

COP Summary Paper

1. Describe and reflect on your COP Presentation

I was really pleased with how my COP presentation turned out. I was able to present to an audience who I've had the privilege to work with previously, the prostate cancer support group. I used to be a research coordinator in prostate cancer research and so I had previously been involved in the support group through that. I gave the presentation via Webex, as that's how they're still meeting, and I think the information was well-received. The group was very interactive and asked many questions and also shared their own experiences with prostate cancer and exercise. There are exercise trials for prostate cancer patients also going on at OHSU right now so we were able to discuss those and a lot of the participants seemed really interested in getting involved with those as well. They have a tight knit community where they are able to be supportive of each other and also work out together. Everyone in the group had their cameras on so I think the bandwidth was poor, and I ended up having some technical issues and having to call in but was able to continue presenting my slides. It was fun to give back to a community that I had previously been part of for many years and be able to see myself in a new role, as a future PA, presenting research that I had gathered. Overall, the feedback I received was really kind and I even received a few emails from participants. I enjoyed the opportunity and look forward to more opportunities like this in the future.

2. Reflect on social justice, equity, and anti-racism in your COP

- a. Revisit the articles from the summer workshop,¹³ January callback,⁴⁵ and others you read for this project and other courses.
- b. Connect one or more of the concepts to your research, writing, curriculum design, and/or presentation.

During my research on exercise in prostate cancer, I found that black men have an almost two times greater rate of dying of prostate cancer than white men do. I found this number alarming and couldn't help but wonder if this was due to lack of equitable healthcare across all people rather than a genetic difference in these men. This piqued my interest in discovering what the demographics of the trials that I was using data from looked like. As I reviewed demographic data of exercise clinical trials in men with prostate cancer (and even trials with other types of cancer) I found that trials predominantly consisted of white individuals. I began to connect this back to my time working in prostate cancer research and remembered that many of our trials consisted primarily of white men. This also led me to think about the demographics of the group that attended my COP, which again, was primarily white men. At the forefront of my mind, I couldn't help but think, why are we not reaching a more diverse population of men with this information?

This allowed me to reflect on an article we read earlier in the year, *Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis*. This article discusses how it is essentially impossible for equitable healthcare to exist when racism is present. This leads to the idea that

racism must be eliminated to actually achieve a version of healthcare that is fair and accessible to everyone. The article explores the Critical Race Theory which aims to develop strategies to help narrow the gap of a variety of factors that influence one's condition of living such as, health, housing, and employment. The idea behind this theory is to promote awareness amongst researchers and investigators about health inequity and to encourage them to consider these factors when conducting research.¹ I was moved when I reflected on this article after I had witnessed this blatant discrepancy in my COP research, my presentation, and my past work in clinical research. This made me reconsider if the rate of mortality in black men with prostate cancer is actually twofold higher, or if access to healthcare is so inequitable that they present with a disease that is much more progressed and therefore would appear to have a higher mortality rate. Additionally, it appears that minorities are not well-represented in data that we study about cancer progression and specifically about exercise in cancer which leads me to believe that we really could not correctly identify the outcomes for these patients.

3. Include data and graphs from your evaluation

a. Participants

- i. Number of attendees: 25
- ii. Number of evaluations: 14
- iii. Response rate: 56%
- iv. Age range: 46-80 years old
- v. Average age: 68.8 years old

b. Quantitative Analysis

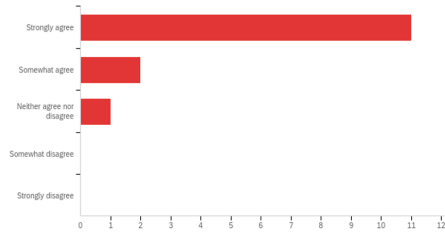
Q1 - Demographic Information

Age	Gender
80	male
69	Male
69	Male
72	Male
61	M
64	Male
75	Male
77	M
68	Male
69	M
64	Male
74	m
76	M
46	Female

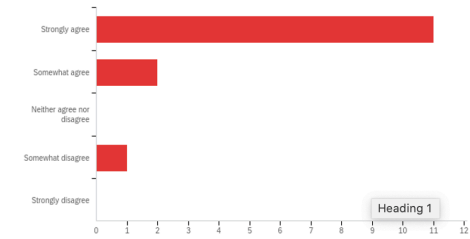
Q4 - The presenter effectively addressed the learning objectives for this topic.

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The presenter effectively addressed the learning objectives for this topic.	1.00	3.00	1.29	0.59	0.35	14

#	Answer	%	Count
1	Strongly agree	78.57%	11
2	Somewhat agree	14.29%	2
3	Neither agree nor disagree	7.14%	1
4	Somewhat disagree	0.00%	0
5	Strongly disagree	0.00%	0
	Total	100%	14



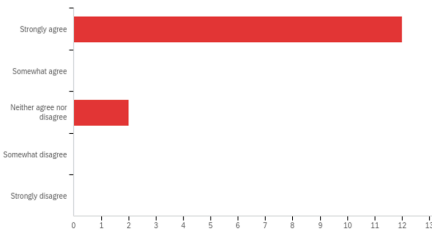
Q5 - The presenter effectively taught this topic.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The presenter effectively taught this topic.	1.00	4.00	1.36	0.81	0.66	14

#	Answer	%	Count
1	Strongly agree	78.57%	11
2	Somewhat agree	14.29%	2
3	Neither agree nor disagree	0.00%	0
4	Somewhat disagree	7.14%	1
5	Strongly disagree	0.00%	0
	Total	100%	14

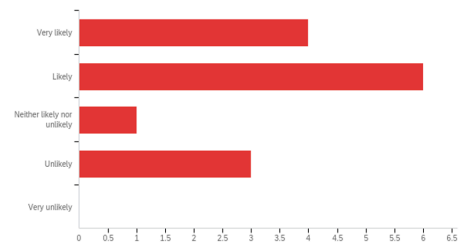
Q6 - The presenter did well overall.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	The presenter did well overall.	1.00	3.00	1.29	0.70	0.49	14

#	Answer	%	Count
1	Strongly agree	85.71%	12
2	Somewhat agree	0.00%	0
3	Neither agree nor disagree	14.29%	2
4	Somewhat disagree	0.00%	0
5	Strongly disagree	0.00%	0
	Total	100%	14

Q7 - How likely is it that you will change your behavior based on what you learned from this talk?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How likely is it that you will change your behavior based on what you learned from this talk?	1.00	4.00	2.21	1.08	1.17	14

#	Answer	%	Count
1	Very likely	28.57%	4
2	Likely	42.86%	6
3	Neither likely nor unlikely	7.14%	1
4	Unlikely	21.43%	3
5	Very unlikely	0.00%	0
	Total	100%	14

c. Qualitative Analysis

Three Things you learned

1. The types of exercise that may be beneficial and how to structure an effective exercise plan (11)
2. Benefits and importance of exercise (in a cancer diagnosis) (10)
3. Results from exercise trials (8)

4. Clinical trials for exercise in cancer that are available in the area (3)

iii. Comments

1. Helpful, informative content (4)
2. Motivated me to exercise or participate in an exercise trial/class (2)
3. Communicated importance of exercise (3)
4. Good organization, well prepared (2)
5. Reiterated facts already readily available (1)

1. Ford CL, Airhihenbuwa CO. Critical race theory, race equity, and public health: toward antiracism praxis. *American journal of public health*. 2010;100(S1):S30-S35.