

150TH SESSION OF THE KENTUCKY ANNUAL CONFERENCE

Quinn Chapel African Methodist Episcopal Church

LEXINGTON KENTUCKY

September 14th – 17th

Health & Wellness Report

To Bishop Jeffrey Nathaniel Leath, Presiding Prelate of the Thirteenth Episcopal District; Dr. Susan Leath' Episcopal Missionary and Youth Supervisor; the Reverends James E. Smith, Host Presiding Elder; The Reverend Dr. William W. Easley Jr., Associate Host Presiding Elder; the Reverend Kenneth Golphin, Host Pastor; Laity and the Members of this 150th Session of the Kentucky Annual Conference, on behalf of Health & Wellness awareness I submit the following information:

Importance of Colorectal Cancer Screenings-“Colonoscopy”

A colonoscopy, while not fun could help save your life. African Americans have higher colorectal cancer incidence and mortality rates than whites. They are also more likely to be diagnosed with late-stage disease and less likely to survive for at least five years after diagnosis. Lack of adherence to colorectal cancer screening recommendations has previously been found to be associated with lower income, lower educational level, and racial/ethnic minority status.

Lack of knowledge and fear are major barriers to screening for this population along with mistrust and fatalism. These barriers and others, such as lack of physician recommendation and the uncomfortable nature of tests, may contribute to inadequate screening.

Colorectal is the third most common cancer in the United States. In Kentucky, the health problem is particularly bad. Our state ranks first in the nation for colorectal cancer incidence and seventh in death, with more than 2,500 new cases and more than 800 deaths from this largely preventable disease each year (CDC).

The disease originates when healthy cells from the innermost layer of the colon or rectum change and grow uncontrollably, forming abnormal tissue growths called polyps. These growths are usually benign, but they can eventually become cancerous if they are not removed in time.

The main risk factors for developing colorectal cancer are associated with age, genetics and lifestyle. It affects both men and women, in most cases 50 and older, and it often runs in the family health history. Additional factors that can increase the colorectal cancer risk are obesity, lack of exercise, smoking, high alcohol use and a diet high in red or processed meat and low in calcium, fruits and vegetables.

Colorectal cancer signs are often ignored because the disease starts with a few or even an absence of symptoms, usually painless, that may include:

- Change in bowel habits
- Recurrent abdominal pain or discomfort
- Rectal bleeding
- Weakness or fatigue
- Unintentional weight loss

There are ways to prevent colorectal cancer. Regular screenings, including but not limited to colonoscopies, are highly recommended for everyone starting at age 50, and at a younger age for people who are at high risk. Blacks should be screened at age 45 or younger if indicated. A colonoscopy can prevent this cancer by finding the pre-cancerous lesions/polyps, allowing the doctor to remove them before they become malignant and cause harm.

In addition, changing some of your lifestyle habits can help lower your risk of colorectal cancer, such as exercising regularly, opting for a diet rich in vitamins and calcium, quitting smoking and lowering alcohol consumption.

Colorectal cancer is about 90 percent treatable when discovered in its earliest stages. While a colonoscopy may not be a fun experience, it could save your life.

Influences on the Utilization of Colorectal Screening among African Americans-

Often Heard Comments, Rationale For Avoiding Regular Screenings

Hope

With God, all things are possible. Hope was connected to personal religious or spiritual beliefs, with participants turning things over to God and being assured that things would turn out alright. So there is hope if you believe in what God said, he will heal your body and in the doctor. Many described how God worked through doctors to achieve positive outcomes. Cancer is something that you have to walk above. Attitude is extremely important, and if you've got a positive one, it's so much better. The body will heal itself of just about most things, not all things, but most things. We're not born with fear, fear is something we develop. You're born with power and with love and a sound mind.

Mistrust

The doctors don't tell us....well, maybe they should be as alarmed about colorectal cancer as about diabetes. They don't say, well, you know, this is your yearly checkup, need to suggest it more. Participants explained that they often felt that the health care system had suspect motives and that it was up to patients to advocate for themselves...."but I don't want them to use me as no guinea pig. I would want some tests to be done first, and then get a second opinion and we go from there. But I don't want you to use me as no experiment".....

Fear

Fear of having cancer. Fear of the positive, yeah, I got it. "I don't know and I don't want to know". Also, some say fear of the procedure. I don't like hospitals. I have had blood in my

stools, but I have had bleeding ulcers-stress and stuff, but waiting to go to the hospital, forget it! Some stated that members of the African American community in general often adopt a passive role and avoid seeking medical care out of fear and denial that something might be wrong. Participants expressed the belief that if one looks and/or feels okay, one must be ok. People repeatedly said that members of older generations typically did not even talk about cancer and that there was a culture of silence and avoidance around the issue. Others reported fear of the embarrassing or uncomfortable nature of CRC tests.

Fatalism

No such thing as recovery from cancer. Cancer automatically puts into the mind death....They generally reflected the idea that once a person gets cancer, not much can be done about it. I don't care how many years you go, that cancer's always gonna come right back.

Accuracy

Focus groups expressed a strong preference for colon cancer screening tests that were thorough and accurate. A scope only goes a portion of the way in, and the cancer may be higher up so you can miss that. You've tested, but you didn't test completely enough to rule it all the way out. After hearing descriptions of FOBT, sigmoidoscopy, and colonoscopy, the largest number of participants stated that they would want the test that could "see everything" (colonoscopy). I would like the scope because it's more accurate, knock me out, get it done, and be done with it.

Knowledge

I think the best thing is to learn about cancer. Up until now, I've never had a colon check, just a prostate check. This is the first time I ever just had a discussion on it, or talked about it with anyone. When people are educated, then that takes away the fear because they have an understanding of things.

So, to conclude, a colonoscopy, while not fun could help save your life! Go have one done if not already had one, reinforcing the standard recommendation that most people should have a colonoscopy every ten years beginning at age 50. When a colonoscopy *did* detect an adenoma, the lower risk lasted approximately five years.

Respectfully Submitted,

LaJava Chenault, MSN, RN