

# THE TADDLER

## **“A Visit to the Emergency Department - Do I Need One?” (Part 3 of a series)**

By: Victoria Charko, Registered Nurse

Millions of Canadians visit the Emergency Department (ED) each year and Canadians have been shown to use their ED more frequently than other countries. Studies demonstrate that many conditions seen in the ED would have been best managed at their primary care provider's office or could have potentially been avoided altogether. In fact, a 2014 study by the Canadian Institute for Health Information (CIHI) found that this was the case in 1 in 5 patients who visited the ED. Understandably, it can be difficult to decide what merits an ED visit; so, how *does* one decide if one should stay home, get an appointment with their primary care provider's office or go to the ED?

The purpose of an ED is to provide high-level and timely care for critical and life-threatening situations, as well as urgent care for serious conditions with the most pressing cases receiving top priority. Going to the ED for less urgent matters comes with its disadvantages, such as the potential for long wait times and contracting an illness from other patients/visitors. Some issues seen in the ED identified as being best managed elsewhere include, but are not limited to: urinary tract infections, acute upper respiratory infections (chest colds), antibiotic therapy seeking, throat inflammation (sore throat), ear infections, dressing changes/removal of sutures, conjunctivitis (pinkeye) and prescription renewals.

In this series, I will provide general information about these non-urgent conditions and the appropriate home management in an effort to help you identify when you should be seen at your primary care provider's office and to avoid unnecessary visits to the ED.

### **Acute Upper Respiratory Infections (Chest colds)**

The common cold is a mild upper respiratory tract infection that is a not specific illness in itself, but refers to a group of illnesses with similar symptoms that are caused by different families of viruses. Common symptoms of a cold include nasal congestion and discharge, sneezing, sore throat, cough, low-grade fever, headache and malaise. It is important to note that a cold is distinct from influenza (the flu), bacterial pharyngitis (bacterial throat inflammation), acute bronchitis, acute bacterial sinusitis (sinus infection) and pertussis (whooping cough). Often a cold is uncomplicated and will self-resolve in 3 to 7 days, however symptoms can last up to two weeks. On occasion, complications do arise. Complications can be sinus infections, asthma flare-ups, acute middle ear infections and lower respiratory tract infections (e.g. pneumonia or bronchitis).

Since colds are caused by viral illnesses, antibiotics have no role to play, as they are only effective against bacteria and their misuse can cause more harm than benefit. Symptom management, however, can provide some relief. The following is a brief overview of things you can try at home to help manage the symptoms of a cold:



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#### Nasal congestion and/or discharge

Saline drops and nasal aspirator  
(for infants and young children)  
Warm fluids  
Cool humidifier  
Decongestants\*

#### Sore throat

Gargling with salt water  
Lozenges  
Cold liquids or cold/frozen foods  
Tylenol or Advil\*

#### Cough

0.5-1 teaspoon of honey  
(avoid in children under 1 yr old)  
Warm fluids  
Lozenges

*\*Please check with your primary care provider if these are safe options for you or your child*

You should seek care at your primary care provider's office if you or your child note the following in addition to the above symptoms:

- \* High fever
- \* Mild shortness of breath
- \* New onset of chest or back pain that occurs when taking a deep breath or coughing
- \* Feeling of chest tightness or audible wheezing
- \* Facial pain, pressure, lack of smell after 7-10 days
- \* Worsening or persistence of symptoms after 7 days



Remember – hand washing is a highly effective way to prevent the transmission of illnesses! After wetting your hands with water, apply soap and rub your hands together for 15-30 seconds. Be sure to pay special attention to fingernails, the spaces between your fingers, and your wrists. Once done, dry your hands well with a towel. If soap and water are unavailable and your hands are not visibly soiled, an alcohol-based hand sanitizer is a good alternative.

#### Antibiotics

Antibiotics are medications used for the treatment and prevention of infections caused by bacteria. They are not effective against viral, fungal or most parasitic infections. When misused or when used too often, bacteria can become resistant to antibiotics, which makes them ineffective. Antibiotics can also cause unwanted side effects such as nausea/vomiting, vaginal yeast infection in women, and diarrhea that can include a serious intestinal infection known as C. difficile. If you feel that you might need an antibiotic, speak with your primary care provider. He/she will examine you and assess whether you would benefit from one, and if so, which antibiotic would be most appropriate since not all antibiotics work on all bacteria. It is important to remember that you should only take an antibiotic for your current illness, in the manner that it was prescribed, and that you should never take an antibiotic prescribed to someone else.

#### Dressing Changes/Removal of Sutures (Stitches)

Our offices are well-equipped for the removal of sutures and staples, as well as for dressing changes and minor wound management. However, if a hospital or urgent care centre has given you instructions otherwise (e.g. to return to them for follow-up), please follow those instructions. Should you have any questions or require further direction, please call your primary care provider's office.

#### *Need to be seen?*

*As a Taddle Creek Family Health Team patient, there are services in place to help prevent a visit to the ED. Please consider the following options in the following order when you feel you have a condition or issue that needs to be addressed:*

1. Call the office to book an appointment with your physician, nurse practitioner, physician assistant or your office's registered nurse
  - Same-day appointments are available
2. Attend a Taddle Creek Family Health Team After Hours Clinic, available Monday-Thursday 5-8pm and Saturday mornings (times vary)
  - Information for the current/next After Hours Clinic is listed on the home page of our website at [www.taddlecreekfht.ca](http://www.taddlecreekfht.ca)\*
  - \*If you do not have computer access, please call your primary care provider's office for this information
3. Call the Telephone Health Advisory Service (THAS) at 1-866-553-7205
  - Available after clinic hours, 7 days a week
  - You will speak with a nurse who will provide counsel and will have access to the on-call physician

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*We welcome reader contributions. Email [vcharko@tcfht.on.ca](mailto:vcharko@tcfht.on.ca) if you are interested!*

# Mental Health Corner

## Retelling the Stories of Our Lives

By: Leah Drenfeld, MSW, RSW

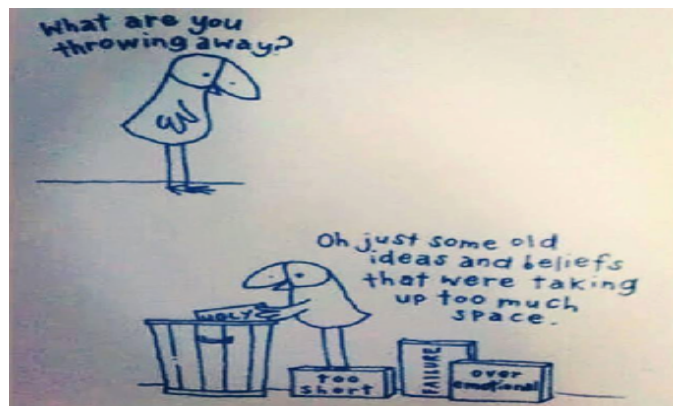


Wouldn't it be great to be the author of your own life and choose the story you want to share with the world around you? That is part of the beauty of narrative therapy – it is a reminder that each and every one of us can choose to write our own story.

Narrative therapy is characterized by the idea that our lives and who we are can be told as stories, which are comprised of events and themes that occur throughout time. These stories, in turn, shape the pathways of our lives (Narrative Therapy Centre, 2016). Remarkably, throughout our lives, we tend to pay more attention to certain events over others. While keeping this tendency in mind, it can be beneficial to consider the idea that is offered by the narrative therapy approach, which is that we are multi-storied individuals, and each and every one of us has many stories to tell.

The narrative therapy approach suggests that we can learn to pay attention to the various events and introspections in our lives, and create meaning from those stories that have been overlooked or dismissed. Through these stories we reflect on our past, present and future to discern significant pieces of who we are and the lives that we are living. In that, we can gain insight into our strengths, values, hopes and dreams to create resiliency and competencies, and gain invaluable skills to transform our lives or perhaps cope with our struggles in a more helpful and supportive way (Narrative Therapy Centre, 2016). David Denborough, one of the gurus of narrative therapy, explains, “The ways in which we understand and share the stories of our lives make all the difference. We are able to tell our stories in ways that make us stronger, in ways that soothe the losses, in ways that ease sorrow” (Denborough, *Retelling The Stories of Our Lives*, 2014). This particular way in which we approach therapy provides us with an alternative view of events in our lives - one that makes sense to us, is chosen by us and is directed by us.

From my professional and personal experience, I have witnessed the magic of narrative therapy and its ability to empower individuals. There are several ways to incorporate this approach into our lives - whether it is by thinking about a song that has helped us through challenging times, visualizing the problem that we are experiencing as something that is external to us, or by learning to become more aware of our alternative storylines, such as our strengths and dreams, to create richer narrations of our preferred stories.



Cont'd from page 2 (*A Visit to the Emergency Department*)

### References

- Canadian Institute for Health Information. *Sources of Potentially Avoidable Emergency Department Visits*. Ottawa, ON: CIHI; 2014.
- Nearly 1 in 5 Patient Visits to Emergency Could Potentially Be Treated Elsewhere. Available: <https://www.cihi.ca/en/types-of-care/hospital-care/emergency-and-ambulatory-care/nearly-1-in-5-patient-visits-to-emergency>.
- UpToDate. *Patient information: The common cold in adults (Beyond the Basics)*. Available: [http://www.uptodate.com/contents/the-common-cold-in-adults-beyond-the-basics?source=see\\_link](http://www.uptodate.com/contents/the-common-cold-in-adults-beyond-the-basics?source=see_link).
- UpToDate. *Patient information: What you should know about antibiotics (The Basics)*. Available: [http://www.uptodate.com/contents/what-you-should-know-about-antibiotics-the-basics?source=search\\_result&search=antibiotic+misuse&selectedTitle=1%7E150](http://www.uptodate.com/contents/what-you-should-know-about-antibiotics-the-basics?source=search_result&search=antibiotic+misuse&selectedTitle=1%7E150).
- UpToDate. *The common cold in adults: Treatment and prevention*. Available: <http://www.uptodate.com/contents/the-common-cold-in-adults-treatment-and-prevention?source=machineLearning&search=upper+respiratory+infection+adult&selectedTitle=2%7E150&sectionRank=2&anchor=H27#H27>.
- UpToDate. *The common cold in children: Management and prevention*. Available: <http://www.uptodate.com/contents/the-common-cold-in-children-management-and-prevention?source=machineLearning&search=common+cold+children&selectedTitle=1%7E150&sectionRank=2&anchor=H199067770#H199067770>.



## Memory Preservation

By: Devi Parag, Registered Nurse



You bump into a friend while shopping and you start to talk about the new movie you saw. You know the one. It has been all over the television. It is right at the tip of your tongue but you cannot seem to remember the title. You shrug it off, it probably wasn't that important anyway. Twenty minutes later, while standing in line to buy coffee, it comes to you!

Memory lapses are not uncommon. At some point, most people have experienced moments of forgetfulness. Normal physiological changes that occur in the brain with

age can affect one's cognitive abilities. It may take a little longer to recall information or to learn something new. In most cases, allowing yourself time to process can help you find the information you are looking for. However, it is often during this period of slowing down that one starts to question true memory loss. Is it normal to walk into a room and not remember why you entered? Is this a warning sign of dementia?

Normal Age-Related Memory	
Changes	Dementia
Not being able to remember details of a conversation or event that took place a year ago	Not being able to recall details of recent events or conversations
Not being able to remember the name of an acquaintance	Not recognizing or knowing the names of family members
Forgetting things and events occasionally	Forgetting things or events more frequently
Occasionally have difficulty finding words, but no trouble holding conversations	Frequent pauses and substitutions when finding words; words may be misused
You are worried about your memory but your relatives are not	Your relatives are worried about your memory, but you are not aware of any problems

(Adapted from Alzheimer's Society of Canada [2014b])

Although early detection is important in preventing a small problem from becoming a larger concern, maintaining a healthy and active lifestyle is an essential step toward healthy aging and preventing cognitive decline.

Staying physically active helps to boost and maintain brain function by improving blood flow to the brain and by stimulating the release of chemicals required for brain cell repair and development. It can also be a great stress reliever! Aerobic activities, stretching and balancing exercises, and even weight

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## WHAT'S HAPPENING AT TADDLE CREEK

By: Sherry Kennedy, Executive Director

This column lets you know about TC FHT programs, events and announcements.

### Programs

We are now offering in-depth hypertension counselling visits as part of our Heart Health Program (replacing our Hypertension Clinics). An in-depth hypertension counselling visit starts with either a Registered Nurse (RN) or pharmacist taking your blood pressure (we use a machine called BPTu that takes up to 6 readings to ensure an accurate BP). Next the RN/pharmacist will let you know what your BP target should be and how medications, diet and physical activity can affect your BP. The RN/pharmacist will then discuss how to modify lifestyle factors to lower your BP. The appointment ends with the creation of an individualized 'Hypertension Action Plan.' The RN/pharmacist follows up with you (within 3 months) to gauge your progress and offer additional support. Speak to your Primary Care Provider (PCP) if you think you would benefit from a hypertension counselling visit.

As part of our Respiratory Program, I am anticipating having Certified Respiratory Educators (CREs) in the very near future to support patients diagnosed with respiratory conditions (i.e. asthma and chronic obstructive pulmonary disease). CREs use spirometry\* to confirm diagnoses and assess control of your respiratory condition(s). They also provide education on medications, review inhaler technique and work with you to develop individualized action plans. Speak to your PCP if you think you would benefit from a visit with a CRE.

I also want to take this opportunity to let you know that our Respiratory Program also offers smoking cessation counselling (and free nicotine replacement therapy [patches, gum, lozenges and inhalers] as part of CAMH's STOP Study) for patients wishing to stop smoking. This is one-to-one counselling with specially trained health care providers to encourage, assist and educate you in a supportive, non-judgmental environment. Together, with the health care providers, you will explore reasons why you smoke and develop the tools and resources needed to quit. Speak to your PCP if you think you would benefit from smoking cessation counselling.

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## WHAT'S HAPPENING AT TADDLE CREEK

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*\*Spirometry is a test that assesses how well you can breathe, which helps in the diagnosis of different respiratory conditions, assesses ongoing lung health and determines if your asthma or COPD medications are appropriate and/or effective.*

Please refer to the table in this newsletter outlining TC FHT's Groups Offered this Winter 2016. We have some great one-day workshops and multi-week groups. For some you need a PCP referral and for others you simply need to contact the number provided.

For those who wish to see a social worker on short notice, our Mental Health Team continues to offer Friday morning drop-in sessions between 9am and noon at our 790 Bay St. location in Suite 306. Drop-in sessions are now being offered at our 726 Bloor St. W. location as well, 1:15-3pm in Suite 207. If you are interested, these are first come, first served.

If you want to learn more about programs/groups, visit our new website [www.taddlecreekfht.ca](http://www.taddlecreekfht.ca) or contact 416-260-1315 (Main Administration Office) or 416-204-1256 (Diabetes Education Program).

### Events

Our Senior Advisory Volunteer Initiative (SAVI) Patient Advisory Group has once again hosted an amazing Seniors Health Seminar. Dr. Sharon Cohen, Neurologist & Medical Director/Principal Investigator for the Toronto Memory Program, presented our second seminar 'Memory Preservation & Alzheimer's Prevention' in October 2016. More than 50 participants heard Dr. Cohen discuss how our memory changes as we age, the difference between age-related memory loss and Alzheimer's disease, and factors that promote brain health and protect against Alzheimer's disease. If you would like to look at the slide deck for our Seniors Health Seminars, go to [www.taddlecreekfht.ca](http://www.taddlecreekfht.ca) under Patients/Healthcare Resources/Downloads. SAVI is planning another Seniors Health Seminar this winter on how seniors can improve their mobility. Information will be posted on our website closer to the date.

### Announcements

I am very excited to announce that Joanna Peddle has been hired as a contract Nurse Practitioner (NP) to cover Clea Lang's (Suite 300/302) maternity leave (Note: Adelaide arrived on Oct. 26, 2016 weighing 3300gm/7lbs 3 oz – both mom and baby are doing well :)). Joanna's first day is Nov. 21, 2016 and she will be with us until Sep. 29, 2017.

*Cont'd from page 4 (Memory Preservation)*

training exercises done at least 30 minutes a day for most days of the week can offer preventative benefits.

Adopt a "brain-healthy" diet. Focus on a diet that is low in cholesterol, saturated fats, sugar and salt, and high in dietary fibers, fruits and vegetables, and whole grains. Diets that are rich in omega-3 oils such as cold-water fish (e.g. trout, salmon) have been associated with a reduced risk of dementia and cognitive decline.

Staying social helps you stay connected mentally. Studies have shown that regular interaction with others may help lessen your risk of developing Alzheimer's disease. Join a local book club or a hobby group. Reach out to old friends or make new ones or even try volunteering in your community.

Keep your brain active and engaged! Challenge yourself by trying to learn a new instrument or a new language. Keep up with hobbies and work on puzzles or memory games. The goal is to give your brain a new experience and a workout every day.

If you or a family member is experiencing changes in memory that may be affecting work performance, social activities and/or your relationships with loved ones, make an appointment with your primary care provider to discuss your concerns. Even if uncertain, we encourage you to follow up with us to assess your risk factors and evaluate symptoms.

### References

Alzheimer's Society of Canada. Normal aging vs dementia. (2014b). Available: <http://www.alzheimer.ca/en/About-dementia/What-is-dementia/Normal-aging-vs-dementia>

Alzheimer's Society of Canada. Brain health (2014a). Available: <http://www.alzheimer.ca/en/About-dementia/Brain-health>

Alzheimer's Society of Canada. 10 warning signs (2014c). Available: <http://www.alzheimer.ca/en/About-dementia/Alzheimer-s-disease/10-warning-signs>

ON Memory. Normal aging vs. Alzheimer's disease. Available: <http://www.onmemory.ca/en/signs-symptoms/aging-vs-alzheimers>

UpToDate. Patient education: Dementia (including Alzheimer disease) (Beyond the Basics). Available: [https://www.uptodate.com/contents/prevention-of-dementia?source=search\\_result&search=prevention%20dementia&selectedTitle=1~150#H10](https://www.uptodate.com/contents/prevention-of-dementia?source=search_result&search=prevention%20dementia&selectedTitle=1~150#H10)



# Zika Virus Status Update

By: Jeanette Tanguay (reader contribution)

## What is Zika Virus?

Zika virus is an illness that is transmitted through the bite of an infected mosquito of the *Aedes* species. It can also be sexually transmitted from one infected partner to another. Outbreaks of the Zika virus have been recorded in Africa, the Americas, Asia and the Pacific. The *Aedes* mosquito does not inhabit Canada.

People with Zika virus disease may have no symptoms or mild symptoms such as fever, skin rash, conjunctivitis (pinkeye), muscle and joint pain, malaise and headache. In rare instances, it causes a neurological disease called Guillain-Barré syndrome. It may also cause microcephaly and other serious birth defects in unborn babies.

## Zika and Microcephaly

Zika virus infection during pregnancy can cause microcephaly (a birth defect where a baby's head is smaller than expected), which affects the brain development of babies. It has also been linked to other problems in infants including eye defects, hearing loss and impaired growth.

## What We Do Not Know

- If there's a safe time during a pregnancy to travel to an area with Zika
- How likely it is that Zika infection will affect your pregnancy
- If a baby will have birth defects if the mother is infected while pregnant

## Future Pregnancies

Based on current information, Zika virus infection in a woman who is not pregnant does not pose a risk for birth defects in future

pregnancies once the virus has cleared from her blood. If someone has had Zika virus, he or she is likely to be protected from future infections of this virus.

## How to Protect Yourself When Travelling to Areas with Zika Virus

- Consult a health care provider or visit a travel health clinic 6 weeks before you travel
- Pregnant women and those planning a pregnancy should avoid travel to countries or areas in the United States with reported mosquito-borne Zika virus. If travel cannot be avoided or postponed, strict mosquito bite prevention measures should be followed.
- Pregnant women returning from areas with Zika infection, who develop symptoms that could be consistent with Zika virus infection, should consult a health care provider
- Male travellers with a pregnant partner should use condoms or avoid sex for the duration of the pregnancy, as Zika virus can persist in the semen of infected males for an extended period of time
- Women planning a pregnancy should wait at least 2 months before trying to conceive to ensure that any possible Zika virus infection has cleared their body
- Male travellers should wait at least 6 months to conceive and should consider using condoms or avoid having sex with any partner for 6 months
- Travellers should protect themselves from mosquito bites at all times, as the Zika virus mosquito is active and biting in both daylight and evening hours

(See last page for references)

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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
  - ◆ An avenue for patient contribution
- We hope you enjoy reading it!*



Taddle Creek Family Health Team  
November 2016 – March 2017 - Group/Clinics Offerings

All Groups/Clinics are open to all TC FHT patients, Diabetes Programs are open to the public.

All programs are held at 790 Bay St., Toronto, Ontario.

For additional information go to [www.taddlecreekfht.ca/patients/event-calendar/](http://www.taddlecreekfht.ca/patients/event-calendar/). Dates are subject to change.

Group/Clinic	Date(s)	Time	Learn About:
<b>CBT for Anxiety</b> Suite 306 Call 416-260-1315 Note: MD referral needed	Jan 19 to Mar 23 (Thu for 10 weeks)	3:00–5:00pm	<ul style="list-style-type: none"> <li>To understand the physiology of anxiety</li> <li>To learn CBT strategies and skills</li> <li>To examine how our thoughts and beliefs are connected to our mood, behaviors, physical experiences and events in our lives</li> <li>To be able to identify, evaluate &amp; balance distress related thoughts</li> <li>To learn techniques for relapse prevention</li> </ul>
<b>CBT for Insomnia Workshop</b> Suite 306 Call 416-260-1315 Note: MD referral needed	Mar. 3 (Fri)	9:30-4:30pm	<ul style="list-style-type: none"> <li>To learn about how cognitive behavioral therapy is used when treating insomnia</li> <li>Learn techniques to help you get quality sleep that will promote good physical and mental health</li> <li>Understand how our minds &amp; thoughts contribute to insomnia</li> <li>Practice mindfulness to reduce stress and help you with getting to sleep</li> </ul>
<b>Self-Compassion for Depression</b> Suite 306 Call 416-260-1315 Note: MD referral needed	Jan 23 to Apr 10 (Mon for 12 weeks) * (Full Day retreat Sat, Mar 4)	5:30-8:00pm	<ul style="list-style-type: none"> <li>Learn 3 main components of self compassion, self-kindness, a sense of common humanity and mindfulness</li> <li>Adaptive ways of thinking to decrease depression</li> <li>How thoughts &amp; beliefs are connected to our mood, behaviors, physical experiences &amp; event in our lives</li> </ul>
<b>Assertiveness Workshop</b> Suite 306 Call 416-260-1315 Note: MD referral needed	Nov. 23 (Wed) March 10 (Fri)	9:30-4:30pm 9:30-4:30pm	<ul style="list-style-type: none"> <li>This is a workshop for people who are either passive, aggressive, or passive aggressive, or who bounce back between these options, and who want to learn some practical understanding of what it means to be assertive and some assertiveness skills. This is not a group for people who struggle with being violent or abusive.</li> </ul>
<b>Diabetes Do It Yourself</b> Suite 508 Call 416-204-1256	Nov 3 (Thu) Nov 16 (Wed) Dec 1 (Thu) Jan 5 (Thu) Jan 18 (Wed) Feb 2 (Thu) Feb 15 (Wed)	5:00-7:30pm 9:00-11:30am 5:00-7:30pm 5:00-7:30pm 9:00-11:30am 5:00-7:30pm 9:00-11:30am	<ul style="list-style-type: none"> <li>The basics of diabetes self-management</li> <li>Healthy eating, getting active &amp; setting achievable goals</li> <li>Maintaining healthy changes</li> </ul>

Group/Clinic	Date(s)	Time	Learn About:
<b>Let's Get Moving – Diabetes Exercise Workshop</b> Suite 508 Call 416-204-1256	Nov 9 (Wed) Jan 19 (Thu)	9:00-11:00am 2:00-4:00pm	<ul style="list-style-type: none"> <li>• Benefits of being more physically active and how to overcome barriers</li> <li>• Tips to reduce sedentary time</li> <li>• Four free fitness classes run at the Miles Nadal JCC (Spadina and Bloor)</li> </ul>
<b>Let's Talk Diabetes</b> Suite 508 Call 416-204-1256	Nov 24 (Thu) Jan 26 (Thu) Feb 23 (Thu)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Diabetes self-management skills by engaging in open &amp; meaningful discussions about living with diabetes <i>from others living with diabetes</i></li> <li>• Common myths about diabetes</li> </ul>
<b>Supermarket Safari – Diabetes</b> Suite 508 Call 416-204-1256	Dec 15 (Thu) Jan 19 (Thu) Feb 9 (Thu)	5:00-7:00pm 5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Reading food labels and packaging</li> <li>• Best food choices for diabetes management</li> <li>• 60 min grocery store tour</li> </ul>
<b>Happy Feet – Diabetes</b> Suite 508 Call 416-204-1256	Nov 23 (Wed) Jan 12 (Thu)	9:00-11:00am 5:00-7:00pm	<ul style="list-style-type: none"> <li>• Tips &amp; techniques for daily self-foot care</li> <li>• Preventing foot complications</li> <li>• Choosing the right shoes</li> <li>• Identifying problems/concerns with my feet</li> </ul>
<b>Your Path to Prevention Workshop</b> Suite 508 Call 416-204-1256	Dec 6 & 13(Tue) Feb 7 & 14(Tue)	5:00-7:00pm 5:00-7:00pm	<ul style="list-style-type: none"> <li>• What prediabetes is and how it is diagnosed</li> <li>• Diabetes prevention via healthy eating and physical activity</li> <li>• How to set achievable goals and maintain lifestyle changes</li> </ul>
<b>Quit Happens</b> Suite 306 Call 416-260-1315	Nov 2, 9, 16, 23, 30, Dec 7, 14, 21, 28, Jan 6, 13, 20, 27, Feb 3, 10, 17, 24, Mar 2, 9, 16, 23 and 30 (Wed)	4:00-5:00 pm	<ul style="list-style-type: none"> <li>• Accessing free nicotine replacement therapy</li> <li>• Benefits of quitting smoking</li> <li>• How to making a quit or reduction plan</li> <li>• About quitting smoking medications</li> </ul>

#### References for Zika Virus article:

Centers for Disease Control and Prevention. *Countries & Territories with Active Zika Virus Transmission*. (2016). Available: <https://www.cdc.gov/zika/geo/active-countries.html>

Government of Canada. *Zika virus infection: Global Update*. (2016). [https://travel.gc.ca/travelling/health-safety/travel-health-notice/152?\\_ga=1.220827800.1411555124.1476112557](https://travel.gc.ca/travelling/health-safety/travel-health-notice/152?_ga=1.220827800.1411555124.1476112557)

World Health Organization. *Zika virus*. (2016). Available: <http://www.who.int/mediacentre/factsheets/zika/en/>