

HOW TO BE SUN-SAFE  
FROM HEAD TO TOE

PACK YOUR BAGS FOR  
SUMMER TRAVEL

BOUNCE AROUND WITH  
BUNGEE AEROBICS

READER'S DIGEST

# Best Health

HERE COMES  
THE SUN!



SPECIAL FEATURE



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# THE 2023 READER'S DIGEST TRUSTED BRAND<sup>TM</sup> AWARDS

For the past 15 years, Reader's Digest has conducted an annual Trusted Brand<sup>TM</sup> Study to uncover which brands Canadians trust above all.

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We are pleased to showcase the following 2023 Trusted Brand<sup>TM</sup> platinum winners!



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JUNE/JULY 2023

EVERYTHING YOU NEED FOR  
FUSS-FREE AIRLINE TRAVEL P.25



This is not your typical travel pillow. Made with bendable memory foam, it can be twisted any which way to support your head, back, shoulders or spine. *Dot&Dot Twist Memory Foam Travel Pillow, \$34, amazon.ca*

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“There are so many reasons why people may not want to talk about their periods, their vulva, their vagina.”

—DR. SHEILA WIJAYASINGHE

PHOTOGRAPH BY SUECH AND BECK; STYLING BY FRANNY ALDER

ONLY 9%

OF PLASTIC PACKAGING IS RECYCLED IN CANADA. THE REST ENDS UP IN LANDFILLS OR THE ENVIRONMENT.

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80,000

Cases of skin cancer are diagnosed annually in Canada, which is more than the number of breast, prostate, lung and colon cancers combined.

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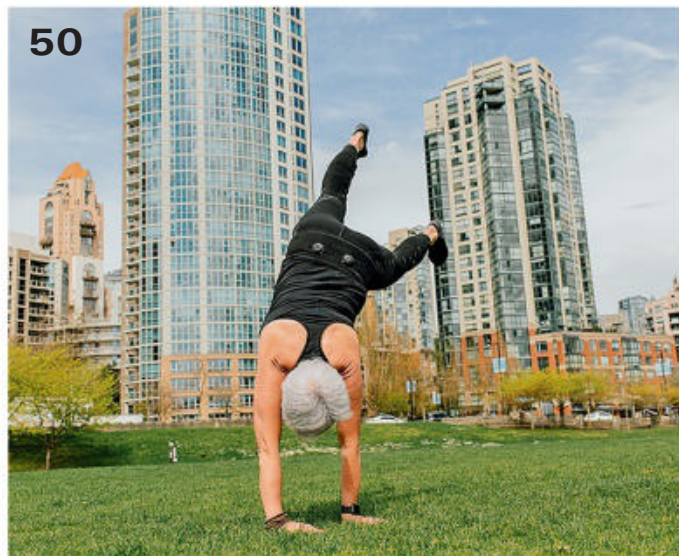
FROM THE BIG READS

Music therapist  
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“We have a heartbeat, so we have a drum inside of us; we are wired to be musical people. I’m just helping people access it at a time when they need it the most.”

Money coach  
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“Most people will save for 20 or 25 years of retirement. In reality it could be more like 30 or even 40 years.”



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Lisa Kadane  
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Runner, activist and grandmother  
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“I stopped overthinking whether I should go or not, and just started saying yes.”

OUR FAVE DRUGSTORE SUNSCREENS



1. Best for oily/combination skin

Avoid feeling greasy even on the hottest days with this hypoallergenic, non-comedogenic formula that dries matte and won’t clog pores.

*La Roche-Posay Anthelios Ultra-Fluid Face Sunscreen Lotion SPF 50, \$32, shoppersdrugmart.ca*



1

2. Best for both face and body

On active days, reach for this highly sweat- and water-resistant cream. It won’t block pores because it’s non-comedogenic and oil-free.

*Garnier Ombrelle Sport Endurance Sun Protection Lotion SPF 60, \$31, well.ca*



2

3. Best for dark skin

People with more melanin will benefit from the invisible application and broad spectrum UVA and UVB protection.

*Aveeno Protect + Hydrate Face Moisturizing Sunscreen SPF 50, \$21, shoppersdrugmart.ca –Alicia Cox Thomson*



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Full story, and more web-exclusive content, at [besthealthmag.ca](http://besthealthmag.ca)

PHOTOGRAPHS BY (MAH) ALANA PATERSON; (KADANE) TRINA CARY

READER'S DIGEST

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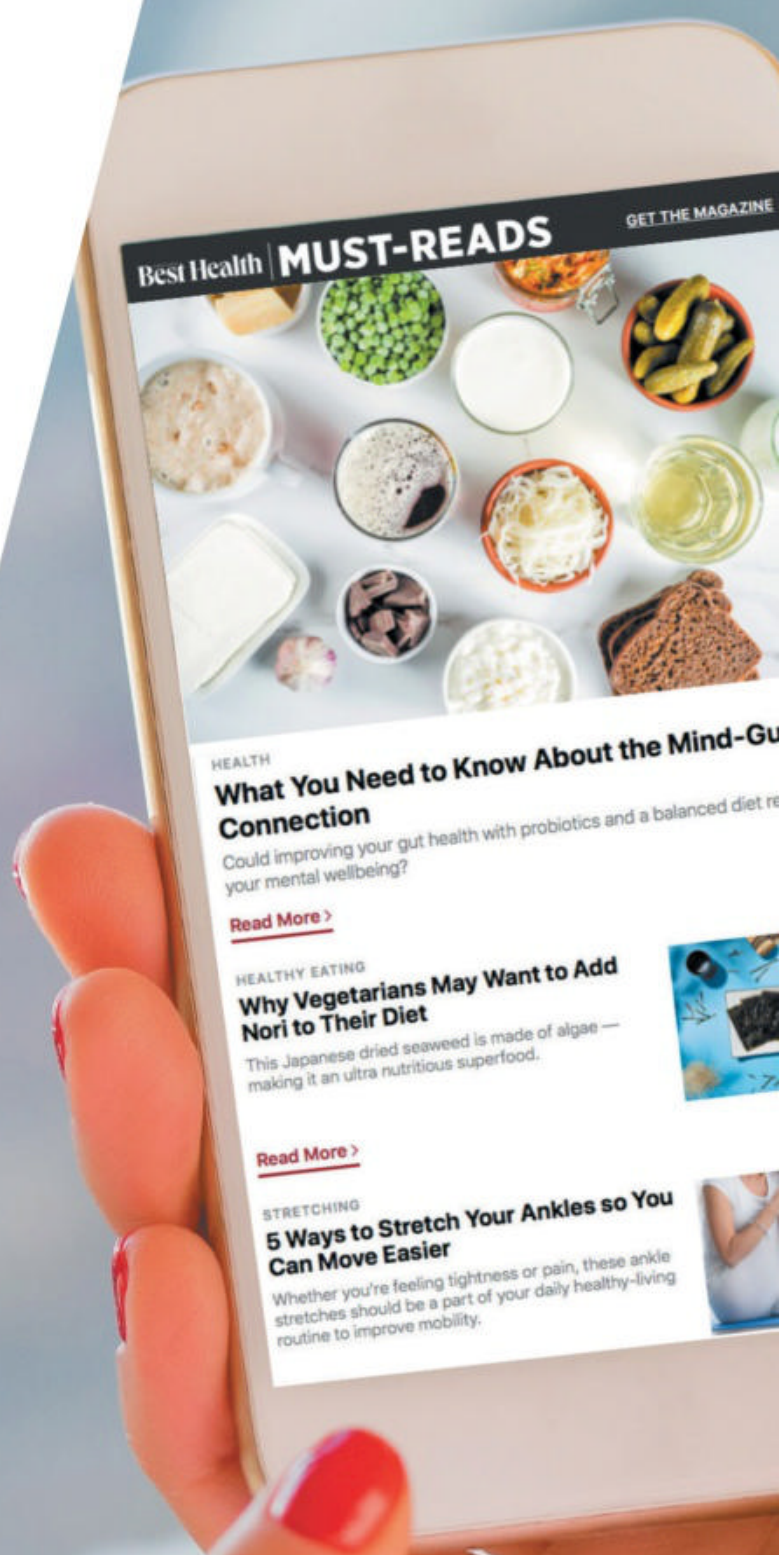


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Why a veggie-forward fritatta is the best anytime meal.

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# Vitals

How to lower your carbon footprint in the bathroom.

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## Trend Report

## THE SUPERPOWER OF SUNGLASSES



Wraparound sunglasses (like these frames from Walmart's George brand) maximize coverage and safety from the sun's harsh UV rays.

BY NATALIE MICHIE ● Nothing transforms an outfit quite like a good pair of sunglasses. They may be the last accessorizing step before you run out the door, but sunglasses have the power to turn any old ensemble into an intentional *look*. This summer, a real range of styles from decades past are in vogue. With their signature upswept corners,

cat-eye frames, once the fave of icons like Audrey Hepburn, accentuate the cheekbones and offer a playful sassiness. Aviators, popularized in the '70s and '80s by celebrities like George Michael, have androgynous wearability thanks to their retro round form and double metal bars. Extra-large frames—ranging in shape from square to rectangle

to hexagonal—are reliably dramatic, while sleek sporty styles tap into the viral appeal of athleisure. But the greatest perk of all? Sunglasses preserve your eye health. “They’re one of those medical devices that are not only protective, but there is also a huge fashion side to it,” says Mahnia Madan, an optometrist at the Vancouver Eye Doctor clinic.

“Ultraviolet [UV] rays from the sun can be harmful to our eyes, the inside of the eye and the delicate skin around the eyes.” Sunglasses act as a barrier between your eyes and that radiation.

The key to maximizing this protection? Find a pair you actually like. “The best sunglasses are the ones that you’re going to wear the most,” Madan says. Luckily, there are tons of 2023 eye-wear trends that are both fashionable and functional—look no further than recent runways. Cat eyes went angular at Celine. Aviators were given a futuristic edge at Fendi and Saint Laurent. Colossal sunnies came down multiple runways, including Ralph Lauren and Off-White. Frames aren’t the only element of sunglasses reimaged this year—coloured lens were everywhere (Marni went all in on purple) and bring a statement-making contrast to any outfit. Better yet, Madan says that variations in tint don’t affect protection.

But whichever style you choose, it’s crucial that you use your sunglasses consistently—especially because eye health issues are an unavoidable part of aging.

“As we get older, we’re going to get some wrinkles, we’re going to get grey hair and we’re going to get cataracts,” says Madan. “Some people are also prone to having macular degeneration with aging [due to] genetic factors.” Both macular degeneration and cataracts—a clouding of the lens of the eye—cause fading vision and are exacerbated by sun exposure. UV rays can also cause dry eyes, eye sunburns, rosacea around the eyes and skin cancers around the eyelids. Along with vision issues, these conditions can cause your eyes to look red and irritated. “Sunglasses reduce our chances of getting these things, or delay the onset,” Madan says.

Repeated exposure to UV radiation also accelerates the loss of skin elasticity and collagen, causing it to stretch and sag. Around the eyes, this leads to crow’s feet and pigment spots. But wearing sunglasses—especially lenses that offer 100 percent UV protection—can slow down these effects. To find glasses with enough protection, Madan recommends checking the label to make sure they block 75 to 90 percent of visible light with UVB and UVA protection. And if it says “UV 400,” the glasses will protect your eyes against nearly all harmful rays. Equally important: When shopping, don’t underestimate fit and lens quality—they can make or break protection in the long run.

“Imagine looking through a really crisp glass versus a smudgy plastic sheet,” Madan says. Some brands, especially higher-end ones, invest in top-tier lenses, so they focus light better and cut down on issues like glare and blurriness. If you buy a pair at the dollar store, on the other hand, the label may tout the same UV protection but you could be compromising on comfort and crisp vision. Ultimately, sunglasses that feel good to you are sunglasses you’ll faithfully reach for. So how do you go about choosing them?

“If your budget allows, I recommend having a couple of different pairs,” says Madan. If you regularly partake in outdoor activities—especially around snow or water, which reflect UV rays and increase the amount of radiation—you should prioritize practicality. “You want a really sturdy frame that has a good wraparound so you’re getting protection from everywhere. You also want the lenses to be polarized: another kind of tint on top of the glasses that cuts glare,” she adds, noting that it’s best to cover as much skin around the eye as possible. An “everyday” pair for running errands and going for walks can be more stylish and less utilitarian (think: triangular cat eyes or delicate hexagonal silhouettes). “And if you’re going to have only one pair, you want to make it versatile,” Madan advises. For this, try bigger frames with ample coverage.

Sunglasses can’t help but make a statement—they sit at the very focal point of your face. But when it comes to choosing them, you don’t need to compromise safety for style; you can get yourself a pair that does both. Madan is fine with any kind of sunnies at all—“as long as you wear them.”



Polarized (or anti-glare) lenses reduce eye strain for the wearer, making them a great choice for an everyday pair of sunnies—especially if you’re spending lots of time outdoors.

## Stay Shady

# FIND YOUR PERFECT FIT WITH THESE PROTECTIVE AND CHIC FRAMES



Tinted lenses are an easy and trendy way to add a pop of colour to any ensemble. Plus, tint variation doesn't affect the protection offered by the lenses.



**[ 1 ]  
BONLOOK  
GARDEN CAT-EYE  
SUNGLASSES**

Made of lightweight acetate, these angular cat-eye frames are on trend while being wide and functional enough to protect your eyes' surrounding skin. They can be fitted with polarized lenses, and the frame is available in other shades. \$219, [bonlook.ca](http://bonlook.ca)

**[ 2 ]  
CLEARLY  
SUNSEA-50  
AVIATOR  
SUNGLASSES**

The aviator's vintage appeal is reimaged with this pair's modern bold hue. The lenses are polarized, while the double top bar and raised keyhole nose bridge provide a lightweight and comfortable fit. \$73, [clearly.ca](http://clearly.ca)

**[ 3 ]  
COACH OHC8278  
TORTOISESHELL  
SUNGLASSES**

These extra-large sunnies feature temples adorned with the brand's signature "C" logo. Their size also offers plenty of skin protection. Dark tortoise frames complement the brown-tinted polarized lenses for a soft, warm finish. \$260, [fyidoctors.com](http://fyidoctors.com)

**[ 4 ]  
GEORGE MATTE  
BLACK WRAP  
SUNGLASSES**

Unisex designs are often the most versatile. Take these frames by Walmart's George line. Polarized lenses and a wrap design make them suitable for everyday activity, but with a sleek matte black finish, they also double as an on-the-go accessory. \$18, [walmart.ca](http://walmart.ca)

**[ 5 ]  
OSCAR  
WYLEE SHAZ  
RECTANGULAR  
SUNGLASSES**

With rounded edges, this design puts a contemporary spin on the classic boxy shape. Contrasting orange temples and blue frames stand out and offer a comfortable medium fit. \$169, available at all Canadian Oscar Wylee stores

**[ 6 ]  
BONLOOK ANEMONE  
HEXAGONAL  
SUNGLASSES**

With an exaggerated hexagonal design, these shades are as oversized as it gets. Combined with thin frames and elegant metal detailing, they're also delicate and wearable. Frames come in light blue as well and lenses can be polarized. \$229, [bonlook.ca](http://bonlook.ca)

# Get Into It BUNGEE CORD WORKOUTS



The Richmond Hill location of Movati Athletic, a chain of gyms that offers bungee cord classes in Ontario and Alberta, is friendly to beginning bouncers looking to learn the ropes.

BY REBECCA GAO • Late-night TikTok binges can lead you to the weirdest places. That's how I came across a video clip from Sling Bungee, a gym in Oklahoma, with 2.7 million likes. In their high-flying bungee classes, participants were zooming through cord-assisted squats and fun choreography. I knew I had to try it, and promptly found a gym near me.

In these classes, you're hooked to an elastic cord suspended from the ceiling, and your heart gets pumping as you soar, but because the bungee harness supports your weight, the workout is low-impact.

"For people who can't jump on the floor, the bungee helps you land softly, so it's not hard on your joints," says Jayde Kabeya, an instructor and national

manager of group fitness education at Movati Athletic, a chain of gyms that offers bungee cord classes. Kabeya, who trains all of Movati's teachers on bungee fitness, adds that on top of the low-impact, high-intensity cardio that bungee provides, it works the glutes and core because you're relying on those muscles to remain stable. Bungee is also great for

all ages: Kabeya says that Movati allows students as young as 13 to join and she routinely teaches folks aged 60 and older. (Kabeya notes that anyone who has had a C-section or major surgery in the last year, or who has recently given birth, should get the go-ahead from their doctor first.)

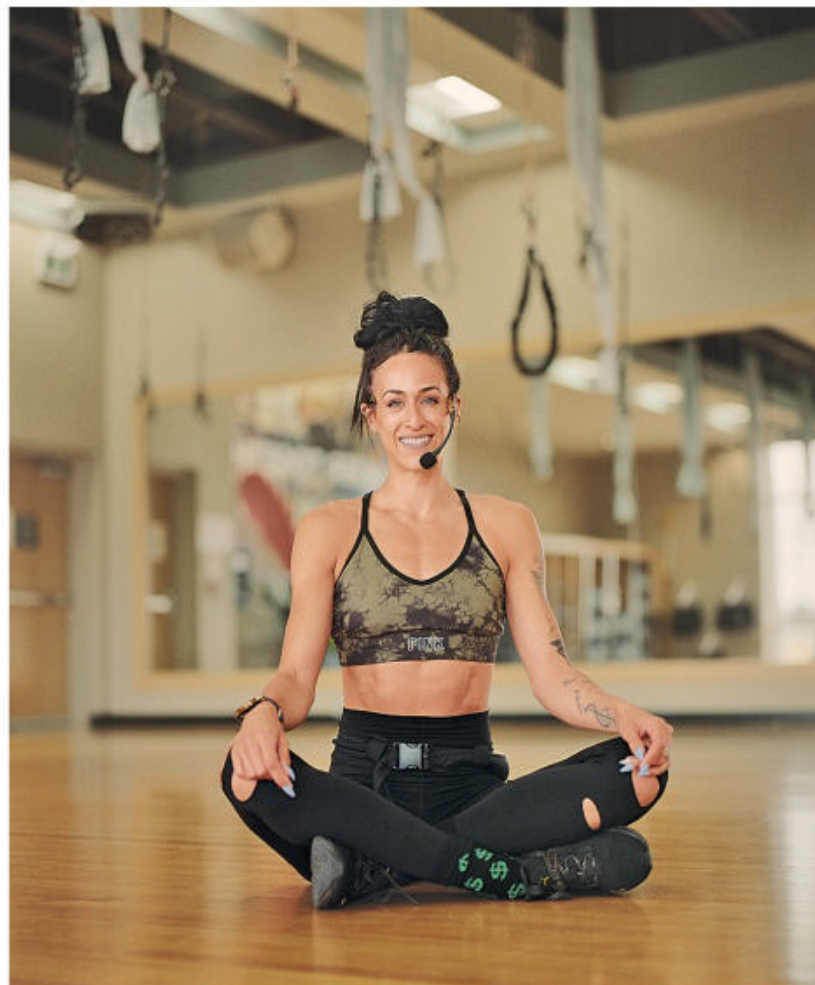
Veronica Jamnik, an associate professor at York University's School of Kinesiology and Health Science, says that bungee allows for pain-free weight-bearing exercise, which is "essential for bone and joint health, with a bit more ease."

Jamnik also notes that bungee cord fitness encourages participants to move in all different directions: backward, forward and laterally. This kind of varied movement can have many benefits. Moving backward, for example, can improve stability and balance, and engaging those lesser-used muscles (we don't move backward often) can help reduce lower back pain. "Bungee is great for people who need to work on strength and balance. It helps them get used to moving."

Kabeya warned me that first-timers sometimes struggle to get comfortable in the bungee apparatus. She pointed me to a rack full of comically stiff-looking padded shorts, which stop the harness from digging into the skin and prevent any loose clothing from getting caught. Between the harness and the padded shorts worn over my pants, I felt all sucked in—and ready to fly.

To get us familiar with the sensation of being pulled by the bungee cord, we started by strutting in different directions, engaging our cores to propel ourselves forward. During bodyweight exercises such as squats and side-to-side lunges, the bungee cord allowed me to get deeper, and I had to use my obliques against the bungee's resistance.

From there, Kabeya introduced some more complex moves. In bungee-supported planks, we fell forward onto our hands and pushed back up to standing, working our arms and core. Some jumps had us yelping for joy as we leapt higher than we expected. Kabeya taught us "the chandelier": We grasped the cord, kicked off the floor and tucked up our legs as we spun around. Then we put all the moves together in a choreographed dance to "Trust Fall" by Pink. Even though my core and thighs were burning and I was totally out of breath, the hour-long class flew by. "You forget you're working out, but by the end, you're drenched in sweat," says Kabeya. "Bungee makes working out fun."



## Get Started

### 3 BEGINNER TIPS FOR LIFT OFF

Jayde Kabeya, national bungee instructor at Movati Athletic, shares her top tips for first-timers.

#### **Give it at least three tries.**

Your body needs to get used to the feeling of the harness. Some of the moves depend on you putting a lot of trust into the bungee cord, which can be a bit daunting. "You have to learn how to use the bungee, and the first time isn't the true experience because you don't know how to move with it yet," says Kabeya.

**Start loose.** Bungee cords can be tightened for more resistance, which makes them harder to move against when you're hooked in. Most beginners should

seek out cords with less resistance—your instructor will find the right one based on your height, weight and strength level. As you get stronger, you can try the more resistant cords to increase the difficulty.

#### **There are always modifications.**

While classes typically start with small steps and hops before progressing to larger, more sweeping movements, Kabeya says that there are options for those who aren't ready for certain moves—like an extra step forward instead of a jump up. "We always start with learning how to transfer our weight, so you can learn how to trust the bungee," she explains.

# Eat More FRITTATA



BY LAURA JEHA • A frittata is whatever you want it to be: breakfast on the go, a quick weeknight meal or a make-ahead brunch dish to serve a crowd. If you're looking for a nourishing anytime meal full of veggies, frittatas are the answer. Unlike their crusted cousin, the quiche, frittatas are made up primarily of eggs, a win because eggs are nutritional gold. Not only do they work magic in the kitchen by emulsifying dressings and

whipping into airy meringues, but the unique nutritional profile of eggs makes them incredibly satisfying, no matter the time of day.

Eggs contain many important nutrients, in both the yolks and the whites. About two-thirds of eggs' high-quality protein is found in the whites, while the yolks contain omega-3 fatty acids, vitamins A, E and B12, iron and a bit of protein. While eggs (especially yolks) have

been demonized in the past for their cholesterol content, they're now recognized as a healthy source of unsaturated fat and antioxidants. In fact, eggs seem to have no significant impact on your cholesterol levels at all. Egg yolks are also one of the few food sources that naturally contain vitamin D, which is linked to immunity and bone health.

Consuming a solid amount of protein at each meal has been shown to have

beneficial effects in both the short and long term. In the hours after your meal, protein will keep you feeling more satisfied and full for longer. When you eat, your stomach stretches to accommodate food. Protein lowers your level of ghrelin, otherwise known as the hunger hormone, while boosting peptide YY, a hormone that makes you feel full. This elongates your satiety period, keeping hunger at bay. Protein also slows the digestion of carbohydrates, which has a small steadying effect on blood sugar, so you may be able to avoid bouts of low energy later in the day. Studies suggest that, over longer periods, sufficient protein may help maintain muscle mass, which tends to decrease rapidly as you age. Keeping your protein intake up, in combination with weight-bearing activity, will help you maintain muscle and stay strong over time—an egg-cellent bonus.

If you're wondering how to get more eggs into your diet, a frittata is the perfect place to start. To further up the nutrition factor, strategically select your add-ins. Vitamin C-rich vegetables like spinach, kale and bell peppers are a great way to sneak in more greens and fibre to your meal. I love having a slice of frittata for lunch during the week with a side salad to round out my meal, but you could also cut it into squares and use it in place of fried or scrambled eggs in a breakfast sandwich to power your morning.

Optimal frittata additions include cured meats like bacon and chorizo and vegetables that don't have a ton of water—save tomatoes and zucchini for another dish. To combat liquid seeping out, and to add flavour, always cook vegetables before adding them, so most of their liquid cooks off before they hit the oven. Cooked starchy leftovers, like that potato hash from brunch, also make great add-ins. If you have the patience, take the time to chop vegetables into smaller pieces: Large chunks can impact the structure of the frittata and cause it to crumble apart once you cut into it. Lastly, in my humble opinion, a frittata is incomplete without cheese. Hard cheeses that melt well, like cheddar, gruyere or fontina are good choices, but my go-tos are dollops of ricotta, goat's cheese or crumbled feta for little pockets of melted cheesy goodness spread throughout.

A boiled egg makes for a nutritious midday snack, or better yet, go for a slice of veg-packed frittata. Eggs have what it takes to keep you well-fuelled all day long, especially when paired with all-star add-ins.



## TIPS

You can replace the eggs, milk and cheese with your favourite plant-based substitute for a vegan version. Keep the ratio to ¼ cup liquid for every 6 eggs used to make a tender frittata that holds its shape.

For snack-sized frittata bites, spray a 12-cup muffin tin with cooking spray, divide filling and egg mixture evenly between muffin cups and bake at 350 F for 15-18 minutes.

# Cook This ANYTIME FRITTATA

- 2 tbsp olive oil
- 1 leek, white and light green parts, cut lengthwise and thinly sliced
- 3 cloves garlic, grated or finely minced
- 4 cups roughly chopped spinach leaves, or other green such as kale or chard
- 12 large eggs (see tip)
- ½ cup heavy cream, whole milk or sour cream
- 1 tsp kosher salt
- ¼ tsp pepper
- 1 tbsp chopped dill
- ¾ cup crumbled goat's cheese

### Step 1

Preheat oven to 400 F. Heat olive oil in 10-inch cast iron or oven-safe skillet over medium-low. Add leeks, season with salt and pepper and cook until softened and beginning to brown, 6-8 minutes. Add garlic and cook 1-2 minutes more. Add greens and cook until wilted, 2-3 minutes. Turn off heat.

### Step 2

In a large bowl, whisk together eggs, cream, salt, pepper and dill until homogenous and just combined. Scatter two-thirds of cheese evenly over filling at the bottom of the skillet. Pour egg mixture into the skillet over the filling, tilting the skillet to ensure eggs are evenly distributed. Top with remaining goat's cheese.

### Step 3

Transfer skillet to the middle rack of the oven, rotating halfway through, until frittata is puffed, edges are lightly golden and middle is just set, about 20 minutes. Let cool in pan 5 minutes, then slice and serve. Leftovers can be stored, covered, in the fridge for up to five days for future meals.

*Makes 6 servings.*

# Do It for the Climate

## REFILLABLE BATHROOM PRODUCTS

BY REBECCA GAO • We all know that plastic is bad for the planet. And if you think that tossing your empty bottles into the recycling bin is enough to mitigate plastic's negative effect on the earth, think again. Only 14 percent of plastic packaging is recycled globally, and in Canada, that number is even more dismal: Just nine percent is recycled, while the rest ends up in landfills or the environment.

And then there is plastic's role in accelerating climate change. Plastics are made of petrochemicals, which are products derived from fossil fuels. That means we'll continue to produce fossil fuels as long as we continue to consume plastic, even if sectors like transportation and energy transition away from fossil fuel use. Plus, research shows that plastic pollution doesn't just clog up waterways and damage integral ecosystems, it produces greenhouse gases like methane and ethylene when exposed to sunlight.

To curb plastic use, some brands are shifting away from excessive plastic packaging and looking to replace them with refillable versions. Refillable products have traditionally been the territory of bulk food stores, but more and more companies that make drugstore staples have begun to roll out refillable options for common bathroom products such as toothpaste, floss and mouthwash.

Dove, for example, recently launched a refillable deodorant, which features a durable stainless steel case that can

be reused with deodorant inserts. The refills are still made of plastic, albeit 96 percent recycled plastic, in order to keep the deodorant hygienic, says Harsh V. Pant, brand manager at Unilever, Dove's parent company. The product took two and a half years to develop and launched in Canada in early 2023. Dove is one of the world's biggest beauty brands, so even cutting the majority of plastic from just one of their products has a big impact: Pant says that the refillable deodorants and their recycled plastic bottle initiative are reducing the company's use of virgin plastics by more than 20,500 tonnes per year. (Unilever has, however, come under fire for their use of palm-sized single-use plastic sachets for products like shampoo and laundry detergent in countries such as Sri Lanka. The sachets are nearly impossible to recycle and aren't biodegradable.)

Refillable products show how a circular economy—a system in which products are created to be reused over and over again, eliminating the need for new single-use products—might work. Proponents of a circular economy say that it's a more effective way of cutting down on plastic waste, rather than relying on recycling. Switching over to refillables might not be a catch-all solution, but it's a stepping stone to more sustainable business practices. Even if just 10 percent of all single-use packaging changed to refillables, it's estimated that would stop almost half of all plastic waste from entering the ocean.

## Fill 'Er Up



### [ 1 ]

This refillable hand sanitizer from Paume, a women-founded Canadian company, includes hydrating ingredients like aloe vera and safflower oil to counteract dry skin. Bonus: It smells of lemon and rosemary—a big improvement on the alcohol-y scent of most germ zappers. *Sanitize Trio, \$82, mypaume.com*

### [ 2 ]

Dove's refillable deodorant starter kit comes with one deodorant insert and a durable stainless steel case that you can use again and again. The refillable range comes in four scents and is available at most major drugstores in Canada. *0% Aluminum Deodorant Stick Refill Kit, \$23, londondrugs.com*

### [ 3 ]

This floss from Vancouver brand Net Zero Co. is vegan (so it doesn't include ingredients like silk or beeswax) and comes in a refillable glass bottle. Made from non-abrasive corn fibres, it's also good for sensitive gums. And, once you get started, refills are just \$14 for a pack of four. *Zero Waste Floss in Glass Bottle, \$9, netzerocompany.com*

### [ 4 ]

The lip balms from Rebel's Refinery, a Toronto company, come in compostable wheat paste pods that fit perfectly in their cute ice cream-shaped cases. The flavours are reminiscent of childhood Lip Smackers, like vanilla, strawberry and fuzzy peach. *Refillable Lip Balm, \$13, rebelsrefinery.com*

### [ 5 ]

These toothpaste tablets include fluoride, an important ingredient for healthy teeth, and ship in a compostable pouch. To use, just wet your toothbrush, pop a tablet and bite down—the tablet will foam up like traditional toothpaste. *Toothpaste Tablets with Flouride, \$10 for 65 tabs (one month's supply), changetoothpaste.com*

**[ DID YOU KNOW? ]**

12 million tonnes of plastic are dumped into the oceans annually, altering ecosystems and natural processes and making it harder for the environment to be resilient against the effects of climate change.



**[ DID YOU KNOW? ]**

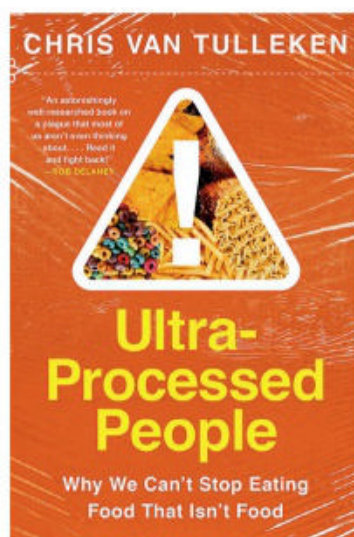
In December of this year, Canada will ban the sale of single-use plastics—everything from grocery bags, straws, cutlery and takeout containers—to help cut down on plastic pollution. Many consumer products will still come in plastic packaging, however.

In *Ultra Processed People*, infectious diseases specialist Chris van Tulleken takes readers on a revelatory tour of the science, history, economics and production of ultra-processed food. In this excerpt, he explains how UPF hacks our brains.

Over the past 150 years, food has become... not food, says Chris van Tulleken. And this has massive implications. “A vast body of data has emerged in support of the hypothesis that ultra-processed food (UPF) damages the human body,” he writes, “and increases rates of cancer, metabolic disease and mental illness. That it damages human societies by displacing food cultures and driving inequality, poverty and early death, and that it damages the planet.” Oof.

UPF has a complex scientific definition, first drawn up by a Brazilian team of researchers in 2010, but, says van Tulleken, it can be boiled down to this: If it’s wrapped in plastic and has at least one ingredient that you wouldn’t usually find in a home kitchen, it’s UPF. “Much of it will be familiar to you as ‘junk food,’” he says, “but there’s plenty of organic, free-range, ‘ethical’ UPF too, which might be sold as healthy, nutritious, environmentally friendly or useful for weight loss (it’s another rule of thumb that almost every food that comes with a health claim on the packet is a UPF).” UPF now makes up as much as 60 percent of the average diet in the U.K. and the U.S. “Many children, including my own, get most of their calories from these substances,” he says. “UPF is our food culture, the stuff from which we construct our bodies. If you are reading this in Australia, Canada, the U.K. or the U.S., this is your national diet.”

In the course of researching the impact of UPF, van Tulleken decided to participate in a study with colleagues at University College London Hospital in the



*Excerpted from* Ultra-Processed People: Why We Can't Stop Eating Food That Isn't Food *by* Chris van Tulleken. Copyright © 2023 Chris van Tulleken. Published by Knopf Canada, a division of Penguin Random House Canada Limited. Reproduced by arrangement with the Publisher. All rights reserved.

U.K. The idea was simple: He would quit UPF for a month, then be weighed and measured in every possible way. The next month, he would eat a diet where 80 percent of his calories came from UPF. (That’s where this excerpt picks up.)

“I didn’t deliberately overeat during that second month,” he goes on to say. “I just ate as I normally do, which is whenever I feel like it and whatever food is available.” As he ate, he spoke to the world’s leading experts on food,

nutrition, eating and ultra-processing from academia, agriculture and, most importantly, the food industry itself.

One of the goals of van Tulleken’s book is to help us understand how everything from the marketing campaign to the strange lack of satisfaction we feel after eating is driving ill health. And that many of the problems we attribute to getting older, having children, or work stress are caused by the food we eat. And if we’re able to give up UPF (there’s a whole chapter on that), the evidence suggests that this will be good for our bodies, our brains and the planet.—Rebecca Philips

**AT THE END OF WEEK TWO OF MY DIET,** I was still enjoying products like the Morrisons All Day Breakfast. A classic frozen meal, it comes in a three-compartment plastic tray with a film lid—768 calories of baked beans, hash browns, pork sausages, omelette and bacon, oven-ready in 20 minutes. It reminded me of the unbearable excitement of long-haul flights to visit my cousins in Canada when I was a child. My brothers and I could often persuade the crew to give us extra meals and we’d lick the trays clean. Air Canada’s 1986 macaroni cheese would be my last meal if I could arrange it.

The first complete frozen meals were, in fact, airline food: Maxson Food Systems’s “Strato-Plates,” so called because they were developed to be reheated on the new airliners of the day—Boeing’s Stratocruiser, introduced in 1947.

A few frozen meals were developed during the late 1940s, but it was



Swanson's "TV Dinners" that took off in 1954. By then, more than half of American households had televisions, and this was the perfect hook. The dinners cost 98 cents and were ready in 25 minutes. Over the next three decades they would become ubiquitous. A 1981 picture shows Ronald and Nancy Reagan in the White House wearing matching red jumpers over matching white shirts, sitting in matching red armchairs on a matching red carpet, and eating TV dinners.

In the U.K., we lagged behind on both purchases of household appliances—it wasn't until the 1960s that TVs and freezers became common in U.K. households—and consumption of ready meals. But now we eat more of these ready meals than any other country in Europe. According to *The Grocer*, the U.K.'s ready meals category was worth approximately £3.9 billion in 2019. Almost 90 percent of us eat ready meals regularly.

While my All Day Breakfast sat in the oven, [my wife] Dinah and I made some salmon, rice and broccoli for her and the kids. Twenty minutes of continuous preparation, using nearly unconscious skills handed down from our parents, as well as knives, three pans and a chopping board, resulting in dinner, yes, but also a big pile of washing-up and fishy hands.

As we ate, Dinah read my meal's ingredients out loud: "dextrose, stabilizer (diphosphates), beef collagen casing, capsicum extract, sodium ascorbate, sodium nitrite, stabilizers (xanthan gum and diphosphates), flavourings. Why are you eating diphosphates?"

The diphosphate stabilizers hold everything together through the freezing process so the water doesn't end up in crystals on the surface. They're just one aspect of what makes the All Day Breakfast such an enjoyable product, with the hash browns a little crispy and just the right level of salt and pepper.

Above all, it's easy. While Dinah was still chewing her second mouthful, I was licking the container like I used to on those trans-Atlantic flights.

Things started to change during the third week of my diet. I was designing a U.K. study to test whether it was possible to follow U.K. nutritional guidance while still eating lots of UPF and whether this would have any measurable effects. There is a vast amount of planning before a study like this: finding the money to do it and working out the details of study design. I was speaking with dozens of experts around the globe, asking them about the effects of UPF and the things

that we should measure in our volunteers.

I've never learned about a potentially harmful substance while deliberately exposing myself to it, and before my diet I'd never even read an ingredients list. UPF is perhaps the type of food we inspect the least as it passes our lips.

I would come off a phone call to an expert in France or Brazil and then sit down to a banquet of UPF. I'd often eat during the call. It was like reading about lung cancer while smoking a cigarette, the basis for that remarkably well-evidenced self-help book *The Easy Way to Stop Smoking* (which is even included in the World Health Organization's "quitting toolkit"). Like many of the smokers who've used Allen Carr's method, my relationship with UPF began to change.

By that third week, I was struggling to eat the UPF without thinking of things the experts had told me. Two comments in particular kept coming back to me.

The first was made by Nicole Avena. She's an associate professor at Mount Sinai School of Medicine in New York and a visiting professor at Princeton. Her research focuses on food addiction and obesity. She told me how UPF, especially products with particular combinations of salt, fat, sugar and protein, can drive our ancient evolved systems for "wanting": "Some ultra-processed foods may activate the brain reward system in a way that is similar to what happens when people use drugs like alcohol, or even nicotine or morphine."

This neuroscience is persuasive, if still in its early stages. There is a growing body of brain-scan data showing that energy-dense, hyperpalatable food (ultra-processed but probably also something a really good chef might be able to make) can stimulate changes in many of the same brain circuits and structures affected by addictive drugs. We have this "reward system" to ensure we get what we need from the world around us: mates, food, water, friends. It makes us want things, frequently things with which we have previously had pleasurable experiences. With many positive experiences of a particular food, in an environment in which reminders of that food are all around us, wanting, or craving, can be nearly constant. We even start to attach the wanting to the things that surround the food, like the package, the smell or the sight of the place where you can buy it.

But the part of the discussion with Avena that stuck with me most was a casual aside about the food itself. Paul Hart had explained how most UPF is

reconstructed from whole food that has been reduced to its basic molecular constituents, which are then modified and re-assembled into food-like shapes and textures and then heavily salted, sweetened, coloured and flavoured. Avena speculated that without additives these base industrial ingredients would probably not be recognizable as food by your tongue and brain: "It would be almost like eating dirt." I don't know if she was being serious, but I started to notice that much of what I was eating had little more than a veneer of food. This was especially true of the snacks and cereals manufactured from pastes of raw materials, which had been fried or baked or puffed.

For example, I'd come to quite enjoy a Grenade Carb Killa Chocolate Chip Salted Caramel Bar as a mid-morning snack. It seemed a little healthier than a simple chocolate bar. I was doing the experiment because I was curious, after all, not because I wanted to deliberately harm myself in the name of science.

I inspected the ingredients after speaking with Avena. These bars, like many others, are constructed from very modified carbohydrates (the first ingredient is something called maltitol, a modified sugar, itself made from a modified starch, which is less calorific but almost as sweet as table sugar), protein isolates from milk and beef (calcium caseinate, whey protein isolate, hydrolyzed beef gelatine) and industrially processed palm fat, all bound together with emulsifiers. On its own, as Avena says, it would likely be unpleasant. It's made palatable with salt, sweetener (sucralose) and flavouring. As I ate these snack bars made from cow tendons, her words started to resonate in a way that stopped me enjoying the food quite as much as I had been.

The expert who made the deepest impression was Fernanda Rauber. Her work and ideas permeate this entire book. She told me at length about how the plastics from UPF packaging, especially when heated, significantly decrease fertility (and, according to some experts, may even cause penile shrinkage). She also told me about how the preservatives and emulsifiers in UPF disrupt the microbiome, how the gut is further damaged by processing that removes the fibre from food, and how high levels of fat, salt and sugar each cause their own specific harms. And there was one small comment that stuck. Whenever I talked about the "food" I was eating, she corrected me: "Most UPF is not food, Chris. It's an industrially produced edible substance."

## Life Lesson

# A FAMILY DOCTOR ON WHY EVERYONE NEEDS TO TALK ABOUT SEXUAL HEALTH



BY SHEILA WIJAYASINGHE, AS TOLD TO SADIYA DENDAR • I got into medicine because of something my family experienced when I was younger: My brother was born with a congenital heart defect and unfortunately passed at three months old while undergoing an operation. I was only seven, and had a limited understanding of what was happening, but what I remember—and emotionally still feel—is how my parents were treated so poorly. Both of them were highly educated; they held PhDs and spoke English fluently, but they were still discriminated against. There were even comments made about my brother’s appearance, that he “looked like a little monkey,” and other awful remarks.

Having moved from Sri Lanka to the U.S. and then to Edmonton, my parents had experienced many forms of racism. But at the most vulnerable time in their lives, they were faced with significant discrimination, which added to the stress of the situation, and the experience really impacted me. I didn’t want anybody else to ever feel like that. This is quite central to the work that I do, providing care that is safe, especially for newcomers, immigrants and refugees.

Early in my career, I worked in community health centres in the Parkdale/Queen West area of Toronto. Then I moved over to St. Michael’s Hospital, where I practice family medicine. I see all types of people, from babies to the elderly. I also do outreach work connecting with individuals who struggle to access care.

I focus on women’s health and reproductive health. When people don’t know about a part of their body, they suffer without ever seeking medical attention. That’s why we see so many delays in diagnosis for endometriosis, polycystic ovarian syndrome and other conditions. It’s multi-layered: maybe it’s cultural, maybe it’s generational, maybe they have a history of trauma. There are so many different reasons why people may not want to talk about their periods, their vulva, their vagina.

I used to work at a mobile clinic where we would do STI screening, pap smears and birth control consults. We visited some communities wearing a “cancer-screening” hat, and not a “sexual health” label. We changed how we described ourselves to make it more comfortable and culturally acceptable to be seen by a doctor. In an ideal world, I’d be able to come and just say, “It’s important to discuss your sexual health.” But we have

to work with people where they're at. We have to be sensitive about how ready they are to talk with us.

I've learned that having these conversations around sex and reproduction, and reducing stigma around difficult to discuss topics, is really important. One lady came on the bus and said, "I just have something hanging out and I don't know what it is." And it was, literally, her uterus hanging out of her body. That's an extreme situation, but variations of that happen all the time. People walk around suffering because they don't know how to get help. And because this is an area of the body that is associated with so much shame, it can be even harder.

I remember asking one patient, when I was doing her pap, if she had any questions about her sexual health. She was 62 at the time. She looked at me and said, "No. I just assumed that sex stopped after menopause." Ten years later, I was talking to her because she had a skin condition on her vulva that was quite disruptive. And she said to me, "I don't know how to apply the cream." I explained that she should apply it the same way as she would to any other part of her body, but she said, "I just don't touch that area."

I told her that I understood how difficult this could be. "Maybe you didn't learn about your body, especially intimate parts like your genitals and the vulva?" And she said "No, we never talked about that. And I still don't talk about it." This is why it's important to know your body: so you can get the help you need.

I am seeing encouraging shifts happening as more of us talk about sexual health, but many people are left out of these conversations based on cultural nuances. I attended an event at a community agency that supported a group of women that had experienced female genital mutilation. We were seeing people with different grades of mutilation and it was really interesting to have those conversations with the younger girls who had experienced it and then with the older generation, as well. They had very different approaches to their bodies. The younger generations were like, "We want to enjoy sex," and the older generations were like, "That's not what sex is for."

As doctors, we have to be aware of our own biases and our own comforts and discomforts, too. My area of interest is sexual health, but I know that's not necessarily the case for everybody. And providers are human—doctors

are human. We carry our own cultural beliefs, value systems and life experiences, which influence how we care. For instance, despite sexual health being something I love to talk about, I still have never actually had a conversation about sex with my own parents. I tell them when I'm appearing on TV as a medical expert because they like to watch my segments, but if it has to do with sex, I don't give them a heads-up. At 44, I'm still working on becoming comfortable discussing this with my parents.

I try to navigate all of this in a gentle way with my patients. I find that when

you start asking questions, people may not want to talk about sex or their bodies initially, but it does plant a bit of a seed. It's about making space so a patient can ask questions, and then you're leaving the door open to have that conversation later. It's also about recognizing that all humans are a messy collection of the stories and the wounds, the beautiful things and the difficult things, that have made us who we are. Understanding that—and leading with kindness, curiosity and an openness to try to support each other—helps me to be a better provider.

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## Crash Course

# SIGNS OF MENOPAUSE

### How do you know you're in menopause?

Menopause is when there's been a full 12 months since a woman's last menstrual period. It's caused by hormonal changes during which the ovaries produce less estrogen and progesterone, the two main reproductive hormones. This reduction in estrogen causes periods to become more irregular, both in timing and flow.

### How long does perimenopause last, in the leadup to menopause?

The average age for menopause is 51, but it can vary greatly, depending on many factors. The super-fun perimenopausal period that precedes it—when a lot of the hormonal ups and downs take place—can last for 10 years.

### What are some of the symptoms of menopause?

They include abdominal fat

gain and general weight gain; sleep interruption; difficulty falling and staying asleep; mood swings; brain fog; increased irritability; sadness and anger; hot flashes, night sweats or temperature intolerance; libido changes; constipation, reflux or bloating; hair loss and excessive hair growth (aka hypertrichosis, usually referring to facial hair).

### Why do menopausal women report vaginal dryness or pain?

When the ovaries stop producing hormones, specifically estrogen, many of the tissues in the body begin to change, and that can cause vaginal dryness and itching. Ask your doctor about vaginal moisturizers, local estrogen therapy, systemic hormone therapy, as well as other non-hormonal prescriptions.

*Adapted from theHealthy.com and besthealthmag.ca*

The menu at SoBo, a 20-year-old spot in Tofino, B.C., is a love letter to the West Coast. These vegetarian recipes from chef-owner Lisa Ahier's new cookbook, *Together at SoBo*, give summer produce the star turn.

## Grilled Pattypan Squash, Green Polenta and Garlic Aioli

**SERVES 6** This recipe was conceived when we were making our signature polenta fries one lunch service and realized we had loads of polenta left over. I decided to turn it into a light vegetarian meal, heavy on the herbs. It is now a staple dish in our kitchen. It also looks beautiful on a plate.

### GREEN POLENTA CUBES

- 1 cup whole milk
- 2 tsp salt
- ½ cup coarse-ground cornmeal, plus extra for dusting

- 3 tbsp butter, cubed
- ½ cup grated Asiago cheese
- 1 cup coarsely chopped mixed fresh herbs (I use flat-leaf parsley and basil)
- 1 tbsp olive oil
- 2 cups canola oil, for frying

### GARLIC AIOLI

- 1 egg yolk
- 1 tsp capers, rinsed
- 1 tsp minced garlic
- 1 tsp apple cider vinegar
- ¾ cup olive oil

### PATTYPAN SQUASH

- 1 lb pattypan squash
- ¼ cup olive oil
- ¼ red onion, sliced ultra-thin, for garnish
- 1 radish, thinly sliced, for garnish
- A few sprouts of watercress for garnish

1. Prepare the polenta: Preheat the oven to 300 F.

2. In a medium ovenproof saucepan over medium-low heat, put 1 cup water, the milk and the salt. Cover with a lid and allow the mixture to come to a frothy, latte-like state. This will likely take 10 to 15 minutes. Do not let the milk bubble up and seep out under the lid. (If this happens it means the milk is scalded and the flavour will, um, not be so good.)

3. Very slowly whisk in the cornmeal until it's smooth. No lumps allowed! The polenta will start to bubble in little eruptions—I call this the volcano stage. You must get your mixture

this hot to ensure that the cooking process will continue in the oven. Cover and bake for 15 minutes.

4. Remove from the oven and stir with a wooden spoon so that no part of your mixture is sticking to the bottom of the pan. Return to the oven and bake for another 10 minutes.

5. Carefully remove from the oven and stir in the butter, using a wooden spoon. (Some of my worst burns are from accidentally spilling polenta when removing it from the oven. It sticks like glue and burns like hell.) Add the Asiago, then the herbs, and stir again until everything is well incorporated.

6. Pour the polenta into a 9- x 9-inch baking sheet and let cool to room temperature, about 1 hour. The polenta should then be cool enough to put in the fridge to set for a few hours.

7. Remove from the fridge and cut into 3- x 3-inch pieces. Lightly dust with cornmeal to prevent sticking.

8. When ready to serve, heat the oils in a heavy-bottomed pot suitable for frying until it reaches between 325 F and 350 F—test it with a deep-fry thermometer.

9. Carefully add the polenta cubes to the hot oil. (Cook in batches to avoid overcrowding the pan.) The cubes will get crispy, but don't expect them to get golden brown (the herbs will have turned the polenta green, and you can't get golden brown from green). Drain on paper towel.

10. Prepare the garlic aioli: In a small bowl, place the



Grilled Pattypan  
Squash, Green Polenta  
and Garlic Aioli



Heirloom  
Tomato  
Quiche  
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egg yolk, capers, garlic and vinegar. Mix well with a whisk, then slowly add the oil, whisking until the mixture is emulsified. The aioli should be refrigerated if not used within the hour and will keep for up to 5 days.

**11.** Prepare the pattypan: Preheat the grill to medium-high.

**12.** Wash and cut the squash in half lengthwise. Toss with the olive oil. Grill for 2 to 3 minutes, then turn over and cook on the other side for another 2 to 3 minutes, until cooked through. Alternatively, you can roast the pattypan: Preheat the oven to 400 F. Place the oil-coated pattypan in a baking dish and roast for 10 minutes or until caramelized.

**13.** To serve: Spoon a few tablespoons of garlic aioli on each of six plates, then arrange the polenta and squash on top. Garnish with red onions, radishes and sprouts.

## Heirloom Tomato Quiche

**SERVES 6** One summer, I was given a standard, mass-market-type tomato. I left it on my windowsill and promptly forgot about it. When I found it two months later, there wasn't a single spot, wrinkle or blemish on its glow-in-the-dark (well, almost) skin. It was so unnatural, I threw it out. Mass-market tomatoes just can't compete with my favourite member of the nightshade family: the heirloom tomato. I've never met an heirloom tomato I didn't want to devour. And if it has a few bumps or cracks on it, so much the better.

This quiche spotlights heirlooms beautifully. If mozzarella isn't your cup of tea, there will be another cheese out there to suit your personality. But there's only one kind of tomato (for me).

- ½ recipe Jen's Pie Crust (1 single pie crust)**
- 1 cup shredded mozzarella cheese**
- 2 heirloom tomatoes, sliced ¼ inch thick**
- 1 small leek, rinsed well and thinly sliced**
- 5 eggs**
- 1½ cups heavy cream**
- 2 tsp salt**
- 1 tsp hot sauce (I like Frank's RedHot or Louisiana)**

- 1.** Preheat the oven to 350 F.
- 2.** Prick the bottom of the prepared pie crust with a fork. Par-bake for 10 minutes. Remove from the oven and sprinkle the mozzarella over the bottom of the pie crust. Layer the tomatoes on top, then the leeks.
- 3.** In a blender, combine the eggs, cream, salt and hot sauce. Blend on medium-low speed for 1 minute or until frothy. Slowly pour half the blended mixture into the pie crust. Let the mixture settle into the tomatoes and cheese before pouring in the rest.
- 4.** Place the quiche on a baking sheet to catch any overflow and put in the preheated oven. After 20 minutes, the quiche will start to rise. At this point, loosely cover it with a piece of aluminum foil to prevent excess browning.
- 5.** Bake for 15 minutes or until the quiche is completely set.



## Jen's Pie Crust

**MAKES 1 DOUBLE CRUST (FOR A SINGLE PIE CRUST, HALVE THE RECIPE)**

- 2½ cups flour**
- 1 tbsp sugar**
- 1 cup salted butter, very cold, cubed (see Cook's Note)**
- ¾ cup ice water**

- 1.** Prepare the pastry: In a large bowl, whisk together the flour and sugar. Add the butter. Using your hands, two forks or a pastry blender, cut the butter into the flour mixture until it is the size of peas. They won't all be uniform in size, but that's okay: You want to avoid warming up the butter too much.
- 2.** Add the ice water all at once and gently knead the dough until it just comes together (I repeat: Do not overwork the dough!).
- 3.** With floured hands, divide the dough in half. Form into two disks, wrap each disk tightly in plastic wrap

and chill in the fridge for at least 1 hour.

**4.** When you're ready to roll the dough, take the disks out of the fridge and let them rest on the countertop for at least 15 minutes, to take the chill off them. If you roll out cold dough, it will crack and leak.

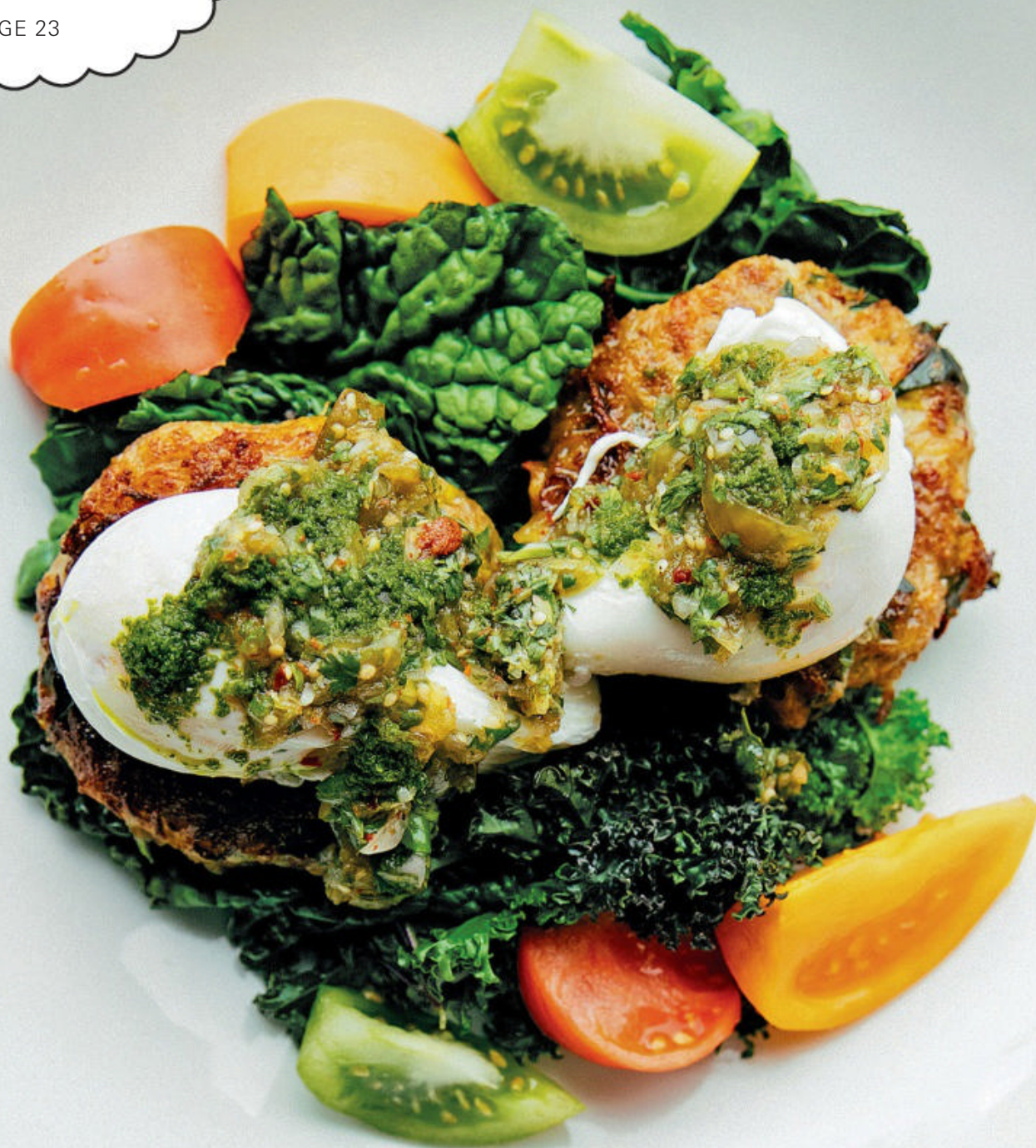
**5.** Lightly flour a clean work surface and roll out one of the disks to a 13-inch-diameter circle. Transfer to a 9-inch pie plate and trim the edges to fit the plate. For a double crust recipe: Roll out the second piece of pastry to a 13-inch-diameter circle and place in the fridge to chill while you prepare the filling.

### Cook's Note:

Vegetable shortening or lard make for a traditionally tender-flaky crust, but I am a butter lover, so it is always butter for me. Much trickier to get a tender result, but once you have mastered the art of flakiness, you will be a butter convert!

Spaghetti Squash  
Patties with Poached  
Eggs and Salsa Verde

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# Spaghetti Squash Patties with Poached Eggs and Salsa Verde

**SERVES 4** This toothsome dish was created by sous-chef Laurence Fiset, who jogs, surfs, practices yoga and still manages to dedicate the whole of her heart to preparing, cooking and serving food to appreciative guests. There's a dash of my Southern inspiration in this recipe, blended with her commitment to eating fabulously well and healthily at the same time. When you wake up craving Eggs Benny but don't want all that buttery, heavenly, Hollandaisey, gluteny goodness to weigh you down as soon as you hit the sidewalk, catch a wave or practice your one-legged tree pose, try this nutritious—while still rich and satisfying—option. Especially in the fall, when our local tomatoes are still hot red with the memory of the bedazzling summer sun.

## SQUASH PATTIES

- 1 spaghetti squash
- 1 egg
- ½ cup grated Asiago cheese
- 1 tbsp salt
- 1 tbsp chili powder
- 2 tsp sweet paprika
- ½ bunch fresh parsley, finely chopped
- 1½ cups dried breadcrumbs
- 2 tbsp flour
- ½ cup oil, for frying

## KALE AND HEIRLOOM TOMATO GARNISH

- 4 cups fresh kale, de-stemmed and torn into 2-inch pieces
- 2 tbsp olive oil
- 2 heirloom tomatoes

## SALSA VERDE

- 1 cup chilies, roasted until skin is blackened, then seeded and diced
- ½ cup minced red onion
- 1 bunch fresh cilantro, coarsely chopped
- 1 bunch fresh parsley, coarsely chopped
- 2 tbsp minced garlic
- ½ cup lime juice
- 1 tsp salt
- ¼ cup extra virgin olive oil
- 8 poached eggs

1. Prepare the squash patties: Preheat the oven to 400 F. Line a baking sheet with parchment paper.

2. Carefully cut the squash in half lengthwise and scoop out the seeds (you can freeze these for future vegetable stocks). With a paring knife, cut 8 to 10 small slits in the squash so the steam can vent. (You don't want an explosion in the oven.)

3. Place the squash flesh-side down on the prepared baking sheet (alternatively, you can use a casserole dish). Put in the oven to bake, checking on it at the 30-minute mark: Depending on its size, the squash may have softened and be finished cooking at this point. If not, you can flip it and continue baking for another 15 to 30 minutes. When the squash is softened all the way through, remove it from the oven and let cool to room temperature. When the squash is cool enough to handle, use a fork to pull the pulp out in strands. It will resemble cooked spaghetti.

4. In a large bowl and using two wooden spoons, toss together the squash, egg, Asiago, salt, chili powder and paprika. Gradually add the parsley, breadcrumbs and flour, continuing to toss.



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5. Using your hands, form the mixture into patties the size of an English muffin.

6. In a medium frying pan, heat ¼ cup of the oil, enough to liberally coat the bottom of the pan. When the oil is hot, add four patties to the pan at a time (avoid overcrowding the pan or it will be hard to flip the patties) and shallow-fry for 3 to 4 minutes. They should start to release from the pan and turn golden brown. Using a sturdy spatula, gently turn the patties so they crisp up on the other side, another 2 minutes. Drain the patties on a plate or baking sheet lined with paper towel. (Personally, I reuse the pan and parchment I roasted the squash on. Reduce, reuse, recycle, right?) Keep them warm in a 300 F oven while you prepare the rest of the recipe (now would be a good time to poach the eggs, too).

7. Prepare the kale and tomato garnish: In a bowl, toss the kale with the olive oil. Transfer to a small frying pan over medium-high heat and cook for 2 to 3 minutes, until the kale begins to soften. Return to the bowl. Cut the tomatoes into wedges and add to the bowl of kale.

8. Prepare the salsa verde: Place all the ingredients except the olive oil in a blender or food processor and pulse until blended but still a bit rough. Drizzle in the olive oil. The texture should be rustic—that is, not too refined!

9. To serve: Make sure the patties, kale and eggs are hot! Arrange 2 patties on each plate and top with 2 poached eggs each. Garnish with the kale and tomatoes. Spoon the salsa verde generously on top.

ULTIMATE PRIZE PACK DRAW

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# Goods

## 21 Picks for a Fuss-Free Flight

by RENÉE REARDIN  
photographs by SUECH and BECK

### In the Bag

No need to fiddle around in the overhead bin mid-flight with this handy carryall (which qualifies as your "personal item").

Ample space means you can keep all your travel must-haves under the seat in front of you. *Away The Everywhere Bag*, \$265, [awaytravel.com](http://awaytravel.com)



## Comfort Zone

[ 1 ]

Does coach cramp your style? This foot sling will help. Hook its straps around the tray table in front of you and place your feet in the hammock to prevent and relieve leg and back pain.

*Opaceluuk Airplane Footrest, \$24, amazon.ca*

[ 2 ]

On long-haul flights, your legs and feet might swell and ache. Try these (surprisingly cute!) compression socks, which boost circulation in your calves to relieve discomfort and can help prevent blood clots.

*Unisex Checkered Compression Socks, \$32, masdelinc.com*



[ PRO TIP ]

Organize your germ-fighting kit (and any other plane essentials) with this packing cube set.

*Eagle Creek Pack-It Isolate Cube Set, \$60, eaglecreek.ca*

## Clean Conscience

[ 1 ]

A face mask with a tight fit and good seal can reduce your chances of catching whatever's ailing the sneezer seated nearby. These KN95 respirators are both comfortable and breathable.

*Canada Strong BreatheTeq KN95, \$18, canadastrong.ca*

[ 2 ]

What's the germiest spot: the headrest? Armrests? Seatbelt? They're all worth a quick pass with these biodegradable wipes, which kill 99.99 percent of bacteria and viruses.

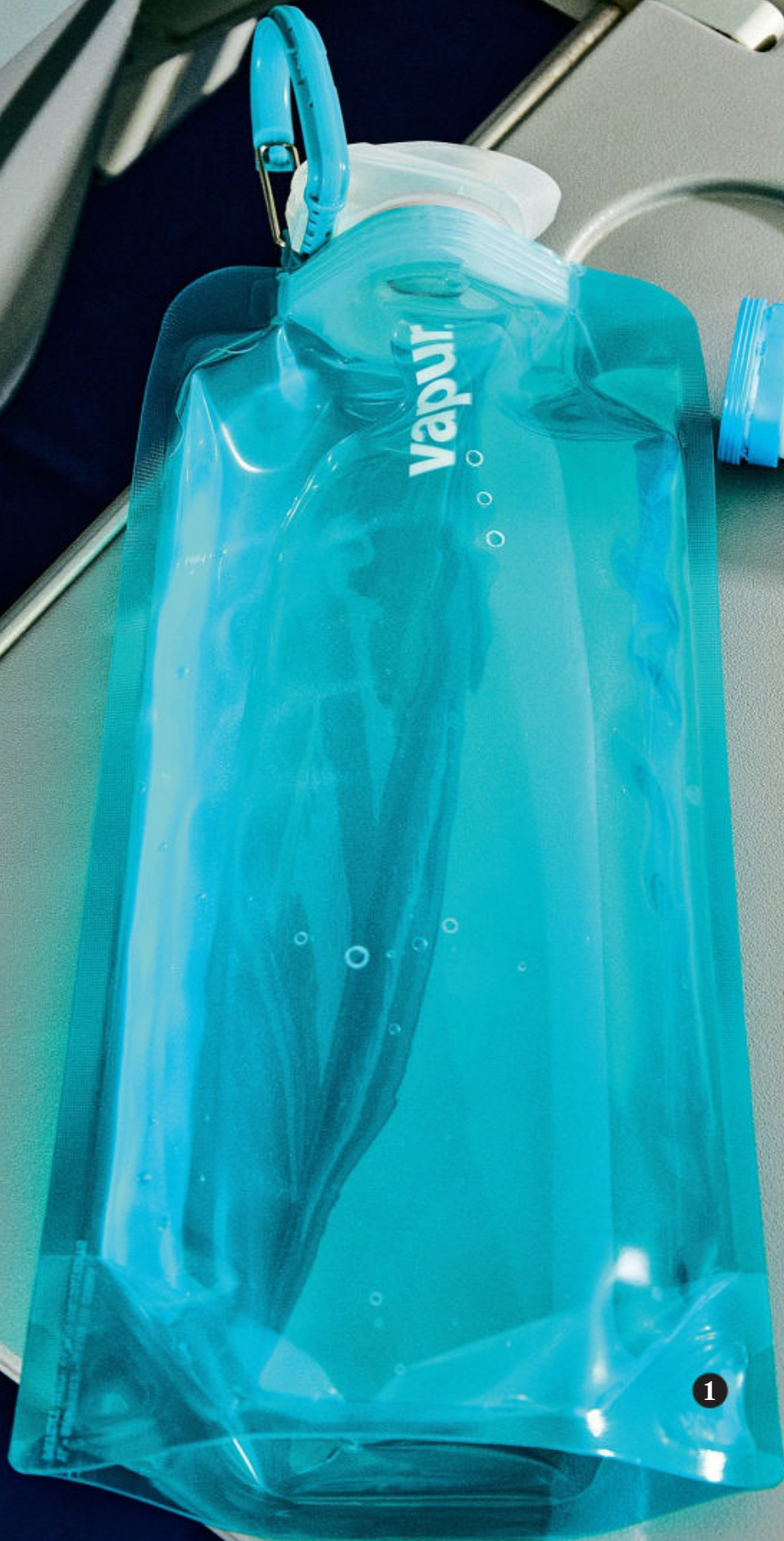
*Attitude All-Purpose Disinfectant Wipes, \$7, well.ca*

[ 3 ]

This travel-sized hand sanitizer is formulated with aloe juice and glycerine to keep skin soft and hydrated.

*Province Apothecary Moisturizing Hand Sanitizer, \$8, thedetoxmarket.ca*





## Water Works

[ 1 ]

Ditch the plastic water bottles for this foldable one that can be rolled up and stashed away at security, then filled at a fountain before boarding. *Vapur Solid Flexible Water Bottle – 1L/33 oz with Carabiner, \$19, amazon.ca*

[ 2 ]

We lose about eight ounces of water per hour when we're in the air. Nuun's electrolyte tablets can help replenish some of that. Dissolve one in water and it'll flavour it, too, so you'll be more inclined to gulp it down. *Nuun Hydration Sport Tropical, \$10, well.ca*

# Fresh Faced

**[ 1 ]**  
 Protect your lips with this treatment that contains hydrating salicornia, hyaluronic acid and papaya enzymes.  
*ILIA Lip Wrap Overnight Treatment, \$34, sephora.com*

**[ 2 ]**  
 Plane air is notoriously dry—it has a humidity of only 10 to 20 percent, compared to ground air at 30 to 60 percent. Keep your skin healthy and hydrated with this mask, formulated with hyaluronic acid.  
*Dr. Jart+ Dermask Water Jet Vital Hydra Solution,™ \$9, sephora.com*



1

2

**[ PRO TIP ]**

To look well-rested on arrival, apply these eye patches mid-flight—they'll help brighten and de-puff the sensitive skin around the eyes.  
*Klorane Smoothing and Soothing Eye Patches with Organic Cornflower, \$38, shoppersdrugmart.ca*

# Now That's Entertainment

[ 1 ] Sick of *Just for Laughs* reruns? Turn off the built-in screen, hook this mount onto the tray table, slip in your phone and watch downloaded shows hands-free. *Perilogics Universal Airplan in Flight Phone Mount*, \$22, [amazon.ca](http://amazon.ca)

[ 2 ] Pull down your tray table and wake up the person next to you—it's time for *Bananagrams*. Form

words using all your tiles before your opponent and you win. Loser moves to the middle seat. *Bananagrams*, \$45, [amazon.ca](http://amazon.ca)

[ 3 ] A frothy beach read can get you into vacation mode before your feet even hit the sand. Crack open this romance novel by Canadian author Carley Fortune and the flight will fly by. *Meet Me at the Lake*, \$25, [indigo.ca](http://indigo.ca)



1

2

3

[ PRO TIP ]

When the mini pretzels just aren't cutting it, reach for this pack of sour keys. They're vegan, low in sugar and surprisingly high in fibre, making them a satisfying snack. *Healthy Hippo Sour Keys*, \$4, [well.ca](http://well.ca)



## Roll With It

[ 1 ]

Keep your most precious cargo with you on board. We love this spacious carry-on, which still comes in under most airlines' size limits.

*Away The Carry-On, \$345, [awaytravel.com](http://awaytravel.com)*

[ 2 ]

Discreet AirTags can be tucked in your suitcases and tracked on your phone, so you can always see where your bags have ventured without you.

*AirTag, \$39, [apple.com](http://apple.com)*

[ 3 ]

Should your case go wandering (sigh), a brightly coloured luggage tag with all your contact information will help ensure its eventual return.

*Luggage Tag - Chartreuse, \$15, [indigo.ca](http://indigo.ca)*

[ PRO TIP ]

An easy way to identify your bag on the luggage carousel (and prevent a case of mistaken identity) is to decorate it with stickers. These cheery ones feel just right.

*VGG 100 Pcs Boho Aesthetic Stickers Minimalist Abstract Line, \$10, [amazon.ca](http://amazon.ca)*



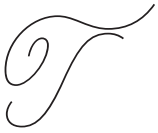
*Music as*

A woman with long dark hair is shown in profile, playing a light-colored ukulele. She is wearing a grey long-sleeved shirt and dark pants. The background is a dark grey wall with several small, light-colored rectangular objects, possibly medical equipment or notices, mounted on it. The lighting is soft and focused on the woman and her instrument.

# Medicine

Hospitals are working with music therapists to ease patient pain, decrease pre-surgery anxiety and help loved ones connect during difficult times.

*By* ANICKA QUIN *Photographs by* CHLOË ELLINGSON



There's one patient SarahRose Black still thinks about. Back in 2019, the nursing team in the palliative care unit at Toronto's Princess Margaret Cancer Centre asked if Black could reach out to a patient who had been there for about a week. The man seemed to be struggling and was unwilling to engage with staff or be part of any activities. "They told me, 'He's short and grumpy with us, and we wonder if you might have an in.'"

Black isn't a doctor or a nurse. Since 2013 she has played an important role for patients at Princess Margaret: She's the on-staff music therapist. On any given day, she might see one person who's anxious about an upcoming procedure, another who's undergoing chemo and in need of a soothing moment. Or, like the man in the palliative care unit, it might be someone who doesn't yet know they need her.

So, on a wintery Wednesday afternoon, Black approached the patient's room and introduced herself. She asked if she could sit, and offered to play some music. In an effort to convince him, she said, "If you don't like it, you can tell me to leave."

After some gentle urging, the 70-something man, who had lung cancer, named a few classical composers he liked and then turned away to look out the window. But as she started to play one of his favourites, Bach, on her portable keyboard, a change came over him: His arms unfolded, he turned toward Black and he started to cry.

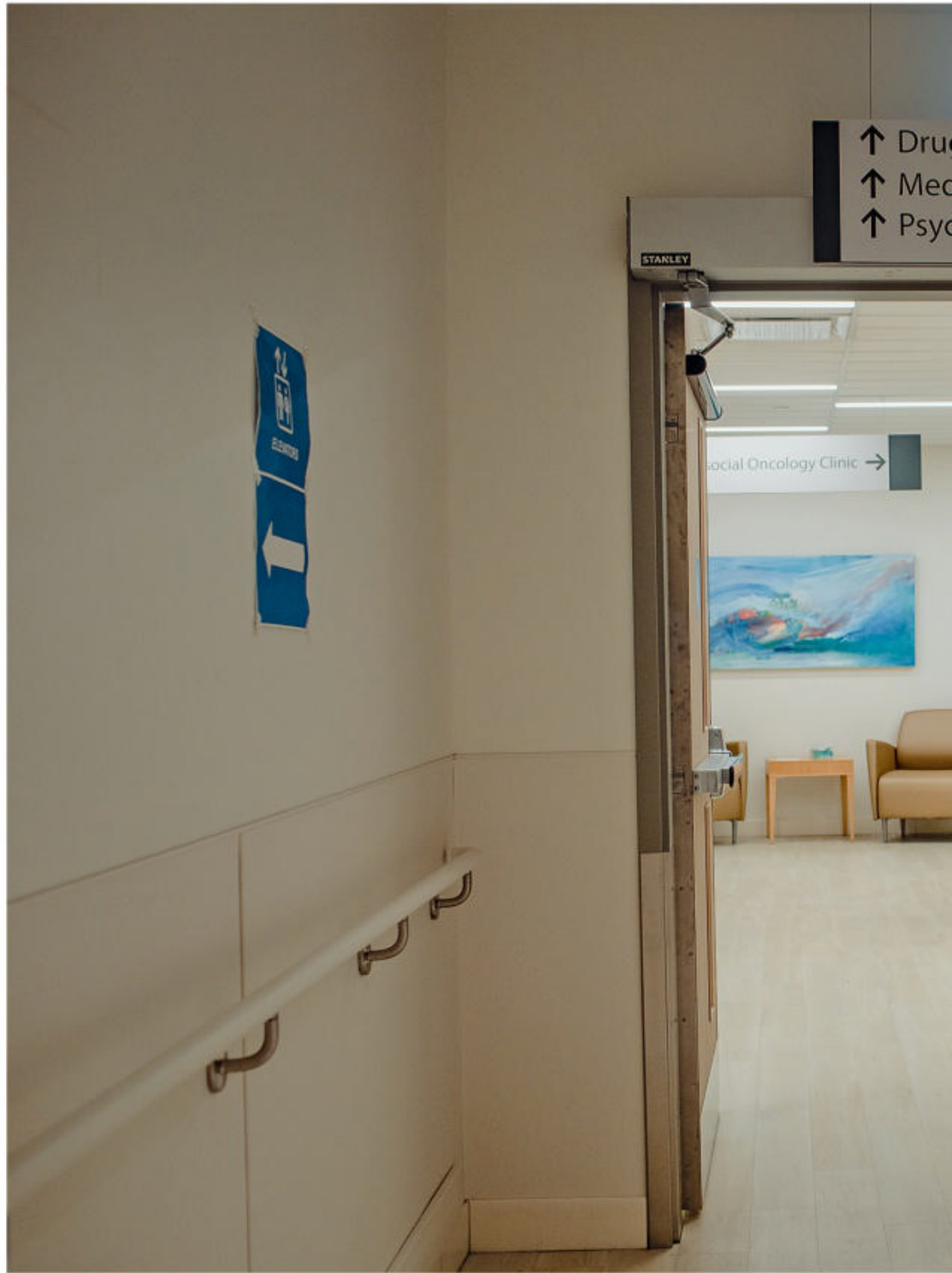
She stopped playing. "Do you want me to continue?" she asked.

"Absolutely," he said through tears.

"It was as if the music went places that nothing else could," recalls Black. "He shared with me afterward that he'd been holding in so much and had been unable to talk about anything—but the music showed up at a moment when it felt like a hug."

Anyone who has felt that spark of joy when a favourite song comes on the radio at just the right moment—or wept along with a singer who is expressing heartache—will understand the emotional resonance of music. But now a growing body of scientific evidence is demonstrating that music can be medicine, too.

In a review of 400 research papers looking into the neurochemistry of music,



SarahRose Black wheels her instruments down the hall of Toronto's Princess Margaret Cancer Centre, where she's a certified music therapist and registered psychotherapist specializing in palliative care and psychosocial oncology.

Daniel Levitin, a psychologist and neuroscientist at McGill University in Montreal, found that playing and listening to music has clear mental and physical health benefits, including improving our immune systems and reducing stress levels.

One 2007 study from a team of Spanish researchers found that listening to music before surgery had the same effect in reducing preoperative anxiety as taking Valium—an important finding, as anxiety before a major surgery can affect post-operative pain and recovery time. Another Spanish study, conducted in 2018 in the palliative care unit

of Barcelona's Hospital del Mar, found that patients participating in a music-therapy program experienced significant decreases in tiredness, anxiety and breathing difficulties, as well as an increase in feelings of well-being.

Even major health-care institutions are embracing music therapy on a wide scale: In 2019, the National Institutes of Health in the U.S. introduced significant funding—\$20 million—to support research projects in music therapy and neuroscience.

A music therapy session can be as unique as an individual patient's needs on a given day. With Black, who also sings



“I’m pretty much a one-woman band,” she jokes), that inevitably involves the cart of instruments she travels with. Aside from the keyboard, she uses instruments like a guitar, tambourine and singing bowls to create rhythms and texture. She also brings recording equipment and an iPad for song lyrics.

If a patient’s love lies in classical music, that’s what she’ll play. Maybe it’s folk or jazz. She did a reggae tune for one man’s assisted-dying process. “One woman spoke no English, but she taught me a Farsi folk song, and we had this wonderful exchange,” says Black. “She’d sing

a line, I’d sing it back, and then we were singing this beautiful song together.”

She’s gentle in her approach with patients. “I make it very clear that pre-existing musical experience or training isn’t required to participate,” she says. “If I were to ask, ‘What kind of music do you like?’ that might be a difficult question to answer. Instead I ask what they want to feel, which is an easier question to answer.”

If the goal is pain management, Black might match the pace of her playing with the patient’s breathing, then gradually slow the music down. This process,

called “entrainment,” can help slow the breath and has a calming effect.

Or a session might be about helping a patient process the emotions stemming from what they are going through. It may even be about connecting with loved ones who are in the room with them. “Sometimes the patient says, ‘I’m having such a profound experience. I have no words,’” she says. “We know from so many wonderful brain studies that music can trigger memories and touch parts of the brain that other mediums cannot.”



Once a week, Carol Cameron hops on Zoom from her home in Madison, Wisconsin. She’ll be joined by a dozen or so other participants, all following along as music therapist Jason Armstrong Baker leads them through drumming exercises—sometimes clapping their hands in a distinct rhythm he’s laid out for them, sometimes tapping on their own bodies.

Like everyone taking part in the session, Cameron, 71, has Parkinson’s disease, and this drumming circle, known as Rx 4 Rhythm, is designed to help strengthen her coordination. “My tremor is on my left side, so learning things with my left hand is difficult,” she says. “But it’s really good to get this regular rhythm going—it gives you a feeling of overcoming a problem.”

Rx 4 Rhythm is just one of the programs offered at the Johns Hopkins Center for Music and Medicine in Baltimore. The research institution is the brainchild of Dr. Alexander Pantelyat, a violin player and former member of the Penn Symphony Orchestra in Philadelphia. Today, he is a neurologist who specializes in movement disorders like Parkinson’s and Huntington’s. The centre provides music therapy and more, Pantelyat explains: They’re taking music into the “precision medicine” realm. Applying that kind of treatment to movement disorders is relatively new; previously, it was mainly the domain of cancer therapies.

“There’s a revolution in oncology and

cancer research—more people are being cured, and much of it can be attributed to a very targeted precision treatment that really is individualized for the patients,” he explains. “Just listening to music activates many regions of the brain simultaneously.”

He adds that there is an understanding in the field of music medicine that there can be individualized, tailored interventions using music that a person actually likes, that speaks to them culturally, personally, autobiographically.

One study from the Center for Music and Medicine, based in Baltimore, followed a choir composed of Parkinson’s patients (called the “Parkinsonics”) to learn how singing might impact the speaking voice of those patients. After 12 weeks, the singers’ speaking volumes—which often fade as Parkinson’s progresses—grew demonstrably stronger. The Rx 4 Rhythm drumming circle program, meanwhile, came out of a 2015 study that showed that Parkinson’s patients improved their ability to walk after six weeks of drumming practice.

The centre’s blueprint is to continue to fund these musically oriented groups, even after the studies have wrapped up. “Patients in the Parkinsonics told us that they didn’t want to stop singing when the study was over;” says Pantelyat. The centre now funds a professional choir instructor, a music therapist and a social worker to help the choir members carry on with their classes, which rolled onto Zoom during the pandemic.

And while sessions at the centre do have therapeutic goals—working on coordination, say, or breathing techniques for anxiety management—there’s a community-building element to the groups, too. Kerry Devlin is the centre’s senior music therapist and runs an online support group for people with a broad range of neurological disorders, along with their care partners—those people in patients’ lives, usually loved ones, who are supporting them through their illness.

“There can be folks who are experiencing really intensive symptoms, like a decline in their ability to verbally communicate,” says Devlin. Music, she notes, can sometimes help such patients find ways to respond again. “I’ve had the honour of making music with people, and all of a sudden they’re coming up with new words. It turns into this beautiful improvisational moment—and a care partner is saying, ‘I’ve never seen this happen.’” It’s a powerful thing, she says, to witness someone find themselves again for a moment, and when a song is the vehicle for that shift.



Our lives are “peppered with sound and music experiences during pivotal events all the way through,” says music therapist SarahRose Black, even if we don’t remember them. “When I start exploring that with people, they realize it’s true.”

Much of what Devlin does is designed to help patients feel like more than just cogs in the medical system. “Of course they want to come and receive medications and treatments, but they’re also a person,” she says. “It’s important when we’re thinking about holistic care to provide opportunities for patients to actually process the impact that a diagnosis is having on their lives.”

Music can have a profound effect on helping sick children, too. Ruth Hunston is a music therapist in the “play department” at the Great Ormond Street Hospital in London. As the U.K.’s oldest

children’s hospital, it sees more than 69,000 patients a year.

“When children are in the hospital, their worlds get much smaller,” says Hunston, who explains that her program, introduced in 2019, helps give young patients back some sense of control. “They’re having so many things done to them and around them, but this allows them to create something themselves.”

Extended time in pediatric care can also affect a child’s development, says Hunston. In light of that, much of her program is designed to help them progress. “I’ve had lots of infants who have



sat up for the first time at the drums, because they're just so motivated to play," she says. "Or they start making sounds because I'm singing to them, and they want more."

The parents also become part of the therapeutic process. "It's not easy being in a hospital, and it's not easy to leave your child there," she says. "What's really lovely is when you go in and you start to make music, and the children invite their parents to join. There's this beautiful interaction between everyone, and sometimes I get to step back and just watch them play—to really laugh and have fun."

*A*

At the Dr. Bob Kemp Hospice in Hamilton, Ont., music therapy has become an integral part of patient care in residential end-of-life settings. "The palliative journey

isn't really about someone dying," says Doug Mattina, director of the hospice's pediatric unit. "It's about bringing the most joy. It's providing the wrap-around care not only for the individual but for those impacted by it."

Mattina himself experienced the music-therapy program when his father spent his last days at the hospice. "I remember the time the music therapist said to him, 'Bill, what kind of mood are we in today?' And he said, 'Today is time to dance,'" says Mattina.

He was so moved by the experience that he left a career in the foreign service to work full-time for the hospice. "Even though my father was feeling like crap, and we knew that we had days or hours left, me, my sister, my brother and my mom would dance around his bed. His favourite song for this was 'Rasputin,' and he would request high kicks as he clapped along. Sometimes he'd fall asleep as we danced."

Sara Klinck directs the music-therapy program at the hospice, where, at a patient's bedside, she might improvise a call-and-response song to help them open up about how they're feeling that day, or help a resident write a song as a legacy for their family. "We might also revisit songs that have personal significance for residents and families, as a way to communicate emotion to one another," she says. "It can feel like a whole choir as visitors and family members join in. For some people, what's hard to say is easier to sing."

It might also mean fulfilling a lifelong goal before a patient passes away, as she did for someone with late-stage ALS. "He had very limited movement in his hands but had always wanted to play guitar," says Klinck. She brought in the instrument and laid it on his lap in bed. "He was able to put his hands on the strings and interact with them; often I moved the guitar, as well." This music experience was something his family felt would be very meaningful to him.

Finding those meaningful moments is the skilled therapist's role, but as SarahRose Black notes, people have been connecting with music for their whole lives—she is just helping them access it again at a time when they need it most.

"We have a heartbeat, so we have a drum inside us; we are wired to be musical people," she says. She smiles softly as she remembers one patient, a man in his late 30s with end-stage brain cancer. "He said, 'I have a lot of friends, and they're great; they show up and they're helpful, but they don't really understand what's going on here,'" she says. "He told me, 'The music is like my friend who gets it.'" **BH**







# MONEY TALKS

**DISCUSSING FINANCES WITH AGING FAMILY MEMBERS CAN BE FRAUGHT—AS MY ADULT SIBLINGS AND I LEARNED DURING A RECENT “INTERVENTION” WITH OUR DAD—BUT IT’S IMPORTANT FOR EVERYONE’S MENTAL HEALTH TO GET IT DONE. HERE’S HOW TO SIDESTEP THE DRAMA AND AVOID OUR (MANY) MISTAKES.**

BY LILITH MARSH MILLS / ILLUSTRATIONS BY ALLY JAYE REEVES



*So your parent needs a financial intervention.* That's exactly what I googled when it became clear that my father was perched on the edge of a major financial disaster. At 74, he was on a trip he absolutely couldn't afford—maxed out credit cards, zero money in the bank, calls from abroad requesting funds—and he nearly lost his car insurance, professional liability insurance and the electricity in his house in the same week. Something needed to be done.

One Tuesday evening last summer, two of my siblings and I arrived at our dad's house ready to issue ultimatums and armed with letters explaining how his financial and behavioural recklessness was negatively impacting both his well-being and our own.

I've since learned that there are more advisable ways to tackle tricky money stuff with your family than our admittedly confrontational intervention

approach—if, that is, you can get the conversation started. Here's how to prevent a very stressful “Dad, we need to talk” sort of talk.

**MY FATHER HAS NEVER BEEN GOOD WITH** money. And while last summer's ill-conceived trip and the ensuing financial meltdown seemed to warrant it, one big, tense conversation wasn't going to magically make him a “good with money” guy. But it did pry open a topic people are typically very proficient at keeping bottled up.

“Money is a touchy subject,” says Neela White, a portfolio manager and elder-planning counsellor in Toronto. So touchy, in fact, that nearly two-thirds of Canadians with parents over the age of 65 haven't touched it at all, according to a 2017 CIBC poll—and by that I mean that they haven't had a conversation about finances with their parents, most often because they don't want to appear disrespectful. “No parent wants to feel like they're the ones being parented,” says White. “You have to ease into it.”

Makes sense. Unfortunately, that's not what we did. We—my sister, brother and I—went in like a three-pronged battering ram. (Some prongs were more willing than others. My brother, with good reason, called it the “sistervention.”) But, in our defense, we were at a crisis point.

You don't have to be in my dad's situation to feel that money is impacting your mental health and stress levels. A 2018 Leger report found that 25 percent of Canadian seniors were worried they'll run out of money before they die. By 2021, an overwhelming 77 percent of Canadians nearing retirement (or in early retirement) were worried about their financial security, according to a report by the National Institute on Ageing. With inflation and market downturns that are devouring nest eggs, older adults who have always been financially secure might suddenly be feeling less so.

“For people on a fixed income, the money they saved is now worth less,”

**NEELA WHITE KNOWS HOW QUICKLY LIFE CAN TAKE A VERY EXPENSIVE TURN. HER ELDERLY PARENTS BELIEVED THEY WERE FINANCIALLY PREPARED FOR ANY KIND OF HEALTH-CARE CRISIS, AND STILL, IT WASN'T ENOUGH.**



says Laura Tamblyn Watts, founder, president and CEO of CanAge, a seniors' advocacy organization. “That's leading to uncomfortable choices for people who've never had to make them before, like whether to eat or to pay for heat.” In 2021, over a third of seniors who rent or pay a mortgage had trouble covering their bills, and in 2022, food bank use by older adults was up across the country.

So the money that people have saved—if they've had enough income to save—isn't stretching as far. Another problem is that many Canadians are simply living longer than they, or their financial planners, expected. “Most people will save for 20 or 25 years of retirement, when in reality it could be more like 30 or even 40 years,” says Vancouver financial therapist and money coach Brenda St. Louis. “That's a whole other lifetime.”

As my dad often says, he didn't expect



## RED FLAGS HERE ARE A FEW SYMPTOMS OF FINANCIAL INSECURITY TO WATCH FOR WITH YOUR LOVED ONE

“It depends on how involved you are in the person’s life, but unopened bills could be a big sign of neglect or avoidance. There’s probably something they don’t want to see. Another red flag is if the usual groceries and medications aren’t in the house. Or grandparents might be expressing concerns about having enough money for gifts for the grandkids. On the flip side, lavish spending by someone on a fixed income is likely happening on credit and without considering the consequences—that optimistic attitude of thinking you’ll always be able to pay it later.”

—Mary Ann Marriott, a licenced insolvency trustee in Fredericton



to live this long. (He’s not that old, but I think what he’s really saying is, “I never thought I’d have to be accountable.”) He also didn’t anticipate being single for the first time in his 70s, after a lifetime of cohabitational relationships.

According to Mary Ann Marriott, a licenced insolvency trustee based in Fredericton who helps people navigate difficult financial situations, a lot of the people who see her come not because of deep-rooted money issues but after a change in circumstances—like going from two incomes to one. Adapting to monthly deposits (with benefits like the Canada Pension Plan and Old Age Security) instead of a biweekly pay schedule can also be hard. “Your entire working life, you’ve been paid every two weeks,” says Marriott, “and all of a sudden you have to manage your money differently.”

The other piece people don’t often

plan for is needing long-term care or end-of-life health care. “All of us are guilty of this,” says Neela White. “You think everything’s going to stay the same.” But White has first-hand experience of how quickly life can take a very expensive turn.

Twelve years ago, her father was diagnosed with pancreatic cancer. Then her mother, a five-time cancer survivor, fell and broke her neck, requiring eight hours per day of private care—well beyond the government-provided three hours per week—for the rest of her life. White, who has experience working in long-term care and a degree in gerontology, says her parents believed they were financially prepared for “any kind of health-care crisis.” Still, it wasn’t enough. Her father lived for two years after his diagnosis (he was 89 when he died) and her mother for five years after her accident (she was 87). Between her two parents,

and despite all the planning, they spent almost \$700,000 on private caregiving alone—not including housing costs, bills, groceries or medications.

White acknowledges that the conversation is not an easy one to start. “It’s money, it’s values, it’s end of life,” she says. “It’s sticky and uncomfortable.” There can also be a generational difference in values—you just don’t talk about money. Pride and shame are a big part of the picture, too. The older clients Marriott sees are often embarrassed to admit they have debt. “But show me where, in the book of life, it says you have to get everything right,” she says.

St. Louis points to yet another hurdle: Older people simply have a lot more practice at avoiding uncomfortable topics. But White urges families to push through the discomfort so they can normalize these types of conversations. “Deal with being uncomfortable now,” she says, “or chaos later.”

Ah, the chaos—I know it well. My father once showed up with a briefcase full of it. During his one-night visit, he wanted to somehow complete two years of back taxes. There were hundreds of pages: property assessments, unopened bills, faded gas receipts, a glazed ham recipe, bank statements from too many accounts to keep track of, insurance claims, a past-due notice from his accountant and a printout about Canadian plant hardiness zones. I had to dig through it all to find his car insurance, and it felt like peeking into his brain—not a fun or calming place to be. (I did take a photo of the ham recipe, because he is a great cook.) Given the choice, I recommend dealing with whatever’s behind the “uncomfortable now” door, even if it’s as sticky as a glazed ham.

White thinks the past three years of living with COVID—the risks, fears and high stakes, especially for older people—have given us the opportunity to recalibrate our anxiety meters. “People were concerned about dying, or their parents or grandparents dying. If that’s your biggest fear,” she says, “everything else, like talking about money, should be simpler.”

Simple, maybe, but not easy. These conversations still require a certain finesse, and every financial expert I spoke with recommended the same route: Start by talking about someone else.

And because 2023 has been a financial debacle for many of us, that someone else can be you.

“It’s one of the rare good things about a shared economic experience,” says Tamblyn Watts. Runaway prices at the grocery store are an easy in. “You can



say something like ‘I used to budget \$900 a month and now I have to double it. How are you and Mom doing? Any tips?’” Seniors have weathered more market fluctuations over the years and likely have some solid insight to provide, Tamblyn Watts notes. She describes this approach as coming from a place of “appreciative enquiry.”

St. Louis calls it “going in the side door.” You could talk about the conversations your friends are having with their parents, or how they saved money doing this one thing, or lost money doing another; heck, you could send them this article. “You do it slowly over time,” she says. “Too often, we go to our parents and we

want to fix their situation. But it never works that way.”

You don’t say.

**After you’ve had the awkward conversation, you might find yourself wondering, “Now what?”**

If your loved one is outliving their earnings or savings, the next step is to help identify possible solutions, and not to shame them—after all, their situation is not at all uncommon.

“Most people can’t afford to retire without having a side gig or something to supplement it,” says St. Louis. Half of retirees who worked part-time did so for financial reasons (not just to keep busy),

according to 2022 research by Fidelity Investments Canada. And 60 percent of pre-retirees expect to keep working to some degree in retirement.

Tamblyn Watts says there are more options than ever for doing just that. “By now, we all understand about ageism in the workplace, but there’s also a profound labour shortage,” she says. “It’s never been more welcome to have people with experience back in the office.” St. Louis has also seen clients start a side business based on their expertise. “Then there are people who get a cashier job at grocery store,” she says. “Sometimes you just want to be around people twice a week.”

For those of us who can’t—or don’t want to—go back to work, there are options, too. “Listen to a person’s life story,” says Tamblyn Watts, “and think about where the money may be.” Abandoned company pension plans, old bank accounts and new, updated or less well-known government programs and tax benefits (such as survivor allowances, home renovation credits and disability credits) are all good places to start.

Then there’s the big one: downsizing. “This is a pain point for everyone, because a house is emotional. It’s more than just four walls and a roof,” acknowledges Neela White. But thinking about how much space you’re heating and maintaining—versus how much space you actually use—can drive the point home. “With the residual pool of money, you can rent or even buy, and still have a nest egg leftover,” she says.

That’s the path my family is currently on. My father is talking about selling his place this summer, though I have no idea if that will actually come to pass. (Remember that briefcase of chaos? Just imagine the house.) But he’s talking about it, I think, at least partly due to our, um, vigorous involvement last year. We honestly thought our dad would lose it when we confronted him. And, to his credit, he didn’t. Against all professional advice (or so I learned after the fact), we followed a traditional intervention model, so we each read a letter that started with a statement of love. Sure, he liked hearing that stuff—but it was more the relief he clearly felt at not having to confront his financial chaos in the dark, all by himself. “I didn’t know how to bring it up,” he said as we were leaving his place.

That’s the piece that Brenda St. Louis is most interested in tackling with her clients. “Let’s take money out of the closet,” she says. “Let’s remove the shame and just start talking about it.”

This is something we’re inching toward. My father hasn’t become a “good with money” guy yet—and he may never. But we sure wedged open that closet door. **BH**

## PLANNING AHEAD

### 3 NOT-SO-FUN FINANCIAL REALITIES FAMILIES NEED TO KNOW

#### NOT-SO-FUN FACT #1

Let’s start with the good news: Lifespans are on the rise, and so too are “healthspans”—that is, the period of your life lived in generally good health. However, researchers have identified a gap of roughly nine years between the two, meaning good financial planning needs to account for nearly a decade of unhealth. “And it’s at the end of our life that it costs money,” says Neela White, a portfolio manager and elder planning counsellor in Toronto.

#### NOT-SO-FUN FACT #2

Government programs like the Canadian and Quebec Pension Plans and Old Age Security were never designed to fully replace

pre-retirement income. Workplace pension plans used to fill the gap, but today only one-third of Canadians have one. A 2016 report by the Broadbent Institute found that the median value of retirement assets for Canadians aged 55 to 64 without an accrued employer pension is just over \$3,000 (total—not per year). Almost half of Canadians in this age group have nothing set aside whatsoever.

#### NOT-SO-FUN FACT #3

Pension payments are impacted by how long you’ve been in the country. To receive the maximum Canada Pension Plan amount, you need to have contributed for at least 39 of your 47 eligible years (from ages 18 to 65). You qualify for a full Old Age Security pension only if you’ve been in Canada for 40 years after the age of 18, or 10 years for partial payments. Canada has agreements with over 50 countries, though, so if you’ve paid into a public pension in the U.S. or India, for example, you may still be eligible.



I'M A  
WALKING  
PSA  
FOR SPF

*I was diagnosed with basal cell skin cancer for the first time in my 20s, and have been dealing with dermatologists and excisions for decades since. Here's what to watch for while having fun in the sun.*

*By LISA KADANE / Photographs by TRINA CARY*



# I VIVIDLY REMEMBER MY FIRST BAD SUNBURN.

My mom had dropped me and a friend off at the pool for the afternoon with these parting words: “Remember to put on sunscreen.”

But we were only 11, and rather than slather ourselves in gloopy cream, we jumped straight into the pool and spent our time perfecting front flips from the diving board and drying off on lounge chairs. By the time dinner rolled around, our limbs, backs, chests and faces were glowing an angry scarlet.

Mom was horrified, of course, and tried to instil the value of sun protection that night as she rubbed aloe onto my tender skin, which was radiating with summer heat. In those days, though, few people practised what they preached (even my mom enjoyed some summer colour).

I grew up in the 1970s and '80s, when everyone worshipped the sun and a “healthy glow” was a sign of affluence—it signalled that you had time to spend at leisure. Back then, no one wore SPF 15 sunscreen, which was the highest number you could get. My dad, blessed with Lebanese heritage, could spend a day lying out and be transformed into a bronze Adonis by sunset.

Though I was prone to freckling and I lived at a high elevation, where the atmosphere is thinner and less able to filter out UV radiation, I believed that Dad’s half of my DNA should count for something. What I didn’t know then was that whether or not a person gets skin cancer comes down to a dance between

genetics and behaviour. So I continued seeking the sun: I tanned on vacation and lifeguarded as a summer job in high school. Later, I headed to university in San Diego, where I arranged my classes to fall before 11 a.m. and after 2 p.m. so they wouldn’t interfere with prime sunbathing hours.

“You know, Lisa, your skin is probably going to pay for all of this tanning when you’re older,” a friend presciently warned me when I arrived home for Christmas break resembling the Coppertone girl.

Given my early relationship with ultraviolet radiation, it’s little wonder that at age 52 I have a two-inch curving scar on my face from my latest skin cancer excision. Other parts of my body are pin-cushioned with scars from biopsies and surgeries that go back three decades to when I was first diagnosed with a basal cell carcinoma (BCC) on my neck. As I often tell my teenage daughter, I’m a PSA for why everyone should shun the sun.

This message is more important than ever as the worldwide incidence of skin cancer continues its 20-year rise, says Lynne Robertson, a clinical associate professor and dermatology residency program director at the University of Calgary’s Cumming School of Medicine.

“We are seeing it in younger people as well,” says Robertson, who diagnosed six of my basal cell cancers over a 15-year period when I lived in Calgary.

Robertson says the rise in skin cancer is due to a combination of factors. People are living longer and doctors are better at detecting it. Additionally, it can take time for people to modify their behaviour, so even though we’ve been told to wear sunscreen, cover up and stay inside during the heat of the day, many of us are still slow on the uptake.

One in three cancers diagnosed worldwide is skin cancer, and up to 90 percent of them are caused by ultraviolet radiation. A staggering 80,000 cases of skin cancer are diagnosed annually in Canada, which is more than the number of breast, prostate, lung and colon cancers combined, according to the Canadian Skin Cancer Foundation.

If there’s a silver lining in this, it’s that you can actually see the cancer growing on your skin, which is the body’s largest organ. If it’s detected and removed early, it’s highly treatable. In fact, basal cell cancers like mine are completely curable, says Robertson. But the trick with any kind of skin cancer is to know what to look for. (Spoiler alert: In my experience, it hasn’t been a mole gone rogue.)

I noticed my first basal cell cancer at the ripe old age of 20, when I felt a new bump on my neck; it was a tan,

## *Everyone’s skin is different, so how do you know if that weird-looking spot is suspicious?*

When assessing moles for melanoma, dermatologists use the ABCDE method, which includes a series of markers you can keep in mind when doing a skin check at home in front of a mirror.

There are some caveats: The ABCDE signs don’t apply to basal cell and squamous cell skin cancers, which are much more common than melanoma, says dermatologist Lynne Robertson. She also notes that the ABCDE method can be particularly overwhelming for those who have a lot of moles all over their bodies.

“A better rule of thumb, from my perspective, is anything that looks new and is different from the rest of the things on your body. That could be a mole, a brown thing or a pink thing, anything rapidly growing, anything that’s been bleeding or scabbing over, a sore that won’t heal,” she says.

If something looks off, show your family doctor, who can refer you to a dermatologist if necessary.

### THE ABCDES OF MELANOMA DETECTION

#### **A is for asymmetry**

Does one half of the mole look different from the other?

#### **B is for border**

Does the mole have an irregular or poorly defined border?

#### **C is for colour**

Look for varied hues including black, brown, tan, white and even red or blue.

#### **D is for diameter**

Look for moles larger than six millimetres across, which is about the diameter of a standard pencil.

#### **E is for evolution**

Has the mole changed in size, shape or colour over time?





pearlescent nodule that looked like a cross between a mole and a blister. This was unlike my other moles, which are dark, round and flat, so I felt compelled to have it looked at by a professional. A biopsy revealed it was a basal cell carcinoma.

These growths begin in the skin's outer layer and account for 90 percent of all skin cancers. Basal cell cancers typically show up where the sun shines, like on your face and neck. All of my skin cancers have been BCCs, and they've all looked different from each other.

One appeared almost overnight as a round, flesh-hued patch on my temple, another as a freckle-like growth on my chest. There was the sore on my forehead that bled and would never quite heal, and the café-au-lait-stained bump on my back.

After that first diagnosis, I got in the habit of checking my body regularly for anything new or weird. Dermatologists recommend getting to know your skin and giving it the once-over every few months, or more often if you're at a very high risk for skin cancer. (Risks include fair complexion, red hair, prone to freckling, a personal history of sunburns or skin cancer or a family history of skin cancer.)

My most recent skin cancer, an infiltrating BCC, started out like a sore or pimple and turned into a translucent nodule that stung when I washed my face, like a cut that hadn't healed. Because of its location between my nose and upper lip, I was sent to the Vancouver General Hospital Skin Care Centre for Mohs surgery, a procedure that excises thin layers of cancerous tissue.

This day surgery removes small sections of affected tissue, which are examined with a microscope on the spot to make sure the surgeon has achieved clean borders around the cancer. This process is repeated until all of the skin cancer has been removed. Then, a plastic surgeon reconstructs the area the same day.

Before he sewed me up, the surgeon showed me the nickel-sized gouge on my face, reminiscent of a zombie bite. Basal cell cancer doesn't metastasize, but it can infiltrate into deeper tissue, which mine had done. To close me up without making my mouth look like the Joker, he had to cut into the skin in my nasal fold, which is why the scar is so long. I still look like I was in a knife fight, but it's getting better and will eventually fade to a white or pink line easily covered by makeup.

Because the basal cell carcinomas I've had don't metastasize, I haven't needed radiation or chemo. (Most patients with basal cell and squamous cell skin cancers won't need it, either.) That's why, when I

fill out medical questionnaires that ask if I've had cancer, I always answer no—to me, my BCCs have seemed like “cancer lite.”

But my most recent surgery and the lingering scar have caused me to reframe my thinking: I used to say that these BCCs were merely a nuisance, but I don't see it that way anymore. While basal cell cancers are almost 100 percent curable, the fact that they—and their squamous cell cousins—can cause serious disfigurement should give everyone pause.

Since I've already had 10 BCCs, there's a high risk that I'll get more as I age. My

medical history also increases my risk of melanoma—a malignancy of the pigment-producing cells of the skin—by three-fold, says Alex Kuritzky, a practicing medical and cosmetic dermatologist with DERM Lab in Vancouver and a clinical instructor with the Department of Dermatology and Skin Science at UBC. Additionally, it increases my risk for other cancers, such as colon or blood cancer. (I do get routine colonoscopies, which helps with that particular anxiety.)

“Having six or more basal cell carcinomas may be a sign of having a

## Yes, people with darker skin can get skin cancer

Skin cancer may be associated with fair-skinned redheads who freckle and burn easily, but people with darker skin types aren't immune. In fact, Bob Marley passed away from acral lentiginous melanoma (ALM), an aggressive form of skin cancer, when he was just 36. (It showed up under a toenail and he initially brushed it off as a soccer injury.)

Though Marley is the most famous example of how skin cancer can strike anyone, it's true that it is much less common in those with darker skin, as melanin pigment offers some protection from UV exposure, says Sunil Kalia, national chair of the Sun Awareness Working Group at the Canadian Dermatology Association and an associate professor in the Department of Dermatology and Skin Science at the University of British Columbia.

“It's not zero, but [skin cancer] is a thousand-fold less common in darker skin types,” says Kalia. “The risk is different depending on a person's skin colour.”

In individuals with African or South Asian heritage, the incidence is about one case per one million per year, Kalia notes. The rate increases in those with East Asian, Hispanic and Indigenous heritage, but Kalia says it's difficult to know the exact incidence because there isn't enough data. “It doesn't get studied as well, and there's a lack of registries.”

Additionally, the ABCDE rule (see previous page) for detecting malignant melanoma—where moles are inspected for their asymmetry, border shape, colour, diameter and whether

they're evolving or changing—hasn't actually been verified for darker skin types, adds Kalia. “One of the problems is that the melanoma they develop may not meet the same criteria.”

And while dermatologists are trained to recognize skin cancer in all skin types, including darker skin, primary care physicians might lack that awareness. “There could be physicians who are thinking, ‘Okay, this individual probably doesn't have skin cancer because they are a darker skin type,’” says Kalia.

People with darker skin are also less likely to get regular skin checks. And when they do get skin cancer, it often shows up in places that don't get a lot of sun exposure, like in nail beds, on palms or on the soles of the feet—in fact, more than half of melanomas in dark skin types are ALMs like Marley's.

For these reasons, skin cancer is often detected later, and with worse outcomes. A diagnosis of advanced-stage melanoma (after the cancer has metastasized) is more common in Black and Hispanic patients than in white patients, and statistics from the Skin Cancer Foundation, a U.S.-based skin cancer awareness organization, show that the five-year melanoma survival rate in Black patients is 70 percent, compared with 94 percent in white patients.

“We need to have a better screening method for individuals with darker skin,” says Kalia, adding that it's important to do it in a way that doesn't cause undue anxiety in patients. “And we need more data on what the risk factors are.”

genetic propensity for certain cancers,” Kuritzky says.

I’ve also had a few actinic keratoses (pre-cancers) removed. If left unchecked, some of these spots can turn into a squamous cell carcinoma, which is a generally more aggressive type of skin cancer.

I do find myself worrying more about getting melanoma as time goes on, but rather than fret over what ifs, I try to make up for the skin sins of my youth by protecting my mature epidermis. After that first skin cancer in 1992, I stopped lying out and became fastidious about using a broad-spectrum sunscreen (one that blocks both UVA and UVB rays).

As an adult, I’m the woman at the garden party or tropical resort wearing a giant floppy hat, plus sunscreen and a sun shirt, while sitting under a palapa or umbrella for full shade. On summer days in Kelowna, where I live, I stay inside between 10 a.m. and 3 p.m. when the sun is strongest. I’ve also started tracking the UV Index (take care when it’s three or higher). These are all sun-safe practices recommended by dermatologists.

I also try to be a role model for my kids. When they were little, I was religious about sunscreen and swim shirts, so they’ve avoided bad burns and freckling. My teen daughter now dabbles in tanning outside at the pool—which drives me bonkers (um, hello!)—but I believe she knows better and will turn into a sun-smart adult. She also recently discovered self-tanner lotion, which is a safe way to bronze the skin. (Though anyone who uses it should still be wearing SPF 30 or higher as well, as self-tanners do not provide any sun protection.)

Tanning beds, on the other hand, are not safe. Studies have shown that the risk of developing skin cancer from tanning beds is higher than the risk of developing lung cancer from smoking.

Mostly, I hope I’ve taught my kids to be self-advocates when it comes to their health. With each of my cases of basal cell carcinoma, I was the one who brought the lesion to a doctor’s attention. In a couple of instances, the dermatologist didn’t think it was anything to worry about, so I sought a second opinion.

“I often tell patients that a skin check is only a moment in time,” says Kuritzky. “If something continues to change, a second visit to the same dermatologist, or a second opinion, is warranted.”

We know our own skin best, so it’s important to trust that gut feeling if something seems amiss. Since I can’t turn back the clock on all of the sun damage my skin has sustained, I can at least remain vigilant. **BH**

## *Five innovative ways doctors treat the world’s most common cancer*

### **1. AI MOLE MAPPING**

This screening method involves taking full-body photographs of a patient’s skin annually, then using computer software with AI-assisted monitoring to compare the images and zero in on moles. “This would be beneficial for patients with tons of abnormal-looking moles, so it’s hard to follow them clinically,” says Lynne Robertson, program director of the Dermatology Residency at the University of Calgary. Mole mapping is also useful for patients who have had multiple melanomas, those with familial melanoma or those who have mutations that increase melanoma risk. Because this AI is mostly used on fair-skinned patients who are at higher risk for skin cancer, there is not enough data for these tools to work well for patients of colour, says Sunil Kalia, national chair of the Sun Awareness Working Group at the Canadian Dermatology Association and an associate professor at UBC.

### **2. VITAMIN B3 (NIACINAMIDE)**

Doctors recommend that patients with numerous pre-cancers, or those with a history of basal cell or squamous cell cancers, take 500 mg of vitamin B3 twice a day. “It’s been shown to decrease the number of actinic keratoses [pre-cancers], basal cell cancers and squamous cell

cancers by between 13 and 23 percent after a year of use,” says Robertson.

### **3. TOPICAL CREAMS**

Pre-cancers can now be removed in a less invasive way, with prescription creams such as 5-fluorouracil, which is a topical chemotherapy, or imiquimod, which is a topical immunotherapy, applied over a few weeks. These creams are also used off-label for certain types of basal cell and squamous cell carcinomas, says Alex Kuritzky, a Vancouver dermatologist.

### **4. PHOTODYNAMIC THERAPY**

This office-based therapy can be an alternative to surgery for a select group of patients with some cancers. Light energy is combined with a photosensitizing drug to kill pre-cancers, some basal cell cancers and squamous cell carcinoma in situ (also known as Bowen’s disease).

### **5. IMMUNOTHERAPY AND CHECKPOINT INHIBITORS**

These therapies treat advanced melanoma by helping a patient’s immune system attack the cancer cells. The patient will either be given an orally ingested pill or an intravenous infusion. “We now try to find what type of mutation is in the melanoma,” says Robertson. “It’s becoming a very personalized medicine.”

# THE CARETAKER

For activist and grandmother Joyce Mah, pastimes like jogging, hiking and meditation bring her joy. But it's picking up litter, at home and when she travels, that really gets her moving.

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*Text by* Rebecca Philps  
*Photographs by* Alana Paterson

"We are all guests on this planet." That's the mantra that drives Joyce Mah, and it informs her unusual dedication to picking up garbage wherever she goes. It all began more than 30 years ago, when she and her husband were commuting from their home in Deep Cove, B.C., to downtown Vancouver and saw a plastic water bottle rolling along the side of the highway. "My husband said to me, 'You know, that bottle will be there for hundreds of years, and there's nothing we can do about it.' And that just stayed with me." Mah decided that she *would* do something about it, in her own small way, and picking up litter in public spaces became reflexive. Today, it's very much part of her daily movement regime.

There's lots to admire about the 67-year-old Mah, including her commitment to making the outdoors a cleaner place for her grandchildren. She's also

indefatigably curious about all the ways she can move her body and willing to, as she says, "try everything."

For much of her adult life, Mah enjoyed long-distance running. She and her husband started with shuffles around Stanley Park in Vancouver, and slowly graduated to 10K races, then half-marathons. Her husband's work took them to Dallas, and they became deeply involved with the running community, travelling for marathons all over North America. She practised yoga to stay limber and flexible. And she quietly picked up trash during her training runs.

In 2014, Mah's husband died of cancer. She returned to Vancouver to spend time with her sisters and grieve. She had developed arthritis in her knees while caring for husband, and at the time of his death, she couldn't walk up or down stairs without severe pain. Running was out of the question. But Mah missed being active, so

she focused on what she could do: short walks that became short hikes, and lots of work with a personal trainer.

As her body got stronger, she felt a new sense of urgency to tick off some "bucket list" trips. She worked with the goal of tackling some of the world's most famous mountain treks: In 2019, she trekked near Machu Picchu; in 2022, it was Everest Base Camp. Over the past five years she's been on yoga, pilates and meditation retreats in India, Nepal and Bhutan. ("I stopped overthinking whether I should go or not, and just started saying yes.") She leads clean-up expeditions along the way, grabbing trash as she goes, enlisting the help of hotel porters and trail guides, even once flying a bag of litter from Everest to Kathmandu for proper disposal. Mah is now an ambassador for an NGO called Let's Clean Up Nepal, but she never shirks the work in her own backyard.



## WHAT MOVES YOU



**GETTING GROUNDED** ▶ Mah starts each day by meditating and doing a gratitude practice. Last year, she did a 10-day Vipassana retreat in Pokhara, Nepal, and found the practice, which emphasizes observing your thoughts without judgement, to be very different from other forms of meditation she'd tried. "It's an incredible way to heal yourself."



**MORNING MOVEMENT** ▶ Mah streams classes from Movement by NM, a Vancouver-based online fitness platform established by mother-daughter duo Gabriela Schonbach and Amanda June Giannakos. Mah often returns to the gentle movement or high-energy boxing classes, depending on what her body needs.



**RUN THE COURSE** ▶ These days, Mah is able to go for a light morning jog, but it was a long process to get here. She worked for years with a physio to strengthen the muscles around her arthritic knee joints, and she wears a special knee brace designed to help rehabilitate professional skiers and snowboarders.

## WHAT MOVES YOU



**COLLECTION TIME** ▶ After her run, Mah heads down to the beach to collect garbage and clean catch basins. Her kit includes thick rubber gloves, barbecue tongs, sturdy trash bags and a catch-basin tool. She'll sometimes bring a needle disposable box, too. "I'm doing this for the next generation," she says. Plus, "I probably do 200 squats a day."



**FLIP THE SCRIPT** ▶ Yup, she can still do a cartwheel. Mah challenges herself to try difficult movements, whether it's push-ups, lifting weights or high kicks. The most important criteria, she says, is that it's something she enjoys. Listen to your body and focus on improving slowly and incrementally. Bonus: Her grandkids are suitably impressed.





**WINDING DOWN** ▶ Slow, easy stretches are an integral part of Mah's daily routine. When Mah was a competitive long-distance runner, she practised yoga for recovery. Recently, she's discovered Kundalini yoga, which incorporates chanting and breathwork into repetitive movements. "After practice, I feel a weight has lifted."



# Masooma Aftab

The founder of Kids Bolo on how learning a language enhances connection, cognition and mental health

BY ZEHRA KAMANI • Masooma Aftab and her husband, Hamid Rizvi, grew up speaking Urdu at home with their families. So, when they had kids, they wanted their second-generation Pakistani Canadian sons to learn the language, too. As their children grew up, however, the couple found it increasingly difficult to stick to speaking Urdu at home. The language gap between generations became even more apparent when their kids hesitated to speak Urdu with family and friends.

Looking for ways to bridge this gap, the couple asked relatives visiting Pakistan to bring home Urdu kids' books. But

these resources weren't always helpful—even Rizvi, a fluent Urdu speaker, struggled with reading because he hadn't formally learned the written script. The two knew that they needed to come up with their own solution. "We thought, 'What if we created Urdu books [for language learners] that had the English alphabet alongside the Urdu script?'" says Aftab. So, the couple started Kids Bolo, meaning "kids speak," to help preserve Urdu in second-generation children like their own. "It wasn't until we had kids that the realization hit—Urdu was going to fade away if something did not change," Aftab says.

The couple self-published a set of vocabulary books and classic children's stories in Urdu with English text. Their first run of books sold out in a week. Within a year, Kids Bolo expanded to include the Urdu reading pen, an electronic tool that allows readers to touch words and pictures in the accompanying books and receive auditory feedback, like words spoken in Urdu, sound effects and music.

Learning a new language, no matter your age, is beneficial for your cognitive health. Being able to understand and convey ideas in different languages requires the brain to recognize concepts and switch between languages, engaging a set of cognitive skills called executive functions. These include attention, working memory, switching and inhibition. Research from York University in Toronto has shown that many executive functions are stronger in bilinguals than monolinguals, which has positive impacts on academic performance.

In older adults, research found that lifelong bilingualism can protect against cognitive decline and even delay the onset of dementia symptoms by years. Speaking in different languages naturally strengthens the connections between different areas of the brain, contributing to a larger "cognitive reserve" and resilience in the face of disease as we age. In this way, language learning is on par with other activities that boost brain power over time, like physical activity, social engagement and mentally stimulating games and puzzles.

As well, research out of the University of Chicago suggests that bilingualism can help us adopt the perspective of others, leading to more empathy. And as a consequence of being able to connect with diverse groups of people, learning a new language can also improve mental health by fostering a feeling of closeness with others. "Now, our kids go to their grandparents' houses, or to family friends' houses, and they're excited to say, 'I also know how to say this in Urdu!'" Aftab says. "That sense of inclusion directly impacts their self-esteem. Before they felt they didn't belong in the conversation. Now they have the confidence to include themselves."

It's those cultural connections that Aftab and Rizvi were craving for their children when they created Kids Bolo. The brain and mental health benefits are the cherry on top. "We're bringing Urdu back to the second generation," says Aftab. **BH**

# Your Gums and You

Do you know the risk factors for gum disease? It's time to educate yourself!



**Y**ou try to exercise, eat right and manage your stress levels, but did you know that your gums need care, too? Proper gum maintenance is self-care that has major rewards—and it takes only a few minutes each day.

## Gum health: It's about more than your gums

Your dentist doesn't encourage you to consistently brush and floss just for kicks! Left untreated, minor gum inflammation and bleeding could lead to a more serious condition called periodontal disease, which can lead to tooth loss.

According to a new survey commissioned by Colgate-Palmolive, more than half of people who have these symptoms ignore the issue! Don't be one of them. Gum care is an important part of a healthy mouth, and consistent brushing with a specialized toothpaste and toothbrush helps to fight the bacteria that can cause early gum disease.

## Why some people are at extra risk for gum issues

Did you know there are a number of factors that can contribute to early gum disease? These can include stress, aging, pregnancy, diabetes and smoking. These can put you at higher risk of early gum disease, and it's even smarter to make good oral care a regular part of your self-care routine.

## Signs and symptoms to keep an eye on

According to the Canadian Dental Association, more than 70 per cent of Canadians will experience gum issues at some point in their lives. It's common, but it's also preventable and reversible if caught early! Some signs to watch out for include red, swollen or bleeding gums, tenderness, pain when chewing, sensitive teeth and bad breath.

## Gum care is self-care

Brushing your teeth is an easy self-care step. And if you're experiencing the early signs of gum disease, then it may be time to consider using a specialized toothpaste and toothbrush like Colgate PerioGard<sup>SF</sup> Gum Care. The specialized formula significantly reduces gum bleeding and inflammation, and provides long-lasting gum protection with continued use. It can be used with the new Colgate® PerioGard Gum Protection Ultra Soft Toothbrush, specifically designed to gently remove plaque and bacteria. If you are looking for healthier gums, try this toothpaste clinically proven for healthier gums.

*To learn more about the risk factors, causes and consequences of gum health issues, take Colgate® PerioGard's new Gum Health Quiz at [colgate.com/en-ca/gum-health-test#start-quiz](https://colgate.com/en-ca/gum-health-test#start-quiz)*



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