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Kareem Abdul-Jabbar pens a first-person piece on systemic racism in the health care system and beyond. Alongside his son **Amir**, an orthopedic surgeon, they both work to make the world a better place. [PAGE 29](#)

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"IT'S AS IF THE BLACK COMMUNITY IS TRAPPED IN *GROUNDHOG DAY* IN WHICH EVERY DAY WE FIGHT RACISM, PROVE IT EXISTS, SEE GAINS, AND THEN WAKE UP THE NEXT DAY TO ALL THE SAME OBSTACLES."

—KAREEM ABDUL-JABBAR





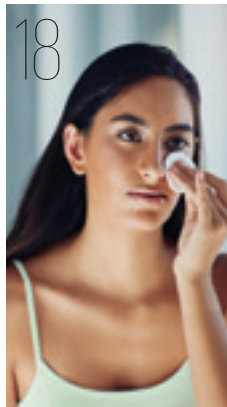
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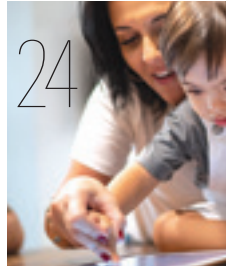
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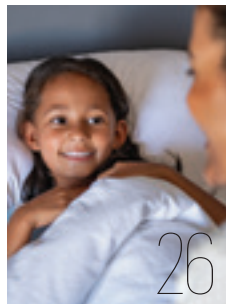
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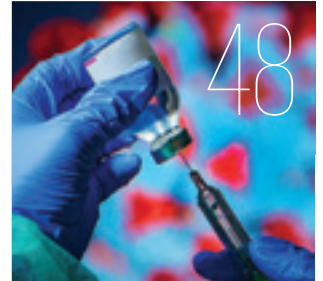
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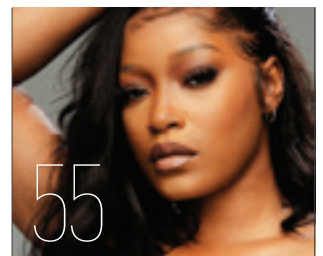
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JOHN RUSSO

ADJUSTING TO THE NEW NORMAL

Message to Our Readers

Visit WebMD.com for everything you need to know about COVID-19

How to tell someone you have COVID-19



PTSD from COVID



Video: Coronavirus In Context



Sore jaws, cracked teeth:
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Do I still **need to wear a mask** if
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Face masks and foggy glasses:
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Sign Up for updates in our
exclusive coronavirus newsletter



SPECIAL REPORT VIDEO: SOCIAL JUSTICE

John Whyte, MD, MPH, speaks one-on-one with **Amir Abdul-Jabbar, MD**, who talks about everything from discrimination in the health care system to the tremendous support he received from his father, NBA legend Kareem Abdul-Jabbar, while on his path to becoming an orthopedic surgeon.



For more, go to www.webmd.com/coronavirus

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SENIOR HEALTH

Age Gracefully

WE'RE LIVING LONGER THAN EVER. A FEW HEALTHY PRACTICES COULD HELP US LIVE BETTER, TOO.



Search for the quiz **Our Bodies as We Age** at [WebMD.com](https://www.webmd.com).

75%

Proportion by which getting a hearing aid reduces the odds of age-related mental decline in older adults with hearing loss.

20% to 30%

Proportion by which exercise might reduce the chance of a fall.

24%

Proportion by which owning a dog can lower the chance of an early death among heart attack and stroke survivors compared with those who live alone.

78.7 YEARS

Average life expectancy of Americans in 2018, a slight increase over the previous year.



LAURA J. DOWNEY
Executive Editor
magazinefeedback@
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IN THE NEWS

Score Big With Social Justice

I'm excited to start the new year with you as the executive editor of *WebMD Magazine*! As a seasoned journalist and wellness enthusiast, I am committed to bringing you the latest trends, research, and technology for wherever you are at in your health journey.

The past few months have been a whirlwind. We had to quickly learn how to adapt to life in the middle of a worldwide pandemic, we witnessed raw footage of racial injustices take place throughout the U.S., and we ran to the polls to cast our votes in one of the most controversial presidential elections ever. Anxiety is high and people are crying out for help.

As a longtime advocate for social justice, our cover star and NBA legend Kareem Abdul-Jabbar writes a first-person piece on the inequalities Black people encounter in the health care system and beyond. Along with his son Amir, an orthopedic surgeon, he's working to fight systemic racism and shares what we can do to join in this valiant effort.

Other poignant features in our Social Justice issue detail the ways institutional racism shuts the door to medical school for African Americans and why it's hard for this group of individuals to get professional help for their mental health issues.

Let's use our voices to stand up against social injustice and come together to be the bright light the world needs to see. — *Laura J. Downey*



CORONAVIRUS UPDATE

89%

Proportion of adults who say they use a face covering to prevent the spread of COVID-19.

SOURCE: CDC

STOP THE VIRUS

SARS-CoV-2, the virus that causes COVID-19, enters the body and then hijacks your cells, where the virus makes copies of itself. There's no cure for it yet. But in lab experiments, researchers found that seven already-approved drugs, including anti-inflammatory and anti-cancer medications, can lock the cells so that the virus can't get in. These could prevent the virus from continuing to make copies of itself and spreading throughout the body. The researchers have recommended that the drugs go into clinical trials to test them as possible treatments for COVID-19.

SOURCE: Cell

CORTISOL CONTROL

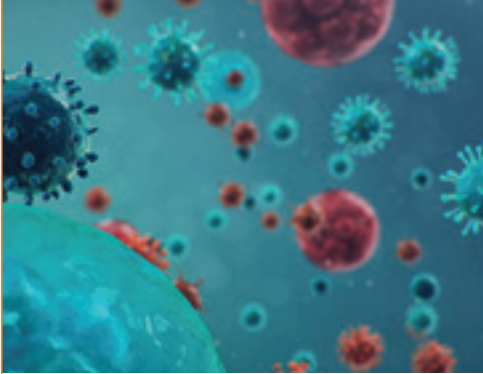
When you're under stress, your body releases a hormone called cortisol to help you fight whatever the threat may be. But too much cortisol from chronic long-term stress can be harmful. High cortisol levels are connected to risk factors for numerous chronic diseases. Excess cortisol may also lead to more severe cases of COVID-19. Among 403 people hospitalized with the new coronavirus, those with the highest cortisol levels on admission to the hospital were the quickest to deteriorate and ultimately die from the illness. The researchers suggest that a baseline cortisol test may help identify people who need extra attention and preventive care when they enter the hospital with COVID-19.

SOURCE: *The Lancet Diabetes & Endocrinology*



GETTY IMAGES; PHOTOGRAPHY; AKINS GRAPHICS; MAKEUP: NISHA CARRUTH LAGANA FOR A GLAMOUR AFFAIR; STYLING: MISAYO HOUSE BIRTHSTONE COLLECTION STUDIOS IN GARNET

CORONAVIRUS UPDATE



TARGETED DEFENSE

In severe cases of COVID-19, the immune system unleashes an all-out attack on the virus and causes severe inflammation throughout the body. This can lead to breathing difficulties, organ failure, and life-threatening blood poisoning called sepsis. New research suggests that giving people who have COVID-19 the childhood measles/mumps/rubella vaccine could prevent this deadly immune response. The vaccine teaches immune cells to mount a more effective, targeted defense against viruses—not only those it vaccinates against. In lab experiments, the vaccine protected against disease-induced sepsis. The vaccine does not protect against COVID-19, but it may prevent the most dangerous consequences of it.

SOURCE: *mBio*

1 IN 4

Number of Americans who are “very confident” they can protect themselves from COVID-19.

SOURCE: Gallup Poll

HIGH REGARD

Marijuana users think the plant has more benefits and fewer risks than it does, according to a survey of 500 Hash Bash attendees. Here’s the real deal: Some evidence suggests cannabis can ease chronic pain, chemotherapy-induced nausea and vomiting, and muscle stiffness in multiple sclerosis. But, it may also raise risk for car crashes, low birthweight babies in women who use it while they’re pregnant, and development of schizophrenia and other mental health conditions.

SOURCE: *American Journal of Health Promotion*



PRETERM PROBLEM

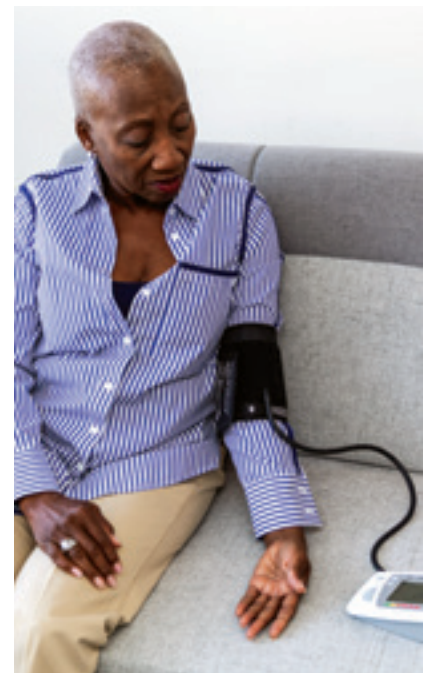
Women who deliver babies before 37 weeks face a higher lifetime risk of heart disease. If you’ve had a baby preterm, talk to your doctor about your individual risk.

SOURCE: *Journal of the American College of Cardiology*

BLACK PEOPLE ARE MORE APT TO DEVELOP HYPERTENSION DUE TO DISCRIMINATION

High blood pressure is more prevalent among African Americans than other groups. New research suggests that it might be a lifetime of discrimination that increases risk for it. Researchers followed 1,845 African Americans between the ages of 21 and 85 for 13 years. At the beginning, none had high blood pressure. Over the next 13 years, half of them developed the condition. In questionnaires and interviews, those who reported the most lifetime experience with discrimination were 50% more likely to develop high blood pressure than their peers.

SOURCE: *Hypertension*



GETTY IMAGES

SHOW THE FLOW

Reduced blood flow is a common symptom of many heart conditions. But, tests that measure it can be invasive, risky, and time-consuming.

Artificial Intelligence (AI) might provide an alternative. Researchers trained



computers to analyze heart scans for signs of low blood flow. The computers reviewed scans from more than 1,000 people and accurately identified signs of poor blood flow and risk for heart attack and stroke. Since doctors can often treat reduced blood flow, when they are aware of it, AI could become a low-risk, noninvasive means to prevent heart attack and stroke.

SOURCE: *Circulation*

GETTY IMAGES



KEEP WORK AT WORK

Clear work-life boundaries—for example, turning off smartphone notifications of work emails after business hours—reduce the chance that you'll feel that your work intrudes in your personal life. This makes you less prone to work-related stress, anxiety, and negative thoughts about your job. Those were the results of a study of 500 full-time teachers.

SOURCE: *Journal of Organizational Behavior*

HAPPY HUSBAND OR WIFE, HEALTHY LIFE

Satisfied spouses have healthier partners who stay sharper over time. Researchers tracked 4,457 retired couples for up to 8 years. At the start of the study, they asked the retirees about their level of optimism. Then they tested the couples' thinking skills every 2 years. Over time, people with more optimistic partners maintained better brain function and were less likely to develop dementia. Optimistic partners, the researchers say, may be more likely to encourage healthy behaviors, like exercise and eating right, that could stave off dementia.

SOURCE: *Journal of Personality*



STOP THE SPREAD OF SADNESS

Children of mothers with long-term depression have a higher risk for behavioral and developmental problems. The longer a mother's depression, the worse those consequences for her children, says a study of 892 moms and their 978 children. Getting help for depression as early as possible, the researchers say, not only helps mom but also improves the outlook for little ones.



SOURCE: *Pediatric and Perinatal Epidemiology*

A PLUS FOR PARKINSON'S

Tiny electrodes implanted in the brain early in Parkinson's slowed the progress of the disease and eliminated the need for multiple medications in a small study that followed 30 people with Parkinson's for five years. Deep-brain stimulation, as the procedure is called, sends electrical pulses to the region of the brain affected by disease. In the study, people received either Parkinson's drugs alone or brain stimulation along with drugs. Those who received both were 15 times less likely to see worsening of their tremor over the five-year period.

SOURCE: *Neurology*

PRICEY PILLS

As the cost of drugs for neurological conditions rises, the odds that people continue to take those drugs go down. New research shows that for each \$50 increase in monthly out-of-pocket drug costs, the chances that people refill their medications for Alzheimer's, Parkinson's, and peripheral neuropathy drop by 9% to 12%.

SOURCE: *Neurology*

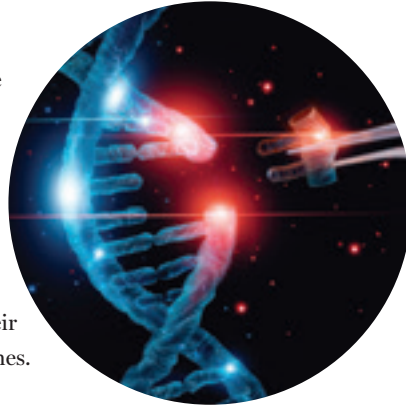


GETTY IMAGES

GENETIC REWRITE

CRISPR technology offers scientists a revolutionary way to edit genes—to remove diseases or add illness-fighting powers. While these genes hold potential to improve human health, it's not clear what they might do inside the body long term. Will they wreak havoc? Will they go back to their disease-prone ways? In an experiment, researchers edited genes in immune cells to help them fight cancer. Once injected into three sick patients, the revised genes maintained their new powers for 9 months—the entire duration of follow-up—and didn't hurt their hosts. This alleviated concerns that patients might reject the genes.

SOURCE: Science



DRINK TO THINK

Light to moderate drinking—up to eight drinks a week for women and 15 for men—could help you hang onto your thinking skills as you age. That was the finding of a study that tracked the drinking habits and brain performance of nearly 20,000 older adults for 10 years.

SOURCE: JAMA

NEARLY 50%

Proportion of adults who will be obese by 2030 in the U.S., according to estimates.

SOURCE: New England Journal of Medicine



POOR ATTENDANCE EQUALS DIFFICULTIES LATER IN LIFE

Kids who often miss school may suffer unexpected consequences as young adults. Researchers followed 648 people from kindergarten through age 23. Those who regularly missed school through eighth grade—about 10 days per year—were less likely to vote, had more financial trouble and fewer educational achievements, and were more likely to already be parents by age 23.

SOURCE: Journal of Youth and Adolescence



THE SKINNY ON GENES

Bummed out about your mail-order DNA test results? Hear this: Your DNA is not your destiny. Researchers drilled down on the link between single-gene mutations and risk for corresponding diseases.

For most of the common diseases they studied, including many cancers, diabetes, and Alzheimer's, they found that genetics explain about 5% to 10% of your risk. Your metabolism, lifestyle, the world around you, and numerous other factors contribute, too. Of course, there are a few exceptions. Genes account for up to 50% of your risk for Crohn's, celiac disease, and macular degeneration.

SOURCE: PLOS One



GETTY IMAGES



MISSED CONNECTIONS

It's not clear why some children develop anxiety and depression. But connections in the brain might play a role. Researchers took brain MRIs of 94 7-year-olds. Those who had stronger connections between the prefrontal cortex and a region of the brain associated with mood were less likely to develop depression and anxiety over the next 4 years. The researchers discovered brain connections that could help predict development of attention problems as well.

SOURCE: *JAMA Psychiatry*

STD RISE

About 20 million new cases of sexually transmitted diseases occur in the U.S. every year. Half are in young people ages 15 to 24.

SOURCE: CDC

FINAL WISHES

A POLST (physician orders for life-sustaining treatments) is a document for people who have serious, life-limiting chronic conditions. It outlines how much care you would like at the end of life if you are unable to speak for yourself.

A recent analysis of the medical records of deceased people who had these documents showed that many may have received life-prolonging treatments that they didn't want. People who have a POLST, the researchers suggest, should have open discussions with their families to help ensure their end-of-life wishes are honored.

SOURCE: *JAMA*



1 IN 5

Number of U.S. adults who wear a fitness tracker or use an app to track physical activity.

SOURCE: Gallup



COST OF CARE

In the last year, 1 in 4 Americans say they or a family member has put off medical care for a serious condition because of the cost.

SOURCE: Gallup

WELL-BEING

Purposeful Life

THE SEARCH FOR MEANING IN LIFE COULD YIELD HEALTH REWARDS



SOME OF US HAVE KNOWN WHAT WE WANT FROM LIFE SINCE ELEMENTARY SCHOOL, while others struggle to find their purpose well into adulthood. Whether your goal is to perfect your golf swing or sit in the Oval Office, having a sense of purpose might improve your overall well-being. A study in *The Journal of Clinical Psychiatry* asked 1,042 people about meaning in their lives. People who believed they had a sense of purpose had better physical and mental health scores than those who didn't. The difference may stem from a positive outlook. Those who always see the silver lining have less stress, and all the harmful effects that come with it. —STEPHANIE WATSON



Search for the slideshow **Essential Screening Tests Every Man Needs** at [WebMD.com](https://www.webmd.com).



MEN'S HEALTH

Check Up as You Age

KEEP TABS ON YOUR PHYSICAL AND MENTAL WELL-BEING, AND KNOW YOUR HEALTH RISKS AS YOU REACH RETIREMENT AGE AND MOVE INTO THE YEARS BEYOND

BY Matt McMillen

REVIEWED BY Michael W. Smith, MD, WebMD Chief Medical Editor

TO LIVE A LONG AND HEALTHY LIFE, it helps to have a plan, to know what you need to do—and how to do it—to avoid disease or significant damage to your health. Len Horovitz, MD, an internal medicine specialist at Lenox Hill Hospital in New York City, recommends you start with annual trips to your doctor.

“I like to see older guys once a year,” Horovitz says.

QUESTIONS FOR YOUR DOCTOR

Q What can I do to get and stay in shape even if I'm confined to my home?

Inside, climb the stairs, find exercise videos on YouTube, or join a gym that offers classes remotely via Skype or Zoom. Exercise is available to everyone.

Q Should I be concerned about sleep?

You need seven to eight hours of good sleep every night. If your bed partner says you snore and you don't feel rested during the day, talk to your doctor about sleep apnea, which troubles sleep by interrupting your breathing.

Q How do I stay inspired to maintain healthy habits?

There's no pill to stay motivated, but it can help to make it a team effort. Get your spouse or partner involved, and you both can inspire each other.

Q How much weight do I need to lose?

You want your body mass index (BMI) below 25. Above that, you're overweight or obese. Set small, reasonable goals, like losing your first 5 pounds, that you can reach easily.

One of the biggest concerns they bring to him: prostate cancer, for which the average age of diagnosis is 66. But the benefits of screening for prostate cancer remain debatable. The disease often grows so slowly that men live perfectly healthy lives despite its presence. Screening, testing, and treatment may cause unnecessary physical and emotional harm, such as urinary incontinence, impotence, and anxiety. On the other hand, prostate cancer can be deadly. It's complicated.

“Have a thorough discussion with your doctor about whether you want to be screened,” Horovitz says. The American Cancer Society recommends that you have this discussion at age 50. Because of their heightened risk, African American men and men whose father or brother had prostate cancer before age 65 should talk to their doctor at age 45. Men with more than one first-degree relative with early prostate cancer should raise the topic at age 40.

Horovitz often reminds his male patients that other cancers also should concern them. The CDC advises men ages 55 to 80 who are current heavy smokers or who quit smoking within the past 15 years to get a low dose CT lung scan each year. Also, men between the ages of 50 and 75 should get tested for colon cancer. How often depends on the type of test your doctor orders for you.

In addition to cancer, Horovitz counsels older men to care for their hearts. For many of them, that means adjusting longtime lifestyle habits, like poor nutrition and lack of exercise. Eating right and working out regularly will help protect you from diabetes, obesity, hypertension, all of which increase the chance of heart disease, Horovitz says.

And, of course, he wants men to remain able to perform in the bedroom. Erectile dysfunction not only makes that more difficult. It also may be a sign of heart disease risk factors like high blood pressure and atherosclerosis, or hardening of the arteries. Don't be shy about talking to your doctor if you have trouble achieving or maintaining an erection.

Finally, Horovitz says, prepare for retirement mentally and emotionally. His best advice: “Have a creative life away from your job, outside of your career, which you can practice after you retire,” he says. “Most men who haven't thought out a plan find themselves in front of the television.”

Health Through the Years

GETTING OLDER HAS SOME HEALTH DOWNSIDES, BUT AWARENESS AND PREVENTION ARE KEY TO MAINTAINING WELLNESS

BY Barbara Brody

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

FOR WOMEN, SEVERAL HEALTH ISSUES THAT MAY CROP UP IN THEIR 60S, 70S, AND BEYOND are directly tied to lack of estrogen. Levels of this hormone take a nosedive at menopause (which usually occurs in the early 50s), and that shift can impact your health for the rest of your life, says Mary Jane Minkin, MD, a clinical professor in the department of obstetrics, gynecology, and reproductive sciences at Yale School of Medicine. Specifically, Minkin says that women become more vulnerable to these four areas of medical concern.

CARDIOVASCULAR DISEASE

Younger women are less likely than their male peers to suffer heart attacks, strokes, and other serious cardiovascular events. But that changes after estrogen declines at menopause, Minkin says. To keep tabs on your heart health, your primary care provider should order regular blood tests to check your cholesterol and triglycerides. Ask your doctor how often you need to be tested; many older adults should be tested annually.

High blood pressure also puts you at risk for cardiovascular disease, as does diabetes and being a smoker. Be sure to regularly review all your risk factors with your doctor to determine if you require medication or additional testing. Meanwhile, be sure to eat a well-balanced diet and get regular exercise to keep your heart healthy, Minkin says.

OSTEOPOROSIS

Official guidelines advise getting a bone density scan at age 65, but Minkin often suggests that patients get screened as early as their 50s—especially if they have a family history of osteoporosis, take steroid

medication (such as for asthma), are very thin, smoke cigarettes, or have more than one alcoholic drink per day. If your bone density is low, it's very important to make sure you're getting adequate calcium (ideally from food), vitamin D (most older people need a supplement), and to make strength-training and weight-bearing exercise part of your routine.


CANCER

The risk of breast cancer goes up after age 50, so older women should work with their doctors to determine a screening schedule that makes sense given their age and personal risk factors. Most senior women should be getting mammograms annually or biennially, at least until their mid-70s. You should also plan to continue with Pap smears until age 65; after that age, most women can stop this test for cervical cancer.

Meanwhile, don't forget about colorectal cancer, Minkin says. You should be screened starting at age 45 or 50 through age 75. Talk to your doctor about whether you should get stool-based testing or a colonoscopy; the latter can often be done just once every 10 years.

UROGENITAL CONDITIONS

Many older women develop vaginal dryness/discomfort, bladder incontinence, and frequent urinary tract infections (UTIs). These may be related to the loss of estrogen at menopause even if you don't notice symptoms until years later, Minkin says. If you have any of these issues, speak up; although they're common, they're not normal and treatments are available.

 Search for the slideshow **Essential Screening Tests Every Woman Needs** at [WebMD.com](https://www.webmd.com).

ASK YOUR DOCTOR

Q Do I need a bone scan?

Depending on your risk factors, you may benefit from getting a baseline bone density test well before age 65. As you age, your doctor might advise getting tested every two years.

Q Should I see a cardiologist?

Your primary care provider can check your cholesterol and blood pressure, but if you're high risk or are having symptoms, you may need to see a specialist for a stress test, EKG, or other tests.

Q Am I up to date on cancer screenings?

Most women should have mammograms every year or two until their mid-70s and regular colon cancer screening (such as a colonoscopy every 10 years) until the same age, but you should review your personal risk factors with your health care provider.



Senior Fitness Savvy

A NEW STUDY SUGGESTS EXERCISE SLOWS AGE-RELATED CHANGES IN YOUR BRAIN. WE ASK EXPERTS FOR TIPS ON HOW TO WORK OUT SAFELY.

BY Kara Mayer Robinson REVIEWED BY Michael W. Smith, MD, CPT, WebMD Chief Medical Editor



STAYING ACTIVE HELPS YOU LIVE A LONGER, HEALTHIER LIFE. Did you know it may also boost your brain health?

A recent study in *Mayo Clinic Proceedings* suggests cardiovascular exercise like walking, jogging, and biking increases your gray matter and brain volume, which studies show can slow cognitive changes associated with aging.

This comes as no surprise to John-Paul H. Rue, MD, an orthopedic and sports medicine specialist at Mercy Medical Center in Baltimore. “It supports what many doctors and sports trainers have long stated,” he says. “In addition to the obvious benefits, like stronger muscles and healthier heart and lung function, there’s now growing evidence of improved cognitive function.”

We asked Rue and Thanu Jey, CSCS, a certified strength and conditioning specialist and director of Yorkville Sports Medicine Clinic in Toronto, how to exercise safely as you age.

DO choose wisely.

Pick activities that are easy on your joints, Jey says. Good choices are brisk walking, biking, swimming, dancing, and water aerobics. Avoid jumping, which puts added impact on your ankle, knee, and hip joints, and increases your risk of falling.

DON'T start without your doctor's OK.

“Check with your doctor before you start any new exercise routine,” Rue says. Your doctor will check your heart and lungs and make sure your new routine is a good fit.

DO use good form.

Focus on form and technique, especially when you start a new activity. “The key to avoiding overuse injuries is to ensure proper form,” Rue says.

DON'T overdo it.

Go slow and easy at first. If you’re walking or biking, start with a short distance or time. If you’re using weights or resistance, use light weights or low resistance. “Once your body gets used to it, gradually build up the intensity or distance,” Rue says.

DO stretch.

Take a few minutes before and after your workout to stretch, Rue says. Stretching keeps you flexible and wards off injuries. Try stretches for your upper body, lower body, neck, and back. Check out an online yoga class.

DON'T forget balance exercises.

As you age, falls are more common. Improving your balance lowers your risk. Try tai chi or yoga. Practice standing on one foot. Try walking heel-to-toe. “Start stability and balance training early so it becomes part of your daily routine,” Jey says.

DO listen to your body.

If you have a cold, the flu, or another illness, hold off on exercise until you feel better. If something hurts, stop. See your doctor if you have shortness of breath, dizziness, chest pain or pressure, trouble balancing, or nausea.

SET YOURSELF UP FOR SUCCESS

GET OFF ON THE RIGHT FOOT WITH THESE BONUS TIPS FROM CERTIFIED STRENGTH AND CONDITIONING SPECIALIST **THANU JEY**.

1. CHOOSE GOOD SHOES

“Look for an athletic shoe with extra grip and flexibility,” Jey says. Arch support and an elevated, cushioned heel are also important.

2. CONSIDER THE ELEMENTS


Be aware of your surroundings so you don’t trip or fall. Dress appropriately for the temperature. If it’s too hot, exercise indoors.

3. STAY HYDRATED

Don’t wait until you’re thirsty. Drink a glass of water before your workout, keep drinking during your workout, and drink up after you’re done.

4. REST UP

Rest helps you perform better and recover faster. If you didn’t get a good night’s sleep, cut back on intensity or skip your workout until tomorrow.

 Search for the slideshow **The Truth About Exercise and Aging** at [WebMD.com](https://www.webmd.com).



CURIOUS ABOUT WHAT GIVES SKIN THAT SILKY, SMOOTH FEEL after you apply some of your favorite makeup and skin-care products? Chances are, it's dimethicone. This silicone-based ingredient is used in a variety of cosmetics—such as primers, creams, lotions, and ointments—that contain emollients to help seal in hydration on the face and body. “It basically keeps your skin from evaporating moisture, protects it from irritants and potentially even [from] other foreign debris microscopically getting into the skin,” says Seemal Desai, MD, a dermatologist in Plano, TX. Consider dimethicone a breathable skin barrier that fills in the blanks, but doesn't block the benefits. It treats dry skin, and delivers moisture without the greasiness. The best part? It's noncomedogenic. Find this wonder, which keeps skin soft and supple without clogging pores, in oil-free products. —KARLA BORDERS POPE

Seal the Deal

LOCK IN MOISTURE WITH DIMETHICONE. THIS SECRET INGREDIENT HYDRATES, SOFTENS, AND PROTECTS SKIN.

Let's Clear Things Up

Search for the article
**Teen Acne: When Should
You See a Doctor?**
at WebMD.com.

WITH SO MANY TEEN ACNE PRODUCTS TO CHOOSE FROM, HOW DO YOU KNOW WHAT'S BEST? LOOK FOR INGREDIENTS BACKED BY SCIENTIFIC STUDIES, SAYS **SUCHISMITA (TIA) PAUL, MD**, A DERMATOLOGIST IN SANTA ANA, CA. HERE ARE HER CLEAR WINNERS.

BY Kara Mayer Robinson **REVIEWED BY** Karyn Grossman, MD, WebMD Medical Reviewer

1. MULTITASKER

**Differin Gel Adapalene Gel 0.1%
Acne Treatment, \$26**

"This topical retinoid increases cell turnover and works great not only for clogged pores and mild acne, but also for any dark spots that remain."

2. WONDER WATER

**Neutrogena Hydro Boost Water Gel
with Hyaluronic Acid for Dry Skin, \$22**

"This oil-free moisturizer is noncomedogenic, so it doesn't clog pores, and delivers instant hydration from hyaluronic acid. It's a great choice if your skin feels dry from your topical retinoid or benzoyl peroxide."

3. IT'S A WASH

**PanOxyl Acne Foaming Wash
Benzoyl Peroxide 10%
Maximum Strength, \$12**

"Benzoyl peroxide helps with acne because it has antimicrobial and anti-inflammatory effects. But use it carefully—benzoyl peroxide can bleach your towels and clothes."

4. FACIAL FAVE

Glytone Mild Gel Cleanser, \$33

"This cleanser contains glycolic acid, an alpha-hydroxy acid that gently exfoliates skin, unclogs pores, and helps with hyperpigmentation."

5. THE ALL-CLEAR

**Clean & Clear Advantage
Acne Spot Treatment, \$11**

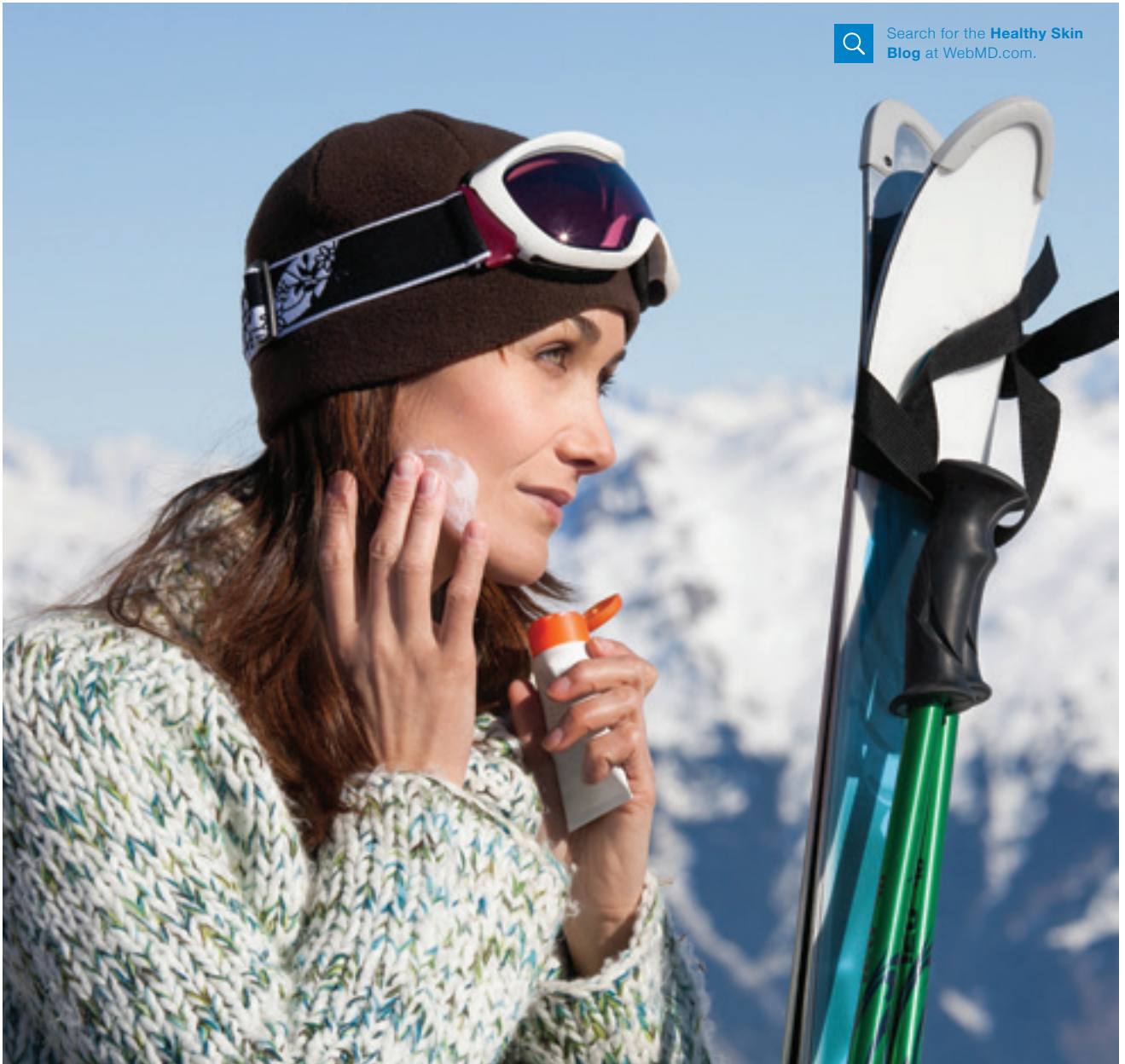
"This spot treatment has 2% salicylic acid, a beta-hydroxy acid that penetrates your skin at a deeper level. It helps treat acne by exfoliating skin and unclogging pores."



THE OPINIONS EXPRESSED IN THIS SECTION ARE OF THE EXPERTS AND ARE NOT THE OPINIONS OF WEBMD. WEBMD DOES NOT ENDORSE ANY SPECIFIC PRODUCT, SERVICE, OR TREATMENT.

PHOTOGRAPHY: ARIANNA TETTAMANZI

Search for the **Healthy Skin Blog** at [WebMD.com](https://www.webmd.com/healthy-skin).



BEAUTY SMARTS

Winter Skin Care Tips

TOP DERMATOLOGISTS SHARE THEIR PERSONAL SECRETS FOR A HEALTHY, SOFT, AND PROTECTED COMPLEXION

BY Liesa Goins

REVIEWED BY Mohiba K. Tareen, MD, WebMD Medical Reviewer

GETTING A PEEK INSIDE A DERMATOLOGIST'S MEDICINE CABINET is like seeing behind the curtain at a magic show. And as the seasons change, the experts rely on essential tricks to keep their skin clear, calm, and glowing because the weather is one of the skin's biggest saboteurs.

"Mother Nature throws our skin so many curveballs," says Laurel Naversen Geraghty, MD, a dermatologist in Medford, OR. "In the fall and winter as the air becomes chilly, the humidity drops, and we crank up the heater and shower temperature, which can leave our skin dry, cracked, itchy, flaky, and sometimes even rashy."

We asked top dermatologists to reveal their insider secrets for transitioning their skin care from fall to winter.

GETTY IMAGES

THE MAGIC OF MOISTURIZER

The transition from fall to winter impacts the temperature and humidity in most places, explains Jeremy Hugh, MD, dermatologist and co-director of medical education at the University of Colorado Department of Dermatology in Denver. “This can affect how dry or moist your skin is, which can in turn, affect many other skin conditions.” This is why he advises switching to a more effective moisturizer, which may be a thicker cream or an ointment, but timing is key. “The best time to apply moisturizer is right after bathing when the skin is still moist,” he says.

Hugh focuses on formulas that keep skin calm. “My favorite moisturizers are typically bland ones that have a low risk of causing contact dermatitis [a skin rash],” he explains. He says options made by Vanicream, Cetaphil, and CeraVe tend to avoid ingredients that can cause irritation, which is important when the skin is stressed during dry winter months.

And just because the temperatures have dropped doesn't mean that sun protection isn't important. Hugh wears a facial moisturizer with at least SPF 30 every day. He prefers physical sunscreens like zinc oxide and titanium dioxide to shield from

ultraviolet rays. When he's going to be outside, he says he'll apply a higher SPF in a formula like Blue Lizard Sensitive Mineral Sunscreen SPF 50+ (\$16).

HAVE HEALTHY HABITS

“My general strategy is to avoid harsh astringents, scrubs, and exfoliants when it is cold and dry, and instead be gentle, moisturize, and use calming agents,” says Carolyn I. Jacob, MD, dermatologist, founder, and medical director of Chicago Cosmetic Surgery and Dermatology in Chicago. She uses PCA SKIN Hyaluronic Acid Boosting Serum (\$115) before applying a moisturizer; tops her retinoid with a moisturizing cream at night for added hydration; and incorporates soothing masks like Sesha Skin Therapy's Calming Mask (\$11) into her routine.

When shopping for skin care, Jacob looks for ingredients like ceramides, dimethicone, and glycerin that help maintain a healthy skin barrier and niacinamide to treat inflammation and irritation. She avoids products with alpha-hydroxy acids above 10%, benzoyl peroxide above 5%, tretinoin [prescription-only Retin-A] above 0.05%, and retinols above 2%.

But keeping a healthy complexion goes beyond the skin for Jacob. “I humidify my bedroom as well as the rest of my house, maintain a diet rich in omega-3s (for moisture as well as other benefits), exercise daily, and sleep 8 hours a night.”

GO GENTLE

“When the temperatures start dropping, I know I'm going to need to compensate with a richer, calming moisturizer,” Geraghty says. As she wears more layers in her wardrobe, she swaps her lightweight lotions with heavier creams like La Roche-Posay Lipikar Balm AP+ Moisturizer For Dry Skin (\$20). “Using a mild cleanser becomes especially important in the winter because many soaps and cleansers can actually strip the skin of its natural moisture barrier,” she explains.

What you avoid can be just as important as what you put on your skin. “I never recommend toners—I just don't consider them necessary for skin health, Geraghty says. “But I especially don't recommend toners in the winter when they can disrupt an especially fragile skin barrier and leave us red and irritated.”

Her advice for finding soothing, effective skin care for winter skin? “Rather than

DIRTY SECRET

“Whenever I'm stressed or bored, I pick at the skin around my nail beds.”



SAFETY SEAL

“The skin around your nails, called the cuticle, keeps out the bad things (think bacteria, fungi, and viruses) and keeps good things such as hydration, water, and lipids in. When you pick at your cuticles, push them back, bite them, or rip them, the nail unit becomes compromised to outside germs.”

NAIL FAIL

“Worst-case scenario, the nail area can be infected with viruses like herpes and warts or bacteria like staph. Although many of these infections can be treated, treatment can take months—or even years. And permanent disfigurement is a real possibility.”

HANDS OFF

“Moisturize nails and cuticles morning, evening, and ideally after each hand wash with a lipid-rich balm like Doctor Rogers RESTORE Healing Balm. Wrapping bandages around the nails that suffer the most can serve as a helpful reminder not to pick. Sometimes just painting the nails can be enough of a reminder. But addressing any related anxiety that may be driving the picking habit is crucial.”

—Chris G. Adigun, MD, dermatologist and nail specialist, Dermatology & Laser Center of Chapel Hill, NC



Search for the quiz [Nail Problems](#)
Solved at [WebMD.com](#).

Beauty

squinting at the ingredients list, I'm more likely to look for keywords on a product label." Geraghty says that products labeled gentle, hydrating, calming, and moisturizing are good options.

You might also have to take a break from some of your more powerful products during colder months. "If I'm reaching for a down or wool coat, that means it's time for me to start using potentially irritating ingredients a little less often," Geraghty explains. She'll reduce her retinoid cream to two or three times a week and trade glycolic acids with vitamin C serums or hyaluronic acid. "Rejuvenation is a long-term game," she says. "It's not worth pushing it and ending up with irritation or a flaky, red rash."

DO A DOUBLE CLEANSE

"I have dry eczema and eyelid dermatitis, which is compounded by a dry environment, forced-air heating, and wind," says Papri Sarkar, MD, dermatologist in Brookline, MA. "I have to baby my skin a bit more in the winter. I usually have a

minimalist routine but I add extra steps to prevent my skin from turning into a red, dry, scaly mess."

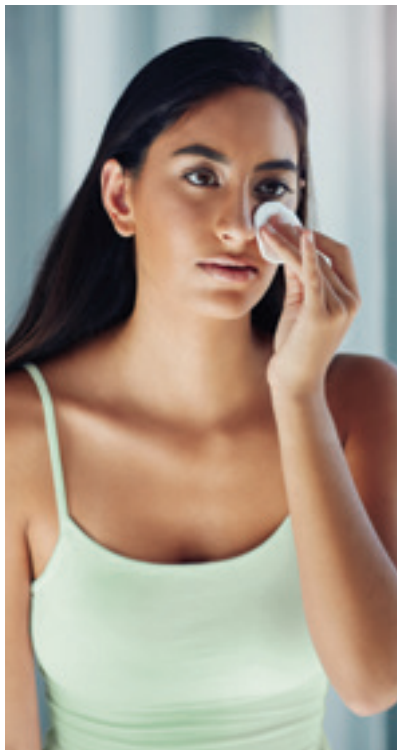
To effectively lift off water-resistant makeup and any product buildup from the day, Sarkar likes to follow a double-cleanse protocol. She starts with an oil cleanser like Caudalie Make-Up Removing Cleansing Oil (\$28) that won't cause dryness. And follows with a gentle cleanser to rinse away the residue. Then while her skin is still damp, she layers on a hydrating toner and seals in the moisture with a face oil or an ointment that prevents hydration from escaping like CeraVe Healing Ointment (\$12). "This helps keep my skin barrier intact and protect the precious moisture that's left in my skin," she explains.

"Preventing dry skin is much easier than treating it," she adds. "Once skin looks dry, it signals that there's already been damage to the skin barrier. When the temperature and humidity drops, change your regimen to prevent dry skin from starting."

THE SCOOP

GO EASY ON THE EYES

LAUREL NAVERSEN GERAGHTY, MD, A DERMATOLOGIST IN MEDFORD, OR, SHARES THESE TIPS FOR REMOVING EYE MAKEUP.



SLEEP SMART

"At the very least, wash your face and remove all eye makeup before going to bed," Geraghty says. "At the end of the day it's a good idea to remove dirt, oil, bacteria, skin-care products, and any makeup that can cause irritation or breakouts. Cleansing will keep your skin healthy."

LOOK AT THE LABEL

When it comes to the eye area, the gentler the better. Geraghty advises looking for formulas that say they are sensitive or gentle. But you may not need a separate remover—she says your gentle all-purpose face wash may do the job.

WATER WORKS

When it comes to wiping away eye makeup, micellar water offers an effective option. Geraghty explains that the micelles grab oil and dirt and are easily wiped away without irritation.

HANDS OFF

"If you're spending more than 30 seconds cleaning around the eyes, that's probably too long," Geraghty says. You want to avoid rubbing and tugging the delicate skin. Her advice is to soak a cotton pad with remover and hold it against the eye for a few seconds so it can break down long-wearing makeup and mascara, eliminating the need to scrub the area.



Search for the video [How to Gently Remove Eye Makeup](#) at [WebMD.com](#).

AISLE DO

KEEP ON HAND

IF YOU WANT TO AVOID THE CHAPPING, CRACKING, AND CHAFING THAT CAN HAPPEN WITH WINTER WEATHER AND FREQUENT HAND-WASHING, TRY THESE TOP PICKS FROM EXPERTS.



PRODUCT PICK

DR. DAN'S CORTIBALM (\$7)

"One trick for very dry, cracked hands and cuticles is to use products marketed for severely chapped lips. The waxy formula [think beeswax] helps seal the product in place so it lasts longer and the 1% hydrocortisone in Dr. Dan's helps reduce inflammation."

Jennifer L. MacGregor, MD, dermatologist, New York City



PRODUCT PICK

DOVE DERMASERIES DRY SKIN RELIEF BODY WASH (\$13)

"When I am working, I have to use antibacterial soaps and hand sanitizers constantly, but when I'm home with my family, I use this fragrance-free gentle cleanser instead to give the skin on my hands a break."

Chris G. Adigun, MD, dermatologist, Chapel Hill, NC



PRODUCT PICK

EUCERIN ADVANCED REPAIR HAND CREAM (\$7)

"This is a nonsticky and richly moisturizing cream with shea butter. The ingredients also include ceramides, which are lipids naturally found in the skin's protective envelope, to help heal and retain moisture. It's also fragrance- and dye-free, which is great for those with sensitive or irritated skin."

Adeline Kikam, DO, dermatologist, McAllen, TX



Search for the slideshow [Winter Skin Hazards](#) at [WebMD.com](#).

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The Skin You're In

WANT TO HELP YOUR SKIN LOOK AND FEEL HEALTHY AS YOU GET OLDER? WE ASK A DERMATOLOGIST ABOUT COMMON CONCERNS AND BEST PRACTICES.

BY Kara Mayer Robinson **REVIEWED BY** Mohiba K. Tareen, MD, WebMD Medical Reviewer

YOUR SKIN CHANGES OVER TIME. As you age, you may notice wrinkles, age spots, and dryness. It may look thinner, take longer to heal, or develop precancerous or cancerous growths. **Erik Soine, MD**, a dermatologist at Soine Dermatology and Aesthetics in Covington, LA, explains common changes and how to help your skin look and feel its best.

Q Why is my skin dry and itchy, and what can I do about it?

SOINE Oil production decreases with age. It may be from sun damage, environment, and diet, but the main culprit is likely a reduction in hormones from menopause or age. To prevent dryness, flaking, itching, or even infections, replace the moisture with good over-the-counter creams like CeraVe or Cetaphil. If it's really flaking, try moisturizer that also helps your skin exfoliate, like AmLactin.

Q Why do I bruise more easily?

SOINE Age-related bruising, or solar purpura, is a culmination of sun exposure and aging that leads to thinning skin. It may also be related to blood thinners like aspirin, which are necessary for heart health for some people. Avoiding trauma is a no-brainer. I also recommend citrus bioflavonoid, an over-the-counter supplement containing vitamin C, as a no-downside herbal remedy that may possibly help.

Q What can I do about age spots and skin tags?

SOINE You can prevent them with sunscreen

and sun avoidance. If you already have them, we recommend procedures like intense pulse light, or IPL, and broadband light, or BBL, to diminish their appearance. High-quality products recommended by your doctor, like over-the-counter retinols and prescription retinoids, can help. Skin tags should always be removed by a professional to avoid the risk of scarring or infection.

Q What can I do for wrinkles?

SOINE Try a high-quality sunscreen in the morning and a retinol or retinoid at night. Products with antioxidants can be the next step, but it's important to get the right ones. Talk to a board-certified dermatologist. Professional help can save you money and be more effective. I see patients fall into the trap of over-the-counter marketing tactics. Before they know it, they've spent way more than they want to, have more products than they know what to do with, and have little results to show for it.

Q How is age linked to skin cancer?

SOINE Most skin cancers are related to sun exposure. There are some exceptions, but in general, the older we get the more time we've spent in the sun, so skin cancers are more common. Getting your skin checked by a board-certified dermatologist once a year, or more if your doctor feels it necessary, is important to catch skin issues early.



Search for the article
**The Effects of Aging
on Skin** at [WebMD.com](https://www.webmd.com).

4 TIPS

DERMATOLOGIST **ERIK SOINE, MD**, SUGGESTS A FEW WAYS YOU CAN SAFEGUARD YOUR SKIN.

1. PROTECT YOURSELF FROM THE SUN

Most problems come from a lifetime of unprotected fun in the sun. Avoid the sun between 10 a.m. and 3 p.m., wear sun-protective clothing, and use sunscreen.

2. CHOOSE THE RIGHT SUNSCREEN

Look for a broad-spectrum sunscreen with an SPF of 30 or higher. It lowers your chance of developing sun-related issues, even if you start using a sunscreen later in life.

3. LUBE UP

Apply a rich moisturizer every day. Apply a prescription retinoid or over-the-counter retinol every night, or every two to three nights if you need a gentler approach.

4. EAT WELL

A healthy, clean diet rich in antioxidants, like fresh fruits, vegetables, nuts, and legumes, and plenty of water are helpful for skin care and overall health.





PARENTING

Up Your Game

FOR SOME DADS, PARENTING JUST COMES NATURALLY: THE WAY YOU HOLD YOUR BABY, LOOK INTO THE CHILD'S EYES AND SMILE, SHOW AFFECTION AND CONCERN. BUT DADS WHO LACK THE INSTINCT CAN STILL LEARN.



Search for the [Parenting and Children's Health Newsletter](#) at [WebMD.com](#).

RESEARCHERS ASKED EXPECTANT DADS to interact with a newborn-sized doll as if it were their new baby. They rated the fathers-to-be on their parenting skills. Did they hold the baby properly? Speak warmly? Show affection? Some months later, the new fathers met a different researcher, who observed them playing with their own babies. Those who had done best with the dolls also had the most skill with real babies. But, the researchers say, parenting isn't intuitive for everyone. New parents can learn and get better at giving their baby all the love and warmth the child needs. —SONYA COLLINS

Bumpy Slumber

WHY PREGNANCY MAKES IT SO HARD TO GET THE REST YOU NEED

BY Stephanie Watson

REVIEWED BY Nivin C.S. Todd, WebMD Medical Reviewer

WHETHER YOU'RE IN YOUR FIRST TRIMESTER OR YOUR THIRD, you know what's coming: Countless sleepless nights attending to the needs of your new baby. You want to enter motherhood well-rested, but how can you sleep when your bladder announces its presence at all hours of the night and your legs twitch and cramp?

Sleep is always important but even more so when you're slumbering for two. "Over the last decade, we've learned so much about how poor sleep affects outcomes, and it's not just maternal outcomes, it's outcomes to the baby as well," says Louise O'Brien, PhD, associate professor in the Division of Sleep Medicine and the Department of Obstetrics and Gynecology at the University of Michigan. "Women who sleep less than 6 hours a night have a higher risk for high blood pressure, gestational diabetes, possible growth problems with the baby, and preterm delivery."

A major cause of these issues is sleep-disordered breathing—disturbances like snoring and sleep apnea that happen in up to one-third of pregnancies. "It's important to be aware if you're snoring, especially if you're snoring frequently or loudly," O'Brien says. "Another big red flag for sleep apnea is waking up gasping for air." These are all signs of a potential sleep disorder.

If your apnea is severe, your doctor may

recommend a CPAP machine, which gently blows air into your airways to keep them open while you sleep. For mild apnea, sleeping on your side may be enough to solve the problem.

Speaking of sleeping positions, your side is best once you get into your third trimester. "Blood vessels that run from your lower body to your heart to get oxygen—and eventually take blood to the placenta—can get squished if you're lying on your back, and therefore there is less blood going to the baby," O'Brien says. Place a pillow behind you to help prevent rolling onto your back while you sleep.

Another problem that plagues up to a third of pregnant women is restless legs syndrome—an uncontrollable twitchy, crawly feeling in your legs that's sometimes intense enough to keep you awake. "The advice we tend to give includes stretching and massaging the legs, taking a warm bath, or getting regular exercise," O'Brien says.

"Try to stay away from medications [for restless legs syndrome] unless it's really unbearable, because we don't know what effects medications will have on the baby."

Doctors also don't recommend drugs to treat insomnia, which is trouble falling asleep or staying asleep. O'Brien suggests practices like yoga, mindfulness meditation, and cognitive behavioral therapy instead.

Search for the article
Comfort Tips for Sleeping
at WebMD.com.

4 TIPS

LOUISE O'BRIEN, PhD, OFFERS TIPS TO HELP YOU GET MORE SLEEP DURING PREGNANCY.

1. ADOPT A ROUTINE
Go to bed at the same time every night and get up at the same time each morning to give yourself at least 7 or 8 hours of rest.

2. OPTIMIZE YOUR BEDROOM
Keep it calm, cool, and quiet. Leave electronics in another room.

3. CHILL OUT
Have some wind-down time an hour before bed. Take a warm bath, listen to music, or read a book.

4. TAKE A NAP
Keep it short—less than 30 minutes—and do it early in the day so you don't steal time from your nightly sleep.





Search for the article
**Toddlers and TV: How
Much Is Too Much?**
at WebMD.com.



BABY

Show Time?

IF SCREEN TIME ALTERS TODDLER BRAIN DEVELOPMENT, AS A RECENT STUDY SUGGESTS, HOW SHOULD PARENTS NAVIGATE THIS SCREEN-HEAVY WORLD?

BY Erin O'Donnell

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

MOST PARENTS KNOW THE DRILL: Unlimited screen time is a no-go for babies and toddlers. Guidance from the American Academy of Pediatrics recommends that babies be screen-free until 18 months of age (although it gives the green light to video chats with loved ones). Between 18 months and 5 years, the guidelines state, toddlers should be limited to no more than an hour a day of viewing quality content alongside parents.

Too much time peering at phones or tablets might alter the way a toddler's brain develops. A small 2019 study looked at MRI brain images of children 3 to 5 years old and found that those who spent more than an hour a day on screens showed less robust development in areas of the brain related to language, self-regulation, and literacy skills than toddlers who watched less. The study did not explore why this might occur.

But that's complicated news for parents trying to juggle work responsibilities and child care at home in the COVID-19 era, given the temptation to use screens to occupy little ones. "I am not convinced that no screen time is the answer," says Reshma Naidoo, PhD, director of cognitive neuroscience at Nicklaus Children's Hospital in Miami. But she urges parents to think of screens as a learning tool instead of a babysitter, and to use them in small, strategic bursts of, say, 15 minutes instead of letting shows run uninterrupted.

Screen time is best when "used as interactive time, where there's

3 TIPS

BASED ON HER WORK WITH PATIENTS AND HER OWN EXPERIENCE AS A PARENT, NEUROPSYCHOLOGIST **RESHMA NAIDOO, PhD**, OFFERS THIS ADVICE FOR NAVIGATING SCREEN TIME WITH LITTLE ONES.

1. GET RID OF THE GUILT

Don't beat yourself up for exposing your child to screens. Instead, Naidoo recommends moderation—and thoughtfulness about the content the child views. "I'd like parents to ask, 'What is my child getting out of this program?'"

2. SCHEDULE YOUR DAY

Naidoo is sympathetic to parents trying to work from home with their toddler at home too. She recommends making a daily schedule that you cycle through, which limits screen time to periodic 15-minute increments followed by nonscreen activities.

3. BE STRATEGIC

Transitioning away after screen time can be frustrating for toddlers. Agree on a good stopping spot, so you're not powering down in the middle of your child's favorite scene. Offer a 5-minute warning, Naidoo says, and show big enthusiasm for the next activity, to win your toddler over.

a lot of engagement," she says. "Think of the very infectious and contagious "Baby Shark" song. If you're doing the song and dance with the child, and you identify all the family members, it becomes a tool to teach." Naidoo is also a fan of *Sesame Street*, which can help toddlers learn their letters and numbers. She suggests that parents visit PBSkids.org, which gives them the option of playing individual segments that focus on letters and numbers, instead of showing the whole hour at once. Talk about what your child is seeing on the screen.

Naidoo also likes that families are using regular video calls to connect toddlers with far-away relatives in the pandemic. Those calls are ideal screen time because they're so interactive. "Although it's two dimensional, there's a relationship and an emotional component to it," she says. "The baby makes a noise, or the toddler says a word, and the people on the screen answer back. Programs can't do that yet."

Work and Play

THE RELATIONSHIPS YOU BUILD WITH YOUR CHILDREN THROUGH PLAY AND CAREGIVING WILL HAVE A LIFELONG IMPACT. BE READY TO GIVE THEM WHAT THEY NEED IN ANY GIVEN MOMENT.

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor



PLAY OFTEN COMES MORE NATURALLY to dads than the more mundane tasks of child care, such as changing diapers, feeding, and putting children to bed. That works out great on your days off from work, when your time has less structure and there's more opportunity to horse around. In fact, that kind of activity, whether it's making a puzzle, playing sports, or simply roughhousing on the living room floor, helps children bond with their fathers.

But don't choose play to the exclusion of caregiving duties. On workdays, when busy schedules allow little unstructured time, make it your job to change that diaper and to guide your squirming toddler's little arms and legs into the day's outfit.

As psychologist Geoffrey L. Brown, PhD, has found, developing the strongest father-child bond requires that you put your child's needs ahead of what you may want. That means, according to Brown's research, prioritizing caregiving on workdays and play on days off.

"I encourage fathers to play with their kids as much as they can," says Brown, an assistant professor in the University of Georgia's Department of Human Development and Family Science, "but the men most likely to develop strong, secure relationships with their children are men who are able to adjust their parenting behavior and their involvement to what's needed at a particular time."

Doing so will help model for your child the essential components of relationships, such as trust and emotional support. And the earlier you begin to do this—the more you put their needs ahead of your own—the better their relationships likely will be throughout their lives. They'll be more sociable, have more friendships, and feel more confident with others and with the world at large.

"They will come to know and understand that their father is going to be there for them when they're stressed or feel threatened," Brown says. "That helps the child see themselves in a more positive light, but it also helps them form relationships with other people."

And, Brown says, when your child benefits, you benefit as well.

"If you're a father of a young child and that child wants to be near you, if they go to you when they're upset, if they get comfort from you, that's incredibly rewarding," Brown says. "That will make you want to engage even more in the kind of behavior that led to that. It will make you want to be a father even more."



Search for the **Parenting and Children's Health Newsletter** at WebMD.com.

4 TIPS

1. START RIGHT AWAY Your relationship with your child will form in infancy and early childhood, so begin to develop those bonds right at the beginning through both care and play.

2. BE PRESENT When you spend time with your child, make that your focus. Put down your phone and limit multitasking as much as you can in order to make your child the priority.

3. MAKE IT COUNT The quality of your time together means more to your child than the quantity. Make eye contact and show them you enjoy being with them. That will help build and enhance your relationship.


4. PAY ATTENTION Learn your child's cues and respond in ways that are warm, prompt, and appropriate to their needs. That may mean a bottle or a diaper change or rough-and-tumble romp in the backyard.



Storytime

THE WAY YOU TELL STORIES WITH YOUR CHILDREN COULD GIVE THEM THE SKILLS THEY NEED TO GET THROUGH HARD TIMES

BY Sonya Collins REVIEWED BY Arefa Cassoobhoy, MD, MPH, WebMD Senior Medical Editor

 Search for the slideshow **Kids Stressed Out? How to Get Relief** at [WebMD.com](https://www.webmd.com).

IN TIMES OF GREAT STRESS, STORIES KEEP CHILDREN AFLOAT.

“Family stories—those about family history or about things you’ve shared together—make us closer, help us understand how the world works, and help us cope,” says Robyn Fivush, PhD, director of the Family Narratives Lab at Emory University in Atlanta.

Fivush and her colleagues listened to 40 sets of parents recount two stories for their children—one positive and one negative—about experiences the whole family had shared. The anecdotes, for example, might be about “the time we went to Disney World” and “the time dad’s wallet was stolen.” The researchers then analyzed the parents’ storytelling styles.

Two years later, the parents and children completed questionnaires about the children’s self-esteem and well-being. Children in families that told more detailed, coherent, and emotionally expressive stories had more self-esteem and social skills, higher quality friendships, and less anxiety and stress. These children had also coped with life over the

previous two years better than others.

Tales about negative emotions can teach kids to understand and regulate those feelings. When you tell a story that includes, for example, your child throwing a tantrum, you can ask, “What made you so angry?”

“Children need to learn the language of talking about their emotions,” Fivush says.

Parents can use these narratives to talk about better responses to big emotions as well. “You might ask the child, ‘What could you do instead? Could you take some deep breaths next time?’” Fivush suggests.

Retellings of shared, positive experiences play an important role, too. “They keep us bonded to the people we love,” Fivush explains. “They remind your children that you loved them in the past, you love them now, and you’ll love them in the future.”

4 TIPS

PSYCHOLOGIST **ROBYN FIVUSH, PhD**, OFFERS THESE TIPS FOR TELLING THE KINDS OF STORIES THAT HELP CHILDREN DEVELOP COPING SKILLS.

1. USE DETAILS

Tell stories that paint a picture. “You were wearing your red rain boots.”

2. INCLUDE EVERYONE

Describe the feelings of all the players in the story, especially the parents.

3. ASK WHY

Don’t leave your child hanging with her emotions. It’s not, “I’ve never seen you so angry. The End.” Ask why she was so angry.

4. KEEP IT GOING

Ask open-ended questions that encourage discussion.

Spotting Depression

PARENTS, WOULD YOU KNOW IF YOUR TEEN IS DEPRESSED AND NEEDS HELP?

BY Barbara Brody **REVIEWED BY** Hansa Bhargava, MD, WebMD Senior Medical Editor

ABOUT 13% OF 12- TO 17-YEAR-OLDS IN THE U.S. have at least one episode of major depression each year. Would you know if your teen was among them?

While a recent poll from Michigan Medicine C.S. Mott Children's Hospital found that most parents believed they would, some weren't so sure. What's more, even those who felt confident in their ability to spot depression might have trouble distinguishing between clinical depression and typical teenage moodiness, the authors warned.

Sorting it out might be even harder now, as the stress of the pandemic has the entire country on edge, says Barbara Nosal, PhD, LMFT, chief clinical officer of Newport Healthcare, a network of mental health treatment centers for teens and young adults. The key, she explains, is to keep a lookout for significant shifts in behavior and attitude that last more than two weeks.

Red Flags

One major warning sign, Nosal says, is avoidance of activities involving peers. "Teens often don't want to do things with their family," so if they don't want to hang out with you most of the time that's fairly normal, she explains. Lack of interest in their usual social group is much more reason to be alarmed.

A teen who is no longer motivated to do activities they used to love—practicing an instrument or playing sports, for instance—might also be depressed.

Overwhelming fatigue is another common symptom. Teens tend to stay up late and sleep in when they can, but if your child is exhausted throughout the day and seems to have no desire to engage in anything, you should consider the possibility that they might be depressed. A teen who seems very angry all the time might similarly be struggling with depression.

Next Steps

If you think your teen might be depressed, ask him or her about it in a gentle way that makes it clear your goal is to support them. Nosal advises finding a quiet time to talk one-on-one and then gently inquiring about the changes that you've noticed. "Don't be too intrusive. Just say, 'I've been noticing this change and I'm wondering what that's about,'" she says, noting that you might have to have a series of conversations along these lines. "Teens may not open up to parents right away."

Nosal also advises listening more than talking, and trying not to interrupt. "If your teen isn't willing to share much, just say, 'I love you, I'm here to support you, and I'm ready whenever you want to talk,'" she suggests.

If your teen admits to feeling depressed, don't try to fix the underlying problem or dismiss feelings. Instead, Nosal recommends asking him or her to tell you what would help the most, including asking if talking to a therapist is an option.

 Search for the article **Teen Depression: Symptoms and Tips for Parents** at [WebMD.com](https://www.webmd.com).

3 MYTHS

PARENTS, DON'T FALL FOR THESE COMMON MISCONCEPTIONS, SAYS **BARBARA NOSAL, PhD.**

MYTH: ALL TEENS ARE DEPRESSED.

Many teens are moody and sad on occasion, but the majority do not become clinically depressed.

MYTH: MY CHILD CAN'T BE DEPRESSED; THEY HAVE A GREAT LIFE!

Parents often don't understand why a minor who has been well-provided for would be complaining of such anguish, Nosal says. "Depression can be a result of external circumstances, but it's also about what you're feeling inside," she says.

MYTH: I CAN TALK THEM OUT OF BEING DEPRESSED.

Someone won't snap out of depression because you told them to look on the bright side, Nosal says. In many cases, some professional help will be required.

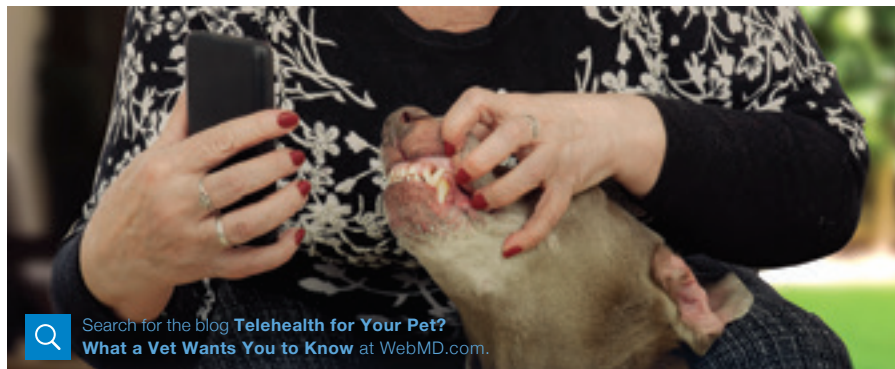


GETTY IMAGES

Digital Diagnosis

VETERINARIANS ARE TURNING TO VIRTUAL APPOINTMENTS TO TREAT FOUR-LEGGED PATIENTS

BY Jodi Helmer **REVIEWED BY** Will Draper, DVM, WebMD Medical Reviewer



Search for the blog [Telehealth for Your Pet?](#)
What a Vet Wants You to Know at [WebMD.com](#).

DOES YOUR DOG NEED A REFILL ON HIS FLEA AND TICK MEDICATION? Think your cat might be packing on a few extra pounds? Skip a trip to the vet and request a virtual appointment.

A growing number of veterinarians are practicing telemedicine. The virtual visits can range from instant messaging to live video conferences, according to Lori M. Teller, DVM, clinical associate professor of telehealth at Texas A&M University.

Demand spiked during the global health pandemic. Almost 40% of veterinary clinics started scheduling virtual appointments as a result of COVID-19, according to a survey conducted by Independent Vets.

“Veterinary telemedicine has been slow to take off, but COVID-19 hit and vets realized it could help in patient care,” Teller says. “It doesn’t replace going to see your vet, but it is a huge benefit to augment what happens between regular visits.”

Virtual visits are ideal for nonurgent issues like medication refills, post-operation follow-ups, or questions about diet or training. Video calls allow your veterinarians to watch a pet limping, see a skin lesion, or assess a suture site without the added stress of loading your pet into the car and driving to the vet clinic.

While it can be convenient, Teller cautions that telemedicine is not a replacement for regular vet visits, especially when it comes to serious injuries or illnesses, but it can provide much-needed peace of mind when your pet exhibits worrying symptoms.

“When we notice a symptom in our pets, we immediately turn to Dr. Google,” Teller says. “It’s hard to judge if you’re getting good information from the internet, but if you know you can go online and communicate with your veterinarian ... you’re more likely to get appropriate information specific to your pet.”

4 QUESTIONS FOR YOUR VET

Q Do you offer telemedicine?

Not all veterinarians offer the service. If you want a vet who accommodates virtual visits, you may have to schedule an office visit first. “Some states require that you establish a veterinary-client-patient relationship with an in-office exam,” Teller says.

Q When are appointments available?

Unlike traditional appointments that can be scheduled during clinic hours, Teller notes that most veterinarians are only available for telemedicine appointments during specific windows of time.

Q How can I prepare?

You might need to download software for a secure video conference or know how to use a platform like Zoom in advance of the appointment. Keeping your pet nearby so the vet can “examine” them on-screen is also a good idea, Teller says.

Q What cannot be treated via telemedicine?

Teller notes that pets that are bleeding, struggling to breathe, or have been injured require immediate care. Skip the video conference and head straight to the clinic.



BLACK
LIVES
MATTER.

OUR LIVES ARE
AT RISK. THE
HEALTH CARE
SYSTEM—AND
EVERYDAY
INDIVIDUALS—
HAVE TO DO A
BETTER JOB TO
PROTECT US.



BY KAREEM ABDUL-JABBAR

REVIEWED BY HANSA BHARGAVA, MD,
WEBMD SENIOR MEDICAL EDITOR

My life is at risk. Not just because I'm 73 with the usual annoying aches and pains that accompany age, but because I'm tall and I'm Black. At 7 feet, 2 inches, I'm statistically more prone to blood clots, lower back and hip problems, higher risk of cancer, especially prostate cancer, atrial fibrillation (a heart rhythm disorder), and a shorter life span in general. Being Black means I'm more likely to suffer from diabetes, heart problems, obesity, cancer, and a shorter life in general. Yup, tall people and Black people have shorter life expectancies. So far, in keeping with these statistical risks, I've had prostate cancer, leukemia, and heart bypass surgery.

I've been fortunate because my celebrity has brought me enough financial security to receive excellent medical attention. No one wants an NBA legend dying on their watch. Imagine the Yelp reviews. I'm also lucky that one of my sons is an orthopedic surgeon and another is a hospital administrator. Dad gets to nag them for medical advice whenever he wants. But while I'm grateful for my advantages, I'm acutely aware that many others in the Black community do not have the same options and that it is my responsibility to join with those fighting to change that.

Because Black lives are at risk. Serious risk.

Not just from the diabetes, heart problems, obesity, and cancer that we as a group are prone to, but from a wide spectrum of health threats built into the foundation of American society as solidly as steel girders holding up a bridge. Most people know this is true, though some will deny it because they fear removing those rusty girders will cause the whole bridge to collapse. The truth is that those girders are already malignant with rust and will eventually collapse if we don't address the underlying rot of systemic racism. San Francisco's Golden Gate Bridge has 200 ironworkers, electricians, and painters who daily maintain the bridge's integrity. If we want America to maintain its cultural integrity, we need to fix its structural flaws—and we need to do so on a daily basis.

There are a lot of groups addressing these rusty fissures, including the National

Association for the Advancement of Colored People (NAACP), the American Civil Liberties Union (ACLU), National Urban League, Southern Christian Leadership Conference (SCLC), and others. People who may not be familiar with the wonderful work of those organizations at least know about Black Lives Matter (BLM), which is less a traditional organization and more a movement of loosely affiliated activists across the country united by the credo that is their name. The backlash in which white people proclaimed All Lives Matter clearly had no understanding of the issue. Blacks weren't saying that Black lives mattered more, they were emphasizing that, the way the system works now, Black Lives Matter ... Less.

BLM started organizing in 2013 to protest police violence. But by 2020, after a series of police killings of unarmed Blacks that culminated with the suffocation of George Floyd, BLM had grown into the largest protest movement in the history of the United States. Between May 24 and August 22, there were more than 10,600 demonstrations. An estimated 15 million to 26 million people in the U.S. participated in protests following Floyd's death. A June 2020 Pew Research Center poll showed that, although the majority of American public opinion was negative toward Black Lives Matter in 2018, a majority now supported them. Seems like progress.

But police brutality is merely the most dramatic and violent attack on the lives of African Americans. It's a TV camera-ready

symbol of their status in America as negligible and disposable. Unruly children to be punished for their impertinence, regardless of how justified their outcry. However, the more insidious and damaging threat to the health, lives, and economic well-being of Black Americans is a health care system that ignores the fact that, though they are most in need of medical services, they actually receive the lowest level. As Dayna Bowen Matthew, author of *Just Medicine: A Cure for Racial Inequality in American Health Care*, states in a Brookings Institution article: "What we politely call a 'health disparity' is killing people of color daily. It is causing people of color to live sicker and die quicker, because of the color of their skin."

The COVID-19 pandemic has highlighted just how malignant the system is. The virus has hit the African American community at a much higher and more devastating rate than it has the white community. At the same time, they receive a lower standard of care. The death rate for Blacks is 3.6 times higher than for whites. But in predominantly Black counties, the infection rate is three times higher and the death rate is six times higher than in predominantly white counties. Other marginalized people of color are also suffering: nationally, hospitalization rates are five times higher for Native Americans and African Americans and four times higher for Latinx. A Centers for Disease Control and Prevention (CDC) report released August 14, 2020, concluded that





LEFT IN 1967, ABDUL-JABBAR (FRONT ROW, FAR RIGHT) JOINED OTHER TOP ATHLETES AT THE CLEVELAND SUMMIT TO SHOW SUPPORT FOR MUHAMMAD ALI'S CONSCIENTIOUS OBJECTION TO SERVE IN THE VIETNAM WAR

CENTER ABDUL-JABBAR GIVES FREE BOOKS TO CHILDREN AT CAMP SKYHOOK, A PROGRAM HE STARTED IN 2009

ABOVE RIGHT (L TO R) FORMER FIRST LADY MICHELLE OBAMA, ABDUL-JABBAR, AND FORMER PRESIDENT BARACK OBAMA

BELOW IN 2016, ABDUL-JABBAR RECEIVED THE PRESIDENTIAL MEDAL OF FREEDOM, THE NATION'S HIGHEST CIVILIAN HONOR, FROM PRESIDENT BARACK OBAMA



in 79 hot spot counties in the U.S. that had information about race, 96.2% showed racial disparity in COVID-19 cases.

Why are Blacks in general more vulnerable to relentless pandemics? One reason is underlying health conditions. But that can be misleading, because the causes of some of those conditions are the poverty created by systemic racism that results in subpar education compared with whites. Having lesser education, and less financial resources, means less opportunity to compete for higher education, which means less opportunity for better paying jobs. Even those who manage to claw their way through these substantial obstacles and enter the job market with higher degrees face hiring discrimination based on race. *The Harvard Business Review* stated that an examination of 21 studies concluded that, due to racial stereotyping and unconscious biases, “hiring discrimination against Blacks hasn’t declined in 25 years.” The result is that African Americans are not only twice as likely to be unemployed, but even when employed they earn almost 25% less. To counter this, Black job applicants have taken to “whitening” their names and omitting ethnic information in order to get job interviews. Sadly, this has been effective. In a study published by Harvard Business School, 25% of Blacks using a whitened name on an application received a callback, compared to 10% who didn’t.

Another health factor caused by poverty is obesity. African Americans have the highest rate of obesity in the U.S., which contributes heavily to why Blacks are more prone to high blood pressure, strokes, diabetes, and heart disease. All of which figures into why Blacks have the highest death rates of any racial and ethnic group in America. Some of this can be attributed to genetics, but the larger cause is reduced access to healthy foods because grocery store chains are less prevalent in poorer neighborhoods, so they have to pay more money for lower quality foods. “National and regional supermarkets are typically full-service, with an extensive variety and assortment of food at competitive prices. Some even have pharmacies or minute clinics,” explained Anne Palmer, director of the Food Communities and Public Health program at the Johns Hopkins Center for a Livable Future, to CNN Business. “By bypassing Black or low-income communities, they exacerbated the problem of easy access to healthy food.” Fast foods are a cheap source of food, but a steady diet plays havoc with one’s health, especially in terms of obesity.

The problem with pulling any single thread—COVID-19, health risks, job opportunities—is that each thread is a single strand in a giant quilt that smothers the Black community. One thread leads to another, to another, to another—each forming an interlinking pattern that seems impenetrable and unassailable. A police officer crushing the windpipe of an unarmed Black man is related to not valuing Blacks, which is related to stereotypes about Blacks, which is related to how they are portrayed (or not portrayed) in media, which is related to not having educational opportunities, which is related to ... and on and on.

It’s hard to feel valuable to a society that doesn’t value your health or life. And yet, one of the reasons Blacks are contracting and dying from COVID-19 at higher rates is because they work at what the government has defined as essential jobs more than any other ethnic group: 37.7% Black versus 26.9% white. In health care and social assistance industries, the rate is even higher. So, they’re both essential, yet disposable, like protective gloves. The mistake is to think we can fix any one aspect of racism without fixing the others. That’s like having four flat tires and only fixing one. Education, the criminal justice system, the health care industry, the job market, low-income housing—these are all rungs in a ladder that must be solid enough to lift everyone up. Ending racism, like the



“Education, the criminal justice system, the health care industry, the job market, low-income housing—these are all rungs in a ladder that must be solid enough to lift everyone up.”

—Kareem Abdul-Jabbar

ABDUL-JABBAR WAS A FORCE TO BE RECKONED WITH. AS A MEMBER OF THE LOS ANGELES LAKERS, HE SHOWED OFF HIS SKYHOOK TO JAMES EDWARDS OF THE PHOENIX SUNS AT THIS GAME IN 1988



PHOTOGRAPHY: ANDREW D. BERNSTEIN / NBAE VIA GETTY IMAGES

Golden Gate Bridge, requires daily maintenance. Studies have shown that Black students do better in school when they have at least one Black teacher, that juries are more thorough and fair when they are diverse, and that Black babies survive more often under the care of Black doctors than white, regardless of the mother's income. More Black teachers, jurors, and doctors—that's our daily maintenance. Athletes kneeling during the national anthem, social media banning hate posts, politicians and celebrities condemning racist speech, police not profiling based on race, companies committing to financially supporting organizations fighting racism—that's our daily maintenance. And not just for the next few months until the public relations spotlight has dimmed, but until the country proves through legislation and public behavior that it actually believes in liberty and justice for all.

It's one of the reasons I chose to become the UCLA Health Ambassador. I wanted to reach out to the Black community to make sure they were receiving the medical and health information that could save their lives, just as it had saved mine. The health challenges that are endemic to our community can be effectively addressed if people know they have a place to go that will help them. UCLA's Precision Health program is a new approach to treatment that targets care based on an individual's profile of genes, environment, and lifestyle. When I was diagnosed in 2008 with leukemia, precision medicine was used to focus on the genetic mutation driving my disease.

It's also why I'm so proud of my son Amir, who chose to become a surgeon in an effort to help the Black community. He knew that Black men have the lowest life expectancy of any demographic group, living an average of 4.5 years less than white men. Part of the reason is that Black people have a reasonable trust issue with the medical profession dating back to the Tuskegee Experiment in which Black men were told they were being treated for syphilis, only to find out they weren't so the government could secretly study the progression of the disease. A recent National Bureau of Economic Research study in the *Harvard Business Review* showed that Black men received more effective care when they had a Black doctor as opposed to a white doctor. As a Black doctor, Amir provides medical treatment for those who might otherwise be reluctant to seek it and, according to the study, provides more effective care. He also serves as a role model for Black children who might want to seek a career in science or medicine.

But even with all of the positive efforts my son and others might be making, the sad truth is, I could have written this article 50 years ago. It's as if the Black community is trapped in *Groundhog Day* in which every day we fight racism, prove it exists, see gains, and then wake up the next day to all the same obstacles. In the movie, Bill Murray escaped the cycle by becoming selfless, caring more about others' needs than his greedy desires. That's how America will escape this self-destructive behavior. The future of equity for Black Americans starts with physical and mental health, and as long as they are at the end of the line for services, true equity can't happen. Black lives have to matter in every aspect of American society if they are to thrive.





**WHERE
ARE
ALL THE
BLACK
DOCTORS?**

African Americans who want to be treated by those who understand their unique cultural norms and nuances are limited in those choices. [Here's a look into why.](#)

BY WENDY L. WILSON REVIEWED BY HANSA BHARGAVA, MD, WEBMD SENIOR MEDICAL EDITOR

The rise of the Black Lives Matter social justice movement throughout 2020 caused quite an uproar in America and beyond. Protests and demonstrations about police misconduct led to even deeper discussions about the institutional racism and the lack of diversity in various industries, while the global pandemic magnified deep inequities within various levels of this country's health care system. It was a clear reminder that certain lives are not equitable to others. In the midst of it all, an issue, which has been ever-present within the Black community, was brought to the forefront: Where are all the Black doctors?

CREATING PROGRAMS IN MEDICINE FOR BLACK STUDENTS

Since schools in the Black community are still playing catch-up to the STEM (science, technology, engineering, and math) education emphasis that gained steam a decade ago, they are not properly able to support students going into the field of medicine. Black or African American applicants constituted only 8.4% of the U.S. medical school applicant pool compared with 46.8% of white applicants, according to the report "Diversity In Medicine: Fact and Figures 2019" from the Association of American Medical Colleges (AAMC) and the American Medical Association's (AMA). To see a substantial change, David Acosta, MD, the AAMC's chief diversity and inclusion officer, says the pathway to becoming a doctor starts by creating a pipeline of programs that specifically encourage and prepare underserved Black students to see medicine as a tangible and viable career option.

"We found that when you look at the growth of the applicant pool of African Americans going to medical school, it only grew by about 1.2% over the last 30 years," Acosta says of a study conducted by the AAMC and the National Medical Association. "When you look at the initial numbers and where they are today, you'll see that we haven't really budged very much."

Looking past the data, Acosta admits there is one mighty force at hand that has prevented African American students from applying to medical school and making the nearly decadelong commitment to their education.

"It really comes down to structural racism—a racism that has been embedded into our educational system, but also society in general. We're at a wonderful space and time in which we're finally beginning to add more voices to call out

those subtle manifestations of structural racism and how they have excluded many students and that self-preservation model to protect the dominate majority group," Acosta says.

Every year, about 21,000 students are admitted into 154 medical schools in the United States. Black men only make up about 254 of that entering class. Acosta says these numbers are downright "atrocious" and the reason is a racist construct that feeds its way into a dysfunctional educational system that starts at kindergarten and can manifest itself all the way into residency and beyond. Most Black medical students today, especially those under 30 years old, have had to support themselves mentally, financially, and emotionally, creating their own path with minimal mentors.

"Public perceptions, stereotypes, and biased images that society has about Black males, the low expectations of them, the lack of support from family and friends to pursue medicine because it's kind of unreachable, and the lack of role models or mentors that have achieved that," are some of the roadblocks that exist for Black medical students, Acosta says. "It's like if you don't see it, then it can't happen."

DEFYING THE ODDS

Russell Ledet, PhD, could never imagine a career in medicine when he was younger. Growing up in Lake Charles, LA, his only way out of poverty was to join the U.S. Navy once he turned 18. After he returned home, he started taking classes at Southern University and A&M College, while also working as a security guard at Baton Rouge General hospital. Ledet was juggling his studies, a wife, a small child, remodeling a home, and spending weekends on active duty in the Navy Reserve. He eventually switched majors from social work to biology and chemistry after a professor noticed his proficiency for numbers and formulas. It unearthed a passion he didn't even know was buried. This spark ignited something within Ledet and pushed him to create a pathway to go to medical school. But how does a young Black man, who doesn't know the first thing about applying to medical school or have the support to do so, even begin to fulfill this seemingly unattainable destiny?

"I don't know why, but I was always awestruck seeing someone walk into a hospital with their white coat on. It just felt like these were the most important people, like walking Gods," says the 34-year-old. "I knew that wasn't true, but I just wanted to understand what that felt like because it was

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It really comes down to **STRUCTURAL RACISM**—a racism that has been embedded into our educational system, but also society in general.

—David Acosta, MD

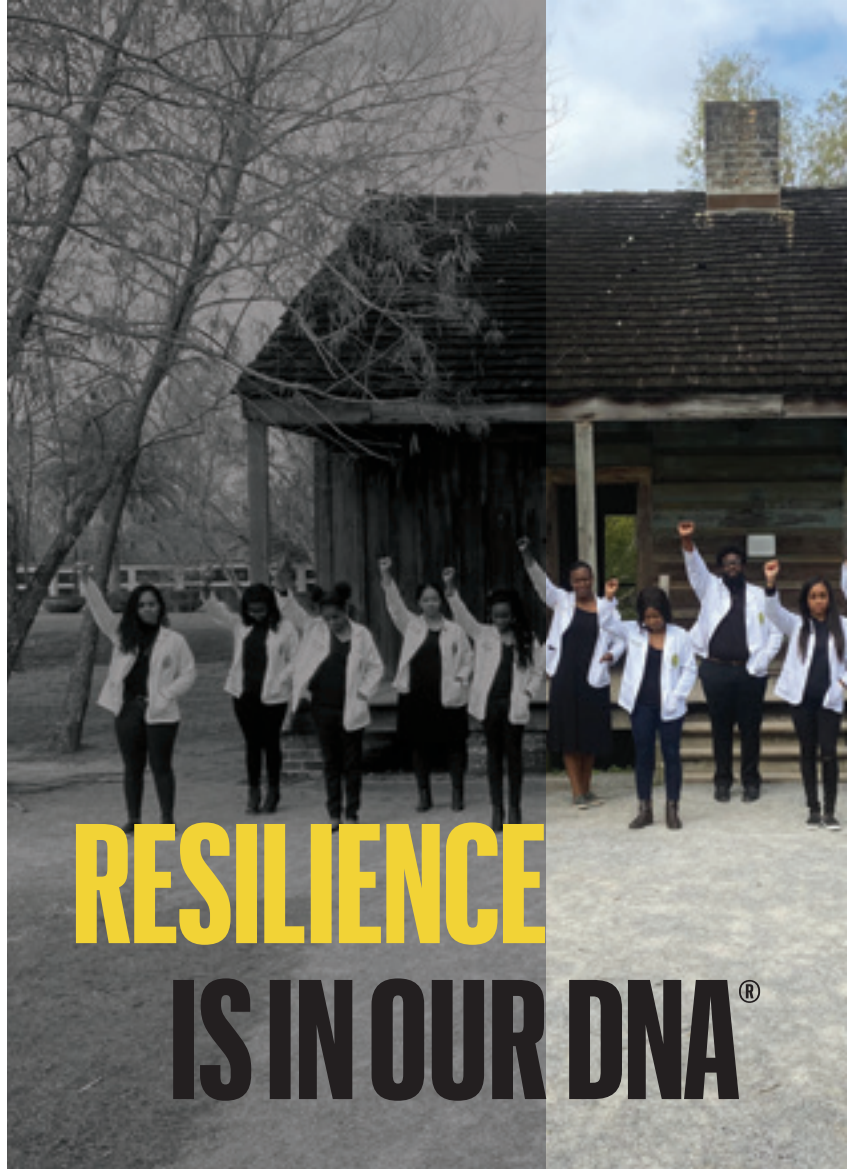
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something I never dreamed that I would ever be able to do.”

In 2011, while working overnight at the hospital, he met a white surgery resident who needed help getting to the operating room from the emergency room, a route rarely taken by surgeons. As they were walking, Ledet hesitantly asked the man if he was actually a “surgeon” and if it would be possible for him to follow the practitioner around one day. This doctor gave Ledet the opportunity to shadow him during rounds and in surgery. Finding an ally to open that door was a game changer for Ledet. But even with some support, he still had to consider the costs associated with going to medical school. It was during this time Ledet was offered a \$41,000 a year stipend to obtain a PhD at NYU Grossman School of Medicine. He jumped on this opportunity because it provided a way for him to take care of his family and then some. After finishing his PhD in molecular oncology in 2018, he is now in his third year of medical school on a full-ride scholarship at Tulane University School of Medicine in New Orleans while also completing his MBA, which he is paying for with student loans. He plans to go into a triple board residency, which will have him practicing pediatrics, general psychiatry, and child adolescent psychiatry. The next phase of the dream is to eventually open a mental health facility in New Orleans to increase accessibility of services to people of color in the city.

GETTING SUPPORT

While Ledet’s story is exceptional, everyone isn’t afforded this same path. Many Black students have limited knowledge about what it takes to become a physician—the tests, the time, the money—and not every college or university is equipped with faculty to properly advise them on how to get started. The



THE 15 WHITE COATS REPRESENT BLACK EXCELLENCE AND ACCOMPLISHMENT AS THEY STAND IN FRONT OF THE SLAVE QUARTERS AT THE WHITNEY PLANTATION IN EDGARD, LA

Association of Black Women Physicians is just one group coming to the rescue. The organization was established in 1982 on the ideals of service, with mentorships, scholarships, and patient education.

They are definitely doing something right. The number of Black medical students studying to be doctors are increasingly Black women. According to a report from the AAMC, the number of Black women who enrolled in U.S. medical schools for the 2018-2019 academic year was 936 compared with 604 Black males who enrolled. In this same school year, however, 5,338 white women and 5,442 white males enrolled. There is clearly more work to be done.

President Sylvia Gates Carlisle, MD, MBA, ended her tenure in December 2020, but is proud of what the Association of Black Women Physicians is doing to increase the number of Black doctors in the country.

“We have a sister-to-sister mentorship program where every other month, we have premed, medical students, and residents get together with practicing physicians around coaching activities like prepping for interviews. Some of it is just creating a safe place where people can say their truth,” Gates Carlisle says. “And, we have a scholarship program and we’re very proud that we’ve been able to raise three-quarters of a million dollars over our history. By definition, Black women physicians, there’s not a whole lot of us and so we’re very proud that we’ve helped some of our past scholarship recipients become practicing physicians.”



Level the Playing Field

A number of programs and efforts are underway with a mission to expose students in underserved communities to several possibilities within the health care profession. These programs can start with K-12 and continue into post-collegiate experiences. Here are four organizations that are creating the next generation of racially inclusive doctors, scientists, and public health officials.

THE SKYHOOK FOUNDATION

Started by NBA Hall of Famer Kareem Abdul-Jabbar, the Skyhook Foundation supports educational STEM opportunities to underserved children by enabling interactive, multisensory, and outdoor elements into the learning process. As of February 2020, less than a third of California students met or exceeded the new state science tests. Financially supported by the Skyhook Foundation and operated by the Los Angeles Unified School District (LAUSD), Camp Skyhook takes racially diverse groups of fourth and fifth graders from the Los Angeles area into the Angeles National Forest for nearly a week for a blended learning experience to cultivate a love for science and the outdoors.

Due to COVID-19, Camp Skyhook has been closed since March 2020 and does not anticipate opening until late 2021. Therefore, Skyhook Eco Vans, a new concept was created. The vans are operated by LAUSD and donated by the Skyhook Foundation. The premise is simple, if children can't go to camp, then camp goes to them ... wherever they are. The new Skyhook Eco Vans takes these activities to local communities where children are allowed to gather in COVID-safe environments in a move meant to lessen the educational divide magnified by the COVID-19 pandemic. For more information, visit skyhookfoundation.org.

CDC MUSEUM DISEASE DETECTIVE CAMP

The coronavirus pandemic forced the CDC Museum Disease Detective Camp (DDC) staff to expand its normally in-person weeklong summer program into a new virtual and online experience. Junior and senior high school students who were accepted into the free program (with specific recruitment to students of Title 1 schools in the Atlanta area) learned how to manage public health emergencies from any of the 120 CDC employee volunteers through lab sessions and mock press conferences. The online session allowed for even more students from diverse populations to take advantage of all that the program has to offer including what it's like to work at the CDC. Check cdc.gov/museum/camp/detective for information on the 2021 in-person camp and online summer course application.

MAYO CLINIC CARES (ARIZONA) PROGRAM

Exploring careers in health care just got a little easier for high school students in diverse, underserved areas because of the Mayo Clinic Career Advancement, Research and Education Summer (CARES) program. This 5-week, intensive study introduces students to careers in the health care industry through mentorship and instruction at the two Mayo Clinic campuses in Arizona by clinicians, researchers, and educators from around the country. For more information, visit <https://college.mayo.edu/academics/diversity-and-inclusion/programs/mayo-clinic-cares/>

THE INSTITUTE FOR DIVERSITY AND HEALTH EQUITY SUMMER AND FALL ENRICHMENT PROGRAM INTERNSHIPS

For more than 25 years, the American Hospital Association's Institute for Diversity and Health Equity (IFDHE) has been dedicated to advancing diversity within the management and board-level ranks of hospitals and health care systems to meet the needs of a more diverse society. The Institute's Summer and Fall Enrichment Programs provide onsite, paid opportunities to diverse, current, and recent graduate students who are pursuing career paths in health care administration or a related field. Both the 10-week summer and 18- to 20-week fall programs are led by experienced professionals who provide mentorship, leadership support, and career advice. For more information on both programs, email ifd-sep@aha.org or call (312) 422-2690.

THE FINANCIAL BARRIERS

The cost of applying to medical school can be an expensive and heavy burden to anyone who is also leaving undergraduate school under a mountain of debt. According to the AAMC's 2019 "Medical Student Education: Debt, Costs, and Loan Repayment Fact Card," the average educational debt for those who are already carrying debt into medical school is nearly \$202,000. It can take a physician anywhere between 3 and 17 years to pay off those loans with interest.

Besides the cost of school itself, students also need to consider the charges associated with the application process. This includes the application fee, which is approximately \$170 per school and the registration fee for the Medical College Admission Test, which is \$320. Factor in additional travel and accommodation expenses if you actually want to visit the school before deciding to



LEFT: DR. RUSSELL LEDET SPEAKS AT A BLACK LIVES MATTER PROTEST AT TULANE UNIVERSITY ON JUNE 7, 2020
CENTER: WITH ABOUT 1,000 PEOPLE IN ATTENDANCE, LEDET IMPLORES THE NEW ORLEANS MEDICAL COMMUNITY TO HEAR THE CRY OF ITS BLACK CITIZENS
RIGHT: ALONGSIDE L. LEE HAMM, MD, LEDET TALKS RACE RELATIONS AND HEALTH DISPARITIES WITH THE CROWD, WHICH INCLUDES HIS CHILDREN

attend. Students must remember to multiply this by whatever number of schools to which they choose to apply.

And while there are financial assistance programs that can recommend scholarships, grants, and low-interest loans, medical school students are encouraged to start paying off schooling while they are still in school. In some cases, schools may even defer admittance until an applicant’s credit history can be cleared or repaired. These additional financial barriers can deter some Black students from entering medicine altogether. Money determines a lot and it’s one of the reasons Ledet uses his platform to assist those who aren’t as fortunate as he is.

GIVING BACK

In December 2019, Ledet was inspired to help others cope with similar challenges to attending medical school after inviting the other 14 Black students at Tulane University School of Medicine to visit the slave quarters at the Whitney Plantation in Edgard, LA. It’s the only museum in the state to focus primarily on the lives of enslaved people. While there, the group decided to take a series of photos that went viral and brought more attention to the underrepresentation of African Americans as medical professionals. It was the birth of The 15 White Coats

(the15whitecoats.org), a nonprofit with a mission of inspiring future leaders in the medical field by establishing an ongoing scholarship and mentorship program.

“I came up with the idea to go and wear our white coats and illustrate to the world how far our people have come in spite of systems that were put in place to make sure that we never don a white coat,” says Ledet, president and manager of The 15 White Coats. “I knew in that moment that this was going to be a big deal. Now, we use the money we get from the photo to help other Black people get into medical school. People are going to learn from it, they are going to learn from looking at this photo. You get to see these Black bodies in front of a system that was put in place to make sure that those Black bodies never existed. It’s a hard thing for people to take, but there is a resilience there and that is why our moniker is ‘Resilience Is In Our DNA®.’”

Grassroots organizations like the Association of Black Women Physicians and The 15 White Coats are doing their part and making significant inroads, but one might argue that systemic racism can only be surmounted by an equally formidable opponent. In September 2020, former New York City mayor and presidential candidate Michael Bloomberg through his Bloomberg Philanthropies announced a \$100 million donation over the next 4 years for students attending four historically Black medical schools: Morehouse School of Medicine in Atlanta, Charles R. Drew University of Medicine and Science in Los Angeles, Howard University College of Medicine in Washington, DC, and Meharry Medical College in Nashville.

“More Black doctors will mean more Black lives saved, and fewer health problems that limit economic opportunity,” Bloomberg said in a statement. It’s just the first step of many he hopes will go toward leveling the playing field. Now, students at these institutions will receive enough money to ensure minimal loans and allow them to focus on their studies instead of their bank account. This immense gift doesn’t fix the problems of microaggressions that Black doctors say still exist within most medical schools, residency programs, and patient care. Nonetheless, this funding and what it allows is a peek into what is hoped to be a better future.

“Kids on both sides of the coin need to have a better understanding that it is possible for you to be Black and don a white coat,” Ledet says. “The white kids need to think, ‘Oh yeah, my Black friends can be a doctor just like I can be a doctor.’ And the Black kids need to think, ‘I can be a doctor just like my friend over there.’”

“**MORE BLACK DOCTORS** will mean more Black lives saved, and fewer health problems that limit economic opportunity.

—Michael Bloomberg

MENTAL HEALTH IN THE BLACK COMMUNITY





EXPERTS REVEAL SOME OF THE BARRIERS THAT PREVENT THIS DEMOGRAPHIC FROM GETTING THE HELP IT NEEDS

BY ERICKA SÓUTER REVIEWED BY BRUNILDA NAZARIO, MD, WEBMD SENIOR MEDICAL EDITOR

Growing up in a military family, Aisha Shabazz moved many times throughout her childhood. Though the move to Delaware in 2000 was the most trying. In the past, she made friends quickly and had a sense of belonging. Now thrust into a school of a couple thousand kids, the then 15-year-old was a bullied outsider. The experience left her dejected and disconnected.

A nurse, noting her demeanor during a physical for the track team, suggested she see the campus counselor. “She asked my parents to come in for a family session because I was exhibiting signs of depression,” says Shabazz, a licensed clinical social worker (LCSW). “My dad refused to attend and my mom arrived and was pissed the whole time. It made no sense to me. If someone is telling you that your daughter is struggling with a major life change, why would you refuse to hear what they had to say and express frustration about it?”

Now that she’s a therapist, Shabazz sees this scenario play out in her own Media, PA, practice, where she focuses on anxiety relief and confidence building. The notion of mental illness has long been cloaked in shame and embarrassment for the Black community. While this population is 20% more likely to experience serious mental health issues like generalized anxiety disorder and major depressive disorder, a condition marked by persistent feelings of sadness, worthlessness, guilt, and thoughts of self-harm, they are also less open to seeking professional help. Experts across the country believe longstanding misconceptions about mental health have created barriers to care that are as complex as they are harmful.

AVOIDING THE ‘CRAZY’ LABEL

Omerine Aseh, MD, was just 12 years old when her brother was diagnosed with schizophrenia at 22. “I know what it is like to hear whispers and get looks from your peers, friends, and community when one person in your family has a mental illness,” says Aseh, a family physician in Texas. “It is often assumed that the entire family has a form of this illness or that future generations will have the illness.”

The reason is a misunderstanding of what mental health actually is, suggests Tyish Hall Brown, PhD, a child and adolescent psychologist and director of the behavioral health program at Howard University in Washington, DC. On TV shows and in the news media, a mental health patient is typically portrayed as someone in crisis, she explains. More commonly, however, patients use talk therapy or a combination of talk therapy and medication to help them cope with stressors or pressures that are affecting the way they feel on a consistent basis. It’s also a tool to build up your skill set in preparation for a huge life transition rather than just a way to manage a severe breakdown.

PRAY THE PROBLEM AWAY

Still, many in the Black community are reluctant to go to therapy or counseling, preferring religion as their primary coping strategy. With 8 in 10 Black Americans identifying as Christian, it’s no surprise that religion has a tremendous influence.

When Jasmin Pierre was diagnosed with major depressive disorder, friends and family offered one solution: God. “Some just tell me, it’s not even

“IT’S ALL ABOUT NORMALIZING THE CONVERSATION AND SHOWING PEOPLE WITH MENTAL HEALTH DISORDERS THAT THEY ARE NOT ALONE. THERE IS HELP AND THEY ARE NEVER ALONE.”

—JASMIN PIERRE

real, you’re not depressed,” she shares. “You just need to pray, just go to church.” It’s the proposed remedy for a myriad of mental health disorders. Some ministers may even tell parents that a child’s attention deficit hyperactivity disorder will go away by making them go to church more or that anxiety is a result of a weak connection with the Lord.

“This just reinforces that idea that if I’m dealing with this, then my faith must not be strong enough, not that I have a mental health condition,” says Houston-based Vaughn O’Neal, LCSW. While this is still a pervasive problem, more churches across the country have begun to partner with clinicians to talk to congregations about how spirituality and mental health support can actually go hand in hand.

MISTRUST OF THE SYSTEM

Another hurdle therapists confront is a deeply ingrained wariness of the medical field, according to Lateefah Watford, MD, chief of behavioral health services at Kaiser Permanente in Atlanta. Historical atrocities like those of antebellum surgeon James Marion Sims, who pioneered gynecological procedures by practicing on enslaved Black women without anesthesia, and the notorious Tuskegee Experiment, in which the U.S. Public Health Service kept syphilis treatment from Black male patients in Alabama, understandably breed mistrust.

Recent studies show that Black women have a greater chance of pregnancy-related deaths. Their death rates are three to four times higher than other races regardless of income or education level. Statistics like this highlight how profound the inequalities truly are. In this sense, Watford says, the medical field has been a longstanding place of oppression and trauma.

“One of the things I always like to point out about all those incidences is that they were condoned by the government,” offers Isaiah Pickens, PhD, assistant director of the service systems program at the UCLA-Duke National Center for Child Traumatic Stress. “And what I mean by that is either the government didn’t prosecute the people who perpetrated these offenses early on while they were happening, or they didn’t protect the victims of these offenses. That creates what we call a breach of the social contract, which is the belief that the institutions who are supposed to protect me will actually protect me.”

In Black communities, that breach continues with stop-and-frisk policies, racial profiling, and police shootings of unarmed Black people. In late August 2020, a video surfaced of police placing a “spit hood” over the head of a handcuffed 41-year-old Black man in the midst of a mental health crisis. He died a week later from what the medical examiner’s officer described as

“complications of asphyxia in the setting of physical restraint.” It demonstrated a startling reality: Someone in distress may be treated like a criminal when they need help the most. The solution boils down to training, asserts Pickens, who launched iOpening Enterprises, which creates professional development programs that teach schools, police departments, and other organizations about how trauma and mental health impact people.

LACK OF CLINICIANS OF COLOR

It’s critical to find a culturally competent counselor. For some, that means finding a Black therapist. While a Black provider may be preferred, it’s not always the most practical option since only 4% of social workers and 2% of psychiatrists and psychologists are Black. A

HOW TO FIND A THERAPIST THAT’S RIGHT FOR YOU

It’s not just about access to services, but access to high-quality treatment. Keep in mind, free doesn’t necessarily equal good and neither does paying top dollar. Here are some tips for helping you find the right mental health clinician for your needs from Aisha Shabazz, LCSW.

1. When you are trying to figure out if a therapist will be a good fit, go on their website to see if the information they are presenting feels authentic to you. “There are a lot of folks out there who are phoning it in. They don’t really mean what they say or practice what they preach. See if what they are putting out there in the world is something that resonates.”
2. During a consultation with a therapist, ask: How are you going to help me in session? What are we going to do now that I’ve shared why I’m coming to therapy? If you like what you hear, move forward.
3. You don’t have to stick with a therapist if you feel like they are not right for you. If they are not meeting your needs, it’s OK to make that change. “There a lot of people who give up after having an uncomfortable experience with a therapist. Just because one therapist isn’t a good fit, doesn’t mean there isn’t one out there that will be.”



STRESSED OUT? THESE STRATEGIES CAN HELP

Clinical psychologist **Isaiah Pickens, PhD**, shares self-care tips for living through the COVID-19 pandemic and an unprecedented period of social unrest.

1. Create parameters around what you are consuming in the news and on social media. Constant exposure to unsettling headlines can be upsetting.
2. Practice deep breathing and other self-soothing techniques like yoga or meditation. Try to take a nap with an eye mask on.
3. Connection is important. Bonding with others activates the stress-reducing hormone oxytocin. Even if you can't hang out in person, do video chats and phone calls with the people you love.
4. Right now, many people are feeling powerless and that's a huge stressor. Focus on what you can control and create coping strategies. For example, if you run into a lot of traffic in the morning, leave a bit earlier. If that's not possible, play music that calms you during the drive.

For more resources on Black mental health, visit NAMI.org, the National Alliance on Mental Illness.

shared racial background also does not always guarantee a shared experience.

It's about a certain comfort level, a shared experience that makes sharing easier, says O'Neal, the Houston social worker who specializes in treating Black men. "It can be refreshing on both sides," he admits. "People have a sigh of relief because they can let their hair down and just be themselves. I've noticed that we both end up relaxing to a certain extent, and dropping a little Ebonics into the conversation, you know, that sort of thing."

TEENS AND THERAPY

It's important to remember kids also carry around emotional trauma. Historically, Black teenagers have had lower suicide rates than whites, but a 2019 study found a dramatic rise in self-harm attempts by Black teens, especially among boys. While the researchers did not explain why, experts theorize that teens' exposure to constant images of racial violence and racial and economic disparities have an impact. It creates a heightened sense of anxiety and worry. On the positive side, however, "Younger people are more open to therapy because they are more open to sharing all the aspects to their lives," Shabazz says. "Social media has its faults, but it does allow people to expose aspects of their personality that they wouldn't otherwise. And the older generations don't have a model for that. Therapy is more of an intimate way of sharing more avenues of your identity without it being so out in the open and public for the whole world to see."

INROADS TO ERADICATING THE STIGMA

Ensuring access to care is critical. While Black young adults have higher rates of mental health issues, they are less likely than whites to receive services. Clinicians note that less access to adequate health care and the financial burden of treatment

are factors. Fortunately, there are low-cost avenues for help. The first step is to reach out to your insurance company or Medicaid provider to find out exactly what coverage is available. Most plans offer a certain number of sessions. Next, explore groups like OpenPathCollective.org that have partnerships with therapists who provide psychotherapy sessions between \$30 and \$60. InclusiveTherapists.com also offers connections to teletherapy at reduced fees and low-cost and not-for-profit services.

The most important thing clinicians and patients alike are doing is normalizing the conversation about mental illness. Celebrity testimonials are especially impactful. Taraji P. Henson openly discussed her struggles with depression. [For more details, check out our May 2020 issue with her on the cover.] Jay-Z talked about going to therapy. Serena Williams shared her battle with postpartum depression.

Hearing this from admired public figures greatly reduces the stigma, but so does the empathy and action of everyday people. Because of her own experience, Pierre developed the app *The Safe Place* to bring awareness, education, and acceptance to the topic of mental health. Online support systems like TherapyforBlackGirls.com and SteveFund.org offer group therapy, community resources, and articles on how to cope with racism, police brutality, economic disparities, and violence. These resources teach the Black community that therapy can help reinforce the aspects of our lives that are working well, but also be a tool to help people rebuild after a crisis or a setback. "We have come a long way, but we still have a lot more work to do," Pierre adds. "It's all about normalizing the conversation and showing people with mental health disorders that they are not alone. There is help and they are never alone."





Search for the slideshow
[Ways to Make Veggies More
Appealing](#) at [WebMD.com](#).

GOOD FOR YOU | Rainbow Roots

CARROTS AREN'T JUST FOR KIDS. AND THEY'RE NOT JUST ORANGE EITHER. REACQUAINT YOURSELF WITH THIS VEGETABLE, AVAILABLE IN AN ARRAY OF BRIGHT HUES.

PREFER YOUR SNACKS WITH CRUNCH? SET ASIDE THE BAG OF chips and reach for carrots. They contain just 53 calories and an impressive 14% of an adult's daily value of fiber per cup. The orange variety is also a top source of beta-carotene, a provitamin converted by the body into vitamin A, which keeps your eyes, skin, and immune system healthy. Consuming beta-carotene through foods such as carrots may also protect against heart disease. Enjoy carrots raw, as a vehicle for your favorite dips; steam them and blend with broth and spices to make soup; or slice and roast until tender, serving with a little olive oil, salt, and pepper. —ERIN O'DONNELL



Search for the slideshow
[Advanced Meal Prep Tips
and Tricks](#) at [WebMD.com](#).

3 WAYS

Sheet-Pan Dinners

GET A HEALTHY MEAL ON THE TABLE IN UNDER AN HOUR WITH THESE SIMPLE, VEGGIE-PACKED ENTRÉES. BONUS? NO SIDE DISHES REQUIRED AND NO MASSIVE CLEANUP INVOLVED!

BY Erin O'Donnell **RECIPES BY** Kathleen Zelman, MPH, RD, LD



THE MIX

BONE-IN CHICKEN BREASTS,
OLIVE OIL, GARLIC POWDER,
WHOLE GRAIN MUSTARD, DIJON
MUSTARD, BALSAMIC VINEGAR,
HONEY, BUTTERNUT SQUASH,
BRUSSELS SPROUTS,
ROSEMARY

FAMILY FAVORITE

Honey Mustard Chicken and Vegetables

A heavy-duty 18- by 13-inch sheet pan works best with these recipes. We like lining the pan with parchment paper or foil to prevent sticking and make cleanup easy. The bone-in chicken breasts make the meal juicier and more flavorful than boneless breasts.

VEGETARIAN DELIGHT**Roasted Vegetable Medley**

This delectable vegetarian meal can be made vegan by leaving out the feta cheese. To add variety to the way you serve this meal, present the veggies and chickpeas on a bed of cooked grains, or wrap the roasted vegetable medley in a tortilla with avocado slices.

MAKE IT Preheat oven to 425°F. Line 2 sheet pans with parchment paper or foil, and place them in oven as it heats. In a small bowl, combine ½ tsp each of coriander, cumin, turmeric, and garlic powder with a pinch of salt. In a large bowl, toss together 1 can rinsed, drained chickpeas and 2 diced potatoes with 1 tsp spice mixture and 1 tsp olive oil. Place mixture on one sheet pan and roast for 25 to 30 minutes until potatoes are golden brown. In the same bowl, combine 2 cups cherry tomatoes, halved, with 1 red pepper, yellow pepper, red onion, and zucchini, all cut into strips. Toss with remaining spice mixture and 1 tbsp olive oil. Place on second heated sheet pan. Roast vegetables for 15 to 20 minutes until tender and golden brown. Gently combine vegetables with chickpeas mixture in a serving dish. Garnish with crumbled feta, chopped cilantro, and lime wedges.

SERVES 4**PER SERVING (ABOUT 2 CUPS)**

374 calories, 14 g protein, 47 g carbohydrate, 17 g fat (5 g saturated fat), 27 mg cholesterol, 5 g fiber, 14 g sugar, 487 mg sodium. Calories from fat: 40%

THE MIX

CORIANDER, CUMIN, TURMERIC, GARLIC POWDER, LOW-SODIUM CHICKPEAS, POTATOES, OLIVE OIL, CHERRY TOMATOES, SWEET RED PEPPER, SWEET YELLOW PEPPER, RED ONION, ZUCCHINI, CILANTRO, FETA CHEESE, LIME

MAKE IT Preheat oven to 425°F. Line a sheet pan with parchment paper or foil, and place in oven as it heats. Season 4 chicken breasts with a drizzle of olive oil, and a sprinkle of garlic powder, sea salt, and freshly ground black pepper. In a small bowl, whisk together 1 tbsp each of whole grain and Dijon mustards and balsamic vinegar, and 2 tbsp honey. Brush on chicken. In a medium bowl, combine 1 butternut squash (peeled, deseeded, and cut into 1-inch cubes) and 2 cups halved Brussels sprouts with 2 tsp olive oil. Remove pan from oven. Place chicken, painted side up, on one end, and vegetables on the other. Sprinkle vegetables with a little salt and pepper. Return to oven. After 20 minutes, sprinkle vegetables with 1 ½ tsp chopped rosemary, and then flip them. Roast 10 to 20 more minutes, until an instant-read thermometer inserted in the thickest part of the chicken reads 165°F. For additional browning, broil 3 to 5 minutes more. Garnish with more rosemary. **SERVES 4**

PER SERVING (1 CHICKEN BREAST WITH ABOUT 1 CUP VEGETABLES) 370 calories, 35 g protein, 22 g carbohydrate, 12 g fat (2 g saturated fat), 89 g cholesterol, 5 g fiber, 12 g sugar, 408 mg sodium. Calories from fat: 29%

THE MIX

SWEET POTATOES,
OLIVE OIL, BROCCOLI,
HONEY, CHILI POWDER,
GARLIC POWDER, PAPIKA,
CAYENNE PEPPER, TILAPIA
FILLETS, LEMON

THE FISH DISH

**Spicy-Sweet Tilapia With
Sweet Potatoes and Broccoli**

This healthy tilapia and veggie meal gets its kicky flavor from chili powder and cayenne pepper. Cut the vegetables in similar sizes to ensure even cooking.

MAKE IT Preheat oven to 425°F. Line a sheet pan with parchment paper or foil, and place in oven as it heats. In a large bowl, toss 4 peeled, cubed sweet potatoes with 2 tsp olive oil and a dash of salt and pepper. Place sweet potatoes on heated tray and roast for 15 minutes. In the same bowl, toss 1 head of broccoli, chopped into bite-size pieces, with 2 tsp olive oil and a dash of salt and pepper. Set aside. In a small bowl, combine 2 tsp honey, 1 tbsp olive oil, and 1 tsp each of chili powder, garlic powder, and paprika with ½ tsp cayenne pepper, and a dash of salt. Rub 4 6-oz tilapia fillets with spice mixture. After 15 minutes, flip sweet potatoes and move to one side of sheet pan. Add tilapia and broccoli; return to oven for 20 to 25 minutes until fish flakes and vegetables are tender. Serve with lemon wedges. **SERVES 4**

PER SERVING (1 FILLET AND ABOUT 1 CUP VEGETABLES)

378 calories, 48 g protein, 33 g carbohydrate, 12 g fat (2 g saturated fat), 96 g cholesterol, 5 g fiber, 9 g sugar, 328 mg sodium. Calories from fat: 25%

Crazy for Curry

PICK UP THESE POWDERS TO ADD A WORLDLY—AND FLAVORFUL—TOUCH TO ANY HOMEMADE MEAL

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

ORIGINATING IN INDIA, PERHAPS AS MANY AS 4,000 YEARS AGO, curry delivers complex flavors, frequently concentrated in powders of blended spices. Many are premade and you can buy them online. You can also make your own. Such spice blends form the base of a curry. But curry means more than just a powder, says Christina Arokiasamy, cooking teacher and author of *The Malaysian Kitchen*. “It’s a technique of stewing or braising meat or vegetables to slowly infuse flavors,” Arokiasamy says. Here, she walks us through some of her favorite styles to demonstrate curry’s reach and variety.

Search for the slideshow **Spices and Herbs to Pump Up the Flavor** at WebMD.com.

SOUTH AFRICAN CURRY

“This blend is flavored with Portuguese piri-piri peppers, chili powder, cumin, cloves, cardamom, fennel seeds, and more. A frequent main ingredient is lamb.” Often served in a bowl made of a hollowed out loaf of bread.

MALAYSIAN CURRY

“Fragrant with onion, ginger, turmeric, star anise, and a host of other spices, this curry blend works well with potatoes, tofu, eggplant, or beef, finished with coconut milk.”

VINDALOO CURRY

“From India, with Portuguese influences, this has a vinegary tang and some heat. Chicken often takes center stage, flavored with garlic, onion, tomatoes, and spices like cinnamon, cloves, and cardamom, and a generous hit of freshly ground black pepper.”

BURMESE CURRY

“Loaded with shallots, with color and flavor also coming from turmeric, garlic, and tamarind, pair this simple curry with eggplant, butternut squash, mushrooms, and chicken.”

THAI CURRY

“Distinguished by galangal, lemongrass, and makrut lime leaves, Thai curries blend these fresh aromatics with dry spices like cumin and coriander and garlic, ginger and shallots, and different colored chili peppers.”



Search for the slideshow [Health Benefits of Avocados](#) at WebMD.com.

BUILD A BETTER

Go for the Guac

DEEPLY SATISFYING, EASY TO MAKE, AND OPEN TO YOUR OWN INTERPRETATION, SEE WHY THIS DELICIOUS DIP IS A FAN FAVORITE

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

“ONE OF THE THINGS TO LOVE ABOUT GUACAMOLE IS THAT IT IS SO MULTIPURPOSE,” says Pati Jinich, host of *Pati’s Mexican Table*, now in its ninth season on PBS, and author of the cookbook of the same name. “Eat it on its own, with chips, as a filling for tacos, or a spread on a sandwich. Insane versatility!” Here’s how Jinich likes to make it—and how she likes to mix it up. Fair warning: Avocados pack a lot of calories, so go easy when you sit down to eat your guacamole.

MAKE IT

- Use what you have. Just grab a dinner fork for mashing and a bowl large enough to mix your ingredients.
 - and skin to release it cleanly. You can dice the avocado before you remove the flesh if you like.
- Pick the right avocados. Buy Mexican avocados for the best texture. Choose dark-skinned avocados that give slightly to a gentle squeeze. Don’t need it for a few days? A harder, greener avocado will ripen at home over several days, which will make it easier to mash when ready. Put it in a paper bag to speed up the process. Or refrigerate your already ripe avocado to keep it fresh for up to a week.
 - Don’t make ahead. Guacamole tastes best when fresh.
 - Prepare with a goal. If you’ll serve it with chips, keep your guacamole chunky. It’s better smooth if you use it as a sandwich spread.
- Open them up. Slice from top to bottom on both sides and gently twist to separate. If a soft squeeze doesn’t release the pit, tap it with a sharp knife so the blade sticks in it, then twist and pull out.
 - Skip the tomatoes. They often make guacamole too watery.
 - Add acid and a little salt. Squeeze in some lime juice for a nice tart taste—and to help preserve your guacamole’s color. Salt brings out all of the flavor.
- Remove the flesh. Dunk a tablespoon in water and slide it between the flesh
 - Vary it. For a smoky flavor, char some peppers (jalapeños and/or serranos) and onions, along with some garlic, in a skillet or under the broiler. Or top with bacon bits, chorizo, or crab meat.

GETTY IMAGES

BREADS



Search for the quiz [The Truth About Bread](#) at WebMD.com.

SUPERMARKETS HAVE GOTTEN A WHOLE LOT BETTER AT OFFERING WHOLE-GRAIN BREADS. HERE ARE FIVE LOAVES THAT FIT A HEALTHY LIFESTYLE, CHOSEN BY REGISTERED DIETITIAN CAROLYN O’NEIL, MS, OF THEHAPPYHEALTHYKITCHEN.COM.



ARNOLD 100% WHOLE WHEAT
There’s whole-wheat flour, whole wheat, and cultured whole wheat in each 110-calorie slice, along with 3 grams of fiber and 4 grams of protein, and a texture that rivals white bread.



SARA LEE ARTESANO GOLDEN WHEAT
This thick-cut bakery-style soft bread with only 100 calories per slice has just 3 grams of sugar with 4 grams of protein. A delicious foundation for sandwiches loaded with veggies, which add dietary fiber.



DAVE’S KILLER BREAD 21 WHOLE GRAINS AND SEEDS
Each 110-calorie organic slice boasts an impressive 5 grams of fiber, and the seeds contribute healthy omega-3 fats and a chewy crunch. Great for toast or upping the nutrition of a grilled cheese.



OROWEAT WHOLE GRAINS DOUBLE FIBER
Looking for fiber in a medium-textured bread? Try this. The extra fiber—4 grams per 80-calorie slice—comes from wheat bran and cellulose, a plant-sourced ingredient. Ideal with rich nut butters or mashed avocado.



PEPPERIDGE FARM WHOLE GRAIN 15 GRAIN
With 130 calories and 3 grams of fiber per slice, this soft-textured whole-wheat bread bursts with nutritious grains, and flaxseed meal boosts its supply of healthy fats.

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Search for the slideshow **Adult Vaccines: Protect Yourself Against Tetanus and More** at WebMD.com.

THE LATEST

Taking a Shot at Viruses

RESEARCH TEAMS IN COMPANIES AND UNIVERSITIES ACROSS THE WORLD ARE RACING TO DEVELOP A VACCINE FOR COVID-19. CURRENTLY, MORE THAN 90 OPTIONS ARE IN PROGRESS. COVID-19 JOINS A LIST OF DOZENS OF OTHER INFECTIOUS DISEASES FOR WHICH VACCINES ARE IN THE WORKS.



THE COVID-19 VACCINES NOW IN DEVELOPMENT USE ONE OF SEVERAL APPROACHES TO TRIGGER IMMUNITY. The most traditional method, as with many other vaccines, involves a weakened or inactivated form of the virus. When it enters the body, the immune system recognizes the threat and develops antibodies against it. “Memory” cells then remember how to create those antibodies should the real virus enter the body later. Other potential vaccines for other medical conditions employ less common approaches; some are not yet FDA-approved.

A new flu vaccine candidate recently showed strong results in a clinical trial. Currently, scientists must reformulate the flu shot every year to ward off that season’s strains of the virus. For years, they’ve looked for a way to prevent all future strains

with a single universal shot. In the recent trial, the new vaccine greatly reduced volunteers’ chances of developing flu symptoms after exposure to the virus. Rather than trigger the body to develop antibodies against a specific strain of the flu, this new shot prompts the immune system to fight a protein that is similar across many types of flu.

Several experimental vaccines for oral and genital herpes are in various stages of testing. Researchers at the University of Pennsylvania recently announced that their candidate worked well to prevent herpes infection in guinea pigs and mice. The next step is to test the vaccine in people. However, the herpes virus behaves quite differently in animals than it does humans and so far, a vaccine for humans is not in the near future. —SONYA COLLINS

Age Matters

WATCH FOR THESE HEALTH ISSUES AS YOU GET OLDER

BY Stephanie Watson

REVIEWED BY Brunilda Nazario, MD,
WebMD Senior Medical Editor

ALONG WITH CONVEYING WISDOM, age brings a variety of new health considerations such as memory loss and weight gain. To head off age-related problems, Milta Oyola Little, DO, associate professor of geriatric medicine at Duke University, recommends that you put these important health checks on your to-do list.

Q What are the signs that my memory has started to slip?

LITTLE When it takes a bit longer for you to remember a person's name but eventually you get there, or you're not able to multitask as easily—those things are expected as you age.

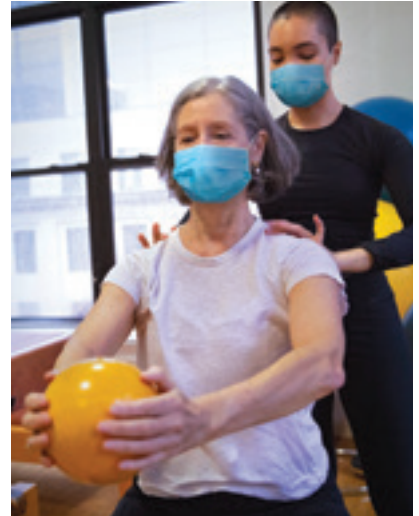
What's not normal is when the names are gone and they don't come back, you start to get lost in familiar places, you repeat questions or stories, or you forget something important, like your medications. The first step would be to get an evaluation, and usually a primary care provider can do that. A geriatrician, neurologist, or geriatric psychiatrist can help diagnose the memory issue.

Q Am I at higher risk for infections now?

LITTLE Immunity wanes with age, which is why vaccinations are really important. [For more on this, see the *Health Smarts* piece on *Top Shots* in our October/November/December 2020 issue.]

Q Why are vision and hearing checks so important?

LITTLE It's important to pay attention to vision and hearing problems because they can increase your risk for falls, memory loss, and functional decline. Maintaining your sight and hearing can help you stay independent and prevent isolation and depression. If you have trouble hearing the TV or conversations, talk to your doctor. Get checked out by your eye doctor if your vision is cloudy, you see wavy lines or a black spot in the middle of your vision, or you have eye pain.



Q How can I strengthen my bones and prevent fractures?

LITTLE You lose bone and muscle as your cells get older and you're not as active. Strength training helps rebuild both. Balance training is also important, because if you can prevent falls, you can prevent fractures.

Vitamin D is also important for bone and muscle health, and the best way to get it is from the sun. If you're not getting enough sun exposure, ask your doctor whether you should take a vitamin D supplement.

Q What can I do to control weight gain?

LITTLE Obesity is a major issue in older adults. It can lead to osteoarthritis and the loss of function and mobility. I tell my patients not to just cut calories when trying to lose weight, because that can be dangerous. You need to increase exercise to build up muscle and bone, and work with a nutritional specialist to learn what foods to avoid and what foods to increase in your diet.

Q What about incontinence?

LITTLE Incontinence is a big issue. It's one of those subjects that's a little taboo. Many older adults think it's just normal and they have to deal with it, when they don't. There are good treatments. Doing biofeedback and other types of exercises with the help of a pelvic physical therapist can make a world of difference.

Four to Know

THESE RISK FACTORS FOR HEART DISEASE MIGHT SURPRISE YOU

Search for the slideshow [How Heart Disease Affects Your Body](#) at [WebMD.com](#).



BY John Whyte, MD, MPH,
WebMD Chief Medical Officer

BY THE NUMBERS

23% Proportion of U.S. adults who have arthritis.

647,000 Number of deaths from heart disease every year.

\$320 BILLION Annual health care costs and lost productivity caused by heart disease.

MOST OF US KNOW THAT HIGH BLOOD pressure, diabetes, obesity, physical inactivity, and increased age are risk factors for heart disease. In recent years, we have learned about other health conditions that can also put you at increased risk.

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Reflux typically causes heartburn, nausea, and a feeling of acid coming back up your throat. These symptoms sometimes can be mistaken for heart disease. GERD, itself, might increase your chances of a heart attack. How exactly is unclear, but GERD is now considered a disease that often results from chronic inflammation. This inflammation produces substances, called cytokines, which can cause plaque buildup in the heart. Changes in diet, elevating head of bed, as well as weight loss can help treat GERD. Many experts now recommend short-term use of proton-pump inhibitors for most patients.

RHEUMATOID ARTHRITIS

People with rheumatoid arthritis typically have joint swelling, stiffness, and pain. They often have fatigue and sometimes low blood counts. They also may face a 50% higher risk for heart disease, including heart attacks and heart failure. Some of the increased risk may be due to physical inactivity due to the pain. Rheumatoid arthritis is an inflammatory disease that causes damage to our blood vessels. It can increase damage-causing free radicals

and decrease the protective effects of molecules called antioxidants. Rheumatoid arthritis also may decrease HDL cholesterol, the good cholesterol that can protect our hearts.

MIGRAINE WITH AURA

Headaches are common, but not all headaches increase your chance of heart disease. A specific type of headache—called migraine with aura—might affect your heart. People who suffer from migraine with aura usually have some type of sensory disturbances before the headache occurs. This can include flashes of light, blind spots in your visual field, blurry vision, even sensitivity to light. You might also get nauseous and dizzy. This type of headache puts you at greater chance of a heart attack, especially for women. It may cause spasms or brief narrowing of blood vessels, and it might increase the chance of your blood clotting. Patients often use a lot of nonsteroidal anti-inflammatory drugs that can also increase the chance of a heart attack.

ASTHMA

If you have asthma and trouble breathing, you also might be affecting your heart. When you don't manage your asthma well, you could be doubling your risk of heart disease. For example, if you have asthma and develop chest pain, you might confuse a heart attack for an asthma flare, so it is important to know the symptoms of heart disease. It's also important to manage your asthma, avoiding triggers.

Picture-Perfect Care

RADIOLOGISTS USE HIGH-TECH IMAGING TOOLS TO DIAGNOSE DISEASE

BY Jodi Helmer REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

ANYTIME YOU RECEIVE AN X-RAY, ultrasound, mammogram, CT scan, or MRI, a radiologist works behind the scenes to interpret the results and provide a diagnosis.

Radiologists are medical doctors who receive at least 13 years of rigorous education in their specialty. These highly trained diagnosticians rely on minimally invasive medical imaging technologies to detect disease and disorders in all areas of the body, including the organs, nervous system, stomach and intestines, heart and lungs, and spine.

SCREENINGS SAVE LIVES

Radiologists can use these imaging tools—which make detailed pictures of a part of your body—to provide accurate diagnoses for both acute and chronic conditions. You might receive a single consult for a broken bone or require ongoing screening and monitoring for cancer or other diseases. Screenings can be essential in the early detection of diseases such as cancer, chronic

obstructive pulmonary disorder, and heart disease.

SPECIALIZED ATTENTION

Radiologists work in hospitals, private practices, or telemedicine clinics and often see patients of all ages. Some radiologists choose to narrow their areas of specialization, focusing on specific areas of radiology such as radiation oncology and pediatric radiology. Diagnostic radiologists can further specialize in areas such as pain medicine, hospice medicine, or neuroradiology.

THE FUTURE OF MEDICINE

The advent of teleradiology, which uses video conferencing and digital transfer of imaging scans, allows radiologists to interpret images and provide diagnoses from afar. A 2019 study published in the *Journal of the American College of Radiology* found that 22% of radiology practices relied on teleradiology for at least three-quarters of their imaging interpretations.

BY THE NUMBERS

27,719 Number of active diagnostic radiologists in the U.S.

25% Proportion of diagnostic radiologists who are women.

89% Proportion of radiologists who believe teleradiology helps provide coverage for patients in underserved areas.

51% Proportion of radiologists who are age 55 and up.





10 TIPS

TO COPE

- 1. SLEEP COOL**
If hot flashes trouble your sleep, try turning down the temperature at night.
- 2. REDUCE STRESS**
Try deep breathing and other relaxation techniques to improve your mood.
- 3. IDENTIFY TRIGGERS**
Avoid things that may cause hot flashes, possibly spicy food and caffeine.
- 4. GET MOVING**
Walk or do other weight-bearing exercise to keep your bones strong.
- 5. PROTECT YOUR TICKER**
Menopause ups your risk of heart disease, so eat heart-healthy foods.
- 6. LAYER UP**
Dress in layers so you can remove some clothing during a hot flash.
- 7. HANG OUT**
Maintain friendships or make new ones, because socializing boosts brain health.
- 8. FLEX YOUR MUSCLES**
Kegel exercises and other treatments can reduce urinary incontinence.
- 9. STAY SAFE**
After menopause you can't get pregnant, but practice safe sex to prevent disease.
- 10. GET COMFORTABLE**
Sex doesn't need to be painful; get treatment for vaginal dryness.

HEALTH HIGHLIGHTS

Menopause

WAYS TO EASE SYMPTOMS AND DISCOMFORT

BY Matt McMillen

REVIEWED BY Arefa Cassoobhoy, MD, MPH, WebMD Senior Medical Editor

 Search for the article [Talking With Your Doctor About Menopause](#) at [WebMD.com](#).

EXPERT TIPS

The drop in estrogen that comes with menopause often leads to vaginal atrophy, causing dryness, burning, painful sex, and urinary symptoms including urinary tract infections. If over-the-counter vaginal lubricants and moisturizers don't work, you have options. Ask your doctor about low-dose vaginal estrogen, the most effective treatment for moderate to severe atrophy.

DARA SHALOM, MD, associate chief of Urogynecology, Northwell Health, Great Neck, NY

As the estrogen levels in the vagina decrease, there can be loss of lubrication and elasticity in the vagina. Couples should find a lubricant that they like. They should use it from start to finish with intercourse. Regular intercourse can help with maintaining the elasticity and stretch of the vagina.

JENNIFER WU, MD, OB/GYN, Lenox Hill Hospital, NYC

Menopause can present myriad quality of life and health issues. But there's plenty you can do to feel your best, like limiting alcohol and caffeine and eating a whole-food, largely plant-based diet. For very disruptive symptoms, like severe hot flashes, night sweats, or marked mood swings, talk to your doctor.

MITCHELL KRAMER, MD, chairman, Department of Obstetrics and Gynecology, Huntington Hospital, Long Island, NY

1. YOUR NEW MOVIE, *ALICE*, IS ABOUT A WOMAN WHO ESCAPES SERVITUDE IN 1800S GEORGIA, ONLY TO DISCOVER THAT IT'S 1973. ALTHOUGH PRODUCTION HAS BEEN PUSHED BACK, WHAT APPEALED TO YOU ABOUT THE ROLE?

Though we're tackling things such as slavery and oppression and racism in America, we also see a leading character who is not victimized—who becomes empowered in spite of slavery. ... I really loved to see the strength Alice had.

2. HOW DID YOU GET INTO THE MINDSET OF A WOMAN WHO IS ENSLAVED?

Obviously, I have no idea what that feels like, but I do know what it's like to feel small, to not be heard, to feel lonely, or have a sense of hopelessness. I do know those feelings and those emotions.

3. WHY DID YOU FEEL THE CALLING TO GET INVOLVED WITH THE BLACK LIVES MATTER MOVEMENT?

In the same way that I was inspired by Brandy or Aaliyah or Queen Latifah or Angela Bassett, somebody could be looking at me like that. So, I took that on very early as a responsibility ... to care about what's going on in the world around me.

4. THE FIGHT FOR SOCIAL JUSTICE HAS BEEN GOING ON FOR A LONG TIME. HOW DO YOU THINK IT'S DIFFERENT RIGHT NOW?

In a lot of ways, it's become trendy. That's not good, but at the same time it is good, because if we have to make it popular to care about each other's lives and we have to make it trendy to not want Black people to be killed for no reason ... let's make it trendy.

5. WHAT DO YOU HOPE TO ACHIEVE THROUGH YOUR ACTIVISM?

Through my work, and the things I do outside of my work, whether it be working with The Embrace Girls Foundation or Saving Our Daughters' Cinderellas project, it's all about empowering young women and young men, my generation, and



Keke Palmer

Actor/author/singer, 27

New York City

"IT'S ALL ABOUT EMPOWERING ... MY GENERATION, AND HELPING US MOVE FORWARD PAST THE THINGS THAT WE NO LONGER WANT TO SEE IN THIS WORLD."

helping us move forward past the things that we no longer want to see in this world.

6. YOU'VE DEALT WITH ANXIETY AND DEPRESSION FOR MANY YEARS. WHAT HAS HELPED YOU THROUGH IT?

Sometimes it can get hard when you're in your head all the time. I stopped judging myself for the anxiety and depression, and I started to own it. I do yoga at least once a week, practice meditation, journaling, as well as acceptance.

7. HOW HAS MEDITATION HELPED YOU STAY CENTERED?

It slows me down when I am consistent with the practice. It puts me in a place where I'm more of the observer. That's helped me a lot.

8. HOW DO YOU STAY IN SHAPE?

I work out at least two to three times a week, even if it's just me on the floor of my room [working against] my own body weight. It doesn't always mean going to the gym.

9. IN YOUR 2017 BOOK, *I DON'T BELONG TO YOU*, YOU WROTE THAT YOU'VE FELT PRESSURE ABOUT YOUR SELF-IMAGE. HOW DO YOU FEEL TODAY?

I was really trying to dig deep into myself to get to the point where I didn't care what other people were thinking all the time. That made me freer to be myself. Where I am right now, I feel very comfortable. I feel like I'm owning who I am unapologetically, and that feels good.

10. WHO HAS INFLUENCED THE WAY YOU CARE FOR YOUR HEALTH?

My mentor, [actor] Asha Kamali. Working with her as a kid really inspired me because I would always see her taking good care of herself. My mom was also encouraging, whenever I got new habits, like when I wanted to start eating better. I ate on a strict schedule and didn't eat late at night. I took out juice and pop as well as pork and beef. —STEPHANIE WATSON