WORDS of LIFE

RESEARCHER SPREADS THE GOSPEL OF CANCER PREVENTION
by Lauren Brown

Illustration by Jeanette J. Nelson
NO MAN LIKES TO TALK ABOUT HIS PROSTATE. JAMES THOMPSON TRIES TO GET THEM TO DO IT ANYWAY.

Thompson, clinical counselor at an African-American church just outside Washington, D.C., occasionally invites prostate cancer experts to speak at men's group meetings. Or sometimes, men bring him stories about "a friend" with discomfort or sexual performance problems, giving Thompson an opening for a private chat.

He knows prostate cancer isn't a death sentence. He had it. And he survived.

"There's a lot of fear," Thompson says. "I'm not sure the black community is aware of how it can affect their bodies."

Maryland's Cheryl Holt is trying to change that, and she sees African-American churches as one way to preach the gospel of prevention.
Holt, an associate professor in the School of Public Health, has interviewed hundreds of African-American men and women who link faith and health. They’ve told her that God helps them cope with sickness or embrace wellness. Or, in a health crisis, their church or Bible provided comfort as much as their family.

A social psychologist who specializes in community health, Holt has made a career of studying that connection, specifically how churches can encourage minority populations to get potentially life-saving health screenings.

Last year, the American Cancer Society, or ACS, awarded her $1.8 million to research how African-American churches can help men make informed decisions about prostate cancer screening. This spring, the National Cancer Institute, or NCI, granted her nearly $3.2 million to help churches independently launch her programs promoting early detection of prostate, breast and colorectal cancers.

"A lot of work is needed in this community," Holt says. "We know that African-American populations experience higher rates of cancer and cancer deaths than white populations."

Prostate, colorectal and breast cancers are the most common forms of the disease in the U.S., after lung cancer. The NCI estimates 217,730 new cases of prostate cancer in 2010, and 32,050 deaths from it. Black men are more than twice as likely as any other ethnic group to die of the disease. (The prostate is a walnut-size sac that produces the fluid used to carry sperm.)

African Americans are disproportionately affected by the other cancers, too: Black men and women have higher incidence rates of colorectal cancer. And while white women are more likely to be diagnosed with breast cancer, black women succumb to it more frequently.

Screenings are available for all three cancers. The ACS recommends yearly mammograms for women starting at age 40 and once-a-decade colonoscopies for most people starting at age 50. But for prostate cancer, the ACS is less clear: It recommends only that men make "an informed decision with their doctor" about whether to get screened.

**AN UNCOMFORTABLE TRUTH**

Prostate cancer is tricky. A blood test or digital rectal exam used to diagnose cancer can’t always determine how aggressive the patient’s case is. And it can grow slowly with no apparent side effects, so doctors may recommend treatment in a younger man or monitoring an older patient. Treatment options include having the prostate removed or radiated; caught and treated early, the disease is curable.

Michael Naslund, M.D., head of urology and director of the Maryland Prostate Center at the University of Maryland Medical Center in Baltimore, says there are several reasons why men don’t get tested. Unlike women who developrelationships with their ob/gyns through their childbearing years, men tend to avoid seeing doctors as long as they feel fine. Another is obvious: Nobody wants a rectal exam.

“In African-American culture, there’s even more of a negative thought on that exam,” Naslund says. “They view it as a threat to their manhood, and they don’t get the evaluations that others get and they should get.”

The other screening tests aren’t a dance party, either. Mammograms
"It surprised us how the guys were really interested in getting together in a man-to-man setting and talking about health issues."
—CHERYL HOLT

AN INTEGRATED APPROACH
All of this informs Cheryl Holt's work. While earning her doctorate, she started a "spiritually themed" intervention program on breast and prostate cancers in African American churches in St. Louis, and later a secular program in barbershops in Birmingham, Ala.

Now at Maryland, and with the help of Muwwakkil's nonprofit and the Community Ministry of Prince George's County, she's preparing the ACS-funded education program in 20 local black churches.

Holt's team organized an advisory panel of health professionals, community leaders and local pastors—including Thompson, of Maple Springs Baptist Church in Capitol Heights—who offer advice on spiritual themes, program content and recruitment strategies and how to integrate the program into churches' health ministries. She brought in Naslund to write about the disease and treatments.

Her research team also convened focus groups of men from black churches, asking them what they know about prostate cancer, what they would like to know, and what might keep them from getting screened.

"It surprised us how the guys were really interested in getting together in a man-to-man setting and talking about health issues," she says.

The program, which is scheduled to debut in January, will comprise four sessions led by trained "community health advisers," or trusted members of the church. They’ll talk with men about the prostate and the pros and cons of screening and different treatments. Doctors, pastors and cancer survivors will be invited to offer their insights.

The NCI-funded study will piggyback on this, adding discussions for both genders on colorectal and breast cancer, and may include a more technical element, like text messages or a website. More importantly, it will focus on disseminating the program to churches and getting them to run with it. Holt and her team will monitor how the churches fare and how the programs are preparing participants to make decisions on the cancer screenings.

Jimmie Slade, executive director of the Community Ministry, says the cancer-prevention program started at his church years ago is thriving. Through Holt's work, he says, "We're hoping to plant seeds to increase those efforts."

For Thompson, the research project is about making health ministries like his even more effective. He beat thyroid cancer twice before getting prostate cancer in 2007, and doesn't mind sharing details of his treatment. He even keeps an anatomically correct model of the male reproductive system on his desk as a conversation starter.

"It's very important for men to be aware of what's going on in their bodies," he says. "Men tend to ignore this stuff."