Table E-4. Key Question 1 intervention descriptions

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Cox 20011 | G1: Control (not abstracted)G2: Gain frame and statistical (framing)G3: Loss frame and statistical (framing)G4: Gain frame and anecdotal (framing + narrative)G5: Loss frame and anecdotal (framing +narrative) | #1Message framingG2: Statistical evidence with a gain frame. G3: Statistical evidence with a loss frame.#2: NarrativesG4: Anecdotal message with a gain frame. G5: Anecdotal message with a loss frame | MammogramHealth education materials by the National Cancer Institute and the American Cancer SocietyYesYes | Paper-basedin-person delivery of print advertisement1 session | G1 & G2: quantitativeG3 & G4: qualitative | G2: Message said that “doctors are able to detect tumors at an early, treatable-stage, and they are 30% less likely to die from cancer”G3: Message said “doctors are not able to detect tumors at an early, treatable-stage, and they are 43% more likely to die of breast cancer.”G4: The message had a story about Sara Johnson’s ended with “doctors were able to detect her breast tumor at an early, treatable-stage, and now Sara can look forward to a long life, watching her grandson, Jeffrey, grow up.”G5: The message had a story about Sara Johnson and ended with “doctors were not able to detect her breast tumor at an early, treatable-stage, and now Sara may miss out on a long life, watching her grandson, Jeffrey, grow up.” |   |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Elder 2005,220063 | G1: Control (“off the shelf” materials covering same modules and content as lay health workers and tailored conditions) G2: Tailored print condition G3: Lay health worker tailored print condition  | #1Targeted communication; audience segmentationTargeted newsletters and activities inserts#2: Tailored communicationTailored newsletter and activities insert#3: NarrativesLay health advisor “Promotoras” + tailored newsletter and activities inserts | Reduce dietary fat and increase fiber Unspecified; American heart associationNIH; American Dietetic Association, and the American Cancer SocietyYesUnclear | G1 & G2: paper-basedG3: paper-based + in-person G1 & G2: postal G3: Promotoras (characteristics: Spanish-language dominant; naturally empathetic,able to develop rapport and to be neutral and nonjudgmental; perceived as a role model in the community; and interested in helping women change lifestyle behaviors.)G1: one time mailing (probably)G2: 12 weekly mailingsG3: 12 weekly mailings of print  | NR | G1: Targeted materials were developed for a Latino population and were available in Spanish. Language-appropriate materials that contained information on food purchasing, food preparation, and food consumption were available from the American Heart Association, American Dietetic Association, and the American Cancer Society G2: newsletters provided feedback on the assessment process, as well as an opportunity for personalized goal setting and for dealing with identified barriers. The degree of complexity of the activity in the insert varied by the participant’s readiness to change (e.g., acquire information vs. self-monitor). Participants were encouraged to complete the activity on the insert and return the self-addressed stamped card to be entered into a raffle and to receive additional chapters of the story (novela) in the newsletter. There were also magnetic flower petals containing healthy lifestyle messages and eight recipes. |   |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Elder 2005,220063 (continued) |  |  |  | materials + 12 weekly home visit or telephone call |  | G3: Using the skills acquired in the program, as well as their natural ability to provide support and encouragement and their social networking skills, the promotoras worked with individual participants to negotiate behavioral change goals. The promotoras relied primarily on the participant’s weekly tailored newsletter to guide discussions and suggest opportunities for skill development. |  |
| Jibaja-Weiss 20034 | G1: No intervention control (499 for cervical, 239 for breast)G2: PF letters targeted to women age 40 and older (460 for cervical, 239 for breast)G3: PT letter (524 for cervical, 261 for breast) | #1: Targeted communication; audience segmentationSingle page document on clinic letterhead, written at 6th grade level in either English or Spanish and signed by medical director. PF contained generic info on risk factors for breast and cervical cancer, the importance of screening and early detection, and encouragement to schedule a visit for a pelvic examination and pap or clinical breast exam and mammogram.  | Breast and cervical cancer screeningAmerican Cancer SocietyYesYes | Paper-based mailed letterSingle page document mailed to patients#: 1length: 1 pagetotal time: NR | Quantitative | Included recommendations, breast and cervical cancer risk, and appointment scheduling info. | Primary difference between the PT and PF letters was that the PT letter included personalized breast and cervical cancer risk factors (e.g., Mrs. Smith, you may be at-risk of breast cancer because….) while the PF letter included only standardized phrases about risks. The total possible word counts for the body of each letter were 384 for the PF and 314 for the PT. 80% of the words were in common.  |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Jibaja-Weiss 20034(continued) |  | The Spanish versions varied only in the use of accepted Spanish-language idioms to approximate the English-language message.#2: Tailored communicationSingle page document on clinic letterhead, written at 6th grade level in either English or Spanish and signed by medical director, directly addressed to patient. PT contained specific info on 6 risk factors for breast and cervical cancer tailored to the pt: age, race, family history, parity, BMI, and tobacco use, the importance of screening and early detection, and encouragement to schedule a visit for a pelvic exam and pap or CBE and mammogram. Risk factor data were extracted from medical chart. |  |  |  |  | Based on Health Belief Model. |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Myers, 20075 | G1: ControlG2: Targeted interventionG3: Tailored interventionG4: Tailored intervention + telephone followup | Targeted communication; audience segmentation:Received a mailed CRC screening invitation letter, informational booklet, stool blood test (SBT), and reminder letterTailored communication:Same as Comparator #1, plus 2 tailored messages addressing personal barriers to screeningTailored communication: Same as Comparator #2, plus a reminder phone call during which a trained health educator reviewed the mailed materials and encouraged participants to consider screening | Cancer prevention and detectionGuidelines; U.S. Preventive Services Task Force, Screening for Colorectal Cancer: Recommendations and Rationale, 2002; American Cancer Society guidelines for the early detection of cancer, 2006No No | G2: paper-basedG3: paper-basedG4: paper- and telephone-basedG2: postalG3: postalG4: postal and phone call (phone intervention delivered by a trained health educator) | NR | Informational; motivational messages addressing personal barriers; screening test (SBT) |  |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Schneider 20016 | G1: Gain frame and multicultural G2: Loss frame and multicultural G3: Gain frame and Latina targetingG4: Loss frame and Latina targeting Group sizes not reported | #1: Message framingGain-framed video: emphasized the benefits of getting a mammogram#2: Message framingLoss-framed video: emphasized the costs of NOT getting a mammogram#3: Targeted communication; audience segmentationGain-framed AND targeted video- where video has benefits and shows >60% of photos are race specific and text is race specific (Anglo, Black, Latina) and 40% of narrative was framed#4: Loss-framing and targeted video | Breast cancer screeningNCI and ACS informationYesYes | VideoResearch assistant of unknown type turns video on.#: 1length: 10 minutestotal time: 10 minutes | Combined (multimedia) | Various motivational messages about mammography and breast cancer screening. |  |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Vernon 20087del Junco 20088 | G1: No intervention control (1,840 for 12 months, 754 for 24 months)G2: Targeted (1,857 for 12 months, 825 for 24 months) G3: Targeted and tailored (1,803 for 12 months, 781 for 24 months) | #1: Targeted communication; audience segmentationA folder containing 1) a set of 4 educational booklets, 2) a letter for the women to use to discuss mammography with her PCP and 3) a pamphlet about mammography screening services at the VA#2: Tailored communicationReceived both Targeted info and Tailored component: A 4 page letter with messages addressed 1)woman’s stage of change 2) feedback regarding her decisional balance 3) graphical illustrations of her objective and perceived risks for breast CA and messages to reconcile the two, 4) feedback on her self- | Breast cancer screeningACSYesUnclear | Paper-basedPostal#: 2length: NRtotal time: over 3.25 yrs | combined | Educational booklet, local info on services, perceived and actual risk factors, motivational info,  | Some of the constructs about stages of change were used prior, but not sure about actual interventions, doesn’t say about intervention |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Vernon 20087del Junco 20088 (continued) |  | efficacy, 5) review of her use of the process of change and activities she could appropriate for her stage of change, 6) reminder about her next mammography due date |  |  |  |  |  |
| Yu 20139 | G1: Loss frame with an individualistic appeal (framing + targeting)G2: Loss frame with a collectivistic appeal (framing + targeting)G3: Gain frame with an individualistic appeal (framing + targeting)G4: Gain frame with a collectivistic appeal (framing + targeting) | Message framing:Message in brochure on the flu vaccine either used a loss frame (“Skipping a flu shot…”) or a gain frame (“Getting a flu shot…). The headline, a quote from a doctor, the primary content, and the call for action in a brochure all reflected the intended manipulation.Targeted communication – audience segmentationMessage in brochure on the flu vaccine used either a loss frame or a gain frame and either an individualistic appeal  | Flu vaccine; prevention Not clear; but referenced information about influenza from the CDC and WHOMessage framing theoryNo | Paper-basedIn-person1 session | Trifold brochures following the format of brochures typically provided by a university health center; mostly text | Persuasive message on gains/losses associated with getting a flu shot; also information about the risk of influenza and basic facts about flu shots |  |

Table E-4. Key question 1 intervention descriptions (continued)

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| Author,Year | Groups  | Comparators  | Clinical Focus of the Evidence,Source of Informa-tion,Theory-Based,Prior Testing | Intervention Format,Delivery Agent, Intensity | Evidence Presentation  | Message of Intervention | Other Notes |
| Yu 20139 (continued) |  | (“Skipping/Getting a flu shot may put you at risk/may benefit you”) or a collectivistic appeal (“Skipping/Getting a flu shot may put many at risk/may benefit many”). The headline, a quote from a doctor, the primary content, and the call for action in a brochure all reflected the intended manipulation. |  |  |  |  |  |

Abbreviations: ACS=American Cancer Society; BMI = body mass index; CA = cancer; CBE = clinical breast exam; CDC = Centers for Disease Control and Prevention; CoM=communication; G = group; NCI = National Cancer Institute; NIH = National Institute of Health; NR = not reported; PCP = primary care physician; PF = personalized form; PT = personalized tailored; VA = Veteran’s Administration; vs. = versus; WHO = World Health Organization; yrs = years.