ongoing</p> <p>Results: Absolute effectiveness, CHW alone Up-to-date with MAM Pre 40/95=42.1% Post 61/95=64.2% Change +22.1pct pts</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>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</p> <p><i>Control arm:</i> baseline</p> <p>Intervention Intensity: several phone calls</p> <p>Targeted or Tailored: both</p>	<p>information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented everything,</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both</p>	<p><i>Established source of care:</i> 100%</p> <p><i>Baseline screening of intervention group:</i> 42.1%</p>	
<p>Author, Year: Percac-Lima et al., 2013</p> <p>Study Design: Pre-post only</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Boston, MA</p> <p>Setting: urban community and clinic</p> <p>Intervention Duration: program is ongoing, assessed at 3 years</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: SM + OE + CR + RSB, appointment scheduling, transportation, reducing admin barriers</i></p> <p>SM: mailed letter introducing program and included educational materials</p>	<p>Training: a refugee PN breast care training curriculum used, 6 2-hr sessions</p> <p>Supervision: yes, but no details provided</p> <p>Matching to Population: recruited from refugee communities</p> <p>Educational Background: high school to college graduates</p> <p>Payment: NR</p> <p>Roles Performed: Cultural mediation among individuals, communities, and health and social</p>	<p>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</p> <p>Sample Size: 188</p> <p>Attrition: 41.5%</p> <p>Demographics: <i>Mean age:</i> 52.8 <i>Gender:</i> 100% female</p>	<p>Outcome Measure: received MAM by follow-up</p> <p>How Ascertained: EHR</p> <p>Follow-up Time: intervention ongoing</p> <p>Results: Absolute effectiveness, CHW alone Up-to-date with MAM Pre 121/188=64.1% Post 153/188=81.2% Change +17.1pct pts</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>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</p> <p><i>Control arm:</i> baseline</p> <p>Intervention Intensity: 1-8 hours spent with each patient</p> <p>Targeted or Tailored: targeted to refugees with tailored information</p>	<p>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</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: both face-to-face and remote</p>	<p><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%</p>	
<p>Author, Year: Russell et al., 2010</p>	<p>Location: Indianapolis, IN Setting: urban clinic</p>	<p>Training: participated in a 2-hour training</p>	<p>Eligibility Criteria: African American females, age 41 to 75,</p>	<p>Outcome Measure: MAM at follow-up</p>

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<p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Good</p>	<p>Intervention Duration: 4.5 months</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p> <p><i>Control arm: 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,</i></p>	<p>Supervision: periodic audiotape evaluation of counseling sessions to assure intervention fidelity throughout study</p> <p>Matching to Population: recruited through word-of-mouth and the project community advisory board</p> <p>Educational Background: NR</p> <p>Payment: small stipend paid</p> <p>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</p> <p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: all components except computer program; already developed and</p>	<p>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</p> <p>Sample Size: 181</p> <p>Attrition: 1.1%</p> <p>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%</p>	<p>How Ascertained: self-reported with medical record review</p> <p>Follow-up Time: 1.5 months</p> <p>Results: Comparative effectiveness, CHW in a team: Up-to-date with MAM:</p> <table border="1" data-bbox="1394 483 1919 630"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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 colspan="2">+32.8pct pts</td> </tr> </tbody> </table> <p>Absolute effectiveness, CHW in a team:</p> <table border="1" data-bbox="1394 688 1730 776"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Post</td> <td>45/89=50.6%</td> <td></td> </tr> <tr> <td>Change</td> <td>+50.6pct pts</td> <td></td> </tr> </tbody> </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			Intervention	Control	Pre	0%	0%	Post	45/89=50.6%		Change	+50.6pct pts	
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	<p>13/14, and 18 weeks following baseline interview</p> <p>Intervention Intensity: 1 in-person session followed with 3 phone calls from advisor</p> <p>Targeted or Tailored: targeted to African American females with tailored info provided</p>	<p>patients use them on their own</p> <p>Methods for Interaction with Participates: face-to-face and remote</p>																	
<p>Author, Year: Sadler et al., 2011</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: San Diego, CA</p> <p>Setting: urban community (beauty salons)</p> <p>Intervention Duration: varied</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><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</p> <p><i>Control arm:</i> participants in the control group received a comparable diabetes education program</p>	<p>Training: 4 hours of one-on-one training with researcher and an additional 4 hours of reading materials</p> <p>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</p> <p>Matching to Population: stylists from the local community</p> <p>Educational Background: licensed cosmetologist</p> <p>Payment: \$50 per month</p> <p>Roles Performed: Providing culturally appropriate health education and information; Providing coaching and</p>	<p>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</p> <p>Sample Size: 984</p> <p>Attrition: 56.5%</p> <p>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%</p>	<p>Outcome Measure: MAM at follow-up</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: NR</p> <p>Results: Absolute effectiveness, CHW alone: Up-to-date with MAM:</p> <table border="1" data-bbox="1394 889 1940 1036"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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 colspan="2">+15.0pct pts</td> </tr> </tbody> </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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	<p>Intervention Intensity: varied depending on appointment frequencies; women had appts ranging weekly to 8 weeks between appointments</p> <p>Targeted or Tailored: targeted to African American women</p>	<p>social support; Building individual and community capacity</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face</p>		
<p>Author, Year: Sauaia et al., 2007</p> <p>Study Design: Pre-post only</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Denver, CO</p> <p>Setting: urban community</p> <p>Intervention Duration: unclear</p> <p>Intervention Details: Type of cancer addressed: BC</p> <p><i>Intervention arm: GE + SM</i></p> <p>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</p>	<p>Training: only mentioned trained by project and Clinica Tepeyac staff on delivering education about breast cancer screening</p> <p>Supervision: NR</p> <p>Matching to Population: matched on ethnicity and recruited from community</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Providing culturally appropriate health education and information; Providing coaching and social support; Building individual and community capacity</p>	<p>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</p> <p>Sample Size: 585</p> <p>Attrition: N/A</p> <p>Demographics: Age: 23% 50-54, 26% 55-59, 28% 60-64, 22% 65-69 Gender: 100% female Race/Ethnicity: 100% Hispanic Employment: NR Income: 20% ≤\$38,317, 73% \$38,317-45,581, 7% \$45,582-58,937 Education: NR</p>	<p>Outcome Measure: MAM at follow-up</p> <p>How Ascertained: claims data for MAM</p> <p>Follow-up Time: immediately after intervention from Jan 2000-Dec 2001</p> <p>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</p>

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	<p><i>Control arm:</i> baseline</p> <p>Intervention Intensity: NR</p> <p>Targeted or Tailored: targeted to Latinas</p>	<p>Extent of CHW Involvement: Implemented major part of intervention</p> <p>Specific Component Implemented by CHW: GE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><i>Insurance:</i> 17% HMO-group, 48% HMO-staff, 23% Medicaid, 13% Medicare, 22% Medicaid and Medicare</p> <p><i>Established source of care:</i> NR</p> <p><i>Baseline screening of intervention group:</i> 59%</p>																															
<p>Author, Year: Sung et al., 1997</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Atlanta, GA</p> <p>Setting: urban community</p> <p>Intervention Duration: 11 months</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><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 2nd session for purpose of review and reinforcement; included the interpretation, referral, and follow-up concerning any abnormal Pap smear or mammogram results</p> <p><i>Control arm:</i> members of control group received educational materials on cancer screening after the</p>	<p>Training: CHWs were provided with 10 weeks of training in interviewing and health education topics at the Morehouse School of Medicine</p> <p>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</p> <p>Matching to Population: recruited from local communities</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate</p>	<p>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</p> <p>Sample Size: 321</p> <p>Attrition: 39.3%</p> <p>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% \leq \$15,000, 31.8% $>$ \$15,000, 21.5% NR <i>Education:</i> 32.4% ≤ 11 years of education,</p>	<p>Outcome Measure: MAM and Pap at follow-up</p> <p>How Ascertained: self-report follow-up up by medical records</p> <p>Follow-up Time: 6 months</p> <p>Results: Absolute effectiveness, CHW alone: Up-to-date with MAM</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </table> <p>Up-to-date with Pap test:</p> <table> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <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> </tbody> </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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	<p>completion of the follow-up interview</p> <p>Intervention Intensity: 2 sessions</p> <p>Targeted or Tailored: targeted to African American females with tailored information</p>	<p>health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity; Conducting outreach</p> <p>Extent of CHW Involvement: Implemented everything</p> <p>Specific Component Implemented by CHW: all components</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p>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</p>	
<p>Author, Year: White et al., 2012</p> <p>Study Design: Pre-post only</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Birmingham, AL</p> <p>Setting: urban community</p> <p>Intervention Duration: 1 session</p> <p>Intervention Details: Type of cancer addressed: BC, CC</p> <p><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</p>	<p>Training: NR</p> <p>Supervision: NR</p> <p>Matching to Population: recruited from local communities</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Care coordination, case management, and system navigation; Building individual and community capacity; Conducting outreach</p>	<p>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</p> <p>Sample Size: 782</p> <p>Attrition: N/A</p> <p>Demographics: <i>Age:</i> 70.7% 19-39, 19.4% 40-49, 9.9% 50-88 <i>Gender:</i> 100% female</p>	<p>Outcome Measure: PAP and MAM at follow-up</p> <p>How Ascertained: clinical records</p> <p>Follow-up Time: NR</p> <p>Results: Absolute effectiveness, CHW in a team: Up-to-date with Pap test: Pre: 39.6% Post: 52.4% Change: +12.9pct pts</p> <p>Up-to-date with MAM: Pre: 17.0% Post: 61.5% Change: +44.6pct pts</p>

Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>Latina breast cancer survivor provided her testimonial regarding the importance of cancer screening</p> <p>ROPC: Pap smears offered at low cost (\$25.00), and MAM provided at no cost to participants age 40 years or over</p> <p>RSB, appointment scheduling: women had opportunity to schedule pap or mam appointment during GE events</p> <p><i>Control arm:</i> baseline</p> <p>Intervention Intensity: 1 session</p> <p>Targeted or Tailored: targeted to Latinas</p>	<p>Extent of CHW Involvement: Implemented minor part of intervention</p> <p>Specific Component Implemented by CHW: RSB, appointment scheduling</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><i>Race/Ethnicity:</i> 100% Hispanic</p> <p><i>Employment:</i> NR</p> <p><i>Income:</i> NR, but low income</p> <p><i>Education:</i> 60.5% < high school; 35.7% ≥ high school</p> <p><i>Insurance:</i> 6.8% insured</p> <p><i>Established source of care:</i> 53.3% with regular care</p> <p><i>Baseline screening of intervention group:</i> 39.6% PAP 17.0% MAM</p>	