PG

WOMEN'S HEALTH GUIDE ...

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Letter from the editor

No matter our chromosomal makeup, we all age. And we all (hopefully) reflect on that process. It's the healthy thing to do, really.

In thinking about this Women's Health Guide, we figured we'd ponder what we would tell our younger selves. We also asked for you to do the same.

One response with near across-the-board agreement: Wear sunscreen. The Coppertone SPF 4 — *4!* — of my youth laughs at Future Me. You know what, it has a right to.

Reader Dorothy Michalski, a graduate of Wilkinsburg High, absolutely supports the sunscreen advisory, but she's not just concerned with our largest organ. "Brush your teeth regularly and floss them, too," the Grove City, Ohio, resident told younger Dorothy, via Facebook.

In addition to slathering up with SPF, Katherine Miketa Ruiz pointed her past self toward self-love: "You're not fat."

Diane Johnson's directive was two words: "Be brave!!"

Polly Higgins

Moon Township native Hollie Babik, now living in Weirton, W.V., had several more: "To always trust your gut. It always knows something is off way before your head & heart do."

Jess Howard, who is "brand-spankin' new" to Pittsburgh, emailed a lovely full list (sunscreen, check), including, "Find a mentor or even several and show them gratitude." And more guidance for building strength: "Push back at those little voices telling you you're not worthy."

Our contributors offer their time-traveling thoughts to their Mini-Mes above, so I can no longer sink into the comfort of diversion. My turn. I'd tell younger Polly that, "No, there's no manual to life that everyone but you got. But you'll figure it out."

Figuring it out has often meant reading. I hope you enjoy the words that follow, and that they help Present You in some way.

Cheers,

Polly Higgins,
Health & Wellness Editor

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Photos courtesy of Melissa Ludwig

Melissa Ludwig found a "tribe" of women when she needed them most.

'And Just Like That,' female friendships aren't just revolutionary. They're evolutionary.

By Abby Mackey
Pittsburgh Post-Gazette

Melissa Ludwig was on top of the world, at least on paper.

She married the "right" guy, the "great" guy. She was the mom of a brand-new baby girl. Fortunate enough to access maternity leave, she had nothing but time to savor every whiff of her baby's head and marvel at the tininess of each toe.

But as she slid forward and back in the brand new glider placed in her baby's freshly decorated nursery, her mind rested in none of that supposed bliss.

Melissa Ludwig, right, and Liz Quinn forged a friendship, in part, based on hardships.

Ludwig, now 41, of Millvale, had battled her own mind for long enough to know depression and more were taking hold of her thoughts and, despite the "great" guy, her instincts led her elsewhere: "You need to get out of this house, and get some friends."

In her pocket of the universe, that thought was revolutionary. It was also evolutionary.

Stress responses are often assumed to be "fight-or-flight" reactions, periods where all of the survival mechanisms in our bodies mount simultaneously and inspire us to fight a threat or run away from it.

But researchers such as Laura Cousino Klein, a Pennsylvania State University professor of biobehavioral health, believe women can respond to stress uniquely and exactly as Ludwig did.

Cousino Klein — and a group of researchers who published this theory 23 years ago in the journal Psychological Review — believes women may have evolved to respond to stress via "tend-and-befriend," which serves to protect offspring and promote feelings of security through the creation and maintenance of social networks.

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Often those connections would have been with women.

"Females have fight-or-flight and tend-and-befriend, and the same is true for males. It's just that males are pulled more to fight-or-flight because of the hormone vasopressin," Cousino Klein said. "But fight-or-flight isn't a social response at all, it's, 'I need to fix this. I need to fight this,' whereas tend-and-befriend is about gathering your tribe of women to commiserate, talk and experience that stressor together."

Here's the logic. Especially in early societies, women were the child-rearers. If a fire broke out in the settlement, traditional notions of fight-or-flight would have minimal use if mothers — whose mates were likely busy with other tasks — were singularly responsible for gathering all of their children and belongings before seeking safety, making social networks ("befriend") vital to survival.

Or if a predator was lurking, fighting or fleeing could draw attention and spell certain death for a mother or her offspring. But if her body dumped large amounts calming chemicals into her bloodstream in the face of stress (oxytocin and natural opioids, Cousino Klein says), her urge would be to settle her children, hold them close and quiet — "tend" to them — potentially allowing that threat to walk right on by.

These behaviors leading to survivorship — and the chance for those children to also have children — is how "evolution" happens.

Female-female friendships isn't a common area of study, which helps give Cousino Klein's work even more staying power. But it, too, seems to evolve: "Every year, I always think there are more and more implications of this work," she said.

Modern American women may not face a wolf attack very often, but they combat their own stressors with responses that, many times, harken back to tend-and-befriend.

Ludwig's instinct to reach for female friends after having a baby is hardwired, as group living in hunter-gatherer societies would mean built-in support for postpartum women.

Though unproven, it's been suggested by a few scholars that postpartum depression may serve the evolutionary purpose of recreating those social networks, as loved ones rally around the struggling mother.

But it's neither only about having babies nor only about generic support.

Charlotte, the quirky and relatively demure socialite in HBO series "Sex in the City," homed in on the instinctive nature of many women to seek other women — when kids are tough, when husbands aren't getting it, and when social media has us questioning everything — in asking, "Could those friendships be the primary relationships in our lives?"

Melissa Ludwig with her "great" guy and husband, Mark.

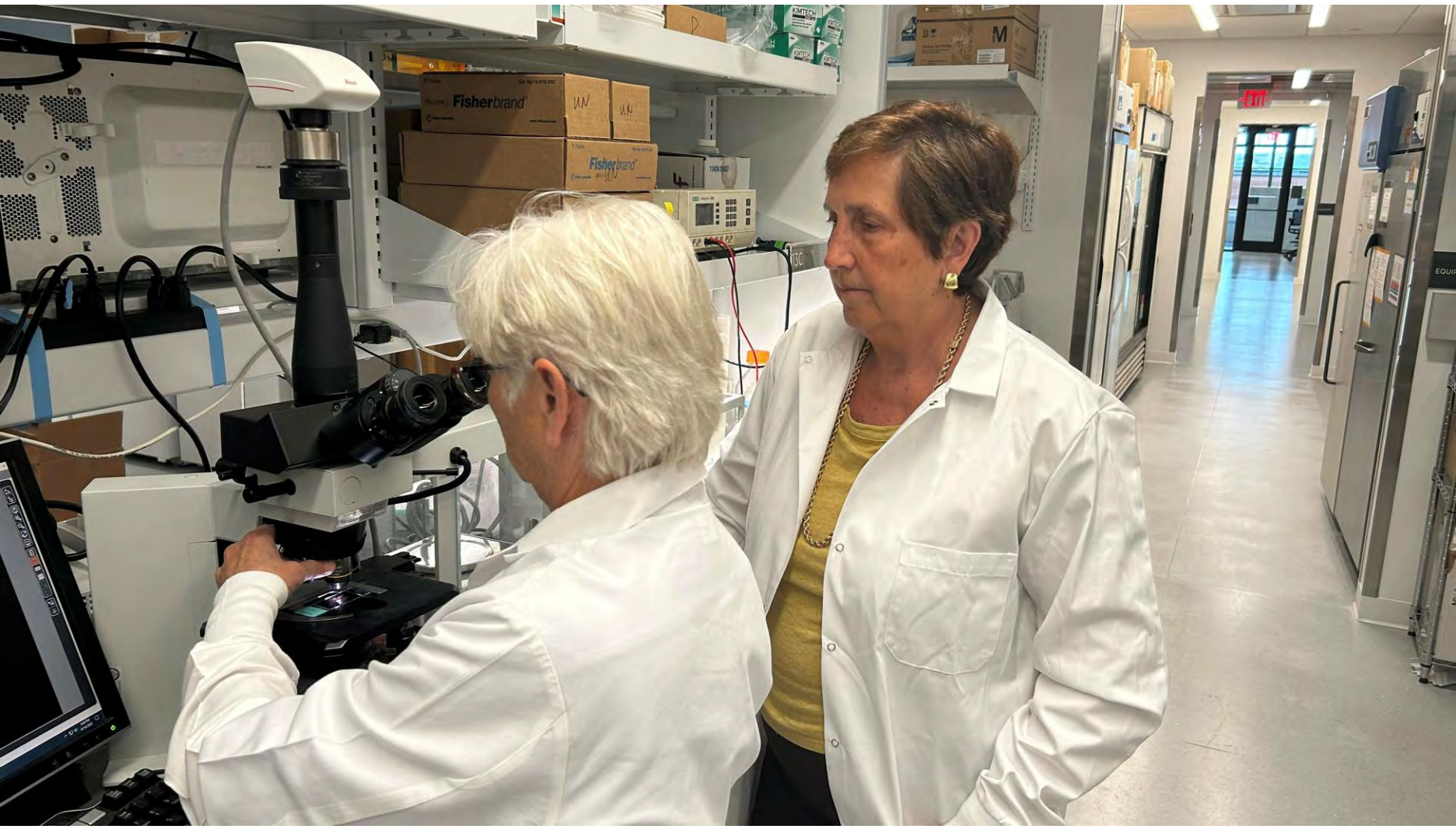
Melissa Ludwig, foreground, instinctively sought friendships with women, including Aubrey Phillips, back left, Melissa Gordon and Holly Perri.

"I don't know, but I do know that many women — me included — wouldn't be functioning as well as they are without those close female friendships," she answered herself.

"When women connect with each other, there's a shared understanding of a lot of different pieces of what it means to be women," said Marissa Barash, a therapist at Allegheny Health Network's Women's Behavioral Health clinic.

Ludwig found her tribe — exactly when she needed it — through a wellness group. Among those women, she didn't have to explain why she needed them because they were all drawn by the same innate desire for connection.

"Women want to be validated, and heard, and seen, and empowered," Ludwig said. "[W]ith my girlfriends, we make space for each other to make the emotions bigger so we can understand them, and hopefully move past them. That's the biggest thing."



UPMC

Olivera Finn, right, distinguished professor of immunology and surgery at the University of Pittsburgh, works with senior staff scientist Pamela Beatty at her lab on campus.

'It's really dramatic how far things have come': Major advances in breast cancer care

By Anya Sostek
Pittsburgh Post-Gazette

It didn't seem like it at the time. But when Adam Brufsky started his career at the University of Pittsburgh in the 1990s, breast cancer treatment was just getting started.

"Things are far different than they used to be," Brufsky, medical director of the UPMC Magee-Women's Cancer Program, said. "It's really dramatic how far things have come."

Numerous scientific advances have revolutionized care for breast cancer patients, leading to better prognoses and a better quality of life during treatment.

One study released this summer with data from more than 500,000 British women found that those diagnosed with early invasive breast cancer today are around two-thirds less likely to die from the disease within the first five years than they were in the 1990s.

One of the major changes in breast cancer care is taking a "less is more" approach.

"We wanted to cure it, we wanted to do the most, so we hit it with everything," said Janette Gomez, lead physician for Allegheny Health Network's high-risk breast cancer clinic. "Over time, we realized we can do a little less, to do what we need to without going overboard. It has had a major impact on quality of life."

Some of that trend started in Pittsburgh back in the 1970s, when Pitt researcher Bernie Fisher discovered that simple mastectomies were just as effective as the much more severe radical mastectomies, which removed part of the chest wall.

In a sense, that approach has continued — to find ways to be surgically conservative without compromising patient outcomes. Instead of sampling all of the lymph nodes in the armpit, doctors can now just biopsy a sentinel lymph node, said Gomez, reducing the risk of patients developing a swelling complication called lymphedema.

A long-lasting dye technology newly available in the last few years allows the lymph nodes to be spared entirely for some patients who undergo a mastectomy with early stage cancer.

Instead of doing surgery immediately, some patients are also opting to treat the cancer with chemotherapy, immunotherapy or endocrine therapy first, she said — hoping to reduce the size of the tumor so that the surgery can be less extensive, such as a lumpectomy instead of a mastectomy.

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"In the last five to 10 years, we've been focusing a lot on reducing the side effects of our treatments," said Gomez. "We obviously want to find the disease and cure it sooner, but our patients are living a very long time, so let's try to decrease the side effects."

In terms of reducing the side effects of treatment such as chemotherapy, there are new techniques to determine when it is necessary.

Genomic tests analyze as many as 70 genes in cancer cells to determine the likelihood of the cancer coming back, and the benefit to the patient of undergoing chemotherapy. One recent study from the University of Pittsburgh found that treatments such as sentinel lymph node biopsies and radiation may do more harm than good in treating breast cancer in women over 70.

"We can take a little bit less of an aggressive approach and the survival will be the same," said Brufsky.

The improved prognosis for breast cancer patients is due in large part to scientific advances in cancer treatment, which have come rapidly over the last several decades. When Brufsky began his career, the primary treatment was a birth control pill turned hormone blocker called Tamoxifen, used to treat breast cancer that feeds on estrogen.

"Really, all we had when we started was Tamoxifen," he said. "That's all. We didn't have a lot."

Today, there are numerous medications, most of them highly tailored to specific stages and genetic profiles of what researchers now know are distinct types of breast cancer.

Early in his career, Brufsky remembers seeing breast cancer patients who would come in and just wouldn't respond to treatments. Those patients — now known to be among the 20% with an overexpression of the HER2 protein — were recognized in the 1990s and eventually treated with an antibody called Herceptin that triggers the immune system to fight cancer cells.

Clinical trials have shown Herceptin to cut cancer recurrence in half and reduce mortality by 30%.

Additionally, combining treatments such as Herceptin with chemotherapy has been "basically the magic bullet" for some women, said Brufsky. "Women who normally would have their cancer progress within six months to a year now can go a year and a half, two years without the cancer progressing."

Other therapies, such as CDK4/6 inhibitors, which affect proteins that control how quickly cancer cells grow and divide, "completely changed the face of" treatment for advanced hormone receptor positive breast cancer, he said, noting increased life expectancy for those cancer patients.

UPMC

When Adam Brufsky, oncologist and medical director of the Women's Cancer Program at Magee-Womens Hospital of UPMC, began his career in the 1990s, the primary treatment was Tamoxifen, he said. "That's all. We didn't have a lot."

AHN

"In the last five to 10 years, we've been focusing a lot on reducing the side effects of our treatments," said Janette Gomez, lead physician for AHN's high risk breast cancer clinic.

And while breast cancer is treated much better than it used to be, it is also discovered much more quickly. Mammograms are now digital and can see in three dimensions, and doctors are beginning to use artificial intelligence for quick analysis.

Most of the breast cancer Gomez treats is now found via mammogram, she said, before a lump is even palpable.

One of the newest recommendations in terms of screening is that women with dense breast tissue receive MRIs in addition to mammograms, said Sarwat Ahmad, of St. Clair Medical Group Breast & General Surgery. Dense breast tissue is correlated with an increased risk of breast cancer and makes breast cancer more difficult to detect on a mammogram.

"Even when I started training, we did not talk about dense breast tissue at all," she said. "Within the last 10 years, the data has gotten stronger."

On the horizon for breast cancer care are numerous other developments in screening, treatment and research, such as vaccine trials, including one helmed by a Pitt professor; further genetic screening; and increased research on less aggressive treatments.

"We're just trying to turn this into something you can live with for a long time," said Brufsky, "and eventually die of something else."

Courtesy of Matt Miller

AHN radiologist Matt Miller points to benign-appearing calcifications on breast imaging.

Breast screening need-to-knows

New guidelines released this year say that women of average risk for breast cancer should begin getting mammograms at age 40, and should get them every other year.

Those guidelines from the U.S. Preventive Services Task Force are a change from past recommendations that most women start mammograms at age 50, in response to higher rates of breast cancer among women in their 40s.

Advocacy groups such as the American Cancer Society have long recommended that women start getting mammograms at 40, and recommend getting them annually. Insurance companies in the U.S. are required to cover annual mammograms starting at age 40.

Women at higher risk for breast cancer, such as those with a family history, previous breast lesions or high-dose radiation to their chest, should consult with their doctors for individualized screening recommendations.

MRIs for breast screening are also recommended for some women, including those with highly dense breast tissue. A law in Pennsylvania requires that insurance companies cover MRIs for women with certain high-risk conditions. Earlier this year, the U.S. Food and Drug Administration updated regulations on mammograms to require that patients be informed about their breast density.

— Anya Sostek

When the demands of health call for creative solutions

5 TOOLS TO KEEP YOUR MAINTENANCE GAME STRONG

By Abby Mackey
Pittsburgh Post-Gazette

There are too many peaks and pitfalls of health care for women to go at it alone. These five slightly taboo and partially misunderstood "gadgets" — and some expert advice — are meant to guide you toward feeling good, and singing "Who runs the world?" at the top of your lungs in no time.

PERIOD PANTIES

Period panties may seem like modern tools for women to experience all four weeks of every month exactly how they choose but, in reality, they're a millennial upcycle of an age-old practice.

When bleeding straight into your hoop skirt wasn't preferred, layers of wash-and-reuse rags were chosen instead. Some cultures used (and use, present tense) cloth baby diapers. Others wrap cloth around more absorbent materials, such as cow dung.

A Chinese patent from the late-1980s birthed an elevated version of these home-made helpers, first known as "woman menstruation underpants."

Now they're high-tech, with multiple layers of soft and absorbent fabric stitched into the gusset of full-blown underwear in a variety of colors, fabrics and cuts.

With all of those options comes a hefty financial investment, at $6 to $50 per pair. Their absorption varies. At least some brands contain the forever chemicals found in many pads and tampons. And changing underwear in the middle of the day does potentially require removing pants and shoes (maybe even in a public bathroom), but there's also plenty to say in their favor.

James Hilston/Post-Gazette

Compared to single-use products, these are environmentally friendly since they can be washed and reworn. For those with qualms about inserting tampons or menstrual cups, this alternative is rather hands-off. The underwear offer freedom of movement not always possible with other products and, as many have moisture-wicking materials, you can still feel fresh after all of that grooving.

MENSTRUAL CUPS

Menstruation has been the albatross around the waists of women since the beginning of time. Period.

Labeled "unclean," forced to stay in their huts, shoving vaguely sanitary towels between their legs and whispering "M" to gym teachers to dodge swimming class in high school, that time of the month has a history of pushing women aside.

It took nearly 90 years of sanitary pad production before anyone thought to add an adhesive strip. Tampons have their own set of concerns. And just a few years ago, even those options were dealt a blow when forever chemicals (per- and polyfluoroalkyl substances, or PFAS) were found in both products.

Before retreating to your hut for two to seven days each month, consider a menstrual cup.

Though the design is relatively unchanged since the 1930s, its popularity has only reached targeted Facebook ad potential in the past several years.

"It's a great option for those who are looking for an alternative to traditional pads and tampons for collecting period blood. They are comfortable, environmentally sustainable and not bulky," said Grace Ferguson, an Allegheny Health Network Ob/ Gyn.

"You can purchase one and use it for up to 10 years with the proper care. It's easy to learn, and encourages an increased engagement with your body and period flow because you'll be able to have a more accurate assessment of how heavy or light your flow may be at any given time. It's also a more affordable option when compared to buying tampons or pads every month."

It's far more hands-on than the alternatives, but if that isn't a turn-off, menstrual cups (priced at around $6 to $50) are easy to forget about. And that's perfectly safe since they don't carry the risk of toxic shock syndrome that tampons do.

Finally, we can live up to the commercials and prance through a blooming meadow, all while being good stewards to Mother Earth.

James Hilston/Post-Gazette

FEMININE HYDRATION

The most common cause for dryness "down there" is menopausal hormone changes, but because of its varied causes, this issue can affect women across their lifespans.

Antihistamines and decongestants — medications that fight allergy and cold symptoms — are culprits. Breastfeeding and birth control can also cause it. Chemotherapy and some cancer-related drugs, as well.

As any woman who's confronted this issue can attest, it's far more than an inconvenience.

Lauren Loya, owner and medical director of The Hormone Center in Carnegie, explained that vaginal dryness — when caused by hormone disruption, especially a drop in estrogen — can lead to atrophy, or a thinning of the vaginal walls. The results can be painful intercourse, tearing of the vaginal lining with intercourse, incontinence or leaking urine, and more frequent urinary tract infections.

"Over-the-counter remedies may address the dryness, but typically won't improve the atrophy," the physician said. "Some natural remedies include staying hydrated, probiotics (to balance the flora in the vagina), natural lubricants such as coconut oil or olive oil, exercise and pelvic floor exercises or therapy to improve blood flow to the vaginal tissues, and including soy products like tofu, miso, edamame, etc., in the diet."

James Hilston/Post-Gazette

When additional lubricants are needed or preferred, "I typically tell my patients to look for products that don't contain artificial scents or other chemicals that they can't pronounce."

With oh-so-pronounceable ingredients like sweet almond oil, avocado oil and lavender oil, I Love My Muff lotion ($20) addresses feminine hydration as Loya recommends, with a brand name that will start — and stop — conversations all day long.

COOLING SHEETS

James Hilston/Post-Gazette

Even on fall or winter nights, add in a hot flash — menopausal, menstrual, anxiety-induced, pharmaceutical-related or otherwise — and you can kiss ZZZs goodbye.

One weapon is cooling sheets, particularly the Bedsure brand ($44.99 for queen-size beds), which has more than 50,500 Amazon reviews, 86% of which are four or five stars.

With any brand, cooling sheets work their magic through lightweight, breathable and moisture-wicking fabric blends. And they can intentionally keep the thread count low, for even less warmth and moisture entrapment.

It's not just about being cooler than the flip side of the pillow. Even short-term sleep disruption can lead to increased stress responses, depression and anxiety, as well as deficits in cognition, memory and performance.

HORMONE-RELEASING IUDS

You may know of IUDs (or intrauterine devices) for their ability to prevent pregnancy, but these T-shaped tools are Swiss Army knives of women's health.

About 600,000 hysterectomies (removal of all or part of the uterus) are performed in the United States each year, but that number is on a steep downward trend thanks, in part, to those little gadgets called IUDs.

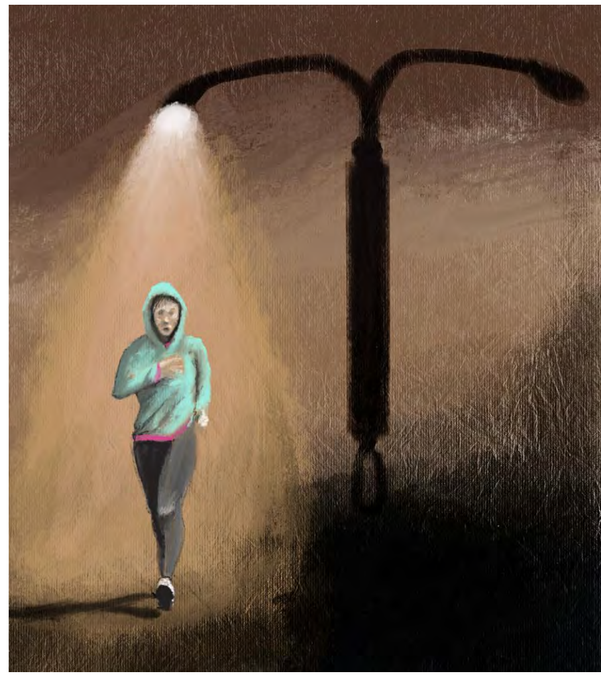
The vast majority of hysterectomies target severe cases of endometriosis, abnormal uterine bleeding and fibroids but, for some, those issues can be addressed with the hormone regulation provided by intrauterine devices.

"I strongly support the use of IUDs for reasons other than birth control. They have value in treating heavy or painful periods and even have value in preventing endometrial cancer," said Michelle Lois Harvison, chair of OB/ GYN at St. Clair Health.

Most women are good candidates for using them, Harvison explains, so long as the shape of the uterus can safely hold the device.

"The great thing about IUDs is that they are quick to insert in the office and, if a patient doesn't like it, then they are easy to remove in the office," she said. "If we can avoid a major surgery with inserting an IUD, that is a safer, less invasive option."

(For those looking for a hormone-free birth control option, the ParaGard IUD — yep, the one made with copper — fits the bill, and boasts a 99% success rate. Just note that the hormone-free version does not offer the same, above-mentioned benefits.)



James Hilston/Post-Gazette

Black maternal mortality rates are rising. Pittsburgh groups have responded in creative ways

By Hanna Webster
Pittsburgh Post-Gazette

James Hilston/Post-Gazette

Maternal deaths from childbirth have been increasing in the U.S. in recent years, in a nation with the highest rate of maternal mortality among developed countries, and the gap widens for people of color, particularly Black mothers.

Maternal death for Black Pittsburghers was also higher than 97% of similar U.S. cities — and Black residents in general died younger than their white counterparts, according to a 2019 report from the Gender Equity Commission, made up of local public health and sociology experts. (The GEC had planned a follow-up report, but the commission appears to be moribund.)

The Pittsburgh area, however, has a number of groups pursuing an array of solutions, many of which are focused on confronting social determinants of health, from issues of access to financial concerns, which are often as basic as having a means to get to appointments. Preliminary evidence shows change is happening, and those involved in the fight agree collective effort is crucial to sustain burgeoning success.

"It's going to take a village," said Margaret Larkins-Pettigrew, senior vice president and chief clinical diversity, equity and inclusion officer at Allegheny Health Network, as well as an OB-GYN.

The Commonwealth Fund, which created a scorecard for health system performance among U.S. states, reported that national maternal mortality rates doubled from 2018 to 2021. The U.S. Centers for Disease Control and Prevention has estimated that 84% of these deaths are preventable.

In 2021, according to that same scorecard, the maternal mortality rate was highest for American Indian and Alaska Native birthers, at 118.7 deaths per 100,000 that year. Black birthers were next with a rate of 69.9 per 100,000. (Whites, in comparison, die at a rate of 26.6 per 100,000.)

"There are changes to our RNA [a crucial part of our bodies' code] because of continued weathering. Their immune systems could be depleted; they could be more prone to eat poorly," Larkins-Pettigrew said.

Weathering refers to the constant discrimination Black women face, which wears over time, both psychologically and physically. "This only covers a narrow piece of what happens to Black women when they go into their pregnancy journey, and it's why we have to focus on prevention," Larkins-Pettigrew said.

Non-Hispanic Black women also have more preterm births than white women, and health disparities are partially to blame, according to an August paper published in the American Journal of Preventive Medicine by researchers from various institutions, including the University of Pennsylvania Perelman School of Medicine. The team looked at National Center for Health Statistics data from millions of patients during 2019, with factors including smoking habits, cardiovascular health, education level and insurance status. Black women at the time of delivery were more likely to have hypertension and diabetes and to be obese, but they smoked less than their white counterparts.

Researchers discovered that a third of these health disparities could be explained by social factors; Black patients, for instance, were also younger and less likely to have a college education and private insurance than white patients.

"We want to look more in-depth and capture with more granularity how social factors influence health," said Sadiya Khan, a preventive cardiologist and a cardiovascular epidemiologist at Northwestern

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University, who was the senior author on the AJPM paper. "It's surprising that these factors only explain about a third of the findings."

The local GEC report also found that Black birthers in Pittsburgh were three times more likely to give birth to a baby of "extremely low weight" and two times more likely to experience a fetal death compared to white birthers, despite starting prenatal care around the same time.

The COVID-19 pandemic likely exacerbated the problem.

"We wanted to [look at] before COVID because there are so many disparities related to COVID" that could have muddied the ability to extract a correlation about race, preterm births and socioeconomic status alone, said Khan.

"It's quite possible that disparities may have widened, and that's an important question for future research," she said.

Larkins-Pettigrew said the preterm birth study was interesting, and that it calls on communities to intervene early to make a meaningful difference. One way to do that is to offer widespread services to pregnant women.

Pittsburgh is moving in that direction, with a host of services — some of them fairly new — available.

First Steps, which launched locally in 2021 through AHN, is a collaboration between multiple health institutions, including UPMC and The Midwife Center. The program intends to reduce Black infant mortality through multiple avenues, including partnering with doulas, reducing racial disparities and expanding pregnancy support.

When a First Steps program was employed in Cleveland, it was correlated with a decrease in the deaths of Black babies by 20% over a 5-year period.

"It's really about how Black women are entering their pregnancy journey," said Larkins-Pettigrew.

UPMC Health Plan members, as well as those on Medicaid and CHIP, have free access to Baby Steps, a maternity program that assigns a case manager to pregnant people at the start of their pregnancy.

"We start with the mom from day one, and we engage dad or whoever is in the household in the process," said Diana Byas, the manager of Baby Steps. "We realized that if they're engaged with the program early on, they really do have a healthy [birth] outcome."

Baby Steps tackles issues from family planning to covering car repairs, so patients can get to their doctor appointments.

"Every mom who has issues gets help," said Byas. "If they don't have food in the house, or they don't have transport to get to the food, if they can't get to a doctor, we help with that."

Lucy Schaly/Post-Gazette

Thomas Washington is program director for the UPMC Health Plan Neighborhood Center, where, he said, "We try to knock down barriers related to social determinants of health."

Hanna Webster/Post-Gazette

"It's really about how Black women are entering their pregnancy journey," said Margaret Larkins-Pettigrew, chief clinical diversity, equity and inclusion officer at AHN.

Baby Steps frequently partners with the UPMC Health Plan Neighborhood Center, which opened late last year in East Liberty. The center also addresses various aspects of social determinants of health, including help with employment and finances and connections to outside services. They have food distribution boxes on-site for families, as well as job fairs, an eye clinic, dental pop-ups, a citizenship class, a home ownership program and events with partners offering their own services.

"We take a holistic approach to health," said Thomas Washington, the Neighborhood Center program director. "We try to knock down barriers related to social determinants of health."

Since opening, the center has seen 4,500 visitors and helped people find employment and buy homes, Washington said. Such bridges can allow families to catch up where they may have been falling behind, potentially addressing health equity in a way a physician alone cannot.

Doulas, aids who assist women throughout their pregnancies, provide another important resource to improve the health of mothers and babies. Studies show that in births where a doula is present, birthers report more satisfaction with the process and have better outcomes. Doulas are not medical doctors but are trained to work with and advocate for the birther.

A doula program launched at Community College of Allegheny County in September, with students able to get certified in nine weeks. In partnership with the nonprofit Masters of Maternity, the program's curricula include cultural- and race-specific education to address racial health disparities.

Among the instructors is Pennsylvania Doula Commission president Gerria Coffee, who noted that doulas play a major role in protecting the birth experience and health of the mother.

"In central and rural Pennsylvania, access [to doula services] is an issue," said Coffee. "We're working to make doulas more readily available to those on Medicaid. Once Medicaid takes it on, we're hoping private insurers will do the same."

Coffee hopes that hospitals and health organizations will take "a very serious look" at their policies, staffing education materials and algorithms to check for ingrained biases that could be hurting Black patients. She referenced a 2016 study in which half of white medical students surveyed thought Black patients felt less pain than whites.

"By now, those are our physicians," she said.

Even then, it's not enough to simply address physician bias and call it a day. Larkins-Pettigrew thinks the overhaul should be more widespread in order to see actionable change for Black patients. What she calls "cultural humility" has to be individual and intentional, she said.

"It's a constant, long-term self-reflection. All of us need to practice," said Larkins-Pettigrew. "It's about really trying to see each individual for who they are."

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Local nonprofit raises $6M — and hope — for fighting breast cancer

By Anya Sostek
Pittsburgh Post-Gazette

Benjamin B. Braun/Post-Gazette photos

Diana Napper, founder of A Glimmer of Hope, holds a photo of her friend Carol Friedman, who passed away in 1990 from breast cancer.

Diana Napper founded the Wexford-based Glimmer of Hope in the years following the death of a friend who had breast cancer.

Diana Napper remembers the phone call from her best friend telling her that she'd been diagnosed with breast cancer. "I said, 'Oh, you always got mammograms,'" Napper recalled. "'I'm sure you'll be fine.'"

But less than a year later, her friend, Carol Jo Weiss Friedman, died from cancer at age 50.

Napper had begun designing jewelry and, shortly before Friedman died in 1990, she asked her to design a bracelet that would fund a hospice in her honor.

Napper tried. She sold some of the bracelets she designed and raised some money. Eventually, however, she realized her interests lay in improving the lives of cancer patients more broadly than hospice care. And she realized there were much more effective ways of raising money than selling jewelry.

In the nearly 30 years since Napper officially founded A Glimmer of Hope, in 1994, the nonprofit has raised more than $6 million for breast cancer treatment, equipment and research, with all of the money staying in the Pittsburgh area.

"Our mission has totally changed," said Napper. "It's like a whirlwind — as we started spinning, we started picking up all these projects."

Napper found quick success raising money with the cooperation of area sports teams. She happened to be friends with Brendan Stai, who played for the Pittsburgh Steelers at the time. He suggested bringing in (former Steeler) Alan and Julie Faneca to help with fundraising.

The Fanecas became instrumental in helping her launch the Bid for Hope gala, which has grown into an annual formal event with support from Steelers players and major corporations such as 84 Lumber and PNC Bank. Just through Bid for Hope, the foundation has raised nearly $3 million — with the Fanecas still involved in the event.

Napper, 66, of McCandless, also has worked with the Pittsburgh Pirates on the Pitch for Hope women's baseball clinic for more than a decade.

With the money that the foundation has raised, she has found numerous ways to improve the lives of Pittsburghers diagnosed with breast cancer.

In 2014, Allegheny Health Network became the first hospital in the nation to install an advanced 3D mammogram system now used around the world, paid for with a grant from A Glimmer of Hope.

At UPMC, A Glimmer of Hope funded a program that expedites care for young women diagnosed with breast cancer, getting them help with issues unique to them such as fertility preservation and managing child care.

"The funding that they've given us for the pre-menopausal program has helped us streamline and personalize care for a group of women who really need that help," said Emilia Diego, division chief for breast surgery and co-director of the UPMC Hillman Center/Magee-Womens Hospital breast cancer program. "They have helped transform breast cancer care for the local community in a very positive way."

Other major A Glimmer of Hope initiatives include the Glimmer of Hope Metastatic Breast Cancer Center at Allegheny General Hospital, which opened in 2020 and provides centralized care to women with metastatic breast cancer — cancer that has spread from the primary site — including a collaborative nurse who accompanies patients to all of their appointments and integrative medicine services such as acupuncture.

A new program through UPMC is allowing women under 40 to receive mammograms, even if they aren't covered by insurance. "You get a pap smear when you are 21," said Napper. "Why can't you get a screening for your breasts?"

Napper takes pride in supporting both UPMC and AHN, noting that even though they are competitors, the health systems are able to work together to support what is best for patients.

More recently, A Glimmer of Hope has gotten involved in funding clinical research. One study with the Magee-Womens Research Institute and UPMC Hillman Cancer Center is now investigating a new technology for monitoring breast cancer from a blood draw, also known as a "liquid biopsy."

In March, Diego got coffee with Napper and mentioned that she and other colleagues at UPMC were hoping to test a breast cancer vaccine, but were having trouble securing funding.

By Memorial Day, Napper had run the idea by her advisory board and committed to give her $100,000 in seed money to get the study off the ground. With that seed money in hand, the group has secured an additional $2.2 million grant from the Breast Cancer Research Foundation for the vaccine trial, which Diego is hoping to get underway by the end of the year.

"I think of her as almost like the venture capital angel," said Diego. "She's the one who is starting the whole process of getting this off the ground."

Besides funding more research, Napper also is hoping to do more outreach to underserved communities and to improve screening for younger women in the Pittsburgh area.

"Our supporters love the fact that the money stays here," said Napper. "They love that if they donate something to us, they can see the results in the community."

How to advocate for yourself at the doctor's office

By Hanna Webster
Pittsburgh Post-Gazette

Tips to help patients mitigate doctor's office anxiety

- Track symptoms
- Bring a short list of concerns
- Ask questions
- Be firm
- Have a support person along
- Do research, with trusted sources
- Seek a second opinion

Post-Gazette

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A large body of research shows that women are dismissed more frequently than men in medical settings — and that such experiences can have consequences.

"In general, there is a difference between the way men and women are perceived even outside of health care," said Prerna Mewawalla, a hematology doctor and chair of Allegheny Health Network's women physicians employee resource group. "Men are seen as more credible automatically, unfortunately, and this credibility transfers over into the medical setting."

Studies support this. One, published in 2022 in the Journal of the American Heart Association, found that women — especially those of color — waited longer in emergency rooms and were less likely to be admitted when complaining of chest pain. Another study of more than 20,000 participants, published in JAHA in 2018, found that women with heart conditions were more likely to report poorer patient experience and health-related perceptions than men.

Aside from the acute danger of missing a life-threatening symptom, dismissiveness in the health care setting can lead to mistrust and anxiety. When that occurs, there are ways for patients to prepare, to ease stressors and increase the chances of developing a healthy relationship with their doctors.

At the center of many suggestions from experts is the importance of patients engaging in their own health care process; tracking symptoms, asking questions, doing research.

"Be assertive and clear," said Mewawalla, the diversity officer for AHN's Cancer Institute. "Describe your symptoms in detail instead of [saying], 'I'm not feeling well.' " This can help a provider zero in on a potential root cause.

"And don't be afraid to ask questions," she added.

Patients also can bring a support person along to advocate for them and help maintain a focus on the key issues. Also on that front: Write down questions and bring them with you.

Christine Ko, a dermatologist and author of the book "How to Improve Doctor-Patient Connection," used to roll her eyes at lists, thinking them time-intensive and, at times, disjointed. Now, she said, she appreciates them.

Just keep that list a reasonable length.

Having double-digit concerns can overwhelm doctors, who already are stressed and busy, Ko said. Home in on three to five concerns you most want addressed, and try to ensure the doctor does so by the end of the visit.

When it comes to doing their own research, patients should consider the source — and not just click on whatever their preferred search engine offers up.

"Google is not the right place to look," said Mewawalla. It is best to stick to trusted sources such as Cleveland Clinic, Mayo Clinic and journal articles if the language is accessible.

And if a chosen provider isn't a good fit — for whatever reason — patients should be proactive and find one who is.

Provider selection can be especially stark for trans and gender-diverse people, a population that "faces discrimination and mistreatment from providers at higher rates than their cisgender (nontransgender) counterparts," Charlie Borowicz, trans and gender diverse program manager at AHN, said in an email.

"[N]ot all providers are trained to provide care to trans and gender diverse people. They may decline to see these patients, citing discomfort and/or a lack of expertise," Borowicz added. Because of that, Borowicz suggests seeking out providers who are "trans competent." Both AHN and UPMC offer resources to help in finding those providers, as do local organizations such as SisTersPGH and PGH Equality Center.

Even if a patient has found compatible care, the relationship is an ongoing one. A way to strengthen it — and this goes for patients and providers — is to bring human connection back to the office, if it's lacking.

"We are really busy," said Ko, a professor of dermatology and pathology at Yale University School of Medicine. "Something kind of needs to wake us up. Smiling, greeting the doctor by their name and leaning toward them — having that initial brief connection only takes two seconds, but it pulls me out of myself and my stress."

The onus shouldn't all be on patients though, said Ko. Providers can take time to examine their existing biases — "Cognitive bias helps us simplify the world," Ko noted — and try to slow down in the office.

"I have had patients come in, frustrated, with symptoms they've had for a year and a half," said Mewawalla. "Sometimes, it's just so important to listen, hear them out and let them finish what they're saying … and to believe patient experiences. A lot of times, patients know their bodies better than anyone else."

Ko used to feel more rushed in the clinic, and she'd get distracted by her own agenda for a patient, until extensive medical care for her son put her on the receiving end.

"I think I really thought that being a good doctor was about having good technical skills and knowledge," said Ko. "While that's important, you could be a doctor that knows about all the diseases in the world, but if you're a terrible communicator, you're still going to make mistakes."

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Reframing the narrative: Increasing awareness of mental health in college sports

Abby Schnable
Pittsburgh Post-Gazette

Andrew Rush/Post-Gazette

As an increasing number of athletes speak out about their mental health, "It's allowed women a platform to not be afraid to speak out," Pitt athletic director Heather Lyke said.

Courtesy of Pitt Athletics

> **"Even people that are the best at their craft, are still human and might still struggle with things."**
>
> **Casey Jo MacPherson**
> *Pitt gymnastics head coach*

The number of student-athletes reporting mental health concerns in fall 2021 was 1.5 to two times higher than before the COVID-19 pandemic.

That result came from an NCAA Student-Athlete Well-Being Study released in May, which surveyed almost 10,000 student-athletes.

One important contributor to such shifts, said University of Pittsburgh athletic director Heather Lyke, is increased awareness about both the physical and mental health issues of young competitors. And that awareness has opened up all sorts of conversations.

In recent years, women athletes have watched cases such as that of Larry Nassar, the doctor who abused gymnasts on Team USA and at Michigan State University, as well as seen the examples of high-profile professionals including tennis player Naomi Osaka and gymnast Simone Biles stepping temporarily away from their sports for mental health reasons.

"It's allowed women a platform to not be afraid to speak out," Lyke said.

"You do feel like it was because some of those things happened years ago and things are different now. Because of the awareness, because of the platform, because of the understanding of the protections that all people have, but women in particular, and the laws that can be enforced in Title IX, you feel like, I think, it's in a much better place."

While the Nassar case and the abuse faced by those athletes — including Biles, Laurie Hernandez, Aly Raisman and McKayla Maroney, who shared their stories publicly — will always hurt, it has led to systemic changes within not only gymnastics but all women's sports.

Social media played a big part in these changes, with people being more aware of Nassar and similar instances of abuse, because they were popping up on their feeds.

A more recent example came during the 2021 NCAA women's basketball tournament. Oregon's Sedona Price took to TikTok to show the disparity between the NCAA's amenities for its women's teams compared to those for the men's teams, including the small weight rack for the women and versus the vast weight room for the men.

Putting a spotlight on the issue did lead to change, to reassessments of issues of parity — and a recognition about how such disparities might impact athletes.

"It raised everyone's awareness about, 'OK, how are our championships around at our conference level?'" Lyke said. "How do we manage things within our department? What do our locker rooms look like? That was a great example of using your platform and making sure that people realize that this isn't OK."

A lot has changed since newly installed Pitt gymnastics coach Casey Jo MacPherson was a student-athlete.

She competed for the University of Arkansas from 2007-2010 and had a prolific career where she claimed 71 individual event titles and eight All-American honors. She also helped lead Arkansas to a fifth-place national finish in 2009, 10th-place national finish in 2009 and 11th overall in 2010.

Issues of mental health took on an "old school mentality" when she was there, she said. It simply wasn't something that was talked about. But in a sport where so much attention is placed on body image and perfection, mental health is something MacPherson has emphasized as a coach.

"I don't even know if any programs really get numbers anymore, get [body] weights, things like that," she said. "I think that all goes through the nutrition staff for the most part."

Instead of focusing on that in discussions with athletes, she said, "It's more about getting the hydration, getting enough sleep, getting enough of the right foods to fuel you not just for practice, but throughout the day for classes and everything.

"A lot of that goes back to how we are helping people make the best choices for them and what they need rather than just saying, 'I want you in a certain number.' It's just not as helpful or productive."

Just talking about mental health has become more accepted. For MacPherson, she said she holds that to the same standard as physical health. Both need to be taken care of for the athletes to be at their best.

Gymnastics in particular set off a huge conversation about mental health back in 2021 when Biles stepped out of Olympic competition to focus on her own.

"It makes it feel very real when you have this person who is incredible in her sport," MacPheson said. "Sometimes we can think that that person doesn't struggle with anything, that they have no issues, that everything's easy for them.

"So for her to talk about that and be open about that, and do what was best for her in that moment, opens up the conversation of, *everyone's human*. So even people that are the best at their craft, are still human and might still struggle with things."

That goes hand in hand with people using social media or other public forums to encourage those who are struggling to get help.

"It's forced us to rethink how we're having conversations," MacPherson said. "How we're addressing certain topics and how sensitive certain things can be, or how triggering certain conversations can be. Who's maybe most appropriate to have those conversations and who could we direct them to? ... We always want to create a safe space where our athletes or whoever we're working with are comfortable coming to talk to us about anything."

MacPherson has seen conversations become more relationship focused, both from a coach's and an athlete's perspective. It's less of a "you need to do this," and more of a "how can we do this?"

It's allowed for more discussions about why decisions are made and it gives autonomy to the athletes to be part of some of those. And that's across the board at Pitt, Lyke said.

"Ownership in any area only helps us get better," MacPherson said. "When we take ownership of our decisions, our behaviors, what we're doing, we're looking through a lens of, 'How can I get better? What am I doing that's maybe not as helpful, what can I be doing differently?' ... By taking ownership, you're going to be more bought in, which leads to better results."

Eat less, but better during menopause

A woman's nutritional needs change as she ages. Here's what to eat — and avoid — during menopause

By Gretchen McKay
Pittsburgh Post-Gazette

Learning to navigate menopause can be challenging — and, let's admit it, also pretty frustrating — for some women going through this natural change of life.

We are moody, can't sleep, have trouble concentrating and never know when we're going to have that last period. (Ugh.) And we're prone to breaking out in a cold sweat whenever, wherever.

Menopause also is when we can no longer eat and drink with the abandon of youth. Because we tend to slow down as we age, we burn fewer calories on a daily basis. The loss of estrogen — which plays an important role in normal sexual and reproductive development in women — also leads to a decrease in body mass, slowing the metabolism.

So those extra pounds that seemed to magically redistribute around your waist overnight? Sorry, but it's one of the fringe benefits of getting older.

Hormonal changes during midlife because of the menopausal transition cause women to lose up to 1% of lean muscle mass each year, says Stephanie Faubion, director of the Mayo Clinic's Center for Women's Health and medical director of the North American Menopause Society. That, in turn, slows the rate at which the body burns calories, even when still exercising.

Many women also start to be less active and, with children off on their own, have more free time to go to social events such as cocktail and dinner parties, where they fill up on empty calories.

"So a lot of things are happening during that time," says Faubion.

Women typically gain around 1½ pounds each year as they go through their 50s, so the best defense is a good offense, in which you plan by changing what and how much you eat every day.

It varies depending on height, weight and muscle mass, but most menopausal women only require about 1,500-1,600 calories per day, says Beth Chiodo, a registered dietitian and certified health and wellness coach. That's down from about 2,000 in your 30s and 40s.

Making cuts can be achieved by smaller portion sizes, of course, but it's also important to decrease intake of fatty meats and foods that are high in saturated fat, such as fast foods, and limit intake of white rice, bread, potatoes, pasta and all the other "good stuff" that is more easily converted to sugar and easy to eat without feeling satisfied, leading to weight gain.

Gretchen McKay/Post-Gazette

This menopause-friendly Protein Power Bowl pairs protein- and fiber-rich farro with low-fat roasted chicken, avocado and lemon hummus on a bed of salad greens.

Ditto with processed foods that are high in sodium and loaded with added sugars, such as cookies, potato chips and, sigh, ice cream.

"Stick to whole grains, and carbs that are higher in fiber like beans, sweet potatoes and quinoa," says Chiodo.

"It's mostly simple carbs people need to pay attention to," agrees Faubion, adding, "You cannot exercise your way out of it. You have to change your diet."

Because spicy foods can trigger the sweating, flushing and other symptoms of hot flashes associated with menopause, it's also smart to steer clear of dishes that contain a lot of chili peppers. You'll also want to cut back on caffeine and alcohol since they, too, can precipitate symptoms. (Moderate drinking for women is defined as one drink per day or less.)

Since we can't stop the fact that our bones become less strong and more brittle as we age, older females require more lean protein to support bone health and help reduce risk of developing osteoporosis. It's also important to stay properly hydrated by drinking between 64-80 ounces of water a day. (Your urine should be clear to pale yellow.)

When it comes to essential micronutrients, the average adult requires 1,000 mg of calcium per day, according to the National Institutes of Health. The amount increases to 1,200 mg per day for women over the age of 50, thanks to that pesky loss of estrogen. And to absorb calcium, your body also needs vitamin D — 600 to 800 IU per day until your 70s, when you require 25% more.

While supplements seem like an easy fix, the body can't actually absorb more than about 500 mg at a time. So if you take a 1,000 mg pill, you'll actually end up peeing out half of it. Luckily, it's pretty easy to get enough of both nutrients through foods like dairy products, dark, leafy greens and canned fish with edible bones, such as salmon and sardines.

Plant-based dairy products such as soy, oat and almond milk are fine substitutes for regular dairy, so long as they're fortified with calcium, says Chiodo. Soy is particularly great during our 40s and 50s because it contains phytoestrogens, which can reduce menopausal symptoms.

So how does it all break down at meal time? An ideal breakfast might include a smoothie, avocado toast or yogurt with fruit; a good lunch could feature a bowl built with quinoa, black beans, a lean protein and Greek yogurt instead of sour cream; and moving on to dinner, maybe salmon with roasted sweet potatoes and a little mango salsa for extra flavor.

"A snack could be a string cheese and some grapes, or an apple with peanut butter," says Chiodo. And for dessert? A frozen yogurt bar or dark chocolate-covered fruit (or even plain fruit) is ideal for satisfying a sweet tooth so long as you watch serving sizes. If you really, *really* want ice cream, get a kid's size, eat it slowly "and really savor it."

However you build a meal, be sure not to cut too many calories from your plate in an effort to lose weight, because you'll only end up losing lean muscle along with fat and water, which will slow your metabolism even more — and cause weight gain on the other side.

"It's basically healthy eating," says Chiodo. "There's no magic bullet, but small tweaks can make a big difference."

Protein Power Bowl

PG tested

This healthful, easy-to-prepare bowl is chock-full of protein, and also is relatively low-cal.

I substituted farro for the quinoa in this recipe, and used roasted chicken breast. Lemon hummus added a touch of citrus; for a thinner dressing, add 1 or 2 tablespoons of water.

⅓ cup quinoa
4 ounces chicken breast or tofu
¼ red or green cabbage
⅓ cup canned chickpeas
½ orange or red bell pepper
¼ avocado, sliced
1 cup baby spinach
2 tablespoons feta cheese, optional
1½ teaspoons raw sunflower seeds
2 tablespoons hummus

Prepare quinoa according to package instructions, then set aside to cool.

Bake or saute chicken or tofu until cooked through, then set aside to cool. (You also can buy pre-cooked chicken or tofu for this recipe.)

Shred cabbage with a mandolin, or cut into thin slices.

Rinse and drain garbanzo beans.

Slice bell pepper and avocado.

Cut chicken or tofu into slices or cubes.

To serve, place spinach, cabbage, quinoa, garbanzo beans, bell pepper, avocado and cooked chicken or tofu in a large bowl or on a large plate. Top with feta, sunflower seeds and hummus, and serve.

Serves 1.

— adapted from livingplaterx.com

> **"It's mostly simple carbs people need to pay attention to. You cannot exercise your way out of it. You have to change your diet."**
>
> **Stephanie Faubion**
> *director of the Mayo Clinic's Center for Women's Health*

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