

Colorectal Cancer Screening in the AME Church Community

Overview

To increase colorectal cancer screening rates in Black and African American communities, a collaborative project was initiated between African Methodist Episcopal (AME) churches and the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC), and the Kaiser Permanente Center for Health Research (KPCHR).

This project aimed to empower AME church members in Atlanta, Georgia to develop and share tailored messages that would raise awareness about colorectal cancer (CRC) screening and increase screening rates. The project also sought to establish and strengthen partnerships between the AME community, local healthcare systems, and other community organizations.

The Role of Faith in Health

For many, faith provides comfort when seeking appropriate health care and their beliefs encourage them to take care of their body and health. In fact, recent market research from the

American Cancer Society National Colorectal Cancer Roundtable (ACS NCCRT) identified faith institutions as opportune settings for trusted delivery of health care messages.

Specifically, the research found that:

- Most Black and African American respondents who were unscreened for colorectal cancer identified themselves as being at least somewhat religious.
- The majority of those who are very religious indicated their beliefs impact health care decisions, often in a positive and encouraging way.

Even still, while faith institutions and faith-based leaders provide an opportunity for health care information, only 1 in 5 respondents had received health information in a religious setting.

Colorectal Cancer (CRC) Disparities in Black and African Americans



CRC is the second leading cause of cancer related death in Black people in the US.



They are about 20% more likely to get CRC and about 40% more likely to die from it than most other groups.



Only about 65% of Black adults are up-to-date with potentially lifesaving screening. *

* American Cancer Society. Cancer Facts & Figures for African American/Black People 2022-2024

Tailoring Messages for the AME Community

To engage community members and gather input from AME congregants, the project used a process called Boot Camp Translation (BCT). BCT is a validated community-based participatory research strategy that creates locally relevant and culturally appropriate messages based on scientific health information.

The goals were to develop faith-based CRC screening messages that resonated with the AME community and to identify the role of the church in bringing CRC information to the AME community. To help develop effective messages through BCT, the team started with market-tested CRC screening messaging from the ACS NCCRT.



Participants were members of the AME Atlanta East District churches, ages 45 to 75 years, and willing to participate in one 5-hour in-person meeting and two follow-up video-conferencing calls. The in-person session consisted of expert presentations by a national leader on CRC and screening, a local leader well-versed in barriers to screening and community resources, and a prominent figure within the church clergy and interactive small group sessions to create messages and identify dissemination methods.



Key Themes and Messages

Theme 1: Incorporate faith-based concepts into colorectal cancer screening messaging

- Faith over fear! Get screened for colorectal cancer today.
- Honor God by taking care of your body. Get screened for colorectal cancer today.
- Your faith, your health. Get screened for colorectal cancer today.
- Listen to the gospel's call to live whole and healing lives. Get screened for colorectal cancer today.

Theme 2: Increase colorectal cancer awareness and knowledge through personal connections

- Share your cancer story. It can save lives.
- I need you to survive. Get screened for colorectal cancer today.

Theme 3: Empower individuals through the strength of their community.

- You are not alone. We are in this together.
- There is nothing we cannot talk about on a Sunday morning.



- Print materials (e.g., flyers, pamphlets, message cards) distributed at the service
- Digital materials (e.g., videos) shown during the service
- Email and newsletters



- Cancer awareness events
- Social media platforms



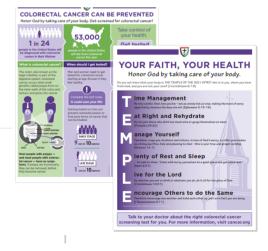
- Black and African American men and women in positions of power
- Church leaders
- Fellow congregants
- Cancer survivors

Sample Tailored Colorectal Cancer Messaging Materials

Tailored CRC materials created include pamphlets, fact sheets, and message cards.







Community Action Planning

To further promote colorectal cancer screening among the AME church community, ACS convened a small group of key community partners and thought leaders for a Community Action Planning Summit which included representatives from AME Church Leadership and congregations, local hospital systems, and community partner organizations.

The Community Action Planning Summit provided an opportunity to:



Engage Community Partners

Foster partnerships among leaders in cancer screening and addressing disparities in the Atlanta community to catalyze change in the promotion and uptake of CRC screening



Identify Solutions

Engage in highly interactive conversations to identify solutions to overcome community-specific barriers to CRC screening



Establish tangible and feasible commitments to the coordinated execution of the shared community action plan throughout 2023-2024

By leveraging critical connections between AME churches, local health systems, and other community partners and coalitions to implement this shared community action plan, the partners aim to increase colorectal cancer screening, reduce barriers to care, and improve screening intent among AME church community members.



QUESTIONS?

Please contact Megan Burns, Program Manager, National Roundtables at megan.burns@cancer.org.

This publication is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$425,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.