

Taddle Creek

Family Health Team

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vaccination is particularly important for:

- Adults 65 years and older
- Pregnant individuals
- Indigenous Peoples
- Individuals with chronic health conditions, including heart or lung diseases, diabetes, immunocompromising conditions, kidney disease, or anemia.

Seasonal influenza vaccines are now available at community pharmacies and your primary care provider's office. Influenza vaccinations are also recommended for those who may transmit the flu to high-risk individuals, including household members as well as caregivers in health and childcare settings. Please consult with your primary care provider (PCP) or pharmacist regarding which type of available influenza vaccine is recommended for you.



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Cont'd from page 1 (Fall 2024 Vaccine Updates)

COVID-19 vaccine

Updated Pfizer Comirnaty and Moderna Spikevax vaccines targeting the KP.2 and JN1 strains respectively, have been approved by Health Canada and are currently available from participating community pharmacies or vaccination clinics. Taddle Creek FHT will not be offering COVID-19 vaccination.

Who should be vaccinated?

Beginning in Fall 2024, COVID-19 vaccination, using the most recently updated vaccine, is recommended for both previously vaccinated and unvaccinated individuals at increased risk of COVID-19 infection or severe COVID-19 disease as follows:

- All adults 65 years of age or older
- Those 6 months of age and older who are:
 - Residents of long-term care homes and other congregate living settings
 - Individuals with underlying medical conditions that place them at higher risk of severe COVID-19, including children with complex health needs
- Individuals who are pregnant
- Individuals in or from First Nations, Métis and Inuit communities
- Members of racialized and other equity-deserving communities
- People who provide essential community services

All other individuals aged 6 months of age and older who are not at increased risk may also receive the most recently updated vaccine.

Which vaccine should I get?

For those 6 months to 11 years of age, Moderna Spikevax is recommended for both the primary series (not previously vaccinated) and for those who have been previously vaccinated. The primary series may consist of one more more doses depending on age and whether an individual is immunocompromised. Only one dose is required once the primary series has been completed.

For those aged 12 years or older, either Pfizer Comirnaty or Moderna Spikevax COVID-19 vaccines can be used for the primary series as well as subsequent doses provided there are no contraindications.

How long should I wait since my last dose or last COVID-19 infection?

For previously vaccinated individuals, the recommended interval is 6 months from the last dose, with a minimum interval of 3 months. This ensures that those who received a Spring 2024 dose, especially those at high risk, will be eligible for an updated Fall 2024 dose. Individuals who have previously completed their primary series can get an updated COVID-19 vaccine dose 6 months after their last COVID-19 infection.

Can I get other vaccines at the same time?

COVID-19 vaccines may be administered concurrently (i.e., on the same day), or at any time before or after non-COVID-19 vaccines, including live and non-live vaccines.

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Cont'd from page 2 (Fall 2024 Vaccine Updates)

RSV vaccines and immunizing agents

RSV is a major cause of lower respiratory tract illness, particularly in infants, young children and older adults, typically occurring in outbreaks from Fall to early Spring.

Who should be vaccinated?

- Infants: RSV immunization is recommended for infants entering or born during their 1st RSV season and for those at ongoing increased risk during their 2nd RSV season.
- Pregnant individuals: Vaccination may be considered to prevent RSV disease in infants.
- Older adults 50+:
 - RSV immunization is *recommended* for those 75 years of age and older, particularly if they are at increased risk of severe disease
 - It is also *recommended* for adults 60 years of age and older who are residents of nursing homes and other chronic care facilities.
 - It <u>may be considered</u> for other adults aged 60 to 74 years in consultation with your health care provider.
 - <u>Additional doses</u>: There is currently no recommendation regarding this. If an individual received a dose of RSV vaccine during the 2023-2024 season, they do not need to receive another dose this season.

Available vaccines & immunizing agents:

- Infants:
 - Nirsevimab (Beyfortus): Preferred; can be administered at your PCP's office
 - **Palivizumab (Synagis):** Alternative; generally offered in hospital settings and requires referral
- Pregnant individuals: Abrysvo vaccine to protect infant through passive transfer of maternal antibodies
- Older adults 50+:
 - **Arexvy** vaccine: approved for ages 50-59 years at increased risk of RSV disease as well as ages 60 years and up (publicly funded supply not currently available but is available for purchase)
 - Abrysvo vaccine (approved by Health Canada for pregnant individuals and older adults aged 60+)
 - The following older adults are eligible for available publicly funded RSV vaccine (Abrysvo only):
 - Residents of Long-term care homes, Indigenous long-term care homes (Elder Care Lodges), or retirement homes
 - Patients in hospital receiving alternate level of care (including similar settings, such as complex continuing care, hospital transitional programs)
 - Patients receiving hemodialysis or peritoneal dialysis
 - Recipients of solid organ or hematopoietic stem cell transplants
 - Individuals experiencing homelessness
 - Individuals who are First Nations, Inuit, or Metis
 - mResvia is Moderna's mRNA based RSV vaccine for adults 60+. It has been approved by Health Canada and is expected to be available in early 2025

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Fall 2024



Other Notable Vaccine Updates

Pneumococcal Vaccines

The bacterium Streptococcus pneumoniae causes invasive pneumococcal disease (IPD) and is a common cause of respiratory infections, including community-acquired pneumonia (CAP) and acute otitis media (AOM).

- Older Adults: Prevnar-20 is now publicly funded for individuals 65 years of age and older, replacing Pneumovax-23.
 - Those <u>previously vaccinated</u> with Pneumovax-23 (with or without Prevnar-13) should receive a subsequent dose of Prevnar-20, typically given either at 1 year (for high-risk individuals) or 5 years (for low-risk individuals) from the last pneumococcal vaccine.
 - Those at low risk for IPD are not currently eligible for public funding for a 2nd pneumococcal vaccine dose.
 However, there is funding for individuals meeting high risk criteria.



• **Infants and children: Prevnar-15** has replaced Prevnar-13 for routine vaccination at 6 weeks to 4 years of age. **Prevnar-20** should be used to immunize high-risk children.

Pertussis (Whooping Cough)-containing Vaccines

Pertussis is often an unrecognized cause of persistent cough in adolescents and adults. It is particularly concerning for infants, who are at the highest risk of severe disease. The age group most commonly affected is 10-to-14-year-olds (approximately 41% of cases). As of August 26, 2024, there were 99 confirmed cases in Toronto, more than double the 5-year pre-pandemic average over the same period. Symptoms start with a runny nose and sneezing, progressing to prolonged coughing episodes that can end in vomiting or gagging lasting for 1-2 months. Individuals with pertussis should avoid contact with infants, young children, and pregnant individuals in their 3rd trimester until after completion of 5 days of antibiotic therapy or 21 days of coughing.

Who should be vaccinated?

Ensure that children and teens receive their scheduled vaccinations, which include pertussis protection:

- Infants: 2, 4, 6, and 18 months
- Children: 4 to 6 years
- Teens: 14 to 16 years
- **Adulthood:** a single dose in adulthood, ideally at age 24-26 but may be given as a catch-up at any age. All adults are encouraged to ensure the have one dose
- **Pregnant individuals:** should receive a publicly funded vaccine during each pregnancy, ideally between 27 and 32 weeks of gestation.

Meningococcal Vaccines

The bacteria Neisseria meningitides can cause severe infections such as meningitis or blood infections and can lead to death. Meningitis vaccine was introduced as part of the Ontario Immunization program in 2004 and 2005 for infants at 12 months of age and Grade 7 students respectively, however -

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Cont'd from page 4 (Fall 2024 Vaccine Updates)

many Ontarians remain unvaccinated. Toronto Public Health (TPH) continues to see an increase in the number of reported cases of invasive meningococcal disease (IMD) in Toronto residents. TPH has documented 14 cases so far in 2024, an increase from an average of 6 cases per year.

Who should be vaccinated?

- Adults 18 to 38 years of age and certain high-risk individuals who missed their dose or are uncertain about their history of meningococcal vaccination are eligible for publicly funded vaccine; this can be administered at Taddle Creek or through Toronto Public Health vaccination clinics.
- Other adults who are considering vaccination are encouraged to speak with their PCP to discuss whether meningococcal vaccination is recommended for them.

Shingles Vaccine

Shingles, also known as herpes zoster, is caused by the reactivation of the varicella virus, the same virus that causes chickenpox. An estimated one in three people will get shingles in their lifetime. Shingles often affects older adults and those with weakened immune systems. Symptoms include headache, fever and a painful rash that usually occurs on one side of the body (typically the face, neck or chest). The rash forms blisters

that crust over and usually clear up within 2 to 4 weeks. About 1 in 5 people who get shingles may experience severe pain lasting months to years after the rash clears, a condition known as post-herpetic neuralgia.

Who should be vaccinated?



NACI recommends Shingrix vaccination for individuals aged 50 years and older. It is publicly funded for older adults 65 to 70 (as well as those born between 1949 and 1953 until Dec 31, 2024). Adults 18 years and older with a weakened immune system may also be recommended to receive Shingrix.

Grade 7 Vaccines

Typically, Grade 7 students in Ontario receive publicly funded **Hepatitis B** vaccine (2 doses if aged 11-15, 3 doses if older) to prevent liver disease and cancer, **Human Papilloma Virus (HPV)** vaccine (2 doses if aged 9-14, 3 doses if older) to prevent several types of cancers, and **Meningococcal** vaccine (1 dose) to prevent meningitis. However, due to the COVID-19 pandemic, many individuals have missed these vital immunizations. Please consult your primary care provider if you or your child may have missed these vaccinations.

Mpox Vaccine

Mpox is caused by the monkeypox virus, which is closely related to the virus that causes smallpox. Since mid-January 2024, an increase in mpox cases has been observed in Ontario. Mpox typically involves a painful rash/lesions that can occur anywhere on the body including in the mouth and genital areas. Other symptoms that can start before or after the rash/lesions include fever, chills, fatigue, swollen lymph nodes, headache, muscle aches, and sore throat. Most people recover fully within two to four weeks and treatment focuses on pain control and symptom management. mvamune vaccine can be used for protection against mpox before getting exposed to the virus (Pre-Exposure Prophylaxis, or PrEP) or after being exposed (Post-Exposure Prophylaxis, or PEP).

Cont'd from page 5 (Fall 2024 Vaccine Updates)

Imvamune should be given as a two-dose series, 28 days apart, to optimize protection against mpox. Those who are eligible for Imvamune can go to available mpox Vaccination Clinics.

Who should be vaccinated?

Individuals 18 years and older at high-risk for mpox infection are recommended to receive Imvamune including:

- Two-Spirit, non-binary, transgender, cisgender, intersex, or gender-queer individuals who self-identify as belonging to the gay, bisexual, pansexual and other men who have sex with men (gbMSM) community AND who meet one or more of the following:
 - Have more than 1 partner
 - Are in a relationship where at least one of the partners has other sexual partners
 - Have had a confirmed sexually transmitted infection in the last year
 - Have engaged in sexual contact in sex-on-premises venues
- Sexual partners of individuals who meet the above criteria
- Sex workers regardless of gender, sex assigned at birth, or sexual orientation
- Staff or volunteers in sex-on-premises venues where workers have contact with objects or surfaces potentially contaminated with mpox
- Those who engage in sex tourism regardless of gender, sex assigned at birth, or sexual orientation
- Individuals who anticipate experiencing any of the above scenarios

A post-exposure dose of Imvamune should be offered as soon as possible, preferably within 4 days of last exposure. However, it can be considered up to 14 days following last exposure. More information can be found through <u>Toronto Public Health</u> or a sexual health clinic near you.

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Perimenopause

By Joanna Peddle, Nurse Practitioner

P erimenopause is the transitional time leading up to menopause. Menopause occurs when a person's menstrual period has stopped for 12 months. Perimenopause can last 2 to 10 years, and is noted by changes in the menstrual cycle, along with physical and emotional changes. It is a natural process which occurs when the body releases eggs less regularly and produces less estrogen and other hormones. Additionally, fertility decreases, the menstrual cycle will shorten or lengthen, and periods become shorter and more irregular.

Fluctuating levels of estrogen cause changes in the body. Specifically, when estrogen levels are higher, it might cause PMS symptoms and when estrogen levels are lower, it may cause hot flashes and night sweats. Other common perimenopause symptoms include mood changes, brain fog, difficulty concentrating, short term memory problems, headaches, vaginal dryness, changes in libido, trouble sleeping, joint aches, heavy sweating, increased urinary frequency and infections, and others. Due to frequent hormonal fluctuations, testing hormone levels during perimenopause is not recommended and the levels do not correlate with symptoms.

Perimenopause in and of itself is not a medical condition that needs to be treated; however, if symptoms are affecting quality of life and/or disrupting day to day activities, then there are treatment options available that may help. Treatment is individualized to target specific symptoms experienced, and is not based on hormone levels. Treatments are numerous and include:

- Low dose combined contraceptives (estrogen and progesterone) which can regulate periods and suppress the erratic ups and downs of hormonal fluctuations.
- Hormonal intrauterine devices (IUDs) which may help minimize heavy menstrual bleeding.

- Vaginal estrogen, which is a topical treatment that can ease dryness and decrease the frequency of urinary tract infections.
- Antidepressants which can help with hot flashes, mood swings, irritability, and sleep.
- Gabapentin which can help with hot flashes and sleep.
- Pelvic floor physiotherapy which can help with urinary frequency.
- Cognitive behavioural therapy and psychotherapy which can help with the emotional impact of perimenopause.

Lifestyle changes (or continuing existing healthy lifestyle practices) can be very beneficial for perimenopause symptoms and include:

- eating a nutritious diet of fruits, vegetables, whole grains, high fiber, and calcium rich foods
- exercising regularly, at least 150 minutes per week, which improves sleep, and elevates mood
- avoiding common triggers of hot flashes like alcohol, coffee, or tea
- getting adequate sleep by keeping a consistent sleep schedule
- practicing stress reduction techniques like meditation, mindfulness, or yoga

Currently there are not any supplements with evidence to help manage symptoms of perimenopause. Also, supplements are not tested or regulated like traditional medications to ensure their safety. Please talk to your health care provider before using any supplements.

Perimenopause can be a difficult time depending on the severity of symptoms experienced and the length of time that one experiences them. For help in dealing with any symptoms that are affecting your quality of life, please talk to your health care provider.

Cont'd from page 7 (Perimenopause)

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Mental Health Corner

<u>Stress: How to curb it with an ancient</u> <u>system in a modern and complex world</u>

By: Marlie Standen, Lead Social Worker

T o talk about stress reduction, it's first important to distinguish between "stress" and "stressor." A stressor is something that is perceived as threatening, challenging, or overwhelming one's capacity to cope. Stressors can be external (e.g. losing a job, interpersonal conflict, or financial strain) or internal (e.g. a memory or self-critical thought). The mind constantly monitors for threats and when one is identified, the mind quickly assesses how threatening it is and how capable one is to cope.

Stress is what happens in the body and mind in response to the perception of a stressor. The interpretation of the threat level of the stressor and

the evaluation of coping ability influences the intensity of the stress response. The stress response starts in the nervous system and affects many other physiological systems. It is automatic and instantaneous. It



influences activity in the brain, sensations in the body, thought content and process, and behaviour.

A challenge for humans is that the stress response is like an ancient operating system being activated in a modern and complex world. It reduces activity in the rational/logical parts of the brain responsible for complex thought processes and problem-solving. At the same time, the stress response increases activity in the primal, emotionally reactive parts of the brain which allow one to react quickly and without much thought. While this is ideal for fighting or fleeing a physical threat, it's less ideal for responding to complex and nuanced stressors like presenting in front of a group, making a to-do list, or trying to pay bills in an unforgiving economy.

The skills below can help curb the stress response when facing the complex stressors of life that are best responded to from an emotionally regulated and integrated brain state (both emotion and logic). These skills don't solve or eliminate the stressor, rather, they help us to notice when the stress response is unnecessarily activated and to calm the stress response so we can address the stressor to the best of our ability.

- 1. Learn the signs of your stress response to help you notice when it's activated.
 - What body sensations arise?
 - How do you experience your thoughts?
 - What is the content of the thoughts?
 - How do you engage with other people?
- 2. Try to notice when these signs arise for you and then picture a stop sign or gently say to yourself "pause." Try to identify and name what you are feeling and experiencing, as this helps bring the 'thinking' parts of the brain back online (a process Dan Siegel calls "Name It to Tame It").

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- 3. Help calm the body and shift from 'danger zone' to 'safety zone.'
 - Focus on the breath, especially extending the exhale (inhale for a count of 4, exhale for a count of 6)
 - Self-soothe with words or sensations (e.g. hand on heart, telling yourself 'you're ok,' self-hug or massage)
 - Use movement or exercise to expel the adrenaline and stress hormones
 - Put your hands or face in cold water
 - Seek reminders of safety and comfort (e.g. talk to a supportive person, look at a photo of something you love, find a comfortable space)



4. Reflect on what triggered the stress response by identifying the stressor and the interpretation your mind made of it. These interpretations are inherently subjective and influenced by other factors. Is it possible that the mind was jumping to conclusions, catastrophizing, or underestimating your ability to cope? Can you find a realistic, alternative perception of the stressor that reduces the stress felt in response?

For more on stress and stress reduction techniques, sign up for the Mental Health Program Webinar that will take place on Wed Nov 27, 2024 from 5:00-6:30pm. More information can be found <u>here.</u> Sign up by calling reception at (416) 260-1315, ext 0.

WHAT'S HAPPENING AT TADDLE CREEK

By: Cheryl Dobinson, Executive Director

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

Mental Health Webinar – July 8, 2024

Our Mental Health Program offered a webinar on "Navigating Resources in Toronto: A Guide to Supports and Services Webinar" focusing on the challenges of navigating day-to-day life in our stressful society and knowing where to turn to for support. The webinar explored a variety of resources and supports available to those living in Toronto to promote wellbeing and independence. Over 80 patients attended to discuss resources including financial assistance programs, transportation support, low-cost dental services, mental health resources and more. The webinar recording and resources are available on our website at: <u>https://taddlecreekfht.ca/mentalhealth-webinar-july-2024/</u>

Note: You can also find our past mental health webinars on our website at: <u>https://</u> <u>taddlecreekfht.ca/classes/mental-health-</u> <u>webinars/?ref_program=mental-health</u>. Topics include: Creating and Setting Personal Boundaries, Balancing Your Emotions, Improving Your Sleep, Practicing Mindfulness and Self-compassion and How To Ask For Help.

Mental Health Program Senior's Workshop – Sept 10, 2024

Our Mental Health Program offered an in-person, supportive discussion workshop for seniors. Nine senior patients gathered for a three-hour session to discuss emotional aspects of aging, increasing social connection, and e-literacy. The gathering proved to be a welcomed opportunity for engaging conversation and insight-sharing. This was the first in-person Mental Health Program workshop that we have hosted since 2020 and the appreciation for this type of event was voiced and heard - we look forward to offering more in-person workshops going forward. Thank you to all who attended! Cont'd from page 9 (What's Happening at Taddle Creek)

Diabetes Education Program Foot Care Workshop – September 13, 2024

Our Diabetes Education Program (DEP) offered an inperson foot care workshop with a special guest (Jocelyn Reyes, Registered Chiropodist). Fifteen patients attended a 90-minute session to learn about the links between diabetes and foot health, common foot issues, and foot care strategies. Attendees said that they appreciated the understandable, practical, and thorough information provided. The DEP is eager to continue providing these learning opportunities based on topics relevant to our patients. If you have suggestions for topics for future workshops, please let your DEP provider know.

Patient Care Survey

The 2024-25 TC FHT Patient Care Survey will be emailed in November 2024 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 your trash folder. Your feedback provides valuable insight into how TC FHT can better serve you and how we can improve the patient experience for everyone. Please take time to complete this survey.

Physician Updates

Dr. Sarah Shaw left the team at the end of May 2024 and Dr. Megan Mills took over her practice as of June 1, 2024. We wish Dr. Shaw all the best in her future endeavours and we warmly welcome Dr. Mills to the team!

Personnel Updates

There have been a lot of changes on our staff team since the Spring 2024 newsletter.

<u>Departures</u>:

We said good bye to Administrative Assistant(s)/ Medical Secretaries: Suad Farah and Margarita Tkalenko; Jill McKinlay, Registered Nurse; Ekta Amarnani, Registered Dietitian; Francesca Chee, Registered Dietitian - Diabetes Education Program; and Stephen Fenn, Social Worker.

<u>New Team Members</u>:

Nadifa Mohamed, Administrative Assistant/ Medical Secretary (supporting the Nutrition Program and broader administrative functions) was hired on June 17, 2024. She comes to us with experience working at TAIBU Community Health Centre, Jamii (a community arts organization), and the Interdisciplinary Centre for Health and Students' Association at the University of Toronto, Scarborough.

Sandy Lee, Administrative Assistant/Medical Secretary (supporting the Mental Health Program and Respiratory Program) joined the team on June 17, 2024. She brings experience providing administrative support in diverse health settings, including Lifemark Health Group and St. Michael's Hospital, along with a background in customer service and desktop publishing.

Adele Lewis, Registered Dietitian - Generalist, came onboard on July 22, 2024. Adele brings experience working as a Registered Dietitian at Toronto Grace Hospital and as a Dietetic Intern at Parkdale Queen West Community Health Centre. She has also held roles with More Method Nutrition and BODY BRAVE, trained in eating disorder care, and completed a Master's Degree in Nutrition Communication.

Erin Krusky, Registered Dietitian - Diabetes Education Program, was hired on September 16, 2024. Erin brings over 15 years of experience working as a Registered Dietitian in diverse settings including the Hospital for Sick Children, Regent Park Community Health Centre, and Guelph Family Health Team. She is a Certified Diabetes Educator and has also worked in capacity building for health care professionals and as a volunteer editorial board member with Diabetes Canada.

Alyna Walji, Social Worker, started on October 21, 2024. Alyna brings experience from working as an Individual and Family Therapist at Scarborough and Toronto East Youth Wellness Hubs, as well as past social work student practicums at Street Haven and here with us at Taddle Creek FHT in 2022-2023. She also has extensive experience in mental health research, having held positions at organizations including CAMH, University of Toronto, and Homewood Research Institute.

Taddle Creek DIABETES DIGEST

N ovember 14th was World Diabetes Day (WDD). The theme for WDD 2024 is diabetes and well-

being (physical, social and mental). In line with this theme, we would like to share an article submitted last year by one of our patients describing their lived experience with diabetes. We appreciate their honesty and vulnerability in sharing their personal journey with us. While everyone's experience will differ, it is important to acknowledge that for many people, living with diabetes can be very difficult. If you or a loved one with diabetes are struggling with mental health concerns and/or diabetes distress, please see the end of this article for some helpful resources and reach out to your primary care provider and our program for additional support.

In my sordid 30+ year history with type 2 diabetes, it has been stressful, painful and in some cases, very terrifying. One learns to adapt to the pain and suffering of this disease because there is no other choice but to move forward. Thank you to my family doctor and the Taddle Creek Diabetes Education Program who I can always count on for help. The journey along this road will not be easy nor short. This mission to stay on course is a lifelong commitment. Along this journey there will be days when you just can't stand the bumps along the road. However, one's will to survive and the support from your diabetes care team will push you to stay the course. Again, I am not going to sugar-coat this and tell you what you want to hear. In my 30+ years with this disease there have been some good days and some not so good days. However, when I stray off track, my family doctor and the good folks at the Taddle Creek Family Health Team are there to aet me back on track. The hardest times with this disease came about when I was in a stressful state-of-mind. Stressing over financial issues, work, having to focus on other illnesses, a death in the family, weight gain or just receiving any sort of negative news can lead to moments of depression. These stressors can plunge one into that proverbial deep, dark hole that you feel you can't climb out of. Trusting your health care team or a close confidant can help most days. I have type 2 diabetes and so I can't speak for those individuals with type 1 diabetes. However, our collective pain is real and constant. It is a fact of life that this was not meant to be an easy trip. I roll with the punches and just live life one day at a time. Not focusing on the past is easier said than done. If your goal is to live for tomorrow, then you do not have a choice.

God Speed and Much Respect,

Earl White

Diabetes and Well-being

By: Karen Finch, Registered Nurse and Earl White

Resources:

- 1. https://taddlecreekfht.ca/programs/diabetes-education/
- 2. https://taddlecreekfht.ca/programs/mental-health
- 3. https://www.diabetes.ca/resources/healthy-living-tools-resources/ taking-care-of-your-mental-health
- 4. <u>https://directory.jdrf.ca/</u>
- 5. https://worlddiabetesday.org/



Taddler Tips

The Taddle Creek Family Health Team understands that navigating community resources can be challenging. To help with this, we want to highlight three key hubs that can assist you in finding the support you need:

211 Central:

- A referral service that connects individuals and families to social services and community resources. It's often part of a larger 211 system available in many areas, which provides information on various services such as housing assistance, food programs, mental health support, and more.
- Website link: <u>https://211central.ca/</u>
- Call or text 211 for free, confidential support 24 hours/day, 7 days a week
- The toll-free number is 1-888-340-1001

Central Health Line:

• A health information service that provides assistance to individuals seeking guidance on health-related issues. It offers support in various areas, such as finding healthcare providers, understanding health insurance options, and accessing public health resources.

 Website link: <u>https://</u> <u>www.centralhealthline.ca/index.aspx</u>

Seniors' Helpline:

- A support service designed to assist older adults and their caregivers with various needs and concerns. It offers information, resources, and referrals related to healthcare, social services, housing, and other topics relevant to seniors
- Website link: <u>https://</u> <u>torontoseniorshelpline.ca/</u>
- Local phone number: 416-217-2007 (available Monday-Friday 9:00 am-8:00 pm and Saturday-Sunday/Statutory Holidays from 10:00 am to 6:00 pm).

We would also like to highlight that the Taddle Creek FHT mental health team offers single sessions on Tuesday afternoons and Friday mornings and are happy to further assist with resource navigation. To book a single session, please call 416-260-1315 ext. 0. Additionally, the mental health team offers short-term case management with a referral from your primary care provider.

THE TADDLER

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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 2024 - April 2025 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: <u>https://taddlecreekfht.ca/</u>

Dates are subject to change

Event	Date(s)	Time	Learn About/Assistance With
Stress Reduction Webinar Virtual Call 416-260-1315, ext 0	Nov 27, 2024	5:00 pm - 6:30 pm	 This webinar is an educational presentation to provide information and strategies to help individuals navigate stressors and reduce stress in their lives. The learning objectives for this webinar include: Recognize the signs of stress Identify stress triggers/stressors Explore ways to manage stressors Explore proactive, lifestyle strategies to reduce stress and promote wellbeing Learn emotion regulation techniques and strategies to reduce stress in stressful situations
CBT-Insomnia Group In-person Call 416-260-1315, ext 0 Note: MD referral required	Jan 15 - Feb 12, 2024 7 Sessions to complete	Mondays 1:30 pm - 4:00 pm	 How cognitive behavioural therapy (CBT) is used when treating insomnia Techniques to help you get quality sleep that will promote good physical and mental health How our minds and thoughts contribute to insomnia Practicing mindfulness to reduce stress and help you get to sleep
Mindful Nutrition Group Virtual Call 416-260-1315, ext 0	Feb 5 - Mar 19, 2025 7 sessions to complete	Wednesdays 5:30 pm - 7:00 pm	 Increase in mindful eating practices Healthier relationship with food and your body Adoption of intuitive eating principles Decrease in emotional eating episodes
Blood Sugar Management Workshop Virtual Call 416-204-1256	Nov 6, 2024 (Part 1) Nov 13, 2024 (Part 2) Nov 21, 2024 (Part 2) Dec 4, 2024 (Part 2) Dec 4, 2024 (Part 2) Dec 11, 2024 (Part 2) Dec 12, 2024 (Part 2) Jan 9, 2025 (Part 1) Jan 16, 2025 (Part 1) Jan 22, 2025 (Part 1) Jan 29, 2025 (Part 2) Feb 6, 2025 (Part 1) Feb 13, 2025 (Part 1) Feb 19, 2025 (Part 1) Feb 26, 2025 (Part 2)	Wednesdays 9:00 am - 11:00 am Thursdays 5:00 pm - 7:00 pm Wednesdays 9:00 am - 11:00 am Thursdays 5:00 pm - 7:00 pm Wednesdays 9:00 am - 11:00 am Thursdays 5:00 pm - 7:00 pm Wednesdays 9:00 am - 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 • What is diabetes? • What causes diabetes? • How is prediabetes/diabetes diagnosed? • How do I prevent long term complications related to diabetes? • Is diabetes reversible? Part 2: Taking Charge • How can I manage my blood sugars? • What can I eat when I have prediabetes/diabetes? • Can exercise help with prediabetes/diabetes? • How does stress impact my prediabetes/diabetes?

Cont'd from page 13 (Blood Sugar Management Workshop Virtual)

Event	Date(s)	Time	Learn About/Assistance With
Blood Sugar Management Workshop Virtual Call 416-204-1256	Mar 5, 2025 (Part 1) Mar 12, 2025 (Part 2) Mar 20, 2025 (Part 1) Mar 27, 2025 (Part 2) Apr 10, 2025 (Part 1) Apr 17, 2025 (Part 1) Apr 23, 2025 (Part 1) Apr 30, 2025 (Part 2)	Wednesdays 9:00 am - 11:00 am Thursdays 5:00 pm - 7:00 pm Thursdays 5:00 pm - 7:00 pm Wednesdays 9:00 am - 11:00 am	See above
Let's Get Moving In-person Call 416-204-1256	Jan 21, 2025 (Introductory Session) Jan 28 - Apr 1, 2025 (Classes) Apr 15, 2025 (Wrap-Up Session)	9:30 am - 12:00 am 11:30 am - 12:30 pm 9:30 am - 11:00 am	 Learn more about the health benefits of physical activity and exercise. Attend 10 free fitness classes at the Miles Nadal JCC (Spadina and Bloor) Learning Objectives: The difference between physical activity and exercise Health benefits of having a more active lifestyle The three types of physical activities and how often/ how long to do them Common barriers and solutions to becoming more active
Heart Health Jeopardy Workshop In-person Call 416-204-1256	Feb 11, 2025	10:00 am - 12:00 pm	 This is an in-person, interactive workshop for people living with prediabetes and diabetes, who wish to gain a better understanding of cardiovascular disease and its management. Topics covered include: Pathophysiology and risk factors of cardiovascular disease Targets for blood pressure and cholesterol Medications and supplements Lifestyle strategies to manage cardiovascular disease (including nutrition, physical activity, stress management and smoking cessation)