

Cancer Screening: Interventions Engaging Community Health Workers—Colorectal 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: Allen et al., 2014</p> <p>Study Design: Pre-post</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</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><i>Intervention arm: OE + GE + SM + RSB, alternate site, reducing admin barriers</i></p> <p>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>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, 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>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: <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>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: 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>

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	<p>Intervention Intensity: weekly exposure during church</p> <p>Targeted or Tailored: tailored; targeted to Latinas and included religious themes</p>	<p>Specific Component Implemented by CHW: OE, GE</p> <p>Methods for Interaction with Participates: both</p>																																																					
<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</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</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 border="0"> <tr> <td></td> <td>Intervention</td> <td>Control</td> </tr> <tr> <td>Pre</td> <td>38/128=29.7%</td> <td>47/132=35.6%</td> </tr> <tr> <td>Post</td> <td>79/128=61.7%</td> <td>56/132=42.4%</td> </tr> <tr> <td>Change</td> <td>+32.0pct pts</td> <td>+6.8pct pts</td> </tr> <tr> <td>Difference</td> <td>+25.2pct pts</td> <td></td> </tr> </table> <p>Up-to-date with Pap test:</p> <table border="0"> <tr> <td></td> <td>Intervention</td> <td>Control</td> </tr> <tr> <td>Pre</td> <td>48/128=37.5%</td> <td>52/132=39.4%</td> </tr> <tr> <td>Post</td> <td>73/128=57.0%</td> <td>48/132=36.4%</td> </tr> <tr> <td>Change</td> <td>+19.5pct pts</td> <td>-3.0pct pts</td> </tr> <tr> <td>Difference</td> <td>+22.5pct pts</td> <td></td> </tr> </table> <p>Up-to-date with FOBT:</p> <table border="0"> <tr> <td></td> <td>Intervention</td> <td>Control</td> </tr> <tr> <td>Pre</td> <td>31/242=12.8%</td> <td>27/246=11.0%</td> </tr> <tr> <td>Post</td> <td>50/242=20.7%</td> <td>31/246=12.6%</td> </tr> <tr> <td>Change</td> <td>+7.9pct pts</td> <td>+1.6pct pts</td> </tr> <tr> <td>Difference</td> <td>+6.3pct pts</td> <td></td> </tr> </table> <p>Up-to-date with endoscopy:</p> <table border="0"> <tr> <td></td> <td>Intervention</td> <td>Control</td> </tr> <tr> <td>Pre</td> <td>60/242=24.8%</td> <td>62/246=25.2%</td> </tr> </table>		Intervention	Control	Pre	38/128=29.7%	47/132=35.6%	Post	79/128=61.7%	56/132=42.4%	Change	+32.0pct pts	+6.8pct pts	Difference	+25.2pct pts			Intervention	Control	Pre	48/128=37.5%	52/132=39.4%	Post	73/128=57.0%	48/132=36.4%	Change	+19.5pct pts	-3.0pct pts	Difference	+22.5pct pts			Intervention	Control	Pre	31/242=12.8%	27/246=11.0%	Post	50/242=20.7%	31/246=12.6%	Change	+7.9pct pts	+1.6pct pts	Difference	+6.3pct pts			Intervention	Control	Pre	60/242=24.8%	62/246=25.2%
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	<p>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><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>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>Post 104/242=43.0% 67/246=27.2% Change +18.2pct pts +2.0pct pts Difference +16.2pct pts</p>															
<p>Author, Year: Coronado et al., 2011</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Good</p>	<p>Location: South King County, Washington</p> <p>Setting: urban community and clinic</p> <p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm 1: RSB, reducing admin barriers + CR + OE</i></p>	<p>Training: covered strategies for prevention and early detection of CRC and was delivered in English and Spanish</p> <p>Supervision: NR</p> <p>Matching to Population: promotoras spoke Spanish</p> <p>Educational Background: NR</p> <p>Payment: NR</p>	<p>Eligibility Criteria: Hispanic patients aged 50 to 79 years who had visited one of the participating clinics from 2002 to 2006 and were non-compliant with CRC screening guidelines</p> <p>Sample Size: 503</p> <p>Attrition: 7.8%</p> <p>Demographics:</p>	<p>Outcome Measure: FOBT screening</p> <p>How Ascertained: completed FOBT cards mailed to clinic were tracked by promotora and lab results were reviewed to document test results</p> <p>Follow-up Time: 9 months</p> <p>Results: Absolute effectiveness, CHW in a team:</p> <table border="0"> <tr> <td></td> <td>Arm 1</td> <td>Control</td> </tr> <tr> <td>Pre</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Post</td> <td>52/168=31.0%</td> <td>4/165=2.4%</td> </tr> <tr> <td>Change</td> <td>+31.0pct pts</td> <td>+2.4pct pts</td> </tr> <tr> <td>Difference</td> <td colspan="2">+28.6pct pts</td> </tr> </table>		Arm 1	Control	Pre	0%	0%	Post	52/168=31.0%	4/165=2.4%	Change	+31.0pct pts	+2.4pct pts	Difference	+28.6pct pts	
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	<p><i>Intervention arm 2: RSB, reducing admin barriers</i> RSB, reducing admin barriers: mailed packet containing letter, FOBT card, and pamphlet with instructions on how to complete FOBT along with pre-stamped and addressed envelope for mailing card to clinic CR: promotoras provided telephone reminders 2 weeks after mailing OE: promotora conducted home visits for those in area who had not returned FOBT cards and agreed to visit</p> <p><i>Control arm: usual care</i></p> <p>Intervention Intensity: Intervention arm 1 included 10-minute telephone call and 50-minute home visit</p> <p>Targeted or Tailored: targeted low-literacy audience; Intervention arm 1 tailored home visits</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 minor part of intervention</p> <p>Specific Component Implemented by CHW: CR, OE</p> <p>Methods for Interaction with Participates: both</p>	<p><i>Age:</i> 57.1% 50-59; 33.0% 60-69; 9.9% 70-79 <i>Gender:</i> 52.9% female <i>Race/Ethnicity:</i> 100% Hispanic <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> NR <i>Established source of care:</i> 100% <i>Baseline screening of intervention group:</i> 0%</p>	<p>Incremental effectiveness, CHW added:</p> <table border="1"> <thead> <tr> <th></th> <th>Arm 1</th> <th>Arm 2</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>0%</td> <td>0%</td> </tr> <tr> <td>Post</td> <td>52/168=31.0%</td> <td>43/168=25.6%</td> </tr> <tr> <td>Change</td> <td>+31.0pct pts</td> <td>+25.6pct pts</td> </tr> <tr> <td>Difference</td> <td>+5.4pct pts</td> <td></td> </tr> </tbody> </table>		Arm 1	Arm 2	Pre	0%	0%	Post	52/168=31.0%	43/168=25.6%	Change	+31.0pct pts	+25.6pct pts	Difference	+5.4pct pts	
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<p>Author, Year: Elder et al., 2017</p> <p>Study Design:</p>	<p>Location: San Diego County, California</p> <p>Setting: urban community</p>	<p>Training: 24 hours of training delivered through biweekly meetings over 6 weeks conducted in Spanish</p> <p>Supervision: NR</p>	<p>Eligibility Criteria: Hispanic women attending participating Catholic Churches</p> <p>Sample Size: 436</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>															

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

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	<p>Intervention Intensity: 1 in-person session</p> <p>Targeted or Tailored: no to both</p>	<p>Methods for Interaction with Participates: face-to-face</p>																																
<p>Author, Year: Fiscella et al., 2011</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Rochester, New York</p> <p>Setting: urban clinic</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</p>	<p>Training: formal training on the intervention, use of a database, health promotion, and methods to assist patients to navigate the health and social service systems</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>Eligibility Criteria: aged 40-75 years (MAM) or 50-75 years (CRC); past due for either MAM (>18 months from last MAM) or CRC screening (>12 months from last FOBT or >5 or 10 years since last sig or colonoscopy, respectively) Excluded if no visit in past 2yrs or high risk for BC or CRC based on personal or family history</p> <p>Sample Size: BC, 469; CRC, 323</p> <p>Attrition: NR</p> <p>Demographics: For CRC: <i>Age:</i> 62.6% 50-59; 37.4% ≥60 <i>Gender:</i> 56.3% female <i>Race/Ethnicity:</i> 64.2% white; 24.8% African American; 11.0% other <i>Employment:</i> NR</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> <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="1373 792 1871 935"> <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="1373 995 1871 1138"> <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>to remind clinician that patient past due for MAM and/or CRC screening</p> <p><i>Control arm:</i> usual care</p> <p>Intervention Intensity: 2 letters and 4 phone calls</p> <p>Targeted or Tailored: targeted</p>		<p><i>Income:</i> 22.6% < \$30K; 40.9% \$30 to 39K; 36.6% > \$40K</p> <p><i>Education:</i> NR</p> <p><i>Insurance:</i> 89.7% insured; 41.8% private insurance; 26.6% Medicare; 21.3% Medicaid</p> <p><i>Established source of care:</i> Yes; all recruited from one clinic</p> <p><i>Baseline screening of intervention group:</i> 0%</p>	
<p>Author, Year: Holt et al., 2013</p> <p>Study Design: Pe-post only</p> <p>Suitability of Design: Least</p> <p>Quality of Execution: Fair</p>	<p>Location: Birmingham, AL</p> <p>Setting: urban and suburban communities</p> <p>Intervention Duration: 2 GE sessions 1 month apart; 1 month</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: GE</i> Two groups: spiritual based and non-spiritual based groups GE: Session 1, standardized power point presentation developed specifically for this project.; presentation was supplemented by print materials encouraging</p>	<p>Training: two 4-hour training days and a mock session where they practiced their delivery of the educational session in front of a video camera and members of the investigative team</p> <p>Supervision: NR</p> <p>Matching to Population: church member, 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</p>	<p>Eligibility Criteria: 16 African American churches, randomly assigned to either spiritually based or non-spiritually based intervention; each church recruit individuals 50 to 74yr</p> <p>Sample Size: 316</p> <p>Attrition: 9.8%</p> <p>Demographics: <i>Mean age:</i> 58 <i>Gender:</i> 69.9% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> 44.8% fulltime; 8.8% part time; 9.6% not employed; 25.6% retired; 11.2% disabled <i>Income:</i> 56.9% < \$40k</p>	<p>Outcome Measure: CRC screening; FOBT in past 12 months; Flex sig in past 5 years; colonoscopy in past 10 years</p> <p>How Ascertained: self-report</p> <p>Follow-up Time: total 12 months; 11 months post intervention</p> <p>Results: Absolute effectiveness, CHW alone: Up-to-date with FOBT, spiritual: Pre 15/162=9.3% Post 12/162=7.4% Change -1.9pct pts</p> <p>Up-to-date with FOBT, non-spiritual: Pre 8/154=5.2% Post 20/154=13.0% Change +7.8pct pts</p> <p>Up-to-date with Flex sig, spiritual: Pre 25/162=15.4% Post 123/162=75.9% Change +60.5pct pts</p>

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

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
<p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: RSB, reducing admin barriers + OE</i> RSB, reducing admin barriers: mailing included (1) a letter from their medical professional notifying them re CRC screening, best if through FOBT (2) a CRC fact sheet from CDC, both English and Spanish (3) FOBT test (4) how to use FOBT kit; patients can return completed FOBT kit to health center lab in person or via postage-paid envelope OE: patients who did not return FOBT kit within 2 weeks received telephone outreach by a lay health educator; addressed questions regarding CRC screening in general and FOBT specifically</p> <p><i>Control arm: usual care; could be referred for CRC screening per usual health center protocol</i></p> <p>Intervention Intensity: outreach included up to 3 phone</p>	<p>study authors supervised the outreach coordinator</p> <p>Matching to Population: only stated that the outreach coordinator is bilingual with English and Spanish</p> <p>Educational Background: NR</p> <p>Payment: NR</p> <p>Roles Performed: Providing culturally appropriate health education and information; Care coordination, case management, and system navigation; Providing coaching and social support; Building individual and community capacity</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>7/1/08 and 12/31/09, no history of CRC or total colectomy, no documented FOBT within 1 year, sigmoidoscopy within 5 years, or colonoscopy within 10 years as of 12/31/09</p> <p>Sample Size: 202</p> <p>Attrition: N/A</p> <p>Demographics: <i>Mean age:</i> 60 <i>Gender:</i> 61.2% female <i>Race/Ethnicity:</i> 20.3% Hispanic, 26.2% White, 27.2% African American, 13.9% Asian American, 1.5% multiracial, 10.9% other <i>Employment:</i> NR <i>Income:</i> NR <i>Education:</i> NR <i>Insurance:</i> 67.8% uninsured <i>Established source of care:</i> 100%; recruited from a single clinic <i>Baseline screening of intervention group:</i> 0.0%</p>	<p>Results: Absolute effectiveness, CHW in a team: Up-to-date with CRC using any test:</p> <table border="1" data-bbox="1373 321 1911 470"> <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>40/104=38.5%</td> <td>15/98=15.3%</td> </tr> <tr> <td>Change</td> <td>38.5pct pts</td> <td>15.3pct pts</td> </tr> <tr> <td>Difference</td> <td colspan="2">+23.2pct pts</td> </tr> </tbody> </table>		Intervention	Control	Pre	0%	0%	Post	40/104=38.5%	15/98=15.3%	Change	38.5pct pts	15.3pct pts	Difference	+23.2pct pts	
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	<p>call attempts each spaced 2 weeks apart</p> <p>Targeted or Tailored: tailored to address each patient's questions</p>																																																
<p>Author, Year: Jo et al., 2017</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Los Angeles, CA</p> <p>Setting: urban community</p> <p>Intervention Duration: 4 months</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: GE + CR</i></p> <p>GE: 2 CHW-led educational sessions 2 months apart</p> <p>Session 1: information about CRC, risk factors, and CRC screening</p> <p>Session 2: discuss participants' experiences with CRC screening, barriers, and overcoming barriers</p> <p>CR: 2 follow-up telephone calls where CHW reminded participants to obtain a CRC test, answered questions, addressed concerns, taught or reinforced knowledge,</p>	<p>Training: 8 hour small-group orientation and training session; description of program, roles and responsibilities, research methods; CHW in intervention arm participated in a second training session on information regarding CRC screening</p> <p>Supervision: NR</p> <p>Matching to Population: recruited from Korean American communities</p> <p>Educational Background: NR</p> <p>Payment: each paid \$1,200</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</p>	<p>Eligibility Criteria: each CHW recruited 12 to 15 study participants Participants: age 50-75, self-identified as Korean, able to speak Korean or English, living and intending to stay in the LA area for at least 12 months, willingness to participate in a study; 1 member of a HH allowed to participate in the study Exclusion: personal history of CRC, with medical issues that may prevent them from attending education sessions</p> <p>Sample Size: 348</p> <p>Attrition: 2.9%</p> <p>Demographics: <i>Mean age:</i> 61.4 <i>Gender:</i> 83.6% female <i>Race/Ethnicity:</i> 100% Asian <i>Employment:</i> 40.5% employed</p>	<p>Outcome Measure: CRC screening, up-to-date with any test, FOBT, sigmoidoscopy, colonoscopy</p> <p>How Ascertained: self-report</p> <p>Follow-up Time: 2 months since the intervention end</p> <p>Results: Absolute effectiveness, CHW alone</p> <p>Up-to-date with FOBT:</p> <table border="1" data-bbox="1373 792 1915 935"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>4.9%</td> <td>6.7%</td> </tr> <tr> <td>Post</td> <td>25/184=13.6%</td> <td>13/164=7.9%</td> </tr> <tr> <td>Change</td> <td>8.7pct pts</td> <td>1.2pct pts</td> </tr> <tr> <td>Difference</td> <td colspan="2">+7.5pct pts</td> </tr> </tbody> </table> <p>Up-to-date with sigmoidoscopy or colonoscopy:</p> <table border="1" data-bbox="1373 1024 1915 1167"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>38.0%</td> <td>39.6%</td> </tr> <tr> <td>Post</td> <td>89/184=48.4%</td> <td>76/164=46.3%</td> </tr> <tr> <td>Change</td> <td>10.4pct pts</td> <td>6.7pct pts</td> </tr> <tr> <td>Difference</td> <td colspan="2">+3.7pct pts</td> </tr> </tbody> </table> <p>Up-to-date with CRC screening using any test:</p> <table border="1" data-bbox="1373 1256 1915 1399"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>41.3%</td> <td>41.5%</td> </tr> <tr> <td>Post</td> <td>99/184=53.8%</td> <td>82/164=50.0%</td> </tr> <tr> <td>Change</td> <td>12.5pct pts</td> <td>8.5pct pts</td> </tr> <tr> <td>Difference</td> <td colspan="2">+4.0pct pts</td> </tr> </tbody> </table>		Intervention	Control	Pre	4.9%	6.7%	Post	25/184=13.6%	13/164=7.9%	Change	8.7pct pts	1.2pct pts	Difference	+7.5pct pts			Intervention	Control	Pre	38.0%	39.6%	Post	89/184=48.4%	76/164=46.3%	Change	10.4pct pts	6.7pct pts	Difference	+3.7pct pts			Intervention	Control	Pre	41.3%	41.5%	Post	99/184=53.8%	82/164=50.0%	Change	12.5pct pts	8.5pct pts	Difference	+4.0pct pts	
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	<p>and addressed specific barriers</p> <p><i>Control arm:</i> 2 nutrition and physical activity lectures 2 months apart; received a CRC brochure during the 1st lecture</p> <p>Intervention Intensity: 2 GE sessions and 2 follow-up calls</p> <p>Targeted or Tailored: targeted to Korean Americans with tailored messages</p>	<p>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>Income:</i> 54.6% with household income \geq \$20K</p> <p><i>Education:</i> 39.9% \geq college</p> <p><i>Insurance:</i> 70.7% insured</p> <p><i>Established source of care:</i> 64.4% with regular place for health care, 67.0% has a primary care physician, 72.7% saw a medical provider within last 12 months</p> <p><i>Baseline screening of intervention group:</i> 4.9% up-to-date with FOBT</p>	
<p>Author, Year: Katz et al., 2007</p> <p>Study Design: Pre-post w/ comparison</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: NC and SC</p> <p>Setting: community</p> <p>Intervention Duration:</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: GE + MM + SM</i> GE: educational classes MM: media campaigns by community newspapers included, segments on local radio stations SM: direct mailings, brochures, in-reach strategies (waiting-room posters, monthly</p>	<p>Training: American Cancer Society (ACS) volunteer training included general project information, role of a volunteer, cancer and CRC information, cancer screening, diagnosis, and treatment; project protocol, procedures, documentation of materials and events, importance of completing admin docs</p> <p>Supervision: ACS coordinator</p> <p>Matching to Population: recruited from community</p> <p>Educational Background: varied education background with no details</p>	<p>Eligibility Criteria: at each cycle of intervention, a cross-sectional sample of women was randomly selected from housing authority resident lists in each study region; independent samples were taken at each cycle and women were interviewed only once; \geq50 years of age, resident of housing community</p> <p>Sample Size: 888</p> <p>Attrition: NR</p> <p>Demographics:</p>	<p>Outcome Measure: CRC screening</p> <p>How Ascertained: self-reported</p> <p>Follow-up Time: NR</p> <p>Results: Absolute effectiveness, CHW in a team: After intervention, odds of being within CRC screening guidelines for women living in a city that had received the intervention were 1.27 times (95% CI 0.90, 1.78, $p = 0.172$) the odds of women living in a city that had not received the intervention</p>

Interventions Engaging Community Health Workers to Increase Colorectal Cancer Screening – Summary Evidence Table

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
	<p>examination-room messages) were directed to healthcare providers and clinics</p> <p><i>Control arm:</i> usual care</p> <p>Intervention Intensity: NR</p> <p>Targeted or Tailored: no to both</p>	<p>Payment: NR</p> <p>Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; 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 + SM</p> <p>Methods for Interaction with Participates: both</p>	<p><i>Age:</i> 38% 50-64, 30% 65-74, 22% 75-84, 9% 85+</p> <p><i>Gender:</i> 100% female</p> <p><i>Race/Ethnicity:</i> 19% White, 78.0% African American, 3% other</p> <p><i>Employment:</i> 9% employed, 3% volunteer, 4% unemployed, 41% retired, 43% unable to work</p> <p><i>Income:</i> NR</p> <p><i>Education:</i> 38% <8th grade, 33% 9-12 grade, 23% high school or GET, 7% some college</p> <p><i>Insurance:</i> 85% insured</p> <p><i>Established source of care:</i> NR</p> <p><i>Baseline screening of intervention group:</i></p>																
<p>Author, Year: Leone et al., 2016</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Michigan, North Carolina</p> <p>Setting: community churches</p> <p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm:</i> OE + GE + SM</p>	<p>Training: All CHWs completed a 3- to 4-hour training session, led by church coordinator using a training DVD and manual adapted from previous studies</p> <p>Supervision: yes, but no details provided</p> <p>Matching to Population: church pastors and coordinators selected church members who were considered natural leaders/</p>	<p>Eligibility Criteria: Churches: had to have a predominantly African American congregation, at least 100 active members aged ≥50 years; Church members participated in the intervention</p> <p>Sample Size: 712</p> <p>Attrition: 25.4%</p> <p>Demographics:</p>	<p>Outcome Measure: completion of CRC screening by any test</p> <p>How Ascertained: self-report</p> <p>Follow-up Time: mean of 13 months (range 9-20)</p> <p>Results:</p> <p>Absolute effectiveness, CHW in a team:</p> <table border="1" data-bbox="1373 1284 1911 1425"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>75.9%</td> <td>73.7%</td> </tr> <tr> <td>Post</td> <td>82.3%</td> <td>78.4%</td> </tr> <tr> <td>Change</td> <td>+6.4pct pts</td> <td>+4.7pct pts</td> </tr> <tr> <td>Difference</td> <td>+1.7pct pts</td> <td></td> </tr> </tbody> </table>		Intervention	Control	Pre	75.9%	73.7%	Post	82.3%	78.4%	Change	+6.4pct pts	+4.7pct pts	Difference	+1.7pct pts	
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>OE: provide info, increase motivation, and promote support for behavioral change GE: church-wide events related to colon cancer, with motivational DVD about importance of CRC for African Americans, CRC DVD screening decision aid SM: 4-page individually tailored colored newsletters; newsletters included participant's name and a message from the church pastor</p> <p><i>Control arm:</i> comparison churches received Body and Soul intervention</p> <p>Intervention Intensity: ongoing intervention with multiple sessions</p> <p>Targeted or Tailored: targeted to African Americans with individually tailored information</p>	<p>advisors in the church community to serve as peer counselors</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, maybe GE</p> <p>Methods for Interaction with Participates: both</p>	<p><i>Mean age:</i> 62.8 <i>Gender:</i> 68.6% female <i>Race/Ethnicity:</i> 100% African American <i>Employment:</i> NR <i>Income:</i> 17.7% <\$20K, 35.1% \$20K - \$49,999, 27.1% \$50K - \$99,999, 10.8% ≥\$100K, 9.3% missing data <i>Education:</i> 6.7% <12th grade, 20.3% high school grad, 32.9% trade/ beauty/ some college, 18.7% college, 21.4% > college <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 75.9%</p>	
<p>Author, Year: Liu et al., 2015</p> <p>Study Design: Pre-post only</p>	<p>Location: US, no specific state or city</p> <p>Setting: urban clinic; university-based family medicine residency</p> <p>Intervention Duration: 6 months</p>	<p>Training: formal training provided, but no details</p> <p>Supervision: NR</p> <p>Matching to Population: NR; lay cancer screening navigator working with patients in the clinics</p>	<p>Eligibility Criteria: patients aged 50 to 74, seen in the clinic within the past 3 years; not at high risk for CRC, did not have a terminal disease, not part of special population requiring an</p>	<p>Outcome Measure: received colonoscopy or FIT by follow-up</p> <p>How Ascertained: assume medical records, since all participants from a clinic</p> <p>Follow-up Time: 6-months</p> <p>Results:</p>

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

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

Study	Intervention Characteristics	Intervention Deliverer	Population	Results															
<p>Nguyen et al., 2017</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Setting: urban community</p> <p>Intervention Duration: 4 months</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: GE + OE</i> GE: 2 small group sessions led by lay health worker held at lay health worker home or NICOS office First session, LHW delivered information about CRC and screening Second session, 2 months after 1st session and covered barriers to screening OE: follow-up calls following each group session to address barriers</p> <p><i>Control arm: 2 in-language lectures on nutrition and physical activity</i></p> <p>Intervention Intensity: 2 GE sessions + 2 OE sessions</p> <p>Targeted or Tailored: targeted to Chinese Americans</p>	<p>days on CRC; learned how to use FOBT kit; visited endoscopy suite where gastroenterologist showed equipment and described CRC screening procedures; trained on how to conduct telephone calls; 90-minute booster training 1 month after intervention began</p> <p>Supervision: supervised by study staff</p> <p>Matching to Population: recruited from local communities</p> <p>Educational Background: NR</p> <p>Payment: \$1000</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>or Chinese American; speaking English, Cantonese, or Mandarin; residing in San Francisco with intention to stay for 6 months; no personal history of CRC, no other participants in same household</p> <p>Sample Size: 725</p> <p>Attrition: 0.9%</p> <p>Demographics: <i>Mean age:</i> 62.2 <i>Gender:</i> 81.1% female <i>Race/Ethnicity:</i> 100% Chinese American <i>Employment:</i> 27.2% employed <i>Income:</i> 59.2% <\$20K <i>Education:</i> 70.5% <high school <i>Insurance:</i> 91.9% insured <i>Established source of care:</i> 89.6% had regular place for healthcare; 88.6% had primary care doctor; 80.3% had doctor visit in past 12 months <i>Baseline screening of intervention group:</i> 60%</p>	<p>How Ascertained: self-report</p> <p>Follow-up Time: 2 months</p> <p>Results: Absolute effectiveness, CHW alone: Up-to-date with CRC with any test:</p> <table border="1" data-bbox="1373 467 1915 613"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>216/360=60.0%</td> <td>281/360=78.1%</td> </tr> <tr> <td>Post</td> <td>212/365=58.1%</td> <td>234/365=64.1%</td> </tr> <tr> <td>Change</td> <td>+18.1pct pts</td> <td>+6.0pct pts</td> </tr> <tr> <td>Difference</td> <td>+12.1pct pts</td> <td></td> </tr> </tbody> </table>		Intervention	Control	Pre	216/360=60.0%	281/360=78.1%	Post	212/365=58.1%	234/365=64.1%	Change	+18.1pct pts	+6.0pct pts	Difference	+12.1pct pts	
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<p>Author, Year: Tong et al., 2017</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: Sacramento, CA</p> <p>Setting: urban community</p> <p>Intervention Duration: 3 months</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: GE + OE</i> GE: participants attended 2 small-group educational sessions lasting approximately 90 minutes each and separated by 2 months OE: participants received 2 follow-up calls approximately 1 month after each session</p> <p><i>Control arm:</i> control group participants received nutrition and physical activity education from a health educator</p> <p>Intervention Intensity: 2 small</p>	<p>Training: trained to deliver CRC prevention information; attended 2 training sessions</p> <p>Supervision: NR</p> <p>Matching to Population: recruited through Hmong radio and Hmong Women’s Heritage Association clients; need to be Hmong and ≥18; native Hmong speakers who could also speak English</p> <p>Educational Background: ranged from some high school to college graduates</p> <p>Payment: \$1,200</p> <p>Roles Performed: Cultural mediation among individuals, communities, and health and social service systems; Providing culturally appropriate health education and information; Building individual and community capacity; Conducting outreach</p>	<p>Eligibility Criteria: aged 50 to 75, self-identifying as Hmong, speaking Hmong or English, living and intending to stay in area for at least 6 months, having no personal history of CRC, having no medical problems preventing them from attending sessions, and willing to participate in a study regarding CRC screening or nutrition and physical activity</p> <p>Sample Size: 329</p> <p>Attrition: 1.5%</p> <p>Demographics: <i>Mean age:</i> 60.4 <i>Gender:</i> 74.2% female <i>Race/Ethnicity:</i> 100% Asian American (Hmong) <i>Employment:</i> 9.1% employed <i>Income:</i> 53.8% ≥\$20k <i>Education:</i> 88.8% no formal education</p>	<p>Outcome Measure: up-to-date CRC screening (FOBT at 1 year, sigmoidoscopy at 5 years, or colonoscopy at 10 years)</p> <p>How Ascertained: self-report</p> <p>Follow-up Time: 3 months</p> <p>Results: Absolute effectiveness, CHW alone Up-to-date for CRC with any test:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>71/161=44.1%</td> <td>73/168=43.5%</td> </tr> <tr> <td>Post</td> <td>92/161=57.1%</td> <td>70/161=43.5%</td> </tr> <tr> <td>Change</td> <td>+13.0pct pts</td> <td>+0.0pct pts</td> </tr> <tr> <td>Difference</td> <td>+13.0pct pts</td> <td></td> </tr> </tbody> </table> <p>Up-to-date for CRC with FOBT:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>52/161=32.2%</td> <td>59/168=35.1%</td> </tr> <tr> <td>Post</td> <td>67/161=41.6%</td> <td>58/168=34.5%</td> </tr> <tr> <td>Change</td> <td>+9.4pct pts</td> <td>-0.6pct pts</td> </tr> <tr> <td>Difference</td> <td>+10.0pct pts</td> <td></td> </tr> </tbody> </table> <p>Update to date CRC with sigmoidoscopy or colonoscopy:</p> <table border="1"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>32/161=19.9%</td> <td>27/168=16.1%</td> </tr> <tr> <td>Post</td> <td>43/161=26.7%</td> <td>24/168=14.3%</td> </tr> <tr> <td>Change</td> <td>+6.8pct pts</td> <td>-1.8pct pts</td> </tr> <tr> <td>Difference</td> <td>+8.6pct pts</td> <td></td> </tr> </tbody> </table>		Intervention	Control	Pre	71/161=44.1%	73/168=43.5%	Post	92/161=57.1%	70/161=43.5%	Change	+13.0pct pts	+0.0pct pts	Difference	+13.0pct pts			Intervention	Control	Pre	52/161=32.2%	59/168=35.1%	Post	67/161=41.6%	58/168=34.5%	Change	+9.4pct pts	-0.6pct pts	Difference	+10.0pct pts			Intervention	Control	Pre	32/161=19.9%	27/168=16.1%	Post	43/161=26.7%	24/168=14.3%	Change	+6.8pct pts	-1.8pct pts	Difference	+8.6pct pts	
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	<p>group sessions + 2 phone calls</p> <p>Targeted or Tailored: targeted to Hmong American with tailored content</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 and remote</p>	<p><i>Insurance:</i> 95.1% Insured</p> <p><i>Established source of care:</i> 94.2% have regular source of health care, 84.8% saw physician within past year, 92.1% has primary physician</p> <p><i>Baseline screening of intervention group:</i> any CRC 44.1%, FOBT 32.2%, sig/colonoscopy 19.9%</p>																															
<p>Author, Year: Walsh et al., 2010</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 and clinic</p> <p>Intervention Duration: NR</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: RSB, reducing admin barriers + SM + OE</i></p> <p>RSB, reducing admin barriers: mailed FOBT kits plus culturally tailored brochures</p> <p>SM: bilingual culturally tailored brochures were developed separately in Spanish and Vietnamese languages</p> <p>OE: telephone counseling was delivered</p>	<p>Training: >20 hours using didactic coursework, role-plays, practice counseling sessions</p> <p>Supervision: study investigators met frequently with CHAs and regularly reviewed CHAs' records</p> <p>Matching to Population: recruited 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</p>	<p>Eligibility Criteria: Vietnamese and Latino male and female patients aged 50 to 79 with no history of cancer</p> <p>Sample Size: 1789</p> <p>Attrition: 24.2%</p> <p>Demographics: <i>Mean age:</i> 60.37 <i>Gender:</i> 69.1% female <i>Race/Ethnicity:</i> 55.7% Hispanic; 44.2% Asian American (Vietnamese) <i>Employment:</i> 21.6% employed <i>Income:</i> 57.8% <\$20K <i>Education:</i> 55.8% <elementary, 24.4% with some or completed middle school, 19.8% with</p>	<p>Outcome Measure: up-to-date for screening (FOBT within past year, sigmoidoscopy within past 5 years, colonoscopy within past 10 years)</p> <p>How Ascertained: self-report</p> <p>Follow-up Time: NR</p> <p>Results: Incremental effectiveness, CHW added; Up-to-date for CRC with any test:</p> <table border="1" data-bbox="1373 1019 1911 1166"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control Arm 2</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>265/768=34.5%</td> <td>257/765=33.6%</td> </tr> <tr> <td>Post</td> <td>414/768=53.9%</td> <td>343/765=44.8%</td> </tr> <tr> <td>Change</td> <td>+19.4pct pts</td> <td>+11.2pct pts</td> </tr> <tr> <td>Difference</td> <td>+8.2pct pts</td> <td></td> </tr> </tbody> </table> <p>Up-to-date for CRC with FOBT:</p> <table border="1" data-bbox="1373 1224 1911 1370"> <thead> <tr> <th></th> <th>Intervention</th> <th>Control Arm 2</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>358/768=46.6%</td> <td>369/765=48.2%</td> </tr> <tr> <td>Post</td> <td>485/768=63.2%</td> <td>437/765=57.1%</td> </tr> <tr> <td>Change</td> <td>+16.6pct pts</td> <td>+8.9pct pts</td> </tr> <tr> <td>Difference</td> <td>+7.7pct pts</td> <td></td> </tr> </tbody> </table> <p>Absolute effectiveness, CHW in a team: Up-to-date for CRC with any test:</p>		Intervention	Control Arm 2	Pre	265/768=34.5%	257/765=33.6%	Post	414/768=53.9%	343/765=44.8%	Change	+19.4pct pts	+11.2pct pts	Difference	+8.2pct pts			Intervention	Control Arm 2	Pre	358/768=46.6%	369/765=48.2%	Post	485/768=63.2%	437/765=57.1%	Change	+16.6pct pts	+8.9pct pts	Difference	+7.7pct pts	
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	<p>according to protocol and scripts modeled on Pathfinders study</p> <p><i>Control arm 1: RSB, reducing admin barriers + OE (see above)</i> <i>Control arm 2: usual care</i></p> <p>Intervention Intensity: NR</p> <p>Targeted or Tailored: targeted to Vietnamese Americans and Latinos with tailored content</p>	<p>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>some or completed high school</p> <p><i>Insurance:</i> NR</p> <p><i>Established source of care:</i> 100%, attended community clinic</p> <p><i>Baseline screening of intervention group:</i> FOBT 34.5%; any CRC screening 46.6%</p>	<table border="0"> <tr> <td></td> <td>Intervention</td> <td>Control Arm 1</td> </tr> <tr> <td>Pre</td> <td>265/768=34.5%</td> <td>92/256=35.9%</td> </tr> <tr> <td>Post</td> <td>414/768=53.9%</td> <td>107/256=41.8%</td> </tr> <tr> <td>Change</td> <td>+19.4pct pts</td> <td>+5.9pct pts</td> </tr> <tr> <td>Difference</td> <td>+13.5pct pts</td> <td></td> </tr> </table> <p>Up-to-date for CRC with FOBT:</p> <table border="0"> <tr> <td></td> <td>Intervention</td> <td>Control Arm 1</td> </tr> <tr> <td>Pre</td> <td>358/768=46.6%</td> <td>124/256=48.4%</td> </tr> <tr> <td>Post</td> <td>485/768=63.2%</td> <td>132/256=51.6%</td> </tr> <tr> <td>Change</td> <td>+16.6pct pts</td> <td>+3.1pct pts</td> </tr> <tr> <td>Difference</td> <td>+13.5pct pts</td> <td></td> </tr> </table>		Intervention	Control Arm 1	Pre	265/768=34.5%	92/256=35.9%	Post	414/768=53.9%	107/256=41.8%	Change	+19.4pct pts	+5.9pct pts	Difference	+13.5pct pts			Intervention	Control Arm 1	Pre	358/768=46.6%	124/256=48.4%	Post	485/768=63.2%	132/256=51.6%	Change	+16.6pct pts	+3.1pct pts	Difference	+13.5pct pts	
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Post	485/768=63.2%	132/256=51.6%																																
Change	+16.6pct pts	+3.1pct pts																																
Difference	+13.5pct pts																																	
<p>Author, Year: Weinrich et al., 1993</p> <p>Study Design: RCT</p> <p>Suitability of Design: Greatest</p> <p>Quality of Execution: Fair</p>	<p>Location: South Carolina</p> <p>Setting: community</p> <p>Intervention Duration: 1 session</p> <p>Intervention Details: Type of cancer addressed: CRC</p> <p><i>Intervention arm: GE + RSB, reducing admin barriers + ROPC</i> GE: registered nurse presented CRC education program at the 12 meal sites ROPC: FOBT kits distributed without costs RSB, reducing admin barriers: nurses collected kits 6 days after</p>	<p>Training: 3-hour session on interviewing techniques and CRC; on-the-job training also included discussions of reasons persons don't participate in CRC screening</p> <p>Supervision: NR</p> <p>Matching to Population: matched on age and ethnic origin to congregated meal site participants and dressed similarly; developed rapport and trust with the participants during the pre-program interviews</p> <p>Educational Background: NR</p> <p>Payment: yes, but no detail provided</p>	<p>Eligibility Criteria: Meal sites: randomly selected from 173 of SC's Council on Aging's Congregate Meal Sites Participants: individually asked to participate in the study</p> <p>Sample Size: 171</p> <p>Attrition: NA</p> <p>Demographics: <i>Mean age:</i> 72 <i>Gender:</i> 77.2% female <i>Race/Ethnicity:</i> 50.3% white, 49.7% African American <i>Employment:</i> NR <i>Income:</i> 59.6% ≤ \$5,800, 27.5% \$5,801-9,999, 11.1% ≥ \$10K</p>	<p>Outcome Measure: FOBT at follow-up</p> <p>How Ascertained: test kits collected</p> <p>Follow-up Time: 6 days</p> <p>Results: Incremental effectiveness, CHW added: Up-to-date for CRC with FOBT:</p> <table border="0"> <tr> <td>Elderly educator added vs. nurse educator</td> <td></td> </tr> <tr> <td>Elderly educator added:</td> <td>61.0%</td> </tr> <tr> <td>Nurse educator:</td> <td>56.0%</td> </tr> <tr> <td>Difference:</td> <td>+5.0pct pts</td> </tr> </table> <p>Elderly educator added, using modified materials vs. nurse educator</p> <table border="0"> <tr> <td>Elderly educator + modified material:</td> <td>93.0%</td> </tr> <tr> <td>Nurse educator:</td> <td>56.0%</td> </tr> <tr> <td>Difference:</td> <td>+37.0pct pts</td> </tr> </table>	Elderly educator added vs. nurse educator		Elderly educator added:	61.0%	Nurse educator:	56.0%	Difference:	+5.0pct pts	Elderly educator + modified material:	93.0%	Nurse educator:	56.0%	Difference:	+37.0pct pts																
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Study	Intervention Characteristics	Intervention Deliverer	Population	Results
	<p>educational program and left stamped, addressed envelopes for those failing to respond</p> <p><i>Elderly Educator arm:</i> elderly persons served as teachers and demonstrators in CRC slide tape presentation with accompanying handout on CRC</p> <p><i>Elderly Educator plus Adaptation for Aging arm:</i> elderly persons served as teachers and demonstrators; small media was adapted to elderly participants (reading level, print size), techniques to reinforce short term memory were used (post-it notes and posters provided); deeper tone of voice used; more time was used during demonstration</p> <p><i>Control arm:</i> standard American Cancer Society slide tape presentation and handout on CRC</p> <p>Intervention Intensity: 60-90 minutes</p>	<p>Roles Performed: 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: part of GE</p> <p>Methods for Interaction with Participates: face-to-face</p>	<p><i>Education:</i> mean 7.8 years of education <i>Insurance:</i> NR <i>Established source of care:</i> NR <i>Baseline screening of intervention group:</i> 22%</p>	

Interventions Engaging Community Health Workers to Increase Colorectal Cancer Screening – Summary Evidence Table

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