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# Crystal Lumpkins applies the power of the pulpit to the fight against cancer

KUMC professor Crystal Lumpkins researches cancer-prevention messages in African American churches

**November 10, 2011 | Alissa Poh**

When it comes to colorectal cancer, the odds don't favor African Americans. According to the American Cancer Society, African Americans are more likely to get this disease — and far more likely to die from it — compared to Caucasians. Researchers at the University of Kansas Medical Center see harnessing the power of the pulpit as one way to change this.

While colorectal cancer is the second most common cause of cancer-related deaths nationwide, it's highly treatable if caught early, says Crystal Lumpkins, PhD, an assistant professor of family medicine. Abnormal growths, or polyps, can be present in the colon for up to 10 years before morphing into invasive cancer. With early detection — through a colonoscopy, a fecal occult blood test or other screening procedures — the five-year survival rate is 90 percent.

The importance of regular screening needs to be more clearly communicated to African Americans, especially those 50 years of age and older, says Lumpkins, who is also an assistant professor of journalism at the University of Kansas. She has just embarked on a five-year study, funded by the National Cancer Institute, to explore using the church to convey this message to African American communities in the Kansas City metropolitan area.

"Besides being unaware that vigilance can help make colorectal cancer a preventable disease, they often lack access to and time for health care," Lumpkins says of these communities. "And many African Americans still mistrust hospitals. The idea that doctors just want to experiment on them has been passed along through the generations."

Nearly 80 percent of African Americans surveyed in a 2008 Pew study reported that they attend some type of worship service at least once a week. "Church is often like family, and this culture of collectivism has existed for decades," Lumpkins says. "The civil rights movement was largely

facilitated through the African American church."

More recently, the longstanding influence of this institution has been used to spearhead reform in other social and public health areas. Lumpkins cites a dietary intervention called "Body and Soul" — focused on modifying fruit and vegetable intake among African Americans — as one example. "Eating together is a big part of the church's social fabric, and these meals often feature food like chicken fried steak," she says. "Among other things, 'Body and Soul' emphasized healthier menu alternatives. It made a difference, using pastors' sermons, health ministries and even Sunday School activities to communicate the need for a better diet."

Lumpkins is modeling some aspects of her five-year study on an ongoing project developed at the University of Missouri-Kansas City, called "Taking It to the Pews" (TIPS). TIPS is using the African American church as a venue to raise awareness about HIV, the ramifications of AIDS, and the fact that a standard test for this disease is readily available.

Like TIPS, Lumpkins' study is two-pronged. During the initial phase, five to eight churches will host focus groups to identify key themes that the study should address. Lumpkins and her research group will work closely with church leaders, tapping into their experience and knowledge to craft outreach activities intended to resonate with the African American population. "We'll also talk to people about their feelings, beliefs and fears about colorectal cancer, and try to learn what their 'ideal' message on prevention and screening would look like, especially the spiritual element," she says. "Basically, we want to find out what they're thinking, and whether it matches up with what research shows."

Once Lumpkins and her colleagues have collected this information, they'll embark on the study's intervention phase, developing religiously tailored materials that participating churches — between eight to sixteen— can use to raise awareness about colorectal cancer. These could include posters with the facts on screening and treatment, sermon guides, responsive readings, church bulletin inserts and videos with discussion guides. "We'll then do a follow-up analysis for changes, to find out if people called their doctor or decided to get screened," Lumpkins says.

One of the bigger barriers Lumpkins expects to encounter goes beyond many African Americans' general wariness of doctors and hospitals: their steadfast belief in the will of God and the healing power of faith, as well as the chasm between religion and science. "They need to know that getting screened or learning more about cancer doesn't mean they have to lose their faith," she says. "Spirituality and science don't have to be so sharply divided, especially when we're talking about saving lives." She believes a more holistic approach is in order, recalling past centuries when thinkers like Galileo explored science and worshiped God in the same breath.

"It may sound like an oxymoron, but I do think churches can help breach this barrier between science and religion," Lumpkins says. "What a pastor says — what he tells his congregation to do, or not to do — has a real impact. They're members of his church because they trust him; in many ways, he's an

opinion leader." As such, community-based participatory research, the approach Lumpkins' study is employing, is crucial for ensuring that participating church pastors are engaged at all levels of the project and "feel empowered to help their own," she says.

"I'm essentially looking at the African American church as a brand, which might be difficult for some people to swallow. When you think about brands, Coca-Cola and Nike come to mind," Lumpkins says. "But my idea is that the church could be a social marketer of something good — in this instance, colorectal cancer prevention and screening. Through this study, we hope to find out how the African American church could become, like the American Cancer Society and Susan G. Komen for the Cure, a sponsor for cancer awareness."

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