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| **Supplementary Table 1. Breast Cancer Screening Interventions** |
| **Reference** | **Sample** | **Intervention** | **Domain(s)**  | **Level(s)** | **Outcome Variables** | **Main Findings** |
| Maxwell (2003)(1) | 444 Filipino-American 99.8% foreign-born | Group education led by health professional vs. physical activity control condition | B, SC | I | Self-reported mammogram | At 3-month follow-up, women in the intervention group were more likely to report having obtained a mammogram (55%) compared to the control group (42%), but no differences were observed by 12-month follow-up. |
| Lee (2014)(2)  | 428 married Korean American women and their Korean spouses100% foreign-born | Group session with video, discussion and homework activity vs. healthy diet control group | B, SC | I, IP | Self-reported mammogram | The intervention group reported a significantly greater increase in mammogram uptake at 15-months post-intervention (56%) compared to the control group (42%). |
| Padela (2018)(3) | 58 Muslim women 75.9% foreign-born  | 2-session group education led by peer educators; no control group | B, SC | I | Self-reported mammogram | At 1-year post-intervention, 37.9% had obtained a mammogram. |
| Calderon (2010)(4) | 400 Latina women100% foreign-born | Focused discussion groups (FDG) with video, training in breast self-exam (BSE), and information on where to obtain free screening vs. FDG alone | B, SC, HC | I | Self-reported mammogram or BSE | Both conditions resulted in increases in BSE (FDG alone= 85%; FDG plus= 89%) and receipt of mammogram (FDG alone= 72%; FDG plus= 58%) at 3-months post-intervention. |
| Lee-Lin (2013)(5) | 44 Chinese American women 100% foreign-born | Group education followed by individual counseling sessions and navigation if needed; no control group | B, SC, HC | I | Self-reported mammogram  | 47.7% of women had obtained a mammogram by 3-months post-intervention. |
| Lee-Lin (2015)(6) | 300 Chinese American women 100% foreign-born | Group education followed by individual counseling and navigation if needed vs. a print brochure control group | B, SC, HC | I | Self-reported mammogram | At 12-month follow-up, a greater proportion of women in the intervention group (71.4%) had obtained a mammogram compared to the control group (42.5%). |
| Nguyen-Truong (2017)(7) | 40 Vietnamese American women 100% foreign-born  | Group education followed by individual counseling sessions and navigation, if needed; no control group | B, SC, HC | I | Self-reported mammogram | 75% of women had obtained a mammogram by 3-months post-intervention. |
| Lee (2017) (8) | 120 Korean American women100% foreign-born | 7-day tailored mobile phone intervention including text messages, videos, and navigator if requested vs. print material control group | B, SC, HC | I | Self-reported mammogram | Receipt of mammogram was higher in the intervention group (75%) compared to the control group (30%). |
| Gondek (2015)(9) | 348 women recruited from immigrant/refugee organizations (Middle East, Africa, and Asia) and Puerto Rican women.> 92% foreign-born | Group education / community agencies provided navigation; no control group | B, SC, HC | I | EHR-verified mammogram | 35% of women over the age of 40 (n=170) completed a mammogram. |
| Kamaraju (2018)(10) | 374 women: 43.9% immigrants from Middle East or Asia 10.5% refugees from Eastern Europe and Africa 10.4% African Am 35.3% Missing | Group education by LHW and oncologist in English with translators, free CBE at end of workshop, and mammography van; no control group | B, SC, HC | I | Mammogram  | Of the 188 participants who were due for a mammogram, 100% of insured women (n=113) and 80% of uninsured women (n=75) obtained a mammogram. |
| The following studies did not explicitly report country of birth or % foreign-born, but it is either implied in the Introduction and throughout the text that participants were immigrants or refugees, or it was stated that the intervention was developed specifically for immigrants or refugees: |
| Kagawa-Singer (2009)(11) | 434 Hmong women | Group education led by LHWs with print and video (Hmong men could attend separate session) in 2 cities vs. comparison city as control | B, SC | I, IP, C | Self-reported mammogram, CBE, and BSE | At 1-year follow-up, women in the intervention cities were more likely to report having obtained a mammogram (40.9%) or CBE (56.3%), or performed BSE (59.8%) compared to women in the control city (23.8%, 35.0%, and 36.7%, respectively). |
| Wang (2012)(12) | 664 Chinese-American women  | Culturally–targeted video vs. generic video vs. fact sheet (print) control condition | B, SC | I | Self-reported mammogram | Screening rates were similar across the culturally-targeted video (40.3%), generic video (38.5%), and print control (31.1%) conditions. |
| Han (2009)(13) | 93 Korean American women | LHW group education plus navigation; no control group | B, SC, HC | I | Self-reported mammogram, CBE, and BSE | Breast cancer screening rates increased significantly at 6-months post-intervention to 31.9% for mammograms, 23% for CBE, and 36.2% for BSE. |
| Percac-Lima (2012)(14) | 91 Serbo-Croatian speaking women | Refugee patient navigation program; no control group | B, SC, HC | I | EHR-verified mammogram | Screening rates increased from 44.0% at baseline to 67.0% after 1 year. |
| Percac-Lima (2013)(15) | 188 Somali, Arabic and Serbo-Croatian women | Refugee patient navigation program compared to English- and Spanish-speaking women in the same health clinic | B, SC, HC | I, C | EHR-verified mammogram  | In the year prior to implementation, mammography rates were lower for refugee women (64.1%) compared to English- (76.5%) and Spanish-speaking (85.2%) women. At the end of the program, screening rates had increased in refugee women (81.2%), similar to English- (80.0%) and Spanish-speaking (87.6%) women.  |
| Rodriguez-Torres (2019)(16) | 126 Somali, Arabic and Serbo-Croatian women; 1538 English-speaking women served as controls | Refugee patient navigation program compared to English-speaking women in the same health clinic | B, SC, HC | I, C | EHR-verified mammogram | 5 years after program termination, screening rates had decreased among refugee participants (76.5%), but remained comparable to rates among English-speaking primary care patients (80.5%)  |

Note: B=Behavioral; SC=Sociocultural environment; HC=Health care system; I=Individual; IP=Interpersonal; C=Community; BSE=breast self-examination; CBE=clinical breast exam; LHW=lay health worker; EHR=electronic health record

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| **Supplementary Table 2. Cervical cancer screening interventions** |
| **Author** | **Sample** | **Intervention** | **Domains** | **Levels** | **Outcome Variable** | **Main Findings** |
| Luque (2017) (17) | 90 Latina 100% foreign-born | Group education led by promotoras vs. nutrition control group  | B, SC | I | Self-reported Pap test | 32% of women in the intervention group received a Pap test compared to 19% of women in the control group. |
| Ochoa (2019) (18) | 109 Mexican-American women100% foreign-born | Narrative vs. nonnarrative film on cervical cancer prevention and screening | B, SC | I | Self-reported Pap test | A greater proportion of women who viewed the narrative film had completed or scheduled a Pap test compared to the nonnarrative film condition (62% vs. 42%), but the difference was not statistically significant. |
| Wang (2010) (19) | 134 Chinese American women99.3% foreign-born | Group education with navigation vs. general health education control group | B, SC, HC | I | Pap test verified by clinic | Screening rates were significantly higher in the intervention group (70%) compared to the control group (11.1%). |
| Ma (2015) (20) | 1,416 Vietnamese American women 91.6% foreign-born  | Group education with navigation vs. general health education control group | B, SC, HC | I | Pap test verified by clinic | Screening rates were significantly higher in the intervention group (63.3%) compared to the control group (1.4%). |
| Fang (2007) (21) | 102 Korean American women100% foreign-born | Group education with navigation vs. general health education control group | B, SC, HC | I | Pap test verified by clinic | Screening rates were significantly higher in the intervention group (83%) compared to the control group (22%). |
| Fang (2017) (22) | 705 Korean American women96.9% foreign-born | Group education with navigation vs. general health education control group | B, SC, HC | I | Pap test verified by clinic | Screening rates were significantly higher in the intervention group (72%) compared to the control group (10%). |
| Sewali (2015) (23) | 31 Somali women100% foreign-born | Clinic-based Pap test (usual care) vs. home-based HPV kit | B, HC, SC | I | Pap test or HPV DNA test verified by clinic | 19.4% obtained a Pap test compared to 65.6% who completed HPV DNA testing. |
| Carrasquillo (2018) (24) | 601 Hispanic, Black or Haitian women40.7% Permanent resident33.0% US citizen26.4% Unknown | Outreach education vs. navigation to Pap test plus education vs. HPV self-sampling plus education  | B, SC, HC | I | Pap test verified by clinic or HPV self-sampling completion | Women in the HPV self-sampling group were more likely to report any cervical cancer screening (77.3%) compared to women in the navigation (42.5%) and outreach groups (31.3%). |
| Kobetz (2018) (25) | 599 Hispanic, Haitian, and non-Hispanic Black women 38.6% Permanent resident34.6% Unknown26.9% US citizen | HPV self-sampling delivered in-person (SS+IP) by CHW or via US mail (SS+mail)  | B, SC, HC | I | HPV self-sampling completion  | Similar rates of uptake were observed in SS+IP (81.0%) and SS+mail (71.6%). |
| The following studies did not explicitly report country of birth or % foreign-born, but it is implied that participants were immigrants in the Introduction and through recruitment at community health clinics that serve Asian immigrants |
| Taylor (2002) (26)  | 289 Cambodian American women | Intervention neighborhoods received home visits, group education sessions, and navigation if needed  | B, SC, HC | I, C | Pap test verified by clinic | Both the intervention and control neighborhoods demonstrated increased screening from baseline to 12-month follow-up (Intervention: 44% to 61%; Control: 51% to 62%). |
| Taylor (2002) (27) | 402 Chinese women | High-intensity intervention (home visit by outreach worker, navigation if needed; vs. low-intensity (direct mail intervention of video, brochure and fact sheet); vs. usual care control | B, SC, HC | I | Pap test verified by clinic | 39% screening rate in high-intensity outreach condition, compared to 25% screening rate in low-intensity mail condition, and 15% screening rate in control condition. |
| Taylor (2010) (28) | 234 Vietnamese American women | Home visit by CHW with educational materials compared to physical activity control condition | B, SC | I | Pap test verified by clinic | 24% of women in the intervention group obtained screening compared with 14% in the control group (p=0.07). |

Note: B=Behavioral; SC=Sociocultural environment; HC=Health care system; I=Individual; C=Community; CHW=community health worker; HPV=human papillomavirus

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| **Supplementary Table 3. Colorectal Cancer Screening Interventions** |
| **Reference** | **Sample** | **Intervention** | **Domains** | **Levels** | **Outcome Variable** | **Main Findings** |
| Nguyen (2017) (29) | 725 Chinese American men and women 99.4% foreign-born  | LHW intervention + Print education vs. Print alone | B, SC | I | Self-reported CRC screening | A greater proportion of patients in the LHW+Print group (78.1%) were up-to-date with screening compared to Print alone (64.1%). |
| Tong (2017) (30) | 329 Hmong American men and women100% foreign-born | LHW intervention vs. nutrition & physical activity control condition | B, SC | I | Self-reported CRC screening  | From pre- to post-program, the intervention group reported greater increases in being up-to-date with CRC screening (44.1% to 57.1%) compared to the control group (43.5% to 43.5%). |
| Jo (2017) (31) | 348 Korean American men and women 99.4% foreign-born | LHW intervention + Print education vs. Print alone | B, SC | I | Self-reported CRC screening | From pre- to post-program, similar increases in being up-to-date with screening were observed across intervention (41.3% to 53.8%) and control (41.5% to 50.0%) groups.  |
| Schaefer Solle (2017) (32) | 483 Haitian or Hispanic men and women99.2% foreign-born  | LHW promoting FIT; no control group | B, SC, HC | I | Completion of FIT | 85% completed FIT; among 6 positive results, 3 completed diagnostic colonoscopy. |
| Aragones (2010) (33)  | 65 Latino men and women 15.4% foreign-born\* | Clinic-based intervention involving video, print brochure, and 1-page reminder for patients to hand to their physician vs. usual care control | B, SC, HC | I, IP | EHR-verified CRC screening  | Screening rates were higher in the intervention group (55%) compared to the control group (18%). Physicians recommended CRC screening for 61% of patients in the intervention group versus 41% in the control group.  |
| The following studies did not explicitly report country of birth or % foreign-born, but it is implied that participants were immigrants in the Introduction and/or through recruitment at community health clinics that serve Asian immigrants |
| Tu (2006)(34) | 210 Chinese American men and women  | Clinic-based intervention with pamphlet, video, and FOBT kit vs. usual care  | B, SC, HC | I | Completion of FOBT  | 69.5% of the intervention group completed a FOBT compared to 27.6% of the control group. |
| Tu (2014) (35) | 1,260 Vietnamese American men and women  | Clinic-based intervention delivered by MAs vs. control clinic | B, SC | I, C | EHR-verified CRC screening | The intervention clinic had a 3% increase in overall CRC screening (from 42% to 45%), whereas the control clinic had no change (38%). |
| Nguyen (2010)(36) | 73 Chinese American men and women | LHW intervention consisting of 2 outreach sessions with follow-up phone calls; no control group | B, SC | I | Self-reported CRC screening | Receipt of FOBT increased from 0% to 55%; sigmoidoscopy and colonoscopy both increased from 0% to 7.1%. |
| Nguyen (2015) (37) | 640 Vietnamese American men and women | LHW intervention consisting of 2 educational sessions plus navigation vs. healthy lifestyle control | B, SC, HC | I | Self-reported CRC screening | A greater proportion of intervention participants (56%) reported completing CRC screening compared to the control group (19%). |

Note: B=Behavioral; SC=Sociocultural environment; HC=Health care system; I=Individual; IP=Interpersonal; C=Community; CRC= colorectal cancer; FOBT = fecal occult blood test; FIT = fecal immunochemical test; LHW=lay health worker; MA=medical assistant; EHR= electronic health record. \*This study was retained in the review because the intervention was developed for Latino immigrants and recruitment targeted Latino immigrant Spanish-speaking patients.

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| **Supplementary Table 4. Multiple Screening Behaviors**  |
| **Reference** | **Sample** | **Intervention** | **Domains** | **Levels** | **Outcome Variable** | **Main Findings** |
| Goldsmith (1996) (38) | 1,732 female migrant farmworkers93% Hispanic | Variable interventions including one-on-one discussion, informal group discussion, or formal presentations to migrant camps, all followed by outreach, navigation and vouchers for screening; no control group | B, SC, HC | I | Breast or cervical cancer screening determined by vouchers redeemed | 317 of 1,732 women (18.3%) obtained screening: 183 Pap smears, 105 clinical breast exams, 29 mammograms completed. |
| White (2012) (39) | 782 Latina women 100% foreign-born  | Educational luncheons scheduled by lay health promoters (LHPs), followed by on-site scheduling and provision of free or low-cost screening; no control group | B, SC, HC | I | EHR-verified breast or cervical cancer screening | Of the 80% who scheduled a Pap smear, 65% completed screening. Of the 78% who scheduled a mammogram, 79% completed screening.  |
| Allen (2014) (40) | 77 Latina women100% foreign-born | Individual and group education about breast, cervical, and CRC screening, combined with small media and community health messages, provider referrals, and mobile health vans; no control group | B, SC, HC | I | Self-reported breast, cervical, and CRC screening | Pre-post analyses revealed a 24% increase in adherence to breast cancer screening, and 8% increase in adherence to all recommended screening tests; but pre-post changes were not statistically significant. |
| Brown (2018) (41) | 514 Hispanic men and women 80% foreign-born  | Healthy Fit intervention consisting of health screening, referrals, vouchers for cancer screening (if eligible), and 3 follow-up calls; no control group.  | B, SC, HC | I | Self-reported breast, cervical, or CRC screening | At post-intervention, 54% of women had received breast cancer screening, and 43% had received cervical cancer screening. Among all participants, 32% received CRC screening.  |
| Suarez (1997) (42) | 923 Mexican American women63.6% foreign-born | Intervention was implemented by local health departments and consisted of role model stories, newsletters, and outreach activities; comparison community was used as control | B, SC, HC | I, C | Self-reported breast and cervical cancer screening  | Both the intervention and comparison communities reported increases in Pap smear (5.9%-6.6%) and mammograms (16.7%-19.2%).  |

Note: B=Behavioral; SC=Sociocultural environment; HC=Health care system; I=Individual; C=Community; CRC=colorectal cancer; EHR=electronic health record

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