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**Quick News & Links:**

[#HowIRecommend HPV Vaccination Video Series now available from the CDC.](#)

[Having an event? Send us the details to post on the MCC Calendar of Events page!](#)

[MCC Calendar of Events](#)

**OMH Announces the Theme for National Minority Health Month 2019: Active & Healthy**

*Office of Minority Health*

National Minority Health Month begins on April 1, 2019, and the HHS Office of Minority Health will join their partners in raising awareness about the important role an active lifestyle plays in keeping us healthy. The theme, Active & Healthy, highlights the health benefits from even small amounts of moderate-to-vigorous physical activity throughout the day. Every move counts! And physical activity promotes health and reduces the risk of chronic diseases and other conditions that are more common or severe among racial and ethnic minority groups.

[Visit the OMH website](#) to learn more about National Minority Health Month and sign up for the [National Minority Health Month topic email list](#) to be notified when new tools are posted and to find resources to support your #NMHM19 events and programs!

**Exercise Might Slow Colon Cancer’s Advance**

*HealthDay, March 2019*

New research suggests the payoffs of exercise might extend to colon cancer patients. Short sessions of intense exercise may slow the growth of colon cancer, Australian researchers report. The team took blood samples from 10 colon cancer survivors who had one session of intense exercise, and 10 survivors who had 12 exercise sessions over four weeks. Analyzing the samples for the growth of cancer cells, the researchers found that even one session of high intensity exercise appeared to reduce the growth of colon cancer cells. These short exercise bouts are as important as longer regular exercise, they said.

The findings highlight the importance of regular exercise and leading a physically active life. However, the study can't prove a direct cause-and-effect relationship. Also, the researchers noted that their method of studying cancer cell growth in the laboratory may not apply to tumors growing in the human body. They said further research is needed.

To read the full text, visit the [HealthDay Website](#)



## **Bias May Affect Providers' Knowledge of Transgender Health**

*University of Michigan, February 2019*

People who are transgender face many barriers in the health care system—from intake forms that use non-inclusive language, to challenges finding providers who are knowledgeable about their health care needs. But more training may not be the answer to improving competent care, a new Michigan Medicine-led study suggests. Surprisingly, more hours of education in the field was not associated with improved knowledge of transgender care among physicians and other providers, according to a new study in the journal *Medical Education*.

Nearly half of providers in the study said they had cared for a transgender patient, but as many had received no training on the topic. What distinguished knowledgeable providers from those who were less so, however, appeared to have little to do with their medical education. Transphobia, or a prejudice against people who are transgender, was the only predictor of provider knowledge.

"We were surprised to find that more hours of education about transgender health didn't correlate with a higher level of knowledge about this topic among providers," says lead author Daphna Stroumsa, M.D., MPH, an obstetrician gynecologist at University of Michigan's Von Voigtlander Woman's Hospital.

"Transgender and gender diverse individuals often face discrimination in health care settings and many are unable to find competent, knowledgeable and culturally-appropriate health care," Stroumsa adds.

"Medical education may need to address transphobia and implicit bias in order to improve the quality of care transgender patients receive."

Researchers surveyed 389 attending physicians, advanced practitioners and residents from the departments of internal medicine, family medicine, and obstetrics and gynecology in a large urban health system. While the study did not evaluate the content or format of the education providers were exposed to, it is likely that educational efforts that address unconscious bias would be more effective. Stroumsa notes that even in educational programs that address transgender health, the topic is usually presented as a separate section of provider education, rather than as an integral part of general medical education and training—a distinction which may further fuel "othering" of transgender patients.

According to the 2015 United States Transgender Survey, a third of transgender people who saw a healthcare provider over the past year had a negative experience with the provider related to being transgender, such as being verbally harassed or refused treatment because of their gender identity. Twenty-four percent reported that they had to teach their medical providers about transgender care in order to receive the care they needed and 23 percent avoided medical care they needed because they were worried they would be mistreated due to their gender.

Many providers—especially those traditionally considered "women's health" professionals—likely need to be better prepared to care for transgender patients, Stroumsa notes. People who identify as transgender and non-binary may require many of the services provided by Ob/Gyns and other "women's healthcare" providers, including prenatal and fertility care, cervical cancer screening, menstrual cycle management, as well as gender transition-related care (i.e. hormone therapy), and other routine Ob-Gyn care. *Continued on Page 3.*



## **Bias May Affect Providers' Knowledge of Transgender Health Continued**

In a publication in the American Journal of Obstetrics and Gynecology, Stroumsa and Michigan Medicine family physician Justine Wu, M.D. M.P.H., urge expanded language around "women's health" to be more inclusive. This may include everything from using gender neutral terminology on intake forms to subtle differences in labels, such as referring to "well-person" care instead of "well-woman visit." Many services are "less specialized than we may think," the authors write. "The Ob-Gyn field has traditionally centered on serving the health and needs of women. But our approach and language may unwittingly alienate a vulnerable population in need of our services," Stroumsa says. "We obviously have a lot of work to do in improving health outcomes for gender diverse people," Stroumsa adds. "We need to take a close look at our healthcare environments, practices and approaches to medical education. These are just beginning steps in reducing wide health disparities."

To read the full text, visit [Transphobia rather than education predicts provider knowledge of transgender care.](#)

## **Rising Cancer Incidence in Younger Adults: Is Obesity to Blame?**

*The Lancet, February 2019*

Although cancer has historically been considered a disease of aging, a reported sharp rise in colorectal cancer incidence among adults aged 54 years and younger beginning in the mid-1980s for the colon and mid-1970s for the rectum has motivated researchers to examine risk factors for early onset disease. In *The Lancet Public Health*, Hyuna Sung and colleagues report an extensive analysis of data; the most striking finding was that cancer incidence appears to be rising disproportionately in younger adults (aged 25–49 years), and in consecutively younger birth cohorts for half of the cancers classified as obesity-related, including colorectal, corpus uteri, gallbladder, kidney, pancreatic, and multiple myeloma. The investigators speculate that these findings are driven in part by the obesity epidemic, a hypothesis that is both provocative and plausible. As the investigators state, the prevalence of obesity in the USA more than doubled between 1980 and 2014, providing compelling evidence that obesity could be a causal factor.

However, despite the plausibility, the investigators' hypothesis and report have constraints. First, the hypothesis assumes that cancer risk factors have a similar influence on cancer development across the lifespan. Additionally, although the investigators diligently separated gastric cardia and non-cardia cancers for analysis, as well as HPV-related and HPV-unrelated oral and pharyngeal cancers, they chose to aggregate subtypes for other cancer types. Lastly, the report did not comment on why only some obesity-related cancers showed temporal trends of rising younger adult incidence, or why some appeared to have declining rather than increasing incidence in the older age groups. Despite these considerations and modest constraints, the report from Sung and colleagues yields timely insights. Importantly, the findings suggest the need for further close epidemiological monitoring of cancer incidence trends in younger adults and highlight the need for rigorous aetiological studies of exposures that could be responsible for the trends.

The full article can be found on [The Lancet Public Health Website.](#)



## 2019 MCC Meetings

### Board Meetings (12pm - 3pm):

Wednesday, March 27

Wednesday, June 26

Wednesday, September 25

### 2019 Annual Meeting:

Thursday, October 24

*If you are interested in being a part of the Program Committee  
please contact Amy Stagg at [StaggA@michigan.gov](mailto:StaggA@michigan.gov).*

## MCC Website

Be sure to visit the [MCC website](#) to find provider and patient resources

## Health Equity Corner

### Health Equity Speakers Bureau

The MCC Health Equity Speaker's Bureau is a resource for individuals and organizations. This directory includes content experts accessible to MCC members for consideration in planning educational sessions/conferences. For more information about the available speakers visit the [MCC Speakers Bureau website](#).

If you would like to be added to the MCC Speakers Bureau, please contact Beth Trierweiler at [Trierweilb@michigan.gov](mailto:Trierweilb@michigan.gov).