

# Evaluation of a spiritually-based educational program to increase informed decision making for prostate cancer screening in African American men

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# Background

- African American men 60% more likely to get prostate cancer than Whites<sup>1</sup>
- Twice as likely to die from prostate cancer than Whites<sup>1</sup>

# Background

- Benefits of prostate cancer screening and treatment are unclear for many men<sup>2</sup>
  - Unnecessary screening, treatment
  - Side effects
  - Prostate cancer that may not be lethal

# Background

- Informed decision making (IDM) is recommended
  - Men make best choice based on their risk assessment, values, preferences<sup>3</sup>

# Background

- However African American men are still dying from prostate cancer
- Interventions are needed to increase IDM
- Community-based interventions

# Background

- Culturally appropriate cancer communication
- Cultural factors
  - Spirituality/religiosity
- Church-based vs. “spiritually-based” interventions
  - What is a “spiritually-based” intervention?

# Background

Purpose of this study:

- Implement & evaluate a spiritually-based intervention delivered through Community Health Advisors (CHAs), aimed at increasing IDM for prostate cancer screening, among church-attending African American men

# Design & Hypothesis

- 2 (group: spiritual vs. nonspiritual) x 2 (time: pre-, post-session) factorial design
- Hypothesis:
  - Spiritually-based > nonspiritual
    - IDM



# Intervention Description

- Community Health Advisors (CHAs) trained in 2 churches
- Churches randomized to study group to teach material in male-only sessions
- CHAs used print materials as a guide for their sessions

# Spiritually-based intervention

## Themes:

- God gives us the free will and medical technology to fight this disease; it's our responsibility to use it
- Body is a temple of the holy spirit; stewardship
- God requires us to share what we know with others
- Relevant scripture
- Survivor testimonials

# Core content

- Prostate cancer statistics
- Lifestyle recommendations
- Anatomy
- Risk factors & symptoms
- Screening modalities
- IDM
- Treatment options

# Nonspiritual intervention

- Core content only
- Targeted toward African American men

# Implementation

- CHAs trained (1 per church) and certified
- CHAs assist with participant recruitment
- Educational session held in the church
- Informed consent, baseline survey, educational session, immediate follow-up survey

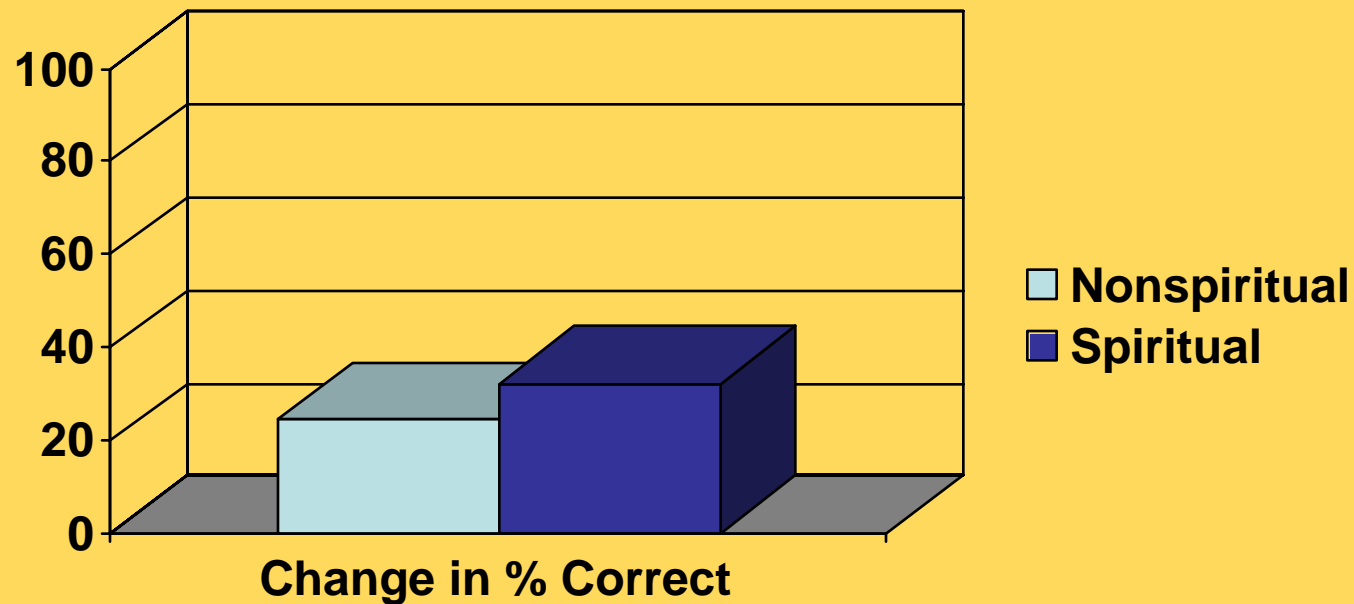
# Results: Participant demographics

- N=49
- Age: 45-90 years (mean=56; SD=9.14)
- School: 32% high school; 34% some college
- Marital status: 81% married
- Employment: 65% full-time

# Results: Knowledge

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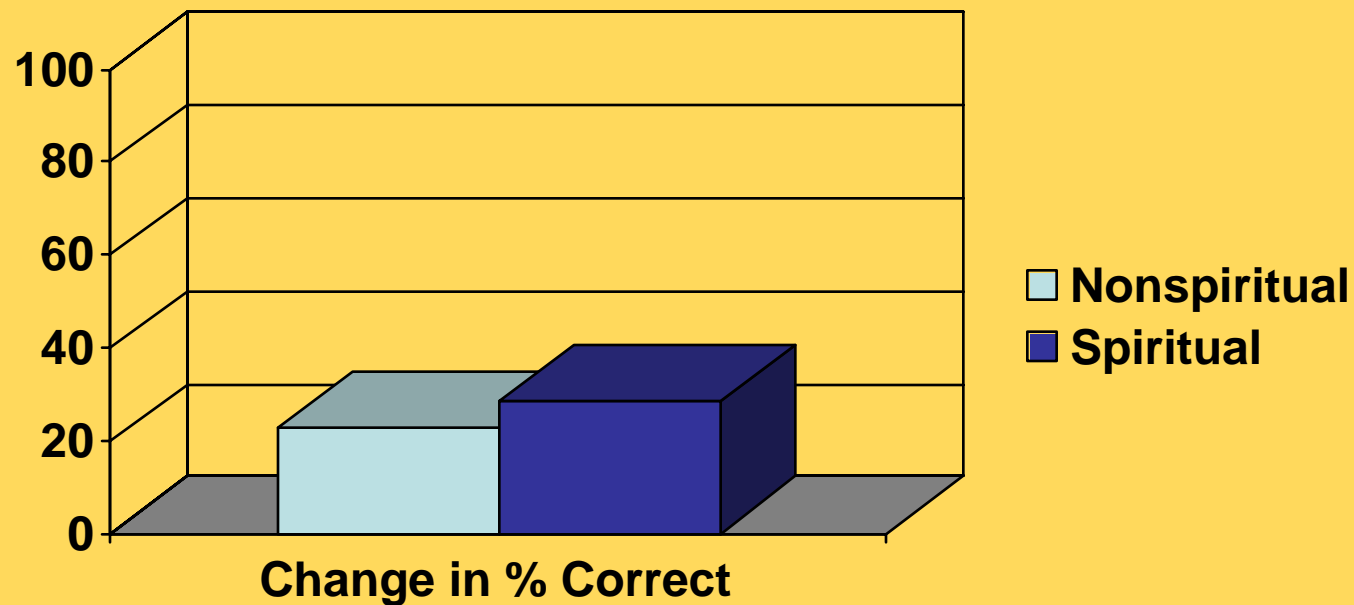
Is it possible to have prostate cancer even if a man has no symptoms?





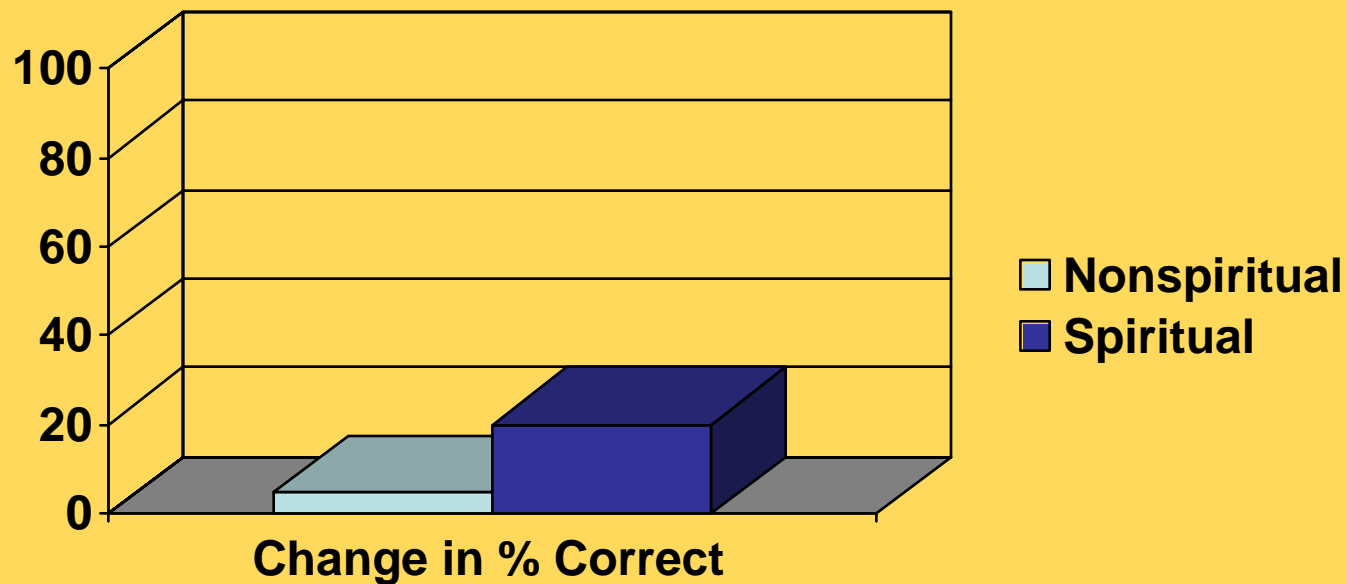
# Results: Knowledge

Can prostate cancer be treated without removing the prostate itself?



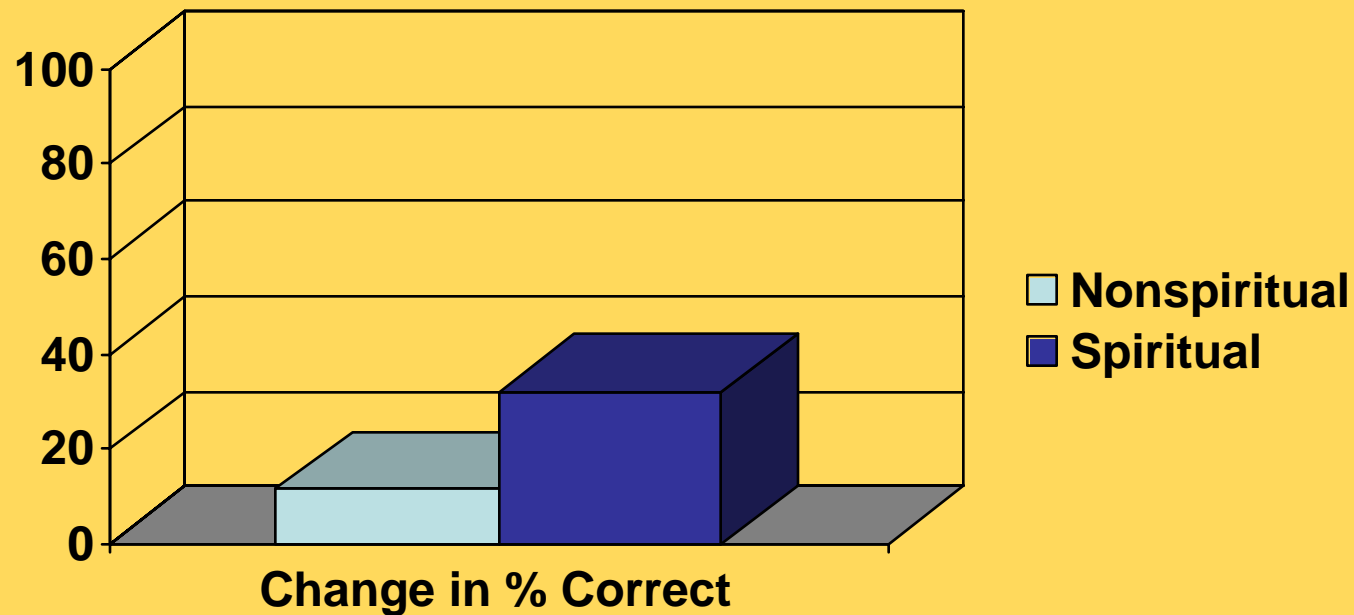
# Results: Knowledge

Are older men more likely to get prostate cancer than younger men?



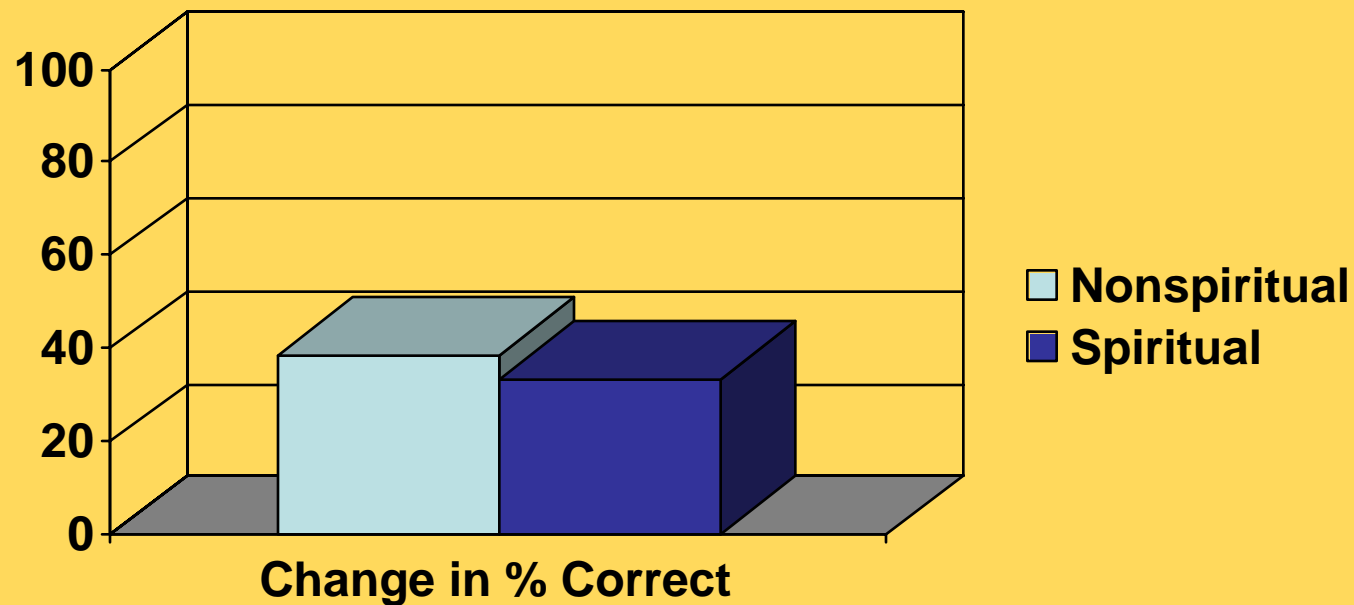
# Results: Knowledge

Are more African American men diagnosed with prostate cancer than Whites?



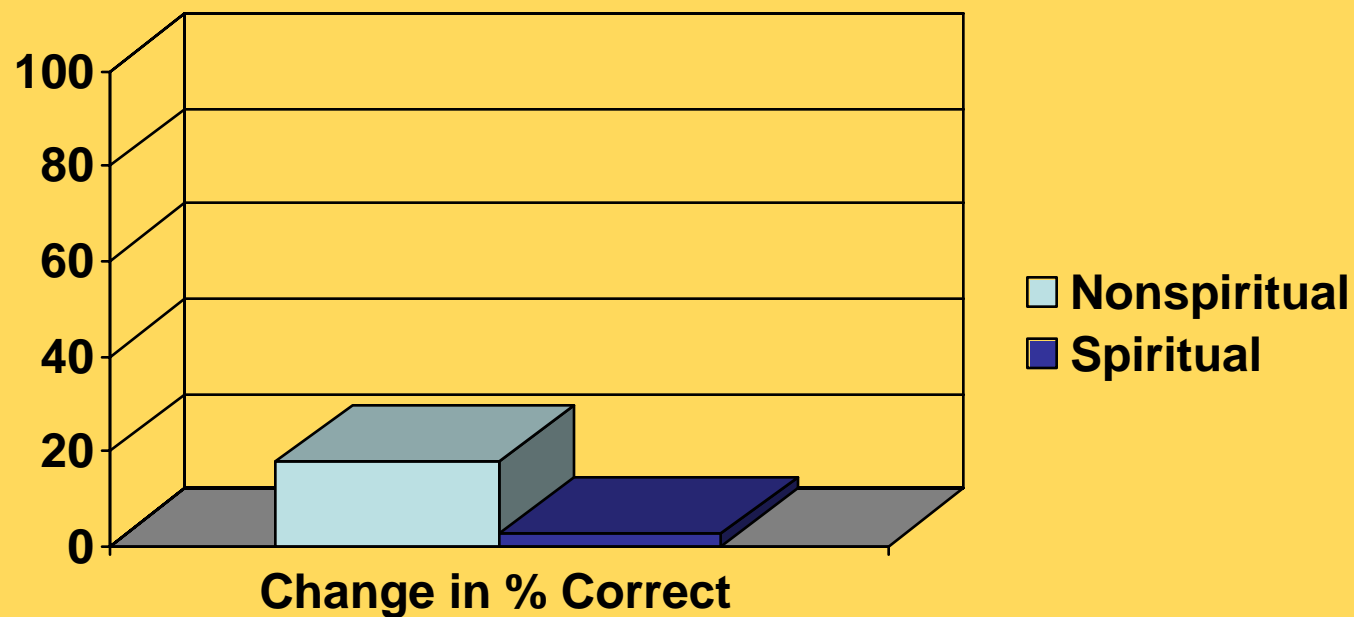
# Results: Knowledge

Are AA men with family history more likely to get prostate cancer?



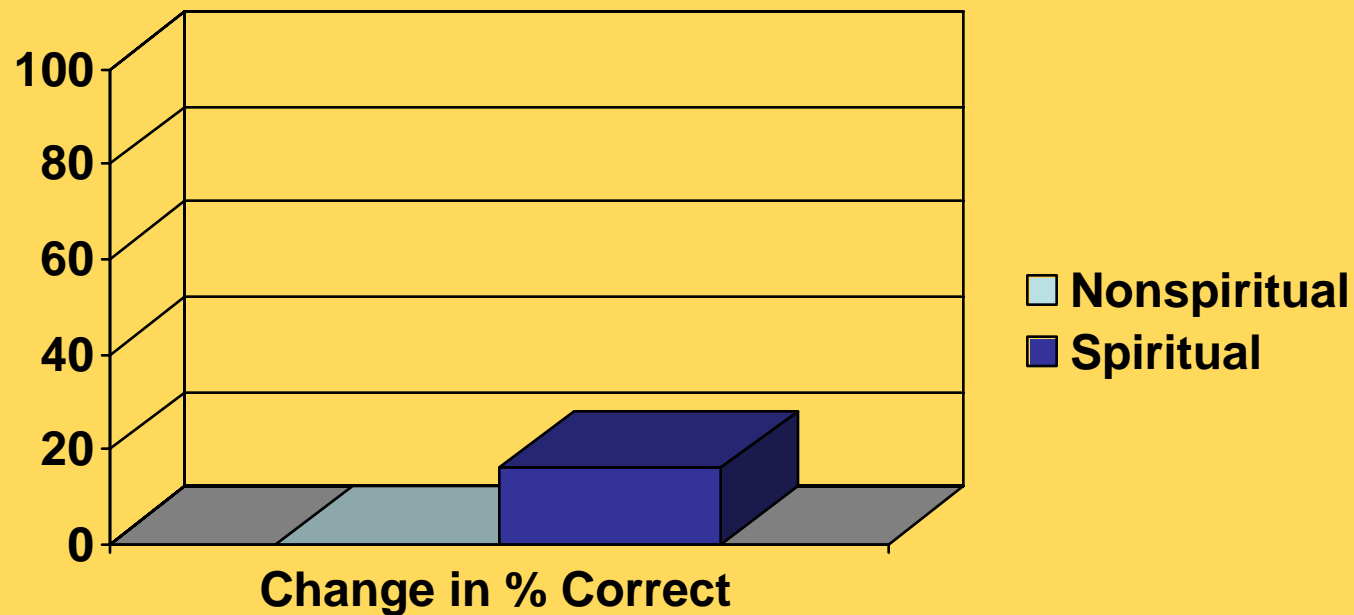
# Results: Knowledge

Is the only way a man can know if he has prostate cancer to have a prostate checkup?



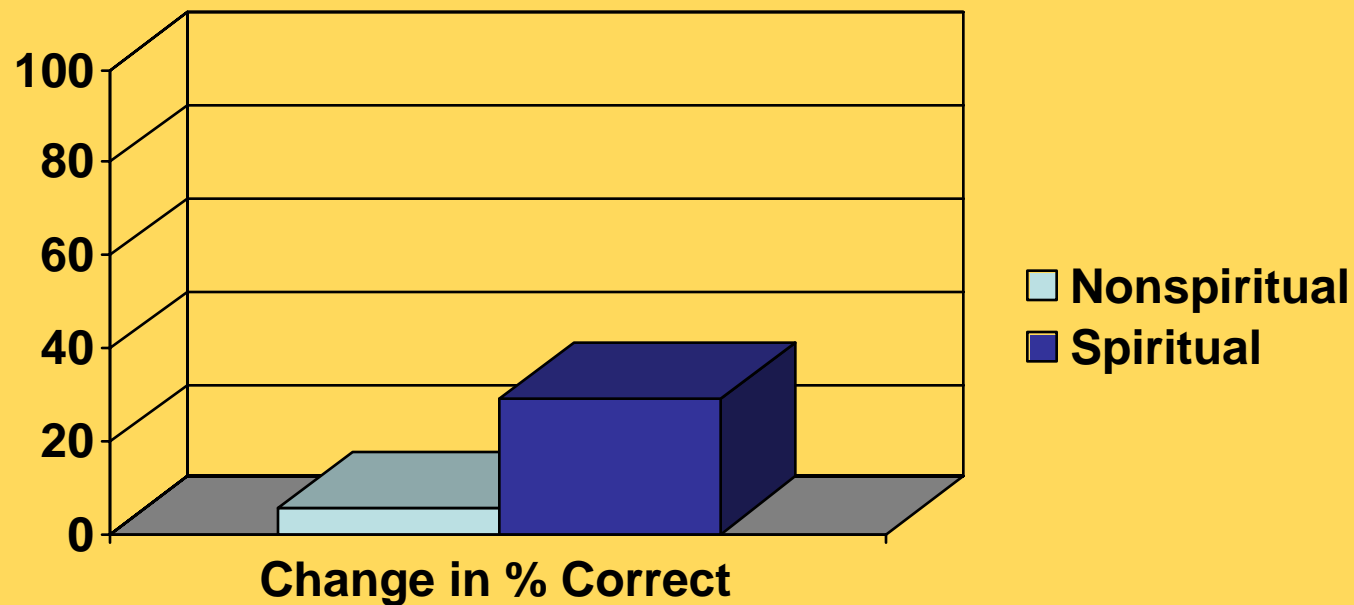
# Results: Knowledge

Does finding prostate cancer when it has first started to grow increase chance of a cure?



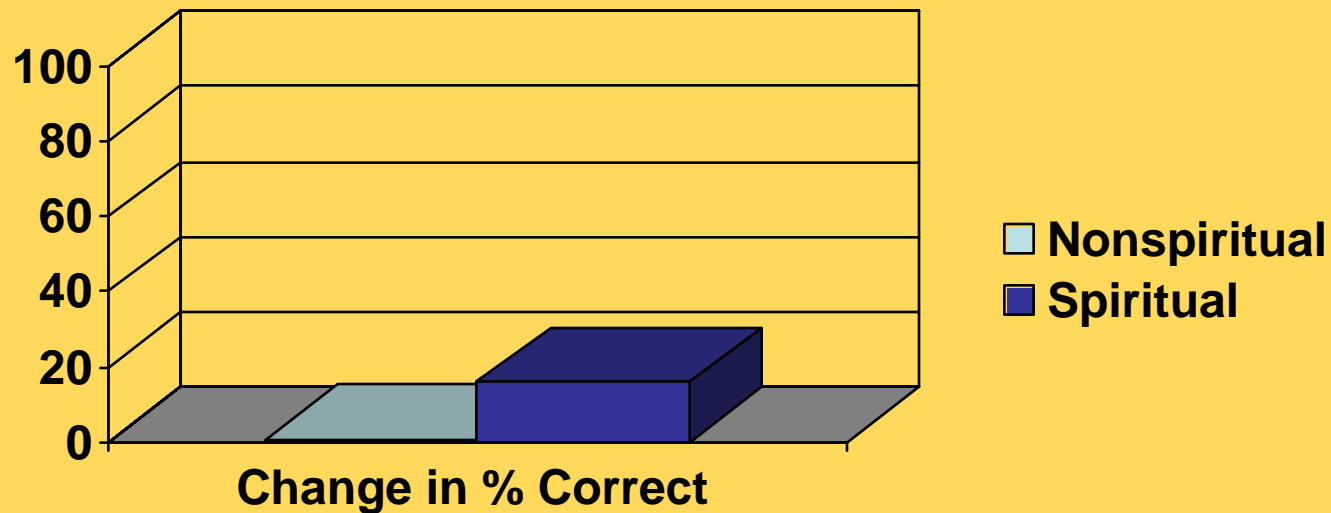
# Results: Knowledge

Can a test for prostate cancer find the tumor before you can feel it yourself?



# Results: Knowledge

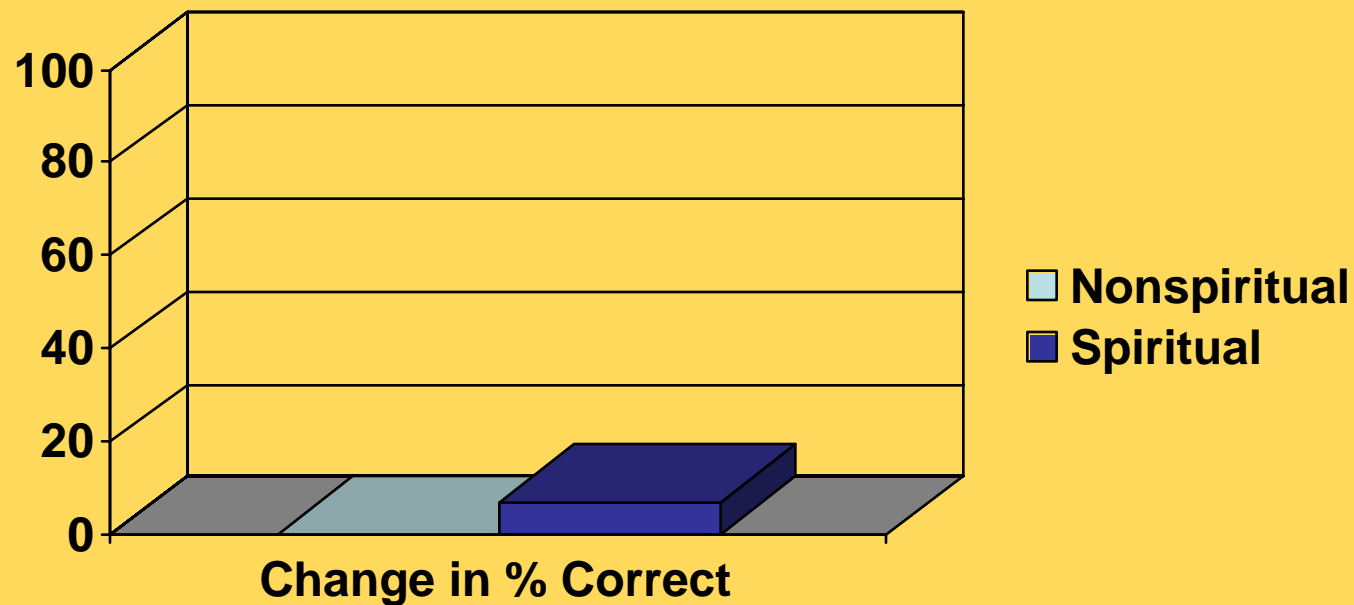
African American men should begin screening for prostate cancer starting at age 45





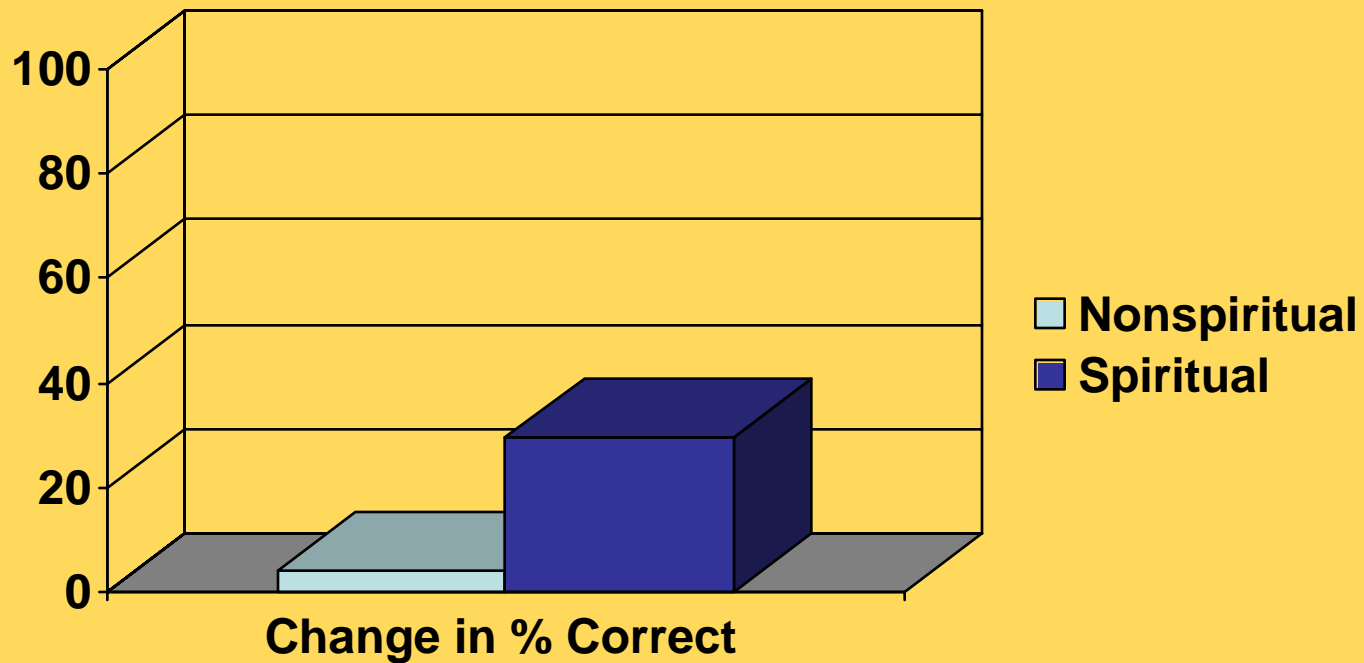
# Results: Knowledge

Prostate cancer screening may lead to  
unnecessary biopsies and treatment.



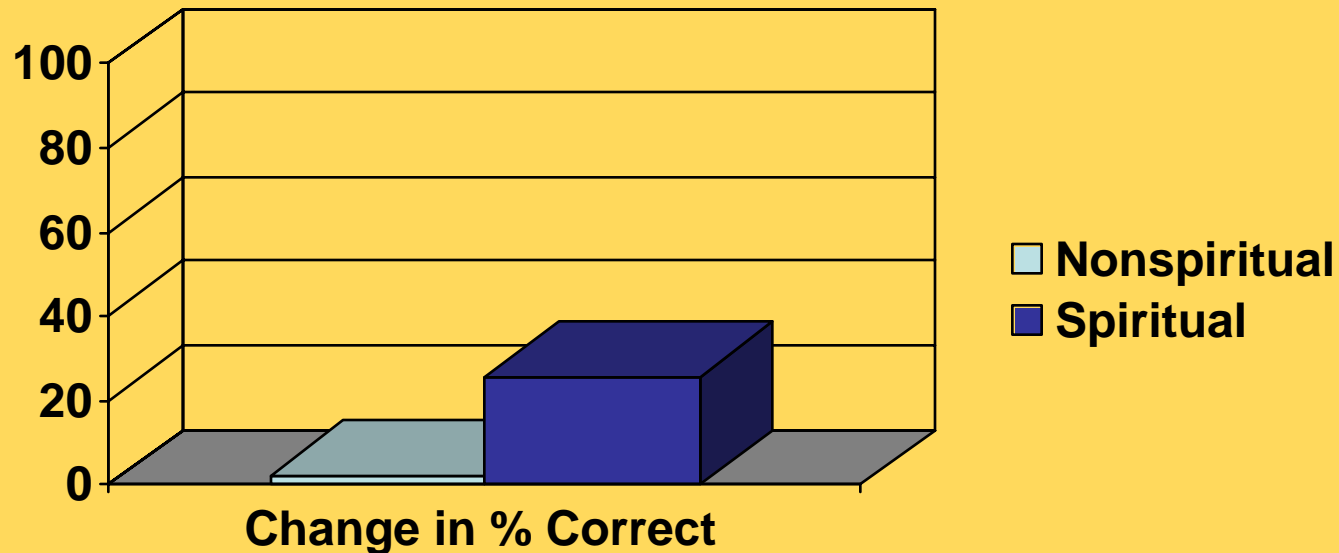
# Results: Knowledge

Not all prostate cancers will kill the man



# Results: Knowledge

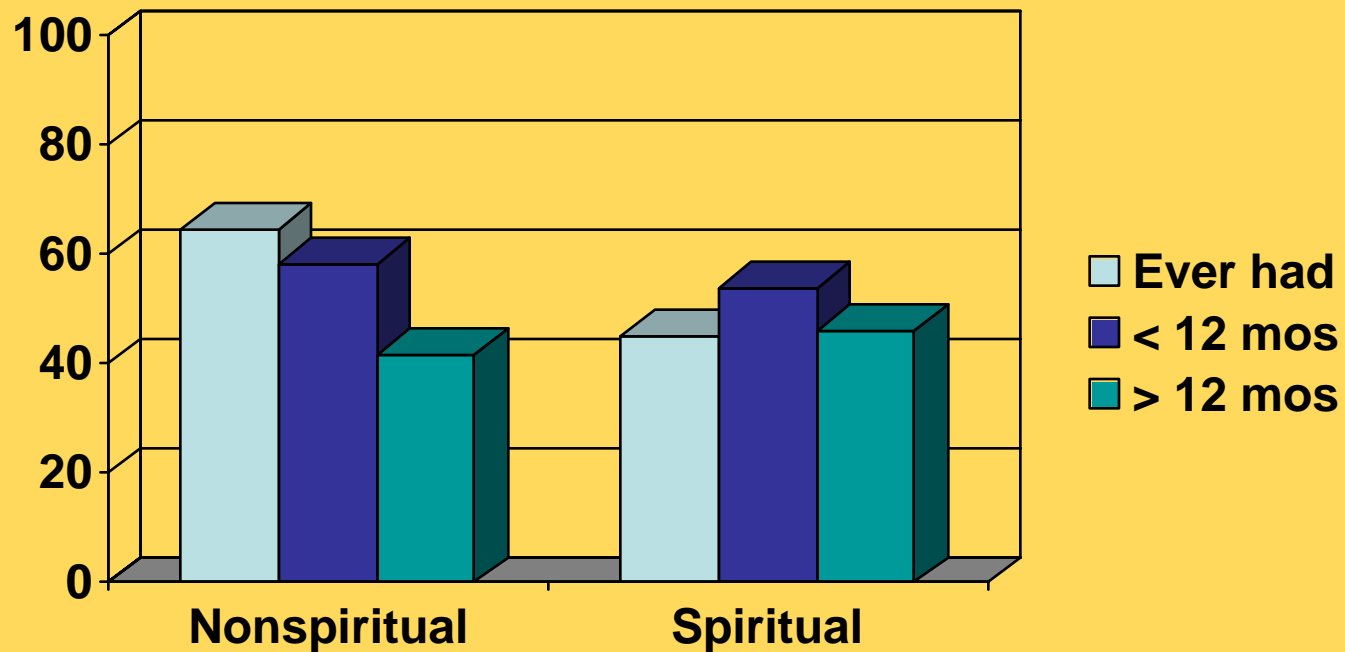
Doctors and experts disagree as to whether prostate cancer screening should be recommended for all men.



# Results: Baseline Screening Rates

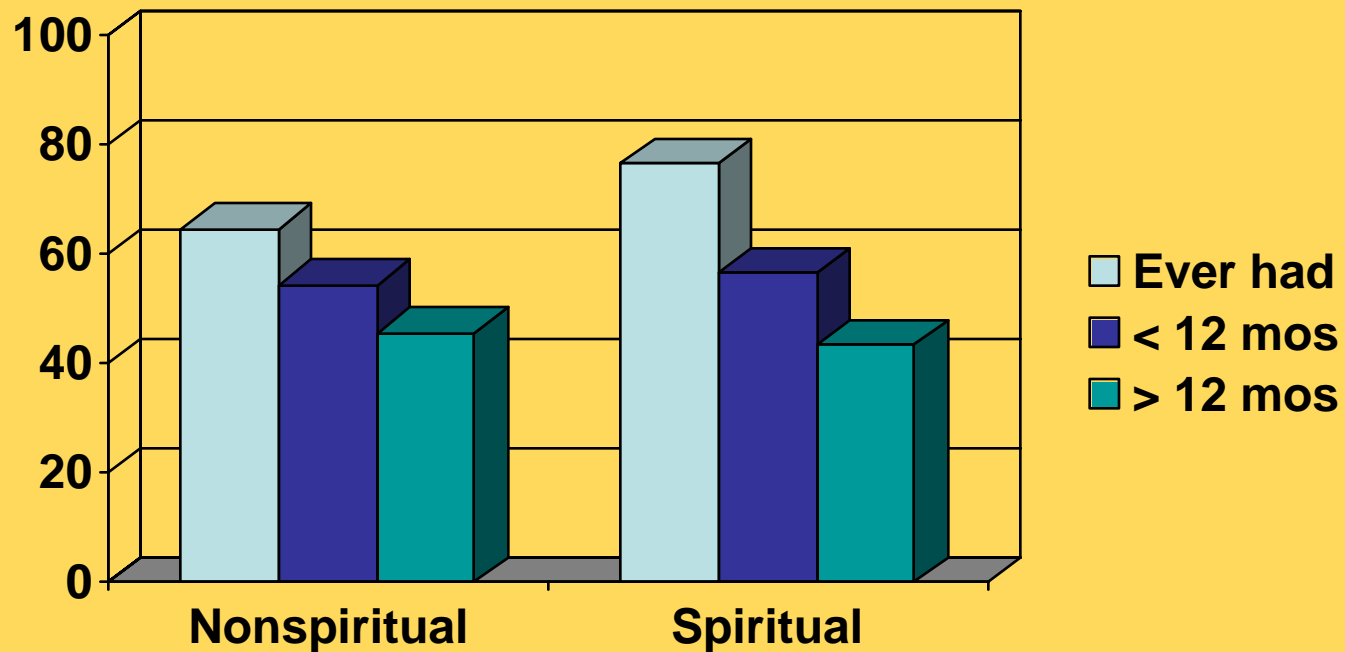
# Results: Baseline Screening

## Prostate Specific Antigen



# Results: Baseline Screening

## Digital Rectal Examination

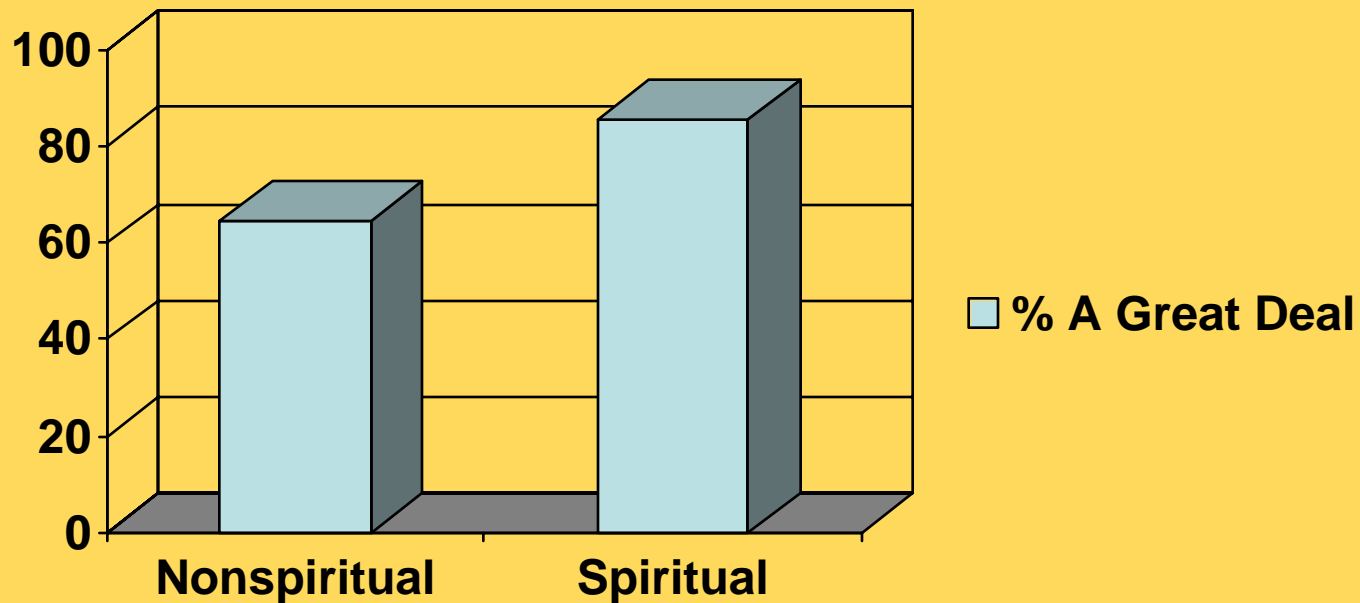


# Results: IDM

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## Did the project...

Help you to recognize that a decision needs to be made?

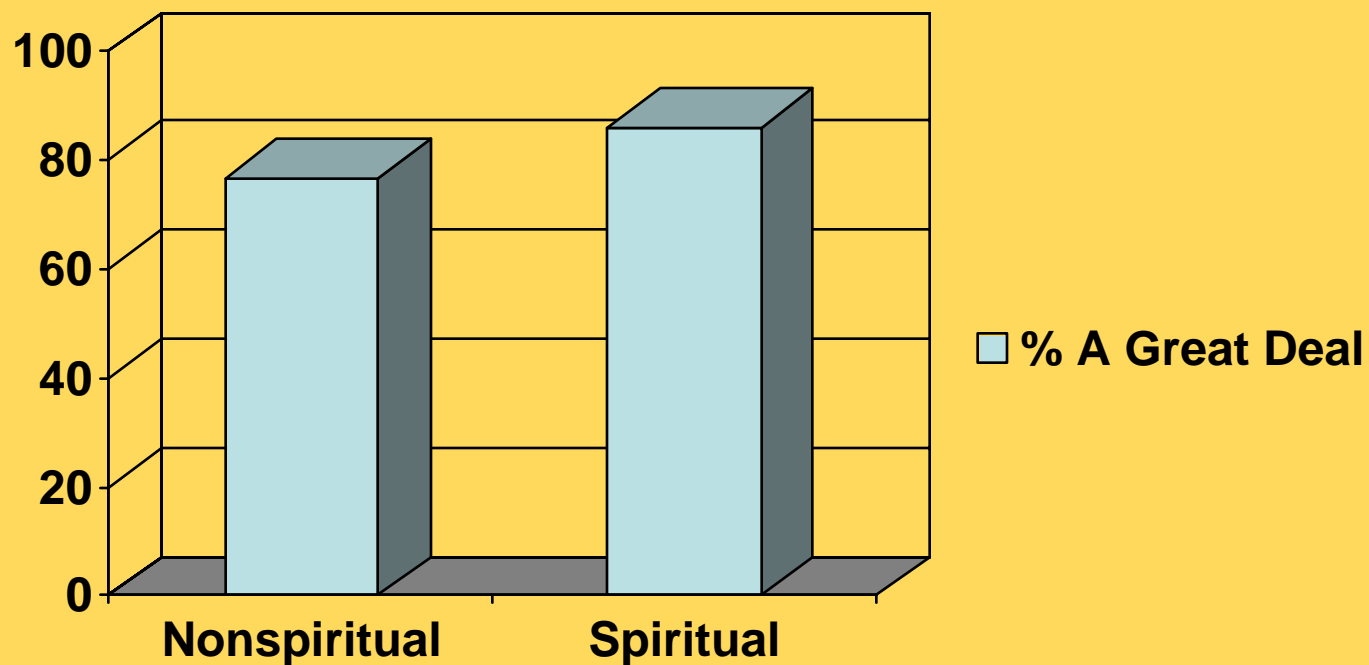




# Results: IDM

## Did the project...

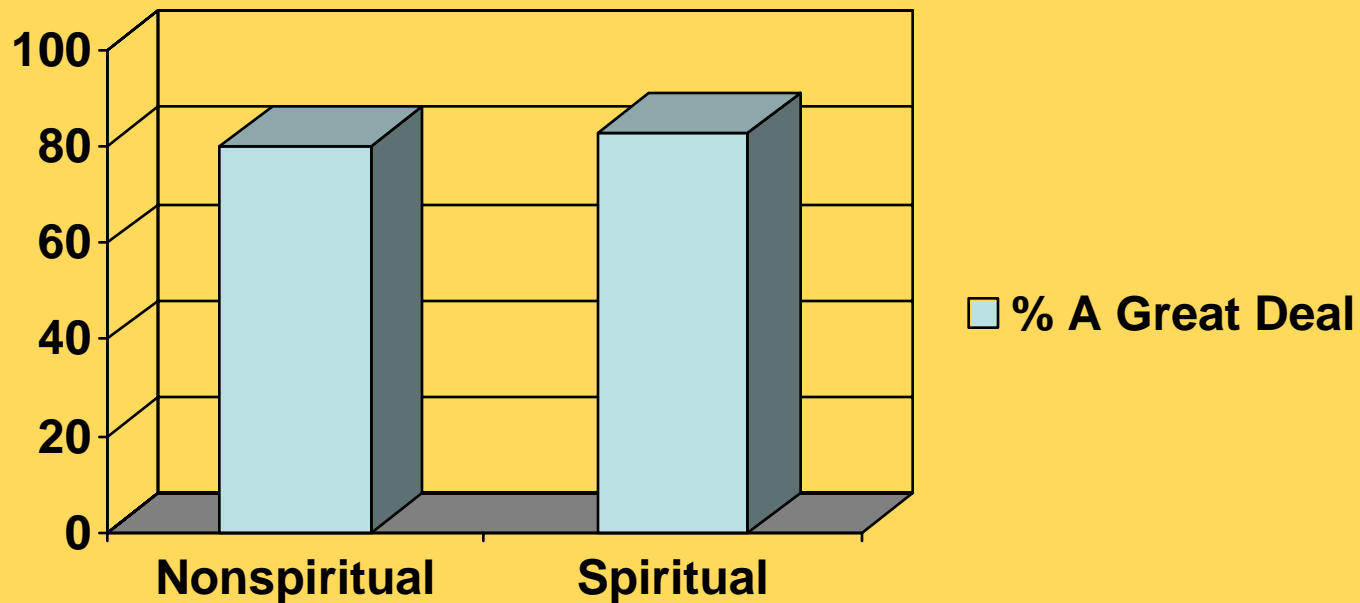
Prepare you to make a better decision?



# Results: IDM

## Did the project...

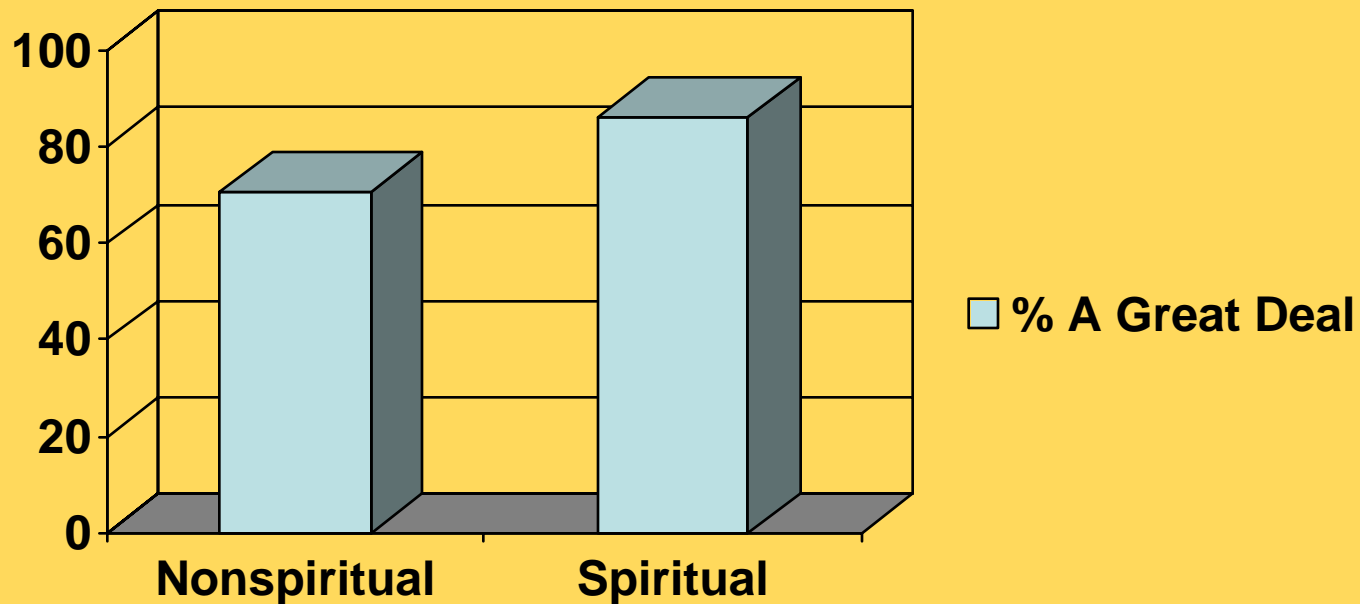
Think about the pros and cons of each option?



# Results: IDM

## Did the project...

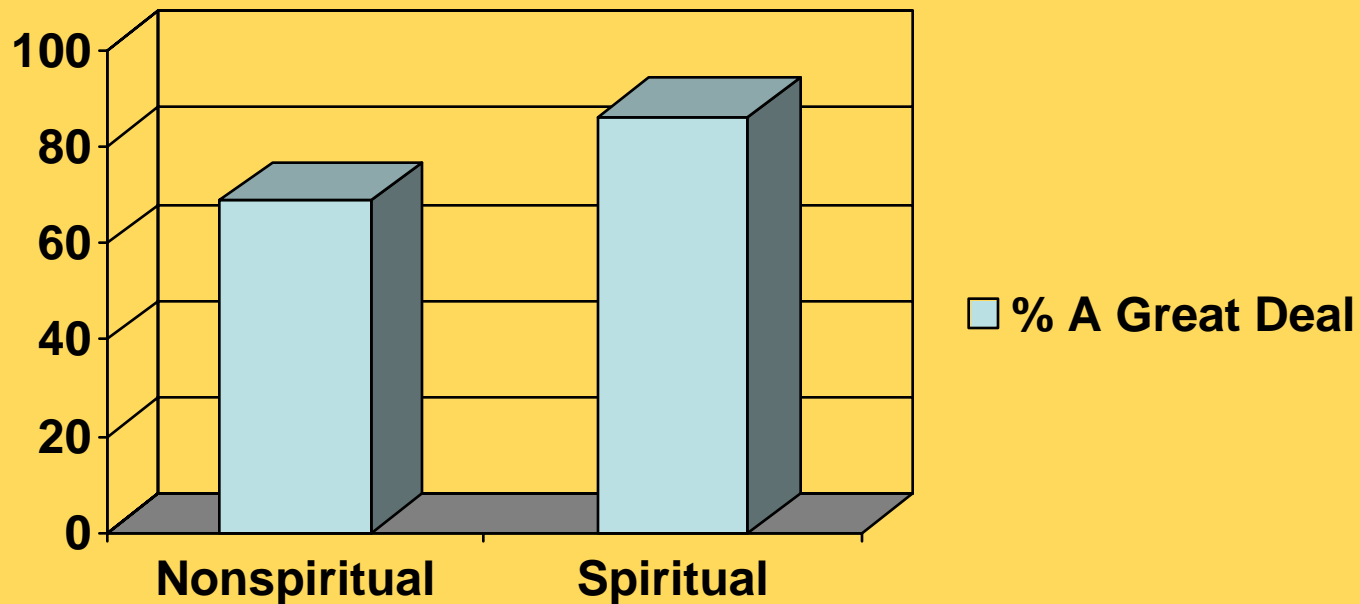
Help you think about which pros/cons were most important?



# Results: IDM

## Did the project...

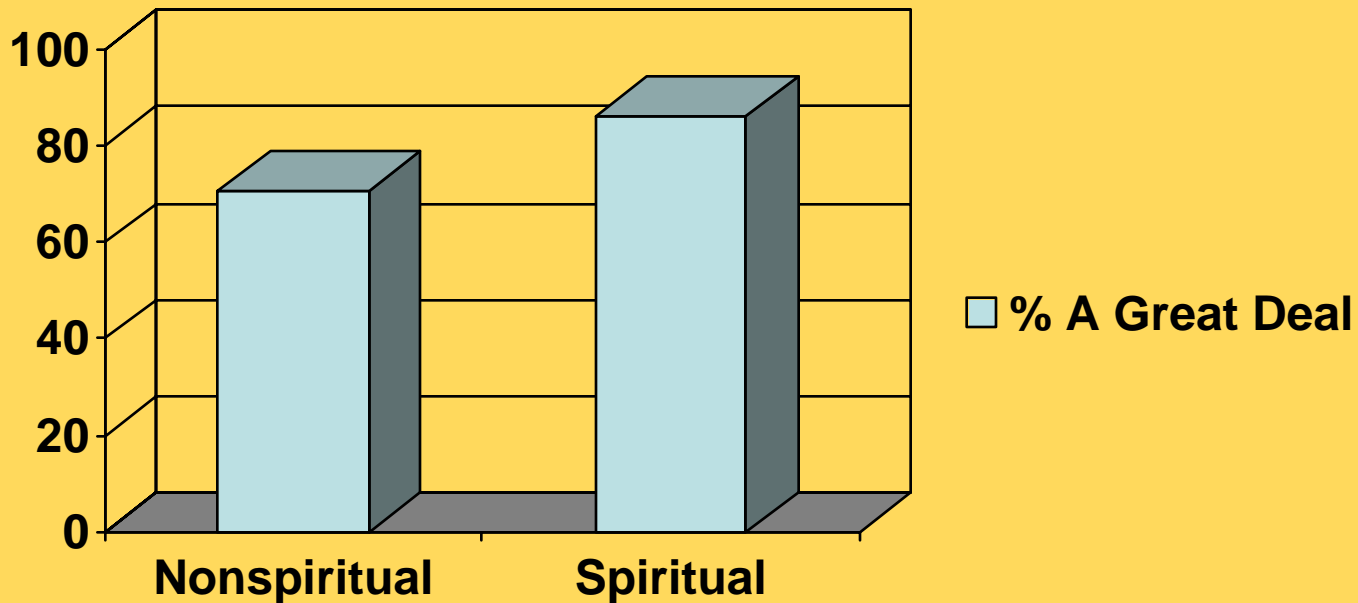
Help you to know that the decision depends  
on what matters most to you?



# Results: IDM

## Did the project...

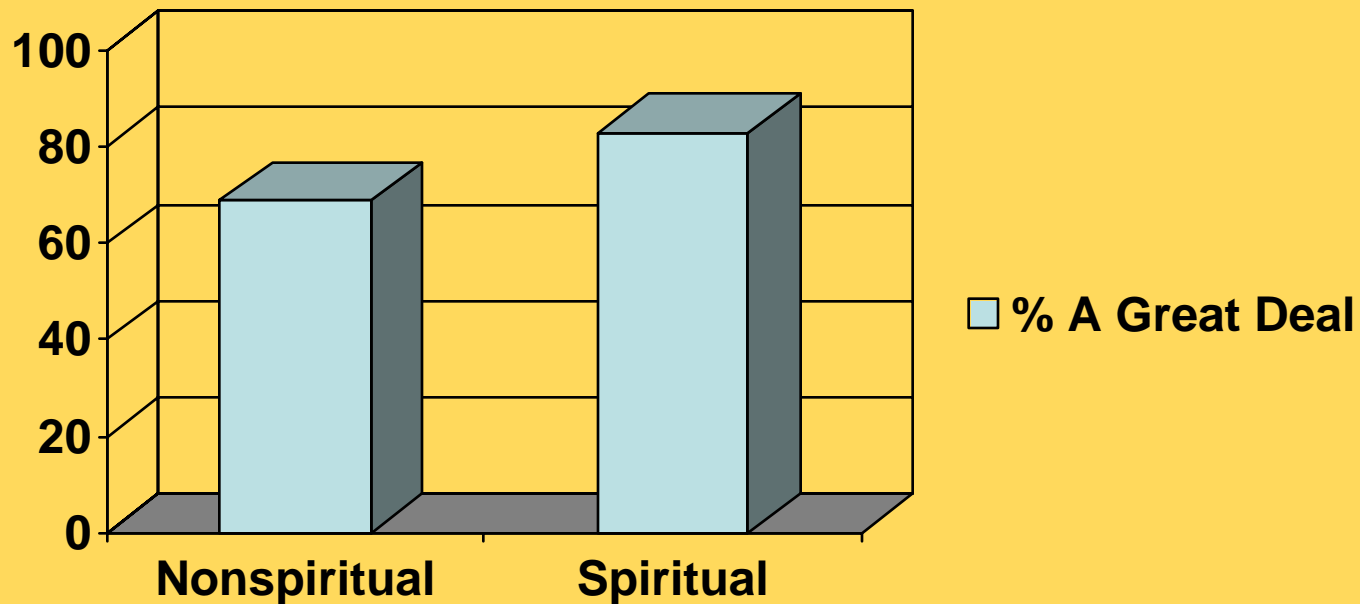
Help you to organize your thoughts about the decision?



# Results: IDM

## Did the project...

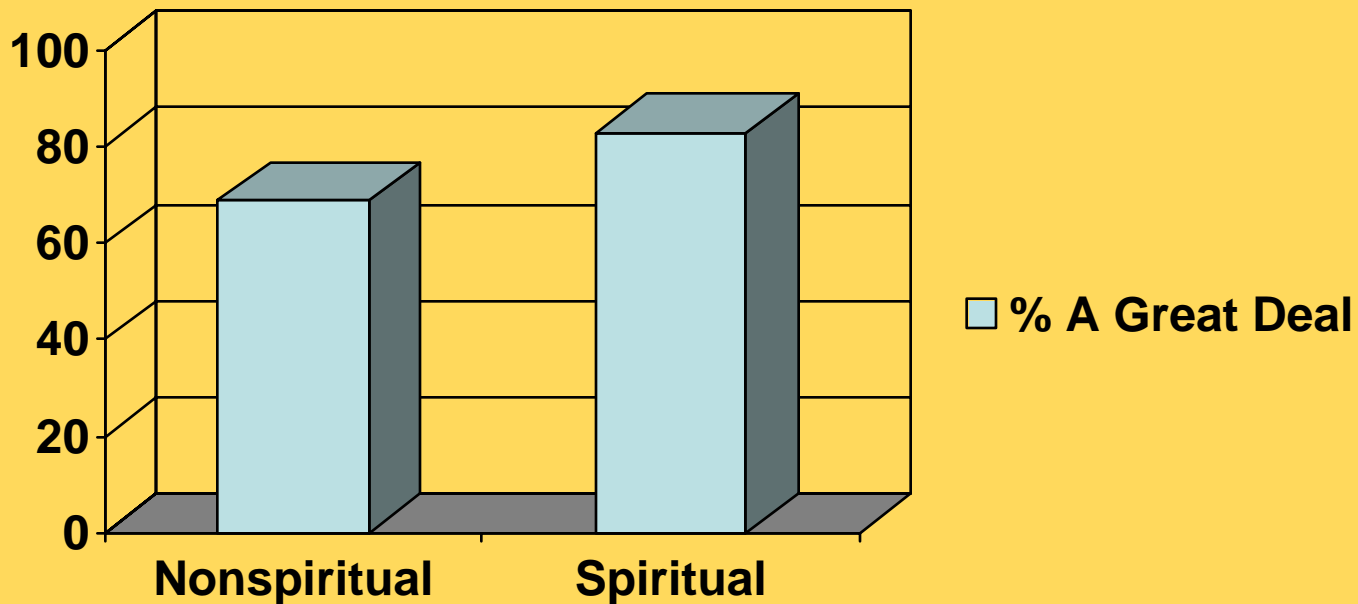
Help you think about how involved you want to be in this decision?



# Results: IDM

## Did the project...

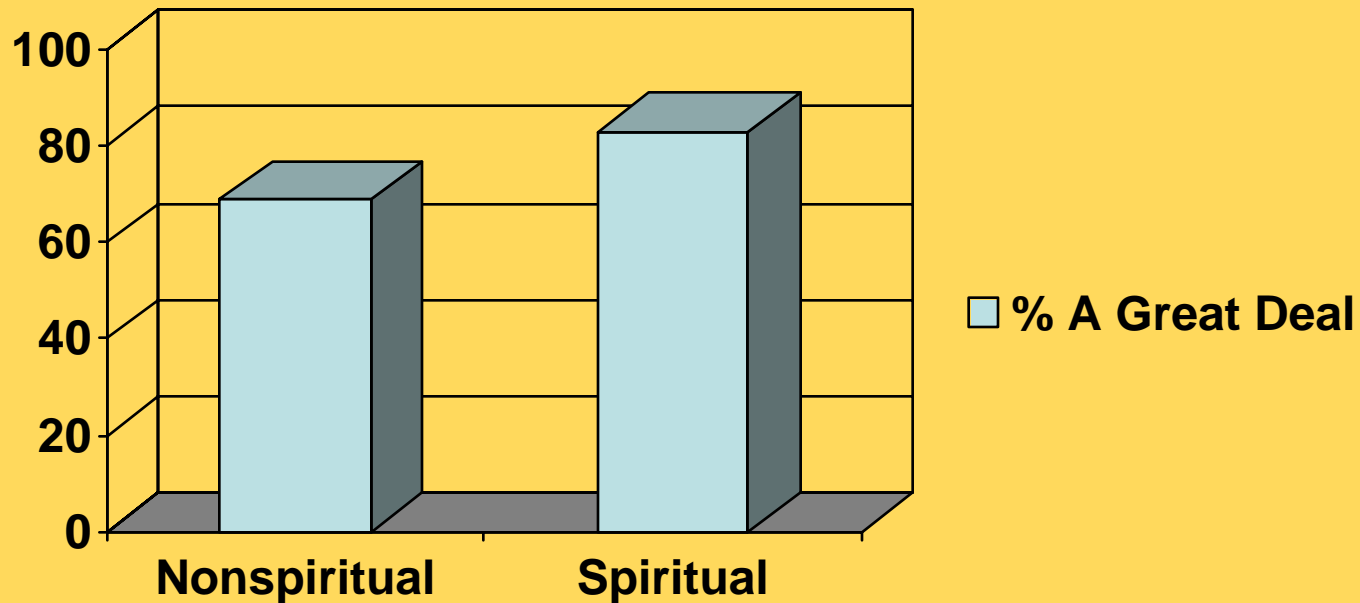
Help you identify questions you want to ask the doctor?



# Results: IDM

## Did the project...

Prepare you to talk to your doctor about what matters most to you?

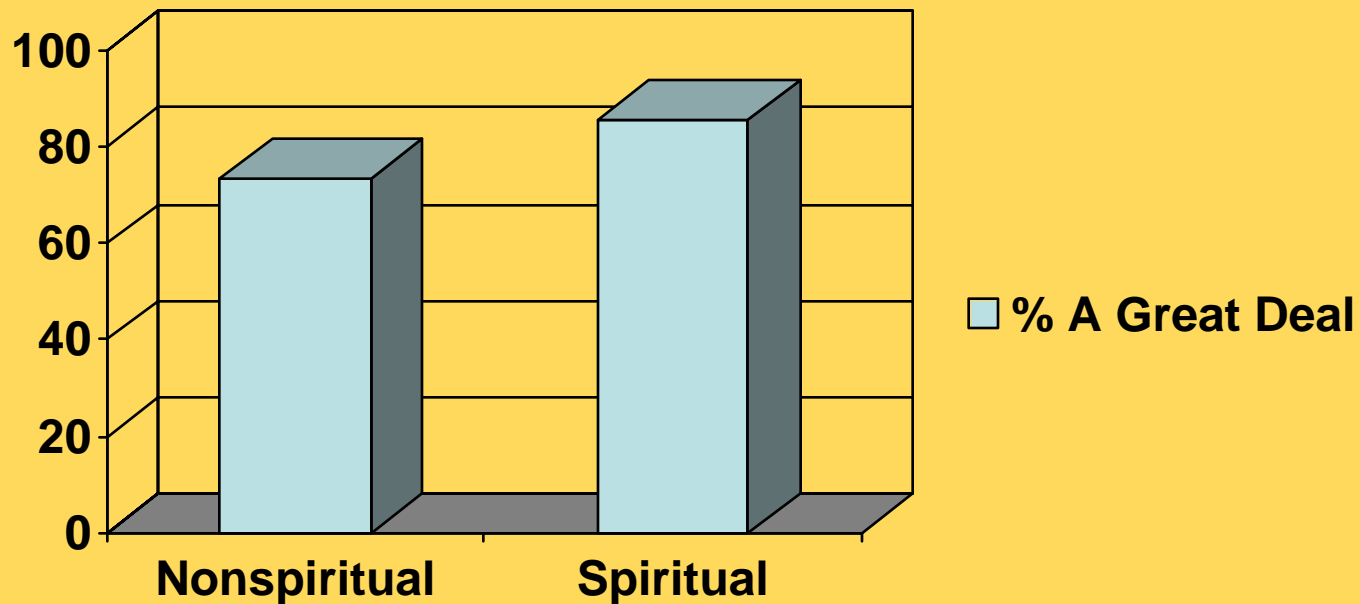




# Results: IDM

## Did the project...

**Prepare you for a follow-up visit with your doctor?**



# Conclusion

- The spiritually-based intervention appeared to increase knowledge and IDM more than the nonspiritual in some areas
- Small sample size precludes adequate estimates of statistical significance
- Program was well-received by the participants
- Program should be replicated on a larger scale with longer-term follow-up

# Questions/Discussion

# Team Members

- Theresa A. Wynn, PhD
- Penny Southward, MPPM
- Mark S. Litaker, PhD
- Sanford Jeames, MA
- Emily Schulz, PhD, OTR/L, CFLE

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# Literature Cited

1. **Stanford JL, Stephenson RA, Coyle LM, et al. *Prostate cancer trends 1973-1995, SEER Program*. Bethesda, MD: National Cancer Institute; 1999.**
2. **Harris TM, Parrott R, Dorgan KA. Talking about human genetics within religious frameworks. *Health Commun*. 2004;16(1):105-116.**
3. **Taylor RJ, Chatters LM, Jayakody R, Levin JS. Black and white differences in religious participation: A multisample comparison. *Journal for the Scientific Study of Religion*. 1996;35(4):403-410.**