

## Implementation of Evidence-based Interventions (EBIs)

EBIs can increase the overall number of women screened, improving clinic-level breast and cervical cancer screening rates, and strengthen the delivery of cancer screening services. The following table lists EBIs recommended in *The Guide to Community Preventive Services* (aka The Community Guide) to increase breast and cervical cancer screenings. Research showed that combining EBIs from various approaches increases screening, compared to the implementation of single EBIs. The descriptions of EBIs recommended for increasing breast and/or cervical cancer screening are below and at <https://www.thecommunityguide.org/topic/cancer>

Approach	Intervention	Breast	Cervical
Increasing Client <b>Demand</b>	Client Reminders	Recommended	Recommended
	Group Education	Recommended	<i>Insufficient evidence</i>
	One-on-One Education	Recommended	Recommended
	Small Media	Recommended	Recommended
Increasing Client <b>Access</b>	Reducing Structural Barriers	Recommended	<i>Insufficient evidence</i>
	Reducing Out-of-Pocket Costs	Recommended	<i>Insufficient evidence</i>
Increasing Provider <b>Delivery</b>	Provider Assessment and Feedback	Recommended	Recommended
	Provider Reminders	Recommended	Recommended
Engage Community Health Workers/Patient Navigators		Recommended	Recommended

**Client reminders** may be enhanced by one or more of the following:

- Follow-up printed or telephone reminders
- Additional text or discussion with information about benefits of, and ways to overcome barriers to screening
- Assistance in scheduling appointments

**Group education** conveys information on the benefits of, and ways to overcome barriers to screening with the goal of informing, encouraging, and motivating participants to seek recommended screening. Group education is usually conducted by health professionals or by trained lay people who use presentations or other teaching aids in a lecture or interactive format, and often incorporate role modeling or other methods. Group education can be given to a variety of groups, in different settings, and by different types of educators with different backgrounds and styles.

**One-on-one education** delivers information to individuals about the benefits of, and ways to overcome barriers to cancer screening with the goal of informing, encouraging, and motivating them to seek recommended screening. These messages are delivered by healthcare workers or other health professionals, lay health advisors, or volunteers, and are conducted by telephone or in person in medical, community, worksite, or household settings. One-on-one education is often accompanied by supporting materials delivered via small media (e.g., brochures), and may also involve client reminders.

**Small Media** include videos and printed materials such as letters, brochures, and newsletters. These materials can be used to inform and motivate people to be screened for cancer.

**Reducing Structural Barriers.** Barriers are non-economic burdens or obstacles that make it difficult for people to access cancer screening. Interventions designed to reduce these barriers may facilitate access to cancer screening services by:

- Reducing time or distance between service delivery settings and target populations
- Modifying hours of service to meet client needs
- Offering services in alternative or non-clinical settings (e.g., mobile mammography vans or community centers)
- Eliminating or simplifying administrative procedures and other obstacles (e.g., scheduling assistance, patient navigators, transportation, dependent care, translation services, limiting the number of clinic visits)

Such interventions often include one or more supporting measures, such as:

- Printed or telephone reminders
- Education about cancer screening

- Information about screening availability (e.g., group education, pamphlets, or brochures)
- Measures to reduce out-of-pocket costs to the client

**Reducing Out-of-Pocket Costs.** Interventions to reduce client out-of-pocket costs attempt to minimize or remove economic barriers that make it difficult for clients to access cancer screening services. Costs can be reduced through a variety of approaches, including vouchers, reimbursements, reduction in co-pays, or adjustments in federal or state insurance coverage. Efforts to reduce client costs may be combined with measures to provide client education, information about program availability, or measures to reduce structural barriers.

**Provider Assessment and Feedback** interventions both evaluate provider performance in delivering or offering screening to clients (assessment) and present providers with information about their performance in providing screening services (feedback). Feedback may describe the performance of a group of providers (e.g., mean performance for a practice) or an individual provider, and may be compared with a goal or standard.

**Provider Reminders** inform health care providers it is time for a client's cancer screening test (called a "reminder") or that the client is overdue for screening (called a "recall"). The reminders can be provided in different ways, such as in client charts or by e-mail.

**Engaging Community Health Workers.** Community health workers are trained to connect the community with the healthcare system. Interventions that increase community demand and improve community access are effective when community health workers are engaged alone or as a part of a team.