Cancer Screening: Patient Navigation Services to Increase Screening for Breast Cancer

Summary Evidence Table

Abbreviations Used in This Document

- Intervention components:
 - o CR: client reminder
 - o GE: group education
 - o OE: one-on-one education
 - RSB: reducing structural barriers
 - o SM: small media
- Cancer types
 - o BC: breast cancer
 - CC: cervical cancer
 - o CRC: colorectal cancer
- Screening tests
 - o MAM: mammography
- Others
 - o CHW: community health worker
 - o FQHC: federally qualified health center
 - o HS: high school
 - o N/A: not applicable
 - o NR: not reported
 - o PCP: primary care provider
 - o Pct pts: percentage points
 - o PN: patient navigator
 - o RCT: randomized control trial
 - USPSTF: United States Preventive Services Task Force

Notes:

- Suitability of design includes three categories: greatest, moderate, or least suitable design. Read more
- Quality of Execution Studies are assessed to have good, fair, or limited quality of execution. Read more
- Race/ethnicity of the study population: The Community Guide only summarizes race/ethnicity for studies conducted in the United States.

Study	Intervention Characteristics	Intervention Deliverer	Population Characteristics	Results
		Details		
Author year:	Location: Moloka'i, Hawaii, US	Type of deliverers	Population of focus:	Screening test: MAM
Braun et al.,		engaged, and services	Asian American or Pacific	
2015	Population density: rural	delivered:	Islander living in Hawaii	Up to date or repeat screening:
		CHWs (lay navigators):		up to date
Study design:	Setting : community and clinic	all intervention	Eligibility criteria:	
Individual RCT		components	Medicare beneficiaries	Self-report or medical record:
	Intervention duration: 48		residing in Moloka`i, Hawaii	self-report
Suitability of	months	Training: an initial 48-		
design:		hour evidence-based	Sample size:	Follow-up Time: NR
Greatest	Intervention details:	navigator training	Intervention: 242	
	Type of cancer addressed: BC,	program, with quarterly	Control: 246	Results:
Quality of	CC, and CRC	continuing education		MAM:
execution:		sessions	Attrition: N/A	Intervention:
Fair	Type of services provided: CR +			Pre: 48/128 = 37.5%
	OE + RSB, appointment	Supervision: initial	Demographics for	Post: 73/128 = 57.0%
	scheduling assistance + RSB,	supervision by nurse,	intervention group (for all	Change: 19.5 pct pts
	childcare assistance + RSB,	later by other healthcare	cancer types):	
	reduce admin barriers + RSB,	professionals	Age, mean: 68 years	Control:
	transportation assistance		Gender: 63% female; 47%	Pre: 52/132 = 39.4%
		Matching to	male	Post: 48/132 = 36.4%
	CR: mailed reminders to patients	population: recruited	Race/Ethnicity: 50% Asian;	Change: -3.0 pct pts
	due for a cancer screening	from local community,	42% Native Hawaiian; 8%	
	OE: outreach education	one Hawaiian and one	other	Absolute difference : +22.5 pct pts
	RSB, appointment scheduling	Filipino	Employment: NR	Relative difference: +64.5%
	assistance: made appointments		Income: NR	
	and follow-up appointments for	Educational	Education: 39% <hs; 33%<="" td=""><td></td></hs;>	
	patients	background: NR	HS; 28% >HS	
	RSB, childcare assistance: made		Insurance: 100% insured	
	arrangements to take care of	Payment: NR	Established source of care:	
	family while participants were at		NR	
	appointment	Methods used to	Baseline screening of	
	RSB, reduce admin barriers:	interact with	intervention group: 25% for	
	communicated with providers and	participants:	any CRC screening	
	completed paperwork	Both: CR by phone or		
	RSB, transportation assistance:	mail and other services		
	arranged transportation to	face-to-face		
	appointments			
	Intervention intensity: 2 or			
	more contacts			
	Control group: alternative			
	education on nutrition and			

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	relevant cancer education material from another healthcare facility on island			
Author year:	Location: New York City, New	Type of deliverers	Population of focus:	Screening test: MAM
Dietrich et al.,	York, US	engaged, and services	Females receiving care from	
2006	Danulatian danaitan unban	delivered:	FQHCs serving communities	Up to date or repeat screening:
Study design:	Population density: urban	Prevention care manager: all intervention	with high proportions of people who were from	up to date
Individual RCT	Setting: community and clinic	components	historically disadvantaged	Self-report or medical record:
Individual Net	(FQHC)	Components	groups and had lower	medical records
Suitability of		Training: 7 hours of	incomes	
design:	Intervention duration: 18	training, including review		Follow-up Time: 3 months
Greatest	months	of USPSTF	Eligibility criteria:	
		recommendations,	Females 50-69 years of age	Results:
Quality of	Intervention details:	barriers to cancer	who were overdue for at	MAM:
execution : Fair	Type of cancer addressed: BC,	screening, and role-	least 1 cancer screening,	Intervention:
rair	CC, and CRC	playing telephone calls	were patients of clinic for at least 6 months, had no plan	Pre: 404/696 = 58.0% Post: 473/696 = 68.0%
	Type of services provided:	Supervision: calls to	to move or change clinic for	Change: 10.0 pct pts
	OE + RSB, appointment	patients monitored to	15 months, and spoke	Change. 10.0 per pes
	scheduling assistance + RSB,	ensure quality and	English, Spanish, or Haitian	Control:
	reduce admin barriers + RSB,	consistency; call logs	Creole	Pre: 416/694 = 60.0%
	transportation assistance + SM	reviewed at monthly		Post: 403/694 = 58.0%
		meetings to ensure	Exclusion: females who were	Change: -2.0 pct pts
	OE: trained prevention care	intervention fidelity	acutely ill or currently	
	manager provided information on		receiving cancer treatment	Absolute difference: +12.0 pct pts
	screenings and barriers to care	Matching to	Commission.	Relative difference: +21.3%
	RSB, appointment scheduling assistance: prevention care	population: based on patient language	Sample size: Intervention: 696	
	manager helped with scheduling	patient language	Control: 694	
	screening	Educational	Control: 094	
	RSB, reduce admin barriers: for	background: mostly	Attrition: 1%	
	participants who reported	college graduates		
	difficulty communicating with		Demographics for	
	their physicians, cards listing	Payment: NR	intervention group:	
	overdue screenings were sent as		Age, mean: 58 years	
	communication tools; provided	Methods used to	Gender: 100% female	
	direction to screening facilities	interact with	Race/Ethnicity: NR	
	RSB, transportation assistance: helped participants to find means	participants: Remote: mail and	Employment: NR Income per year: based on	
	of transportation to appointments	telephone	median income at	
	of transportation to appointments		participants' zip code: 34%	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	SM: prevention care manager		<\$25,000; 39% \$25,000-	
	sent accurate information about		\$40,000; 27% >\$40,000	
	screening via mail		Education: NR	
			Insurance: 93% insured; 5%	
	Intervention intensity: 2 more		uninsured; 2% unknown	
	contacts		Established source of care:	
			100% go to the clinics	
	Control group: usual care		Baseline screening of	
			intervention group: 39% up	
			to date with any CRC test;	
			24% with FOBT	
Author year:	Location: Houston, Texas, US	Type of deliverers	Population of focus:	Screening test: MAM
Fernandez-		engaged, and services	Vietnamese American	3
Esquer et al.,	Population density: urban	delivered:	females working in nail	Up to date or repeat screening:
2020		Lay health workers: OE1	salons, majority with annual	up to date
	Setting: community (FQHC)	or GE	income <\$40,000	
Study design:	, (, ,	PN: navigation services		Self-report or medical record:
Pre-post with	Intervention duration: 36		Eligibility criteria:	self-reported
comparison	months	Training: NR	Aged 18 years or older, self-	•
'			identified as Vietnamese,	Follow-up Time: 5 months
Suitability of	Intervention details:	Supervision: NR	located in the Houston,	•
design:	Type of cancer addressed: BC	-	Texas area for at least 3	Results:
Greatest	and CC	Matching to	years, and currently working	MAM:
		population: NR	in a nail salon in Houston in	Intervention:
Quality of	Type of services provided: OE1 or		a neighborhood with a dense	Pre: 0%
execution: Fair	GE + OE2 + RSB, appointment	Educational	population of Asian	Post: 17/23 = 73.9%
	scheduling assistance + RSB,	background: NR	businesses and residences	Change: 73.9 pct pts
	reduce admin barriers + SM			
		Payment: NR	Sample size (for both BC	Control:
	OE1 or GE: brief educational		and CC):	Pre: 0%
	sessions delivered one-on-one or	Methods used to	Intervention: 186	Post: 5/7 = 71.4%
	in small groups by Vietnamese	interact with	Control: N/A	Change: 71.4 pct pts
	lay health workers to their nail	participants:		
	salon peers	Both: face-to-face and	Attrition (for both BC and	Absolute difference: +2.5 pct pts
	OE2: education and booster	telephone	CC) : 10.2%	Relative difference: +3.5%
	education; counseling on setting			
	up appointment		Demographics for	
	SM: locally-developed cancer		intervention group (for	
	screening brochures given to		both BC and CC):	
	each nail salon worker at the		Age, mean: 47 years	
	enrolled venues. Navigation		Gender: 100% female	
	services only provided to		Race/Ethnicity: 100% Asian	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	participants not up to date with		Employment: 100% nail	
	screening		salon employees	
	RSB, appointment scheduling		Income: 46% <\$20,000;	
	assistance: outreach coordinator		43% \$20,000-\$39,999; 11%	
	set up appointment		≥\$40,000	
	RSB, reduce admin barriers:		Education: 26% grade 9 or	
	teaching participants how to pose		less; 55% grade 10-12; 18%	
	questions to the provider,		some college or more	
	requesting info about screening		Insurance: 25% private; 3%	
	costs, and getting screening		Medicare; 23% county-level	
	results, assist with paperwork		public insurance; 29%	
			marketplace insurance; 2%	
	Intervention intensity: 1 or		self-pay; 17% uninsured;	
	more contacts		2% other	
			Established source of care:	
	Comparison group: OE1 or GE		75% have PCP	
	+ SM		Baseline screening of	
			intervention group: 0%	
Author year:	Location: upstate New York, US	Type of deliverers	Population of focus:	Screening test: MAM
Fiscella et al.,		engaged, and services	Females receiving care from	
2011	Population density: urban	delivered:	safety net clinic serving	Up to date or repeat screening:
a		PN: CR1 + CR2 + RSB,	people with lower incomes	up to date
Study design:	Setting: clinic	reduce admin barriers		
Individual RCT	T-1	Research or clinic staff:	Eligibility criteria:	Self-report or medical record:
Code billion of	Intervention duration: 19	provider reminder	Females 40-75 years of age,	medical records
Suitability of	months	T	past due for MAM with >18 months from last MAM	Falland on Times 12 months
design:	Intervention details:	Training: formal training	months from last MAM	Follow-up Time: 12 months
Greatest	Type of cancer addressed: BC	on the intervention, use of a database, health	Exclusion: no visit to the	Results:
Quality of	and CRC	promotion, and assisting	clinic in past 2 years or high	MAM:
execution:	allu CKC	patients navigate health	risk for BC based on	Intervention:
Good	Type of services provided: CR1 +	and social services	personal or family history	Pre: 0%
G000	CR2 + PR + RSB, reduce admin	and social selvices	personal or railing mistory	Post: 55/134 = 41.0%
	barriers	Supervision: social	Sample size (BC only):	Change: 41.0 pct pts
	barriers	worker	Intervention: 233	Change. 11.0 pec pts
	CR1: Letters were signed by PCP		Control: 236	Control:
	and indicated patient was	Matching to		Pre: 0%
	overdue for MAM, CRC screening	population: recruited	Attrition: NR	Post: 23/137 = 16.8%
	or both	from community		Change: 16.8 pct pts
	CR2: automated phone call, 2 nd	,	Demographics for	
	letter	Educational	intervention group (BC	Absolute difference : +24.2 pct pts
		background: NR	only):	Relative difference: +144.0%

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	PR: clinician prompt sheet or electronic prompts to remind clinician that patients are past due for MAM, CRC screening, or both RSB, reduce admin barriers: mailed out FOBT or FIT kits to unscreened patients Intervention intensity: 2 or more contacts Comparison group: usual care	Payment: NR Methods used to interact with participants: Both: clinical point of care prompts, mail, telephone	Age groups: 37% 40-59 years of age; 43% 50-59 years of age; 21% ≥60 years of age Gender: 100% female Race/Ethnicity: 26% Black or African American; 67% White; 8% other Employment: NR Income per year: 17% <\$30,000; 46% \$30,000- \$39,000; 37% >\$40,000 Education: NR Insurance: 43% private; 25% Medicaid; 24% Medicare; 8% uninsured Established source of care: 100% go to the intervention clinic Baseline screening of intervention group: 0%	
Author year: Fortuna et al., 2014	Location: Rochester, New York, US Population density: urban	Type of deliverers engaged, and services delivered: Clinic staff: CR(SM)	Population of focus: Females receiving care from the intervention clinic, which served communities with	Screening test: MAM Up to date or repeat screening: up to date
Study design: Individual RCT	Setting: clinic	Outreach worker: OE + RSB, appointment scheduling assistance +	high proportions of people who were from historically disadvantaged groups and	Self-report or medical record: medical records
Suitability of design:	Intervention duration: NR	RSB, reducing admin barriers	had lower incomes	Follow-up Time: 13 months
Greatest Quality of	Intervention details: Type of cancer addressed: BC and CRC	Training: NR	Eligibility criteria: Being a registered patient at the study clinic, having at	Results: MAM:
execution: Good	Type of services provided: CR(SM) + OE + RSB, appointment scheduling assistance + RSB, reduce admin	Supervision: NR Matching to population: NR	least 1 visit to the practice in the last 2 years, female 40– 74 years of age, past due for BC screening	Intervention: Pre: 0% Post: 42/153 = 27.5% Change: 27.5 pct pts
	barriers CR(SM): single letter from practice sent to remind patients	Educational background: NR Payment: NR	Exclusion: higher risk for cancer, including prior cancer, premalignant conditions, inadequately	Control: Pre: 0% Post: 28/157 = 17.8% Change: 17.8 pct pts

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	they are overdue for screening, with follow-up, automated calls OE: trained outreach worker made telephone calls with up to 3 attempts, used motivational interview techniques to encourage screening RSB, appointment scheduling assistance: outreach worker offered to assist with scheduling an appointment RSB, reduce admin barriers: patients not wanting colonoscopy were offered a mailed FIT kit as an alternative method of CRC screening Intervention intensity: 2 contacts Comparison group: CR(SM)		evaluated breast masses, or first-degree relative with a previous diagnosis of BC Sample size: Intervention: 158 Control: 157 Attrition: NR Demographics for intervention group: Age groups: 53% 40-49 years of age; 32% 50-59 years of age; 32% 50-59 years of age; 15% ≥60 years of age Gender: 100% female Race/Ethnicity: 36% Black or African American; 47% White; 17% other Employment: NR Income: 27% <\$30,000; 44% \$30,000-39,000; 29% >\$40,000 Education: NR Insurance: 38% private; 34% Medicaid; 22% Medicare; 7% uninsured Established source of care: 100% go to the intervention	Absolute difference: +9.7 pct pts Relative difference: +54.5%
			clinic Baseline screening of intervention group: 0%	
Author year: Marshall et al., 2016	US Benulation density: urban	Type of deliverers engaged, and services delivered:	Population of focus: African American females with lower incomes	Screening test: MAM Up to date or repeat screening:
Study design: Individual RCT	Population density: urban Setting: community and clinic	PN: all intervention components Training: 2-hour	Eligibility criteria: Aged 65 years or older, self- identified as African	up to date Self-report or medical record: self-report
Suitability of design:	Intervention duration: 48 months	biweekly group meetings plus monthly one-hour	American, enrolled in fee- for-service Medicare Parts A	Follow-up Time: 17.8 months

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Greatest		individual meetings with	& B, and a Baltimore City	
	Intervention details:	supervisor	resident	Results:
Quality of	Type of cancer addressed: BC			MAM:
execution:		Supervision: program	Exclusion: enrolled in a	Intervention:
Fair	Type of services provided:	supervisor provided	Medicare managed care	Pre: 566/638 = 88.7%
	OE(SM) + RSB, appointment	training, supervision, and	plan, a diagnosis of cancer	Post: 595/638 = 93.3%
	scheduling assistance + RSB	evaluation of navigators	within past 5 years, or a	Change: 4.6 pct pts
	reduce admin barriers		diagnosis of cancer not in	
		Matching to	remission, inability to	Control:
	OE(SM): PN reviewed	population: majority	provide informed consent,	Pre: 629/720 = 87.3%
	participants' baseline cancer	Black or African American	current residence in a	Post: 630/720 = 87.5%
	screening status, discussed	women from Baltimore	chronic care facility or	Change: 0.2 pct pts
	printed educational materials,	City and the greater	otherwise institutionalized	
	identified potential barriers to	Baltimore area		Absolute difference : +4.4 pct pts
	cancer screening, using printed		Sample size:	Relative difference: +4.9%
	educational materials containing	Educational	Intervention: 638	
	general information about cancer	background: minimum	Control: 720	
	and preventive services covered	of HS education or		
	by Medicare	equivalent	Attrition: 32.1%	
	RSB, appointment scheduling			
	assistance: PN helped arrange	Payment: NR	Demographics for	
	appointments		intervention group:	
	RSB, reduce admin barriers: PN	Methods used to	Age groups: 28% >75 years	
	accompanied participants to	interact with	of age; 72% ≤75 years of	
	screenings when necessary	participants:	age	
		Both: face-to-face and	Gender: 100% female	
	Intervention intensity: 3 or	telephone	Race/Ethnicity: 100% Black	
	more contacts		or African American	
			Employment: NR	
	Comparison group: SM		Income: 52% <\$20,000;	
			48% ≥\$20,000	
			Education: 27% <hs; 26%<="" td=""><td></td></hs;>	
			HS graduate; 47% >HS	
			Insurance: 100% enrolled in	
			Medicare; 15% Medicaid;	
			60% Medigap	
			Established source of care:	
			NR	
			Baseline screening of	
			intervention group: 88.7%	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Author year:	Location: Robeson County,	Type of deliverers	Population of focus:	Screening test: MAM
Paskett et al.,	North Carolina, US	engaged, and services	Females who were from	
2006		delivered:	historically disadvantaged	Up to date or repeat screening:
	Population density: rural	CHW: all intervention	groups and had lower	up to date
Study design:	Topulation and the second	components	incomes	ap 11 and
Individual RCT	Setting : community and clinic			Self-report or medical record:
	3,	Training: extensive	Eligibility criteria:	medical records
Suitability of	Intervention duration: 48	training over 1 week	Women over 40 years of	
design:	months	period, included general	age, visited clinic within last	Follow-up Time: 12 months
Greatest		project information,	2 years, had not had	•
	Intervention details:	training on breast	mammogram in past 12	Results:
Quality of	Type of cancer addressed: BC	development and	months	MAM:
execution:		abnormalities, BC		Intervention:
Good	Type of services provided:	screening, diagnosis	Sample size:	Pre: 0%
	OE(SM) + RSB, appointment	treatment, and risk	Intervention: 433	Post: 42.5%
	scheduling assistance	factors	Control: 418	Change: 42.5 pct pts
	OE(SM): 3 in-person visits with	Supervision: weekly	Attrition: 5.2%	Control:
	educational materials, and follow	phone or in-person		Pre: 0%
	up phone calls and mailings after	meetings with supervisor;	Demographics for	Post: 27.3%
	each visit; covered individual	supervisor periodically	intervention group:	Change: 27.3 pct pts
	cancer risk and ways to overcome	attended patient visits	Age, mean: 55 years	
	barriers to MAM, discussed MAM,	with each CHW	Gender: 100% female	Absolute difference : +15.2 pct pts
	BC, self-examination, and		Race/Ethnicity: 42%	Relative difference: +55.7%
	scheduling MAM	Matching to	American Indian; 33% Black	
	RSB, appointment scheduling	population: American	or African American; 24%	
	assistance: 2 phone calls to assist	Indian and Black or	White; 1% other	
	in making MAM appointments	African American women	Employment: NR	
		who lived in community	Income: NR	
	Intervention intensity: >2		Education: 42% <hs; 30%<="" td=""><td></td></hs;>	
	contacts	Educational	HS; 28% some college or	
		background: former	more	
	Comparison group: received	nurse, social worker, and	Insurance: 74% insured	
	information about CC screening	research study	Established source of care:	
		interviewer	100% go to the intervention	
			clinic	
		Payment: NR	Baseline screening of	
		Methods used to	intervention group: 0%	
		interact with		
		participants:		
		Both: face-to-face and		
		telephone		
		Генерионе		

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Author year:	Location: Chelsea,	Type of deliverers	Population of focus:	Screening test: MAM
Percac-Lima et	Massachusetts, US	engaged, and services	Females who were	
al., 2012	,	delivered:	immigrants and spoke	Up to date or repeat screening:
,	Population density: urban	PN: all intervention	Serbo-Croatian	up to date
Study design:		components		·
Pre-post only	Setting: community and clinic	Training: extensive	Eligibility criteria: Women 40-79 years of age,	Self-report or medical record: medical records
Suitability of	Intervention duration: 12	training in BC prevention,	self-identified as speaking	
design:	months	treatment and patient	Serbo-Croatian, receiving	Follow-up Time: 12 months
Least		navigation, how to	primary care at the health	•
	Intervention details:	develop trusting	center and overdue or had	Results:
Quality of	Type of cancer addressed: BC	relationships with	never had a MAM	MAM:
execution:		patients, use motivational		Intervention:
Fair	Type of services provided: GE +	interviewing techniques	Exclusion: acutely ill, had	Pre: 40/95 = 42.1%
	OE + RSB, appointment	to connect with and coach	dementia, metastatic cancer,	Post: 61/95 = 64.2%
	scheduling assistance+ RSB,	patients	schizophrenia, end stage	
	reduce admin barriers + RSB,	•	disease or bilateral	Absolute change: +22.1 pct pts
	transportation assistance	Supervision: supervised by the principal	mastectomy	Relative change: +52.5%
	GE: PN organized breast health	researcher, the training	Sample size:	
	educational group sessions in	coordinator and	Intervention + Control: 95	
	community settings where	community health team		
	women supported each other about getting their MAM	director	Attrition: 4.2%	
	OE: initial contact was made over	Matching to	Demographics for	
	the phone or in person in	population: young,	intervention group:	
	patients' native language;	bilingual people from	Age, mean: 54 years	
	discussed preventive care and the	former Yugoslavia	Gender: 100% female	
	importance of routine MAM,		Race/Ethnicity: 100% Serbo-	
	explored each patient's specific	Educational	Croatian	
	barriers to screening	background: college	Employment: NR	
	RSB, appointment scheduling	educated	Income: NR	
	assistance: supported patients in		Education: 58% HS graduate	
	setting up a MAM appointment	Payment: NR	or more	
	RSB, reduce admin barrier:		Insurance: 48% private	
	accompanied patients who were	Methods used to	insurance	
	afraid or felt unable to navigate	interact with	Established source of care:	
	the MAM appointment on their	participants:	100% go to the intervention	
	own	Both: face-to-face and	clinic	
	RSB, transportation assistance:	telephone	Baseline screening of	
	interventions may have included arranging transportation		intervention group: 42.1%	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	Intervention intensity: 2 or more			
	Comparison group: pre intervention			
Author year:	Location: Boston,	Type of deliverers	Population of focus:	Screening test: MAM
Phillips et al., 2011	Massachusetts, US	engaged, and services delivered:	Females receiving care from an inner-city safety net clinic	Up to date or repeat screening:
	Population density: urban	PN: all intervention	serving a largely	up to date
Study design : Group RCT	Setting: clinic	components Training: training	underinsured population from historically disadvantaged groups	Self-report or medical record: medical records
Suitability of	Intervention duration: 9	provided but no detailed	l see a segue y sept	
design : Greatest	months	description	Eligibility criteria: Females 51-70 years of age,	Follow-up Time: NR
	Intervention details:	Supervision: NR	assigned a PCP, had a	Results:
Quality of	Type of cancer addressed: BC		documented visit with that	MAM:
execution : Good	Type of services provided:	Matching to population: bilingual	PCP in the previous 2 years	Intervention: Pre: 1,412/1,817 = 77.7%
Good	OE(CR) + RSB, appointment scheduling assistance + RSB, transportation assistance	English and Spanish; and English and Portuguese and Cape Verdean Creole	Exclusion: documentation of bilateral mastectomy	Post: 1,412/1,817 = 77.7% Post: 1,575/1,817 = 86.7% Change: 9.0 pct pts
	transportation assistance	and cape verdean creoic	Sample size:	Control:
	OE(CR): outreach telephone call to inform women of their need for MAM and the availability of the	Educational background: NR	Intervention: 1,817 Control: 2,078	Pre: 1,631/2,078 = 78.0% Post: 1,589/2,078 = 76.0% Change: -2.0 pct pts
	navigator to support them	Payment: NR	Attrition: N/A	Change2.0 pct pts
	RSB, appointment scheduling	rayment: WK	Activion: N/A	Absolute difference : +11.0 pct pts
	assistance: PN scheduled MAM	Methods used to	Demographics for	Relative difference: +14.5%
	directly	interact with	intervention group:	
	RSB, transportation assistance:	participants:	Age, mean: 60 years	
	PN inquired about and addressed	Remote: mail and	Gender: 100% female	
	individual barriers to accessing care, including transportation	telephone	Race/Ethnicity: 51% Black or African American; 7%	
	needs		Hispanic or Latino; 28%	
	necus		White; 14% other	
	Intervention intensity: 2 or		Employment: NR	
	more		Income: NR	
	Comparison group: usual care		Education: 7% no school; 36% <hs; 20%="" ged;<="" hs="" or="" td=""><td></td></hs;>	
			16% some college, vocational school, or	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
			technical school; 16%	
			≥college graduate	
			Insurance: 37% private;	
			63% public	
			Established source of care:	
			100% go to the intervention	
			clinic	
			Baseline screening of	
			intervention group: 77.7%	
Author year:	Location: Indianapolis, Indiana,	Type of deliverers	Population of focus:	Screening test: MAM
Russell et al.,	US	engaged, and services	Black or African American	
2010		delivered:	females with lower incomes	Up to date or repeat screening:
	Population density: urban	CHW: all intervention		up to date
Study design:		components	Eligibility criteria:	
Individual RCT	Setting: clinic (FQHC)		African American females,	Self-report or medical record:
		Training: 2-hour training	41-75 years of age, at or	medical records
Suitability of	Intervention duration: 4.5		below 250% FPL, with no	Fallers on The a 1 Farmable
design:	months	Supervision: periodic	MAM within last 15 months,	Follow-up Time: 1.5 months
Greatest	Intervention details:	audiotape evaluation of	or history of BC, current	Decultor
Quality of	Type of cancer addressed: BC	counseling sessions to assure intervention	patients at intervention clinic	Results:
execution:	Type of caricer addressed: BC	fidelity throughout study	Sample size:	Intervention:
Good	Type of services provided:	indenty throughout study	Intervention: 89	Pre: 0%
Good	OE(SM) + SM1 + RSB,	Matching to	Control: 90	Post: 45/89 = 50.6%
	appointment scheduling	population: recruited	Control. 90	Change: 50.6 pct pts
	assistance + RSB, transportation	CHW from local	Attrition: 2.2%	Change. 50.0 pct pts
	assistance assistance	communities	Attrition: 2.270	Control:
	assistance	communicies	Demographics for	Pre: 0%
	OE(SM): interactive computer	Educational	intervention group:	Post: 16/90 = 17.8%
	program with information	background: NR	Age, mean: 51 years	Change: 17.8 pct pts
	targeting individuals with little		Gender: 100% female	and a proper
	formal education, provided	Payment: small stipend,	Race/Ethnicity: 100% Black	Absolute difference : +32.8 pct pts
	tailored message in response to	amount not specified	or African American	Relative difference: +184.4%
	knowledge and health beliefs,		Employment: 49% employed	
	CHWs assessed understanding of	Methods used to	Income per year: mean of	
	program, reviewed barriers and	interact with	\$10,984	
	provided tailored messages	participants:	Education: mean highest	
	addressing each barrier	Both: face-to-face, mail,	grade was 12 th grade	
	SM1: after first intervention	and telephone	Insurance: 60% insured	
	session, CHWs mailed post card		Established source of care:	
	tailored by stage of screening		80% reported regular PCP	
	adoption to participants			

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	RSB, appointment scheduling assistance: assistance with		Baseline screening of intervention group: 0%	
	scheduling screening			
	appointments			
	RSB, transportation assistance:			
	assistance with transportation,			
	including free bus passes and			
	agency referrals			
	Intervention intensity: 2 or more contacts			
	more contacts			
	Comparison group: SM2,			
	received culturally appropriate			
	pamphlet about BC and MAM			
	screening and recommendation from CHW to contact clinic			
	referral nurse to schedule MAM			
	screening appointment			
	- '			
Author year:	Location : Rochester, New York,	Type of deliverers	Population of focus:	Screening test: MAM
Weber et al.,	US	engaged, and services	Females receiving care from	
1997	Denulation density when	delivered: CHW: all intervention	intervention clinics serving communities with lower	Up to date or repeat screening:
Study design:	Population density: urban	components	incomes	up to date
Individual RCT	Setting: clinic (St Mary's	Components	lincomes	Self-report or medical record:
marviadar NCT	Hospital 6 primary care practices	Training: NR	Eligibility criteria:	medical records
Suitability of	in inner city Rochester)		Females 52-77 years of age,	
design:	, ,	Supervision: NR	visited 1 of the clinics at	Follow-up Time: 4 months
Greatest	Intervention duration: 4		least once in previous 2	
	months	Matching to	years, not up to date with	Results:
Quality of		population: CHWs self-	MAM in at least 2 years; no	MAM:
execution:	Intervention details:	identified as Black or	prior breast cancer or	Intervention:
Good	Type of cancer addressed: BC	African American, Latino	mastectomy	Pre: 23/186 = 12.4% Post: 41/163 = 25.2%
	Type of services provided: CR +	or Hispanic, and White, concordant with majority	Sample size:	Post: 41/163 = 25.2% Change: 12.8 pct pts
	OE + RSB, appointment	of the patients in the	Intervention: 186	Change. 12.0 pet pts
	scheduling assistance + RSB,	assigned practice	Control: 190	Control:
	childcare assistance + RSB,			Pre: 16/190 = 8.4%
	reduce admin barriers + RSB,	Educational	Attrition: 12.4%	Post: 17/174 = 9.8%
	transportation assistance	background: major		Change: 1.3 pct pts
		recruitment criteria	Demographics for	
		included literacy,	intervention group:	Absolute difference : +11.4 pct pts

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	CR: personalized letter from patients' PCP reminding they are overdue for MAM OE: structured outreach, using telephone calls, home visits, office visits, and mailed cards to provide patient education RSB, appointment scheduling assistance: facilitation of appointment scheduling RSB, childcare assistance: facilitation of dependents' care RSB, reduce admin barriers: accompanying patients to primary care office to diminish patients' fear of breast exam or MAM; practice's sliding scale fee application assistance RSB, transportation assistance: facilitation of transportation Intervention intensity: 2 or more contacts Comparison group: CR	communication skills, personal charisma, and concern about community health care Payment: personnel cost for 6 CHWs for the 16-week intervention was \$8294 Methods used to interact with participants: Both: face-to-face and telephone	Age, mean: 63 years Gender: 100% female Race/Ethnicity: 4% Asian; 39% Black or African American; 40% White; 13% unknown Employment: NR Income: NR Education: NR Insurance: 30% private; 34% Medicare plus other; 6% Medicare alone; 5% uninsured; 0.5% unknown Established source of care: 100% go to the intervention clinics Baseline screening of intervention group: 12.4%	Relative difference: +75.3%