



Division of Cancer Research and Training
Center to Eliminate Cancer Health Disparities

UCLA Jonsson Comprehensive Cancer Center

Engaging African American and Latino churches in U54 Research and Dissemination – Lessons learned

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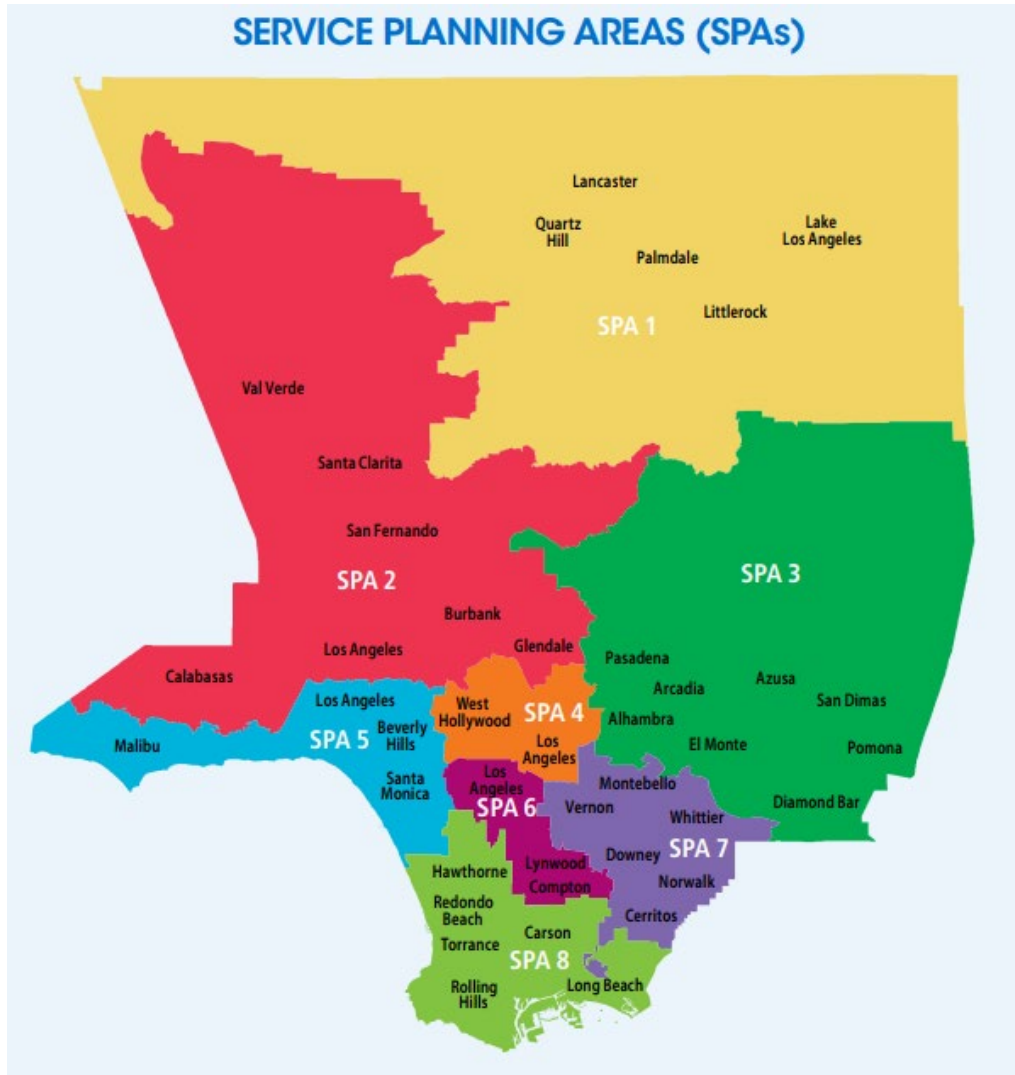
U54CA143931 & U54CA143930

Partnerships to Advance Cancer Health Equity (PACHE) Program Meeting

September 21, 2021



Our Catchment Area – South Los Angeles



- Most populous county in the United States > 10 million
- One of the most diverse counties
- Due to it's large size, the county of Los Angeles is divided into 8 Service Planning Areas (SPAs).
- SPA 6 overlaps with South LA (>1 million).

	South LA	LA County	US
Latino	68%	48%	18%
African American	27%	8%	13%
<100% Federal Poverty Level	34%	18%	16%
Adults < high school education	42%	22%	13%
CRC mortality per 100,000	16.0	13.8	14.7
Cervical CA mortality per 100,000	5.8	3.0	1.2



Importance of churches

Churches are trusted sources of information and support in the African American and Latino community

Many religious leaders are interested in addressing not only spiritual and social but also physical health needs in their community

Many churches have health or wellness ministries

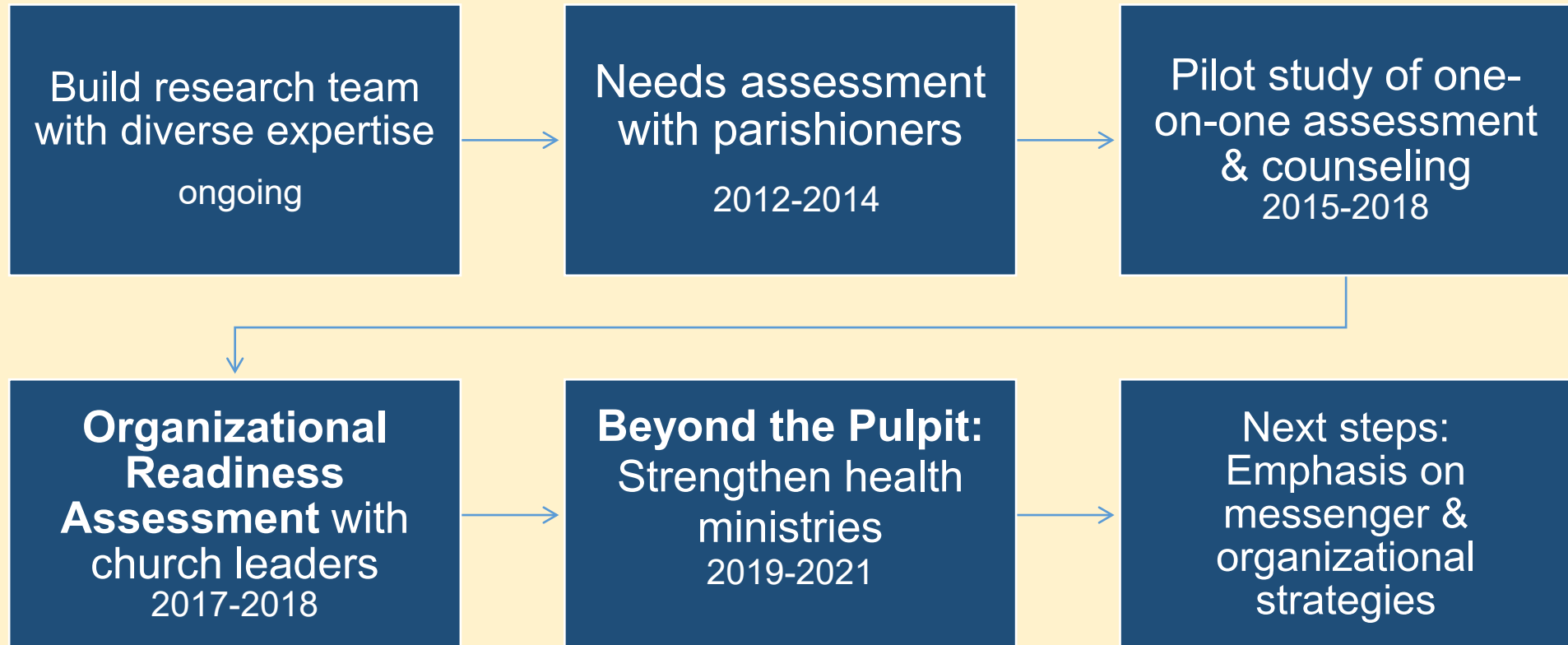
Church-based health promotion programs have been shown to be effective, feasible and acceptable

However, churches need support to implement and sustain wellness promotion programs



Forging Innovation and Sustainability: Lessons Learned

Embedded in community engagement, keeping open channels of communication



Bi-directional knowledge transfers, community conferences, sharing results, community advisors



Initial surveys with parishioners 2012 - 2014

Present your Body - Pilot Studies with 11 Black and 5 Latino churches in South LA
(PIs Lucas-Wright, Jones, Bazargan)

Sample: 800 members of African American churches and 398 members of Latino churches

Self-administered surveys to assess
access to care, knowledge, attitudes and behaviors regarding cancer screening,
tobacco use, history of chronic diseases

Results:

Main reasons for not obtaining cancer screening tests:

- Never thought about it
- Doctor did not tell me I needed it
- Put it off

Lack of awareness that obesity is a major cancer risk factor

It would be very helpful (83%) or somewhat helpful (12%) to learn about cancer at church
77% liked to receive information from trained peers



Pilot Study: One-on-One Assessment of Cancer Screening & Counseling 2015-2018

Supporting African American Churches to Promote Cancer Screening (Pis: Maxwell, Lucas-Wright)

Aim 1: Build the capacity of 80 ministers, health ministry leaders and volunteers of 10 churches to use evidence-based materials and programs to promote cancer screening among parishioners – **one-on-one education, print materials, telephone reminders**

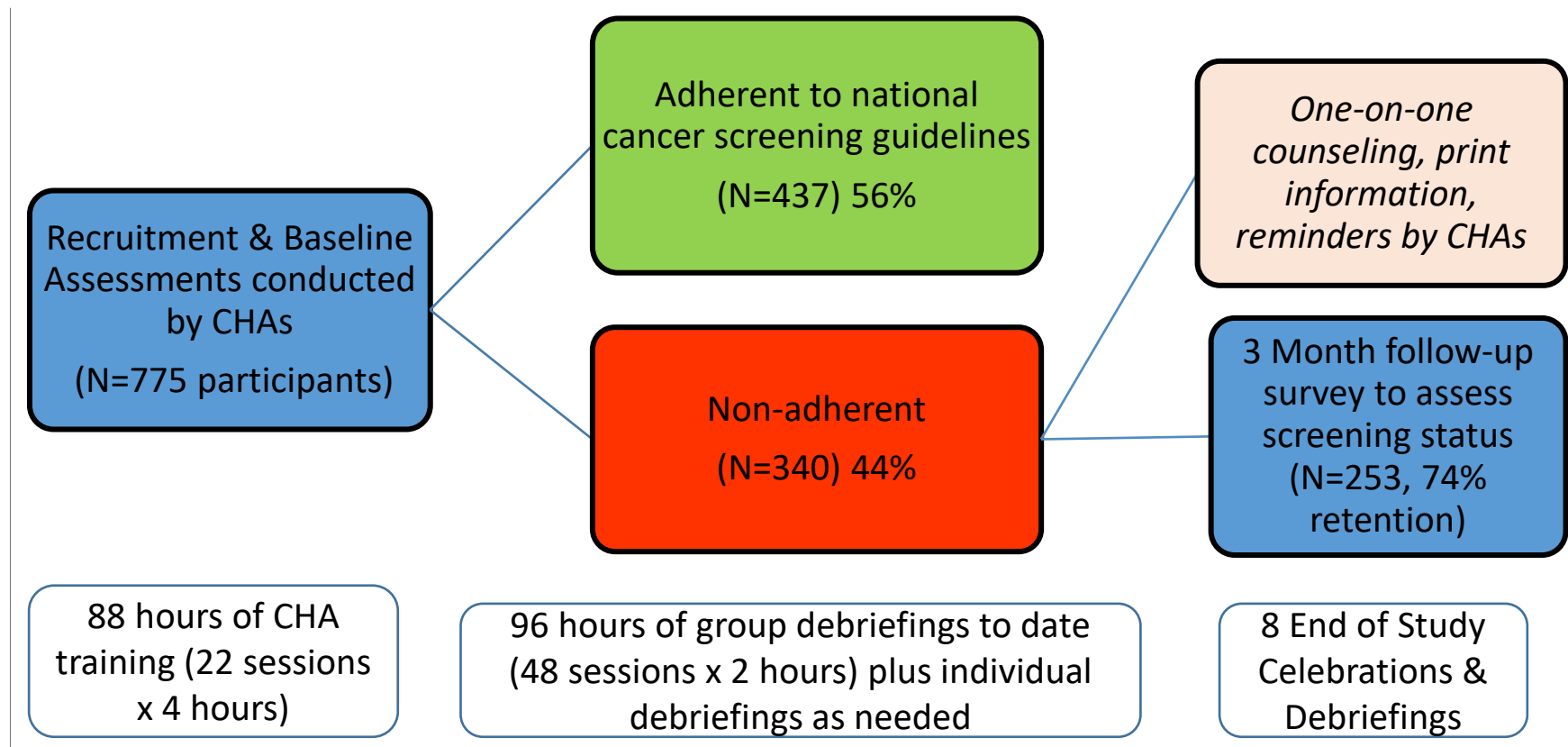
Aim 2: Assist 10 churches in developing a 12 month work plan for promoting cancer screening in their church and its implementation

Aim 3: Conduct a process evaluation and outcome evaluation to estimate the potential effectiveness of this intervention





Study Protocol



Study Design: One Group Pre/Post Test Mixed-Methods Design



Lessons learned

- Churches and church volunteers in South LA are willing and able to promote cancer screening
- Parishioners and others are willing to participate in this study and interested to learn more about cancer screening
- Recruitment through CHAs at 9 churches resulted in a large sample covering the entire South LA area
- With training and ongoing technical assistance, CHAs at African American health ministries are able to implement complex research protocols with good fidelity
- Intervention shows promise for increasing screening discussion with MD and receipt of tests

But

- One-on-one assessment and counseling is time consuming and may be hard to sustain after the end of the study.



Survey of 100 African American and 42 Latino church leaders in South LA 2017-2018



Goal

To better understand South LA churches' readiness to engage in health promotion.

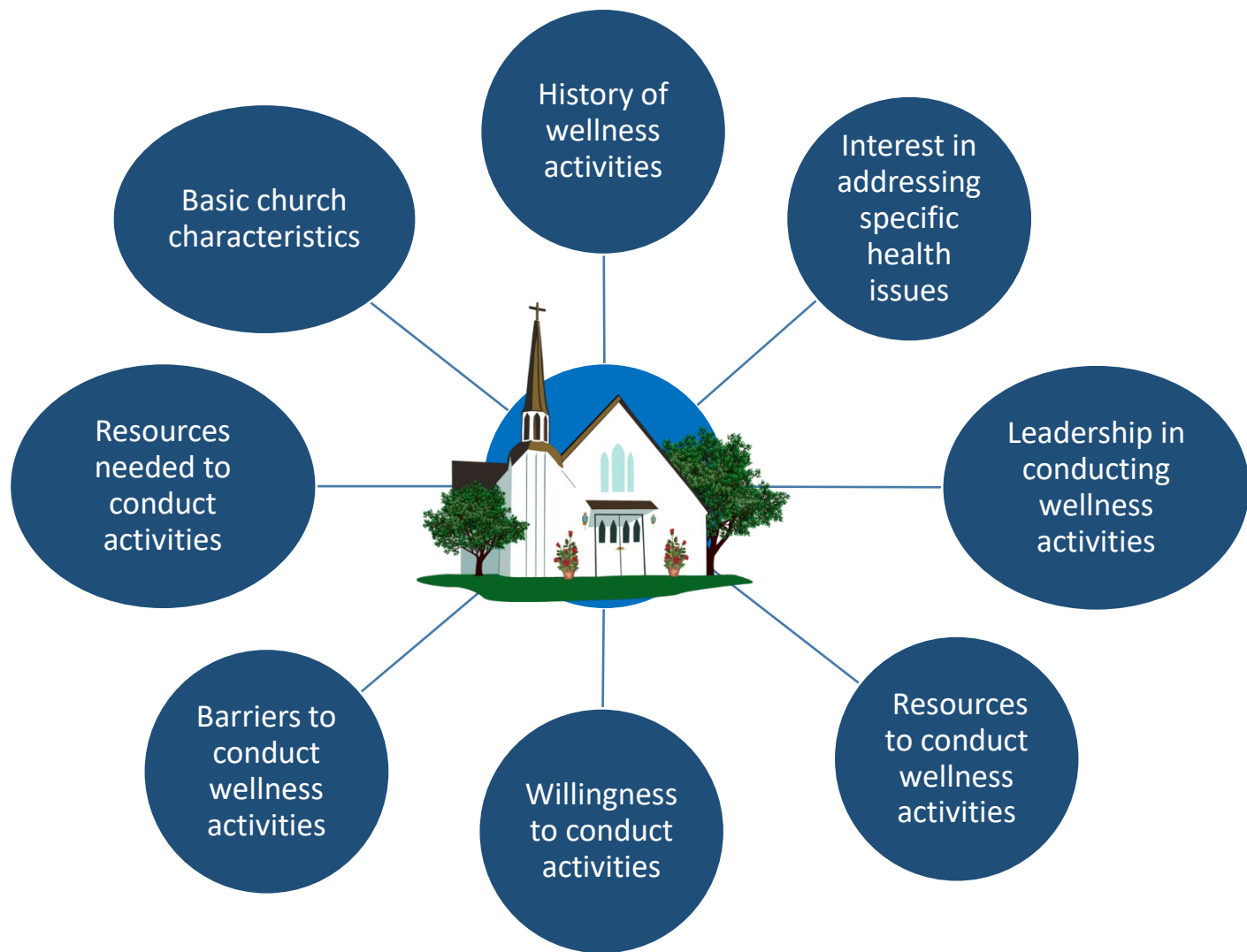
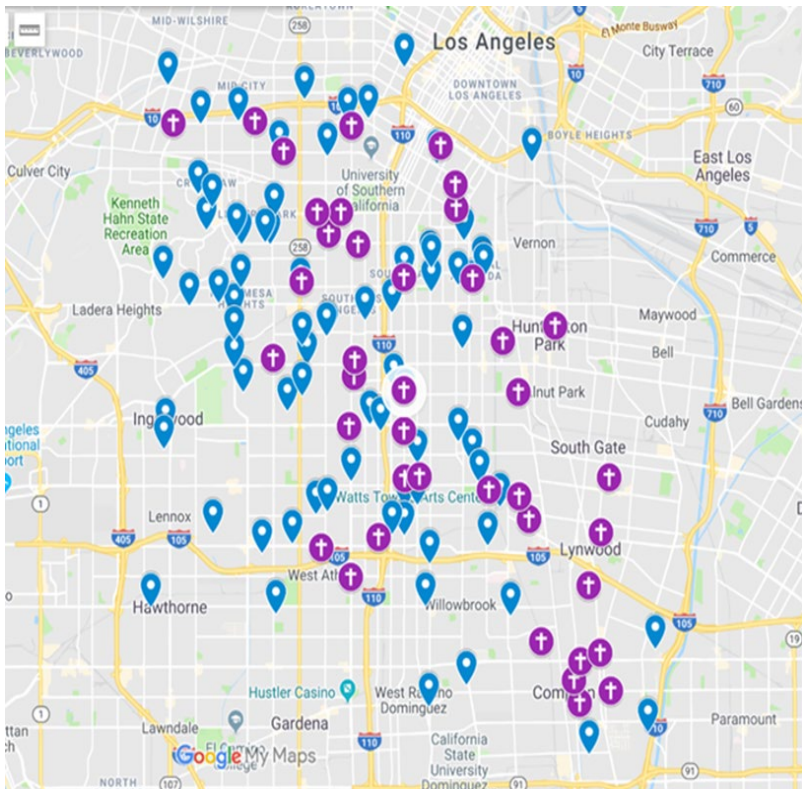


Research Questions

1. What is the readiness of churches to engage in health promotion?
2. What are barriers to conducting wellness activities at churches?
3. What type of support do churches need?



Assessment Instrument



10-page questionnaire available at

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-019-6895-x#Sec17>



African American and Latino churches experience similar barriers to conducting wellness activities

Barrier	Afr Am (N=100)	Latino (N=42)
Insufficient budget	85%	71%
Not sure how to conduct wellness activities	61%	74%
Not enough volunteers	58%	26%
Members not interested	47%	24%
Not sure what topics members would be interested in	37%	29%
Too many activities already ongoing	32%	64%
Members don't like to participate in research	24%	38%



Lessons learned

We recommend completing a comprehensive readiness assessment prior to planning new health promotion activities

- allows church leaders to reflect on past activities and to consider the feasibility of implementing additional strategies
- A readiness assessment allows church leaders to actively engage in the planning of new health promotion activities and to contribute their experiences and perspectives
- With a completed readiness assessment, activities can be planned that take advantage of church resources
- Additional resources can be allocated to overcome identified challenges

Health promotion strategies that are aligned with churches' capacity and interests are more likely to be successfully implemented and may be more likely to be sustained, which is a prerequisite for having a positive effect on population health



Beyond the Pulpit Health Initiative

2019 - 2021

Assisting Churches to develop or strengthen their Health Ministry

Why? Working with an established organization within the church can assist in conducting and sustaining health promotion activities

Focus on the messenger – Train-the-trainer approach: Church leaders are making presentations – respected, trusted

Focus on strategies that can be institutionalized rather than one-on-one sessions

Tailoring - churches select activities from a menu of options based on their interests and resources



Menu of activities for churches

Activity	Is in place	Within 3 months	Within 6 months	Within 12 months	If selected, name person who will be responsible for it
A Develop and announce a written health policy for church					
B Include health in the church mission statement					
C Allocate budget for health promotion					
D Allocate space for health promotion					
E Have monthly health ministry meetings					
F Include health content in pastor's sermon					
G Include health content in social media					
H Include health content in church newsletter					



Publications

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- Lucas-Wright A, Bazargan M, Jones L, Vadgama JV, Vargas R, Sarkissyan M, Smith J, Yazdanshenas H, Maxwell AE. **Correlates of perceived risk of developing cancer among African Americans in South Los Angeles.** *Journal of Community Health* 39(1): 173-180, 2014. PMC3889655
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 - Lucas-Wright A, Duran P, Bazargan M, Vargas C, Maxwell AE. **Cancer-related knowledge, attitudes and behaviors within the Latino faith community in South Los Angeles.** *Ethnicity and Disease* April 18; 29(2):239-246, 2019. PMC6478045
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 - Maxwell AE, Lucas-Wright A, Chang LC, Santifer RE, Crespi CM. **Factors associated with colorectal cancer screening in a peer-counseling intervention study in partnership with African American churches.** *Preventive Medicine Reports* 2020 Dec 8:20:101280. doi: 10.1016/j.pmedr.2020.101280. eCollection 2020 Dec. PMC7736973