

SUPPLEMENTAL MATERIALS

Supplementary File 1: PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Title
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Abstract
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Lines 97-107
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Lines 108-115
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Lines 137-170; Table 1
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Lines 124-135
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Lines 124-135
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Lines 172-186
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Lines 188-214
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Supplementary File 2
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Supplementary File 2
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Lines 208-214
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Lines 193-194; 222-239; Supplementary Table 1
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Lines 216-242

Section and Topic	Item #	Checklist item	Location where item is reported
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Lines 216-242
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Lines 216-242
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Lines 216-242
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Lines 222; 237-239
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	n/a
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	n/a
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	n/a
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Lines 246-250; Figure 1
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	n/a
Study characteristics	17	Cite each included study and present its characteristics.	Lines 249-335; Supplementary Table 1; Tables 2-4; Figure 2
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Lines 381-393; Table 6; Supplementary Tables 2-4
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Supplementary Table 1
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Lines 337-379
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Lines 337-379; Table 5; Figure 3
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Lines 337-379; Table 5; Figure 3
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	n/a
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	n/a

Section and Topic	Item #	Checklist item	Location where item is reported
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	n/a
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Lines 395-475
	23b	Discuss any limitations of the evidence included in the review.	Lines 482-490
	23c	Discuss any limitations of the review processes used.	Lines 482-490
	23d	Discuss implications of the results for practice, policy, and future research.	Lines 492-505
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Lines 119-120
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Citation #14
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	PROSPERO registration
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Lines 30-36
Competing interests	26	Declare any competing interests of review authors.	Line 38
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Supplementary File 2

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

Supplementary File 2: Covidence data extraction template

Section 1: Article and study information

1. Author

Report the last name of first author.

2. Year

Report the publication year.

3. Study aims or objectives

Copy and paste the study aims or objectives from the article.

4. Study design

Report the study design. Example quantitative non-randomized designs include: non-randomized controlled trial; quasi-experimental approach; natural experiment.

- Randomized controlled trial
- Quantitative non-randomized design
- Pre/post (single arm)
- Implementation study
- Other: _____

5. Sample size at randomization or baseline

Report the total number of participants that were randomized or included at study baseline (pool all groups). Use n for patients and k for providers (if applicable). For large surveys or secondary analyses, include analytic sample size.

6. Follow-up period(s)

Report the follow-up interval(s) of when outcome(s) were measured.

Section 2: Target population characteristics

Target population includes intervention recipients and those providing screening outcome measures (use eligibility/inclusion criteria).

7. Age range(s)

Report the age range(s) of the target population(s) from the eligibility/inclusion criteria (e.g., 50-75 years). Can report multiple age ranges (e.g., 18+ for clinical breast exam and 40+ for mammography).

8. Sex

Report the sex(es) of the target population(s) from the eligibility/inclusion criteria.

- Only female
- Only male
- Mixed sex
- Other: _____

9. Priority population(s)

Select all that apply; may refer to inclusion of specific groups (as reported in eligibility criteria) and/or characteristics of target population (who the intervention is targeting). For all racial/ethnic groups, specify in #9 below as appropriate. Informed by [NIH-designated U.S. health disparity populations](#).

- None specified
- Low income
- Low education attainment
- Low literacy
- Language other than English
- Uninsured
- Rural
- Urban
- Sexual and gender minority / LGBT
- Immigrant
- Undocumented immigrant
- Refugee
- Incarcerated or previously incarcerated
- American Indians/Alaska Natives
- Asian
- Blacks/African Americans
- Hispanics/Latinos
- Native Hawaiians and other Pacific Islanders
- Middle Eastern/North African
- Other: _____

10. Population characteristics notes

Report other notable population characteristics (e.g., country of origin for specific immigrant populations), eligibility criteria, special populations, sample from large national surveys (e.g., BRFSS), or interesting observations to discuss with team. If no notes, report "not applicable".

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Section 3: Cancer screening and SDOH intervention characteristics

11. Organ site(s)

Select all that apply.

- Breast
- Cervical
- Colorectal
- Lung

12. Cancer screening test(s) or modality(ies) that are targeted in the intervention

Select all that apply; report the primary cancer screening test(s).

- Breast: mammography
- Breast: digital breast tomosynthesis
- Breast: magnetic resonance imaging (MRI)
- Breast: ultrasonography
- Breast: clinical breast exam
- Breast: self exam
- Cervical: pap smear / pap test
- Cervical: HPV testing
- Cervical: visual inspection with acetic acid (VIA)
- Colorectal: sigmoidoscopy
- Colorectal: colonoscopy
- Colorectal: CT colonography
- Colorectal: fecal occult blood test (FOBT)
- Colorectal: fecal immunochemical test (FIT)
- Lung: low dose computed tomography (LDCT)

13. Intervention delivery setting(s)

Select all that apply.

- Federally qualified health center (FQHC)
- Community health center
- Academic medical center
- Mobile screening unit
- Home
- Religious establishment
- Workplace
- Policy
- Other: _____

14. Approach(es) taken to increase screening

Select all categories that apply (and then specify approaches/strategies in #14 below). The following includes examples for each category. Categories from [The Community Guide on multicomponent cancer screening interventions](#) and [Doubeni et al.](#) (see Table 2).

Increase community demand: client reminders; client incentives; small media; mass media; group education; one-on-one education.

Increase community access: reducing structural barriers; reducing client out-of-pocket costs; remove cost-sharing; navigation support; transportation support; language support or assistance; population-based approaches like mailed FIT or multitarget stool DNA.

Increase provider delivery of screening services: provider assessment and feedback; clinical decision support; provider social and incentives; provider reminders; practice facilitation.

Community engagement: asset mapping; stakeholder mapping; partnerships; outreach; mass media.

- Increase community demand
- Increase community access

- Increase provider delivery of screening services
- Community engagement
- Other: _____

15. Specify approach(es) taken to increase screening

Describe in further detail what approaches were taken to increase screening. Report results separately for each category above.

16. Use of a theory, model, or framework that considers how social and structural factors influence health

Report the name of the theory, model, or framework that considers how social and structural factors influence health and was used to guide the intervention development, implementation, and/or analysis; rely on how authors use the framework; otherwise report “not applicable” if no theory, model, or framework is used.

17. "5A Framework" activities to better integrate social care in the health care sector

Select all activity types that apply for the intervention design, development, components, and/or implementation; otherwise report “not applicable” (e.g., for a state- or federal-level policy).

From NASEM (2019) report: [Integrating Social Care into Health Care Delivery to Improve the Nation's Health](#). Transportation examples from NASEM report; other examines from [Razon et al. \(2020\)](#).

Awareness: activities that identify the social risk and assets of defined patients and populations (e.g., ask people about their access to transportation; screening for health literacy or insurance status).

Adjustment: activities that focus on altering clinical care to accommodate identified social barriers (e.g., reduce need for in-person care by using telehealth; prescribing generic meds to reduce cost burden; ensure presence of translators; improving providers' cultural competency; increasing availability of linguistically-appropriate educational materials). Adjustment differs from assistance in that adjustment does not intervene on the social risk itself, but instead changes care planning based on the social risk.

Assistance: activities that reduce social risk by providing assistance in connecting patients with relevant social care sources (e.g., provide transportation vouchers so that patients can travel to appointments; use of community health workers to facilitate connections with community or government social services like housing or food banks).

Alignment: activities undertaken by health care systems to understand existing social care assets in the community, organize them to facilitate synergies, and invest in and deploy them to positively affect health outcomes (e.g., invest in community ride-sharing or time-bank programs; strengthen community partnerships that provide healthy food and enroll individuals in federal nutrition assistance programs).

Advocacy: activities in which health care organizations work with partner social care organizations to promote policies that facilitate the creation and redeployment of assets or resources to address health and social needs (e.g., work to promote policies that fundamentally change the transportation infrastructure within the community; health systems working with insurers to improve incentives and/or lower costs of care).

- Awareness
- Adjustment
- Assistance
- Alignment
- Advocacy
- Not applicable

18. SDOH construct(s) targeted in the intervention

Report all constructs that the intervention tried to change or “target” (does not necessarily need to have been measured); look at intervention description section of article; otherwise report “not applicable”. Use SDOH table as guide (copy and paste from table).

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Economic Stability	Education Access and Quality	Health Care Access and Quality	Neighborhood and Built Environment	Social and Community Context
-Debt	-Community educational attainment	-Access to care	-Access to healthy foods to support healthy eating,	-Adverse childhood experiences
-Employment	-Early childhood education	-Access to primary care	food swamps, and food deserts	-Bias
-Expenses	-High school graduation	-Affordability	-Broadband, internet, and wifi access	-Civic engagement and participation
-Food insecurity	-Higher education	-Cost	-Census tract conditions (e.g., air or water quality)	-Discrimination (<i>cross-cutting</i>)
-Housing instability	-Language and literacy skills	-Financial toxicity of health care treatments	-Environmental conditions (e.g., air or water quality)	-Exposure to violence and trauma
-Income	-Vocational training	-Geographical access, proximity, and catchment area	-Housing quality and pest infestation	-Incarceration and criminal justice system
-Income support (e.g., Supplemental Nutrition Assistance Program (SNAP))		-Health insurance coverage	-Parks and playgrounds	-Racial and ethnic residential segregation
-Medical bills		-Health literacy	-Safety	-Racism (<i>cross-cutting</i>)
-Poverty and concentrated poverty		-Health policy	-Transportation	-Sense of community
		-Provider availability	-Walkability	-Social capital and networks
		-Provider linguistic and cultural competency		-Social cohesion and integration
		-Quality of care		-Social isolation
		-Telehealth, telemedicine, and mobile health		-Social support and support systems
				-Social vulnerability
				-Trust

SDOH constructs were identified and arranged based on established frameworks and definitions from Healthy People,¹⁶ the Kaiser Family Foundation,²² the National Institutes of Health PhenX Toolkit,²³ relevant literature,¹⁸ and expert input.

Section 4: Cancer screening measures

19. Primary cancer screening outcome measure(s)

Select all that apply for the primary outcome measure (dependent variable) for cancer screening; code for what was specifically measured.

- Patient-level: screening receipt or rate (e.g., % guideline concordant, up-to-date vs. not up-to-date, routine vs. nonroutine screener)

- Patient-level: screening attitudes
- Patient-level: screening awareness
- Patient-level: screening beliefs
- Patient-level: screening knowledge
- Patient-level: screening self-efficacy
- Patient-level: intention to screen
- Provider-level: referrals to screening services
- Provider-level: conducting guideline-concordant care
- Provider-level: knowledge or awareness of screening guidelines
- Other: _____

20. Data source(s) used to measure primary cancer screening outcome

Select all that apply.

- Electronic health records
- Patient survey (self-report)
- Large national survey (e.g., BRFSS, ACS)
- Health insurance claims
- Other: _____

21. Was follow-up diagnostic screening assessed?

Select “yes” if the study had a secondary outcome relating to follow-up diagnostic screening (e.g., receipt of colonoscopy after positive FOBT).

- Yes
- No

Section 5: SDOH measures and analysis in relation to cancer screening

22. Was there an analysis between SDOH and the primary outcome for cancer screening?

SDOH may be an independent variable or effect moderator; if yes, specify analysis (#22), measures (#23-25), and results (#26) below.

- Yes
- No

23. Description of analysis between SDOH and cancer screening

Summarize/describe the analysis to examine the relationship between SDOH and the primary outcome for cancer screening (e.g., “examined preferred language and insurance coverage as moderators of intervention effect on cancer screening”). If no analysis between SDOH and cancer screening, report “not applicable”.

24. SDOH construct(s) that were measured and examined in relation to cancer screening

Report all SDOH constructs that were measured and examined in relation to cancer screening (does not necessarily have to be targeted in the intervention); look at tables, effect modification, and subgroup analyses; use SDOH table as guide (copy and paste); do not report individual-level SDOH reported as demographic characteristics only. If no analysis between SDOH and cancer screening, report “not applicable”.

25. SDOH level(s) of measurement

Select all that apply for what was measured and examined in relation to cancer screening (not necessarily the level or grouping for analysis). Use [Taplin et al. multilevel framework for cancer care continuum](#) as guide (Figure 2).

- Not applicable (no analysis between SDOH and cancer screening)
- Individual patient
- Family and social supports
- Provider/team
- Organization and/or practice setting
- Local community environment
- State health policy environment
- National health policy environment

26. Data source(s) used to measure SDOH

Select all that apply for what was measured and examined in relation to cancer screening.

- Not applicable (no analysis between SDOH and cancer screening)
- Electronic health records (including ICD-10 Z codes)
- Patient survey (self-report)
- Health insurance claims
- Large national survey (e.g., BRFSS, ACS)
- Other: _____

Section 6. SDOH and cancer screening results

27. Description of findings between SDOH and cancer screening

Summarize/describe the relationship between SDOH and the primary outcome for cancer screening (e.g., “no significant effect modification”). If no analysis between SDOH and cancer screening, report “not applicable”. Report results separately for each construct listed above in #23 (Section 5).

28. Description of cancer screening findings

Summarize the main intervention findings for the primary cancer screening outcome, in some cases irrespective of SDOH (e.g., “intervention patients were much more likely than those in usual care to complete FOBT (82.2% vs 37.3%; $P < .001$)” or “no significant differences between groups”).

29. Changes in cancer screening

For studies with cancer screening behavior as the primary outcome, report pre-post screening rates (n/n and %) for each study group. As applicable, report pre-post changes for multiple primary organ sites, outcomes, and/or primary follow-up period(s).

Section 7: Implementation outcomes

30. Implementation outcomes measured

Select all that apply; measured implementation outcomes as defined by [the Implementation Outcomes Framework \(IOF\)](#) (or select “not applicable”).

- Not applicable
- Acceptability
- Adoption
- Appropriateness
- Cost
- Feasibility
- Fidelity
- Penetration
- Sustainability

31. Implementation outcome results

Summarize the implementation outcome results (or report “not applicable”).

32. General comments or notes

Report any other information that might be helpful to the coding team.

MMAT quality appraisal

Only complete sections applicable to study design.

MMAT screening questions (all study designs)

S1. Are there clear research questions?

The article may alternatively report research aims or objectives. Further appraisal may not be feasible or appropriate when the answer is ‘No’ or ‘Can’t tell’ to one or both screening questions.

- Yes
- No
- Can't tell

S2. Do the collected data allow to address the research questions?

Further appraisal may not be feasible or appropriate when the answer is ‘No’ or ‘Can’t tell’ to one or both screening questions.

- Yes
- No
- Can't tell

Comments for S1 - S2

MMAT quantitative randomized controlled trials

2.1. Is randomization appropriately performed?

- Yes
- No
- Can't tell

2.2. Are the groups comparable at baseline?

- Yes
- No
- Can't tell

2.3. Are there complete outcome data?

Use an 80% threshold for complete outcome data and/or study completion (per The Community Guide methodology and 2011 MMAT).

- Yes
- No
- Can't tell

2.4. Are outcome assessors blinded to the intervention provided?

- Yes
- No
- Can't tell

2.5. Did the participants adhere to the assigned intervention?

Code for loss to follow-up in 2.3; this item is for adherence to the intervention, deviations from the protocol, unintended cross-over between groups, etc. Use the 80% threshold if applicable (e.g., if the authors report the number of completed intervention sessions).

- Yes
- No
- Can't tell

Comments for questions 2.1 - 2.5

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MMAT - quantitative non-randomized studies

Includes non-randomized controlled trials, other quasi-experimental designs like natural experiments, and pre-post studies.

3.1. Are the participants representative of the target population?

- Yes
- No
- Can't tell

3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?

- Yes
- No
- Can't tell

3.3. Are there complete outcome data?

Use an 80% threshold for complete outcome data and/or study completion (per The Community Guide methodology and 2011 MMAT).

- Yes
- No
- Can't tell

3.4. Are the confounders accounted for in the design and analysis?

Code as appropriate for the study design and research aims. Pilot studies may not adjust for confounders in analyses; if the coder is unsure whether confounding would be expected, select "can't tell".

- Yes
- No
- Can't tell

3.5. During the study period, is the intervention administered (or exposure occurred) as intended?

Code for loss to follow-up in 3.3; this item is for adherence to the intervention, deviations from the protocol, unintended cross-over between groups, etc. Use the 80% threshold if applicable (e.g., if the authors report the number of completed intervention sessions).

- Yes
- No
- Can't tell

Comments for questions 3.1 - 3.5

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MMAT - quantitative descriptive studies

Use for single group / "post-only") program evaluation studies where no relationships or comparisons are assessed.

4.1. Is the sampling strategy relevant to address the research question?

- Yes
- No
- Can't tell

4.2. Is the sample representative of the target population?

- Yes
- No
- Can't tell

4.3. Are the measurements appropriate?

- Yes
- No
- Can't tell

4.4. Is the risk of nonresponse bias low?

- Yes
- No
- Can't tell

4.5. Is the statistical analysis appropriate to answer the research question?

- Yes
- No
- Can't tell

Comments for questions 4.1 - 4.5

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Supplementary Table 1. Characteristics and results of intervention studies grouped by cancer screening organ site(s) (n=144)

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Breast cancer screening (n=38)						
Arshad (2011) ²⁶	n=100 ≥18 female language other than English; urban; Middle Eastern/North African	-pre/post (single arm) -home -n/a	-increase community demand: group education	-adjustment -language and literacy skills	-knowledge (self-report) -immediately after the intervention	The educational program improved women's knowledge of BSE and CBE, more for women with higher education
Ayash (2011) ²⁸	n=597 ≥40 or <40 with family risk for breast cancer female language other than English; Middle Eastern/North African	-other: quantitative descriptive -mobile screening unit; religious establishment; CBOs -penetration	-increase community demand: group education; client reminders -increase community access: navigation support; transportation support; language support -increase provider delivery of screening services: cultural responsiveness training -community engagement: partnerships	-awareness; adjustment; assistance -provider linguistic and cultural competency; language and literacy skills; access to care	-screening (medical records) -2 years	Intervention arm 1: uninsured <i>Pre:</i> 0/81 = 0.0% <i>Post:</i> 50/81 = 61.7% <i>Change:</i> 61.7 pct pts Intervention arm 2: insured <i>Pre:</i> 0/104 = 0.0% <i>Post:</i> 18/104 = 17.3% <i>Change:</i> 17.3 pct pts
Bitler (2016) ³²	n=693,154 25-74 female none specified	-quantitative non-randomized -policy -n/a	-increase community access: insurance coverage; remove cost sharing	-n/a -health insurance coverage; affordability; cost; health policy	-screening (self-report) -13 years (duration of study)	Absolute change: +4.5 to 25 pct pts (as reported by authors; pre/post screening rates not specified)
Burhansstipanov (2010) ³⁶	n=316 ≥40 female low income; language other than English; American Indians/Alaska Natives; Asian; Black or African American; Hispanic/Latino; medically underserved women	-post only (single arm) -clinical; other community settings; home -n/a	-increase community demand: one-on-one education; client reminders -increase community access: navigation support; transportation support; dependent care; language support; culturally concordant care -community engagement: partnerships	-awareness; adjustment; assistance -access to care; transportation; social support; health literacy; language and literacy skills	-screening (self-report) -5 years (length of study)	<i>Pre:</i> 0/313 = 0.0% <i>Post:</i> 62/113 = 54.9% <i>Change:</i> 54.9 pct pts
Calderon (2010) ³⁷	n=400 ≥30 female low income; language other than English; urban; immigrant; Hispanic/Latino	-quantitative non-randomized -home; religious establishment; CBOs -n/a	-increase community demand: group education; small media -increase community access: reducing client out-of-pocket costs -community engagement: outreach	-awareness; adjustment; assistance -language and literacy skills; access to primary care; cost; health literacy; social support	-screening (self-report) -3 months	Intervention: <i>Pre:</i> 84/183 = 45.9% <i>Post:</i> 163/183 = 89.1% <i>Change:</i> 43.2 pct pts Control: <i>Pre:</i> 66/168 = 39.3% <i>Post:</i> 143/168 = 85.1% <i>Change:</i> 45.8 pct pts Absolute change: -2.7 pct pts Relative change: -10.4%
Champion (2016) ⁴²	n=1,681 51-75 female none specified	-RCT -home -n/a	-increase community demand: one-on-one education	-awareness -n/a	-screening (self-report and medical records) -6 months	Mammography adherence did not differ by study group
Chilton (2013) ⁴³	n=37 36-69 female American Indians/Alaska Natives	-pre/post (single arm) -clinical -acceptability	-increase community demand: group education -increase community access: transportation support; reducing client out-of-pocket costs -community engagement: partnerships	-awareness; adjustment; assistance -transportation; cost	-beliefs, intention to screen (self-report) -immediately after the intervention	Increased understanding that breast cancer can be detected early and increased intentions to get a mammogram every year (81% to 95%)
Coronado (2016) ⁴⁷	n=536 42-74 female low income; language other than English; Hispanic/Latino	-RCT -clinical; mobile screening unit; home -n/a	-increase community demand: one-on-one education -increase community access: offering services in alternative or non-clinical settings -community engagement: partnerships	-adjustment -mobile health; affordability	-screening (medical records) -1 year	Intervention: <i>Pre:</i> 0/276 = 0.0% <i>Post:</i> 54/276 = 19.6% <i>Change:</i> 19.6 pct pts Control: <i>Pre:</i> 0/260 = 0.0% <i>Post:</i> 29/260 = 11.2% <i>Change:</i> 11.2 pct pts Absolute change: +8.4 pct pts Relative change: +75.0%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Cumberland (2018) ⁵²	n=209 ≥40 female low education attainment; language other than English; D/deaf or hard of hearing; ethnic minority individuals (ethnicity not specified)	-RCT -home; other community settings -acceptability	-increase community demand: one-on-one education; small media -increase community access: language support -community engagement: partnerships	-adjustment -language and literacy skills	-screening (self-report) -12 months	Intervention: <i>Pre:</i> 36/88 = 40.9% <i>Post:</i> 58/88 = 65.9% <i>Change:</i> 25.0 pct pts Control: <i>Pre:</i> 31/83 = 37.3% <i>Post:</i> 52/83 = 62.7% <i>Change:</i> 25.4 pct pts Absolute change: -0.3 pct pts Relative change: -4.0%
Davis (2017) ⁵³	n=357 ≥40 female low income; Black or African American	-pre/post (single arm) -religious establishment; CBOs -n/a	-increase community demand: group education -community engagement: partnerships	-awareness -sense of community; social support	-awareness, beliefs, knowledge, intention to screen (self-report) -6 months	Increased beliefs in the necessity of BSE and likelihood of scheduling a mammogram within the next year
Gondek (2015) ⁶⁸	n=348 ≥40 female language other than English; immigrant; refugee; Asian; Black or African American; Hispanic/Latino; Middle Eastern/North African	-pre/post (single arm) -resettlement agencies -n/a	-increase community demand: group education -increase community access: navigation support; offering services in alternative or non-clinical settings; language support -community engagement: partnerships	-awareness; adjustment; assistance; alignment -language and literacy skills; access to care; affordability; telehealth, telemedicine, and mobile health; social cohesion and integration	-screening (medical records) -not specified (after the intervention)	<i>Pre:</i> 0/96 = 0.0% <i>Post:</i> 60/96 = 62.5% <i>Change:</i> 62.5 pct pts
He (2020) ⁷³	not reported ≥40 female low income	-quantitative non-randomized -clinical -n/a	-increase community demand: mass media; small media -increase community access: reducing client out-of-pocket costs	-adjustment -cost; affordability	-screening (self-report) -22 years (duration of evaluation)	<i>Pre:</i> 32.0% <i>Post:</i> 72.4% Absolute change: +40.4 pct pts Relative change: +126.3%
Henderson (2020) ⁷⁴	n=779 20-79 female low income; language other than English; uninsured; underinsured; racial/ethnic minorities (not specified)	-pre/post (single arm) -clinical -appropriateness	-increase community demand: one-on-one education; client reminders -increase community access: navigation support; scheduling assistance; transportation assistance; assisting with obtaining health insurance; reducing client out-of-pocket costs -increase provider delivery of screening services: care coordination -community engagement: partnerships; outreach	-awareness; adjustment; assistance; alignment; advocacy -access to care; health insurance coverage; transportation; language and literacy skills; health policy	-screening (medical records) -2 years	<i>Pre:</i> 103 <i>Post:</i> 714 <i>Change:</i> cannot calculate (rates not specified)
Kamaraju (2018) ⁸⁶	n=374 ≥18 (overall); ≥45 (breast) female low income; language other than English; immigrant; Refugee; American Indians/Alaska Natives; Asian; Black or African American; Hispanic/Latino; Native Hawaiians and other Pacific Islanders; Middle Eastern/North African	-post only (single arm) -mobile screening unit; CBOs -acceptability; appropriateness; penetration	-increase community demand: group education; one-on-one education -increase community access: language support; transportation support; dependent care; offering services in alternative or non-clinical settings; reducing client out-of-pocket costs -community engagement: partnerships	-awareness; adjustment; assistance -telehealth, telemedicine, and mobile health; language and literacy skills; access to care; affordability; cost; transportation; social support	-screening (self-report) -24 months	<i>Pre:</i> 172/360 = 47.8% <i>Post:</i> 173/188 = 92.0% Absolute change: +44.2 pct pts Relative change: +92.6%
Karcher (2014) ⁸⁷	n=171 not specified female urban; Black or African American	-pre/post (single arm) -clinical; home; religious establishment; CBOs; other community settings; local media; social media; online -penetration	-increase community demand: small media -increase community access: scheduling assistance -community engagement: partnerships; outreach	-awareness; adjustment; assistance -sense of community; trust	-screening (self-report) -not specified	<i>Pre:</i> mam (ever): 111/171 = 64.9% <i>Post:</i> mam within follow-up period: 14/28 = 50.0% <i>Change:</i> cannot calculate due to different screening outcomes (ever vs. within follow-up period))

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Kim (2010) ⁸⁸	n=180 ≥40 female language other than English; immigrant; Asian	-quantitative non-randomized -religious establishment -n/a	-increase community demand: group education -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills; sense of community; social cohesion and integration	-screening (self-report) -16 and 24 weeks	Intervention: Pre: 0/90 = 0.0% Post (16 weeks): 17/90 = 18.9% Post (24 weeks): 31/90 = 34.4% Change (16 weeks): 18.9 pct pts Change (24 weeks): 34.4 pct pts Control: Pre: 0/90 = 0.0% Post (16 weeks): 14/90 = 15.6% Post (24 weeks): 21/90 = 23.3% Change (16 weeks): 15.6 pct pts Change (24 weeks): 23.3 pct pts Absolute change (16 weeks): +3.3 pct pts Absolute change (24 weeks): +11.1 pct pts Relative change (16 weeks): +21.2% Relative change (24 weeks): +47.6%
Kreuter (2010) ⁹⁰	n=489 ≥40 female low income; urban; Black or African American	-RCT -computer -acceptability	-increase community demand: small media -community engagement: partnerships	-adjustment -n/a	-attitudes, self-efficacy, intention to screen (self-report) -immediately after the intervention, 3 months, 6 months	Immediately after the intervention, women in the intervention group (narrative video) had greater intention to get a mam in the next 6 months than those in the comparison group (informational video). At every follow-up period, women in the intervention group reported significantly fewer barriers to mam than those in the control group. Beliefs that mam were effective were similar between groups at immediate and 3-month follow-up, but higher at 6-month follow-up among women in the intervention group. Study groups did not differ on perceived risk or perceived social norms for getting mam.
Lee (2014) ⁹⁷	n=428 ≥40 female language other than English; immigrant; Asian	-RCT -religious establishment -n/a	-increase community demand: small media; group education -increase community access: language support	-adjustment -language and literacy skills; social support	-screening (self-report) -6 months and 15 months	Intervention: Pre: 0/211 = 0.0% Post (6 months): 71/204 = 34.8% Post (15 months): 109/195 = 55.9% Change (6 months): 34.8 pct pts Change (15 months): 55.9 pct pts Control: Pre: 0/217 = 0.0% Post (6 months): 41/210 = 19.5% Post (15 months): 83/200 = 41.5% Change (6 months): 19.5 pct pts Change (15 months): 41.5 pct pts Absolute change (6 months): +15.3 pct pts Absolute change (15 months): +14.4 pct pts Relative change (6 months): +78.5% Relative change (15 months): +34.7%
Lee (2017) ⁹⁸	n=417,846 not specified female low income; language other than English; uninsured; rural	-quantitative non-randomized -clinical; CBOs -adoption; penetration	-increase community demand: mass media; small media -increase community access: language support; navigation support; reducing client out-of-pocket costs; offering services in alternative or non-clinical settings -increase provider delivery of screening services: creating network of providers; provider incentives -community engagement: mass media	-adjustment -language and literacy skills; access to care; affordability; cost; provider availability; geographical access and proximity; health policy; telehealth, telemedicine, and mobile health	-screening (medical records) -2 years (study duration)	Intervention arm 1: “hub” Pre: 737/1243 = 59.3% Post: 1128 total (mean 8.7 women/month) Change: cannot calculate (follow-up rates not specified) Intervention arm 2: “spoke” Pre: 825/1380 = 59.8% Post: 1362 total (mean 9.2 women/month) Change: cannot calculate (follow-up rates not specified)
Livaudais (2010) ¹⁰¹	n=87 40-79 female language other than English; rural; immigrant; Hispanic/Latino	-pre/post (single arm) -home -acceptability	-increase community demand: group education -increase community access: language support; scheduling assistance -community engagement: outreach	-awareness; adjustment -language and literacy skills; access to care; cost; social support	-screening (self-report) -6 months	Pre: 58/70 = 82.9% Post: 64/70 = 91.4% Absolute change: +8.5 pct pts Relative change: +10.3%
Margulies (2019) ¹⁰⁴	n=49 not specified female low income; uninsured	-RCT -clinical -n/a	-increase community demand: small media; one-on-one education -increase community access: navigation support	-awareness; assistance -access to care	-screening (medical records) -2 weeks	Intervention: Pre: 0/25 = 0.0% Post: 19/25 = 76.0% Change: 76.0 pct pts Control: Pre: 0/24 = 0.0% Post: 45/223 = 41.7% Change: 41.7 pct pts Absolute change: +34.3 pct pts Relative change: +82.3%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Molina (2021) ¹¹²	n=145 50-74 female language other than English; Hispanic/Latino	-quantitative non-randomized -religious establishment; CBOs -n/a	-increase community demand: group education; client reminders -increase community access: navigation support; scheduling assistance; reducing client out-of-pocket costs; transportation support; language support	-awareness; adjustment; assistance -social support; sense of community; access to care; cost; transportation; language and literacy skills	-screening (self-report and medical records) -6 months	Intervention: <i>Pre:</i> 0/76 = 0.0% <i>Post:</i> 55/76 = 72.4% <i>Change:</i> 72.4 pct pts Control: <i>Pre:</i> 0/69 = 0.0% <i>Post:</i> 33/69 = 47.8% <i>Change:</i> 47.8 pct pts Absolute change: +24.5 pct pts Relative change: +51.3%
Percac-Lima (2012) ¹²⁸	n=91 40-79 female language other than English; urban; immigrant; Refugee	-pre/post (single arm) -clinical; home; religious establishment; other community settings -n/a	-increase community demand: group education; client reminders -increase community access: navigation support; scheduling assistance; language support; transportation support	-awareness; adjustment; assistance -access to care; social support; language and literacy skills	-screening (medical records) -1 year	<i>Pre:</i> 40/91 = 44.0% <i>Post:</i> 61/91 = 67.0% Absolute change: +23.1 pct pts Relative change: +52.5%
Percac-Lima (2013) ¹²⁵	n=4,274 40-74 female language other than English; urban; refugee; Middle Eastern/North African	-quantitative non-randomized -clinical; religious establishment -n/a	-increase community demand: one-on-one education; client reminders -increase community access: navigation support; scheduling assistance; transportation support; language support -community engagement: outreach	-awareness; adjustment; assistance -access to care; language and literacy skills	-screening (medical records) -3 years	Intervention: Refugee <i>Pre:</i> 64.1% <i>Post:</i> 81.2% <i>Change:</i> 17.1 pct pts Control: <i>Pre:</i> English-speaking: 76.5%; Spanish-speaking: 85.2% <i>Post:</i> English-speaking: 80.0%; Spanish-speaking: 87.6% <i>Change:</i> English-speaking: 3.5 pct pts; Spanish-speaking: 2.4 pct pts Absolute change: refugee vs. English-speaking: +13.6 pct pts; refugee vs. Spanish-speaking: +14.7 pct pts Relative change: refugee vs. English-speaking: +21.1%; refugee vs. Spanish-speaking: +23.2%
Phillips (2011) ¹²⁹	n=3,895 51-70 female language other than English; urban; underinsured	-RCT -clinical -fidelity	-increase community demand: client reminders; small media -increase community access: navigation support; scheduling assistance; language support	-awareness; adjustment; assistance -access to care; language and literacy	-screening (medical records) -9 month	Intervention: <i>Pre:</i> 1412/1817 = 77.7% <i>Post:</i> 1575/1817 = 86.7% <i>Change:</i> 9.0 pct pts Control: <i>Pre:</i> 1631/2078 = 78.5% <i>Post:</i> 1589/2078 = 76.5% <i>Change:</i> -2.0 pct pts Absolute change: +11.0 pct pts Relative change: +14.5%
Pruthi (2010) ¹³⁰	n=131 not specified female low literacy; language other than English; immigrant	-post only (single arm) -clinical; CBOs -acceptability; penetration	-increase community demand: group education; small media -increase community access: offering services in alternative or non-clinical settings; language support; transportation support; reducing client out-of-pocket costs -community engagement: partnerships; outreach	-awareness; adjustment; assistance; alignment -access to care; language and literacy skills; cost; transportation	-screening (medical records) -44 months (duration of program)	<i>Pre:</i> not specified <i>Post:</i> 113/131 = 86.3% <i>Change:</i> cannot calculate
Scheel (2015) ¹³⁹	n=101 ≥40 female low income; low education attainment; language other than English; immigrant; Hispanic/Latino	-pre/post (single arm) -home -n/a	-increase community demand: group education -increase community access: scheduling assistance; language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills; access to care; social support	-knowledge, intention to screen (self-report) -1 to 3 months	Most women (84%) indicated mam intention after attending the home health party. Mam intentions were not associated with lifetime mam history or other sociodemographic or healthcare variables. Social engagement was associated with intention, but knowledge was not.
Schmidt-Vaivao (2010) ¹⁴⁰	n=495 ≥18 (overall); ≥40 (breast) female language other than English; Asian; Native Hawaiians and other Pacific Islanders	-pre/post (single arm) -home; religious establishment; other community settings -n/a	-increase community demand: group education -increase community access: reducing client out-of-pocket costs -community engagement: partnerships	-adjustment -language and literacy skills; access to care	-knowledge, intention to screen, self-confidence to perform BSE (self-report) -immediately after the intervention	Increased knowledge about BSE and CBE and mam, confidence in performing BSE, and intent to schedule CBE. Older age and family history of breast cancer were negatively associated with increased knowledge of CBE and mam.

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Simon (2020) ¹⁴³	n=723 ≥40 female language other than English; uninsured; Black or African American; Hispanic/Latino; underinsured	-quantitative non-randomized -religious establishment; clinical; CBOs; other community settings -penetration	-increase community demand: group education -increase community access: scheduling assistance; language support; navigation support -community engagement: outreach	-awareness; adjustment; assistance -access to care; access to primary care	-screening (medical records) -27 months	Intervention: <i>Pre:</i> 0/723 = 0.0% <i>Post:</i> 360/723 = 49.8% <i>Change:</i> 49.8 pct pts Control: <i>Pre:</i> 0/852 = 0.0% <i>Post:</i> 355/852 = 41.7% <i>Change:</i> 41.7 pct pts Absolute change: +8.1 pct pts Relative change: +19.5%
Sinicrope (2020) ¹⁴⁴	n=25 ≥40 female language other than English; American Indians/Alaska Natives	-RCT -mobile screening unit; clinical; home -acceptability	-increase community demand: one-on-one education; small media -increase community access: language support; transportations support; offering services in alternative or non-clinical settings -community engagement: partnerships	-awareness; adjustment; assistance -language and literacy skills; health literacy; social support; telehealth, telemedicine, and mobile health; transportation	-screening (self-report and medical records) -3 months	Intervention: <i>Pre:</i> 0/13 = 0.0% <i>Post:</i> medical records: 7/13 = 53.8%; self-report: 6/13 = 46.2% <i>Change:</i> medical records: 53.8 pct pts; self-report: 46.2 pct pts Control: <i>Pre:</i> 0/12 = 0.0% <i>Post:</i> medical records: 4/12 = 33.3%; self-report: 6/12 = 50.0% <i>Change:</i> medical records: 33.3 pct pts; self-report: 50.0 pct pts Absolute change: medical records: +20.5 pct pts; self-report: -3.8 pct pts; mean: +8.4 pct pts Relative change: medical records: +61.6%; self-report: -7.6%; +mean: 27.0%
Smalls (2019) ¹⁴⁵	n=27 ≥40 female low income; uninsured; underinsured	-pre/post (single arm) -clinical -penetration; sustainability	-increase community demand: client reminders; one-on-one education -increase community access: reducing client out-of-pocket costs -increase provider delivery of screening services: provider reminders; provider education	-awareness; adjustment; assistance -access to care; affordability; cost; health literacy; quality of care	-screening (medical records) -3 months	<i>Pre:</i> 6/27 = 22.0% <i>Post:</i> 13/25 = 52.0% Absolute change: +30.0 pct pts Relative change: +136.4%
Tolma (2019) ¹⁵³	n=29 52-74 female rural; American Indians/Alaska Natives	-pre/post (single arm) -clinical; other community settings -acceptability; feasibility; fidelity; penetration	-increase community demand: one-on-one education; small media; group education -increase provider delivery of screening services: clinical decision support -community engagement: partnerships	-adjustment -quality of care; language and literacy skills; social support; sense of community	-screening (self-report) -1 year	<i>Pre:</i> 0/29 = 0.0% <i>Post:</i> 45251 = 52.4% <i>Change:</i> 52.4 pct pts
Torres (2019) ¹⁵⁵	n=735 ≥25 (overall); ≥40 (breast) female language other than English; uninsured; rural; Black or African American; Hispanic/Latino; underinsured	-post only (single arm) -clinical; CBOs; other community settings -acceptability; penetration	-increase community demand: group education; client reminders -increase community access: navigation support; scheduling assistance; language support; transportation support; reducing client out-of-pocket costs -community engagement: partnerships	-awareness; adjustment; assistance -cost/affordability; access to care; transportation; language and literacy skills	-screening (medical records) -2 years	<i>Pre:</i> 0/193 = 0.0% <i>Post:</i> 139/193 = 72.0% <i>Change:</i> 72.0 pct pts
von Friederichs-Fitzwater (2010) ¹⁵⁸	n=161 ≥50 female American Indians/Alaska Natives	-pre/post (single arm) -clinical; CBOs; other community settings -acceptability	-increase community demand: small media; group education -community engagement: partnerships	-awareness -social capital and networks	-screening (self-report) -1 year	<i>Pre:</i> not specified <i>Post:</i> 114/158 = 72.2% <i>Change:</i> cannot calculate
Wang (2012) ¹⁶²	n=664 ≥40 female language other than English; urban; immigrant; Asian	-RCT -home -acceptability	-increase community demand: small media -increase community access: language support -community engagement: partnerships	-adjustment -language and literacy skills	-intention to screen (self-report) -2 to 4 weeks	Screening intentions increased in all study arms. The odds of intending to obtain a mam increased twice as much among those exposed to the generic video relative to the cultural video. Women in the control group were 40% less likely to report that they intended to obtain a mam relative to women in the cultural video group.
Wang (2020) ¹⁶⁰	n=3688 40-74 female none specified	-quantitative non-randomized -clinical -penetration	-increase community demand: client reminders -increase provider delivery of screening services: provider reminders	-adjustment -access to care	-proportion of women who used Pink Cards among all screened women (medical records) -2 years (study duration)	Nearly 11,000 women underwent screening mam, of which about one-third had referring physicians from one of the three on-site practices that participated in the Pink Card program. The Pink Card was used by 20% of women presenting for screening mam from these practices.
Wu (2013) ¹⁷¹	n=166 ≥30 female language other than English; immigrant; Asian	-pre/post (single arm) -religious establishment; CBOs -n/a	-increase community demand: group education -increase community access: language support; reducing client out-of-pocket costs -community engagement: partnerships; outreach	-awareness; adjustment -language and literacy skills; access to care; cost/affordability	-beliefs, knowledge, self-efficacy, intention to screen (self-report) -immediately after the intervention	Post-intervention, 94% of participants indicated that they were planning to obtain CBEs in the future, and 91% indicated that they plan to obtain mam. No pre-post change in knowledge of mam frequency. Increased knowledge of recommended frequency for performing BSE and CBE and increased self-efficacy for performing BSE.

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Wu (2015) ¹⁷⁰	n=193 ≥41 female language other than English; immigrant; Asian	-RCT -home -acceptability; appropriateness; feasibility	-increase community demand: one-on-one education -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills	-screening (self-report) -4 months	Intervention: <i>Pre:</i> 0/93 = 0.0% <i>Post:</i> 34/86 = 39.5% <i>Change:</i> 39.5 pct pts Control: <i>Pre:</i> 0/96 = 0.0% <i>Post:</i> 27/81 = 33.3% <i>Change:</i> 33.3 pct pts Absolute change: +6.2 pct pts Relative change: +18.6%
Multiple: breast and cervical cancer screening (n=7)						
Asgary (2017) ²⁷	n=162 50-74 (breast); 21-65 (cervical) female low income; persons experiencing housing insecurity	-pre/post (single arm) -clinical; CBOs -n/a	-increase community demand: one-on-one education; group education; client reminders -increase community access: navigation support; transportation support	-awareness; adjustment; assistance -access to primary care; geographical access and proximity; health literacy; transportation	-screening (self-report) -6 months	<i>Pre:</i> breast: 0/52 = 0.0%; cervical: 0/143 = 0.0% <i>Post:</i> breast: 46/52 = 88.5%; cervical: 119/143 = 83.2% <i>Change:</i> breast: 88.5 pct pts; cervical: 83.2 pct pts
Eder (2015) ⁶⁰	n=10,400 not specified female low income; uninsured; urban	-post only (single arm) -clinical -penetration	-increase community demand: group education -increase community access: reducing client out-of-pocket costs -increase provider delivery of screening services: case management; provider education -community engagement: partnerships	-adjustment -cost; access to care; quality of care	-screening (medical records) -5 years (length of program evaluation)	<i>Pre:</i> not specified <i>Post</i> (5-year averages): mam: 3,040; CBE: 7,780; Pap test: 8,980 <i>Change:</i> cannot calculate (pre/post rates not specified)
Falk (2020) ⁶³	n=7,631 21-74 female low income; language other than English; uninsured; rural; underinsured	-quantitative non-randomized -other community settings -n/a	-increase community demand: group education -increase community access: navigation support -community engagement: partnerships	-awareness; adjustment; assistance -access to care; language and literacy skills; cost; transportation	-screening (self-report) -6 months	Intervention arm 1: <i>Pre:</i> breast: 0/1860 = 0.0%; cervical: 0/2513 = 0.0% <i>Post:</i> breast: 1170/1860 = 62.9%; cervical: 1387/2513 = 55.2% <i>Change:</i> breast: 62.9 pct pts; cervical: 55.2 pct pts Intervention arm 2: <i>Pre:</i> breast: 0/1828 = 0.0%; cervical: 0/2366 = 0.0% <i>Post:</i> breast: 1358/1828 = 74.3%; cervical: 719/2366 = 30.4% <i>Change:</i> breast: 74.3 pct pts; cervical: 30.4 pct pts Control: <i>Pre:</i> breast: 0/1254 = 0.0%; cervical: 0/1290 = 0.0% <i>Post:</i> breast: 356/1254 = 28.4%; cervical: 215/1290 = 16.7% <i>Change:</i> breast: 28.4 pct pts; cervical: 16.7 pct pts Absolute change: breast (arm 1 vs. control): +34.5 pct pts; breast (arm 2 vs. control): +45.9 pct pts; cervical (arm 1 vs. control): +38.5 pct pts; cervical (arm 2 vs. control): +13.7 pct pts Relative change: breast (arm 1 vs. control): +21.5%; breast (arm 2 vs. control): +161.6%; cervical (arm 1 vs. control): +230.5%; cervical (arm 2 vs. control): +82.0%
Han (2017) ⁷²	n=560 21-65 female language other than English; Asian; urban	-RCT -home; religious establishment; other community settings -n/a	-increase community demand: small media; group education -increase community access: navigation support -community engagement: partnerships	-awareness; adjustment; assistance -language and literacy skills; access to care; health literacy; social support	-screening (medical records) -6 months	Intervention: <i>Pre:</i> breast: 0/198 = 0.0%; cervical: 0/246 = 0.0%; both: 0/166 = 0.0% <i>Post:</i> breast: 111/198 = 56.1%; cervical: 134/246 = 54.5%; both: 77/166 = 46.4% <i>Change:</i> breast: 56.1 pct pts; cervical: 54.5 pct pts; both: 46.4 pct pts Control: <i>Pre:</i> breast: 0/201 = 0.0%; cervical: 0/251 = 0.0%; both: 0/170 = 0.0% <i>Post:</i> breast: 20/201 = 10.0%; cervical: 23/251 = 9.2%; both: 11/170 = 6.5% <i>Change:</i> breast: 10.0 pct pts; cervical: 9.2 pct pts; both: 6.5 pct pts Absolute change: breast: +46.1 pct pts; cervical: +44.9 pct pts; both: +39.9 pct pts Relative change: breast: +461.0%; cervical: +488.0%; both: +613.8%
Jandorf (2012, 2014) ^{81,82}	n=1,073 (2012); n=1,968 (2014) ≥18 (clinical breast exam, cervical); ≥40 (mammography) female language other than English; immigrant; undocumented immigrant; Hispanic/Latino; rural; urban	-RCT -home; religious establishment; other community settings -n/a	-increase community demand: group education; one-on-one education -increase community access: navigation support; language support; scheduling assistance; transportation support; assisting with obtaining health insurance -community engagement: outreach; partnerships	-awareness; adjustment; assistance -social vulnerability; transportation; access to primary care; social support; language and literacy skills; access to care	-screening (self-report) -2 and 8 months	Intervention: <i>Pre:</i> mam: 36.2%; CBE: 47.0%; Pap test: 53.1% <i>Post (2 months):</i> mam: 59.2%; CBE: 65.9%; Pap test: 62.4% <i>Post (8 months):</i> mam: 78.0%; CBE: 81.0%; Pap test: 77.7% <i>Change (2 months):</i> mam: 23.0 pct pts; CBE: 18.9 pct pts; Pap test: 9.3 pct pts <i>Change (8 months):</i> mam: 41.8 pct pts; CBE: 34.0 pct pts; Pap test: 24.6 pct pts Control: <i>Pre:</i> mam: 46.1%; CBE: 51.8%; Pap test: 55.1% <i>Post (2 months):</i> mam: 61.5%; CBE: 72.2%; Pap test: 69.4% <i>Post (8 months):</i> mam: 74.5%; CBE: 78.7%; Pap test: 73.9% <i>Change (2 months):</i> mam: 15.4 pct pts; CBE: 20.4 pct pts; Pap test: 14.3 pct pts <i>Change (8 months):</i> mam: 28.4 pct pts; CBE: 26.9 pct pts; Pap test: 18.8 pct pts Absolute change (2 months): mam: +7.6 pct pts; CBE: -1.5 pct pts; Pap test: -5.0 pct pts Absolute change (8 months): mam: +13.4 pct pts; CBE: +7.1 pct pts; Pap test: +5.8 pct pts Relative change (2 months): mam: +22.6%; CBE: +0.6%; Pap test: -6.7% Relative change (8 months): mam: +33.3%; CBE: +13.4%; Pap test: +9.1%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Weston (2018) ¹⁶⁶	n=83 ≥18 female low income; underinsured	-pre/post (single arm) -clinical -acceptability; penetration	-increase community access: reducing client out-of-pocket costs; language support -increase provider delivery of screening services: provider education; care coordination -community engagement: partnerships; outreach	-adjustment; assistance -access to care; access to primary care; affordability; cost; language and literacy skills	-screening (self-report) -1 year	<i>Pre:</i> 0/83 = 0.0% <i>Post:</i> 75/83 = 90.4% <i>Change:</i> 90.4 pct pts
White (2012) ¹⁶⁷	n=782 >18 (overall); ≥40 (breast) female language other than English; immigrant; Hispanic/Latino	-post only (single arm) -religious establishment -penetration	-increase community demand: group education; small media; mass media -increase community access: scheduling assistance; language support -increase provider delivery of screening services: improving provider availability -community engagement: outreach; partnerships; mass media	-awareness; adjustment; assistance -language and literacy skills; access to care; access to primary care; cost; affordability; social capital and networks	-screening (self-report) -not specified	<i>Pre:</i> not specified <i>Post:</i> cervical: 410/782 = 52.4%; breast: 141/229 = 61.6% <i>Change:</i> cannot calculate
Multiple: breast, cervical, and colorectal cancer screening (n=10)						
Allen (2014) ²⁴	n=77 ≥18 female low income; language other than English; Hispanic/Latino	-pre/post (single arm) -religious establishment -acceptability; feasibility; penetration	-increase community demand: client reminders; one-on-one education; group education -increase community access: assisting with obtaining health insurance; offering services in alternative or non-clinical settings -community engagement: partnerships	-adjustment; assistance -access to care; health insurance coverage; health literacy; telehealth, telemedicine, and mobile health; social support; language and literacy skills	-screening (self-report) -6 months	<i>Pre:</i> colorectal: 9/12 = 75.0%; breast: 13/21 = 61.9%; cervical: 24/27 = 88.9%; all: 24/36 = 66.7% <i>Post:</i> colorectal: 9/12 = 75.0%; breast: 18/21 = 85.7%; cervical: 20/26 = 76.9%; all: 27/36 = 75.0% <i>Change:</i> colorectal: 0.0 pct pts; breast: 23.8 pct pts; cervical: -12.0 pct pts; all: 8.3 pct pts Absolute change: colorectal: 0.0 pct pts; breast: +23.8 pct pts; cervical: -12.0 pct pts; all: +8.3 pct pts Relative change: colorectal: 0.0%; breast: +38.4%; cervical: -13.5%; all: +12.4%
Elder (2017) ⁶¹	n=436 18-65 female language other than English; Hispanic/Latino	-RCT -religious establishment; CBOs; other community settings -n/a	-increase community demand: group education; one-on-one education; small media -increase community access: language support -increase provider delivery of screening services: provider education -community engagement: partnerships	-awareness; adjustment -social support; access to care; language and literacy skills	-screening (self-report) -12 months	Intervention: <i>Pre:</i> mam: 63/144 = 43.8%; CBE: 101/215 = 47.0%; Pap test: 194/216 = 89.8%; FOBT: 9/59 = 15.3%; sig/col: 22/59 = 37.3% <i>Post:</i> mam: 88/144 = 61%; CBE: 135/215 = 63%; Pap test: 194/216 = 90%; FOBT: 15/59 = 25%; sig/col: 31/59 = 53% <i>Change:</i> mam: 17 pct pts; CBE: 16 pct pts; Pap test: 0 pct pts; FOBT: 10 pct pts; sig/col: 16 pct pts Control: <i>Pre:</i> mam: 78/151 = 51.7%; CBE: 122/212 = 57.6%; Pap test: 180/211 = 85.3%; FOBT: 8/61 = 13.1%; sig/col: 19/61 = 31.2% <i>Post:</i> mam: 63/151 = 42%; CBE: 106/212 = 50%; Pap test: 186/211 = 88%; FOBT: 12/61 = 20%; sig/col: 24/61 = 40% <i>Change:</i> mam: -10 pct pts; CBE: -8 pct pts; Pap test: 3 pct pts; FOBT: 7 pct pts; sig/col: 9 pct pts Absolute change: mam: +27 pct pts; CBE: +24 pct pts; Pap test: -3 pct pts; FOBT: +3 pct pts; sig/col: +7 pct pts; mean CRC: +5 pct pts Relative change: mam: +71%; CBE: +54%; Pap test: -3%; FOBT: +7%; sig/col: +11%; mean CRC: +9%
Hendryx (2018) ⁷⁵	n=56,959 40-64 (breast); 18-64 (cervical); 50-64 (colorectal) mixed low income; uninsured	-quantitative non-randomized -policy -n/a	-increase community access: insurance coverage	-n/a -health insurance coverage; health policy; cost	-screening (self-report) -4 years	Intervention: <i>Pre:</i> not specified <i>Post:</i> not specified <i>Change:</i> not specified Control: <i>Pre:</i> not specified <i>Post:</i> not specified <i>Change:</i> not specified Absolute change: colorectal: +3.2 pct pts; breast: +2.7 pct pts; cervical: +2.0 pct pts Relative change: cannot calculate
Larkey (2012) ⁹⁴	n=1,006 ≥18 female low income; language other than English; Hispanic/Latino	-RCT -home; religious establishment; CBOs -cost	-increase community demand: group education; small media -increase community access: language support -community engagement: partnerships	-awareness; adjustment -social support; language and literacy skills	-screening (self-report) -3 months and 15 months	Intervention: <i>Pre:</i> not specified <i>Post (3 months):</i> any one screening: 121/307 = 39.4%; cervical: 112/283 = 39.6%; breast: 20/89 = 22.5%; colorectal: 5/53 = 9.4% <i>Post (15 months):</i> any one screening: 59/121 = 48.8%; cervical: 55/112 = 49.1%; breast: 6/20 = 30.0%; colorectal: 1/5 = 20.0% <i>Change:</i> cannot calculate Control: <i>Pre:</i> not specified <i>Post (3 months):</i> any one screening: 92/202 = 45.5%; cervical: 86/192 = 44.8%; breast: 20/59 = 33.9%; colorectal: 2/22 = 9.1% <i>Post (15 months):</i> any one screening: 45/92 = 48.9%; cervical: 42/86 = 48.8%; breast: 9/20 = 45.0%; colorectal: 1/2 = 50.0% <i>Change:</i> cannot calculate

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Markovitz (2015) ¹⁰⁵	n=2,218 52-64 (breast); 24-64 (cervical); 51-64 (colorectal) mixed none specified	-quantitative non-randomized -clinical -n/a	-increase provider delivery of screening services: implementation of patient-centered medical home model in primary care centers, including financial incentives	-n/a -access to care; quality of care	-screening (medical records) -3 years	<i>Pre:</i> breast: 76.1%; cervical: 76.9%; colorectal: 50.3% <i>Post:</i> breast: 74.6%; cervical: 73.7%; colorectal: 50.0% Absolute change: breast: -1.5 pct pts; cervical: -3.2 pct pts; colorectal: -0.3 pct pts Relative change: breast: -2.0%; cervical: -4.2%; colorectal: -0.6%
Mojica (2021) ¹¹¹	n=3,045 40-74 (breast); 21-65 (cervical); 50-75 (colorectal) mixed language other than English; Hispanic/Latino	-pre/post (single arm) -clinical; CBOs -n/a	-increase community demand: group education; client reminders; small media -increase community access: navigation support; scheduling assistance; reducing client out-of-pocket costs; transportation support; language support -increase provider delivery of screening services: improving provider availability -community engagement: outreach	-awareness; adjustment; assistance -access to care; access to primary care; cost; language and literacy skills	-screening (medical records) -not specified	<i>Pre:</i> 0/3045 = 0.0% <i>Post:</i> 2158/3045 = 70.9% <i>Change:</i> 70.9 pct pts
Nguyen (2020) ¹¹⁸	n=27,388 (breast); n=35,581 (cervical); n=33,257 (colorectal) 50-74 (breast); 21-64 (cervical); 50-75 (colorectal) mixed urban	-quantitative non-randomized -clinical -n/a	-increase provider delivery of screening services: care coordination; creating network of providers; provider education	-n/a -quality of care	-screening (medical records) -2 years	Intervention: <i>Pre:</i> colorectal: 7241/9502 = 76.2%; breast: 6008/7482 = 80.3%; cervical: 8863/10026 = 88.4% <i>Post:</i> colorectal: 7242/9261 = 78.2%; breast: 3590/4239 = 84.7%; cervical: 8474/9684 = 87.5% <i>Change:</i> colorectal: 2.0 pct pts; breast: 4.4 pct pts; cervical: -0.9 pct pts Control: <i>Pre:</i> colorectal: 18410/23755 = 77.5%; breast: 16761/19906 = 84.2%; cervical: 22105/25555 = 86.5% <i>Post:</i> colorectal: 19342/24268 = 79.7%; breast: 9635/11087 = 86.9%; cervical: 21712/24617 = 88.2% <i>Change:</i> colorectal: 2.2 pct pts; breast: 2.7 pct pts; cervical: 1.7 pct pts Absolute change: colorectal: -0.2 pct pts; breast: +1.7 pct pts; cervical: -2.6 pct pts Relative change: colorectal: -0.2%; breast: +2.2%; cervical: -2.9%
Rapkin (2017) ¹³³	n=9,374 not specified mixed low income; low education attainment; language other than English; uninsured; urban; immigrant; Asian; Black or African American; Hispanic/Latino	-quantitative non-randomized -religious establishment; clinical; CBOs; other community settings -penetration	-increase community demand: group education -increase community access: reducing client out-of-pocket costs; offering services in alternative or non-clinical settings -community engagement: partnerships	-adjustment; alignment -access to care; cost	-screening (self-report) -48 months	<i>Pre:</i> not specified <i>Post:</i> breast: 1847/2799 = 66%; colorectal: 2240/3797 = 59%; cervical: 2913/4776 = 61% <i>Change:</i> cannot calculate
Warner (2019) ¹⁶⁴	n=318 ≥18 (overall); 40-74 (breast); 21-65 (cervical); 50-75 (colorectal) mixed language other than English; Hispanic/Latino	-pre/post (single arm) -workplace; home -n/a	-increase community demand: one-on-one education -increase community access: navigation support -community engagement: partnerships	-adjustment -language and literacy skills; access to care	-screening (self-report and medical records) -13 months	<i>Pre:</i> Pap test: 143/184 = 77.7%; mam: 95/143 = 66.4%; sig: 1/108 = 0.9%; col: 33/107 = 30.8%; FIT: 15/109 = 13.8% <i>Post:</i> Pap test: 147/184 = 79.9%; mam: 98/143 = 68.5%; sig: 2/108 = 1.8%; col: 33/107 = 30.8%; FIT: 62/109 = 56.9% Absolute change: Pap test: +2.2 pct pts; mam: +2.1 pct pts; sig: +0.9 pct pts; col: 0.0 pct pts; FIT: +43.1 pct pts; mean CRC: +14.7 pct pts Relative change: Pap test: +2.8%; mam: +3.2%; sig: +100.0%; col: 0.0%; FIT: +312.3%; mean CRC: +137.4%
Wright (2016) ¹⁶⁹	n=16,204 18-64 mixed low income	-RCT -policy -n/a	-increase community access: policy change (Medicaid expansion)	-n/a -health insurance coverage; health policy	-screening (self-report) -1 year	Intervention: <i>Pre:</i> not specified <i>Post:</i> not specified <i>Change:</i> Pap test: 56.5 pct pts; mam: 45.9 pct pts; breast examination: 52.8 pct pts; col: 17.0 pct pts blood stool test: 9.5 pct pts Control: <i>Pre:</i> not specified <i>Post:</i> not specified <i>Change:</i> Pap test: 37.8 pct pts; mam: 31.5 pct pts; breast examination: 40.1 pct pts; col: 6.8 pct pts; blood stool test: 9.9 pct pts Absolute change: Pap test: +18.7 pct pts; mam: +14.4 pct pts; breast examination: +12.7 pct pts; col: +10.2 pct pts; blood stool test: -0.4 pct pts; CRC mean: +4.9 pct pts Relative change: cannot calculate (pre/post screening rates not specified)

Multiple: breast and colorectal cancer screening (n=1)

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Davis (2015) ⁵⁵	n=744 ≥50 female low income; low literacy; rural; medically underserved	-quantitative non-randomized -clinical -cost	-increase community demand: one-on-one education; client reminders -increase community access: population-based approaches like FIT; reducing client out-of-pocket costs	-awareness; adjustment -health literacy; cost; access to care	-screening (medical records) -12 months	Intervention arm 1: education Pre: 23/223 = 10.3% Post: 53/224 = 23.7% Change: 13.4 pct pts Intervention arm 2: nurse-support Pre: 98/239 = 41.2% Post: 120/310 = 38.7% Change: -2.5 pct pts Control: enhanced-care Pre: : 39/193 = 20.2% Post: 59/210 = 28.1% Change: 7.9 pct pts Absolute change: arm 1 vs. control: +5.5 pct pts; arm 2 vs. control: -10.4 pct pts Relative change: arm 1 vs. control: +65.4%; arm 2 vs. control: -32.5%
Cervical cancer screening (n=27)						
Bharel (2015) ³¹	n=2,552 21-64 female homeless women	-quantitative non-randomized -clinical; CBOs -n/a	-increase community demand: small media; client reminders -increase community access: language support; offering services in alternative or non-clinical settings; navigation support -increase provider delivery of screening services: provider assessment and feedback; provider reminders; provider education	-awareness; adjustment; assistance - language and literacy skills; access to primary care; quality of care	-screening (medical records) -5 years	Pre: 485/2552 = 19.0% Post: 1441/2882 = 50.0% Absolute change: +31.0 pct pts Relative change: +163.2%
Bitler (2017) ³³	n=600,000 19-64 female none specified	-quantitative non-randomized -policy -n/a	-increase community access: insurance coverage	-n/a -health insurance coverage; affordability; cost; health policy	-screening (self-report) -12 years (duration of study)	Pre: not specified Post: not specified Absolute change: +1.3 pct pts (as reported by authors; pre/post rates not specified) Relative change: cannot calculate
Calderon-Mora (2020) ³⁸	n=300 21-65 female low education attainment; language other than English; uninsured; Hispanic/Latino	-RCT -other community settings -n/a	-increase community demand: one-on-one education; group education -increase community access: navigation support; reducing client out-of-pocket costs	-awareness; adjustment -language and literacy skills; access to care; cost	-screening (self-report) -4 months	Intervention: Pre: 0/150 = 0.0% Post: 91/132 = 68.9% Change: 68.9 pct pts Control: Pre: 0/150 = 0.0% Post: 97/125 = 77.6% Change: 77.6 pct pts Absolute change: -8.7 pct pts Relative change: -11.2%
Clark (2011) ⁴⁶	n=732 18-75 female Black or African American	-quantitative non-randomized -clinical -n/a	-increase community access: navigation support -increase provider delivery of screening services: case management -community engagement: partnerships	-awareness; assistance -access to primary care; quality of care; social support	-screening (self-report and medical records) -5 years	Pre: 481/578 = 83.2% Post: 184/249 = 73.9% Absolute change: -9.3 pct pts Relative change: -11.2%
Emerson (2020) ⁶²	n=133 ≥18 female incarcerated or previously incarcerated; urban	-pre/post (single arm) -jails -n/a	-increase community demand: group education	-adjustment -health literacy	-screening (self-report) -1 year	Pre: 96/133 = 72.2% Post: 109/133 = 82.0% Absolute change: +9.8 pct pts Relative change: +13.5%
Fang (2017) ⁶⁵	n=705 ≥21 female language other than English; Asian	-RCT -religious establishment -n/a	-increase community demand: group education; client reminders -increase community access: navigation support -community engagement: partnerships	-awareness; adjustment; assistance -language and literacy skills; access to care	-screening (self-report (medical record verification for intervention group only)) -12 months	Intervention: Pre: 0/347 = 0.0% Post: 209/290 = 72.1% Change: 72.1 pct pts Control: Pre: 0/358 = 0.0% Post: 30/298 = 10.1% Change: 10.1 pct pts Absolute change: +62.0 pct pts Relative change: +615.9%
Fang (2019) ⁶⁴	n=1,488 18-70 female language other than English; Asian	-RCT -CBOs -n/a	-increase community demand: group education -community engagement: partnerships	-awareness; adjustment -language and literacy skills; affordability	-beliefs, knowledge, self-efficacy (self-report) -immediately after the intervention	Greater improvements in knowledge, perceived barriers, perceived benefits, and self-efficacy in the intervention vs. control group

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Fleming (2018) ⁶⁶	n=60 21-70 female language other than English; immigrant; Hispanic/Latino; migrant and seasonal farmworkers	-pre/post (single arm) -religious establishment; CBOs -n/a	-increase community demand: group education -increase community access: scheduling assistance -community engagement: partnerships	-awareness; adjustment; assistance -language and literacy skills; access to care; social capital and networks; trust	-screening (self-report) -3 months	<i>Pre:</i> 46/60 = 76.7% <i>Post:</i> 20/56 = 35.7% <i>Change:</i> post data in aggregate; cannot calculate individual-level change in screening
Fornos (2014) ⁶⁷	n=32,807 ≥18 female language other than English; uninsured; Hispanic/Latino	-pre/post (single arm) -clinical -penetration	-increase community demand: small media; mass media; client reminders -increase community access: language support -community engagement: outreach	-adjustment -language and literacy skills; access to care; social capital and networks; social cohesion and integration	-screening (medical records) -3 years	<i>Pre:</i> 10,847/32,807 = 33.1% <i>Post:</i> 13,671/32,807 = 41.7% Absolute change: 8+.6 pct pts Relative change: +26.0%
Krok-Schoen (2016) ⁹¹	n=90 ≥18 female none specified	-RCT -clinical; home; other community settings -n/a	-increase community demand: one-on-one education -increase community access: reducing client out-of-pocket costs	-awareness; adjustment; assistance -access to care; cost	-screening (medical records) -10 months	<i>Pre:</i> 0/90 = 0.0% <i>Post:</i> 45/90 = 50.0% <i>Change:</i> 50.0 pct pts
Kuroki (2021) ⁹²	n=932 ≥18 female low income	-RCT -home -n/a	-increase community demand: one-on-one education; client reminders -increase community access: navigation support; reducing client out-of-pocket costs; transportation support	-awareness; adjustment; assistance -access to care; transportation; cost	-patient making contact for Pap test referral (self-report) -1 month	Women in the navigator group reported higher rates of contacting a Pap test referral (34%) than those exposed to verbal referral only (17%) or verbal referral and tailored print reminder (10%)
Lea (2019) ⁹⁶	n=230 30-65 female low income	-quantitative non-randomized -home -n/a	-increase community demand: client reminders -increase community access: population-based approaches like FIT; reducing client out-of-pocket costs	-awareness; adjustment -affordability; cost; access to care	-screening (self-report) -2 months	<i>Pre:</i> 0/230 = 0.0% <i>Post:</i> 80/145 = 55.2% <i>Change:</i> 55.2 pct pts
McDonough (2016) ¹⁰⁸	n=5,211 ≥18 female low income; language other than English; Hispanic/Latino	-pre/post (single arm) -clinical; other community settings -n/a	-increase community demand: group education -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills; social support; trust	-attitudes, knowledge, self-efficacy, intention to screen (self-report) -immediately after the intervention	Increased knowledge, positive attitudes, and self-efficacy to obtain a Pap test after the <i>charla</i> education session
Montealegre (2015) ¹¹⁴	n=100 ≥21 female low income; language other than English; immigrant; Hispanic/Latino	-pre/post (single arm) -Mexican consulate -acceptability; cost; feasibility	-increase community access: language support	-adjustment -language and literacy skills	-screening (self-report) -3 months	<i>Pre:</i> 0/100 = 0.0% <i>Post:</i> 100/100 = 100% <i>Change:</i> 100 pct pts
Nikpay (2016) ¹²⁰	n=5,700 15-44 female low income	-quantitative non-randomized -clinical -n/a	-increase community demand: one-on-one education -increase provider delivery of screening services: clinic requirement to offer reproductive health care (federal policy providing funding for family planning clinics)	-n/a -health policy; access to care	-screening (self-report) -9 years (duration of natural experiment)	Intervention: Pap test within past year: 1867/2544 = 73.4%; Pap test ever: 2409/2544 = 94.7% <i>Change:</i> cannot calculate (screening data from single cross-section) Control: Pap test within past year: 1739/2604 = 66.8%; Pap test ever: 2333/2604 = 89.6% <i>Change:</i> cannot calculate (screening data from single cross-section)
O'Brien (2010) ¹²²	n=120 18-65 female language other than English; Hispanic/Latino; low education attainment	-RCT -not specified -n/a	-increase community demand: group education -community engagement: partnerships	-adjustment -n/a	-screening (self-report) -6 months	Screening at follow-up was higher among intervention participants compared to those in the control group
Ornelas (2018) ¹²³	n=40 21-65 female language other than English; refugee; Asian	-pre/post (single arm) -home -acceptability	-increase community demand: small media -increase community access: navigation support -community engagement: partnerships	-awareness; adjustment; assistance -language and literacy skills; health literacy; access to primary care	-awareness, knowledge, intention to screen (self-report) -immediately after the intervention	Increased screening intention, knowledge, and awareness post-intervention
Sabik (2018) ¹³⁸	n=202,068 21-64 female low income	-quantitative non-randomized -policy -n/a	-increase community access: policy change (Medicaid expansion)	-n/a -health policy; access to care; affordability; cost	-screening (self-report) -10 years (duration of study)	Intervention: <i>Pre:</i> not specified <i>Post:</i> not specified <i>Change:</i> cannot calculate Control: <i>Pre:</i> not specified <i>Post:</i> not specified <i>Change:</i> cannot calculate Absolute change: +1.3 pct pts Relative change: cannot calculate (pre/post screening rates not specified)

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Shokar (2021) ¹⁴²	n=599 21-65 female low income; low education attainment; language other than English; uninsured; Hispanic/Latino; underinsured	-quantitative non-randomized -home; clinical -n/a	-increase community demand: client reminders; client incentives; small media; one-on-one education -increase community access: navigation support; scheduling assistance; transportation support; language support; reducing client out-of-pocket costs; assisting with obtaining health insurance -community engagement: partnerships	-awareness; adjustment; assistance -language and literacy skills; access to care; access to primary care; cost; affordability; health insurance coverage; transportation	-screening (self-report) -4 months	Intervention: <i>Pre:</i> 0/300 = 0.0% <i>Post:</i> 188/300 = 62.7% <i>Change:</i> 67.2 pct pts Control: <i>Pre:</i> 0/299 = 0.0% <i>Post:</i> 13/299 = 4.3% <i>Change:</i> 4.3 pct pts Absolute change: +58.3 pct pts Relative change: +1341.3%
Studts (2012) ¹⁴⁷	n=345 40-64 female low income; rural	-RCT -home; religious establishment -n/a	-increase community demand: small media; one-on-one education; group education -increase community access: transportation support -community engagement: partnerships	-awareness -access to care; social support	-screening (self-report) -8 months	Intervention: <i>Pre:</i> 0/176 = 0.0% <i>Post:</i> 31/176 = 17.6% <i>Change:</i> 17.6 pct pts Control: <i>Pre:</i> 0/169 = 0.0% <i>Post:</i> 19/169 = 11.2% <i>Change:</i> 11.2 pct pts Absolute change: +6.4 pct pts Relative change: +56.7%
Tanjasiri (2019) ¹⁴⁸	n=1,007 (591 women, 416 men) 21-65 (women) mixed sex language other than English; Native Hawaiians and other Pacific Islanders	-RCT -religious establishment; CBOs -n/a	-increase community demand: group education; small media -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills; social support	-screening (self-report) -6 months	Intervention: <i>Pre:</i> 129/249 = 52.2% <i>Post:</i> 38/74 = 51.4% <i>Change:</i> -0.8 pct pts Control: <i>Pre:</i> 182/342 = 53.8% <i>Post:</i> 37/106 = 34.9% <i>Change:</i> -18.9 pct pts Absolute change: +18.1 pct pts Relative change: +51.8%
Taylor (2010) ¹⁴⁹	n=234 20-69 female language other than English; immigrant; Asian	-RCT -home -fidelity	-increase community demand: small media; client reminders -increase community access: language support	-awareness; adjustment -language and literacy skills	-screening (self-report and medical records) -6 months	Intervention: <i>Pre:</i> 0/118 = 0.0% <i>Post:</i> medical records: 18/118 = 15.3%; self-report: 28/118 = 23.7% <i>Change:</i> medical records: 15.3 pct pts; self-report: 23.7 pct pts Control: <i>Pre:</i> 0/116 = 0.0% <i>Post:</i> medical records: 8/116 = 6.9%; self-report: 16/116 = 13.8% <i>Change:</i> medical records: 6.9 pct pts; self-report: 13.8 pct pts Absolute change: medical records: +8.4 pct pts; self-report: +9.9 pct pts; mean: +9.2 pct pts Relative change: medical records: +121.7%; self-report: +71.7%; mean: +96.7%
Thompson (2014) ¹⁵²	n=162 29-80 female language other than English; rural; Hispanic/Latino	-pre/post (single arm) -home; clinical -n/a	-increase community demand: one-on-one education; client reminders -increase community access: language support; scheduling assistance -community engagement: partnerships	-adjustment -language and literacy skills	-screening (medical records) -12 months	<i>Pre:</i> 0/162 = 0.0% <i>Post:</i> 124/162 = 76.5% <i>Change:</i> 76.5 pct pts
Thompson (2017) ¹⁵¹	n=443 21-64 female language other than English; rural; Hispanic/Latino	-RCT -home -cost	-increase community demand: small media; one-on-one education; client reminders -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills	-screening (medical records) -7 months	Intervention arm 1: video (low intensity) <i>Pre:</i> 0/150 = 0% <i>Post:</i> 58/150 = 38.7% <i>Change:</i> 38.7 pct pts Intervention arm 2: promotora (high intensity) <i>Pre:</i> 0/146 = 0.0% <i>Post:</i> 78/146 = 53.4% <i>Change:</i> 53.4 pct pts Control: <i>Pre:</i> 0/147 = 0.0% <i>Post:</i> 50/147 = 34.0% <i>Change:</i> 34.0 pct pts Absolute change: video vs. control: +4.7 pct pts; <i>promotora</i> vs. control: +19.4 pct pts Relative change: video vs. control: +13.8%; <i>promotora</i> vs. control: +57.1%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Thompson (2019) ¹⁵⁰	n=160 21-64 female low income; low education attainment; language other than English; rural; Hispanic/Latino	-RCT -clinical -n/a	-increase community demand: small media; mass media -increase community access: language support -community engagement: partnerships; mass media	-awareness; adjustment -language and literacy skills	-knowledge, intention to screen (self-report) -immediately after the intervention	Women in the three intervention arms increased knowledge about cervical cancer screening compared to those in the comparison arm. No difference in intention to undergo Pap testing at follow-up between the intervention and control arms.
Valdez (2018) ¹⁵⁷	n=943 21-69 female low income; language other than English; Hispanic/Latino	-RCT -clinical; multimedia kiosks -n/a	-increase community demand: one-on-one education -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills	-screening (self-report) -6 months	Intervention: Pre: 0/480 = 0.0% Post: 196/383 = 51.2% Change: 51.2 pct pts Control: Pre: 0/463 = 0.0% Post: 164/344 = 47.7% Change: 47.7 pct pts Absolute change: +3.5 pct pts Relative change: +7.3%
Wang (2010) ¹⁶³	n=134 ≥18 female low income; language other than English; uninsured; urban; immigrant; Asian	-quantitative non-randomized -CBOs -n/a	-increase community demand: group education; small media -increase community access: navigation support; scheduling assistance; language support; transportation support; reducing client out-of-pocket costs -community engagement: partnerships	-awareness; adjustment -language and literacy skills; access to care; cost/affordability; transportation	-screening (medical records) -12 months	Intervention: Pre: 0/80 = 0.0% Post: 56/80 = 70.0% Change: 70.0 pct pts Control: Pre: 0/54 = 0.0% Post: 6/54 = 11.1% Change: 11.1 pct pts Absolute change: +58.9 pct pts Relative change: +530.0%
Colorectal cancer screening (n=59)						
Agho (2012) ²³	n=142 >49 male Black or African American	-post only (single arm) -religious establishment -n/a	-increase community demand: group education -community engagement: partnerships	-awareness -health literacy	-awareness, knowledge (self-report) -immediately after the intervention	Nearly 70% of participants reported never having been screened for CRC; patients who discussed CRC screening with doctor were more likely to have been screened
Arnold (2019) ²⁵	n=620 50-75 mixed low literacy; rural	-RCT -clinical -n/a	-increase community demand: one-on-one education; client reminders -increase community access: population-based approaches like FIT	-awareness; adjustment -health literacy	-screening (medical records) -12 months	Intervention: Pre: 0/306 = 0.0% Post: 205/306 = 67.0% Change: 67.0 pct pts Control: Pre: 0/308 = 0.0% Post: 213/308 = 69.2% Change: 69.2 pct pts Absolute change: -2.2 pct pts Relative change: -3.1%
Baker (2014) ²⁹	n=450 51-75 mixed low income; language other than English; uninsured; Hispanic/Latino	-RCT -clinical -cost; fidelity	-increase community demand: client reminders -increase community access: population-based approaches like FIT; navigation support	-adjustment -health literacy; access to care; cost; language and literacy skills	-screening (medical records) -6 months	Intervention: Pre: 0/225 = 0.0% Post: 191/225 = 84.9% Change: 84.9 pct pts Control: Pre: 0/225 = 0.0% Post: 90/225 = 40.0% Change: 40.0 pct pts Absolute change: +44.9 pct pts Relative change: +112.3%
Berkowitz (2015) ³⁰	n=49,733 52-75 mixed none specified	-quantitative non-randomized -clinical -n/a	-increase community demand: client reminders; one-on-one education -increase community access: navigation support; language support; transportation support	-awareness; adjustment; assistance -access to primary care; transportation; language and literacy skills	-screening (medical records) -1 year	Pre: 34,140/47,447 = 72.0% Post: 38,402/51,442 = 74.7% Absolute change: +2.7 pct pts Relative change: +3.7%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Braschi (2014) ³⁴	n=461 >50 mixed language other than English; Hispanic/Latino	-RCT -clinical -n/a	-increase community access: navigation support; scheduling assistance	-awareness; adjustment -language and literacy skills; quality of care; access to care	-screening (self-report) -not specified	Intervention: <i>Pre:</i> 0/225 = 0.0% <i>Post:</i> 182/225 = 80.9% <i>Change:</i> 80.9 pct pts Control: <i>Pre:</i> 0/167 = 0.0% <i>Post:</i> 132/167 = 79.0% <i>Change:</i> 79.0 pct pts Absolute change: +1.8 pct pts Relative change: +2.3%
Briant (2018) ³⁵	n=101 ≥50 mixed language other than English; rural; immigrant; Hispanic/Latino	-pre/post (single arm) -home -n/a	-increase community demand: group education -increase community access: population-based approaches like FIT -community engagement: partnerships	-adjustment; assistance -language and literacy skills; access to primary care; cost; geographical access and proximity; health literacy; social support	-screening (self-report and medical records) -1 to 3 months	<i>Pre:</i> 70/101 = 69.1% <i>Post:</i> 94/97 = 96.9% Absolute change: +27.8 pct pts Relative change: +40.2%
Carney (2014) ³⁹	n=654 50-75 mixed language other than English; Asian	-RCT -CBOs -acceptability	-increase community demand: group education -increase community access: navigation support; language support	-awareness; adjustment; assistance -language and literacy skills; access to primary care	-attitudes, beliefs, knowledge, intention to screen (self-report) -not specified	The intervention improved some screening knowledge, attitudes, and behavioral beliefs, but did not change participants' intention to obtain and stay up-to-date with screening
Cassel (2020) ⁴⁰	n=232 >50 male Native Hawaiians and other Pacific Islanders	-other: mixed methods cross-sectional (single arm) -other community settings -acceptability	-increase community demand: group education; client reminders -increase community access: population-based approaches like FIT -community engagement: partnerships	-adjustment -social support; social capital and networks	-screening (self-report and medical records) -6 months	<i>Pre:</i> 0/149 = 0.0% <i>Post:</i> 117/149 = 78.5% <i>Change:</i> 78.5 pct pts
Cavanagh (2013) ⁴¹	n=886 ≥50 mixed language other than English; uninsured; Black or African American; Hispanic/Latino; underinsured	-post only (single arm) -clinical -acceptability	-increase community demand: client reminders; one-on-one education -increase community access: transportation support; navigation support; language support; reducing client out-of-pocket costs -community engagement: partnerships	-awareness; adjustment; assistance -access to care; transportation; language and literacy skills; cost	-screening (medical records) -4 years (length of study)	<i>Pre:</i> 0/886 = 0.0% <i>Post:</i> 797/886 = 90.0% <i>Change:</i> 90.0 pct pts
Christy (2013) ⁴⁵	n=817 51-80 mixed urban; Black or African American	-RCT -clinical -n/a	-increase community demand: one-on-one education	-awareness -n/a	-CRC screening discussion with primary care provider (self-report); screening tests ordered (medical records) -1 week	Intervention participants had greater odds than those in the comparison group of reporting having engaged in a CRC screening discussion with their primary care provider; primary care providers in the intervention group were more likely to write orders for a CRC screening test
Christy (2020) ⁴⁴	n=852 50-75 female none specified	-RCT -home -n/a	-increase community demand: one-on-one education	-n/a -n/a	-screening (self-report and medical records) -6 months	Screening adherence was greater in the phone only and web+phone groups compared to the web only and usual care groups
Costas-Muniz (2016) ⁴⁸	n=687 ≥50 mixed language other than English; Hispanic/Latino	-RCT -clinical -n/a	-increase community demand: client reminders; one-on-one education -increase community access: navigation support	-n/a -access to care	-screening (medical records) -not specified	<i>Pre:</i> 0/687 = 0.0% <i>Post:</i> 551/687 = 80.2% <i>Change:</i> 80.2 pct pts
Crookes (2014) ⁴⁹	n=668 ≥50 mixed language other than English; Black or African American; Hispanic/Latino	-pre/post (single arm) -religious establishment; CBOs -n/a	-increase community demand: group education -increase community access: language support -community engagement: partnerships	-adjustment -language and literacy skills	-knowledge, intention to screen (self-report) -immediately after the intervention	Increased knowledge about CRC screening; most participants without prior colonoscopy reported intent to schedule a colonoscopy as a result of attending the program
Crosby (2017) ⁵⁰	n=345 50-75 or ≥30 if first-degree relative had colorectal cancer diagnosis mixed low income; rural	-post only (single arm) -home -n/a	-increase community access: population-based approaches like FIT	-adjustment -access to care	-screening (medical records) -not specified	<i>Pre:</i> 0/345 = 0.0% <i>Post:</i> 283/345 = 82.0% <i>Change:</i> 82.0 pct pts

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Cuaresma (2018) ⁵¹	n=304 50-75 mixed Asian	-RCT -home; religious establishment; CBOs; other community settings -n/a	-increase community demand: group education; client reminders -increase community access: language support -community engagement: partnerships	-adjustment -social support; language and literacy skills	-screening (self-report) -6 months	Intervention: <i>Pre:</i> 103/128 = 80.5% <i>Post:</i> 114/128 = 89.1% <i>Change:</i> 8.6 pct pts Control: <i>Pre:</i> 128/176 = 72.7% <i>Post:</i> 131/176 = 74.4% <i>Change:</i> 1.7 pct pts Absolute change: +6.9 pct pts Relative change: +8.1%
Davis (2017) ⁵⁴	n=416 50-75 mixed none specified	-RCT -clinical -n/a	-increase community demand: small media -increase community access: population-based approaches like FIT -community engagement: partnerships	-adjustment; assistance -health literacy; access to care	-screening (medical records) -180 days	Intervention: <i>Pre:</i> 0/210 = 0.0% <i>Post:</i> 164/210 = 78.1% <i>Change:</i> 78.1 pct pts Control: <i>Pre:</i> 0/206 = 0.0% <i>Post:</i> 172/206 = 83.5% <i>Change:</i> 83.5 pct pts Absolute change: -5.4 pct pts Relative change: -6.5%
Davis (2020) ⁵⁶	n=614 50-75 mixed low literacy; rural	-RCT -clinical -n/a	-increase community demand: one-on-one education; client reminders -increase community access: population-based approaches like FIT	-adjustment -health literacy; access to care	-screening (medical records) -24 to 30 months	Intervention: <i>Pre:</i> 0/283 = 0.0% <i>Post:</i> 95/283 = 33.6% <i>Change:</i> 33.6 pct pts Control: <i>Pre:</i> 0/285 = 0.0% <i>Post:</i> 104/285 = 36.5% <i>Change:</i> 36.5 pct pts Absolute change: -2.9 pct pts Relative change: -8.0%
Dawadi (2021) ⁵⁷	n=457 50-75 mixed Black or African American	-other: secondary cross-sectional analysis -computer -n/a	-increase community demand: small media -increase community access: population-based approaches like FIT; reducing client out-of-pocket costs	-awareness; adjustment -provider linguistic and cultural competency; access to care; cost	-attitudes, beliefs, intention to screen, accepting offer to receive FIT kit (self-report) -immediately after the intervention	Participants' perceived cultural competency of their physician associated with higher receptive attitudes, more favorable norms, greater perceived behavioral control towards stool-based screening. Additionally, cultural competency was directly associated with lower intentions to engage in FIT kit screening.
DeGroff (2017) ⁵⁸	n=856 50-75 mixed low income; language other than English; Black or African American; Hispanic/Latino	-RCT -clinical -n/a	-increase community demand: client reminders; one-on-one education -increase community access: navigation support; transportation support	-awareness; adjustment; assistance -access to primary care; access to care; language and literacy skills; transportation	-screening (medical records) -6 months	Intervention: <i>Pre:</i> 0/419 = 0.0% <i>Post:</i> 256/419 = 61.1% <i>Change:</i> 61.1 pct pts Control: <i>Pre:</i> 0/421 = 0.0% <i>Post:</i> 224/421 = 53.2% <i>Change:</i> 53.2 pct pts Absolute change: +7.9 pct pts Relative change: +14.8%
Dominic (2020) ⁵⁹	n=264 ≥50 mixed language other than English; rural; urban; Hispanic/Latino	-RCT -CBOs -penetration	-increase community demand: group education; one-on-one education; small media; client reminders -increase community access: population-based approaches like FIT -community engagement: partnerships other: social pledge ("loved one" pledge to commit to assist study participants with FIT screening test)	-adjustment -social support; cost; access to care	-screening (medical records) -3 month	Intervention: <i>Pre:</i> 0/156 = 0.0% <i>Post:</i> 103/156 = 66.0% <i>Change:</i> 66.0 pct pts Control: <i>Pre:</i> 0/108 = 0.0% <i>Post:</i> 51/108 = 47.2% <i>Change:</i> 47.2 pct pts Absolute change: +18.8 pct pts Relative change: +39.8%
Greaney (2014) ⁶⁹	n=692 18-49 mixed low income; language other than English; urban	-RCT -home -n/a	-increase community demand: small media; group education; client reminders -increase community access: transportation support -community engagement: partnerships; outreach	-awareness; adjustment; assistance; alignment -language and literacy skills; access to care; transportation; sense of community; social capital and networks; social cohesion and integration; social support	-intention to screen (self-report) -2 years	Intervention participants were 63% more likely to have new screening intentions than those in the comparison group

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Greiner (2014) ⁷⁰	n=470 ≥50 mixed low income; language other than English; Black or African American; Hispanic/Latino	-RCT -clinical -acceptability	-increase community demand: one-on-one education -increase community access: scheduling assistance; reducing client out-of-pocket costs; population-based approaches like FIT	-adjustment; assistance -language and literacy skills; access to care; affordability; cost	-screening (medical records) -6 months	Intervention: <i>Pre:</i> 0/234 = 0.0% <i>Post:</i> 126/234 = 53.8% <i>Change:</i> 53.8 pct pts Control: <i>Pre:</i> 0/236 = 0.0% <i>Post:</i> 98/236 = 41.5% <i>Change:</i> 41.5 pct pts Absolute change: +12.3 pct pts Relative change: +29.7%
Gwede (2019) ⁷¹	n=76 50-75 mixed low income; low literacy; language other than English; immigrant; Hispanic/Latino; farmworker populations	-RCT -clinical -n/a	-increase community demand: small media; client reminders -increase community access: population-based approaches like FIT -community engagement: partnerships	-awareness; adjustment -language and literacy skills; cost	-screening (medical records) -90 days	Intervention: <i>Pre:</i> 0/40 = 0.0% <i>Post:</i> 36/40 = 90.0% <i>Change:</i> 90.0 pct pts Control: <i>Pre:</i> 0/36 = 0.0% <i>Post:</i> 30/36 = 83.3% <i>Change:</i> 83.3 pct pts Absolute change: +6.7 pct pts Relative change: +8.0%
Hodges (2016) ⁷⁶	n=270 ≥50 mixed none specified	-RCT -clinical -n/a	-increase community demand: small media	-awareness -health literacy	-attitudes, knowledge, self-efficacy, intention to screen (self-report) -immediately after the intervention	CRC screening knowledge improved and perceived CRC susceptibility and self-efficacy to complete screening increased, irrespective of health literacy; no significant changes in other attitudes or intention to complete screening
Holt (2012, 2013) ^{77,78}	n=316 50-74 mixed Black or African American	-RCT -religious establishment -n/a	-increase community demand: group education; small media -community engagement: partnerships	-adjustment -cost; transportation; access to care	-screening (self-report) -12 months	Intervention: <i>Pre (ever screened):</i> FOBT: 51/152 = 33.6%; sig: 30/152 = 19.7%; col: 83/152 = 54.6%; enema: 22/152 = 14.5% <i>Pre (up-to-date):</i> FOBT: 15/152 = 9.9%; sig: 25/152 = 16.4%; col: 77/152 = 50.7%; enema: 11/152 = 7.2% <i>Post (ever):</i> FOBT: 58/152 = 38.2%; sig: 39/152 = 25.7%; col: 99/152 = 65.1%; enema: 20/152 = 13.2% <i>Post (up-to-date):</i> FOBT: 12/152 = 7.9%; sig: 123/152 = 80.9%; col: 98/152 = 64.5%; enema: 20/152 = 13.2% <i>Change (ever):</i> FOBT: 4.6 pct pts; sig: 6.0 pct pts; col: 10.5 pct pts; enema: -1.3 pct pts <i>Change (up-to-date):</i> FOBT: -2.0 pct pts; sig: 64.5 pct pts; col: 13.8 pct pts; enema: 6.0 pct pts Control: <i>Pre (ever):</i> FOBT: 45/133 = 33.8%; sig: 23/133 = 17.3%; col: 72/133 = 54.1%; enema: 19/133 = 14.3% <i>Pre (up-to-date):</i> FOBT: 8/133 = 6.0%; sig: 16/133 = 12.0%; col: 64/133 = 48.1%; enema: 19/133 = 14.3% <i>Post (ever):</i> ever FOBT: 55/133 = 41.4%; sig: 37/133 = 27.8%; col: 91/133 = 68.4%; enema: 17/133 = 12.8% <i>Post (up-to-date):</i> FOBT: 20/133 = 15.0%; sig: 103/133 = 77.4%; col: 84/133 = 63.2%; enema: 17/133 = 12.8% <i>Change (ever):</i> ever FOBT: 7.3 pct pts; sig: 10.5 pct pts; col: 14.3 pct pts; enema: -1.5 pct pts <i>Change (up-to-date):</i> FOBT: 9.0 pct pts; sig: 65.4 pct pts; col: 15.1 pct pts; enema: -1.5 pct pts Absolute change (ever): FOBT: -2.7 pct pts; sig: -4.5 pct pts; col: -3.8 pct pts; enema: +0.2 pct pts; mean: -3.7 pct pts Absolute change (up-to-date): FOBT: -11.0 pct pts; sig: -0.9 pct pts; col: -1.3 pct pts; enema: +7.5 pct pts; mean: -4.4 pct pts Relative change (ever): FOBT: -7.2%; sig: -18.8%; col: -5.7%; enema: +1.7%; mean: -10.6% Relative change (up-to-date): FOBT: -68.1%; sig: -23.5%; col: -3.2%; enema: +104.8%; mean: -31.6%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Horne (2015) ⁷⁹	n=2,593 ≥65 mixed urban; Black or African American	-RCT -not specified -n/a	-increase community demand: small media -increase community access: navigation support	-awareness; assistance -access to care	-screening (self-report) -46 months	Intervention: Pre: 476/578 = 82.4% Post: 543/578 = 94.0% Change: 11.6 pct pts Control: Pre: 527/642 = 82.1% Post: 584/642 = 91.0% Change: 8.9 pct pts Absolute change: +2.7 pct pts Relative change: +3.0%
Inadomi (2012) ⁸⁰ and Liang (2016) ⁹⁹	n=997 50-79 mixed sex language other than English	-RCT -clinical -n/a	-increase community demand: small media -increase community access: language support; scheduling assistance; transportation support; reducing client out-of-pocket costs -increase provider delivery of screening services: provider education	-awareness; adjustment; assistance -access to care; language and literacy	-screening (medical records) -1 and 3 years	Intervention arm 1: FOBT Pre: 0/344 = 0% Post: 1y: 231/344 = 67.2%; 3y: 49/344 = 14.2% Change: 1y: 67.2 pct pts; 3y: 14.2 pct pts Intervention 2: colonoscopy Pre: 0/332 = 0.0% Post: 1y: 127/332 = 38.3%; 3y: 127/332 = 38.3% Change: 1y: 38.3 pct pts; 3y: 38.3 pct pts Control: choice Pre: 0/321 = 0% Post: 1y: 221/321 = 68.8%; 3y: 136/321 = 42.4% Change: 1y: 68.8 pct pts; 3y: 42.4 pct pts Absolute change (1y): FOBT vs. choice: -1.6 pct pts; col. vs. choice: -30.5 pct pts Absolute change (3y): FOBT vs. choice: -28.2 pct pts; col. vs. choice: -4.1 pct pts Relative change (1y): FOBT vs. choice: -2.3%; col. vs. choice: -44.3% Relative change (3y): FOBT vs. choice: -66.5%; col. vs. choice: -9.7%
Jerant (2013, 2015) ^{83,84}	n=1,164 50-75 mixed language other than English	-RCT -clinical; computer -acceptability	-increase community demand: one-on-one education -increase community access: language support	-awareness; adjustment -language and literacy skills	-attitudes, knowledge, self-efficacy (self-report) -immediately after the intervention	The intervention increased the probability of a preference for FOBT or colonoscopy relative to the control group; the mean postintervention knowledge score was higher in the experimental group than in the control group; CRC screening self-efficacy was independently associated with intervention exposure, baseline knowledge, and post knowledge
Jo (2017) ⁸⁵	n=348 50-75 mixed language other than English; Asian	-RCT -not specified -n/a	-increase community demand: education; client reminders -increase community access: language support -community engagement: partnerships	-awareness; adjustment -social capital and networks; language and literacy skills	-screening (self-report) -6 months	Intervention: Pre: 99/184 = 53.8% Post: 118/184 = 64.1% Change: 10.3 pct pts Control: Pre: 80/164 = 48.8% Post: 94/164 = 57.3% Change: 8.5 pct pts Absolute change: +1.8 pct pts Relative change: +1.5%
Kluhsman (2012) ⁸⁹	n=200 ≥50 mixed rural	-pre/post (single arm) -clinical; home -n/a	-increase community demand: one-on-one education; client reminders -increase community access: population-based approaches like FIT; reducing client out-of-pocket costs -community engagement: partnerships	-awareness; adjustment -access to care; cost	-screening (medical records) -2 weeks	Pre: 0/200 = 0.0% Post: 168/200 = 84.0% Change: 84.0 pct pts
Laiyemo (2019) ⁹³	n=399 ≥45 mixed low income; urban; Black or African American	-RCT -clinical -n/a	-increase community demand: one-on-one education -increase community access: navigation support; transportation support	-assistance -social support; social networks; access to care	-screening (medical records) -4 weeks	Intervention: Pre: 0/201 = 0.0% Post: 156/201 = 77.6% Change: 77.6 pct pts Control: Pre: 0/198 = 0.0% Post: 152/198 = 76.8% Change: 76.8 pct pts Absolute change: +0.8 pct pts Relative change: +1.0%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Lau (2013) ⁹⁵	n=48 50-85 (parents); ≥18 (offspring) mixed urban; Asian	-RCT -home -acceptability; appropriateness	-increase community demand: small media -community engagement: partnerships	-awareness -health literacy; language and literacy skills	-screening (self-report) -4 weeks	Intervention 1: cohort 2 <i>Pre:</i> 0/9 = 0.0% <i>Post:</i> 0/4 = 0.0% <i>Change:</i> 0.0 pct pts Intervention 2: cohort 3 <i>Pre:</i> 0/6 = 0.0% <i>Post:</i> 0/6 = 0.0% <i>Change:</i> 0.0 pct pts Control: cohort 1 <i>Pre:</i> 0/9 = 0.0% <i>Post:</i> 1/9 = 11.1% <i>Change:</i> 11.1 pct pts Absolute change: cohort 2 vs. 1: -11.1 pct pts; cohort 3 vs. 1: -11.1 pct pts Relative change: cohort 2 vs. 1: -100%; cohort 3 vs. 1: -100%
Liu (2015) ¹⁰⁰	n=1,394 50-74 mixed none specified	-pre/post (single arm) -clinical -adoption; penetration; sustainability	-increase community demand: client reminders -increase community access: navigation support; population-based approaches like FIT	-adjustment -access to care	-screening (medical records) -6 and 12 months	<i>Pre:</i> 398/1394 = 28.6% <i>Post (6 months):</i> 565/1394 = 40.5% <i>Post (12 months):</i> 588/1394 = 42.2% Absolute change (6 months): +11.9 pct pts Absolute change (12 months): +13.6 pct pts Relative change (6 months): +41.6% Relative change (12 months): +47.6%
Manne (2021) ¹⁰²	n=93 50-75 mixed language other than English; immigrant; Asian	-pre/post (single arm) -not specified -acceptability; feasibility; penetration	-increase community demand: one-on-one education; client reminders -increase community access: language support; scheduling assistance -community engagement: partnerships	-awareness; adjustment -language and literacy skills; access to care	-screening (self-report) -4 months	<i>Pre:</i> 0/93 = 0.0% <i>Post:</i> 28/93 = 30.1% <i>Change:</i> 30.1 pct pts
Marcus et al. (2014) ¹⁰³	n=154,897 55-74 mixed none specified	-RCT -clinical -n/a	-increase community access: reducing client out-of-pocket costs; transportation support	-assistance -cost; affordability; transportation	-screening (medical records) -11 months	<i>Pre:</i> not specified <i>Post:</i> 67,466/77,436 = 87.1% <i>Change:</i> cannot calculate
Maxwell (2010) ¹⁰⁶	n=548 50-70 mixed Asian	-RCT -CBOs -n/a	-increase community demand: group education; small media; client reminders -increase community access: language support; population-based approaches like FIT; reducing client out-of-pocket costs	-awareness; adjustment; assistance -access to care; cost; language and literacy skills; social support	-screening (self-report) -6 months	Intervention arm 1: <i>Pre:</i> 0/202 = 0.0% <i>Post:</i> 61/202 = 30.2% <i>Change:</i> 30.2 pct pts Intervention arm 2: <i>Pre:</i> 0/183 = 0.0% <i>Post:</i> 45/183 = 24.6% <i>Change:</i> 24.6 pct pts Control: <i>Pre:</i> 0/163 = 0.0% <i>Post:</i> 14/163 = 8.6% <i>Change:</i> 8.6 pct pts Absolute change: arm 1 vs. control: +21.6 pct pts; arm 2 vs. control: +16.0 pct pts Relative change: arm 1 vs. control: +251.2%; arm 2 vs. control: +186.0%
Maxwell (2020) ¹⁰⁷	n=226 50-75 mixed Black or African American	-pre/post (single arm) -religious establishment -n/a	-increase community demand: one-on-one education; small media; client reminders -community engagement: partnerships	-awareness -access to care	-screening (self-report) -6 months	<i>Pre:</i> 0/226 = 0.0% <i>Post:</i> 46/163 = 28.2% <i>Change:</i> 28.2 pct pts
Menon (2020) ¹⁰⁹	n=419 ≥50 mixed low income; language other than English; underinsured	-RCT -clinical -n/a	-increase community demand: group education; client reminders -increase community access: navigation support -community engagement: partnerships	-awareness; adjustment -access to care; language and literacy skills	-screening (medical records) -12 months	Intervention: <i>Pre:</i> 35/211 = 16.6% <i>Post:</i> 91/211 = 43.1% <i>Change:</i> 26.5 pct pts Control: <i>Pre:</i> 29/134 = 21.6% <i>Post:</i> 43/134 = 32.1% <i>Change:</i> 10.5 pct pts Absolute change: +16.0 pct pts Relative change: +74.7%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Miller (2011) ¹¹⁰	n=264 50-74 mixed low income; low literacy	-RCT -clinical -n/a	-increase community demand: one-on-one education; small media -increase community access: language support	-awareness; adjustment -health literacy	-screening (medical records) -6 months	Intervention: <i>Pre:</i> 0/132 = 0.0% <i>Post:</i> 25/132 = 18.9% <i>Change:</i> 18.9 pct pts Control: <i>Pre:</i> 0/132 = 0.0% <i>Post:</i> 18/132 = 13.6% <i>Change:</i> 13.6 pct pts Absolute change: +5.3 pct pts Relative change: +39.0%
Moralez (2012) ¹¹⁵ and Rao (2013) ¹³²	n=70 50-79 mixed language other than English; immigrant; Hispanic/Latino	-pre/post (single arm) -home -acceptability	-increase community demand: group education -increase community access: scheduling assistance; language support	-awareness; adjustment -language and literacy; access to care	-screening (self-report) -6 months	<i>Pre:</i> FOBT: 19/61 = 31.1%; sig/col: 18/61 = 29.5% <i>Post:</i> FOBT: 25/61 = 41.0%; sig/col: 24/61 = 39.3% Absolute change: FOBT: +9.9 pct pts; sig/col: +10.4 pct pts; mean: +10.2 pct pts Relative change: FOBT: +31.8%; sig/col: +35.3%; mean: +33.6%
Mukherjea (2020) ¹¹⁶	n=104 ≥40 mixed language other than English; immigrant; Asian	-post only (single arm) -religious establishment; CBOs -acceptability	-increase community demand: group education; small media -increase community access: language support -community engagement: partnerships	-adjustment -language and literacy skills; social capital and networks	-intention to screen (self-report) -immediately after the intervention	Nearly half of respondents (48%) lacked previous CRC screening. Among those previously screened, 84% agreed that they would continue screening after the presentation. Similarly, 86% of those who had not been screened agreed that they would be screened.
Nguyen (2010) ¹¹⁷	n=894 50-74 mixed language other than English; Asian	-quantitative non-randomized -clinical; home; CBOs; local media; other community settings -penetration	-increase community demand: mass media; small media -increase community access: language support -increase provider delivery of screening services: provider education; provider reminders -community engagement: mass media; partnerships	-awareness; adjustment -language and literacy skills; provider linguistic and cultural competency; quality of care	-screening (self-report) -2 years	Intervention: <i>Pre (ever screened):</i> FOBT: 159/279 = 57.0%; sig/col: 123/279 = 44.1% <i>Pre (up-to-date):</i> FOBT: 75/279 = 26.9%; sig/col: 56/279 = 20.1% <i>Post (ever screened):</i> FOBT: 198/279 = 71.0%; sig/col: 181/279 = 64.9% <i>Post (up-to-date):</i> FOBT: 100/279 = 35.8%; sig/col: 123/279 = 44.1% <i>Change (ever screened):</i> FOBT: 14.0 pct pts; sig/col: 20.8 pct pts <i>Change (up-to-date):</i> FOBT: 8.9 pct pts; sig/col: 24.0 pct pts Control: <i>Pre (ever screened):</i> FOBT: 104/254 = 40.9%; sig/col: 94/254 = 37.0% <i>Pre (up-to-date):</i> FOBT: 53/254 = 20.9%; sig/col: 41/254 = 16.1% <i>Post (ever screened):</i> FOBT: 127/254 = 50.0%; sig/col: 119/254 = 46.9% <i>Post (up-to-date):</i> FOBT: 66/254 = 26.0%; sig/col: 76/254 = 29.9% <i>Change (ever screened):</i> FOBT: 9.1 pct pts; sig/col: 9.9 pct pts <i>Change (up-to-date):</i> FOBT: 5.1 pct pts; sig/col: 13.8 pct pts Absolute change (ever screened): FOBT: +4.9 pct pts; sig/col: +10.9 pct pts; mean: +7.9 pct pts Absolute change (up-to-date): FOBT: +3.8 pct pts; sig/col: +10.2 pct pts; mean: +7.0 pct pts Relative change (ever screened): FOBT: +1.9%; sig/col: +16.1%; mean: +9.0% Relative change (up-to-date): FOBT: +7.0%; sig/col: +18.1%; mean: +12.6%
Nguyen (2017) ¹¹⁹	n=756 50-75 mixed language other than English; Asian	-RCT -home; CBOs -n/a	-increase community demand: client reminders; small media; group education -increase community access: language support -community engagement: partnerships; outreach	-awareness; adjustment -language and literacy skills	-screening (self-report) -6 months	Intervention: <i>Pre:</i> ever screened: 266/360 = 73.9%; up-to-date: 216/360 = 60.0% <i>Post:</i> ever screened: 318/360 = 88.3%; up-to-date: 281/360 = 78.1% <i>Change:</i> ever screened: 14.4 pct pts; up-to-date: 18.1 pct pts Control: <i>Pre:</i> ever screened: 264/365 = 72.3%; up-to-date: 212/365 = 58.1% <i>Post:</i> ever screened: 290/365 = 79.5%; up-to-date: 234/365 = 64.1% <i>Change:</i> ever screened: 7.2 pct pts; up-to-date: 6.0 pct pts Absolute change: ever screened: +7.2 pct pts; up-to-date: +12.1 pct pts; mean: +9.7 pct pts Relative change: ever screened: +8.7%; up-to-date: +18.0%; mean: +13.4%
Nuss (2012) ¹²¹	n=975 50-64 mixed low income; uninsured	-post only (single arm) -clinical; policy -n/a	-increase community demand: one-on-one education -increase community access: navigation support; population-based approaches like FIT -increase provider delivery of screening services: creating network of providers -community engagement: partnerships	-awareness; adjustment; assistance; advocacy -access to care; access to primary care; affordability; cost health policy; provider availability; social support	-screening (medical records) -not specified	<i>Pre:</i> 0/975 = 0.0% <i>Post:</i> 646/975 = 66.3% <i>Change:</i> 66.3 pct pts
Ou (2019) ¹²⁴	n=307 ≥50 mixed low income; language other than English; uninsured; immigrant; Hispanic/Latino	-pre/post (single arm) -workplace; home; other community settings -n/a	-increase community demand: one-on-one education -increase community access: population-based approaches like FIT -community engagement: partnerships	-adjustment -affordability; cost; access to care; language and literacy skills	-screening (self-report) -1 year	<i>Pre:</i> 40.0% <i>Post:</i> 66.0% Absolute change: +26.0 pct pts Relative change: +65.0%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Percac-Lima (2014) ¹²⁷	n=47,020 52-79 mixed low income; language other than English; immigrant; Hispanic/Latino	-quantitative non-randomized -clinical -n/a	-increase community demand: one-on-one education; client reminders -increase community access: navigation support; language support; scheduling assistance; transportation support	-awareness; adjustment -access to care; language and literacy skills	-screening (medical records) -5 years	Intervention: Pre: 49.2% Post: 69.2% Change: 20.0 pct pts Control: Pre: 62.5% Post: 73.6% Change: 11.1 pct pts Absolute change: +8.9 pct pts Relative change: +19.4%
Quick (2013) ¹³¹	n=418 ≥50 mixed low income; Black or African American; Hispanic/Latino	-post only (single arm) -clinical -n/a	-increase community demand: computer-based education -increase community access: language support; reducing client out-of-pocket costs; population-based approaches like FIT; scheduling assistance	-adjustment -language and literacy skills; affordability; cost	-screening (medical records) -90 days	Pre: 0/418 = 0.0% Post: FIT: 105/418 = 25.1%; col: 107/418 = 25.6% Change: FIT: 25.1 pct pts; col: 25.6 pct pts
Rawl (2021) ¹³⁴	n=817 51-80 mixed low income; Black or African American	-RCT -clinical -n/a	-increase community demand: computer-based education; small media -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy skills; quality of care	-screening (medical records) -6 months	Intervention: Pre: 0/335 = 0.0% Post: 88/335 = 26.3% Change: 26.3 pct pts Control: Pre: 0/358 = 0.0% Post: 66/358 = 18.4% Change: 18.4 pct pts Absolute change: +7.8 pct pts Relative change: +42.5%
Redwood (2011) ¹³⁵	n=2,561 50-70 mixed low income; language other than English; uninsured; underinsured	-post only (single arm) -clinical -acceptability; sustainability	-increase community demand: small media; mass media; client reminders -increase community access: language support; reducing client out-of-pocket costs; population-based approaches like FIT -increase provider delivery of screening services: provider referrals -community engagement: partnerships	-adjustment -language and literacy skills; cost/affordability; trust; provider availability	-screening (medical records) -29 months (duration of study)	Pre: 0/2561 = 0.0% Post: 1558/2561 = 60.8% Change: 60.8 pct pts
Reuland (2017) ¹³⁶	n=265 50-75 mixed low income; language other than English; Hispanic/Latino	-RCT -clinical -fidelity	-increase community demand: small media -increase community access: language support; navigation support; population-based approaches like FIT; reducing client out-of-pocket costs	-awareness; adjustment -language and literacy skills; access to care; affordability; cost	-screening (medical records) -6 months	Intervention: Pre: 0/133 = 0.0% Post: 90/133 = 68.0% Change: 68 pct pts Control: Pre: 0/132 = 0.0% Post: 36/132 = 27.0% Change: 27 pct pts Absolute change: +41.0 pct pts Relative change: +151.9%
Ruggeri (2020) ¹³⁷	n=452 (patients); k=153 (physicians and staff) 50-75 mixed low income; language other than English; uninsured; urban; Hispanic/Latino; underinsured	-other: single group, post-only program evaluation (patient and provider surveys) with longitudinal trend analysis for screening -clinical -n/a	-increase community demand: one-on-one education -increase community access: language support; population-based approaches like FIT; reducing client out-of-pocket costs -increase provider delivery of screening services: provider education	-adjustment -language and literacy skills; affordability; cost; access to care	-screening (medical records) -9 months	Pre: 23.2% to 32.3% (range across 4 clinics) Post: 36.8% to 47.9% (range across 4 clinics) Change: 9.1 pct pts to 24.7 pct pts (range of change across 4 clinics) Absolute change: clinic 1: +13.1 pct pts; clinic 2: +15.6 pct pts; clinic 3: +24.7 pct pts; clinic 4: +9.1 pct pts; median: +14.4 pct pts Relative change: clinic 1: +40.6%; clinic 2: +56.7%; clinic 3: +106.5%; clinic 4: +32.9%; median: +48.7%
Shokar (2016) ¹⁴¹ and Molokwu (2017) ¹¹³	n=784 50-70 mixed language other than English; uninsured; Hispanic/Latino	-quantitative non-randomized -not specified -n/a	-increase community demand: small media; one-on-one education; client reminders -increase community access: navigation support; transportation support; assisting with obtaining health insurance; reducing client out-of-pocket costs; population-based approaches like FIT; language support	-awareness; adjustment; assistance -language and literacy skills; cost; access to care; transportation; health insurance coverage; access to primary care	-screening (self-report) -6 months	Intervention: Pre: 0/467 = 0.0% Post: 376/467 = 80.5% Change: 80.5 pct pts Control: Pre: 0/317 = 0.0% Post: 54/317 = 17.0% Change: 17.0 pct pts Absolute change: +63.5 pct pts Relative change: +372.6%

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Somsouk (2020) ¹⁴⁶	n=10,820 50-75 mixed low income; urban	-RCT -clinical -cost	-increase community demand: client reminders; small media -increase community access: reducing client out-of-pocket costs; population-based approaches like FIT; language support	-awareness; adjustment -language and literacy skills; affordability; cost; access to care	-screening (medical records) -1 year	Intervention: Pre: 0/5386 = 0.0% Post: 3118/5386 = 57.9% Change: 57.9 pct pts Control: Pre: 0/5434 = 0.0% Post: 2032/5434 = 37.4% Change: 37.4 pct pts Absolute change: +20.5 pct pts Relative change: +54.8%
Tong (2017) ¹⁵⁴	n=329 50-75 mixed low literacy; language other than English; immigrant; Asian	-RCT -CBOs -n/a	-increase community demand: group education; client reminders -increase community access: language support -community engagement: partnerships	-awareness; adjustment -language and literacy	-screening (self-report) -6 months	Intervention: Pre: ever screened: 116/161 = 72.1%; up-to-date: 71/161 = 44.1% Post: ever screened: 134/161 = 83.2%; up-to-date: 92/161 = 57.1% Change: ever screened: 11.1 pct pts; up-to-date: 13.0 pct pts Control: Pre: ever screened: 121/168 = 72.0%; up-to-date: 73/168 = 43.5% Post: ever screened: 126/168 = 75.0%; up-to-date: 73/168 = 43.5% Change: ever screened: 3.0 pct pts; up-to-date: 0 pct pts Absolute change: ever screened: +8.1 pct pts; up-to-date: +13.0 pct pts; mean: +10.6 pct pts Relative change: ever screened: +10.8%; up-to-date: +29.5%; mean: +20.2%
Tu (2014) ¹⁵⁶	n=1,016 50-75 mixed language other than English; urban; immigrant; Asian	-quantitative non-randomized -clinical -adaptation	-increase community demand: small media -increase community access: language support -increase provider delivery of screening services: provider education	-adjustment -language and literacy skills	-screening (medical records) -24 months	Intervention: Pre: 254/604 = 42.1% Post: 338/746 = 45.3% Change: 3.2 pct pts Control: Pre: 158/412 = 38.3% Post: 195/514 = 37.9% Change: -0.4 pct pts Absolute change: +3.6 pct pts Relative change: +8.7%
Walsh (2010) ¹⁵⁹	n=1,789 (patients); k=44 (physicians) 50-79 mixed language other than English; Asian; Hispanic/Latino	-RCT -clinical -fidelity; penetration	-increase community demand: one-on-one education; small media -increase community access: population-based approaches like FIT; language support -community engagement: partnerships	-awareness; adjustment -language and literacy	-screening (self-report) -1 year	Intervention arm 1: Pre: FOBT: 257/571 = 45.0%; any CRC screening: 369/571 = 64.6% Post: FOBT: 343/571 = 60.1%; any CRC screening: 437/571 = 76.5% Change: FOBT: 15.1 pct pts; any CRC screening: 11.9 pct pts Intervention arm 2: Pre: FOBT: 265/593 = 44.7%; any CRC screening: 358/593 = 60.4% Post: FOBT: 414/593 = 69.8%; any CRC screening: 485/593 = 81.8% Change: FOBT: 25.1 pct pts; any CRC screening: 21.4 pct pts Control: Pre: FOBT: 92/194 = 47.4%; any CRC screening: 124/194 = 63.9% Post: FOBT: 107/194 = 55.2%; any CRC screening: 132/194 = 68.0% Change: FOBT: 7.8 pct pts; any CRC screening: 4.1 pct pts Absolute change: FOBT arm 1 vs. control: +7.3 pct pts; arm 2 vs. control: +17.3 pct pts Absolute change: any CRC screening arm 1 vs. control: +7.8 pct pts; arm 2 vs. control: +17.3 pct pts Relative change: FOBT arm 1 vs. control: +14.7%; arm 2 vs. control: +34.1% Relative change: any CRC Screening arm 1 vs. control: +11.3%; arm 2 vs. control: +27.3%
Wang (2014) ¹⁶¹	k=25 (physicians) not specified mixed language other than English; urban; Asian	-RCT -clinical -acceptability; fidelity	-increase community demand: small media -increase community access: language support; transportation support; assisting with obtaining health insurance -increase provider delivery of screening services: provider education; provider reminders -community engagement: partnerships	-awareness; adjustment -quality of care; language and literacy skills; provider linguistic and cultural competency	-provider-level: knowledge or awareness of screening guidelines, practices in recommending CRC screening tests, attitudes toward shared decision-making, self-efficacy in CRC communication, behavioral capacities, outcome expectations (provider survey/self-report) -4 to 6 months	Physicians increased perceived self-efficacy in communicating with patients about CRC screening; physicians' knowledge of CRC and outcome expectations did not change. No difference in perceiving the number of patient-reported barriers pre-post training intervention.

Author (year)	Total sample size Age (years) Sex Priority populations ¹⁸	-Study design -Intervention delivery settings -Implementation outcomes	Approaches taken to increase screening ^{5,19a}	-“5A Framework” activities ²⁰ -SDOH constructs included as intervention components ^a	-Primary outcome (how ascertained) -Follow-up time	Results (effect size or description where applicable)
Weinberg (2013) ¹⁶⁵	n=904 ≥50 female none specified	-RCT -computer -n/a	-increase community demand: web-based education	-n/a -language and literacy skills	-screening (medical records) -4 months	Intervention 1: Print Pre: 0/349 = 0.0% Post: 42/349 = 12.0% Change: 12.0 pct pts Intervention 2: Web Pre: 0/345 Post: 42/345 Change: 12.2 pct pts Control: Pre: 0/171 = 0.0% Post: 22/171 = 12.9% Change: 12.9 pct pts Absolute change: print vs. control: -0.9 pct pts; web vs. control: -0.7 pct pts Relative change: print vs. control: -7.0%; web vs. control: -5.4%
Xirasagar (2011) ¹⁷²	n=2,167 (patients); k=12 (physicians) ≥50 mixed Black or African American	-quantitative non-randomized -clinical -penetration	-increase provider delivery of screening services: provider education	-n/a -n/a	-screening (medical records) -7 years (duration of study)	Post-intervention colonoscopy rates were higher than baseline rates in both the intervention and comparison study arms
Lung cancer screening (n=2)						
Percac-Lima (2017) ¹²⁶	n=1,200 55-77 mixed low income	-RCT -clinical -n/a	-increase community demand: one-on-one education; small media; client reminders -increase community access: navigation support; language support; transportation support	-awareness; adjustment; assistance -access to primary care; quality of care	-screening (medical records) -11 months	Intervention: Pre: 0/400 = 0.0% Post: 94/400 = 23.5% Change: 23.5 pct pts Control: Pre: 0/800 = 0.0% Post: 69/800 = 8.6% Change: 8.6 pct pts Absolute change: +14.9 pct pts Relative change: +172.5%
Wildstein (2011) ¹⁶⁸	n=3,387 ≥40 (self-pay); ≥60 (no pay) mixed none specified	-quantitative non-randomized -clinical -n/a	-increase community demand: client reminders	-adjustment -cost	-screening (medical records) -18 months	Intervention: Pre: 0/1304 = 0.0% Post: 1146/1304 = 87.9% Change: 87.9 pct pts Control: Pre: 0/2083 = 0.0% Post: 1296/2083 = 62.2% Change: 62.2 pct pts Absolute change: +25.7 pct pts Relative change: +41.3%

Abbreviations: BSE, breast self-examination; CBE, clinical breast examination; CBOs, community-based organizations; col, colonoscopy; CRC, colorectal cancer; FIT, fecal immunochemical test; FOBT, fecal occult blood test; mam, mammography; pct pts, percentage points; RCT, randomized controlled trial; sig, sigmoidoscopy.

^a Coding of specific approaches to increase screening reflects any intervention component offered to participants, including individually tailored approaches to address participants’ unique structural barriers to screening (e.g., transportation support if transportation to appointments was identified as a barrier). Conversely, coding of SDOH constructs reflects main intervention components offered to all participants.

Supplementary Table 2. Quality appraisal using the Mixed Methods Appraisal Tool (MMAT): quantitative randomized controlled trials

Author (year)	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	2.1. Is randomization appropriately performed?	2.2. Are the groups comparable at baseline?	2.3. Are there complete outcome data?	2.4. Are outcome assessors blinded to the intervention provided? ^a	2.5. Did the participants adhere to the assigned intervention?
Arnold (2019) ²⁵	Y	Y	Y	Y	Y	CT	N
Baker (2014) ²⁹	Y	Y	Y	Y	Y	CT	Y
Braschi (2014) ³⁴	Y	Y	CT	CT	Y	CT	Y
Calderon-Mora (2020) ³⁸	Y	Y	Y	N	Y	N	Y
Carney (2014) ³⁹	Y	Y	Y	Y	Y	N	Y
Champion (2016) ⁴²	Y	Y	CT	N	Y	N	Y
Christy (2013) ⁴⁵	Y	Y	Y	Y	Y	N	Y
Christy (2020) ⁴⁴	Y	Y	CT	Y	N	N	Y
Coronado (2016) ⁴⁷	Y	Y	Y	Y	Y	N	Y
Cuaresma (2018) ⁵¹	Y	Y	Y	Y	Y	N	Y
Cumberland (2018) ⁵²	Y	Y	CT	CT	Y	N	Y
Davis (2017) ⁵⁴	Y	Y	CT	Y	Y	Y	Y
Davis (2020) ⁵⁶	Y	Y	Y	Y	Y	N	Y
DeGroff (2017) ⁵⁸	Y	Y	CT	Y	Y	CT	Y
Dominic (2020) ⁵⁹	Y	Y	CT	Y	Y	CT	N
Elder (2017) ⁶¹	Y	Y	CT	Y	Y	N	Y
Fang (2017) ⁶⁵	Y	Y	Y	N	Y	N	Y
Fang (2019) ⁶⁴	Y	Y	CT	N	Y	N	Y
Greaney (2014) ⁶⁹	Y	Y	CT	CT	Y	N	Y
Greiner (2014) ⁷⁰	Y	Y	Y	Y	Y	N	Y
Gwede (2019) ⁷¹	Y	Y	CT	N	N	N	Y
Han (2017) ⁷²	Y	Y	Y	N	CT	N	Y
Hodges (2016) ⁷⁶	Y	Y	CT	CT	Y	CT	Y
Holt (2012, 2013) ^{77,78}	Y	Y	Y	Y	Y	N	Y
Horne (2015) ⁷⁹	Y	Y	Y	Y	N	N	Y
Jandorf (2012, 2014) ^{81,82}	Y	Y	Y	CT	N	N	Y
Jerant (2013, 2015) ^{83,84}	Y	Y	Y	Y	Y	N	Y
Jo (2017) ⁸⁵	Y	Y	CT	Y	Y	N	Y
Kreuter (2010) ⁹⁰	Y	Y	CT	Y	Y	N	Y
Kuroki (2021) ⁹²	Y	Y	CT	CT	Y	N	Y
Laiyemo (2019) ⁹³	Y	Y	Y	Y	Y	CT	N
Larkey (2012) ⁹⁴	Y	Y	Y	Y	N	N	Y
Lau (2013) ⁹⁵	Y	Y	Y	CT	N	N	Y
Lee (2014) ⁹⁷	Y	Y	Y	N	Y	CT	Y
Inadomi (2012) ⁸⁰ and Liang (2016) ⁹⁹	Y	Y	Y	Y	Y	CT	CT

Author (year)	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	2.1. Is randomization appropriately performed?	2.2. Are the groups comparable at baseline?	2.3. Are there complete outcome data?	2.4. Are outcome assessors blinded to the intervention provided? ^a	2.5. Did the participants adhere to the assigned intervention?
Margulies (2019) ¹⁰⁴	Y	Y	CT	Y	Y	N	Y
Maxwell (2010) ¹⁰⁶	Y	Y	CT	Y	N	CT	Y
Menon (2020) ¹⁰⁹	Y	Y	Y	N	Y	N	Y
Miller (2011) ¹¹⁰	Y	Y	CT	Y	Y	Y	Y
Nguyen (2017) ¹¹⁹	Y	Y	Y	Y	Y	N	Y
O'Brien (2010) ¹²²	Y	Y	Y	Y	N	N	N
Percac-Lima (2017) ¹²⁶	Y	Y	CT	Y	N	CT	Y
Phillips (2011) ¹²⁹	Y	Y	Y	N	Y	CT	N
Rawl (2021) ¹³⁴	Y	Y	Y	Y	Y	CT	Y
Reuland (2017) ¹³⁶	Y	Y	Y	Y	Y	Y	Y
Sinicropo (2020) ¹⁴⁴	Y	Y	CT	CT	Y	CT	Y
Somsouk (2020) ¹⁴⁶	Y	Y	Y	Y	Y	Y	Y
Studts (2012) ¹⁴⁷	Y	Y	CT	Y	Y	N	Y
Tanjasiri (2019) ¹⁴⁸	Y	Y	CT	N	N	N	Y
Taylor (2010) ¹⁴⁹	Y	Y	Y	Y	N	CT	N
Thompson (2017) ¹⁵¹	Y	Y	CT	Y	Y	Y	Y
Thompson (2019) ¹⁵⁰	Y	Y	Y	Y	Y	N	Y
Tong (2017) ¹⁵⁴	Y	Y	CT	Y	Y	N	Y
Valdez (2018) ¹⁵⁷	Y	Y	Y	Y	N	N	Y
Walsh (2010) ¹⁵⁹	Y	Y	Y	Y	N	N	N
Wang (2012) ¹⁶²	Y	Y	Y	Y	Y	N	Y
Wang (2014) ¹⁶¹	Y	N ^b					
Weinberg (2013) ¹⁶⁵	Y	Y	CT	Y	Y	CT	Y
Wright (2016) ¹⁶⁹	Y	Y	CT	Y	N	N	N
Wu (2015) ¹⁷⁰	Y	Y	CT	Y	Y	N	Y

CT = cannot tell; N = no; Y = yes.

^a Many studies had patient-reported outcomes; therefore, the outcome assessor (patient) was not blinded to the intervention provided and this is not necessarily a limitation.

^b Per MMAT guidance, study was not considered for further appraisal.

Supplementary Table 3. Quality appraisal using the Mixed Methods Appraisal Tool (MMAT): quantitative non-randomized studies^a

Author (year)	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	3.1. Are the participants representative of the target population?	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	3.3. Are there complete outcome data?	3.4. Are the confounders accounted for in the design and analysis?	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?
Allen (2014) ²⁴	Y	Y	Y	Y	N	Y	Y
Arshad (2011) ²⁶	Y	Y	CT	Y	Y	Y	CT
Asgary (2017) ²⁷	Y	Y	Y	Y	Y	Y	Y
Berkowitz (2015) ³⁰	Y	Y	Y	Y	Y	Y	Y
Bharel (2015) ³¹	Y	Y	CT	Y	CT	CT	Y
Bitler (2016) ³²	Y	Y	Y	Y	Y	Y	Y
Bitler (2017) ³³	Y	Y	Y	Y	Y	Y	Y
Briant (2018) ³⁵	Y	Y	Y	Y	Y	Y	Y
Calderon (2010) ³⁷	Y	Y	Y	Y	Y	Y	Y
Chilton (2013) ⁴³	Y	Y	Y	Y	Y	CT	Y
Clark (2011) ⁴⁶	Y	Y	Y	Y	Y	Y	Y
Costas-Muniz (2016) ⁴⁸	Y	Y	Y	Y	Y	Y	CT
Crookes (2014) ⁴⁹	Y	Y	Y	Y	Y	Y	Y
Crosby (2017) ⁵⁰	Y	Y	Y	Y	Y	Y	Y
Davis (2015) ⁵⁵	Y	Y	Y	Y	Y	Y	Y
Davis (2017) ⁵³	Y	Y	Y	Y	Y	CT	Y
Dawadi (2021) ⁵⁷	Y	Y	Y	Y	Y	CT	Y
Emerson (2020) ⁶²	Y	Y	Y	Y	N	Y	Y
Falk (2020) ⁶³	Y	Y	Y	Y	Y	Y	Y
Fleming (2018) ⁶⁶	Y	Y	CT	Y	Y	N	Y
Fornos (2014) ⁶⁷	Y	Y	Y	Y	Y	N	CT
Gondek (2015) ⁶⁸	Y	Y	Y	Y	Y	CT	Y
He (2020) ⁷³	Y	Y	Y	Y	CT	N	Y
Hendryx (2018) ⁷⁵	Y	Y	Y	Y	Y	Y	Y
Karcher (2014) ⁸⁷	Y	Y	Y	Y	N	CT	Y
Kim (2010) ⁸⁸	Y	Y	Y	Y	Y	Y	Y
Kluhsman (2012) ⁸⁹	Y	Y	Y	Y	Y	Y	Y
Krok-Schoen (2016) ⁹¹	Y	Y	Y	Y	Y	Y	Y
Lea (2019) ⁹⁶	Y	Y	Y	Y	N	Y	Y
Lee (2017) ⁹⁸	Y	Y	Y	Y	Y	Y	Y
Liu (2015) ¹⁰⁰	Y	Y	CT	Y	Y	CT	Y
Livaudais (2010) ¹⁰¹	Y	Y	Y	Y	Y	CT	Y
Manne (2021) ¹⁰²	Y	Y	Y	Y	N	Y	Y
Marcus (2014) ¹⁰³	Y	Y	CT	Y	Y	Y	CT
Markovitz (2015) ¹⁰⁵	Y	Y	CT	Y	Y	Y	Y

Author (year)	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	3.1. Are the participants representative of the target population?	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	3.3. Are there complete outcome data?	3.4. Are the confounders accounted for in the design and analysis?	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?
Maxwell (2020) ¹⁰⁷	Y	Y	CT	Y	N	CT	Y
McDonough (2016) ¹⁰⁸	Y	Y	Y	CT	Y	N	Y
Mojica (2021) ¹¹¹	Y	Y	Y	Y	Y	Y	Y
Molina (2021) ¹¹²	Y	Y	Y	Y	N	Y	Y
Shokar (2016) ¹⁴¹ and Molokwu (2017) ¹¹³	Y	Y	Y	Y	Y	Y	Y
Moralez (2012) ¹¹⁵ and Rao (2013) ¹³²	Y	Y	Y	Y	Y	N	Y
Nguyen (2010) ¹¹⁷	Y	Y	Y	Y	N	Y	Y
Nguyen (2020) ¹¹⁸	Y	Y	CT	Y	Y	Y	Y
Nikpay (2016) ¹²⁰	Y	Y	Y	Y	Y	Y	Y
Ornelas (2018) ¹²³	Y	Y	Y	Y	Y	CT	Y
Ou (2019) ¹²⁴	Y	Y	Y	Y	CT	Y	Y
Percac-Lima (2012) ¹²⁸	Y	Y	Y	Y	Y	CT	Y
Percac-Lima (2013) ¹²⁵	Y	Y	Y	Y	Y	Y	Y
Percac-Lima (2014) ¹²⁷	Y	Y	Y	Y	Y	Y	Y
Rapkin (2017) ¹³³	Y	Y	CT	Y	CT	Y	Y
Sabik (2018) ¹³⁸	Y	Y	Y	Y	Y	Y	Y
Scheel (2015) ¹³⁹	Y	Y	Y	Y	Y	Y	Y
Schmidt-Vaivao (2010) ¹⁴⁰	Y	Y	CT	Y	CT	Y	Y
Shokar (2021) ¹⁴²	Y	Y	Y	Y	N	Y	Y
Smalls (2019) ¹⁴⁵	Y	Y	CT	Y	Y	CT	CT
Thompson (2014) ¹⁵²	Y	Y	Y	Y	Y	CT	Y
Tolma (2019) ¹⁵³	Y	Y	Y	Y	N	N	N
Tu (2014) ¹⁵⁶	Y	Y	Y	Y	Y	Y	Y
von Friederichs-Fitzwater (2010) ¹⁵⁸	Y	Y	CT	Y	Y	CT	Y
Wang (2010) ¹⁶³	Y	Y	Y	Y	Y	Y	Y
Wang (2020) ¹⁶⁰	Y	Y	N	Y	Y	Y	CT
Warner (2019) ¹⁶⁴	Y	Y	Y	Y	Y	Y	Y
Weston (2018) ¹⁶⁶	Y	Y	Y	Y	Y	N	CT
Wildstein (2011) ¹⁶⁸	Y	Y	Y	Y	Y	Y	Y
Wu (2013) ¹⁷¹	Y	Y	Y	Y	Y	CT	Y
Xirasagar (2011) ¹⁷²	Y	Y	Y	Y	Y	N	Y

CT = cannot tell; N = no; Y = yes.

^a For the quality appraisal, three secondary analyses from randomized controlled trials were included in the MMAT “quantitative non-randomized studies” category due to aggregation across study arms or inclusion of data from the intervention arm only.

Supplementary Table 4. Quality appraisal using the Mixed Methods Appraisal Tool (MMAT): quantitative descriptive studies

Author (year)	S1. Are there clear research questions?	S2. Do the collected data allow to address the research questions?	4.1. Is the sampling strategy relevant to address the research question?	4.2. Is the sample representative of the target population?	4.3. Are the measurements appropriate?	4.4. Is the risk of nonresponse bias low?	4.5. Is the statistical analysis appropriate to answer the research question?
Agho (2012) ²³	Y	Y	Y	Y	Y	CT	CT
Ayash (2011) ²⁸	Y	Y	Y	Y	Y	Y	Y
Burhansstipanov (2010) ³⁶	Y	Y	Y	Y	Y	N	Y
Cassel (2020) ⁴⁰	Y	Y	Y	Y	Y	Y	Y
Cavanagh (2013) ⁴¹	Y	Y	Y	Y	Y	Y	Y
Eder (2015) ⁶⁰	Y	Y	Y	Y	Y	Y	Y
Henderson (2020) ⁷⁴	Y	Y	Y	Y	Y	CT	Y
Kamaraju (2018) ⁸⁶	Y	Y	Y	CT	Y	CT	Y
Montealegre (2015) ¹¹⁴	Y	Y	Y	Y	Y	CT	Y
Mukherjea (2020) ¹¹⁶	Y	Y	Y	CT	CT	CT	Y
Nuss (2012) ¹²¹	Y	Y	Y	N	Y	Y	Y
Pruthi (2010) ¹³⁰	Y	Y	Y	Y	Y	CT	Y
Quick (2013) ¹³¹	Y	Y	Y	Y	Y	CT	Y
Redwood (2011) ¹³⁵	Y	Y	CT	CT	Y	CT	Y
Ruggeri (2020) ¹³⁷	Y	Y	CT	CT	CT	CT	CT
Simon (2020) ¹⁴³	Y	Y	Y	Yes	Y	CT	Y
Torres (2019) ¹⁵⁵	Y	Y	Y	CT	Y	N	Y
White (2012) ¹⁶⁷	Y	Y	Y	Y	Y	CT	Y

CT = cannot tell; N = no; Y = yes.