

# WebMD®

WHAT IS 3D  
MAMMOGRAPHY?

PAGE 14

LIFESTYLE TIPS  
TO PREVENT **CANCER**

PAGE 53

**DAD-SHAMING**  
IS REAL

PAGE 23

**STOCK UP:**  
MUST-HAVE  
PANTRY  
ESSENTIALS

PAGE 52

# A PATH FORWARD

THE COVID-19 PANDEMIC AND ONGOING HOMELESSNESS

ISSUES SPUR ACTOR **KRISTEN BELL** TO TAKE ACTION PAGE 31



## FEATURES

### HOMELESSNESS IN AMERICA

31

#### A GOOD PLACE

As an advocate for the homeless, actor Kristen Bell talks support system, commitment, and more

37

#### SECOND CHANCES

Four organizations help people transition out of homelessness with consistency, care, and commitment

41


#### HOMES ARE THE ANSWER

An interview with Margot Kushel, MD, director of the UCSF Center for Vulnerable Populations, discusses solutions to get people into permanent housing

43

#### HEALTH AND BEING HOMELESS

What happens when people lack shelter when the coronavirus crisis goes on?



“I JUST DON’T THINK ANY HUMAN SHOULD BE JUDGED OR CAST ASIDE BECAUSE OF A LACK OF OPPORTUNITY— TO GET SOBER, TO GET HEALTH CARE, TO HAVE A JOB.”

—KRISTEN BELL



## LIVING

- 10 SAFETY FIRST**  
Research shows cellphone-related injuries are on the rise
- 11 MIND MATTERS**  
A mindful meditation practice will help you focus on the present
- 13 MEN'S HEALTH**  
Talk to your doctor about infertility solutions
- 14 WOMEN'S HEALTH**  
What is the difference between a 2D and the newer 3D mammogram screenings?

### FOCUS ON DIABETES

- 26 HEALTHY HABITS**  
A guide to daily, weekly, and yearly to-dos for better diabetes control
- 28 UPDATE ON HIGH-TECH TOOLS**  
Check blood sugar levels with smart pens and more
- 30 EAT SMART**  
Advice for a well-rounded diet



## BEAUTY

- 15 SKIN CARE**  
Start a new hand exfoliation routine
- 16 EXPERT PICKS**  
Top antiaging products for wrinkles and more
- 17 BEAUTY SMARTS**  
How to identify everyday spots on your skin from those that raise a red flag



## FAMILY

- 20 QUALITY**  
Research shows a hug can make for a happy baby
- 21 PREGNANCY**  
What you need to know while being pregnant during the pandemic
- 22 BABY**  
Skin-to-skin contact with your infant boosts brain development
- 23 PARENTING**  
Dads learn how to respond to parental criticism
- 24 PETS**  
Is your dog or cat at risk of getting COVID-19?
- 25 TEEN HEALTH**  
Adolescent drivers with poor working memory have higher chances of getting into car accidents



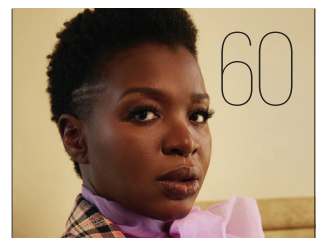
## FOOD

- 46 GOOD FOR YOU**  
Make spaghetti squash your go-to for pasta night
- 47 FOOD 101**  
Five apples perfect for pie, salads, and more
- 49 3 WAYS**  
Start your day with high-fiber breakfasts
- 52 BUILD A BETTER**  
Stock your pantry with everyday essentials



## CHECKUP

- 53 THE LATEST**  
Lifestyle changes can help prevent cancer
- 54 FOCUS ON**  
Manage rheumatoid arthritis symptoms with simple lifestyle changes
- 55 HEALTH SMARTS**  
Essential vaccines for older adults
- 57 SPOTLIGHT**  
Dietary concerns when you have rheumatoid arthritis



## IN EVERY ISSUE

- 3 FROM THE WEBMD TEAM**
- 5 UPFRONT**  
News and research on COVID-19, exercise, marijuana, and more
- 60 TAKE 10**  
Actor Folake Olowofoyeku talks about her work to end extreme poverty, role on *Bob Hearts Abishola*, and guilty pleasure



**ON THE COVER**  
PHOTOGRAPHY BY JOSH TELLES / AUGUST

# What are some creative ways your family has managed to keep the fun going during this pandemic?



**NEHA PATHAK, MD**  
WebMD Medical Editor

"My daughters (ages 9 and 6) and I have Bollywood dance parties every night. We also take turns 'ballroom' dancing with each other. If my husband gets home in time, he gets to join the party, too!"

"My family is big into fitness, so during the pandemic we've made it a priority to work out despite the gyms being closed! Whether it's using the dog as a makeshift kettlebell or jogging around the city, we're keeping our heart rates up and minds happy!"



**ALEXANDRA BENISEK**  
WebMD Junior Writer for  
Consumer Content

"Our family has always done a pretty good job of keeping in touch with phone calls, but lately, we have been doing more video chats since we know that seeing each other in person isn't a probability because so many of my family members work in health care and hospitality. We have a baby that was born in December 2019 and two new dogs that were adopted after quarantine started, so the video chats have been great to see the new additions."



**SRAVANTHI MEKA**  
WebMD Senior Content  
Planning Editor

"To keep busy—and sane—I turned to 'farming.' I planted a vegetable garden with my son, who was stranded in Atlanta when the pandemic forced him to cancel his planned 5-month hike on the Appalachian Trail. But to be truthful, he did all the work. I mostly cheered him on from the sidelines. And ate the veggies [eggplants, tomatoes, hot peppers, and watermelon] and some herbs [rosemary, dill, and basil], of course!"



**JONATHAN MINTZ**  
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JHI Vice President,  
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& Production

"I spearheaded the rock painting 'class.' We ordered some brilliant books that taught us how to use permanent markers to paint rocks, and we would each paint a few rocks a week. From butterflies to pizza slices, we run the gamut. We all channeled our inner artist and even developed some healthy competition."

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WASH UP

# Clean Routine

THE COVID-19 PANDEMIC HAS MADE MANY PEOPLE MORE CONSCIOUS ABOUT HYGIENE HABITS. ARE YOU DOING EVERYTHING TO STEM THE SPREAD OF INFECTION?

**40%** Percentage of Americans who said they didn't always wash their hands with soap after going to the bathroom at home before COVID-19.

**20 SECONDS** Time it takes to wash your hands thoroughly enough to remove viruses and other germs.

**78%** Percentage of Americans who now say they wash their hands six or more times a day.

**470%** Percentage increase in the demand for hand sanitizers in early March 2020 compared with the previous year.



**COLLEEN  
PARETTY**  
Editorial Director

IN THE NEWS

# The Other Pandemic

Before COVID-19 dominated the headlines, another alarming pandemic plagued communities across America. Last year, more than 560,000 people were without shelter on any given night, according to the National Alliance to End Homelessness; that number is no doubt higher today. Being without a home impacts every corner of a person's life, including healthcare, which we examine in three stories in this issue. First, we talk to Dr. Margot Kushel, an expert who has studied the problem extensively and had devised evidence-based solutions to move people off the streets and into housing. Next, we take a look at how organizations in four U.S. cities are tackling the problem—and getting results. Finally, we explore how lack of shelter harms health, especially for those already struggling with medical issues, and what can be done. One of our experts notes, "As a result of this pandemic, we are starting to have more people get involved and say, 'How do we solve homelessness?' 'How do we use this as an opportunity?'" Maybe, in spite of so many challenges, we can figure that out and make a difference. — *Colleen Paretty*



CORONAVIRUS UPDATE

46%

Percentage of Americans who plan to travel once lockdown is over. (Among those who don't plan to travel right away, one in four say they will wait at least six months.)

SOURCE: Ipsos Research

## EXPECTANT MOTHERS, UNEXPECTED RESULTS

*From March 22 to April 4, a New York City hospital admitted 215 expectant mothers for labor and delivery. But first, staff tested each one for COVID-19. More than 1 in 8 had the illness. But, nearly 9 in 10 showed no symptoms. While this study only included pregnant women, it could suggest that many more people in the general population than expected are walking around with symptom-free cases of COVID-19.*

SOURCE: New England Journal of Medicine



## NEW NORMAL

Predictions based on mathematical models suggest that wintertime COVID-19 outbreaks will continue until a vaccine becomes available. Without a vaccine, a cure, or an increase in hospital capacity, researchers predict social distancing may be necessary for 25% to 75% of the time through 2022 or later.

SOURCE: Science

GETTY IMAGES; PHOTOGRAPHY: SHARON SUH; STYLING: MINDY SAAD

# STRESS (MIS)MANAGEMENT



What's your go-to stress-relieving behavior? For stressed out parents, it might be parking kids in front of screens. A study looked at 1,085 babies ages 7 to 18 months. If their parents reported higher parental stress and lower household income, those tots tended to spend more time looking at screens. The American Academy of Pediatrics recommends that children younger than 18 months avoid screens except for video chats.

SOURCE: JAMA

# REPURPOSED PRESCRIPTIONS

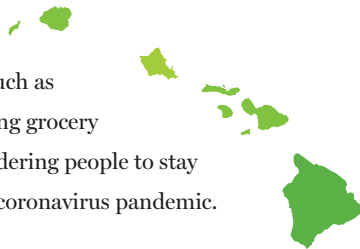
The journey to create a drug from scratch is long and winding. Sometimes, a quicker route to an effective treatment for a new disease, like COVID-19, is with medications that already exist. A team of researchers in California, New York, and Hong Kong have taken the first crucial steps on this path. They reviewed 12,000 existing medications and identified 30 that prevent viruses from reproducing inside the body. They narrowed that list down to the four most promising candidates that will progress into further research. This groundwork could help scientists discover an effective treatment that's already on drugstore shelves.

SOURCE: Sanford Burnham Prebys Medical Discovery Institute

#1

Hawaii's rank as the state that took the most action—such as closing public spaces, changing grocery shopping procedures, and ordering people to stay at home—in response to the coronavirus pandemic.

SOURCE: Wallet Hub



Number of Americans who felt prepared to work from home when COVID-19 lockdown began.

SOURCE: Gallup

1 IN 2



## MOVE FOR YOUR BRAIN

No matter how old you get, keep moving. Exercise that gets your heart rate up—brisk walking, biking, dancing—may help hold off changes in your thinking skills. As you

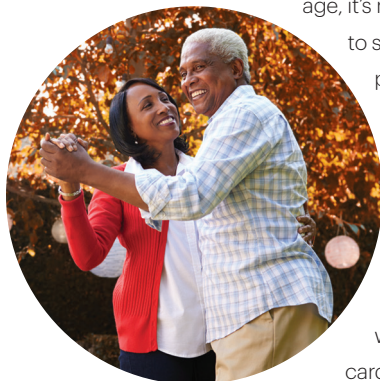
age, it's normal for your brain to start shrinking and brain performance to weaken.

But, according to a study of 2,013 older adults over a 15-year period, cardio exercise can slow that process down. Older adults

who had the greatest cardiorespiratory fitness

(measured by how much oxygen

they took in while cycling) also had the greatest brain volume in parts of the brain where age-related changes in thinking skills occur.



SOURCE: Mayo Clinic Proceedings



## EARLY WARNING

Federal guidelines recommend that colon cancer screening start at age 50. But the disease may be more common in 40-somethings than the guidelines suggest. According to a recent study, more than 9 in 10 colon cancers diagnosed at age 50 have advanced enough to require aggressive treatment. That means the cancer was likely there for a while. The American Cancer Society endorses screenings at age 45.

Talk to your doctor about your individual risk.

SOURCE: JAMA

## POT PROBLEMS

Regular marijuana users—people who use it more than 10 days a month—are 2.5 times more likely to have a stroke than their peers, says a study of 43,000 adults ages 18 to 44.

SOURCE: American Heart Association

## BIG BUCKS FOR BABY

The out-of-pocket costs of pregnancy, delivery, and postpartum care are going up in the U.S. New parents shell out an average of \$4,569 for the care, up from \$3,069 in 2008.



GETTY IMAGES

SOURCE: Health Affairs



## EXERCISE CUTS CANCER RISK

Adults should get at least 150 minutes of moderate-intensity exercise, such as biking or brisk-walking, per week. A study that followed 755,459 older adults for 10 years found that those who met these guidelines had a lower risk for at least seven different cancers, including cancers of the colon, breast, uterus, kidney, and liver; myeloma; and non-Hodgkin's lymphoma.

SOURCE: Journal of Clinical Oncology



SAFETY FIRST

# Phone Trauma

CELLPHONE DISTRACTIONS  
COULD LEAD TO INJURIES

AS YOU CHAT WITH FRIENDS ON YOUR CELL, WATCH WHERE YOU WALK. A 2019 study in *JAMA Otolaryngology-Head & Neck Surgery* shows a steep rise in head and neck injuries linked to cellphone use. From 1998 to 2017, more than 2,500 people went to emergency rooms with cellphone-related injuries like cuts and scrapes to their head or neck, which were mainly due to falls from texting while walking and other distractions. The authors of the study say the brunt of cellphone injuries happen to millennials and Gen Zers—groups that may need some additional schooling about the dangers of multitasking while on the phone. —STEPHANIE WATSON



MIND MATTERS

# Stay Mindful

WITH THE CORONAVIRUS PANDEMIC AND ITS ECONOMIC FALLOUT WREAKING HAVOC ON MENTAL HEALTH, EXPERTS SAY MINDFULNESS PRACTICES LIKE MEDITATION, YOGA, AND SIMPLY PAYING ATTENTION TO “THE NOW” CAN HELP

BY Lisa Marshall

REVIEWED BY Patricia A. Farrell, PhD, WebMD Medical Reviewer

WILL I GET SICK? HOW WILL I PAY NEXT month’s bills? Will I ever be able to take that dream trip that got canceled? When will things get back to normal?

In the age of the coronavirus, it’s easy to let worry about the future, or disappointment about the past, hijack your thoughts and lead you down a rabbit hole of worry. But you don’t have to let it, say experts in the burgeoning study of mindfulness.

Defined loosely as “paying attention on purpose in the present moment nonjudgmentally,” the age-old spiritual practice has morphed into a hugely popular, science-backed treatment, with everything from prestigious medical clinics to free smartphone apps offering ways to tap into it. In these unprecedented times, with anxiety and depression soaring, it can be particularly helpful, researchers say.

“This situation has created feelings of

unpredictability and uncontrollability on a level that we have never seen before. People don’t know when it will end and don’t feel they have any ability to end it,” says psychology professor Michelle Craske, PhD, director of the Anxiety and Depression Research Center at UCLA. “Mindfulness can provide us with a short-term interruption to that cycle of negative worry.”

If done consistently, via brief meditations, yoga, or other practices, it can also have lasting benefits, from lowering blood pressure and stress hormones to altering the structure and function of the brain, research shows.

“People used to think of mindfulness as New Age and dismiss it,” says Sue Smalley, PhD, co-author of *Fully Present: The Science, Art and Practice of Mindfulness*. “Today, there are thousands of studies out there looking at it through a scientific lens, and many show clear benefits.”

## BY THE NUMBERS

36%

Percentage of Americans who say the coronavirus has had a serious impact on their mental health.

48%

Percentage who are anxious about getting it; 62% are anxious about giving it to a loved one; 57% are worried about the financial impact it will have on them.

24%

Percentage of Americans who say they have trouble focusing on other things because they are thinking about the coronavirus.

19%

Percentage of Americans who say they are having trouble sleeping due to the coronavirus.

GETTY IMAGES

## MINDFULNESS 101

More than 50 years after The Beatles popularized transcendental meditation with the hippie culture in the West, the phrase “mindfulness meditation” still conjures images of sitting cross-legged on a pillow, a stick of incense burning in the corner.

While that can work, it doesn't have to look like that, says neuroscientist Sara Lazar, PhD, an assistant professor of psychology at Harvard Medical School.

“It's about being aware,” she says. “You can practice it anytime, anywhere.”

Start by focusing on the way the warm water and soap feel on your hands when you're washing them for 20 seconds, she suggests. Focus on your breath as you sit at a stoplight. Or when you're having a conversation with your partner, put your phone down, look him or her in the eye, and focus on the words you hear.

From there, a beginner might try a three- to 10-minute meditation each day, simply sitting, focusing on the sounds around them, and when their mind begins to wander, noticing it and refocusing on the sounds.

“Research shows that most of the time when your mind wanders you go into either neutral or negative terrain,” Smalley says, pointing to a Harvard University study that used an iPhone app to track what 2,250 adults thought of throughout the day and how they felt. It found their mind wandered away from their current task about 47% of the time, often into stressful terrain, and when they were thinking of the task at hand, they were happier.

More formal mindfulness classes also abound, including eight-week Mindfulness Based Stress Reduction classes that feature a once-a-week group class and a 40-minute-per-day meditation practice, and yoga and tai-chi classes that blend mindfulness with movement.

“Anything helps, but the more you practice, just like with exercise, it appears the more benefit you get,” Lazar says.

## YOUR BRAIN ON MINDFULNESS

Neuroimaging studies have shown that brain regions associated with paying attention and processing sensory experiences are significantly thicker in people who regularly practice mindfulness meditation. They also suggest that meditation may slow age-related

## 3 MINUTES

FOLLOW THESE STEPS FROM THE UCLA MINDFULNESS RESEARCH CENTER.



- Sit comfortably on a chair.
- Close your eyes.
- Notice the weight of your body on the chair.
- Take a few deep breaths, imagining that with each exhale you are relaxing more deeply.
- Notice the sensation of your feet touching the floor.
- Notice your back against the chair.
- Notice your stomach area. If it's tense, relax it.
- Take a breath.
- Slowly relax your hands, then your arms, then your neck, throat, jaw, and face.
- Notice your whole body is relaxed.
- Take one more breath.
- Open your eyes.



Search for the blog [5 Ways to Guard Your Mental Health During the COVID-19 Outbreak](#) at [WebMD.com](#).

thinning of areas of the brain associated with planning and memory.

But even beginners can see quick benefits.

One imaging study of 16 people who had never meditated before found that after an eight-week, 40-minutes-per-day program, four regions of the brain involved in learning, memory, and emotional regulation had already thickened. In addition, meditation appears to shrink the amygdala, the region associated with the fight-or-flight response.

“There is actually a neurobiological reason that people who meditate say they are happier,” Lazar says. “Their brain is changing.”

Other yet-to-be published research suggests that people can have anti-anxiety and cardiovascular benefits after just one, one-hour session.

And a recent review of 47 studies involving 3,500 participants concluded that “mindfulness meditation programs could help reduce anxiety, depression, and pain in clinical populations.”

Craske stresses that while mindfulness can be great for preventing mental health issues or their relapse, it is not usually enough to address serious clinical depression. (In those cases, she combines it with other therapies.)

Other new research, involving 225 healthy adults, found that people who practice mindfulness but also take time out of their day to plan ahead are better at handling stress than those who do one without the other.

“If we only live in the moment, we miss out on things like retirement planning or applying to college, but if we only engage in future-oriented thinking we run the risk of missing out on life as it is happening right now,” says lead author Shevaun Neupert, a psychology professor and researcher at North Carolina State University.

So if the thought of those unpaid bills pops into your head while you're helping your child with her homework, don't ignore it completely, just set a time to address it later in the day.

And when worrisome thoughts pop into your mind at other times, try acknowledging but not catastrophizing them, Lazar advises.

“Yes, there are a lot of ways the future could go and we don't have much control. But if we can say to ourselves: ‘Right now, I am safe. Right now, I am OK,’ we can contain some of that worry before it poisons us.”

# Fertility Factors

OFTEN, THE CAUSE OF INFERTILITY REMAINS UNKNOWN. IN SOME CASES, A MAN'S HEALTH MAY PLAY A ROLE IN A COUPLE'S INABILITY TO CONCEIVE.

BY Matt McMillen

REVIEWED BY Michael Smith, MD, WebMD Chief Medical Editor



**IT'S NORMAL FOR COUPLES TO TAKE A FEW MONTHS TO CONCEIVE.** But what if you've been trying for a year or so with no luck? Get checked out for any issues that may compromise your fertility.

Many possible causes exist. But for Lawrence Jenkins, MD, a urologist at the Ohio State University Wexner Medical Center who specializes in men's reproductive health, one explanation frequently takes center stage.

"Though we can't always identify the true cause of a man's infertility, most

Search for the article **Infertility and Men** at [WebMD.com](https://www.webmd.com).

commonly it's an unhealthy lifestyle," Jenkins says.

Take obesity, for example. Not only is it associated with chronic conditions linked to fertility troubles, such as diabetes, it can also encourage hormone imbalances.

"You can end up with lower testosterone levels and higher estrogen levels," Jenkins says. "That imbalance can lead to a decrease in the production of sperm."

Alcohol and recreational drugs like marijuana and cocaine also affect your ability to father children, as does smoking. Jenkins says it's important to dig deeply into a man's lifestyle and medical history to try to locate the root cause.

"I want to get a full picture of what's going on," he says.

That will include openly discussing your sex life: How often do you have sex? Do you schedule sex based on when your partner's most likely to become pregnant? Have you impregnated previous partners?

Your exam will be more than just talk. Your doctor will likely draw blood to measure your total testosterone and other hormones. You'll also need to provide two semen samples and undergo a physical exam that could reveal abnormalities. A birth defect, for example, could mean you have no vas deferens, the tube that carries sperm from your testicles to your urethra. If your semen contains no sperm, you'll likely undergo genetic testing and, potentially, surgical exams of your testicles to look for areas of sperm production.

"It's going to take several visits," Jenkins says.

Often, Jenkins says, a man comes to appointments with his partner, and they talk about more than physical issues.

"Infertility causes a lot of stress in a relationship," he says.

That stress adds another layer of difficulty. You may fret so much about your ability to perform that you can't stay in the moment when having sex.

"When that happens, it's impossible to keep your erection," Jenkins says.

Couples counseling can help you cope, as can meditation, exercise, and other stress-reducing activities. Erectile medications may also be an option. Discuss the options with your doctor.

## ASK YOUR DOCTOR

### Q What medical solutions may help my infertility?

Medications can correct hormone imbalances that affect your sperm. In some cases, sperm can be surgically extracted from your testicles and used to attempt a pregnancy.

### Q What happens if you can't treat my infertility?

This is rare, but it can happen. Talk to your doctor about options like using a sperm donor, and consider adoption.

### Q Can supplements help my fertility?

Probably not. A recent study found that zinc and folic acid supplements—often sold as fertility boosters—don't improve sperm counts, how sperm functions, or the odds of pregnancy.

### Q What can I do to benefit my reproductive health?

Focus on nutritious foods, a regular exercise routine, and a healthy weight. Stay out of hot tubs and saunas. The heat can hinder sperm production.

# Mammogram Update

NEW 3D MAMMOGRAMS, OR BREAST TOMOSYNTHESIS, ELIMINATE SOME OF THE PROBLEMS OF CONVENTIONAL 2D IMAGES. WHAT DO YOU NEED TO KNOW ABOUT THEM?

BY Sonya Collins

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



Search for the article

**Breast Cancer Screening & Diagnosis** at WebMD.com.



**SINCE YOUR LAST MAMMOGRAM**, your doctor might have replaced conventional 2D images with 3D technology called breast tomosynthesis, or 3D mammogram. Though the new technology doesn't do away with that infamous vice-grip on the breast tissue, it makes improvements on the 2D images.

"The image is clearer and, in most cases, cancer is found at a much earlier stage," says Anita Johnson, MD, director of Breast Surgical Oncology at Cancer Treatment Centers of America in Newnan, GA.

## WHAT'S THE DIFFERENCE?

2D mammograms take two X-ray images of your breast: one from top-to-bottom and the other from side-to-side. Because it's a single image of the whole breast pressed flat, sometimes normal tissue can hide abnormalities.

In tomosynthesis, the X-ray tube makes an arc around the breast, creating several images along the way. A computer turns the set of images into a 3D image of the breast.

"3D shows the breast tissue in very thin 'slices,' so you can see through the entire breast much more easily," Johnson says.

In a trial of 96,269 women, tomosynthesis detected more cancers than conventional

mammogram, with fewer false positives and callbacks. Women between ages 40 and 49, especially those with dense breasts, saw the biggest difference.

## WHAT YOU SHOULD KNOW

3D mammograms are becoming more common. If you're not sure whether your doctor uses them, ask.

The Society of Breast Imaging says almost all women should switch. Ask your doctor what she recommends for you.

Keep in mind, you might have to travel for the technology. "Most breast facilities, especially in metropolitan areas, have 3D mammography, but in some rural areas, they may not," Johnson says.

You might also have to pay. Not all health insurance companies cover the added cost of the more expensive images.

Finally, tomosynthesis usually incorporates 2D images, too. That means more radiation into your chest. If you're concerned about radiation, ask the breast center whether their machines generate "synthetic" 2D images, which reduces radiation.

In the end, the best mammogram is one you are able to get at the recommended intervals and not put off.

## 4 LESSONS

"WHETHER IT'S A 2D OR 3D IMAGE, THE GOAL IS TO GET YOUR MAMMOGRAM WHEN IT'S RECOMMENDED," SAYS **ANITA JOHNSON, MD**. HERE'S WHAT THE AMERICAN CANCER SOCIETY ADVISES:

- Talk to your doctor at age 40 about your individual risk and when to start screening.
- Get yearly mammograms from at least age 45 to 54.
- Continue with yearly screens or switch to every other year at age 55.
- Schedule regular mammograms for as long as you are in good health.



SKIN CARE

# Smooth Handoff

START FALL FRESH. WITH A NEW EXFOLIATION ROUTINE, SAY HELLO TO SOFT, SUPPLE SKIN.

AFTER NONSTOP WASHING TO HELP PREVENT THE SPREAD OF COVID-19, YOUR HANDS MAY LOOK AND FEEL DRY AND DULL. “Exfoliation removes the dead skin and leaves your skin feeling nice and soft,” says Shari Sperling, DO, a dermatologist in Florham Park, NJ. She suggests trying an exfoliating scrub like Dove Exfoliating Body Polish or a product with alpha- or beta-hydroxy acids, like Paula’s Choice 2% BHA Liquid Exfoliant. Exfoliate up to once a week—any more than that may cause irritation or redness. If you have cracking, redness, or extremely dry skin, see a dermatologist. —KARA MAYER ROBINSON



# Anti-Aging MVPs

KICK AGE SPOTS, WRINKLES, AND DULLNESS TO THE CURB WITH THESE ANTI-AGING SUPERSTARS, HANDPICKED BY **MARISA GARSHICK, MD**, A DERMATOLOGIST AT MANHATTAN DERMATOLOGY AND COSMETIC SURGERY CENTERS IN NEW YORK.

BY Kara Mayer Robinson

REVIEWED BY Karyn Grossman, MD, WebMD Medical Reviewer

## TOP TRIO

### First Aid Beauty Eye Duty Triple Remedy, \$36

"This eye cream contains caffeine and licorice root extract to help brighten the under-eye area and antioxidants to help fight free-radical damage. I also love that the applicator offers a cooling sensation, which helps to reduce morning puffiness."



 Search for the slideshow **Best Anti-Aging Skin Care Ingredients** at [WebMD.com](http://WebMD.com).

## NIGHTCAP

### CeraVe PM Facial Moisturizing Lotion, \$24

"I love this lightweight, nongreasy moisturizer to hydrate the skin and help restore the natural skin barrier with ceramides. It also contains hyaluronic acid, which helps to attract water and moisture."

## SILVER SCREEN

### EltaMD UV Daily Broad-Spectrum SPF 40, \$30

"This is a lightweight, easy-to-apply, zinc-containing sunscreen that also has hyaluronic acid to hydrate skin and improve the appearance of fine lines and wrinkles. It's a great option for many skin types and won't clog pores."



## HOME RUN

### Neutrogena Rapid Wrinkle Repair Night Face Moisturizer with Retinol, Hyaluronic Acid, \$20

"Retinol is a key anti-aging ingredient with scientific support to boost collagen production and improve the appearance of fine lines, wrinkles, and brown spots. It's a great option if you like to keep your routine simple, as you get a moisturizer and retinol in one product."



## BRIGHT FUTURE

### La Roche-Posay Pure Vitamin C Serum, \$40

"A topical antioxidant helps protect skin from free-radical damage from UV rays and environmental stressors. This serum helps brighten skin, evens skin tone, and helps improve the appearance of fine lines and wrinkles."



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# On Your Mark

IF YOU SEE SPOTS ON YOUR SKIN, HERE'S THE EXPERT EXPLAINER ON WHAT IS NORMAL—AND WHAT SHOULD RAISE A RED FLAG

BY Liesa Goins

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

**SPOTS ON YOUR SKIN ARE A LOT LIKE SNAKES**—it can take an expert eye to know which ones are dangerous. “Whenever in doubt, get the spot checked out,” says Omer Ibrahim, MD, a dermatologist in Chicago. “Patients often tell me, ‘I felt embarrassed wasting your time,’ or ‘I felt stupid, it’s such a small spot.’ But there is nothing to be ashamed about and you are not wasting anyone’s time by making sure your skin is healthy and cancer-free.”

Since sunspots, moles, and other pigmented marks are a natural part of skin aging, we asked top dermatologists for their advice on how to tell which spots are scary and which are harmless.

## MOLES

Dermatologists use the mnemonic ABCDE to help determine if a mole is suspicious. “ABCDE targets melanoma skin cancer,” says Dee Anna Glaser, MD, a dermatologist and professor of dermatology at Saint Louis University School of Medicine. “Even though that’s one of the least common types of skin cancer, it’s the most dangerous and potentially lethal if not caught early.”

‘A’ stands for asymmetry, which Glaser explains can be in the color, shape, or the topography of a mole. She says to imagine folding the mole over in half from any direction and having it look about the same. “Asymmetry is telling us that there are some areas where the melanocytes [the cells responsible for producing pigment] aren’t behaving the same way as other cells in that mole,” Glaser explains.

‘B’ refers to the border and that should be very well defined—not jagged like the coast of Maine or the Lake of the Ozarks, Glaser says. “Melanoma borders tend to be uneven and have scalloped or notched edges, while



common moles tend to have smoother, more even borders,” Ibrahim explains.

When it comes to ‘C’ or color, Amy McMichael, a dermatologist and professor of dermatology at Wake Forest School of Medicine in Winston-Salem, NC, tells her patients red, white, and blue should not be on their skin. “Telltale signs that something isn’t right is a blue-tinged lesion; redness could be a vascular change or bleeding; and white or depigmentation could be signs your body is mounting an immune response,” she says. Ibrahim says that benign moles are usually a single shade of brown.

‘D’ is the diameter or size. “What we look for is anything over 6 millimeters or the size of a pencil eraser,” McMichael says. “If it gets to that size or larger, have it looked at. The size doesn’t always mean it’s problematic, but if it has increased from small to large, that’s worrisome.”

‘E’ means evolution, or to pay attention to any changes. Glaser says that could be anything from itching, pain, bleeding, crusting, or roughness. “It’s anything that’s different or changing, or if it’s different for you, it needs to be looked at.”

“As a general rule, look for any ‘ugly duckling’ signs,” Glaser says. “Most of us tend to make similar looking moles. If you see one that looks different than the majority of other moles [on your body], that could be a sign that it looks different microscopically and could be a cancer.”

## BASAL CELL CARCINOMA

Glaser says this is the most common form of skin cancer and also the easiest to treat. She describes these as a pink or skin-colored raised bump that grows slowly and tends to show up in areas of the skin that are sun damaged.

“The spot can also resemble a pimple,”

Search for the article **Moles, Freckles, and Skin Tags** at [WebMD.com](https://www.webmd.com).

Glaser says. “If you’re in your 60s or 70s and suddenly have a breakout, that may be a sign of a basal cell.” She says one of the giveaways is when the same area of skin tends to bleed repeatedly.

### SQUAMOUS CELL CARCINOMA

The second most common form of cancer, these growths tend to look scaly, crusty, or bleed. Glaser says these look more like scabs and have more roughness. The growths can be raised or have a depression. Any time you have a sore that doesn’t seem to heal, a doctor should look at it to assess it.

### SUNSPOTS

Brown spots that develop over time as a result of sun exposure are known as solar lentigines. These are light brown, even-toned freckles and flat spots on the face, shoulders, and other sun-exposed areas, Ibrahim explains.

Sunspots are benign and just a normal part of aging. “In general, there will be a large collection of these marks—there will be more than one,” says Seemal Desai, MD, a dermatologist in Plano, TX, and a clinical assistant professor of dermatology at the University of Texas Southwestern Medical Center in Dallas. “The pigment won’t

## AISLE DO

### BEAUTY AND THE BOX

AN ASSORTMENT OF COSMETICS ARRIVES AT YOUR DOORSTEP EVERY MONTH. THAT’S WHAT YOU GET WITH A BEAUTY BOX SUBSCRIPTION. HERE, EXPERTS SHARE THEIR FAVORITES.

#### PRODUCT PICK

##### The Clean Beauty Box (\$42/box)

“This bimonthly subscription box contains chemical-free, natural brands that are sustainable and eco-friendly. If you’re trying to find skin care products that are safer for the environment and your skin, but not sure which brands to try, it’s a great way to find out.”

Vindhya Veerula, MD, dermatologist, Fort Wayne, IN



#### PRODUCT PICK

##### Birchbox (\$15/box)

“These are great for sampling products to build up your makeup, skin care, and grooming routines. This brand delivers higher-quality products and a good variety of products each month.”

Tejas Patel, MD, dermatologist, Brooklyn, NY



#### PRODUCT PICK

##### Ipsy Glam Bag (\$12 for five sample sizes, or \$25 for five full-size items/box)

“My top pick is Ipsy because of flexibility, affordability, and quality. Product types vary—all-natural, vegan, or professional-grade, which contain active ingredients like glycolic acid or retinol—and are chosen based on a personal assessment quiz you take online before you sign up.”

Thamara Lamarre, RN, aesthetic nurse, Princeton, NJ



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## THE SCOOP



### FIGHT FRIZZ

DAVID ARMENDARIZ, OWNER OF STUDIO A SALON IN HOUSTON, GIVES HIS TACTICS FOR FIGHTING FRIZZ AND KEEPING HAIR SMOOTH IN HUMID CLIMATES.

#### START IN THE SHOWER

Wash with a smoothing shampoo and a moisturizing conditioner. “Frizz is caused by dry, damaged hair that has a raised cuticle, and moisture helps seal and lay down the outer layer,” Armendariz says. He will often suggest using a conditioning mask to treat very frizzy textures.

#### SQUEEZE AND BLOT

Don’t rough up wet hair with a towel, which only disturbs the cuticle and increases the odds of frizz. Armendariz recommends squeezing and blotting to gently remove water, or better yet, using an old T-shirt to dry hair, especially for curly hair.

#### HANDS OFF

Touching your hair too much can fluff up strands and make them more prone to going haywire, especially if you have curly hair. Keep your hands off your hair as much as possible once it’s dry to keep it tame.

#### SPOT TREAT

Antifriz styling creams are helpful for preventing frizz, but to manage stray strands once you leave the house, Armendariz suggests you keep a smoothing oil in your bag. Rub it between your palms and lightly pat down fly-away strands, work from the ends up.

# Beauty

look as dense as a mole and they won't tend to grow or change much."

## AGE SPOTS

Waxy, wart-like growths often concern people because they can come in various sizes, shapes, and shades from white to black, McMichael says. Known as seborrheic keratosis, these age spots are benign lesions that develop over time. Ibrahim explains they are normal skin cells that have multiplied and piled up on each other. "I tell my patients that anyone over the age of 30 has earned a seborrheic keratosis somewhere on their body," Ibrahim says. "What's concerning is they can get dark, crusty, and bleed at times," McMichael warns. "So sometimes you need to have a biopsy to be sure it's not cancerous."

## ✓ CHECK YOURSELF

One of the best ways to know what's normal is to get familiar with your spots. "I tell patients to check their skin head-to-toe once a month," Omer Ibrahim, MD, says. He suggests picking a date like the first of the month. Check your entire body, including palms, soles of the feet, groin, and any areas that don't get much sun. Document spots with a camera to track them.

A thorough check is especially important for those with skin of color, Seemal Desai, MD, warns. "The palms, soles, and between the toes have a high predilection for a type of melanoma that can lead to worse outcomes particularly for African Americans," he explains. Plus, cancers can look different depending on your skin tone. "In darker skin types, many skin cancers don't necessarily show up as red or pink, so you might be looking for abnormal texture or more subtle lesions."

Desai warns that trying to spot all the subtleties in a lesion may be a challenge to an untrained eye. "My best advice is that you don't have to be your own doctor," Dee Anna Glaser, MD, says. "If you see something and you're concerned or you have so many spots that you're overwhelmed, go in and see your dermatologist on a regular basis to be checked."

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## DIRTY SECRET

"I extract my own blackheads."

### DON'T SQUEEZE

*"So many people attempt to extract blackheads with their hands or some other tool and create wounds, which are just portals for infection. This traumatizes the skin and increases the odds for scars and hyperpigmentation. A dermatologist will use a proper extraction tool in a sterile setting."*

### HANDS OFF

*"Blackheads can be removed mechanically with a tool or chemically with a topical treatment that dissolves them over time. However, there is no medical need to extract them, so there's no harm in leaving them alone."*

### PREVENT PLUGS

*"It's more important to do things to reduce the frequency of blackheads. Cleanse with a salicylic acid wash to dry up sebum, which helps avoid the collection of oil, debris, and bacteria that can become a blackhead. Incorporate a retinoid into your regimen to modulate cell turnover to help decrease your chances of getting a sebum plug in the first place."*



—Ranella Hirsch, MD, dermatologist, Boston

GETTY IMAGES

BABY TIME

# Main Squeeze

WANT TO LOWER YOUR BABY'S STRESS LEVELS? HUG IT OUT.



GETTY IMAGES

**YOU LOVE TO CUDDLE YOUR BABY, BUT HOW DOES SHE FEEL ABOUT IT?** According to science, pretty great. Researchers studying infants less than a year old found that a hug from a parent lowered their resting heart rate and turned on their parasympathetic (“rest and digest”) response. Holding didn’t have the same calming effect, and neither did an embrace from a female stranger. When it comes to the good hug stuff, mom and dad are where it’s at. —RACHEL REIFF ELLIS



PREGNANCY

## Pandemic Pregnancy

WHAT YOU NEED TO KNOW IF YOU'RE PREGNANT DURING THE CORONAVIRUS OUTBREAK

BY Stephanie Watson REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

**ARE YOU WORRIED ABOUT THE RISKS** of COVID-19 to your pregnancy? John Smulian, MD, MPH, chair of the department of obstetrics and gynecology at UF Health Shands Hospital in Gainesville, FL, explains how to protect yourself and your baby.

### Q Does pregnancy increase the risk for COVID-19?

**SMULIAN** The data we have so far shows that pregnant women are no more likely to become infected than any other person. Obviously, a lot of new information is coming in all the time, so that might be revised, but there have been no red flags so far.

### Q Is the virus more dangerous during pregnancy?

**SMULIAN** Pregnant women are a little more susceptible to complications of many respiratory viruses, like the flu. Women with COVID-19 have an increased risk of preterm births, but when a pregnant woman is sick with any respiratory infection, she's more likely to go into labor early.

### Q Do pregnant women with gestational diabetes or high blood pressure have more risk?

**SMULIAN** We don't have enough information yet to answer that. We are sensitive to that possibility, but

we currently don't have any proof this is true.

### Q Can I pass the virus to my unborn baby?

**SMULIAN** We think the chances are quite low of that happening. [Although recent cases have shown that vertical transmission is possible.] We do think that after the baby is born, there can be mother-to-baby or family member-to-baby transmission.

### Q Is it safe to go to my prenatal visits?

**SMULIAN** Prenatal care is important. Many prenatal care visits can be done by telehealth, but some aspects, like physical exams and ultrasounds, have to be done in person. Most obstetric offices have taken steps to minimize risks to their patients, like limiting the number of people in the waiting room at one time and having everyone—medical providers and patients—wear masks when they're available.

### Q If I do get sick, what can I take to treat myself?

**SMULIAN** Acetaminophen is generally better than NSAIDs like ibuprofen or naproxen when you have a fever or body aches from COVID-19. However, you should always check with your doctor before you take anything. [This is especially true for NSAIDs.] High doses of these medicines could have serious side effects to you and your baby.

## 4 TIPS

LOWER YOUR ODDS OF CATCHING THE VIRUS WITH THESE TIPS FROM **JOHN SMULIAN, MD, MPH.**

### 1. WASH YOUR HANDS OFTEN

Use soap, and wash for at least 20 seconds, especially after you go out and before you eat.

### 2. WEAR A MASK


Cover your face while in public, and stay at least 6 feet away from other people.

### 3. TURN TO RELIABLE SOURCES

Check the CDC's website for the most updated information on pregnancy and COVID-19.

### 4. DON'T FEAR THE HOSPITAL

It's still the safest place to deliver if you have complications during labor. Your hospital will take every precaution to keep you and your baby safe.

 Search for the article **Coronavirus and Pregnancy** at [WebMD.com](https://www.webmd.com).

# The Magic Touch

EARLY SKIN-TO-SKIN CONTACT CAN BOOST BABY'S BRAIN WHILE HELPING MOM DE-STRESS AND BOND

BY Lisa Marshall **REVIEWED BY** Hansa Bhargava, MD, WebMD Senior Medical Editor

## INSTINCTIVELY WE'VE ALWAYS KNOWN IT:

There's something special about a mother's touch.

Research suggests that skin-to-skin contact in the first few months of life can play a key role in baby's development, influencing brain activity and stress hormones at a critical time.

"Our brains are not fully developed when we're born, especially the regions that make us uniquely human, like those associated with planning and controlling emotions," says Nancy Jones, PhD, an associate professor in the department of psychology at Florida Atlantic University (FAU). "Those earliest interactive experiences are really important."

In a recent study, Jones and her team explored a method called kangaroo care, developed in 1978 in Bogotá, Colombia, to help mothers of premature infants keep their babies warm in the absence of incubators. Naked, aside from a diaper, baby is snuggled close to his or her caregiver's bare chest, head upright, a blanket placed over the body like a kangaroo's pouch.

Previous research has demonstrated a host of benefits, from helping baby maintain a healthy body temperature and heart rate to lowering risk of infection, as well as bolstering a mother's milk supply. One Israeli study of 150 preterm infants found that those provided one hour of kangaroo care daily for the first 14 days of life slept better and scored higher on cognitive tests as much as a decade later.

Jones's team sought to find out just what was happening in baby's brains and bodies to drive those benefits, and whether healthy full-term babies benefited, too. She followed 33 mother-infant pairs, instructing half to practice kangaroo care at least one hour per day for six weeks. Meanwhile, her team

measured levels of oxytocin (often known as the feel-good or cuddle hormone) and cortisol (the stress hormone) in all the infants and moms.

At 3 months, they measured the babies' brain activity, while awake, using tiny caps embedded with electroencephalogram (EEG) sensors.

"We found that kangaroo care promoted healthy patterns of infant brain activity and appeared to influence mother and infant hormones related to attachment," says the study's lead author, Jillian Hardin, PhD, a psychology researcher at FAU.

Those babies who had daily skin-to-skin contact showed higher levels of oxytocin in general. And after a mildly frustrating experience (when mom held their arms down briefly) they showed lower levels of cortisol. Their brains also looked different, with more activity in areas associated with emotion regulation, higher-order thinking, and a curious, outward approach to the world.

"Even six weeks of kangaroo care appeared to influence their brain development," Jones says.

Moms benefited too, showing higher levels of oxytocin which, some research suggests, could help fend off postpartum depression. Other studies suggest that babies reap similar benefits when dad or another caregiver serves as the "kangaroo."

Due to the coronavirus, these are difficult times for new mothers, with some experts advising moms who have symptoms of the virus infection to wear a mask when holding baby.

Jones's advice: "Listen to your doctor, but make sure you get as much skin-to-skin bonding as you can. We may social distance with others, but our babies need us to be close to them."

## HOW-TO TIPS

YOU CAN PRACTICE KANGAROO CARE AT HOME, SAYS RESEARCHER **JILLIAN HARDIN, PhD**. SOME COMPANIES SELL KANGAROO-CARE-STYLE WRAPS THAT ALLOW PARENTS TO KEEP THEIR HANDS FREE AND WALK AROUND WHILE CARRYING THEIR BABY. IF YOUR BABY WAS PREMATURE OR YOU HAVE RESPIRATORY SYMPTOMS, CONSULT YOUR DOCTOR FIRST.

- Recline in a chair, shirtless or with no bra on and your shirt open.
- Don't lay flat. Rather, lean back at a 30- to 40-degree angle.
- Place your baby on your chest, facing you, wearing only a diaper (and cap if necessary, for warmth).
- Don't allow baby's head to rest face down against your chest. Turn it to the side.
- The infant's shoulders should lay flat against your chest, legs bent in a frog-like position if possible.
- The infant's neck should be straight and slightly extended to ensure unobstructed breathing.
- Place a blanket over baby's back, or cover it with your shirt.
- Keep an eye on baby to ensure she is comfortable.
- Ideally, do this for 60 to 90 minutes several times a week.



Search for the article **Forming a Bond With Your Baby** at [WebMD.com](https://www.webmd.com).





## Dad Shaming

CRITICISM CAN BE HARD TO HEAR, ESPECIALLY WHEN IT'S ABOUT SOMETHING AS PERSONAL AS HOW YOU RAISE YOUR CHILDREN. FOR A SIGNIFICANT NUMBER OF MEN, CRITICISM MAY HURT THEIR EFFECTIVENESS AS FATHERS.

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

IN A SURVEY OF MORE THAN 2,000 FATHERS conducted last year, researchers at C.S. Mott Children's Hospital in Ann Arbor, MI, asked men about how others reacted to their parenting style and choices. More than half said they had been criticized about how they disciplined their children, what they fed them, and how roughly they played with them. Those critiques came from many quarters: their partners, their child's grandparents, their friends, and even strangers.

Many dads—just less than half—took the criticism well. They reported making changes to their parenting style and researching what they could do differently. That's a big positive. But more than a quarter of the men said they felt less confident as a parent after being told they were in some way doing it wrong. Nearly 1 in 5 had less desire to be involved as a parent.

That can have harmful effects on kids. "Your child may notice your withdrawal and feel guilty," says psychologist Ronald Levant, EdD. "Children often feel responsible for things that they are not, in fact, responsible for."

Levant, the founder of Boston University's Fatherhood Project and an emeritus professor of psychology at the University of Akron, also says that the way you give and receive criticism will impact the relationships you have, particularly with your spouse or partner. Certain ways of voicing criticism simply push all the wrong buttons, such as accusations that you're doing something wrong. Recognize this and talk about it.

### CHECK YOURSELF

DO YOU OFTEN RESPOND POORLY TO CRITICISM? TRY THESE TECHNIQUES FROM PSYCHOLOGIST RONALD LEVANT, EDD.

#### PRACTICE ACTIVE LISTENING

When your partner raises a concern, do you find yourself composing your response as your partner talks? That makes it impossible to really hear what your partner says. Resist that urge and pay close attention so that you truly understand what's being said.

#### ENGAGE IN EMOTIONAL EMPATHY

If your partner worries you're too rough with your children, for example, don't blow off that worry. Examine it from your partner's perspective. Try to feel what your partner feels. Likely, you will better understand the concern.

Levant, author of *The Tough Standard: The Hard Truths About Masculinity and Violence*, recommends that dads resist the urge to withdraw or lash out with blame when criticized. Instead, center what you say on the way that criticism makes you feel. Such a focus can provide an opening for discussion and help avoid the raising of voices.

"Don't just say, 'You're wrong to criticize me,'" Levant says. "Instead, say something like, 'I was a bit taken aback by your criticism, so maybe we are not quite on the same page when it comes to discipline, and we should talk about that.'"

Reframing the way you respond to criticism will help ease tensions between you and your partner when such criticism arises. It also can help you be a better dad by modeling such positive behavior for your kids, Levant says.

"Children would feel good if they see that dad can learn from feedback or dad can learn from his mistakes," Levant says. "And they'll likely say to themselves, 'I want to be like that.'"

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

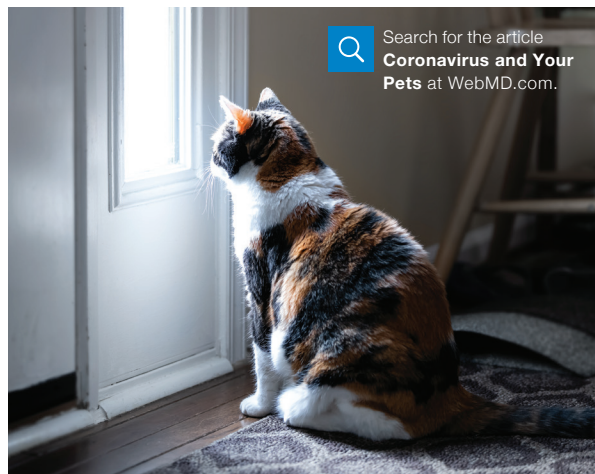


# Pets and the Pandemic

KEEP YOUR PETS SAFE DURING THE COVID-19 OUTBREAK

BY Jodi Helmer

REVIEWED BY Will Draper, DVM, WebMD Medical Reviewer



**CORONAVIRUS CONTINUES DOMINATING HEADLINES**, and the news that several dogs and cats have been diagnosed with the COVID-19 virus has pet owners wondering if their dog or cat is at risk.

First, "it's important to stress that animal cases are rare," says Jeanette O'Quin, DVM, MPH, assistant professor at The Ohio State University. But even though the risk of your pet testing positive for coronavirus is low, you should still take precautions. O'Quin suggests practicing social distancing with your pets: skip the dog park and go on leash walks instead, keeping at least 6 feet away from other walkers and dogs. Keep your cat indoors, too.

New research published in the journal *Science* tested the susceptibility of domestic animals, including cats and dogs, to the coronavirus and found that cats were the most susceptible to airborne infections. In contrast, dogs showed low susceptibility to the virus.

Monitor your pet for symptoms such as coughing, sneezing, nasal discharge, shortness of breath, fever, vomiting, diarrhea, or lack of energy. Make an appointment with the vet if your pet shows possible signs of COVID-19 and let them know if your pet has been in contact with anyone who tested positive for the virus.

Most important, O'Quin says, do not panic. "There are many, many other causes for respiratory signs in cats and dogs that are very common," she adds. "Even if your pet does develop clinical signs of a respiratory infection, COVID-19 should not be the first thing you think of."

On the rare chance your pet does contract the virus, O'Quin notes that most pets that were diagnosed with COVID-19 had very mild symptoms and fully recovered.

Meanwhile, wash bowls, collars, leashes, and dog beds if your dog comes into contact with anyone who has COVID-19.

# Drive Smart

IS YOUR TEEN REALLY READY TO DRIVE? NEW RESEARCH SUGGESTS POOR WORKING MEMORY CAN BOOST CHANCE OF CRASHES.

BY Lisa Marshall REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

**DOES YOUR TEEN CONSTANTLY LOSE HIS STUFF?** Have trouble remembering to turn in her homework? Get easily distracted? If so, pause before handing over the car keys.

That's the takeaway of mounting research suggesting that young drivers with poor working memory are significantly more likely to have a car accident. Working memory is the cognitive skill that enables people to pay attention in real time and make decisions in the face of distractions.

"When you're driving, you have to integrate what is going on with the road and street lights and traffic with what's on the radio and your passengers, all in a way that enables you to drive safely," says Daniel Romer, PhD, research director at the Annenberg Public Policy Center at the University of Pennsylvania. "That all challenges your working memory."

Automobile crashes are the leading cause of injury and death for U.S. adolescents, killing 2,300 annually.

Risk generally tends to fade with young adulthood. Even a novice 22-year-old has a lower chance of crashing than an equally novice 16-year-old. Since certain areas of the brain, including those that control working memory, don't fully develop until early adulthood, Romer's team began to wonder if crash risk had something to do with brain development.

They followed 118 youth from ages 11 and 13 to 18 and 20, assessing working memory annually. When they followed up two years later with a survey about their driving experiences, about 30% had been in at least one accident. Those who had developed

working memory more slowly were more likely to have crashed, according to the study published in *Jama Network*.

"People tend to think adolescents are just reckless, but it turns out you can't generalize," Romer says. "Developmentally, one 16-year old can be wildly different than another."

Previous studies have linked poor working memory with reckless and inattentive driving. One, published in 2019, found young drivers with ADHD (attention deficit hyperactivity disorder), which often comes with working memory deficits, receive more traffic tickets and are 62% more likely to crash within a month of getting their license.

But Romer notes that practice can help.

"Having a weak working memory is a major problem if you don't have skills, but if you have been driving for a while, things do start to get automated," he says, noting that most states now prohibit new drivers from driving under high-risk conditions, such as with friends in the car or driving after midnight.

He envisions a day when driver's tests include working memory assessments, pediatricians (who in some states must sign off before a teen gets a license) are armed with better screening tools to identify crash risk, and parents can offer their teens driving simulations to bolster working memory skills.

In the meantime, don't take too lightly the decision to let your teen get a license.

"If a parent realizes that their child has trouble paying attention or holding things in memory, they should take extra care," he says.

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

## BY THE NUMBERS

2,364

Number of teens in the United States who died in car crashes in 2017.

300,000

Number of teens in the United States treated in emergency rooms in 2017 for injuries suffered in car crashes.

>2x

Motor vehicle death rate for male drivers ages 16 to 19, more than two times higher than for females that age.

1.5x

Crash rate for 16-year-olds is 1.5 times higher than for 19-year-olds.



# Type 2 Checklist

WHEN YOU HAVE DIABETES, CERTAIN HABITS BECOME ESSENTIAL TO GOOD HEALTH. HERE'S A REVIEW OF WHAT YOU NEED TO FEEL YOUR BEST.

BY Erin O'Donnell **REVIEWED BY** Brunilda Nazario, MD, WebMD Senior Medical Editor



**LIVING WELL WITH TYPE 2 DIABETES REQUIRES ADOPTING HEALTHY ROUTINES.** We spoke with endocrinologist and diabetes educator Anthony Pick, MD, of Northwestern Medicine Lake Forest Hospital in Illinois, to find out which regular habits he recommends for his patients.

## DAILY HABITS

**Aim for smart food choices.** To keep blood sugar levels in a healthy range, Pick recommends eating slowly, savoring your food, being attentive to signs of fullness, and choosing nutritious foods. He recommends that patients newly diagnosed with type 2 work closely with a registered dietitian and diabetes educator to create an eating plan designed just for them.

**Make sleep a priority.** Pick encourages patients with type 2 diabetes to get 7 to 8 hours of sleep each night, and to seek treatment for possible sleep apnea if they snore. "What's underappreciated is that sleep deprivation and sleep apnea aggravate diabetes," Pick says. "It leads to cravings for unhealthy food and increased insulin resistance." It also makes weight loss harder, he adds.

**Record blood sugar levels.** Testing and recording your blood sugar allows you to see patterns, such as how certain foods or activities affect your blood sugar levels. Your doctor or diabetes educator will tell you how often you should test daily.

Many people use traditional blood sugar meters, which involve testing a drop of blood from your fingertip. But Pick says a growing number of his patients use continuous glucose monitors (CGMs), in which a small sensor placed on the skin of the upper arm measures blood sugar every few minutes and some send the results to your smartphone.

## 3 STRESS-BUSTING HABITS

STRESS RAISES BLOOD GLUCOSE LEVELS AND MAKES IT HARDER TO TAKE GOOD CARE OF YOURSELF, SAYS **ANTHONY PICK, MD**. HE ENCOURAGES HIS PATIENTS WITH TYPE 2 DIABETES TO CONSIDER THE FOLLOWING HABITS TO REDUCE STRESS.

### 1. FOSTER FRIENDSHIPS

Meeting with pals regularly for tea or a jog keeps you connected and may protect against depression and loneliness, two risk factors for heart disease.

### 2. OWN A PET

Caring for a cat or dog can also keep loneliness at bay. A dog provides the added benefits of getting you outside for walks.

### 3. TAKE TIME IN NATURE

Research shows that walks in the woods can decrease stress hormone levels, pulse rate, and blood pressure. They can also boost your mood.

This makes it easier to see trends and share information with your doctor.

**Avoid sitting for long spells.** If you have a desk job that involves sitting all day or you like to binge-watch TV, Pick urges you to get up and move regularly. Research suggests that long periods of sitting are harmful for the heart. “There’s that saying that ‘sitting is the new smoking,’” Pick says. Current exercise guidelines recommend 150 minutes of moderately intense exercise a week, or at least 30 minutes of physical activity 5 days a week. Choose physical activities that you enjoy enough to do regularly.

**Peek at your feet.** Diabetes can cause nerve damage in your feet, so you might injure your foot but not feel it, causing potentially serious wounds that won’t heal on their own. Examine your feet daily to spot problems.

**SEVERAL TIMES A YEAR**

**Have your A1c tested.** The A1c blood test reveals your average blood sugar level over the last 2 to 3 months. Most people with type 2 diabetes need an A1c test twice a year, although some need it more frequently.

**Visit the dentist.** Diabetes weakens your body’s ability to fight bacteria, increasing your risk of gingivitis, a condition in which the gums swell and bleed. Left untreated, this inflammation can develop into gum disease and increase your risk of losing teeth. It also worsens glucose control. See your dentist at least twice a year.

**ANNUAL HABITS**

**See a diabetes educator.** Make this appointment soon after you’re diagnosed with type 2 diabetes, and return at least once a year. “Study after study shows that when people meet with diabetes educators, they have lower A1c, less diabetes distress, a better understanding of their medications, and better self-management,” Pick says. Certified diabetes educators previously used the initials “CDE” after their names, but beginning this year this is changing to “CDCES,” which stands for certified diabetes care and education specialist.

**Get your feet checked.** Because type 2 diabetes can impair your ability to sense foot injuries and put you at risk for severe infection, ask your doctor to examine your feet at least once a year.

**Visit the eye doctor.** Diabetes increases your risk of eye diseases such as retinopathy, glaucoma, and cataracts. The American Diabetes Association recommends that you have a dilated eye exam soon after being diagnosed with type 2 diabetes, because 1 in 5 people already have an eye problem when diabetes is diagnosed. Pick encourages patients to repeat this exam annually.

**Get a flu shot.** Pick recommends that his patients get a flu vaccine every fall; diabetes makes it harder for your body to fight this illness. He also recommends the pneumococcal vaccine to provide protection against pneumonia and related infections.

**BETTER VISITS**

**ANTHONY PICK, MD,** SUGGESTS 3 WAYS TO IMPROVE YOUR NEXT DOCTOR APPOINTMENT.

**1. SET A VISIT GOAL**  
Tell the doctor right away what you’d like to accomplish during your appointment. For example, are you having any medication side effects, or do you need help with weight loss?

**2. BRING A LIST OF MEDICATIONS**  
Write down what you take, the dose you take, and when you take it.

**3. WRITE YOUR HISTORY**  
Pick suggests writing, in your own words, the story of your diabetes and your general health history. Bring a copy for your doctor.



GETTY IMAGES



TECH WATCH 2020

# Next-Gen Diabetes Control

THESE HIGH-TECH DEVICES TRANSFORM THE WAY PEOPLE MANAGE DIABETES

BY Stephanie Watson

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

**JUST AS INNOVATION HAS CHANGED THE WAY WE SHOP, BANK, AND SEARCH FOR INFORMATION,** it's transformed the way we manage chronic diseases like diabetes. These new technologies have made life easier for people with type 1 and type 2 diabetes.

## STICK-FREE GLUCOSE TESTING

Frequent needlesticks to test blood sugar are a crucial, but sometimes unpleasant part of the daily diabetes routine. Testing your blood sugar helps you make decisions about what you eat, exercise, and insulin dosing.

Continuous glucose monitoring, or CGM, helps you avoid the stick. It measures your blood sugar every few minutes via a tiny sensor inserted under the skin of your belly or arm, and sends the results wirelessly to a pump, smartphone, or other device.

The FreeStyle Libre was the first CGM system to not require a fingerstick. To get your blood sugar number, you simply wave a reader over the sensor. The original Abbott's FreeStyle Libre was wearable for up to 10 days, but the newest version is designed for 14-day wear.

The Dexcom G6 is approved as both a standalone CGM and for

## BY THE NUMBERS

30.3  
MILLION

Number of people in the United States who have diabetes.

95%

Percentage of people with type 2 diabetes (as opposed to other types of diabetes).

34%

Percentage of adults who have prediabetes.

48%

Percentage of adults ages 65 and older with prediabetes.

\$7,900

The average annual medical expenses for someone with diabetes.

integration with automated insulin dosing systems. In January 2020, Tandem Diabetes Care launched its t:slim X2 insulin pump with Control-IQ technology, which combines the Dexcom G6 CGM with an insulin pump to regulate insulin levels with little user effort. It's the first system that both adjusts basal (background) insulin levels and delivers automatic bolus (mealtime) doses to prevent blood sugar from getting too low or too high.

"With the advent of CGM, we're looking at a new phrase: 'time-in-range.' That's the percentage of the day a person spends with their blood sugar in the range their doctor wants them to be in," explains Jason Ng, MD, clinical associate professor of medicine in the University of Pittsburgh Medical Center Division of Endocrinology and Metabolism. "The monitor can check blood sugar every 5 minutes throughout the day, and it can catch fluctuations in a patient's blood sugar that a fingerstick can't."

The t:slim-Dexcom combination doesn't just react to blood sugar changes, it

predicts them. “Because the CGM is gathering evidence and accumulating data, the decision treatments are based on calculations of what your blood sugar will be in 30 minutes,” Ng explains. “It’s almost like a weather forecast. It can make changes before a patient hits that level to keep their blood sugar more stable.”

The next-generation CGM, the Dexcom G7, should come out in late 2020. “The sensor is a bit thinner than the G6, and it hopefully will have a longer lifespan,” Ng says.

#### NONINVASIVE GLUCOSE MONITORING

CGMs cut down on fingersticks, but they still require a small needle under your skin. The ultimate aim is to create a CGM device that monitors blood sugar continuously, without having to stick anything under your skin.

A couple of products are trying to achieve this goal, including the sugarBEAT CGM, which measures blood sugar through a sticky patch placed on the skin. It launched in 2019 but isn’t yet available in the United States. AerBetic is another wearable device that measures blood sugar through chemical changes in breath gases. It’s still in the testing phase.

Ng says he hasn’t seen any evidence that these noninvasive sensors are superior to the under-the-skin sensors currently available. “I’ve had hundreds of patients on the minimally invasive sensor and most people say they can’t feel it.”

#### CLOSED-LOOP SYSTEMS

The future of insulin pumps is an automated, closed-loop system, also called an artificial pancreas because it acts more like your real

organ. In this system, a CGM constantly checks your blood sugar level. The pump then uses an algorithm to determine whether you need insulin to lower your blood sugar or glucagon (a hormone that releases sugar from your liver) to raise it, and then automatically delivers the correct dose to keep your blood sugar steady day and night.

The Medtronic MiniMed 670G was the first *hybrid* closed-loop system. It continuously monitors blood sugar levels and automatically delivers insulin, but you still have to input the bolus insulin dose based on what you eat.

Actual closed-loop systems that deliver both insulin and glucagon are in development. The trouble has been finding a form of glucagon that’s stable enough to work in the pump.

Beta Bionics is developing the world’s first fully automated bionic pancreas, the iLet Bionic Pancreas System. It received the FDA’s Breakthrough Device designation in late 2019. “This would be the world’s first system that could do both,” Ng says. “I’m not sure we’re ever going to get to a true closed-loop system, but we’re getting close.”

#### SMART PENS

Smart Pens offer the memory capability of a pump, without tethering you to your device. Products like InPen and Gocap connect via Bluetooth to a smartphone app that keeps track of your insulin dose and timing.

The new NovoPen Echo device offers the additional benefits of half-unit dosing increments. “That allows you to fine-tune the amount of insulin you need,” Ng says.

## ASK YOUR DOCTOR

### Q What are my blood sugar goals?

Your doctor may recommend that you keep your blood glucose in the 80–130 milligram/deciliter (mg/dL) range before meals, and less than 180 mg/dL 2 hours after meals.

### Q How often do I need to test?

That depends on whether you have type 1 or type 2 diabetes, and what medicines you take to manage it. Typically, you’ll test several times a day, including before meals and bed.

### Q If I have a CGM, do I still need to fingerstick?

Many CGMs still require a fingerstick to calibrate the machine, although you won’t need to stick as often as you did without it. Ask your doctor how often to do manual blood sugar checks.

### Q What should I do if my levels are still too high?

See your doctor. You may need to adjust your medicine dose or make a few changes to your diet.



# On the Go

EATING HEALTHY MEALS WHEN YOU'RE IN A HURRY CAN BE A CHALLENGE. TRY THESE EXPERT-APPROVED TIPS TO MAKE IT EASIER.

BY Colleen Oakley **REVIEWED BY** Brunilda Nazario, MD, WebMD Senior Medical Editor

**BETWEEN WORK, FAMILY, AND OTHER COMMITMENTS**, life often feels like one big juggling act, where you're trying to fit 25 hours of activity in a 24-hour day. And when you have diabetes, all the meal planning, grocery shopping, and food prep can feel like one more thing you just don't have time for. But on those days, you don't have to resort to burger and fries from the nearest drive-through or the break room doughnuts, which can wreak havoc on your blood sugar. These five expert tips can help you stick to a healthy eating plan even when life gets hectic.

## MAKE A PLAN

When you have a busy day ahead, plan what you're going to eat the night before. Pack preportioned meals and snacks to take with you, or if you're planning to go to a restaurant, study the menu ahead of time and decide what you will order. "Failure to plan ahead can have you reaching for every tempting snack or meal in sight," says registered dietitian Allison Childress, PhD, chief clinical dietitian of nutrition and metabolic health initiative at Texas Tech University.

## STOCK UP ON SNACKS

Keep nonperishable foods in your bag, purse, desk, and car so you always have a healthy snack in reach when hunger strikes. These foods include items like nuts, beef jerky, low-calorie granola bars, and dried fruit. "Look for options that are protein- and fiber-packed rather than

high in carbohydrates," Childress says.

## EAT OFTEN

"If you go long periods of time without eating, it could wreck your blood sugar and cause you to binge when you are around food again," she says. Shoot for 5 to 6 smaller meals throughout the day, eating every 3 to 4 hours.

## ORDER THE KIDS MEAL

Despite all your best planning, you will likely find yourself at a drive-through every now and then. When that happens, remember that most fast food "value" meals contain several servings of food. "The kids meals are the correct portion size for most adults," Childress says. Other options: a salad (ask for dressing on the side) or a grilled chicken sandwich (eat only half the bun). Substitute unhealthy sides (French fries) for healthier ones (fruit or side salad), or ditch the sides altogether.

## REDUCE STRESS

Studies show stress can elevate blood sugar levels for some people with diabetes, so if all the planning and prepping gets overwhelming, just breathe. "Many people who have diabetes think that there are foods that they can't eat, but it's not true," Childress says. "All foods can fit in your diet if you know the correct portion sizes." Keep a cheat sheet in your purse or wallet that can help you eyeball portion sizes and make the best choices possible on the go—without the stress.

## 3 TIPS

REGISTERED DIETITIAN **ALLISON CHILDRESS, PhD**, POINTS OUT 3 WAYS TO MAKE SURE YOU GET THE RIGHT KIND OF LIQUIDS.

### HYDRATION IS KEY IF YOU HAVE TYPE 2

"When your body is dehydrated, it will try to pull fluid from wherever it can, including the bloodstream, leaving glucose behind and raising blood sugar even higher," Childress says.

### BUT NOT ALL LIQUIDS ARE CREATED EQUAL

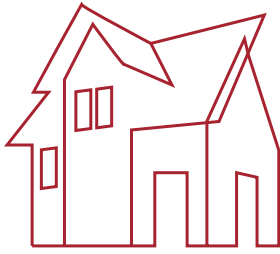
Steer clear of juices, sodas, and sweet teas that not only will cause your blood sugar to rise quickly, but also are high in empty calories, meaning they won't make you full and could cause you to overeat later on. Instead, keep a water bottle with you at all times, and shoot for drinking 8 cups a day—more in hot summer months and on days when you're more active than usual.

### NOT SURE IF YOU'RE GETTING ENOUGH?

Check your urine. "It should be clear or a pale yellow color," Childress says. "And you should be urinating anywhere from 6 to 10 times a day.



GETTY IMAGES



BY GINA SHAW

REVIEWED BY MICHAEL W. SMITH, MD, WEBMD CHIEF MEDICAL EDITOR

# A GOOD PLACE

CORONAVIRUS PANDEMIC? CHECK. HOMELESSNESS? CHECK. STRUGGLING YOUNG MOMS? CHECK. FOR ACTOR **KRISTEN BELL**, ONE OF HER MOST IMPORTANT ROLES NOW IS TO SUPPORT AND ADVOCATE FOR THOSE IN NEED.

Last March, when the extent of the coronavirus pandemic was just beginning to sink in as schools and businesses across the nation started to close, actor Kristen Bell learned that the government in Italy—already devastated by the virus—had just declared a moratorium on mortgage payments to help its citizens cope with the crisis. “Did you hear about what they’re doing in Italy?” she relayed to a friend excitedly.

You could almost hear the idea being born. Bell and her husband, actor Dax Shepard, aren’t mortgage lenders—but they *do* own several residential buildings in Los Angeles. Within a couple of weeks, Bell and Shepard announced that they would waive all rents for their tenants for the month of April. “People over profit always,” she says. “It’s a no-brainer.”

The action was a familiar role for Bell, 39, star of *Frozen* and *The Good Place*, among other films and TV shows. She is well-known for her long list of charitable ventures, and helping to make sure that vulnerable people have a safe, secure place to live has been a top priority since well before the coronavirus pandemic.

For nearly a decade, she has worked with the Los Angeles-based People Assisting the Homeless (PATH), which provides services to homeless individuals and families in more than 140 cities throughout California.

The relationship started when Bell wanted to donate a few boxes of clothes. “I did an internet search and PATH came up as a facility that assists people who are transitioning out of homelessness, so I called them up,” she says. “And then, because I’m interested in more information





all the time—I tell my girls I have a growth mindset—I called their offices again and asked if I could come in and learn more about their organization.”

Bell spent a lunch break the next day peppering PATH staff with questions about their programs. “At this point, probably about eight or nine years ago, we were really seeing homelessness begin to become a crisis in Los Angeles,” she says. “What I liked about PATH is that they have so many services under one roof. People who are homeless often have to go from office to office for different services, and who knows if they’ll get there? At PATH they have mental health and physical health facilities, job training and employment services, as well as supportive housing all under one umbrella.”

She was inspired by PATH’s Making It Home program, which recruits volunteers to help people move from the streets or a shelter to their own homes. “We have moved almost 10,000 individuals and families into their own permanent homes just in the last five or six years, and Kristen has been an important part of that work,” says Tessa Madden Storms, PATH’s senior director of development and communications.

“When folks first transition out of homelessness, they don’t have the things they need to make their new house a home—a bed to sleep on, a couch to sit on, towels, pillows. Part of our mission is to ensure that people will be able to move into these homes with dignity,” Madden Storms says.

So PATH connects its clients with volunteer groups or individuals who make all that happen. Over the past several years, Bell estimates that she and her friends have helped “welcome home” at least 20 families. “You and your friends can go to Ikea, go to the Goodwill, or donate stuff from your house, and rent a U-Haul and move a family,” she says. “I’ve gotten to sit down with families I would have never met before and make new friends.”

On average, PATH moves about 23 families per week into new homes. “You don’t have to be able to pull together a big group to volunteer like Kristen does,” Madden Storms says. “We also have a ‘Welcome Home Kit’ program, where people supply our families with basic essentials for a new home, things that would fit in a laundry basket, like hygiene items, kitchen tools, and cleaning supplies.”

## SUPPORT SYSTEM

Bell says she’s learned a lot about the myths and misconceptions surrounding homelessness by volunteering with PATH. “In many cases, one of the root causes of homelessness is a lack of a support system traveling from adolescent into young adulthood, and through adulthood,” she says. “The people I talk to have had rough childhoods. They didn’t have parents and/or grandparents who helped them apply for community college or a GED, who asked them what they wanted to do with their lives or just how they were feeling today.”

Many of the homeless individuals Bell has met had been in the foster care system. Studies have found that at least a quarter to a third of youths aging out of foster care



PHOTOGRAPHY: PATH IMAGES COURTESY OF KRISTEN BELL; KRISTEN BELL BY WE ARE THE RHOADS / TRUNK ARCHIVE

**ABOVE** BELL VOLUNTEERING WITH PATH

**RIGHT** BELL CO-FOUNDED THIS SAVES LIVES, A COMPANY WHOSE SNACK PRODUCTS HELP FEED HUNGRY CHILDREN AROUND THE WORLD



*“There are always going to be multiple factors behind a major problem like homelessness, but if we can isolate some of the biggest ones and try to help, we have a chance at fixing it.” –Kristen Bell*



become homeless within a year of leaving the system.

“The transition to adulthood is a really vulnerable time for a lot of people,” says Elizabeth Bowen, PhD, an assistant professor of social work at the University of Buffalo. “If someone doesn’t have emotional stability and support from a family, that’s a huge risk factor for homelessness, especially when young people are coming out of other systems like the child welfare system or the criminal justice system.”

That’s one reason Bell also works with another Los Angeles group called Alliance of Moms, which acts as a support system for young women who are pregnant or raising children while in foster care. “It’s staggering: 50% of girls in L.A. who go through foster care experience at least one pregnancy by the time they’re 19, and their children have a higher likelihood of entering foster care themselves, putting them at risk for homelessness,” Bell says. “This is clearly a multigenerational cycle, and we need a village.”

Alliance of Moms sponsors a yearly event called Raising Baby, a day of interactive parenting workshops that focus on early brain development. Bell

and more than 100 other volunteers drive young moms and their children to the event, organize food, provide child care, or serve as helpers who stay with one of the guest moms all day to assist her. “My favorite part is when they drop the kids off with us in a quiet room where we get to hold the sleeping babies!” Bell says.

For Bell, her work with PATH and Alliance of Moms is all a piece of her philosophy of building a support system for people in need. “A lot of people are out there living alone on planet Earth,” she says. “We have to have a holistic approach. There are always going to be multiple factors behind a major problem like homelessness, but if we can isolate some of the biggest ones and try to help, we have a chance at fixing it.”

### COMMITTED TO COMMUNITY

That philosophy is also central to Bell and Shepard’s fledgling diaper company, Hello Bello, launched in 2019, that sells a range of “premium baby products for nonpremium prices.” The couple both grew up in Michigan on very strict family budgets, and Bell says she wanted to create a baby company that was affordable and sold products that fit with real families’ lives.

“I would walk down baby aisles and see pure white, crisp, clean bottles, and that’s not what my nursery looked like. It was covered in avocado and urine,” she says. “So we created a bright, colorful, fun palette that wouldn’t make your house feel messy by

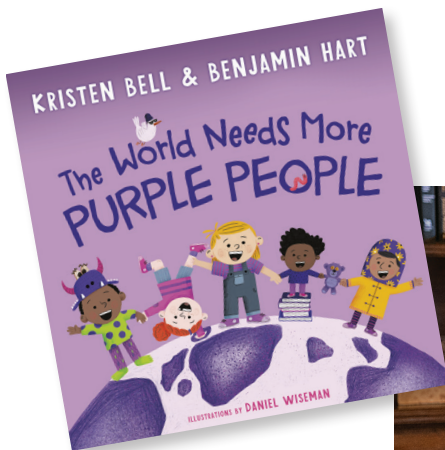
comparison.” Bell and Shepard also made it clear early on that they would want to give away a lot of products. “Just in our first year alone, we’ve given away over a million diapers to 70 different organizations like Baby2Baby in Los Angeles, which provides diapers, clothes, and other necessities for children living in poverty.”

And with parents and kids struggling to make their days work while stuck at home during the pandemic, they created “Camp Hello Bello,” a series of free online kids’ classes and activities such as yoga, drumming, and crafting led by Shepard, Bell, and a host of “counselors” vetted (and paid) by Hello Bello. The series ran live on the company’s Instagram feed throughout April.

“I learned this from the campaign to revive *Veronica Mars* [the breakout teen noir detective series that helped launch her to stardom]—anything that’s worth anything has a community behind it,” she says. “I never wanted to create a product that just sells. I wanted to create a community.”

One popular camp activity involves coloring and activity sheets based on *The World Needs More Purple People*, Bell’s new book with co-author Benjamin Hart, released in June. “Our kids are absorbing these divisive conversations that we have at the dinner table—adults think it’s fun debate, but kids see differences and divisions. We don’t talk about our similarities,” Bell says.

“So we came up with a story about a



LEFT THE CHILDREN’S BOOK BELL CO-AUTHORED WITH BENJAMIN HART

MIDDLE BELL IN *VERONICA MARS*

RIGHT BELL WITH WILLIAM JACKSON HARPER, TED DANSON, AND D’ARCY GARDEN IN *THE GOOD PLACE*



girl who believes she should be a ‘purple person.’ We focused on five pillars of what everyone can believe no matter which way you vote or which way you pray—like hard work is important, laughter is fun. The idea was to create a new lane for kids to be in to help them get along easier.”

With *The Good Place* now in the rearview mirror after four popular seasons and a deeply touching series finale, Bell says she’s going on instinct when choosing new projects. She had been set to start filming in May on “Queenpins,” with actor and comedian Leslie Jones, a true story about two Midwestern housewives who started a counterfeit coupon organization and laundered \$40 million before being caught by the FBI. But that date, like everything else in the entertainment industry right now, is on hold.

“I’m not necessarily trying to do anything huge,” she says. “I’m reading things I like and saying yes to them. That’s how my happiness is fulfilled.” And as always, she continues to say yes to projects that help make sure people are fed, clothed, sheltered, and cared for. “I just don’t think any human should be judged or cast aside because of a lack of opportunity—to get sober, to get health care, to have a job.

“We all have worth and we all have dignity. And we have to work on these problems together if we’re going to find solutions.”



PHOTOGRAPHY: BOOK COVER COURTESY OF RANDOM HOUSE BOOKS FOR YOUNG READERS; VERONICA MARS COURTESY OF MICHAEL DESMOND / HULU; THE GOOD PLACE COURTESY OF COLLEEN HAYES / NBC

## Homelessness: HOW TO TALK TO YOUR KIDS

*Kristen Bell says her two daughters, Lincoln and Delta, ages 6 and 5, are just starting to ask questions about the people they see living in the half a dozen tent camps scattered in the side streets not far from their home. “My main concern is helping them understand the whys, because it’s so much easier to judge than to have compassion.”*

*Kids living in or near larger cities may be more likely to see homelessness firsthand, but all parents should have the tools to discuss homelessness with their children, suggests Elizabeth Bowen, PhD, an assistant professor of social work at the University of Buffalo. Messages to share:*

🏠 **People may become homeless for many reasons, and these are often outside a person’s control.** “It’s not about being lazy or not wanting to work,” Bowen says. “You can tailor the detail to the child’s age, but you can explain that often people who are homeless may not be able to work because of physical or mental health issues. Also, housing is expensive and it can be hard even for people who are working to afford it. And sometimes people have a home life they have to leave because it isn’t safe where they are living.”

🏠 **People who are homeless are not dangerous or “bad people.”** “There is a lot of stigma and negative stereotyping about homelessness,” Bowen says. “That can lead to fear. Help your children understand that these people aren’t dangerous, but they need help to be in a safe home.”

🏠 **There are things we can do to help.** Consider finding a program like PATH in your own area, to donate your money and time. PATH’s Tessa Madden Storms also recommends simple but valuable ways to help, like creating hygiene kits or sack lunches for people living on the street, or organizing efforts at school or among friends to help fundraise for organizations like PATH. “There are many possible initiatives that are kid friendly,” she says.

# IN THE BUSINESS OF SECOND CHANCES

Four innovative organizations work to forge paths out of homelessness  
for those who need them

**R**on Hooks, executive director of West Coast Care in Santa Monica, CA, spends his days driving a utility vehicle up and down the beach. More than half of the city's homeless residents sleep there. Hooks stops and talks to as many of them as he can. Better known as Pastor Ron, he tells each unsheltered person he meets on the beach and on the streets of the city, that he can help them get back home to their families.

For many people Hooks meets, substance use plays a part in their being without a home. Drug and alcohol use can be both a cause and an effect of not having stable housing. Mental illness, which affects one in five U.S. adults at any given time, also raises chances of homelessness. People who have been in prison face greater chances of homelessness, too.

But a person doesn't have to use drugs, have a criminal history, or have a mental health condition to lose their housing. High costs alone can push many individuals and families onto the street.

"Many people are just one missed paycheck, one divorce, one lost child, or one life-altering event away from homelessness," says Sgt. Erika Aklufi, who leads the Santa Monica Police Department's Homelessness Liaison Program.

Soup kitchens and shelters help people survive the day-to-day challenges of homelessness. But they don't provide a path out. West Coast Care is among several innovative organizations around the country that provide unhoused people with second chances at life through job opportunities, health education, long-term housing, and mediation to repair relationships with estranged relatives.

We take a look at West Coast Care and three other organizations working to provide lasting solutions to homelessness.



## SANTA MONICA, CA

Often, people going through homelessness think that they have burned every bridge back to their families. West Coast Care's mission is to reunite them with those family members.

Hooks founded the organization in 2006. When he visited Santa Monica for the first time in 2005, while living in San Francisco, he was struck by the number of people living on the beach. Over the next year, on several return visits to this beachfront city, he spent time getting to know the people who lived outside.

Hooks and his wife permanently relocated there in 2006. They wanted to launch a nonprofit to help the people they'd met, but they didn't know what its mission would be. Then, a man from Atlanta named Moses asked Hooks if he could help him get back home. Hooks covered the man's bus fare and came away with the mission for his family-run, nonprofit organization.

Repairing broken relationships, Hooks says, is a key to keeping people out of homelessness long term. When unsheltered people can get back to their families or other personal support systems, they bypass shelters and other temporary housing. This reduces the total time that a person spends unhoused. That's a crucial defense against homelessness.

"Once someone has been homeless for a long time, helping them becomes harder and more expensive," says Mike Bonin, councilmember, 11th District, City of Los Angeles. Bonin says that homelessness is one of the issues that his constituents care about most as it affects every part of Los Angeles.

The city of Santa Monica, located in Los Angeles County, has a mission to end homelessness as well. It will pay the bus fare to send people living on its beaches and streets back to their families. Hooks often helps mediate the truces that make those homecomings possible.

"Ron is out providing direction. He's a very kind signpost pointing people in the direction they need to go," Aklufi says.

Hooks, frequently accompanied by his son, may visit unhoused people multiple times before they accept his help. In the meantime, he addresses



FORMER WEST COAST CARE CLIENT, JASON, WAITS FOR A BUS TO TAKE HIM HOME TO GEORGIA TO LIVE WITH HIS MOTHER.

“It’s not an us and a them. It’s we. It’s all of us and we’re all the same.”

— PASTOR RON HOOKS  
Executive Director, West Coast Care

## HOMELESSNESS BY THE NUMBERS

567,715  
Number of **people** who were homeless on any given night last year.

35,038  
Number of **youth** who were homeless on any given night last year.

37,085  
Number of **veterans** who were homeless on any given night last year.

7 in 10  
Number of homeless individuals who are **men or boys**.

30%  
Percentage of homeless population made up of **families with children**.

their other needs to the best of his ability. He always gives out hygiene kits filled with toiletries that allow people to clean up no matter where they sleep.

When people accept Hooks's offer of mediation, he asks them for the phone numbers of parents, siblings, spouses—anyone who may have once turned them away but might be ready to take them back in. Maybe in one call or over the course of several, Hooks negotiates a way for the family to welcome their lost member back.

"You don't know until you try, but we always try to rebuild that bridge home," Hooks says. "Because, it's got to be somewhere in their hearts that eventually, after all the hurt has passed, you want to know how your family member is doing."

Every year, West Coast Care reunites about 300 to 400 unsheltered people in Santa Monica with their families all over the country.

"It's difficult work, but I believe it is absolutely the best work we can do," he says.



ABOVE: CATHY, A TENANT, AND ALEC, THE WELL HOUSE FARMER, TEND TO ITEMS GROWN (TURNIP GREENS, MUSTARD GREENS, KALE, SPINACH) AND DISTRIBUTED TO RESIDENTS AND NEIGHBORS



LEFT: JODI'S HOPE IS A LEED-CERTIFIED HOUSE WITH FOUR BEDROOMS AND ONE-AND-A-HALF BATHROOMS. THE HOME, WHICH WAS RENOVATED IN 2019, IS DEDICATED TO HOUSING YOUNG ADULTS BETWEEN THE AGES OF 18 AND 24

**“People who are homeless are not what you think. They are no different from anyone else. Many are extremely bright and exquisitely educated. They're our friends, our family, our neighbors.”**

— JOHN GLOVER  
Executive Director, Well House



## GRAND RAPIDS, MI

Not everyone has family that can or will take them in. For these individuals, finding permanent housing can be hard. Many affordable options for people in transition out of homelessness have multiple requirements for entry—pages of forms, documentation, government-issued ID. Just the fee to replace a long-lost ID card can be an insurmountable obstacle for people coming out of shelters or off the streets.

"They need to stabilize first and then they can go and acquire those lost documents later," says John Glover, executive director of Well House in Grand Rapids, MI.

Well House removes some of those barriers to permanent housing.

The nonprofit owns 15 properties around the city that it rents at cut-rate prices (or offers for free under some circumstances) to people who lack homes. The properties, purchased through grants, donations, and rent revenue, include single-family houses and communal living situations that house around 65 tenants.

Marian Clements founded Well House in 1977. When she was unemployed and homeless herself, the Quaker community took her in. After she was back on her feet, Clements wanted to create a similar refuge for others in the same situation.

Well House has just a couple requirements for tenants: Pay your rent and respect the property, your roommates, and the staff. "With those basic rules, we minimize the barriers to permanent housing for most people," Glover says.

The tenants, who include single men, teens and young adults, and families, can learn new skills by helping with property renovations and maintenance if they choose. Recent residents have learned landscaping, gardening, farming, carpentry, and other skills that have led to new jobs. Some tenants stay at Well House for many years. But, on average, they stay about 18 months, until they have the stability to rent or buy their own homes.

"Anyone can suffer a fall that sends them over the edge," Glover says, "but with just a little help, they can climb out."



## LAWRENCE, KS

Getting a home and staying in it requires income. But sometimes employers won't take a chance on an applicant whose current or previous address is a homeless shelter. Phoenix Woodworking, founded in 2017, takes those kinds of chances on every new hire. The public benefit corporation produces handmade woodcrafts—ornaments, cedar-scented air fresheners, cutting boards—in a woodshop in Lawrence, KS.

"We only hire people who are facing obstacles to employment—people from homeless shelters, people who are insecurely housed, people who have a criminal record. Most of them have a little of all of that," says Shine Adams, founder and executive director.





TOP: TWO PHOENIX WOODWORKING EMPLOYEES POLISH NEW ENAMEL LAPEL PINS AT THE GRINDING STATION



BOTTOM: SHINE ADAMS CUTS OUT A CEDAR AIR FRESHENER ON A SCROLL SAW



## HOUSTON, TX

Bel Inizio, Italian for “beautiful beginning,” provides women in Houston with tools for long-term success. The nonprofit brings an eight-week fitness and nutrition program to women in prisons, shelters, and other transitional housing. The mission

is to help disadvantaged women, including many who are or have been homeless, develop confidence and life skills. Twice a week, the women attend a wellness presentation followed by a walk or run of increasing distance. The program culminates in a 5K race. In its 10 years of operation, the organization has served more than 700 women.

Women who sign up to participate learn to make and keep commitments and to set and achieve goals. “That gives them confidence they didn’t have before to apply for jobs,” says Theresa Strong, founder and director, “and the discipline to show up and keep the job.”

Sharon Hadley, an alumna of Bel Inizio, gives the organization credit for teaching her how to take care of herself after decades spent between homelessness, shelters, and prison. “I hadn’t fed myself in years. I didn’t know how to get back to that place. I was always either not eating because I was getting high or I was incarcerated or in a shelter where someone else fed me,” she says. Hadley now works as a recovery coach at The Council on Recovery in Houston.

Many of the women in Bel Inizio have lost everything before they join the program. Strong knows what that’s like. In 2009, over the course of 60 days, her husband died of brain cancer, her employer went bankrupt, and her dog ran away. It was her daily runs that kept her going.

“Finishing a run gave me a gold star for the day in a landscape where I didn’t see anything positive,” Strong says. She wanted to bring that feeling of accomplishment to other women facing hopelessness.

Some women who join Bel Inizio, Strong says, never knew the satisfaction of a personal achievement before running the 5K.

“One young woman told me, as we ran toward the finish line, ‘I lost my children. My family doesn’t talk to me. I haven’t gotten my GED. I can’t stay sober. I’ve never accomplished anything. I am going to accomplish this.’ Now she knows what the future can look like.”

When Adams, a recovering alcoholic, stopped drinking nine years ago, he didn’t think anyone would give him a job. “But I did manage to get hired, and I wanted to be the type of person who would do that for somebody else. Everybody deserves a chance.”

He soon had the opportunity to give someone that chance. Newly sober and employed, Adams took up woodworking as a hobby. He then learned that a friend in his 12-step program couldn’t get a job because he had a gap on his resume from when he was in jail. Adams offered to hire the friend for a couple hours a week to organize his woodshop.

“After a few weeks of working with me in my basement woodshop, he added that experience to his resume and he got another job,” Adams says. The win-win business model soon became Phoenix Woodworking. The corporation supports itself through wholesale and individual sales and charitable donations.

Employees learn woodworking. But, perhaps more important, they earn a line to put on their resume and a name to use as a reference—a boon for someone without a consistent employment history.

Phoenix employs about three to four people at a time. Many follow the path of that first helper in Adams’s basement. Adams tells the story of a man from Lawrence with a “checkered history and a bad reputation.” Because he couldn’t get a job, he couldn’t move past that history and reputation. But Adams took a chance on the man, who worked at Phoenix part time for two years. He now has a full-time job and can support himself, his wife, and their child.



TOP RIGHT: IN THE SPRING, WOMEN FROM DRESS FOR SUCCESS AND OTHER ORGANIZATIONS LINED UP TO COMPLETE THEIR FIRST WE ARE HOUSTON 5K

BOTTOM: RICH, A VOLUNTEER, AND SHARON, A BEL INIZIO PARTICIPANT, WALK AND TALK THEIR WAY THROUGH THIS 5K



“I used to look down on homeless people, think there was something different about them, and wonder how they had let themselves go. Then God showed me exactly how.”

—SHARON HADLEY  
Recovery Coach, The Council on Recovery, formerly homeless

BOB BRISCO



**WEBMD CEO BOB BRISCO  
SPEAKS WITH MARGOT KUSHEL, MD,**

a leading expert and director of the UCSF Center for Vulnerable Populations. For 20 years, Kushel has studied ways to reduce or end homelessness. As director of the recently launched UCSF Benioff Homelessness and Housing Initiative, Kushel is conducting research to provide lawmakers, nonprofit agencies, and housing directors with evidence-based solutions to get more people off the streets and into permanent housing.

MARGOT KUSHEL, MD



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PHOTOGRAPHY: BOB BRISCO IMAGE PROVIDED; MARGOT KUSHEL BY NOAH BERGER / FOR UCSF

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



# “What the science is saying is not only can you, but you must. That will be what ends their homelessness.”

## **BRISCO: WHAT ARE THE GOALS OF YOUR RESEARCH AT THE BENIOFF HOMELESSNESS AND HOUSING INITIATIVE?**

**KUSHEL:** In general, we know how to end homelessness. We're just not doing it. What we're trying to do is to work with folks like elected officials, nonprofit directors, and housing directors to try to answer the questions that remain, and gain evidence in areas where there isn't yet evidence. And we want to make sure that homelessness policies and practices conform to that evidence.

## **B: WHICH METHOD OF TACKLING HOMELESSNESS HAS THE BEST EVIDENCE BEHIND IT?**

**K:** A “housing first,” “permanent supportive housing” model succeeds in ending homelessness for the vast majority of people who experience chronic homelessness, particularly those with significant behavioral disabilities.

The principle of housing first is that there's no need to go into treatment for mental health, substance abuse, or medical problems before you get housed. The services are low-barrier, so people don't have to jump through a lot of hoops to get them, and yet, enrollment in these services is completely voluntary. It is up to the person who receives housing whether or not they choose to take it.

## **B: WHAT DOES PERMANENT SUPPORTIVE HOUSING MEAN?**

**K:** In the past, homeless people would go to shelters. If they “behaved well” they'd be moved to transitional housing, which was for two years. And if they behaved really well, they might get permanent housing. The idea of permanent supportive housing is that it's not time-limited. At the end of two years you're not out the door. You can stay as long as you want.

## **B: WHAT KINDS OF HOUSING ARE AVAILABLE?**

**K:** In San Francisco, we predominantly do project-based supportive housing, which means everybody in the building is in supportive housing. Some project-based housing has a full community treatment team—a psychiatrist, licensed clinical social workers, and vocational therapists. Other permanent supportive housing has nurses and physicians staffing it. And then you've got permanent supportive housing that has two case managers for 100 clients. There's a wide variety of intensity of services.

In many other parts of the country the housing is scattered, meaning that you get a housing subsidy and you move into an apartment somewhere in the community, and a case management team comes to you.

## **B: IF THE SCIENCE ON PERMANENT SUPPORTIVE HOUSING IS ESTABLISHED, WHY ISN'T IT BEING USED ON A WIDER SCALE?**

**K:** It's settled science that it works, but it's been hard to bring to scale. We have so much pushback. I've heard a bunch of big-city mayors saying recently, “Well, it's not like you can just put people who have addiction in housing.” What the science is saying is not only can you, but you must. That will be what ends their homelessness.

It is also well-known from incredibly well-done studies that giving homeless families housing choice vouchers where they pay 30% of their income in rent and the rest is covered by the voucher, is by far the most successful way to end family homelessness. But the truth of the matter is that it's been very hard to get vouchers. Only one in four households in this country who qualify receive them. We need to get that number up.

## **B: HOW DO YOU MAKE HOMELESSNESS PROGRAMS MORE HELPFUL TO THE PEOPLE WHO NEED THEM?**

**K:** You want to be effective, in that whatever you do needs to work, but you also need to be efficient. You want to target people who really need it. The way to be both effective and efficient is to give housing to people who are super high-risk. We're very interested in coming up with better ways to predict who's likely to become homeless and better target prevention services.

## **B: WHAT ELSE CAN WE IMPROVE?**

**K:** One is to be better with prevention, so that we can keep people where they are and keep them from becoming homeless. And then the second thing is, if we fail at prevention, how can we quickly get people who are homeless rehoused? Because we know that when people are homeless they get assaulted, they lose their medicines, they get no sleep, they're disoriented, and they despair.

The other thing in the background of all of these discussions needs to be addressing the issue of structural racism. There is a direct line between racism and homelessness. You've got discrimination in the criminal justice system, and in the employment system, and in the educational system, which is, of course, linked to the housing market. We need to acknowledge the problem of racism, and develop housing policies that are anti-racist.

# Without a **HOME,** Without **HEALTH CARE**

BY LISA MARSHALL  
REVIEWED BY BRUNILDA NAZARIO, MD,  
WEBMD SENIOR MEDICAL EDITOR



ILLUSTRATION: JAMES STEINBERG

**With no dwelling to go to, few places to wash their hands, and social distancing nearly impossible, the half-million people who are homeless each night face unique health challenges amid a pandemic**

It's a crisp spring morning at the National Western Complex in Denver, and a line has begun to form at the front door. Weary-looking men wander up slowly, some from nearby tent encampments, others via a white school bus shuttling them in from an overcrowded shelter.

Toting overstuffed backpacks or tattered blankets draped around their shoulders, they wash their hands, have their temperature taken—as is required—and answer some questions: Have you had a cough, sore throat, or fever recently? Nearby, in a makeshift triage tent, two nurses wait with nasal swabs, testing anyone symptomatic for the novel coronavirus before sweeping them off to a hotel room to quarantine as they await results.

The others shuffle inside, not to attend the stock show or rodeo—as this sprawling 600,000-square-foot venue is best known for—but to take shelter from a deadly pandemic. As many as 740 men will sleep in the exhibit hall tonight, on cots 6 feet apart.

"It's dangerous and scary enough for us just living on the streets," says James Townsend, who at 60 and African American is particularly vulnerable to complications if he gets the virus. "I wish it would just go away."

Townsend is among the 575,000 U.S. adults who are homeless on any given night—a status that, even before the pandemic, put them at higher odds of a host of medical problems. For them, the coronavirus has been catastrophic, ripping through overcrowded shelters where as many as two-thirds of residents—many of them elderly and with weakened immune systems—tested positive in early spring.

Cash-strapped nonprofits nationwide swiftly appealed to government agencies for help, and almost overnight did what just a few weeks earlier would have seemed unimaginable: They transformed sports arenas and convention centers into spaces

where the unhoused could spread out and clean up, rented hotel rooms to quarantine COVID-positive individuals, and provided port-o-potties, hand-washing stations, tents, and even RVs for people living in encampments on the street.

As awful as it has been, there are lessons to be learned here, say advocates for the homeless.

"As a result of this pandemic, we are starting to have more and more people get involved and say, 'How do we solve homelessness?'" says Barbara DiPietro, senior director of policy for the National Health Care for the Homeless Council. "How do we use this as an opportunity?"

**PUBLIC HEALTH GUIDELINES IMPOSSIBLE TO FOLLOW**

Homelessness in general is hard on health. The unhoused are more likely to have from substance use disorders, heart disease, lung, liver and kidney disease, and HIV; and the chronic stress of living on the streets can age the body prematurely, making a 45-year-old look more like a 60-year-old medically.

A homeless individual was already between 4.5 and nine times more likely to die between the ages of 25 and 65 than age-matched counterparts with a roof over their head.

Then the coronavirus happened.

With restaurants and food banks closed, dumpsters empty, and no generous patrons to share their leftovers, many went hungry this spring. With public spaces like libraries and recreation centers shuttered, they had no place to use the bathroom or seek refuge from the heat or cold. And the advice the rest of us got to "stop the spread" was problematic at best.

"The state of being homeless is absolutely incompatible with the public health response to the pandemic," says Cathy Alderman, vice



president of public policy for the Colorado Coalition for the Homeless, during a tour of the Denver complex. “You can’t stay home if you don’t have one. You can’t wash your hands if you don’t have access to facilities, and you can’t social distance if you live in a crowded, congregate setting.”

Overcrowded shelters quickly became a tinderbox of infection, with one study of 19 shelters in four cities showing a quarter of patrons and one in 10 staffers were infected. In San Francisco, the numbers were even higher, with two-thirds of homeless people testing positive.

By the time the pandemic plays out, one study predicted, 21,000 homeless people would have been hospitalized and 3,400 would be dead. Also troubling, one study of 408 people tested in a Boston shelter this spring found that of the one-third who tested positive, 88.8% reported no symptoms at all.

“That’s good for that individual, but bad for public health,” says study author Travis Baggett, MD, an assistant professor of medicine at Harvard Medical School, noting that asymptomatic individuals unknowingly transmit the virus. “A communicable disease pandemic underscores the fact that we are all connected here. Our neighbor’s health is our health, and these are our neighbors too.”

## FINDING WAYS TO DELIVER MEDICAL CARE

Alarmed by such numbers, nonprofits, health care providers, and city, county, and state emergency response teams began to form rare new alliances this spring.

In Boston, the city and the Commonwealth of Massachusetts teamed up with Boston Health Care for the Homeless Program to transform the glistening downtown convention center into a 500-bed field hospital for COVID-positive individuals with no homes.

There, a skeleton crew of doctors and nurses clad in full Tyvek suits, face shields, and double gloves roamed the grounds taking vital signs and transporting those with deteriorating health to the hospital. Meanwhile, those who were only mildly ill wandered freely, watching movies projected on a screen or joining a game of bingo or corn hole.

“We do our best to try to mimic an environment we would want to be in if

## BY THE NUMBERS

3x

Homeless individuals are two to three times more likely to die from the coronavirus, twice as likely to be hospitalized, and two to four times as likely to require critical care.

70,000

Number of people who sleep on the streets or in shelters on any given night in New York City; in Los Angeles, that number is 58,000.

66%

Percentage of homeless individuals in San Francisco shelters who tested positive for the coronavirus in late April/early May. Some 16% of shelter staffers tested positive.

50 TO 55

Average age of a person who is homeless.

88.8%

Percentage of COVID-positive individuals tested in a Boston homeless shelter who reported no symptoms.

we were told we had coronavirus and we had to stay home,” says Bridget Sullivan, director of nursing at the Boston Hope field hospital, during a recent interview. “We are this odd little community all in here together—us in PPE [personal protective equipment], them without it—fighting coronavirus.”

The pandemic did not put a halt to the myriad other medical needs of the unhoused.

Inside the Denver complex, volunteers swiftly transformed the National Western Bar and Grill Steakhouse into a makeshift clinic, purple curtains delineating 11 exam rooms. There, amid the neon Coors signs, bar stools, and posters of bucking broncos, visitors came throughout the day to have a sore tooth or broken arm tended to, meet with an addiction counselor, or get an overdue checkup.

At the Cattleman’s Grill, the vendor that typically cooks for hungry stock showgoers instead served up three hot meals a day.

Next door, at the massive concert venue, the Denver Coliseum, homeless women slept in a similar complex, some catching a ride on a golf cart to go visit their male partners.

Elsewhere downtown, in hundreds of vacant hotel rooms leased by the city of Denver, elderly and immune-weakened men and women hunkered down alone, trying not to get infected.

“A lot of people get into these spaces and take a shower for the first time in years or lie down on their bed and sleep for hours because they have been on the ground for so long. They get their dignity back,” Alderman says, noting that these experiences, combined with much-needed health care can serve as a bridge to get people into permanent housing. “When this all tapers off, I don’t know how we are going to tell all these people they no longer have a place to be.”

If the pandemic has taught us anything, she and other advocates for the homeless say, it is that we must do more to make housing affordable, as good health and a home go hand-in-hand.

“The reason we have to do all these crazy things is because there is such widespread homelessness in this country in the first place,” Baggett says. “We need to start thinking about permanent solutions. Or else when the next coronavirus comes around, we’ll be doing this all over again.”



GOOD FOR YOU

# Nature's Noodles

TRY NUTRIENT-RICH SPAGHETTI SQUASH AS A SLIGHTLY SWEET ALTERNATIVE ON PASTA NIGHT

**IT'S A MARVEL OF THE PRODUCE AISLE:** Cooked spaghetti squash separates into long, pasta-like strands that look like spaghetti and pair well with the same sauces. Yet, it contains just 42 calories per cup, as well as 9% of an adult's daily value of vitamin C (a help for wound healing) and 9% of heart-healthy fiber. Use a sharp knife to split the squash in half. Scoop out the seeds, rub the flesh with olive oil, and place the halves flesh side down on a baking sheet. Roast at 450°F for 35 minutes or until tender. (Don't overbake; the squash will lose its spaghetti effect.) Use a fork to scrape out the strands. Top with herby marinara, or try olive oil, grated Parmesan, and black pepper. —ERIN O'DONNELL

# All-Around Apple

IN YOUR HAND, IN A PIE, IN A SALAD: THIS PIECE OF FRUIT IS PERFECT FOR WHATEVER YOUR RECIPE—OR MOOD—CALLS FOR

BY Matt McMillen

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

**BOSTON-BASED PASTRY CHEF JOANNE CHANG HAS EATEN AN APPLE A DAY SINCE SHE WAS 10 YEARS OLD.** “I adore apples, and as a kid, I had to limit myself to two a day or I would eat myself sick. No joke!” says Chang, owner of Flour Bakery + Cafe and author of the cookbook *Pastry Love*. “I love the crunch, the juicy, sweet, slightly tart flavor of a great apple, how easy they are to eat, and tote around.” Here are her five favorites.



Search for the article **Health Benefits of Apples** at [WebMD.com](http://WebMD.com).



**FUJI**

“Crisp, juicy, and very sugary, but balanced with a strong tartness that keeps it from being too sweet. Grab a firm, bright red Fuji and simply bite into it.”

**GOLDEN DELICIOUS**

“Sweet and mild, a bit honeyed and soft. Great for eating raw, but their softer less assertive qualities make an ideal match for pork dishes.”

**GRANNY SMITH**

“Very tart and not super juicy, they keep their distinct taste and hold their shape in baking. Plus, their acidity nicely counters the sugariness of whatever sweet treat you are baking.”

PHOTOGRAPHY: ARIANNA TETTAMANZI





**HONEYCRISP**

*“With a name that says it all, these juicy apples are ideal on their own, but they also belong in salads—slice thinly and toss with spinach and a red wine vinaigrette.”*

**CORTLAND**

*“Not a favorite to eat out of hand, but a terrific baking apple with loads of fresh, fragrant, apple orchard flavor that works wonderfully in a pie or crisp.”*

3 WAYS

# High-Fiber Breakfasts

THINK BEYOND CEREAL! THESE HIGH-FIBER MEALS TASTE GREAT, FILL YOU UP, AND MAY HELP REDUCE YOUR RISK OF HEART DISEASE AND TYPE 2 DIABETES.

BY Erin O'Donnell

RECIPES BY Kathleen Zelman, MPH, RD, LD

## BETTER BREAKFAST SANDWICH

### Egg and Veggie English Muffins

Who needs the drive-through window when you can whip up this quick, colorful, fiber-rich alternative? With an impressive 9 grams of fiber, it's the perfect fuel to launch a demanding day.

#### MAKE IT

In a large skillet prepared with cooking spray, fry 4 eggs over medium-high heat for nearly 5 minutes, flipping them near the end to make them over easy. At the same time, split open 4 English muffins and toast all 8 pieces. Assemble sandwiches: On 4 English muffin halves, layer 1 handful baby spinach, 1 tomato slice, and 2 slices of avocado. Top with a fried egg, salt and pepper to taste, and the second muffin half. **SERVES 4**

**PER SERVING** (1 whole English muffin with 1 egg and vegetables) 320 calories, 14 g protein, 34 g carbohydrate, 16 g fat (4 g saturated fat), 186 mg cholesterol, 9 g fiber, 7 g sugar, 446 mg sodium. Calories from fat: 45%

#### THE MIX

EGGS, WHOLE-GRAIN ENGLISH MUFFINS, BABY SPINACH, TOMATO, AVOCADO

PHOTOGRAPHY: ARIANNA TETTAMANZI



Search for the slideshow **High-Fiber Super Foods** at [WebMD.com](https://www.webmd.com).



**SAVORY START**

**Southwest Egg Scramble**

This breakfast dish offers 6 grams of fiber and a spicy kick thanks to antioxidant-rich peppers, chili powder, and a dollop of your favorite salsa. Top it with shredded Monterey Jack or cheddar cheese.

**MAKE IT**

Place a large skillet over medium-high heat. Add 1 tbsp oil. Sauté diced peppers and onions until soft, 5 to 7 minutes. Remove vegetables from skillet. With skillet still on medium high, add another 1 tbsp oil. In a medium bowl, whisk together 8 eggs, ¼ cup whole milk, kosher salt, pepper, and ½ tsp chili

**THE MIX**  
OLIVE OIL, RED SWEET PEPPER, JALAPEÑO PEPPER, ONION, EGGS, MILK, CHILI POWDER, BLACK BEANS, SHREDDED CHEESE, CILANTRO, SALSA

pepper till frothy. Add to skillet. Use a rubber spatula to gently scramble eggs until almost set. Remove skillet from heat. Add 1 can black beans, drained and rinsed, and sautéed veggies. Top with ½ cup shredded cheese. Return skillet to low heat. Cover for 5 minutes until cheese melts and eggs set. Divide into 4 portions. Garnish with cilantro and salsa. **SERVES 4**

**PER SERVING** (about 1 cup of eggs, vegetables, and beans) 393 calories, 23 g protein, 26 g carbohydrate, 23 g fat (7 g saturated fat), 388 mg cholesterol, 6 g fiber, 6 g sugar, 480 mg sodium. Calories from fat: 51%

## OATMEAL ALTERNATIVE

### Brown Rice Breakfast Bowl

This bowl is subtly sweet and satisfying on chilly mornings. It calls for ground flaxseed, a high-fiber superfood sold at most large supermarkets, and flavorful Asian pear. Leave the pear skin on to boost the recipe's fiber to 9 grams.

#### MAKE IT

Prepare the brown rice like pasta: In a large pot, add 1 cup uncooked rice to 6 cups boiling water. Cook, uncovered, for 30 to 35 minutes. Drain rice in a fine-mesh strainer, and return to pot. Reduce heat to medium-low. Add 1 cup low-fat milk, 1 tsp cinnamon, ¼ tsp kosher salt, 2 tbsp each of maple syrup and flax, ½ cup chopped figs, and 1 chopped Asian pear. Stir to combine. Simmer on low heat for 5 to 10 minutes until pear pieces soften. Divide into 4 bowls. Top each one with chopped almonds and a drizzle of maple syrup. **SERVES 4**

**PER SERVING** (about 1½ cups rice and fruit) 425 calories, 11 g protein, 80 g carbohydrate, 12 g fat (2 g saturated fat), 3 mg cholesterol, 9 g fiber, 34 g sugar, 183 mg sodium. Calories from fat: 25%

#### THE MIX

BROWN RICE, MILK,  
CINNAMON, MAPLE SYRUP,  
GROUND FLAXSEEDS,  
DRIED FIGS, ALMONDS,  
ASIAN PEAR

# Pantry Prep

STOCK UP ON THESE TIPS TO ENSURE YOUR FAMILY HAS THE EVERYDAY ESSENTIALS AND THEN SOME

BY Matt McMillen

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

## STORE IT

- Tuna, salmon, sardines, chicken in cans or pouches. These are all great protein sources. Stock up on a few that are already seasoned and ready to eat, and others that you can use in your own food preparation.
- Canned and frozen fruit. Use these daily staples when you can't get fresh.
- Canned and frozen vegetables. Often just as nutritious as fresh veggies, sometimes even more so.
- Microwavable grains and pasta pouches. Pasta and whole grains like brown rice, quinoa, and others can round out your meals of pantry vegetables and proteins.
- Individually frozen fish fillets. Versatile and quick to defrost, cook these in the oven, the stove, or on the grill. Simmer in canned tomato sauce or jarred pasta sauce, along with fresh, frozen, or canned vegetables. Serve over pasta, rice, or grains.
- Whole-grain crackers. Great with nut butters, cheese, sardines, tuna, and more.
- Nuts, dried fruit, and cereal. Eat each separately or toss together for a wholesome trail mix. Nuts often keep best in the freezer or refrigerator.
- Canned beans. Great protein and fiber sources with lots of uses. Add to salads, canned soups, and casseroles.
- Bread. Slice and store in your freezer for toast and sandwiches.
- Eggs. Easy to cook on the stove or in the microwave, and a great source of protein.
- Long-lasting fresh produce. Buy bags of apples, citrus fruits, potatoes, sweet potatoes, carrots, and other root vegetables, and winter squash.
- Finally, remember to stay hydrated. Stock up on water and powdered or shelf-stable milk.



 Search for the slideshow **12 Pantry Staples You Should Never Run Out Of** at [WebMD.com](http://WebMD.com).

GETTY IMAGES

## NUT BUTTERS

GO NUTS FOR THESE DELICIOUS NUT BUTTERS—AND ONE SEED BUTTER—SELECTED BY ATLANTA-BASED REGISTERED DIETITIAN CAROLYN O'NEIL, MS, OF [THEHAPPYHEALTHYKITCHEN.COM](http://THEHAPPYHEALTHYKITCHEN.COM).



### PECANS.COM PECAN BUTTER

*"Rich and smooth, sweet and creamy, with a pinch of salt to bring out the pecan flavor. Spread on sliced apples for a delicious snack. But go easy: Pecans have more fat than other nuts, and that means more calories."*



### THE PISTACHIO FACTORY ROASTED + SEA SALTED PISTACHIO BUTTER

*"Terrific as a hummus-style dip for crudité, this full-flavored pistachio butter packs loads of plant-based protein content: 7 grams per serving. Plus, it's lower in calories and higher in fiber than other nut butters."*



### JUSTIN'S CLASSIC ALMOND BUTTER

*"The freshly roasted flavor of this almond butter belongs on toasted bagels or celery stalks. Bonus: Almonds boast more calcium than other nuts."*



### ARTISANA ORGANICS RAW WALNUT BUTTER WITH CASHEWS

*"Hints of bitterness from raw walnuts blend with the slight sweetness of cashews for a smooth, well-rounded flavor. A treat on whole-grain crackers, this butter has no added sugar or salt."*



### TRADER JOE'S SUNFLOWER SEED BUTTER

*"Allergic to nuts or peanuts? Try this super-creamy spread. A good source of protein, iron, and potassium, it makes an excellent substitute for peanut butter in Thai-style sauces for chicken or shrimp with stir-fry veggies."*

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.



**BREAST CANCER SURVIVORS WHO WORK OUT REGULARLY** lower their odds of both recurrence and death from cancer. New research from Italy suggests that physical activity ramps up movement of cancer-fighting molecules in the body and weakens cancer-promoting ones. The finding points to exercise as a valid form of cancer prevention. It may also lead to medications that boost these cancer-fighting molecules.

A healthy diet has a connection to risk for some cancers, such as colorectal, but not all of them. Research from Canada adds prostate cancer to the list. Researchers divided men into groups based on their eating habits: a healthy diet of fruits, vegetables, and plant-based protein; a salty diet with plenty of meat and alcohol; and a sugary diet high in starch and sweet beverages. Over 7 years, those in the healthy diet group were less likely to develop prostate cancer regardless of their age, ethnicity, family history, or frequency of screenings. Keep in mind, the researchers say, healthy eaters probably have a lot of other good habits too.

Daily flossing might improve your odds against stomach and esophageal cancers. According to a 22-year Harvard study on periodontal disease, an estimated 1 in 65 men who get gum disease get stomach cancer and 1 in 87 get esophageal cancer. That's a risk increase of 52% and 43%, respectively. Two or more lost teeth add to that factor. Women are slightly less likely to get these cancers, but gum disease has the same effect. Bacteria in the mouth could be to blame. —SONYA COLLINS

THE LATEST

# Lifestyle Changes Help Prevent Cancer

GENES CAUSE UP TO 1 IN 10 CANCERS. LIFESTYLE AND THE WORLD AROUND YOU LIKELY EXPLAIN THE OTHER 9 IN 10. NEW RESEARCH OFFERS TIPS FOR PREVENTION.

# Living Well With RA

LIFESTYLE CHANGES CAN HELP YOU KEEP SYMPTOMS IN CHECK

BY Jodi Helmer REVIEWED BY Michael Smith, MD, WebMD Chief Medical Editor



Search for the slideshow [Healthy Habits for Your Rheumatoid Arthritis](#) at [WebMD.com](#).

FOR MORE THAN 54.4 MILLION ADULTS LIVING WITH RHEUMATOID ARTHRITIS (RA), medications can reduce inflammation, joint pain and swelling, and even slow down or stop the progression of the disease. But regular prescription refills are just one aspect of a holistic treatment plan, says Justin Bucci, MD, a rheumatologist at Boston Medical Center.

“The most important thing for patients who have RA to know, especially when they have the disease under control and their medications are stable, is that rheumatoid arthritis affects the whole body ... not just the joints,” he says. “You have to manage all of the other lifestyle factors to reduce your risks.”

Bucci answers questions about the importance of adopting healthier habits to help you live better with RA.

### Q What is the most important lifestyle change someone with RA can make?

**BUCCI** The most important thing you can do if you have RA is quit smoking. Smoking causes inflammation in your blood vessels and makes the disease harder to control. Not only does smoking cause more disease flares, [it makes] people with RA 50% more likely to develop cardiovascular disease [than smokers who do not have the disease].

### Q How important are diet and exercise for managing RA?

**BUCCI** In RA, what you eat can change disease activity. Most of the research has looked at the omega-3 fatty acids found in the

Mediterranean diet, [which is rich in] fish, olive oil, nuts, fruits, and vegetables, and it looks like those healthy fats ... shift your immune system to be less primed for inflammation ... and make your disease less active.

It's common to be prescribed steroid medications for RA and those medicines can cause you to lose bone density and increase your risk of osteoporosis over time. Exercise is one of the ways that you can rebuild bone density, as well as improving muscle function and joint stability. Activities like biking, walking, yoga, and tai chi that put less stress on the joints are all good choices.

### Q What role does stress play in the disease?

**BUCCI** Stress can make pain and inflammation worse. Depression and anxiety are also more common when you have a chronic health condition like RA and stress impacts both, [so] managing stress is really important in RA. Organizations like the Arthritis Foundation have resources that can help you manage the psychological aspect of living with RA.

### Q Can these changes have a significant impact on disease severity and progression?

**BUCCI** These things are not going to make your RA go away, [but] studies suggest that these activities are protective and could have enough of an impact to keep the disease from escalating or having medication changes.





## Top Shots

IN UNCERTAIN TIMES, IT'S SMART TO DO WHAT YOU CAN TO KEEP YOURSELF HEALTHY. THESE RECOMMENDED VACCINES LOWER DISEASE RISK FOR ADULTS.

BY Erin O'Donnell

REVIEWED BY Brunilda Nazario, MD, WebMD Senior Medical Editor

**VACCINES AREN'T JUST FOR BABIES AND KIDS.** They're an important tool to protect adults from disease too. We spoke with two physicians to find out which common shots you may need right now.

**Influenza.** The flu vaccine provides protection against this notorious upper respiratory tract infection, which can lead to serious and sometimes deadly complications such as pneumonia. Your body needs at least two weeks—and sometimes longer—to mount an immune response to this vaccine, so schedule your shot for October or November to ensure you're ready for peak flu season, says Ken Koncilja, MD, staff physician in geriatric medicine at the Cleveland Clinic.

Researchers design the flu vaccine around predictions of which three or four flu strains will predominate in the coming flu season. Some people who are vaccinated may still get sick, but studies show that the vaccine may reduce the severity of flu symptoms in those

cases, Koncilja says. "And people cannot catch influenza from the influenza vaccine," he adds. "That's a question that comes up a lot."

**Shingles.** This disease is caused by the varicella-zoster virus, which causes chicken pox. After a person recovers from the chicken pox, the virus lingers in nerves near the spinal cord. As adults age or if their immune system is compromised, the virus can reactivate as shingles, triggering a painful blistering rash that typically appears on the torso. This viral infection isn't life-threatening, but it can lead to severe pain as well as eye damage and blindness.

"I've had several patients become extraordinarily depressed from shingles," says Don Middleton, MD, a longtime family medicine physician with the University of Pittsburgh Medical Center. "The pain sometimes can last for years." Doctors recommend an effective vaccine called Shingrix, which is recommended for adults age 50 and older. It requires two doses given two to six months apart.



Search for the slideshow **Adult Vaccines: Protect Yourself Against Tetanus and More** at [WebMD.com](http://WebMD.com).



**Tdap.** This combination vaccine is a booster, extending protection against tetanus, diphtheria, and pertussis.

The CDC recommends that adults of all ages get a tetanus booster every 10 years. The disease usually occurs when bacteria in dirt enter the body through a wound.

**Diphtheria and pertussis** (also known as whooping cough) both trigger breathing difficulties and can be fatal to young children who are exposed. “Whooping cough is one of those diseases that’s really tough to conquer,” Middleton says. “We still see it a lot.”

Women who are pregnant should get the Tdap during each pregnancy, to provide protection for the baby after birth. Koncilja adds that patients often notice temporary arm soreness in the spot where they receive the Tdap vaccine. He recommends treating the pain with acetaminophen and ice.

**Meningococcal.** This is a group of potentially deadly diseases caused by the *Neisseria meningitidis* bacteria. Young adults living in dorm settings face increased risk of these infections, and some states require college students to receive meningococcal vaccines before coming to campus. There are two types of vaccines, the MenACWY, which is recommended for all teens, and the

MenB, which is given before age 23 and usually recommended for people with immune conditions or who take certain medications.

**HPV.** The most common sexually transmitted infection, human papillomavirus causes several cancers, including cervical cancer and mouth and throat cancers. The CDC currently recommends that both women *and* men up to age 26 receive the vaccine if they didn’t get it as children. “The vaccine has the potential to stop multiple cancers in adults,” Middleton says.

Vaccination recommendations can change, so ask your health care provider and pharmacist if you have questions. “As the science keeps improving, there’ll be changes,” Koncilja says. “What’s recommended today might be a little bit different next year, and that’s OK. It’s just the recommendations evolving to better protect Americans.”

**A final note about COVID-19:** No vaccine exists yet to prevent COVID-19. With the pandemic sweeping the globe, researchers are racing to develop one. “We hear on the news every night about the potential for a new vaccine,” Middleton says, noting that many vaccines are currently being studied. “But it’s still going to take time to get one.”

## VACCINES FOR OLDER ADULTS

SOME VACCINE RECOMMENDATIONS FOR ADULTS OLDER THAN 65 DIFFER FROM THOSE FOR YOUNGER ADULTS.

### FLU

Don Middleton, MD, recommends that his older patients wait till late October or even November to receive the flu shot so that the vaccine will have a greater likelihood of lasting through the winter, he says. As they age, adults develop fewer protective antibodies in response to the vaccine.

### PNEUMOCOCCAL

There are two forms of the vaccine, PPSV23 and PCV13, which protect against bacterial forms of pneumonia. The CDC says adults over age 65 should receive at least one of them. But some older adults—including those who have diabetes or smoke—benefit from getting both. “The best immune response comes from giving yourself about a year between the vaccines,” explains geriatrician Ken Koncilja, MD.

### SHINGLES

The newest form of the vaccine requires two doses and is 90% effective, an improvement over the previous shingles vaccine. If you received the older vaccine in the past, you can still receive the new vaccine, Koncilja says.

### TETANUS

The CDC recommends that older adults continue to receive tetanus boosters every 10 years. “Just because you’re in your 80s doesn’t mean you’re safe from tetanus,” Middleton says.



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SPOTLIGHT

# Diet Smarts for RA

IF YOU HAVE RHEUMATOID ARTHRITIS, SOME FOOD DOS AND DON'TS CAN HELP YOU MANAGE THE DISEASE AND EASE SYMPTOMS

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

**TREATMENT FOR RHEUMATOID ARTHRITIS HAS COME A LONG WAY IN THE PAST FEW DECADES,** as there are now a variety of drugs designed to ease symptoms and slow the course of the disease. While taking any medications your doctor has prescribed as directed is key, lifestyle habits matter, too. Those include getting enough rest, exercising regularly, and eating healthy foods.

“Diet is pretty critical, because when you have RA you have excess inflammation and there are nutritional factors that can contribute to inflammation,” says registered dietitian Sotiria Everett, EdD, clinical assistant professor at Stony Brook University. “Dietary changes may help alleviate symptoms or even the progression of RA.”

Everett who has counseled many rheumatology patients, suggests starting by making small changes. If you try to overhaul your entire diet at once, she says, you're more likely to get overwhelmed and go back to your old ways.

Here are a few tweaks that are worth making:

## SCALE BACK ON SODIUM

People with RA have a high risk of heart disease, so it's important to avoid foods that can lead to high blood pressure, Everett says. These include salt, deli meats, many canned foods like soup, and packaged foods.

## LOAD UP ON OMEGA-3S

Fatty fish like salmon are rich in inflammation-fighting omega-3s. Chia, flaxseeds, and walnuts also contain some omega-3s, she adds.

## ADD MORE COLOR TO YOUR PLATE

Colorful fruits and vegetables contain polyphenols, natural chemicals that help fight inflammation in your joints, your blood vessels, and throughout the rest of your body.

## FLAVOR YOUR FOOD WITH HERBS

Oregano is one high-antioxidant herb that's worth sprinkling into sauces and marinades. Everett also recommends eating more ginger. “It helps inhibit a pathway that leads to inflammation,” she says. “Try adding powdered ginger to oatmeal, or shredding fresh ginger and using it in salad dressing. I also like to use fresh ginger on roasted sweet potatoes or in carrot and ginger soup.”

## LIMIT PROCESSED AND FRIED FOODS

Fast food, packaged crackers, chips, and sugary cereals can all cause more inflammation, so it's wise to limit how much you eat. Same goes for foods that are high in saturated fat like butter, full-fat cheese, and red meat. Meanwhile, swap your corn oil and canola oil (both are high in omega-6s, which most people get too many of) for healthier extra virgin olive oil, Everett advises.

## 3 QUESTIONS TO ASK YOUR DOCTOR OR NUTRITIONIST

### Q Do I need to lose weight?

If you're overweight or obese, it's a good idea. Being too heavy puts extra stress on your joints, causes more inflammation, and may make some RA meds less effective.

### Q Should I try an elimination diet?

Some people with RA have intolerances to gluten, corn, dairy, sugar, or alcohol, Everett says. You may need to cut out some or all of these and then reintroduce them to figure out which, if any, are problematic for you.

### Q Do any foods interact with my medications?

People with RA who take methotrexate, for instance, should avoid or limit alcohol. Grapefruit should not be combined with cyclosporine. Avoid coffee and other caffeine sources if you take prednisone.

GETTY IMAGES



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

MY PERSPECTIVE

## Drug Safety

BE SMART ABOUT BUYING,  
USING, AND DISPOSING  
MEDICATIONS



**MAKING SURE THE DRUGS YOU TAKE ARE SAFE AND EFFECTIVE** is key to maintaining good health. Here are some aspects of drug safety to keep in mind as you make decisions about buying and using medicine.

### PURCHASING ONLINE

Buying drugs can be expensive and sometimes it can take a while to see a physician when you need a prescription. To save money and time, some people go online to buy medicines. Is it safe to do so? Yes, if you are careful.

First, recognize that many online pharmacies are acting illegally and many of the medicines sold online from sites with no physical address are counterfeit. Counterfeit drugs often contain no active ingredients of the medicine or the wrong ingredient, or the wrong strength. They may be contaminated with harmful chemicals such as mercury or antifreeze. This can put your health in serious danger.

Buying from illegal pharmacies also increases the risk of credit card fraud and identity theft.

According to the FDA, keep these factors in mind when buying prescription drugs online:

- The website should require a valid prescription from your doctor
- A licensed pharmacist should be available for consultation
- The site should have a physical address and a phone number in the U.S.
- Your purchase should ship from inside the U.S.

### EXPIRED MEDICATIONS

Many people keep a drug around for quite some time. It's easy to put in a drawer and keep just in case you need it later. But is it safe to take medicine after the expiration date? Simple answer: No!

After a medicine expires, it might be less effective due to a decrease in strength or because the chemical composition changes.

Once the expiration date has passed, there's no guarantee that the medicine will work like it should. In truth, expiration dates are probably conservative. Once the date passes, it doesn't automatically mean the drug won't work, or that it is unsafe, but why risk it?

### DRUG DISPOSAL

So how do you get rid of drugs? Proper disposal of expired, unwanted, and unused medicines is important to keep your body and your house safe.

It's pretty easy. Most medicines can be thrown out in the household trash. They should be mixed, not crushed, with something unpalatable such as cat litter or coffee grounds and placed in a sealed plastic bag. Remember to scratch off your name and drug name from the bottle.

Some drugs that are especially powerful and dangerous such as fentanyl patches or methadone can be flushed down the toilet. The FDA has a "flush list" on its website.

Some public health experts believe that flushing medicine might be dangerous for the water supply. But the FDA has found no evidence of any harmful effects. The majority of medicines in water systems are a result of people's natural routes of drug elimination—urine or stool. Disposal of these medicines by flushing contributes only a small portion of the total amount of medicine in water.

The Drug Enforcement Agency as well as some local cities offer "take back" days in the spring and fall when drugs can be dropped off at secure locations. The disposal service is free and anonymous with no questions asked.

Questions? Comments? Email me at [john@webmd.com](mailto:john@webmd.com).

## BY THE NUMBERS

96%

Percentage of websites selling prescription medications online that are illegal.

937,443

Number of pounds of unwanted or expired medications collected on the National Prescription Drug Take Back Day in 2019.

1979

The year the FDA began requiring an expiration date on prescription and over-the-counter medicines.

# Checkup



Search for the article [How Does Coronavirus Spread?](#) at [WebMD.com](#).

**SINCE THE ADVENT OF MODERN MEDICINE,** virologists have contributed to innovations in health care from developing vaccines for multiple diseases to sequencing DNA.

These infectious disease specialists are highly skilled medical experts who manage the diagnosis, treatment, and prevention of infectious diseases such as hepatitis C, HIV, and Ebola. They currently serve on the frontlines of the COVID-19 epidemic, tracking the cause and spread of the virus and researching potential vaccines.

## MULTIFACETED MEDICAL CARE

Virologists may be medical doctors or researchers. Some are engaged in direct patient care, working alongside other health care professionals to treat those with persistent viral infections. Others work behind the scenes, advising general practitioners on the most appropriate antiviral drugs, making recommendations for vaccine use, or advising hospital staff on reducing the spread of infection.

You can find virologists working in hospitals, health departments, universities, and agencies such as the CDC and the World Health Organization. Their roles include clinicians, professors, and clinical investigators.

## EXTENSIVE EDUCATION

The education and training required to work as a virologist depends on whether the goal is to work as a researcher or clinician. Researchers must complete a PhD and postdoctoral research, while medical doctors specializing in virology undergo up to 16 years of education and training, including an undergraduate degree, medical school, residency, and postdoctoral training.

## PANDEMIC PREPAREDNESS

Thanks to their skills mapping the structure of viruses and devising strategies to prevent them from replicating to prevent diseases, virologists are often key members of pandemic preparedness and response teams. At the CDC, researchers are growing the virus that causes COVID-19 in labs to determine how it's transmitted and which experimental antiviral medications might treat or prevent infections.

WHO'S WHO

# Virologists

THESE INFECTIOUS DISEASE SPECIALISTS PLAY AN IMPORTANT ROLE IN GLOBAL PANDEMICS

BY Jodi Helmer

REVIEWED BY Hansa Bhargava, MD, WebMD Senior Medical Editor

## BY THE NUMBERS

9,136 Number of infectious disease specialists in the United States.

1,001 Number of viruses that affect humans.

1798 Year the first vaccine was developed (for smallpox).

4.1 MILLION Number of annual emergency room visits for infectious diseases.

GETTY IMAGES

**1. SOON AFTER THE CORONAVIRUS WAS DECLARED A PANDEMIC, YOU HAD SYMPTOMS OF COVID-19. YOU FEEL BETTER NOW, BUT DO YOU THINK YOU HAD THE VIRUS?**

There's no way to know for sure because I couldn't get a test. I didn't think anything of it on the first day, but the following day I started feeling pressure on my chest and it was really hard to breathe. Walking from the bedroom to the bathroom, I was out of breath. That alarmed me, so I called the doctor and she put me on quarantine.

**2. YOU RECENTLY STARTED WORKING WITH ONE, A GLOBAL MOVEMENT TO END EXTREME POVERTY AND PREVENTABLE DISEASE BY 2030. WHAT INSPIRED YOU?**

Their thought process is in line with mine. Their motto is that especially with COVID-19, we're not safe until we're all safe. They work with vulnerable people around the world, which is important to me, being from Nigeria. They have a team in Nigeria and I'm looking forward to working closely with them.

**3. ON THE CBS SERIES *BOB HEARTS*, ABISHOLA, YOUR CHARACTER, ABISHOLA, IS A NURSE. HOW DID YOU PREPARE FOR THE ROLE?**

I rang up a couple of my doctors to see if I could shadow their nurses and facilities, but it was a privacy issue. I spoke to my friend, who's a nurse in Atlanta. We also have a great medic on set who advises us. I was able to get enough information to inform what I needed to do as an actor, which is not a lot compared to what real nurses are doing, especially now.

**4. YOU'VE BEEN IN THE U.S. SINCE 2001. DO PEOPLE APPROACH HEALTH DIFFERENTLY HERE THAN IN NIGERIA?**

The healthcare system in America is a lot more advanced. You have more opportunities to see doctors. The facilities, depending where you are, are state of the art. We're starting to see a few of those come up, in Lagos particularly, but it's not as prominent as it is here. A lot of people still have



## Folake Olowofoyeku

*Actor, 36, Los Angeles*

**"I'M REALLY INTO SELF-CARE. BEFORE THE QUARANTINE, I GOT IN-HOME MASSAGES TWICE A WEEK."**

to fly out of Nigeria to get proper medical care.

**5. YOU RECENTLY FOUND OUT YOU HAVE ENDOMETRIOSIS. DID IT SURPRISE YOU?**

I got diagnosed with it recently, but going back to the healthcare system in Nigeria not being so great, I obviously had it since I was 13, from the first time I had a period. It was excruciating. Growing up, I used to lose 5 pounds every time I had my period. It was just a thing I lived with. I didn't know what endometriosis was.

**6. HOW DO YOU STAY HEALTHY AND FIT WHILE FILMING?**

I don't! This is the longest job I've ever had. Before this, my longest job was maybe about a month. I was trying to figure it out. I was also commuting a little over two hours every day, so the last thing I could do was work out or do meal prep. Being on quarantine has helped me get back in order. I'm eating small portions every two hours and I'm trying not to eat after 6 or 7 o'clock.

**7. WHAT'S YOUR GUILTY PLEASURE?**

Chocolate. I love Quality Street. It's this British chocolate, an assorted mix of chocolates from Nestlé.

**8. DO YOU HAVE A FAVORITE WORKOUT?**

I love to play basketball, but I get really bad shin splints. I'm going to figure out a way to rehab that, but for now I'm just going on bike rides around my neighborhood.

**9. HOW DO YOU RELAX?**

I'm really into self-care. Before the quarantine, I got in-home massages sometimes twice a week. I go to spas. I've started transcendental meditation. At work, I listen to music. When I'm in a mellow mood, I listen to Enya or Jonathan Goldman's *Healing Sounds*.

**10. IS THE BEST PART OF YOUR LIFE BEHIND YOU OR AHEAD OF YOU?**

I think I'm in it right now.

—KARA MAYER ROBINSON