





of specific proteins and early life nutrition.<sup>(2)</sup> Food – our body and mind's nourishment – is an important piece of the complex puzzle when treating depression. In this article, we focus on the three main dietary factors that early research indicates may be linked to the management of depression symptoms.

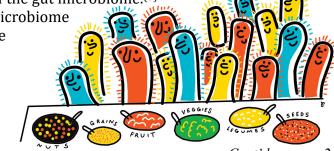
# **Gut microbiome**

The study of gut microbiota affecting mental health is a relatively new research topic that is gaining popularity. A literature review shows that patients diagnosed with mental health conditions, including

depression, have consistently demonstrated an imbalance of the gut microbiome. (3) There is emerging research illustrating that balancing gut microbiome

composition through proper nutrition and probiotics may be

associated with the reduction of anxiety and depression symptoms. Notably, a Mediterranean-style diet that is rich in plant foods shows the most benefits to the gut microbiome, as well as depression symptoms. (4,5) A Mediterranean diet

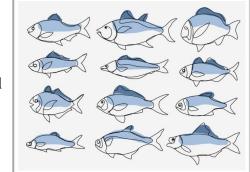


Cont'd from page 1 (The Role of Food in Depression)

includes a variety of fiber-rich foods (fruits, vegetables, legumes, wholegrains, nuts and seeds) that enhance the gut microbiome. The diet is also low in foods that decrease gut bacteria quantity and diversity such as red meats and processed foods. Fermented foods (keffir, sauerkraut, yogurt and miso) can also positively impact the gut microbiome and should be included in a balanced diet.

# Dietary fats

Fatty acids are the organic compounds that are most abundantly present in the brain. For this reason, our brain and mental functions are critically dependent on adequate intake of fats, specifically omega-3 and omega-6 fatty acids. Dietary deficiencies of omega-3 fatty acids in the brain are associated with an increased risk of developing various psychiatric disorders, including depression. (6) It is believed that omega-3 fatty acids act as a protection due to their anti-inflammatory processes in the body and brain. Considering the role of dietary fats on



mental function and their potential protective role in mental health, it is recommended to consume foods high in omega-3 fats, such as canned sardines, canned tuna, salmon, walnuts and ground flax seeds.



# Diet pattern

A diet made up of a variety of different nutritious foods has been shown to have the most beneficial effect on both physical and mental health. (7) Early research suggests that an overall healthy diet pattern (high intakes of fruit, vegetables, whole grains, poultry, fish and reduced-fat dairy products) may be protective for mental health. (7,8) The increasing cost of food is an undeniable barrier to accessing healthy foods and creating a balanced diet for many people. Consider comparing prices across local grocery stores, checking sale flyers and price matching, meal planning to avoid waste or speaking with the TCFHT dietitian about budget-friendly food options and alternatives.

Mental illness is multifactorial, with diet being just one factor to consider. Our understanding of the biology of depression continues to grow, especially as it relates to food and mood, and this relationship may be one more way to influence well-being.

# References

- 1. <a href="https://www.dietitians.ca/DietitiansOfCanada/media/">https://www.dietitians.ca/DietitiansOfCanada/media/</a>
  Documents/Resources/Nutrition-and-Mental-Health-1.pdf?
  ext=.pdf
- 2. https://www.nature.com/articles/s41380-020-00925-x
- 3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7510518/
- 4. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7359750/
- 5. https://pubmed.ncbi.nlm.nih.gov/19805699/
- 6. https://www.sciencedirect.com/science/article/pii/ S241464472030004X#:~:text=In%20 humans%2C%20 dietary%20deficiencies%20of,
  - $\underline{\%2Fhyperactivity\%20 disorder\%2C\%20 and\%20 autism.}$
- 7. https://www.sciencedirect.com/science/article/pii/ S0924977X19317237?via%3Dihub
- 8. https://academic.oup.com/ajcn/article/99/1/181/45772920



# Mental Health Corner Let Light In

By: Anseh Dibaji, Lead Social Worker

Daily exposure to direct natural sunlight plays a significant role in well-being. As diurnal creatures, humans are meant to be exposed to bright, natural light during the day and dwell in darkness at night. Let's examine why light viewing behaviours matter, especially heading into a season with fewer daylight hours.

Direct natural sunlight exposure in the morning is the most powerful regulator of the circadian clock. When direct natural sunlight energy (photons) enters the eye, a specialized set of neurons

in the retina called intrinsically photosensitive retinal ganglion cells (ipRGCs) carry the light information to an area of the brain called the suprachiasmatic nucleus (SCN), known as the circadian clock. The light information synchronizes and sets the circadian clock, or as it is referred to, the master circadian pacemaker. Various mental and physical systems in the body follow circadian rhythms at the cellular level and they are all synchronized with the master circadian pacemaker. One of the most obvious and important examples of a circadian rhythm is the sleep-wake cycle.

**Direct natural sunlight exposure influences multiple regions of the brain and body.** Cognitive functioning, mood, metabolism and immune functioning are just a few examples of systems directly impacted by light exposure. Hormones and neurotransmitters are impacted too:

 Cortisol, a stress hormone, is supposed to be higher in the morning (which helps to increase wakefulness) and low at night. Viewing direct natural light in the morning increases cortisol and helps set its natural rhythm during the day.

- Serotonin is a neurotransmitter that regulates mood and exposure to direct morning light can naturally boost serotonin levels. Low serotonin levels are connected to depression.
- Melatonin, referred to as the "sleep hormone", is supposed to be low in the morning and high at night. Melatonin is also a powerful antioxidant and impacts the immune system. The body converts serotonin into melatonin. Light exposure suppresses melatonin and one of the best ways of promoting evening melatonin production is by viewing direct natural sunlight in the morning (and not viewing bright light at night).

Timing, intensity and duration of light exposure matter. Chronically viewing bright light (i.e. TV or computer screen) at the wrong time (in the evening) has harmful health impacts. In 2007, the WHO labelled shift work a probable carcinogen and in 2019, clarified that it is long-term night shift work specifically that is an issue. In 2016, the American Medical Association published a statement against blue-light rich LEDs used as street lights due to their potential harm. So, when and how should people be viewing light?

- Daily, go outdoors in the morning, without sunglasses (do not look at the sun).
- The more intense the morning light, the shorter the exposure time needed (5 to 15 minutes on sunny days, 30 to 40 minutes on cloudy days).



- During the day, get outside for more direct light exposure opportunities.
- After sunset, keep the indoor lighting and technology/screen lights dimmed and low.
- Keep the sleep environment dark.

Hopefully this has been illuminating (pun intended)!

Cont'd from page 3 (Let Light In)

### **References:**

- 1. American Medical Association. (2016, June 14). AMA adopts guidance to reduce harm from high intensity street lights (Press release). https://www.ama-assn.org/press-center/press-releases/ama-adopts-guidance-reduce-harm-high-intensity-street-lights
- 2. Fernandez, D.C., Fogerson, P.M., Ospri, L.L, Thomsen, M.B., Layne, R.M., Severin, D., Zhan, J., Singer, J.H., Kirkwood, A., Zhao, H., Berson, D.M., & Hattar, S. (2018). Light Affects Mood and Learning through Distinct Retina-Brain Pathways. Cell, 175(1), 71-84. https://doi.org/10.1016/j.cell.2018.08.004
- 3. IARC Monographs Vol 124 group. (2019). Carcinogenicity of night shift work. *Lancet Oncol*, 20, 1058-1059. <a href="https://doi.org/10.1016/51470-2045(19)30455-3">https://doi.org/10.1016/51470-2045(19)30455-3</a>
- 4. Kent, S.T., McClure, L.A., Crosson, W.L., Arnett, D.K., Wadley, V.G. & Sathiakumar, N. (2009). Effects of sunlight exposure on cognitive function among depressed and non-depressed participants: a REGARDS cross sectional study. *Environ Health*, 8(34). https://doi.org/10.1186/1476-069X-8-34
- 5. LeGates, T.A., Fernandez, D.C. & Hattar, S. (2014). Light as a central modulator of circadian rhythms, sleep and affect. *Nat Rev Neurosci*, 15, 443-353. <a href="https://doi.org/10.1038/nrn3743">https://doi.org/10.1038/nrn3743</a>
- 6. Rupp, A.C., Ren, M., Altimus, C., Fernandez, D., Richardson, M., Turek, F., Hattar, S., & Schmidt, T.M. (2019). Distinct ipRGC subpopulations mediate light's acute and circadian effects on body temperature and sleep. *eLife*, <a href="https://doi.org/10.7554/eLife.44358">https://doi.org/10.7554/eLife.44358</a>
- 7. Sabbah, S., Worden, M.S., Laniado, D.D., Berson, D.M., Sanes, J.N (2022). Luxotonic signals in human prefrontal cortex as a possible substrate for effects of light on mood and cognition. *PNAS*, 119(28). https://doi.org/10.1073/pnas.2118192119
- 8. Storthard, E.R., McHill, A.W., Depner, C.M., Birks, Br.R., Moehlman, T.M., Ritchie, H.K., Guzzetti, J.R., Chinoy, E.D., LeBourgeois, M.K., Axelsson, J. & Wright Jr, K.P. (2017). Circadian entrainment to the natural light dark cycle across seasons and the weekend. *Curr Biol.*, 27(4), 508-513. <a href="https://doi.org/10.1016/j.cub.2016.12.041">https://doi.org/10.1016/j.cub.2016.12.041</a>

# WHAT'S HAPPENING AT TADDLE CREEK

By: Sherry Kennedy, Executive Director

This column lets you know about Taddle Creek Family Health Team (TC FHT) events, program updates and announcements.

# **Patient Care Survey**

The 2022-2023 TC FHT *Patient Care Survey* will be emailed during the month of November to patients with an email address recorded in our electronic health record. Please keep an eye out for it and watch that it does not go to the trash folder. Your comments provide insight into how TC FHT can better serve you and improve your patient experience. Please take time to complete this survey.

### **Strategic Planning**

In May 2022, TC FHT began the strategic planning process to identify strategic priorities and supporting strategies. The objective was to develop a three-year plan that is informed by an analysis of internal and external factors affecting the FHT. The process included a staff e-survey, focus groups with staff, a focus group with the Patient and Family Advisory Committee and telephone interviews with key external stakeholders. An environmental scan looked at how external factors (political, economic, social and technological) may be affecting the FHT's ability to achieve its mission. The report will be available on the TC FHT website soon.

### **COVID-19 – Resources**

Please visit the TC FHT <u>website</u> homepage for a memo about the spike in respiratory illness, especially in children, as well as links to COVID-19 key messages and fact sheets on booster doses and vaccines for children and youth. The Department of Family and Community Medicine at the University of Toronto created a resource on their website called <u>"Confused about COVID? Family doctors answer your questions"</u>. This page offers trustworthy advice about COVID-19 and how to protect your health as well as helps people makes sense of current COVID-19 recommendations and realities.



https://dfcm.utoronto.ca/confused-about-covid

# Cybersecurity

TC FHT has partnered with Curricula (TC FHT's cybersecurity insurer's training partner for cybersecurity) to provide staff with cybersecurity education this Fall.

Cont'd from page 4 (What's Happening at TC)

Why is it important to prioritize cybersecurity training? In July 2021, Sherry Kennedy, *TC FHT Executive Director* attended a Cybersecurity 101 webinar for healthcare clinics hosted by <u>SecureSolutionNow</u> and was reminded of the all too real threat of a cybersecurity attack on the FHT. In 2019, healthcare had suffered 2 to 3 times more attacks than any other industry and 41 million patient records were breached. One of the best defences against a cybersecurity attack is staff cybersecurity training. In addition to cybersecurity training, TC FHT will also be working with Ontario Health to refresh the team's privacy and security of personal health information knowledge this Fall.

### **Flu Shot Info**

### Who?

• Anyone 6 months of age or older

# What?

- A vaccine to help protect against influenza virus that contains three to four strains of inactivated influenza virus recommended for North America by the World Health Organization
- A high-dose version of the flu vaccine is recommended for all adults age 65 years or older as it is more effective

# Where?

- For those 6 months to 2 years of age: at your primary care provider's office
- For those older than 2 years of age: at your primary care provider's office, a pharmacy or a mass vaccination site. For more information, visit <a href="https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/immunization/flu-influenza/">https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/immunization/flu-influenza/</a>

# When?

As soon as possible! It takes the body approximately two weeks to build immunity after the flu shot

### Why?

- It decreases the number of office visits, hospital admissions and deaths
- It helps lower the chances of spreading influenza to others, especially children and adults with weakened immune systems
- If someone who is vaccinated gets influenza, it is usually milder and does not last as long

# How?

• Visit a local pharmacy (if 2 years of age or older), a mass vaccination site or contact your primary care provider's office

### References

https://myhealth.alberta.ca/alberta/Pages/influenza-immunization-faqs.aspx https://www.canada.ca/en/public-health/services/diseases/flu-influenza/get-your-flu-shot.html#a1

### **Personnel Announcements**

Drs. Maria del Junco, Beverley Jackson and Mary Machamer have retired from practice at the Bloor Site. These three physicians dedicated their careers to family medicine and we wish them all the best in their retirement. Replacing Drs. del Junco and Jackson are Drs. Lauren Katz, Jessica Siu and Kate Reeve. Replacing Dr. Machamer is Dr. Elysha Mawji.

Victoria Charko, Registered Nurse (RN) for Bay-Suite 522, has returned from maternity leave. Welcome back! A special thank you to Sharon Nwamadi, RN, for completing Victoria's maternity leave contract.

Yadvi Sharma has been hired as the Diabetes Education Program Administrative Assistant at Bay-Suite 508. Yadvi comes to TC FHT with a business diploma from Centennial College and experience as a patient care coordinator and in customer service. Welcome aboard!

# Taddle Creek DIABETES DIGEST

# **COVID-19 and Blood Sugars**

By: Monica Nguyen, Dietetic Intern

It has been almost three years since the start of the COVID-19 pandemic and new evidence continues to emerge and shed light on the impact of COVID-19 on health, blood sugars and diabetes.

**If I have diabetes, am I more at risk of developing COVID-19?** The evidence shows that adults with Type 1 or Type 2 diabetes are not

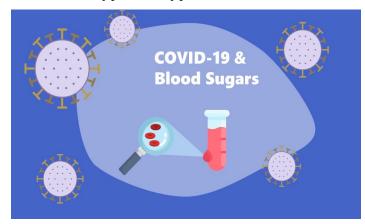
more likely to contract COVID-19 than individuals without diabetes. However, they are at a greater risk of developing serious symptoms and complications like pneumonia and requiring hospitalization.<sup>(1)</sup>

# How can a COVID-19 infection impact my blood sugar levels?

Like any other infection, COVID-19 can cause hyperglycemia (high blood sugar) in individuals with or without a diagnosis of diabetes. Hormones involved in the management of blood sugars can become temporarily impaired, and as a stress response, the liver can overproduce sugar in the body and raise blood sugar levels.<sup>(2)</sup> In addition, patients who have been hospitalized with severe COVID-19 undergo continuous stress and are on medications, like dexamethasone, which can also cause hyperglycemia.<sup>(3)</sup> Nonetheless, these effects are temporary and blood sugars generally return to normal when a person recovers from the infection and/or is taken off the medication.<sup>(3)</sup>

# What should I do if I have Type 1 or Type 2 diabetes and a COVID-19 infection?

Individuals who have contracted COVID-19 and have a pre-existing diagnosis of diabetes may experience changes in their blood sugar levels and are advised to frequently monitor them for hyperglycemia or hypoglycemia (low blood sugar), especially if they are on insulin. Unstable blood sugars can result in complications during the infection. They should also remember to drink plenty of fluids with minimal sugar to avoid dehydration. If someone with diabetes has contracted COVID-19 and is dehydrated, eating less than normal and experiencing vomiting, diarrhea or fever for more than 24 hours, they should speak to their primary care provider about treatment options and sick day management, as



some medications may need to be temporarily stopped.

# Can COVID-19 cause diabetes?

The relationship between diabetes and COVID-19 is complex. Most research only looks at the first 30 days of infection. The latest research suggests that individuals who recovered from COVID-19 may be more vulnerable to developing diabetes in the future. (4) However, this cannot be solely attributed to COVID-19, as the risk of diabetes can also be impacted by age, the severity of COVID-19 infection and the presence of heart disease. (4) The pandemic has also driven many social and economic changes such as decreased physical activity, increased stressors, financial strains and disrupted health care services, which can compromise health and wellbeing and increase vulnerability to health issues. (5) There is currently no strong evidence directly linking an increase in diabetes risk with a COVID-19 infection and further research is needed to determine its longterm effects.

The safest way to protect oneself is to get a COVID-19 vaccine or booster when it is accessible

Cont'd from page 6 (Diabetes Digest)

and to continue to follow public health measures. For more information, speak to your health care team and visit Diabetes Canada's FAQ page.

# References

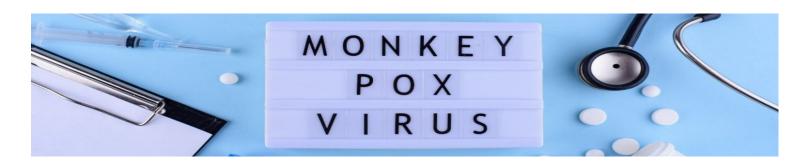
1.Caballero, A. E., Ceriello, A., Misra, A., Aschner, P., McDonnell, M. E., Hassanein, M., Ji, L., Mbanya, J. C., & Fonseca, V. A. (2020). COVID-19 in people living with diabetes: An international consensus. Journal of diabetes and its complications, 34(9), 107671. https://doi.org/ 10.1016/j.jdiacomp.2020.107671

2. Ceriello, A., De Nigris, V., & Prattichizzo, F. (2020). Why is hyperglycaemia worsening COVID-19 and its prognosis? Diabetes, obesity & metabolism, 22(10), 1951-1952. https://doi.org/10.1111/dom.14098

3. Joint British Diabetes Societies for Inpatient Care (May 2021). Management of Hyperglycemia and Steroid (Glucocorticoid)Therapy.https://abcd.care/sites/abcd.care/files/site\_uploads/IBDS\_Guidelines\_Current/ JBDS 08 Steroids DM Guideline FINAL 28052021.pdf

4.Xie, Y., & Al-Aly, Z. (2022). Risks and burdens of incident diabetes in long COVID: a cohort study. The lancet. Diabetes & endocrinology, 10(5), 311-321. https://doi.org/10.1016/S2213-8587(22)00044-4

5. World Health Organization (2020, June 1). COVID-19 significantly impacts health services for noncommunicable diseases. https:// www.who.int/news/item/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases.



# What to Know About Monkeypox

By Jessica Lam, Pharmacist, and Shawn Goodman, Pharmacist

Monkeypox is a virus that causes fever, headache. swollen lymph nodes and tiredness, followed by skin rashes and blisters. Anyone can get monkeypox. However, during the current outbreak, those who are gay, bisexual and men who have sex with men have been impacted the most. As of October 2022, there are 684 confirmed cases of monkeypox in Ontario.

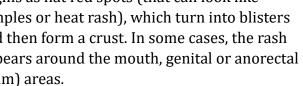
# **Symptoms**

Symptoms usually start within 6 to 13 days after being exposed, but can start anywhere from 5 to 21 days after exposure. Symptoms include:

- Fever
- Headache
- Muscle aches
- Backache



- Swollen lymph nodes
- Chills
- Feeling extremely tired
- Cough or sore throat (sometimes)
- Runny nose
- Rash with blisters that can appear 1 to 3 days after fever, but in some cases, can appear before fever or other symptoms. The rash usually begins as flat red spots (that can look like pimples or heat rash), which turn into blisters and then form a crust. In some cases, the rash appears around the mouth, genital or anorectal (bum) areas.



Cont'd from page 7 (Monkeypox)

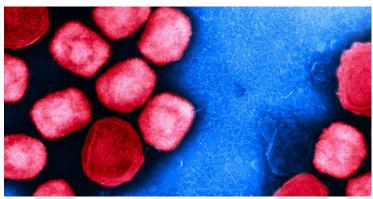
A diagnosis can be made by a healthcare provider based on symptoms and laboratory testing.

### **Transmission**

Monkeypox typically spreads from a person with the virus to others through:

- Prolonged close contact with respiratory droplets from breathing, talking, coughing or sneezing;
- Skin-to-skin contact with lesions, blisters or rashes;
- Contact with objects, fabrics and surfaces used by someone who has the virus.

Someone with monkeypox can usually pass on the virus when they develop a skin rash or blisters, but it may also spread when they have early symptoms including fever and headache.



### Prevention

There are ways to reduce risk of exposure, such as:

- Limit the number of people with whom one has close skin-to-skin contact.
- Avoid touching blisters or rashes on another person.
- Talk to sexual partners about sexual health and use barriers such as gloves and condoms.
- Avoid sharing objects that come into contact with another person's body fluids such as toothbrushes and sex toys.
- Wear a mask in indoor public spaces, when possible.

- Clean and disinfect frequently-touched surfaces and fabrics (such as clothing and bedding). Standard household cleaners/disinfectants can be used to kill the virus on surfaces.
- Avoid touching bedding and laundry that has been in contact with someone who has monkeypox.
- Regularly wash hands with soap and water, or use an alcohol-based hand sanitizer. Get vaccinated, if eligible. The monkeypox vaccine in Canada can be used for both prevention or post-exposure prophylaxis, but not for treatment. For more information about vaccination, speak with your healthcare provider.

Most people do not require treatment and recover on their own within 2 to 4 weeks. However, some people can get seriously ill. People who think they have monkeypox should isolate immediately and contact their healthcare provider. They can get tested at a healthcare provider's office, local walk-in clinic or sexual health clinic. It is important to call in advance to make sure that monkeypox testing is available. Do not go to an emergency department for testing unless there is a need for emergency care.

People who have been in contact with a person who has monkeypox should monitor themselves for symptoms for 21 days. If no symptoms appear, they can continue with normal activities. If symptoms develop, it is important to isolate and contact their healthcare provider.

Please see Toronto Public Health: Monkeypox for additional information on Monkeypox Vaccine & eligibility criteria at:

https://www.toronto.ca/community-people/
health-wellness-care/health-programs-advice/
monkeypox/

# References

https://www.publichealthontario.ca/-/media/ Documents/M/2022/monkeypox-episummary.pdf? sc\_lang=en

# Taddler Tips

A list of helpful resources about:

# **Long COVID**

General Information about Long COVID <a href="https://cornerstonephysio.com/resources/long-covid/">https://cornerstonephysio.com/resources/long-covid/</a>

Coping with Long COVID Symptoms

- 1) Pacing and Fatigue <a href="https://youtu.be/j8McWrSUVAU">https://youtu.be/j8McWrSUVAU</a>
- 2) Breathing <a href="https://youtu.be/5ux5rwDQT8U">https://youtu.be/5ux5rwDQT8U</a>
- 3) Sleep <a href="https://youtu.be/7K9BAO\_dlgs">https://youtu.be/7K9BAO\_dlgs</a>



# **Attention Asthma Patients!**

Taddle Creek Family Health Team (TC FHT) has teamed up with eAMS (electronic Asthma Management System). If you have asthma, prior to your next appointment with your physician/nurse practitioner, you will receive an appointment reminder via email requesting you register with eAMS. Registering with eAMS can increase the efficiency and productivity of your asthma appointment (you can also register on your own anytime). Once you register, and complete a simple asthma questionnaire, information from your questionnaire is securely sent to your MD/NP with tailored recommendations to improve your asthma management. These recommendations are in line with the latest asthma research and guidelines. By registering you will also be able to view your personalized selfmanagement asthma action plan and benefit from asthma educational material.







# IF YOU HAVE ASTHMA PLEASE CONSIDER REGISTERING TODAY.

IF YOU NEED SUPPORT REGISTERING
CALL 416-260-1315
AND REQUEST THE eAMS

REGISTRATION GUIDE - HTTPS://WWW.EASTHMA.CA/PATIENTS.HTML

# THE TADDLER

A publication of
Taddle Creek Family Health Team
790 Bay Street, Suite 306
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# DISCLAIMER

The information presented in The Taddler is for educational purposes only and should not be used as a substitute for the professional advice, treatment or diagnosis from your health care provider. Contact your physician, nurse practitioner or other qualified health care professional if you have any questions or concerns about your health.

# The purpose of the TC FHT Newsletter, "The Taddler" is to provide:

Education on varied health-related topics
Regular communication about what is happening at TC FHT
Information on issues that impact TC FHT and its patients
A means for patients to get acquainted with TC FHT team members
We hope you enjoy reading it!

\*The Taddler is not for private marketing purposes



# Taddle Creek Family Health Team November 1, 2022 - March 1, 2023 Groups/Workshops/Drop-In Offerings

Groups/Clinics are open to Taddle Creek Family Health Team patients
Additional information is available on the Programs and Services drop down menu,
see website: <a href="https://taddlecreekfht.ca/">https://taddlecreekfht.ca/</a>
Dates are subject to change

Event	Date(s)	Time	Learn About/Assistance With
Mindful Nutrition Group Virtual  Call 416-260-1315 to register for the group	Starts Feb 8, 2023 7 Sessions to complete	Wednesdays 5:30 - 7:00 pm	<ul> <li>Increase in mindful eating practices</li> <li>Healthier relationship with food and your body</li> <li>Adoption of intuitive eating principles</li> <li>Decrease in emotional eating episodes</li> </ul>
Blood Sugar Management Workshop Virtual Call 416-204-1256	Nov 17 2022 (Part 1) Nov 24, 2022 (Part 2)  Dec 7, 2022 (Part 1) Dec 14, 2022 (Part 2)  Dec 15, 2022 (Part 1) Dec 22, 2022 (Part 2)  Jan 4, 2023 (Part 2)  Jan 19, 2023 (Part 1) Jan 26, 2023 (Part 1) Jan 26, 2023 (Part 2)  Feb 1, 2023 (Part 2)  Feb 16, 2023 (Part 1) Feb 8, 2023 (Part 2)	Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm Wednesdays 9:00 - 11:00 am 9:00 - 11:00 am Thursdays 5:00 - 7:00 pm 5:00 - 7:00 pm Wednesdays 9:00 - 11:00 am Thursdays 5:00 - 7:00 pm Wednesdays 9:00 - 11:00 am Thursdays 5:00 - 7:00 pm Thursdays 5:00 - 7:00 pm Thursdays 5:00 - 7:00 pm Thursdays 9:00 - 11:00 am 9:00 - 11:00 am	An introductory two-part series designed to help individuals living with prediabetes or diabetes. Workshops will be held over Zoom.  Part 1: Getting Started