

# THE TADDLER

## Nourishing the Years: Healthy Eating for Healthy Aging

By: Ekta Amarnani, Registered Dietitian



“It’s not the years in your life that count, but the life in your years.” This quote, made famous by Abraham Lincoln, captures the importance of not just extending life, but maintaining vitality throughout the course of one’s life. Healthy aging goes beyond

preventing and treating illnesses, and expands its focus to include preserving function, cognition, and quality of life.<sup>1</sup> There is a strong relationship between healthy aging and diet, especially as shifts in metabolism, muscle mass, and hormonal balance influence our nutritional needs as we age.<sup>1,2</sup> Despite the importance of preventing diet-related challenges, about a third of seniors living at home are not meeting their nutritional needs.<sup>3</sup>

One of the cornerstones of preserving independence and preventing frailty as we age is maintaining muscle and bone mass.<sup>4</sup> This means eating enough calories and prioritizing sources of high-quality protein such as lean meats, poultry, fish, eggs, legumes, and/or nuts into meals and snacks. Older adults should also consume 3-4 servings of dairy or alternatives daily to ensure calcium needs are met and that bone density is preserved.<sup>5</sup> To help meet protein needs you can keep easy protein sources, such as boiled eggs, tuna cans, cheese, canned beans, peanut butter, and Greek yogurt on hand. Additionally, avocados, nuts/nut butters, tahini, and olive oil are some healthy fats to use liberally in meals and snacks to help achieve calorie needs. When approaching meals and snacks, apply the mantra “make every bite count”.



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Another crucial aspect of healthy aging is preservation of cognitive function. The aging process is often connected with cognitive decline, which manifests itself in worsening memory, slower processing speed, and challenges with attention.<sup>6</sup> There is strong evidence to suggest that a Mediterranean-style diet (MediDiet) is not only protective against cognitive decline, but also against age-related diseases such as cardiovascular disease, diabetes, and certain cancers.<sup>7</sup> A MediDiet prioritizes whole grains, fruits, vegetables, lean proteins, and healthy fats while minimizing processed foods, sugary snacks, and excessive sodium intake. Frozen and/or canned fruits and vegetables can be more economical and convenient than their fresh counterparts, while still being packed with vitamins and minerals.

Even while recognizing the importance of good nutrition, seniors can find it difficult to meet their nutritional needs due to reasons including loss of appetite and interest in food, difficulties purchasing and preparing meals, and loneliness/logistical challenges for preparing food for one.<sup>1</sup> Because of this, it is important to focus not only on what you eat, but also how you eat. Taking the time to enjoy meals in a relaxed environment, chewing food thoroughly, and savouring each bite can enhance digestion, nutrient absorption, and satisfaction with meals. Exercising or walking before meals can help improve appetite. Additionally, using herbs, spices, and sauces can add flavour to your food and make it more enticing. Eat with family and friends when possible. Speak to your health care provider if your medications are causing appetite or taste problems.<sup>1</sup>



Healthy eating is one piece in the puzzle of healthy aging, and supports overall well-being, vitality, and longevity in later years.<sup>7</sup> By prioritizing nutrient-dense foods and practicing mindful eating habits, older adults can enhance their quality of life and nourish their bodies for a healthier, happier future.



### References:

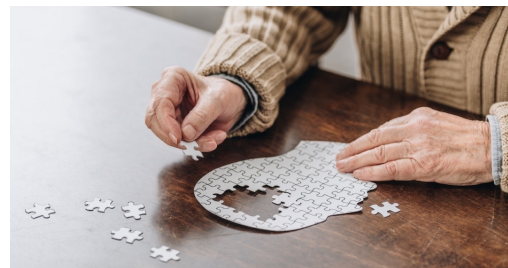
1. Leslie W, Hankey C. Aging, Nutritional Status and Health. *Healthcare*. 2015; 3(3):648-658.
2. Yeung SSY, Kwan M, Woo J. Healthy Diet for Healthy Aging. *Nutrients*. 2021 Nov 29;13(12):4310.
3. Ramage-Morin PL, Gilmour H, Rotermann M. Nutritional risk, hospitalization and mortality among community-dwelling Canadians aged 65 or older. *Health Rep*. 2017 Sep 20;28(9):17-27.

4. H Payette, K Gray-Donald, R Cyr, and V Boutier, 1995: Predictors of dietary intake in a functionally dependent elderly population in the community. *American Journal of Public Health* 85, 677\_683.

5. Health Canada. Dietary Reference Intakes. 2022.

6. Harada CN, Natelson Love MC, Triebel KL. Normal cognitive aging. *Clin Geriatr Med*. 2013 Nov;29(4):737-52.

7. Klímová B, Vališ M. Nutritional Interventions as Beneficial Strategies to Delay Cognitive Decline in Healthy Older Individuals. *Nutrients*. 2018 Jul 15;10(7):905.



## Mental Health Corner

### Taddle Creek: Deepening Connection with a Mighty Little Stream

By: Kimberly Sedore, Social Worker

Taddle Creek Family Health Team (TC FHT) is a namesake of Taddle Creek, that is truly an actual creek, one of Toronto's twenty-seven 'lost' underground rivers. The creek is visible in some places including at Wychwood Park, at Trinity Square and Holy Trinity Church. There are places where you can see the contours of the river bed, like along Philosopher's Walk on the St. George campus of the University of Toronto. The name is kept alive in places like TC FHT, Taddle Creek Montessori School, and Taddle Creek Park (Holden, 1997).

The University of Toronto Indigenous Landscape Project, Ziibiing, is a current endeavour to daylight (bring once buried rivers back to the surface) a portion of Taddle Creek (Ziibiing: Indigenous Landscape Project website). The daylighting process has been a viable and multifaceted solution implemented in many densely urbanized communities worldwide to purify water and break down chemicals and contaminants typically found in storm water (English, [waterfronttrail.org](http://waterfronttrail.org), 2018).

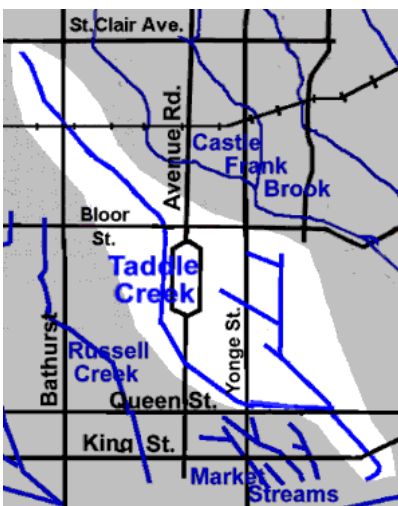
Toronto has been built on the traditional land of the Anishinawbe, Haudenosaunee, and Huron-Wendat peoples, signed in Treaty with the Mississaugas of the Credit First Nation. Toronto is now home for many Métis, Inuit, and First Nations people, and also home to settlers and people journeying through migration and displacement in diverse ways.

Research has shown that connection to place is a factor in our sense of well-being. Here, we enter the

realm of discussing place attachment: "place attachment is an emotional bond between people and places" (Purwanto & Harani, 2020). When a space or place meets your needs in a particular way and you return to that space repeatedly to enjoy it for that reason - the bond with that place can be strengthened. This can be understood as a positive feedback loop that can generate a sense of connection between self, community, and place. "People become attached to peaceful, restorative green spaces that offer mental and physical respite and may come to depend on them to fulfill health needs, and so incorporate them into their self-identity. Natural settings are favored in part as places to reflect on and regulate one's emotional state and self-concept." (University of Washington, 2018).

And what if it's changed? What if we can't see it? What if it's "green space" in the sense that it's a river - a natural, wild, living system - flowing

underground? As Gary Snyder suggests, we can still love the water, be nurtured by it, and care for it, even as it flows invisible to us, below our very feet. "[...] it can also be said in the larger picture that the river is alive and well under city streets, running in giant culvert... From the tiniest rivulet at the crest of a ridge to the main trunk of a river approaching the lowlands, the river is all one place and all one land." (Snyder, 1996).



Activity to support mental health, well-being and place attachment: Walk, jog, or wheel your way along Taddle Creek's path - and consider the river that flows below. How does your awareness of the creek shift your perception of place, space, and sense of connectedness? Consider visiting the areas where the creek flows freely at the surface at Wychwood Park or Trinity Square. What thoughts and feelings are present? Tapping into your senses of sight, sound, touch, smell what becomes vivid? Where does the mind go?

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*Cont'd from page 3 (Taddle Creek)*

Perhaps you will consider journalling about your time spent along the creek. Perhaps you will return, repeat. And perhaps the name of Taddle Creek Family Health Team will help to remind you of this very creek by which we are named - a course persistent, resilient, and alive.

#### Resources:

1. English, Jill. (September 23, 2018.) "Buying rivers is not a great idea': Cities work to uncover their hidden waterways". CBC, Science. Webpage: <https://www.cbc.ca/news/science/national-daylighting-rivers-waterways-development-1.4828016#:~:text=Still%2C%20where%20it%20is%20possible,well%20as%20communities%20in%20Canada>.
2. Great Lakes Waterfront Trail website: <https://waterfronttrail.org/>
3. Holden, Alfred. (1997.) The Forgotten Stream. Website: <https://www.taddlecreekmag.com/the-forgotten-stream>
4. Lost Rivers leaflet. Website: [https://lostrivers.ca/content/taddlecreek/TaddleCkWalk\\_2021.html](https://lostrivers.ca/content/taddlecreek/TaddleCkWalk_2021.html)
5. Maracle, Lee. (February 2010). Keynote Address. Council of Outdoor Educators of Ontario (COEO): Make Peace with Winter, Bark Lake.
6. Purwanto, Edi & Harani, Arnis Rochma.) (2020.) "Understanding the place attachment and place identity in public space through the ability of community mental map." Conf. Series: Earth and Environmental Science, Department of Architecture Diponegoro University, Semarang, Indonesia. 402, 012024, from: ICSADU 2019 IOP Publishing IOP; doi:10.1088/1755-1315/402/1/012024
7. Snyder, Gary. (1996.) Snyder, "Coming into the Watershed." *A Place in Space: Ethics, Aesthetics, and Watersheds*. New York: Counterpoint Press.
8. University of Washington, College of the Environment. (August 16, 2018.) "Green Cities, Good Health", University of Washington Urban Forestry/Urban Greening Research. Website: <https://depts.washington.edu/hhwb/Thm Place.html>
9. Ziibiing: Indigenous Landscape Project website: <https://indigenouslandscape.utoronto.ca/>



## 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.

### Taddle Creek FHT Meets with MPP Jessica Bell



*Left to right: James Scott (Patient & Family Advisory Committee- PFAC), Cheryl Dobinson, MPP Jessica Bell, Bruce Prouty (PFAC), Dr. Christina Biancucci, Dr. Eva Tao*

On March 6, 2024, five members of the TC FHT community met with our local MPP, Jessica Bell (NDP, University-Rosedale), to bring her attention to the profound need for increased funding and support for family medicine and community health in Ontario.

Between the underfunding of family medicine ([https://www.thestar.com/news/canada/beyond-crisis-levels-why-ontario-doctors-are-fleeing-family-medicine/article\\_b82fb960-cc46-11ee-9f14-33f832ff1016.html](https://www.thestar.com/news/canada/beyond-crisis-levels-why-ontario-doctors-are-fleeing-family-medicine/article_b82fb960-cc46-11ee-9f14-33f832ff1016.html)) and the lack of increases in funding for compensation in community health (<https://www.newswire.ca/news-releases/urgent-action-needed-from-ontario-government-to-address-critical-staffing-crisis-in-community-health-sector-877556678.html>), the Health Human Resources

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crisis is hitting organizations like TC FHT hard, and this of course affects our community and patients.

Dr. Eva Tao and Dr. Christina Biancucci spoke to Jessica Bell about the crisis in family medicine in Ontario, with fewer medical students choosing family medicine, and fewer family medicine graduates interested in practicing longitudinal, comprehensive family medicine due to underfunding, administrative burden, and increased expenses. They expressed the urgent need for the government to address family physician compensation, decrease administrative burden, and support team-based care, so that any new family medicine graduates will want to stay in comprehensive family practice. They argued that keeping the status quo, with the ballooning number of people in the province without family doctors and worsening emergency room and specialist wait times, is simply unacceptable.

I described the critical human resources situation that we are experiencing at TC FHT (which is also facing the broader community health sector across Ontario), stemming from a widening wage gap between community health care workers and health workers in other sectors. This had led to challenges in staff recruitment and retention, high turnover, and vacancies in positions – all of which ultimately impact patient care. I spoke about the necessity of prioritizing increased funding for compensation for community healthcare workers, including staff at TC FHT who have had no salary increases for four years now due to TC FHT not receiving any additional funding for staffing since 2020. We need appropriate funding allocations in community health organizations such as TC FHT to be able to provide staff with fair and equitable

compensation and to continue to provide the highest quality of care for patients.

Bruce Prouty and James Scott, members of the TC FHT Patient and Family Advisory Committee, shared their thoughts on the value of TC FHT and the FHT model from a patient perspective and echoed the need for increased funding and support for family medicine and community health in Ontario.

We are grateful to MPP Jessica Bell for making the time to meet with us and hear our concerns. She followed up in early April to let us know that on March 28 in the legislature she spoke to some of the concerns we had raised in our meeting during the debate on the provincial budget.

In my role as Executive Director at TC FHT, I will continue to advocate with decision-makers about the issues we face and the solutions that are needed in order to support our physicians, our staff, our patients, and our community.

If you are concerned about the issues facing family medicine and community health care in Ontario please contact your local MPP. You can find your MPP at <https://www.ola.org/en/members>

### **Personnel Updates**

Yadvi Sharma, Diabetes Education Program Administrative Assistant/Medical Secretary resigned effective April 8, 2024.

Joshika Moharana has been hired as the new Diabetes Education Program Administrative Assistant/Medical Secretary, starting on April 15, 2024. Joshika brings over four years of experience providing administrative support in diverse health care settings and has a background in mental health studies.

Taddle Creek

DIABETES  
DIGEST

# Obstructive Sleep Apnea

*By: Kelly Kyrani, Dietetic Intern*

**W**hat is Obstructive Sleep Apnea?

Obstructive sleep apnea (OSA) is a condition in which people repeatedly stop and start breathing while they are sleeping.<sup>1</sup> Another feature of OSA is reduced sleep duration and quality, resulting in the activation of the "fight or flight"

response, causing stress, hormonal changes and inflammation in the body. These consequences can increase the risk of high blood pressure, heart disease and diabetes.<sup>2</sup>

## What is the relationship between OSA and diabetes?

Many people with diabetes often experience OSA. Studies have shown that poor sleep quality and shorter sleep duration, which are typical of OSA, are associated with an increased incidence of diabetes over time.<sup>3</sup> Although we do not fully understand the association between OSA and diabetes, there seem to be several factors involved. For example, the drop in oxygen levels and disrupted sleep that occur with OSA can negatively impact how the body responds to insulin (also called insulin resistance), which is a risk factor for developing diabetes.<sup>3</sup>

## What are some common OSA symptoms?

Symptoms of OSA can include<sup>4</sup>:

- Loud snoring
- Tossing and turning during sleep
- Waking up feeling the urge to urinate
- Breathing through the mouth while sleeping
- Waking up feeling tired
- Headaches upon waking
- Dry or sore throat
- Excessive daytime sleepiness
- Trouble with memory
- Impotence or decreased sex drive

## How can OSA be treated?

The treatment of OSA depends on the severity of the condition. One treatment is a device that uses positive pressure to keep the airway open during sleep, known as Continuous Positive Airway Pressure (CPAP) therapy.<sup>2</sup> This method is considered the gold-standard treatment for OSA, as



it has been proven to improve sleep-related symptoms and the quality of life for people living with OSA. Other lifestyle strategies to manage OSA include weight management, exercise, dietary modifications, smoking cessation and limiting one's alcohol intake.<sup>2</sup>

If you experience any signs or symptoms of OSA, whether or not you have diabetes, it is important to speak with your primary care provider for support.

## Resources

1. Mayo Clinic Staff. (2023). Obstructive sleep apnea. Mayo Clinic. Retrieved from <https://www.mayoclinic.org/diseases-conditions/obstructive-sleep-apnea/symptoms-causes/syc-20352090>
2. Muraki, I., Wada, H., & Tanigawa, T. (2018). Sleep apnea and type 2 diabetes. *Journal of Diabetes Investigation*, 9(5), 991–997.
3. Reutrakul, S., & Mokhlesi, B. (2017). Obstructive Sleep Apnea and Diabetes: A State of the Art Review. *Chest*, 152(5):1070-1086. doi: 10.1016/j.chest.
4. Newson, A., & Singh, A. (2023). Obstructive Sleep Apnea. Sleep Foundation. Retrieved from <https://www.sleepfoundation.org/sleep-apnea/obstructive-sleep-apnea>

## A conversation about cancer screening tests

By: Dr. Eva Tao, Family Physician



As a Star Trek fan, I often dream of a time when I too can scan my patient with a tricorder, tell them immediately what's wrong with their body, then fix it right away. There would be no need to discuss if the abnormality was ever going to turn into a

problem because I would fix it without risk. I would pat the patient on the shoulder and send them on their way.

Unfortunately, we are not there yet.

While tests exist to detect cancers, they are each imperfect, especially those aimed at finding cancers early. Those of you who are over 50 may have received Cancer Care Ontario's lovely birthday letters about screening for breast cancer or colon cancer. Or, you may have engaged in conversations with your doctor about screening for prostate cancer.

Most people believe that screening for cancers is a good thing and that this will help them find the cancer "early" and prevent future suffering or death.

As outlined in a recent, excellent article in the journal *Canadian Family Physician*, the matter of screening is a nuanced and complex one.<sup>1</sup> The article points out a few misconceptions that patients can reflect on prior to seeing a primary care provider:

### 1) "Earlier detection results in better outcomes"

While this may be true for some cancers, it is not true for all. For example, it is well known that the majority of prostate cancers are slow growing and do not end up being the cause of sickness or death.<sup>2</sup>

### 2) "Screening saves lives"

We are often told this in ad campaigns or in the media, but the reality is that this is an

oversimplification. For example, instead of telling women to start regular mammograms at age 50 to screen for breast cancer, the more nuanced advice is that regular mammogram screening may help prevent one breast cancer-related death in approximately 1,000 women screened over a number of years.<sup>3</sup>

### 3) "There are no harms to screening"

Screening tests may lead to over-diagnosis, which is the identification of medical conditions that are never going to cause harm.

Each screening test also has a false-positive test rate. This refers to an error in the test result, where the test shows an abnormality even though the patient does not have it.

Screening tests are usually not invasive. However, a positive screening test can often lead to more invasive tests. These can cause side effects and complications. For example, a prostate biopsy, which is a tool used by urologists to help diagnose prostate cancer can lead to complications like infection or bleeding.

Having an ongoing conversation with your provider is the best way to help you weigh the benefits and risks of cancer screening for your particular risk profile. They can advise you on best current understandings of the topic, and help you make decisions that are right for you with the imperfect information we have.



## Resources

1. Theriault, G. et al. (2023). Debunking myths about screening. *Canadian Family Physician*, 767-771.
2. Bell, N. et al. (2014). Recommendations on screening for prostate cancer with the prostate-specific antigen test. *CMAJ*, 1225-1234.
3. Klarenbach, Scott et al. (2018). Recommendations on screening for breast cancer in women aged 40-74 years who are not at increased risk for breast cancer. *CMAJ*, E1441-1451.

## Taddler Tips

### Program Spotlight:

## The Home Visiting Program

The Taddle Creek Family Health Team would like to remind our patients about our Home Visiting Program for those who are bed bound or otherwise unable to leave their homes. To access the Home Visiting Program, you will be referred by your primary care provider. Once referred, you will have access to a Physician Assistant and Social Worker. The Home Visiting Program provides short-term support (typically three visits) to help individuals remain independent and safe in their homes as long as possible. Examples of support include:

- Health assessments
- Some illness monitoring
- Some vaccinations
- Community resource information
- Mental health support



This program is only open to current patients of the Taddle Creek Family Health Team. You can

access the Home Visiting Program if you meet the following criteria:

- Currently homebound, or unable to leave home to access medical attention
- In need of easy access to support services at home
- Live south of St. Clair Avenue, west of Parliament Street and east of Dufferin Street\*

*\*Some exceptions made on a case-by-case basis*

The Home Visiting Program works in partnership with Home and Community Care to help connect eligible patients to support services such as personal support workers and specialists. While we strive to support as many people as possible, this is not a crisis or urgent care service, and cannot replace nor offer full-range healthcare services.

If you or your loved one would benefit from home visits, please reach out to your primary care provider to discuss if the Home Visiting Program is right for you.

## THE TADDLER

A publication of  
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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

## June 2024 - November 2024 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: <https://taddlecreekfht.ca/>  
*Dates are subject to change*

Event	Date(s)	Time	Learn About/Assistance With
<b>Seniors Healthy Living Workshop</b> <b>In-person</b>  Call Stephen Fenn, SW at 416-260-1315 ext 313 and leave a voicemail	Sep 10, 2024  Oct 1, 2024	1:00 - 4:00 pm	<ul style="list-style-type: none"> <li>For older adults looking to connect with others and discuss ways to live healthy, happy and independent lives as they age</li> <li>We will discuss maintaining wellness with age, dealing with the emotional impact of aging and maintaining and increasing social connections</li> <li>Participants are invited to bring in their cell phones, laptops and tablets for a tech literacy tutorial</li> </ul>
<b>Navigating Resources in Toronto: A Guide to Supports and Services</b> <b>Virtual</b>  Registration required. <a href="#">CLICK HERE</a> to register	Jul 8, 2024	5:00 - 6:30 pm	<ul style="list-style-type: none"> <li>This webinar explores a variety of resources and supports available to those living in Toronto to promote wellbeing and independence</li> <li>Examples of resources we will discuss include financial assistance programs, transportation support, low cost dental services, mental health resources and more</li> </ul>
<b>CBT for Insomnia Group</b> <b>Virtual</b>  Call 416-260-1315 Note: MD referral required	Sep 12 - Oct 10, 2024	Thurthdays 4:00 - 6:30 pm	<ul style="list-style-type: none"> <li>How cognitive behavioural therapy (CBT) is used when treating insomnia</li> <li>Techniques to help you get quality sleep that will promote good physical and mental health</li> <li>How our minds and thoughts contribute to insomnia</li> <li>Practicing mindfulness to reduce stress and help you get to sleep</li> </ul>
<b>DBT Skills Group</b> <b>Virtual</b>  Call 416-260-1315 Note: MD referral required	Orientation: Sept 4  Module 1: Sept 11 – Oct 2  Module 2: Oct 16 – Nov 6  Module 3: Nov 20 – Dec 11	Wednesdays 1:00 - 3:30 pm	<ul style="list-style-type: none"> <li>A 12-week group with a focus on coping skills that can help participants navigate life's ups and downs</li> <li>The four facets of DBT covered in this group include 1) distress tolerance, 2) emotional regulation, 3) interpersonal effectiveness, and 4) mindfulness</li> <li>Each session includes time for practice of skills and sharing of experiences in applying the skills</li> </ul>
<b>Mindful Nutrition Group</b> <b>In-person</b>  Call 416-260-1315 to register for the group	Sep 16 - Nov 18, 2024 7 Sessions to complete	Mondays 10:00 - 11:30 am	<ul style="list-style-type: none"> <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>
<b>Intuitive Eating with Diabetes Group</b> <b>Virtual</b>  Call 416-204-1256	Sep 10 - Oct 22, 2024 7 sessions to complete	Tuesdays 2:30-5:00 pm	<ul style="list-style-type: none"> <li>Creating a healthy relationship with food, mind and body</li> <li>Getting in touch with your body's signals of hunger, fullness and satisfaction</li> <li>Mindful meditation and relaxation exercises</li> <li>Strategies to cope with anxiety, depression, stress, fear and guilt around managing diabetes</li> </ul>

Event	Date(s)	Time	Learn About/Assistance With
<b>Blood Sugar Management Workshop</b> <b>Virtual</b>  Call 416-204-1256	Jun 5, 2024 (Part 1) Jun 22, 2024 (Part 2)  Jun 6, 2024 (Part 1) Jun 13, 2024 (Part 2)  Jul 3, 2024 (Part 1) Jul 10, 2024 (Part 2)  Jul 18, 2024 (Part 1) Jul 25, 2024 (Part 2)  Aug 7, 2024 (Part 1) Aug 14, 2024 (Part 2)  Aug 22, 2024 (Part 1) Aug 29, 2024 (Part 2)  Sep 4, 2024 (Part 1) Sep 11, 2024 (Part 2)  Sep 14, 2024 (Part 1) Sep 26, 2024 (Part 2)  Oct 2, 2024 (Part 1) Oct 9, 2024 (Part 2)  Oct 17, 2024 (Part 1) Oct 24, 2024 (Part 2)  Nov 6, 2024 (Part 1) Nov 13, 2024 (Part 2)  Nov 21, 2024 (Part 1) Nov 28, 2024 (Part 2)	Wednesdays 9:00 - 11:00 am  Thursdays 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  Wednesdays 9:00 - 11:00 am  Thursdays 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	An introductory two-part series designed to help individuals living with prediabetes or diabetes. Workshops will be held over Zoom.  Part 1: Getting Started <ul style="list-style-type: none"> <li>• What is diabetes?</li> <li>• What causes diabetes?</li> <li>• How is prediabetes/diabetes diagnosed?</li> <li>• How do I prevent long term complications related to diabetes?</li> <li>• Is diabetes reversible?</li> </ul> Part 2: Taking Charge <ul style="list-style-type: none"> <li>• How can I manage my blood sugars?</li> <li>• What can I eat when I have prediabetes/diabetes?</li> <li>• Can exercise help with prediabetes/diabetes?</li> <li>• How does stress impact my prediabetes/diabetes?</li> </ul>
<b>Let's Get Moving</b> <b>In-person</b>  Call 416-204-1256	Jun 20, 2024 (Registration closed)  Fall 2024 (Dates to be determined)	10:00 - 11:30 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)  <b>Learning Objectives:</b> <ul style="list-style-type: none"> <li>• The difference between physical activity and exercise</li> <li>• Health benefits of having a more active lifestyle</li> <li>• The three types of physical activities and how often/how long to do them</li> <li>• Common barriers and solutions to becoming more active</li> </ul>
<b>Heart Health Jeopardy Workshop</b> <b>In-person</b>  Call 416-204-1256	Nov 5, 2024	4:00 - 6:00 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.  <b>Topics covered include:</b> <ul style="list-style-type: none"> <li>• Pathophysiology and risk factors of cardiovascular disease</li> <li>• Targets for blood pressure and cholesterol</li> <li>• Medications and supplements</li> <li>• Lifestyle strategies to manage cardiovascular disease (including nutrition, physical activity, stress management and smoking cessation)</li> </ul>