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Services

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INTRODUCTION

The goal of the research is to explore denominational differences in doctrine related to preventive health, specifically, prostate cancer, and to determine the capacity of churches to engage in prostate health promotion. The proposed research is being conducted in three phases: Phase 1 included selection of four predominantly African American denominations to participate in the research, formation of a steering committee to guide the research activities and the completion of in-depth interview with ministers from each of the denominations. In Phase 2 (current phase), a mail survey has been sent to ministers to assess the current prostate cancer-related activities engaged in by the ministers and their churches, and the acceptability of a wide range of activities and prostate cancer messages/materials that might be integrated into sermons or other channels of communication. During Phase 3, tailored prevention messages will be recommended and/or developed and disseminated.

BODY

This section lists each task outlined in the approved Statement of Work and provides a detailed summary of each of the activities for year one of the grant.

Task 1. Develop Mail Survey

A summary of the findings from Phase I were reported to the Steering Committee at the fall meeting. Comments were provided from each of the ministerial representatives on the content and format of the quantitative survey. In addition to the proposed mail format, it was suggested that participating in ministerial conferences would aid data collection. A draft of the mail survey document was developed and distributed to the research team for review and comment. Multiple revisions were made until the final document was approved for pretesting. Six ministers pretested the instrument for its relevance, format, length, and ease of completion. Only minor revisions were made following the pretesting segment. A copy of the mail survey is in the Appendices section of the report.

Task 2. Conduct Mail Survey

With the help of the Steering Committee ministerial representatives, directories were provided to generate the mailing of the survey packets which included (1) a cover letter from the ministerial representative, (2) instructions for completing the survey, (3) a data information sheet, and (4) an informed consent document. In the case of the Baptists, survey packets were prepared and sent to the ministerial representative who, in turn, coordinated the mailings from his executive office. In all other cases, the packets were sent from the PI's office. A follow-up postcard was issued to all groups approximately three weeks after the initial mailing.

As recommended, the PI and the Research Assistant (RA) attended three ministerial conferences to collect data. The Hampton Baptist Ministers Conference took place at Hampton University, Hampton, VA, in June, 2000, the Seventh-Day Adventist World Conference was held in July in Toronto, Canada and a second SDA black ministerial conference took place at

Oakwood College, Huntsville, AL in December, 2000. The table below provides a summary of the surveys collected to date using both forms of data collection -- mail and conference.

| Denomination | Surveys Mailed | Return Rate | Conference Collection | Total ¹ | Number of States Represented |
|---------------------------------|----------------|-------------|-----------------------|--------------------|------------------------------|
| Seventh-Day Adventist | 244 | 12 (5%) | 78 | 90 | 28 |
| Church of God in Christ (COGIC) | 328 | 7 (2%) | NA | 7 | 6 |
| Presbyterian | 183 | 36 (20%) | NA | 36 | 19 |
| Baptist | 526 | 33 (6%) | 45 | 78 | 11 |

Follow-up telephone calls are being placed to increase the response rates. Advice is being sought from the ministerial representatives to help identify strategies that may increase the response rate. (A draft of the steps outlining a follow up plan generated by the research team is included in the Appendices section of the report.). The low participation rate for COGIC is of particular concern. It has become evident that COGIC historically has engaged in less collaboration with outside organizations. A March 15th meeting of the Steering Committee is scheduled to address issues of how to increase data collection and what period of time should collection be continued. Given the pace of the response to the survey data collection, the PI requested a no-cost extension of the grant period to implement strategies to boost the participation of each of the denominations.

Task 3. Analyze Survey Data

A database has been created in Microsoft Excel and ongoing data entry and data editing of the survey responses is underway. Preliminary results suggest that the majority of respondents have interest in prostate cancer prevention materials and interventions within their respective churches. Additionally, most respondents would welcome outside assistance (e.g., ACS) to help in the development of interventions.

Descriptive and multivariate analyses will be performed at the conclusion of the data collection period. In the analyses we will also control for the timeframe and source for data collection. Findings will be shared with the Steering Committee and subsequently, disseminated in a modified format for ease in reading and interpretation for the respondents. The majority of

¹Included in the total are 16 surveys that were returned without consent forms. Attempts to obtain these are a part of the telephone follow-up calls.

ministers are extremely interested in a summary report of this research study. Several have commented on their frustration with previous research projects where no information was ever transmitted to the participants.

KEY RESEARCH ACCOMPLISHMENTS

- A. The construction of a valid survey instrument which reflects grounded content areas extracted from the qualitative in-depth interviews conducted in Phase I of the study. Pretesting the survey also contributed to strengthening its validity by helping to identify potential troublesome questions/items on the instrument.
- B. Implementation of Phase II data collection activities. Refer to the table in the body of the report for summary of surveys distributed.
- C. Development of a database for data entry and subsequent data analyses.
- D. Identification of a plan for follow up to increase the completion of surveys.
- E. Renewal by the CHR of consent documents for continuation of the data collection phases of the study.

REPORTABLE OUTCOMES

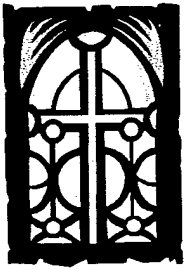
There are no data outcomes to be reported on at this time given the postponement of the analyses. It is undetermined at this point how long the period of data collection should be continued but it remains the study team's commitment to attempt to achieve a sample size that can produce meaningful conclusions.

CONCLUSIONS

While it is clear that this is an important and significant study, a number of obstacles exists that make conducting community-based participatory research more difficult than studies that do not include the involvement of faith-based organizations. This is exemplified by the fact that the different denominational structures make it difficult to rely on one method of data collection. This does not diminish the relevance of engaging denominations and congregations in health promotion and disease prevention, particularly for African American populations. However, it does require a considerable amount of time and effort, more than was initially expected, to create mechanisms to support the data collection phase. Additionally, we have learned from the Steering Committee that researchers and their funding sponsors must look for ways to not only collect data on minority populations but to provide interventions that will increase the competencies of congregations beyond the funding cycles.

It is the intent of the study team to conduct aggressive and thorough follow up to increase the number of surveys completed as well as to be responsive to study participants in identifying other funding mechanisms that would allow for in-church interventions to increase the informed

participation and referral of men to prostate cancer screening and treatment.



ID #: _____
(For internal use only)

The Role of African American Churches in Prostate Cancer Prevention

Instructions:

For your convenience, the majority of the questions in this survey can be answered by simply checking (✓) your responses. We hope this format assists you in completing the full survey.

I. Church Demographic Data

1. What is your church's denomination? _____
2. In what state is your church located? _____
3. How many years has your church been located at its present site? _____
4. What would best describe the characteristics of the community where the church is located?
 Urban/Inner-City Suburban Rural
5. Do most of your members live within 5 miles of the church? Yes No
6. How large is your congregation (average number attending most general services)?
 250 or smaller 501 – 750
 251-500 751 and larger (please specify) _____
7. Among the adults in your congregation, what are the percentages of men and women? (Please give your best estimate.)
_____ % Men
_____ % Women
8. In your church, what is the percentage of MALES in each age group? (Please give your best estimate.)
_____ % Under 18 _____ % Between 45 – 65
_____ % Between 19 and 25 _____ % Over 65
_____ % Between 26-45
9. What are the occupations of your members? (Please check all that apply.)
 Blue collar workers (e.g., postal worker, bus driver, manual labor)
 Professional white collar workers (lawyers, teachers, doctors)
 Clerical white collar workers
 Business owners
 Other (please specify best description) _____

II. Survey

1. Under what circumstances are health issues discussed with your membership AND who leads the discussion? Please check all that apply. (*Small groups include workshops, health sessions, seminars, etc.*)

| <u>Setting</u> | <u>You personally</u> | <u>Others</u> <i>(e.g. Doctors, Nurses, Lay Members)</i> |
|---|--------------------------|---|
| Sermon/in front of congregation | <input type="checkbox"/> | <input type="checkbox"/> |
| Small groups (men and women) | <input type="checkbox"/> | <input type="checkbox"/> |
| Small groups (men only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Small groups (women only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Small groups (youth only) | <input type="checkbox"/> | <input type="checkbox"/> |
| Individually, through pastoral counseling | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Health matters are not discussed | <input type="checkbox"/> | <input type="checkbox"/> |

2. How would you describe the health ministry leadership within your congregation or local church?

Primarily coordinated by the pastor/one of the pastors
 Primarily coordinated by one lay member
 Primarily coordinated by one or more groups of lay members
 Program(s) within the church coordinated by outside group/organization
 Do not have health ministry
 Other arrangement (please specify) _____

3. Have you had the following health programs in your church? (For each item, please check the category that best describes frequency.)

| Program subject | Yes, within last 12 months | No | No, but would like to add this program |
|---|-------------------------------|--------------------------|---|
| Blood pressure screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breast cancer screening or education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prostate cancer screening or education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV/AIDS education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Support groups (e.g., AlAnon, Narcotics Anonymous) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nutrition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weight loss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health-related counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Smoking cessation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other program: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please check this box if no health programs have been held in your church at all within the last 12 months.

4. Please check the resources you would need to begin or add new health programs (check all that apply):

| | |
|--|--|
| <input type="checkbox"/> Manpower (volunteers within the church) | <input type="checkbox"/> Relevant information |
| <input type="checkbox"/> Manpower (support from outside organization, such as a health specialist) | <input type="checkbox"/> Space |
| <input type="checkbox"/> Administrative assistance (coordinator) | <input type="checkbox"/> Money |
| <input type="checkbox"/> Support from the national organization/convention | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Greater support within the congregation |

5. What factors, other than resources, might influence you to consider taking on an additional health program?
(please check all that apply)

- Becomes a priority within the congregation
- Becomes a priority within the community
- The interest of individual members of the congregation
- Personal experience of the pastor with a health issue
- Public health crisis

Other/Comment:

6. What types of health service agencies does your church already have a link with? (please check all that apply)

- Physician practice
- Hospital
- Community health center/clinic
- Nursing home
- Local health department
- Voluntary agency (ie., American Cancer Society)
- None at all
- Other: _____

7. Are there any key scriptures that guide your denomination's position on health and health-related matters?

- Yes No

If yes, please give two examples (reference or text): _____

8. Please indicate how much you agree or disagree with each of the following statements:

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Illness is God's will. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Illness is God's permissive will, not direct will. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some sickness is self-inflicted or related to sin. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The church has a role in an individual's health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| God has a role in an individual's health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The individual has a role in his or her health. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Aside from the core Christian beliefs, what other components are key aspects of your church's teachings?
(Please check all that apply.)

- Critical place of health promotion
- Faith healing
- Practice of social gospel (outreach, community issues)
- Other (please specify) _____

10. Please rate how important each of the following activities is to you as a pastor. Rate by placing a number between 0-5 beside each item. (0=activity not present, 1= not important...5=very important).

- | | | |
|--------------------------------------|--|--------------------------------|
| ___ Worship service | ___ Evangelism | ___ Church administration |
| ___ Visiting/ministering to the sick | ___ Promotion of health-related programs | ___ Social/political activism |
| ___ Teaching (Bible study) | ___ Counseling | ___ Youth/young adult ministry |
| ___ Other: _____ | | |

Prostate Cancer

11. Do you think it would help if prostate cancer materials were designed with your denomination in mind?

- Yes No

12. Have you or anyone in your immediate family ever had prostate cancer? Yes No

13. On a scale of 1-10, how would you rate your prostate cancer knowledge (1= none ... 10 = all)? _____

14. How interested would you be in having your congregation participate in a new church-based prostate cancer education/ prevention program, if available?

- Very interested Somewhat interested Not interested Not interested/satisfied with current program

15. With regard to each of the listed prostate cancer material types, please -
- a) Indicate if it is offered by your denomination
 - b) Indicate if it is used in your church
 - c) If it has been used, please rate the material on a scale of 1-5 (1=poor...5=excellent)
 - d) If not available, would you like to have that listed material?

| Prostate Cancer Material Type | a) Offered by my denomination | | b) Used within my church | | c) Quality Rating (Scale of 1-5) | d) Would like to have available | |
|-------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|---------------------------------|--------------------------|
| | Yes | No | Yes | No | | Yes | No |
| Video presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Brochure/pamphlet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Lecture/workshop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet/CD ROM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

16. What would be effective ways of presenting information on prostate cancer screening to the men of your church? (Please check all that apply.)

- Brochure Mailing Other: _____
 Seminar Video _____
 Within the church bulletin Internet/CD ROM

III. Pastor's Data

17. What is your sex? Male Female

18. What is your age? _____

19. What is your marital status?

- Married Widowed
 Separated Never married
 Divorced

20. Degrees obtained (check all that apply):

- B.S./B.A. Masters Doctorate Other: _____

21. How long have you been the pastor of your current congregation? _____

Thank you for your time. We welcome any additional comments that you may have:

*The Role of African American Churches
in Prostate Cancer Prevention*

Johns Hopkins University
School of Hygiene and Public Health
Principal Investigator: Janice Bowie, PhD

Please complete the brief information items below. By providing the data requested, you will add to the assurance of the confidentiality of your survey responses. The information is also used to contact you if there is any necessary follow-up. In addition, if you so choose, we will use the information to send you a summary of the research findings once the study has been completed.

Thank you so much for your assistance.

ID # _____ (to be completed by the Research Team)

(Please print the information)

Your Name: _____

Your Church's Name: _____

Your Church's Address _____

(City/State/Zip) _____

Phone Number: _____ (please indicate church /home/work)

E-mail address (If available) _____

If you are interested in having a summary of the data findings from the research sent to you please indicate below.

_____ Yes, I am interested in receiving summary information.

Dr. Janice Bowie
Johns Hopkins School of Hygiene and Public Health
624 N. Broadway - Room 743
Baltimore, MD 21205 -1996



FOLLOW-UP NOTE

Dear Pastor -

This is just a note to remind you to please complete and return the **"Role of African American Churches in Prostate Cancer Prevention"** survey that was sent to you during the early part of December. If you did not receive the survey, if you need another copy or if you have any questions please contact Dr. Bowie ...

by e-mail at jbowie@jhsp.h.edu
by phone at (410) 614 -6119
by fax at (410) 955 -7241
by mail at (see the address listed at the top of this postcard)

Your support is greatly needed and appreciated. Thank you.

Follow-up Protocol:

Step #1- Make sure pastor has received survey packet. If he/she has received it, remind them to either mail it in or fax it back, and offer option of phone interview also. (Make sure to give fax # if they need it).

Step # 2- If pastor has not received survey packet, make sure he is willing and/or interested, emphasizing details from consent form.

Step # 3- Find out if pastor has a preference for completing the survey by mail, fax, on the phone then, or on the phone at a later, "to be scheduled" date.

Step # 4- If pastor prefers mailing, verify a correct address.

Step # 5- If pastor prefers phone interview, proceed. If later interview is desired, be sure to record new interview date in the disposition box on the daily contact sheet.

Step # 6- Finally, written consent will still be needed for each interview . The consent can be obtained by mail or fax.

Disposition Key:

1-left message, need call back

2-agreed to mail back

3-need survey re-mailed

4-will do phone interview as scheduled

5-completed by phone

