

# Lessons Learned From A Colorectal Cancer, Faith-based Educational Program



STATE BAPTIST YWA  
Woman's Baptist Education  
& Missionary Convention

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## INTRODUCTION

For many communities, and particularly for African Americans (AAs) living in the southeastern United States, churches (or faith communities) play a significant role in people's lives. Ministers and other church leaders have recognized the importance and relevance of health as a legitimate concern for the church. As a result, many churches have adopted and incorporated health as a part of the overall agenda.

Anyone is at risk of colorectal cancer (CRC), but CRC most often strikes people over age 50, and the risk increases with age. AAs have higher CRC incidence and mortality rates than whites nationally and in South Carolina. AAs are also more likely to be diagnosed with late-stage disease and less likely to survive for at least five years after diagnosis. CRC incidence and mortality rates have declined among whites, incidence and mortality rates among AAs, particularly men, have increased. The American Cancer Society recommends screening for CRC beginning at age 50 years and continuing until age 75 years as the key to preventing and controlling colorectal cancer. The American College of Gastroenterology has recommended AAs begin being screened with colonoscopy at age 45 as a result of increased incidence and mortality.

## PURPOSE

The purpose of the presentation is to demonstrate the need to engage the AA faith community to educate their respective congregations and communities if CRC death rates and disparities are to be reduced and/or eliminated among this population.



Figure 1. Health Ministry Regions of the State Baptist YWA

## OBJECTIVES

The objectives of the study were to:

- (1) Train five teams of three from churches affiliated with the Young Woman's Auxiliary (YWA) of the Woman's Baptist Education and Missionary Convention of South Carolina to serve as navigators to facilitate access to and participation in CRC screening;
- (2) Conduct focus groups to assess knowledge and beliefs regarding CRC, including CRC screening;
- (3) Recruit health care professionals to conduct CRC educational programs within churches;
- (4) Host CRC educational sessions in 20 Baptist churches in five South Carolina counties (mix of urban and rural counties); and
- (5) Develop local level partnerships to support CRC education and encourage screening.

## METHODS

The project was faith- and community-based and utilized participatory approaches in addition to lay health educator training to achieve the specified objectives.

Step 1: Partnered with the South Carolina Cancer Alliance, Carolina Community-Based Health Supports Networks, and Hold Out the Lifeline: A Mission to Families.

Step 2: Developed CRC Coordinator's Guide and a qualitative instrument for focus groups and/or key informant interviews.

Step 3: Identified and trained three YWA members from Region 5 (Sumter and Richland Co.), Region 7 (Charleston Co.), Region 4 (Orangeburg Co.) and Region 3 (Chester Co.) to coordinate and implement CRC educational sessions and conduct qualitative interviews. (See Figure 1 for regional locations.)



## RESULTS

- African American physicians, nurses and health educators were recruited and conducted educational sessions. In Richland and Sumter counties, a preventive medicine specialist conducted at least one of the required educational sessions.
- 1500 individuals educated about CRC at Salem Missionary Baptist, Pleasant Hill Missionary Baptist Church, Friendship Baptist, Jehovah Missionary Baptist Church, St. Mark Missionary Baptist, St. Paul Baptist, Philippi Missionary Baptist, Olive Branch Baptist, Hopewell Full Gospel, and the Charleston County Association to name a few.
- A post-test process evaluation survey was conducted with church members following the educational sessions (7 churches, 35 individuals). The results show the education session was well received and culturally appropriate. Most respondents recommended not changing the sessions and found them to be informative and succinct. They liked the "witnessing" aspect as well. More information was requested by some respondents about insurance coverage for screening, and some more general cancer information and detailed information on colonoscopy and treatment for colon cancer.
- As a result of the educational sessions, 31% of respondents saying they intended to get screened, 49% that they would continue being screened, 5% would consult with their personal physician, with 5% missing data.
- Employing basic partnership elements has been key and instrumental in working to conduct education and advocate screening within the AA faith community.
- The faith community is an effective communication channel for health messages when they are appropriately tailored with the community.



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