



## NEWS YOU CAN USE:

### Niagara health trust

The new Medical Officer of Health (MOH (A)) for Niagara Region, Dr. Valerie Jaeger has started a timely and important process to address concerns of the health care community in Niagara. Niagara's health care community works tirelessly and with dedication for the residents of Niagara. Several local issues have risen to the fore, including prescription drug misuse, access to interprofessional services, and transportation. Issues such as these require the multi-disciplinary focus of local experts. LHINs do not provide this local-level nexus. Initial invitations to physicians, hospitals, pharmacists, dentists, educators and other community leaders have been met with enthusiasm. The aim is to bring people together and hammer out solutions that are local, realistic, workable and welcomed by all parties. Stay tuned!

### How loud is too loud?

In early 2011, the European Union passed regulations that personal music players (PMPs) must have a default maximum of 80 decibels (if marketed to children) or 85 decibels otherwise. This was in part based on studies showing that up to 30 per cent of youth listening to personal music players (mp3 players, ipods) are likely to listen to music at volumes higher than 85 decibels, especially in noisy environments. However, even these landmark regulations do not restrict PMPs to a max total of 85 – just to a warning system if the default max is voluntarily exceeded.

Research has clearly shown what we would all assume by observation, that the average person listens to music over headphones much more than in the past. The jury is still out about exact decibel levels or ranges, exposure times, effects by age, and direct proof of causality for hearing loss. Early research shows that it is likely that the youth listening at risky levels will be least amenable to change just based on the potential risk to hearing. On the flip side, it is also likely that youth whose parents are able to monitor exposure and communicate their concerns effectively will have less exposure. The annoying "further research required" is certainly true here; there isn't a clear-cut answer on how to advise parents specifically about the risks of PMPs. However, it reinforces the general message to parents about the need to share their values, principles and beliefs in two-way, open conversations.

On that topic – please see the article enclosed about the Triple-P (PPP) parenting classes in Niagara, initiated by a guest author pediatric resident at the University of Toronto. Please note the new Teen PPP classes available to all parents.

### Tis the season

Respiratory season has barely (but definitely) begun - if only we had a vaccine to prevent all respiratory tract infections... The experience in 2009 rightfully led to an enormous increase in research around influenza, especially helpful to answer questions about the importance of influenza vaccination.

With Ontario starting universal influenza immunization in 2000, ahead of other provinces, we have had ample opportunity for natural experiments to compare morbidity and mortality and evaluate the program. Previous studies have found evidence for effectiveness, as well as attractive cost-effectiveness for the provincial program.

A recent study comparing a children's hospital in Boston and one in Montreal provides further evidence of the impacts of immunization. While the United States (ACIP) has recommended universal influenza immunization since 2010, it had added young children to its recommendations in 2006 (unlike Montreal). The study (to appear in the September 20 CMAJ) covered nine years' worth of data and did a very good job of controlling for several important factors including seasonal trends and ED utilization in general. The main result was a 34 per cent lower rate of influenza-like illness visits to the Boston ED for two to four-year-olds after the 2006 policy change.

While not perfect, our understanding and ability to characterize the effects of immunization are increasing and the strong clinical belief that we need to ensure immunization, especially of our children and their families, is now being further supported by quantifiable data.

So enjoy the many articles in this issue of the newsletter, and, as always, we welcome your feedback and suggestions.

*Andrea Feller, MD, MS, FAAP  
Associate Medical Officer of Health  
905-688-8248 ext. 7213*

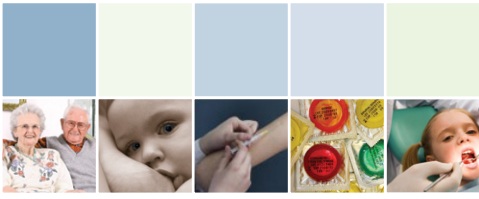
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A copy of this newsletter is also available at:  
[www.niagararegion.ca/living/health\\_wellness/professionals/doctors.aspx](http://www.niagararegion.ca/living/health_wellness/professionals/doctors.aspx)

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**Editor:** Diane Sutherland



## Ontario's publicly funded immunization program expansion

The Ontario government recently expanded its publicly funded immunization program to include:

- A new oral rotavirus vaccine for infants six to 24 weeks of age.
- A second childhood dose of varicella vaccine for children one to 11 years of age.
- A booster pertussis (whooping cough) vaccine for adults 19 - 64 years of age who were not vaccinated in adolescence.

### Immunization Records (yellow cards)

The yellow Immunization Record has been updated to include a column for the rotavirus vaccine, administered orally to infants at two months and four months of age.

The measles, mumps, and rubella (MMR) vaccine and the varicella vaccine remain as individual columns on the yellow Immunization Record. Please ensure you check both of these vaccine boxes when administering the measles, mumps, rubella, and varicella (MMRV) vaccine to children from four to six years of age.

### Availability of Pertussis (whooping cough) vaccine

Boostrix® is the combined tetanus, diphtheria and pertussis vaccine being distributed during the months of September and October 2011, due to a limited supply of Adacel®. It is anticipated that in November/December 2011, our regular supply of Adacel® will resume.

To ensure that the same vaccine is used to complete the three-dose Tdap series for unimmunized children greater than or equal to seven years of age, we recommend Adacel® be given. Boostrix® should be used as the booster dose for adolescents and as the one lifetime dose for adults 19 - 64 years of age who have not received their adolescent booster dose.

### Information Package to Health Care Providers

In August 2011, the Ministry of Health and Long-Term Care (MOHLTC) sent an information package to all relevant health care providers to inform them of the expanded immunization program. The information package contained patient educational materials (e.g., fact sheets, brochures, posters) and the (green) Publicly Funded Immunization Schedules for Ontario – August, 2011.

To order patient educational materials and/or to receive additional copies of the schedules, visit the health care professionals section on the MOHLTC website: [www.ontario.ca/vaccines](http://www.ontario.ca/vaccines).

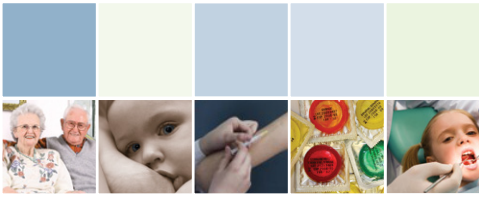
For more information, please call the Vaccine Preventable Disease Program at 905-688-8248 or 1-888-505-6074 ext. 7425.

**Free CME on Influenza Immunization – up-to-date information about the influenza vaccine, universal program, and the upcoming influenza season.**

**1 Mainpro M1 credit**

<http://www.health.gov.on.ca/en/pro/programs/publichealth/flu/>





## Suicide in the Niagara community



### Resources for primary care providers and families

If you feel that your patient is not an immediate risk for suicide, here is a list of local resources you can use to help create a safety contract:

**Distress Centre Niagara:**  
905-688-3711 St. Catharines  
905-734-1212 Welland/Port Colborne  
905-382-0689 Fort Erie  
905-563-6674 Grimsby/Beamsville  
24 hour Crisis Line:  
Free, anonymous, confidential  
24 hour distress line.

**Pathstone Mental Health:**  
1-800-263-4944  
24 hour Crisis Line: Support for children, adolescents under 18, and families in Niagara.

**Canadian Mental Health Association:**  
905-641-5222  
Counselling Service rehabilitative programs, housing program, and support groups throughout Niagara.

**Kids Help Phone:**  
1-800-668-6868  
A 24 hour bilingual telephone service providing counselling and information/referral services for kids experiencing a wide variety of problems and concerns.

### Why is suicide an issue for physicians?

- each year in Canada more than 3600 people die by suicide, with over 40 deaths and 750 emergency room visits here in Niagara (Statistics Canada, 2007; IntelliHEALTH, 2009)
- eight of 10 people who attempt suicide or die by suicide made mention of their plans (Canadian Mental Health Association, 2011)
- nearly 50 per cent of people who die by suicide had contact with their primary care provider within one month of their suicide (Luoma et al., 2002)

### What can primary care providers do?

Continue to be aware of the risk factors and warning signs of suicide. Ask your patients directly if they are experiencing thoughts of suicide.

### Questions to ask to identify risk of suicide

- **Do you have pain that at times seems unbearable?**
- **Do you have a plan? How do you intend to do it?** (Is there means available, has time been decided?) Note: The more lethal the means, the more available the means, and the more definite the time frame, the greater the risk.

If you are concerned about suicide in Niagara and want to help Niagara Region Public Health identify what can be done to assist suicide prevention efforts, or if you are interested in suicide intervention training opportunities, please contact Ryan Alexander at [ryan.alexander@niagararegion.ca](mailto:ryan.alexander@niagararegion.ca) or 905-688-8248 ext. 7306.



## Pharmacy smoking cessation program

As of September 1, 2011, the Ontario Government is funding a new pharmacy smoking cessation program for Ontario Drug Benefit (ODB) recipients.

Under this new program, community pharmacists will:

- Provide one-to-one support services and advice to ODB recipients who want to give up using tobacco
- Meet with enrolled patients in counselling sessions over a one-year period
- Use the 5As (Ask, Advise, Assess, Assist and Arrange) Minimal Contact Intervention to assist patients in their quit attempts

Consider encouraging your ODB patients to see if their local pharmacy is participating.

There is strong evidence that health care providers can make a difference in helping their patients quit, even just by asking. Unassisted quit attempts are successful only three to five per cent of the time, compared with up to 20 per cent success for those receiving cessation counselling and medications.

Smoking cessation billing codes still apply for physicians. Please visit [www.omacti.org](http://www.omacti.org) to download fee guides and flow sheets to assist in charting tobacco cessation with your patients.

For more details about the 5As and helping your patients to quit tobacco use, please visit [www.youcanmakeithappen.ca](http://www.youcanmakeithappen.ca).

Submitted by:  
Stephanie Hicks,  
Health Promoter



## Triple P – A Public Health approach to parenting



It is extremely rewarding and enjoyable to be a parent, but it is not always easy. Parenting can be demanding, frustrating and exhausting, especially in challenging situations. The challenge for all parents is to raise healthy, well adjusted children in a loving, predictable and nurturing environment.

Parents who visit the office report difficulty in dealing with their teenagers' attitudes, or their toddlers' temperament, and mothers admit that they are overwhelmed and at the end of their rope.

These issues could certainly have a significant effect on the child's developmental future. As physicians, we listen, take notes, and offer suggestions, but most of us do not have the time or the expertise to be able to counsel these families appropriately. It leaves many of us wishing that there had been a teaching module on parenting during residency. What can we offer? Where can we send these families for effective help? Niagara Region Public Health has asked an even better question: what if we could teach parenting skills to families *before* a problem develops, and make a difference on a population level?

While this might seem ambitious, Niagara Region Public Health believes in giving families, especially young children, the best possible chance at success in school and in life. The **Positive Parenting Program**, or **Triple P** for short, is offered by Niagara Region Public Health and a collaboration of Niagara agencies who work with children and families, free of charge. This innovative program was developed at the University of Queensland by clinical psychologist

Matthew Sanders. Its goal is to prevent the development of behavioural, emotional, and developmental problems in children on a population level by teaching self-regulation and educating all parents about parenting, discipline, and teaching techniques. There are five levels of intervention, ranging from brief, preventive advice to more one-on-one programming for families already struggling with behaviour issues. Its all-inclusive nature means that physicians need not worry about making families feel inadequate when recommending Triple P, as it truly is meant for everyone. The program focuses on four main points: building positive relationships with children, encouraging desirable behaviour, managing misbehaviour, and taking care of oneself as a parent.<sup>1</sup> Parents are encouraged to set realistic expectations for their child based on their developmental stage. Triple P offers concrete, developmentally appropriate recommendations for discipline when behaviour does not meet these expectations. Its scientific approach involves having the parent set goals for behaviour change, monitor behaviours before and after the intervention, and re-assess the outcome of the intervention. Triple P offers six group classes and two individual telephone support sessions, for parents of children in two age ranges (two – 12 years and 12 – 16 years), as well as quick tips, telephone counselling and online podcasts.

But does it work? One study by the creator of Triple P found that there were less clinically elevated and borderline behavioural and emotional problems in communities targeted by the Triple

P intervention compared to control communities.<sup>2</sup> Parents also reported less depression, stress, and coercive parenting in these communities. One study in the U.S. demonstrated less child maltreatment after a population based Triple P intervention.<sup>3</sup> In Niagara, local evaluation results indicate that parents experience less stress and anxiety when interacting with their children and managing child behaviour. The program has been shown to be acceptable to families from many different cultures, which would be important in our multicultural communities.

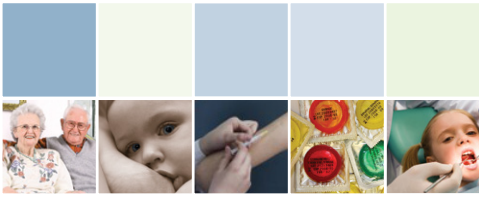
The effects of Triple P could theoretically be maintained by families and could be passed down through future generations, with ripple effects into rates of child maltreatment, mental health issues, and many others – a worthwhile investment for us as individuals and for our society as a whole.

Triple P classes begin this Fall. Registration information and detailed program information is available by calling the Parent Talk Information Line at 905-688-8248 or 1-888-505-6074 ext 7555 or by visiting [www.triplepontario.ca](http://www.triplepontario.ca) or [www.beagreatparent.ca](http://www.beagreatparent.ca)

*Co-authored by Dr. Kate Amiel, MD, PGY-2, Paediatrics, University of Toronto, and Mindy Bilotta, Health Promoter, Child Health Program, Family Health Division.*

### References

1. Sanders, M. Triple P Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology* (2008) 22: 506-517.
2. Sanders, M et al. Every family: a population approach to reducing behavioural and emotional problems in children making the transition to school. *Journal of Primary Prevention* (2008).
3. Prinz, R et al. Population based prevention of child maltreatment: the US Triple P System Population Trial. *Prev Sci* (2009) 10: 1 – 12.



## Salt at fault



All age groups have average sodium intakes that exceed the upper level for health safety, yet only about 10 per cent of sodium consumed is added by individuals in cooking or at the table. Our food supply is “peppered” with high-salt foods<sup>1</sup>. Principally then, sodium is a food supply issue that is threatening everyone’s health.

What may be less clear is what can, or could be, done to make healthier choices easier?

### Point patients to information, tips and resources on healthier eating.

Changes to sodium levels in the food supply will have the most impact, but education and awareness-raising have a role also. Relevant topics include label reading, and promotion of more fresh foods, especially vegetables and fruit, which tend to be naturally low in sodium and help to mitigate its harmful effects. Following are key sources:

- Sodium 101, providing sodium information at the following link -- <http://www.sodium101.ca>.
- Eat Right Ontario, which houses and links to much healthy eating information, and has an “ask a RD” service (by e-mail or phone) -- <http://www.eatrightontario.ca>.
- “Healthy eating is in store for you”, label reading info, presentation slides, and fact sheets at the following link -- <http://www.healthyeatingisinstore.ca/>
- Foodland Ontario for facts, recipes, and what’s in season -- <http://www.foodland.gov.on.ca/english/index.html>.

### Recognize that some priority populations consume more processed, high-sodium foods.

Nutrient-dense foods such as fresh vegetables and fruit, milk, and meats are amongst the most expensive foods. Low-sodium foods are premium-priced. Choices available through food charity

(food banks) are typically processed and high in sodium. Consequently, people with low-incomes are more likely to consume cheap, processed foods that are high in sodium.

### Influence the food industry to make needed reductions in sodium levels in our food supply.

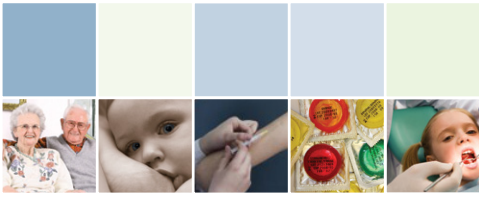
A recent study<sup>2</sup> revealed that Ontarians find it hardest to cut down on prepared foods, which have the most impact on sodium intakes. The researchers concluded that the key to reducing sodium intakes is for the food industry to develop and sell foods with lower-sodium content. Consider contacting the OMA to see how to get involved or order resources for your office.

Submitted by: Kim Ouellette, RD

#### References

1. Garriguet D. (2007) Canadian Community Health Survey – Sodium consumption at all ages. *Health Reports* (Statistics Canada, Catalogue 82-003; 18 (2): 47-52.
2. University of Guelph Department of Food, Agriculture and Resource Economics, Ontario Food Panel study on sodium, “Ontario Food Panel highlights consumer views on sodium consumption, as well as industry responsibility in salt reduction”, July 26, 2011 <http://www.canadianmanufacturing.com/food/news/study-reveals-consumers-under-estimate-sodium-intake-38580>

**New OBSP  
testing site  
(non high-risk)**  
**St. Catharines  
Medvue-Niagara  
Diagnostic  
Imaging**  
587 Lake Street,  
St. Catharines  
**905-937-2255**



## Cutting down the wait

The Ontario Breast Screening Program (OBSP) offers free breast screening comprehensive services to women age 50 and over. Women can be referred by their physician or self-refer by directly contacting one of their area's testing sites listed at [www.cancercare.on.ca/obsplocations](http://www.cancercare.on.ca/obsplocations).

This program has recently been expanded to include genetic assessment and testing, if required, with annual mammography and MRI (or ultrasound if contraindicated) for women who are 30-69 years old and are at high risk of developing breast cancer. Although less than one per cent of women in the general population are high risk, these women tend to have more aggressive types of cancer that can be harder to detect. For them, the combination of mammography and MRI is more effective. Refer women who are, or may be, at high risk and an OBSP professional will coordinate screening and/or testing.

### High risk:

- Known carrier of a deleterious gene mutation (e.g. BRCA1, BRCA2).
- First degree relative of a mutation carrier (e.g. BRCA1, BRCA2), has previously had a genetic assessment and has currently declined genetic testing.
- Determined to be at greater than or equal to 25 per cent lifetime risk of breast cancer. (Must have been assessed using either the IBIS or BOADICEA risk assessment tools, preferably at a genetics clinic).
- Received chest radiation before age 30 and at least eight years previously.

### May be high risk:

Multiple cases of familial breast cancer (especially if diagnosed less than 50 years) and/or ovarian\* cancer at any age.

- Primary cancer occurring in both breasts (especially if diagnosed less than 50 years).
- Both breast and ovarian\* cancer in the same woman.
- Invasive serous ovarian\* cancer.
- Breast and /or ovarian\* cancer in Ashkenazi Jewish families.
- An identified BRCA1 or BRCA2 mutation in any blood relative.
- Male breast cancer.

\*includes cancer of the fallopian tubes

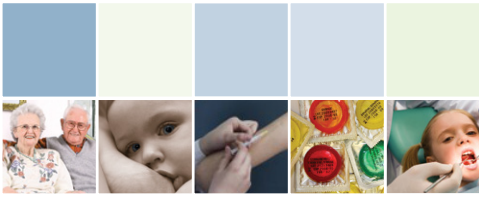
Requisitions must have a physician's signature and are located at [www.cancercare.on.ca/obsresources](http://www.cancercare.on.ca/obsresources). Fax to 905-389-5278, Hamilton Health Science- Juravinski Hospital (Ontario Breast Screening Program).

You will receive all genetics and/or imaging results directly.

For more information, call 905-389-0101. Additional testing sites will be added as the program progresses.

Written By:  
Karen Babcock, B.Kin.  
Health Promoter, Healthy Lifestyles

**NOTE:**  
**NO FLUORIDE IN WATER**  
There is no fluoride in Niagara's water supply. All residents should brush their teeth twice daily for at least two minutes with a pea-sized portion of fluoridated toothpaste (rice-grain portion for children three years and younger) and see a dentist regularly.



## Welcome - Niagara Region Physician Recruitment and Retention Coordinator

Watch for the rebranding of [www.niagaradocs.ca](http://www.niagaradocs.ca)



Jill Croteau,  
Physician Recruitment and Retention Coordinator

Niagara Region council has approved the continuation of the Niagara Region Physician Recruitment and Retention Coordinator to address present and future Family Physician shortage concerns in Niagara. The Physician Recruitment and Retention program responsibility and oversight will be housed under Niagara Region Public Health which has awarded the successful bid to Jill Croteau.

Jill possesses a degree in Business Administration from Lakehead University with a major in Human Resource Management, as well as a Certified Human Resources Professional Designation. She has over seven years of Human Resources and Recruitment experience while working as a Corporate and Agency recruiter for companies in Niagara as well as Alberta. She is an active member of the Niagara Chapter of the HRP. In addition to her professional background, Jill shares a

commitment to promoting health and wellness as Chairperson of a local not-for-profit sports organization. Her passion for community involvement, service delivery and the Niagara Region makes her the ideal candidate to attract and retain highly qualified and skilled Family Physicians.

With many Family Physicians expecting to retire over the next five years, Jill will work closely with municipalities and McMaster DeGroote School of Medicine to adopt the new training-led recruitment strategy that will focus on retaining current medical students and residents in Niagara. This new leadership will bring innovative ideas to promote and brand Niagara as the place for physicians to live and grow their primary health care practice.

For locum coverage, recruitment needs or retirement transitioning, please contact Jill at [jill.croteau@niagararegion.ca](mailto:jill.croteau@niagararegion.ca) or (905) 688-3762 ext. 3287

## Gonorrhea and the trend of declining susceptibility to Cephalosporins

Neisseria gonorrhoea is a major cause of pelvic inflammatory disease, ectopic pregnancy and infertility, and it can facilitate infection with HIV. It remains the second most commonly reported bacterial sexually transmitted infection in Canada. Although cephalosporins are still an effective treatment for gonococcal infections, the CDC has reported that susceptibility to cephalosporins has decreased since monitoring began in 1986, mirroring the recent emergence of fluoroquinolone resistant gonorrhoea. No other well-studied and effective antibiotic treatment options or combinations are currently available once the bacteria are resistant to cephalosporins.

With the recent discovery of a new, untreatable strain of gonorrhoea, named H041, found in a pharyngeal isolate in Japan and a small number of isolated cephalosporin treatment failures in other

parts of the world, concern has risen that multi-drug resistant gonococcal strains are likely to develop in North America in the coming years. Actions undertaken now could delay the spread of cephalosporin-resistant strains and mitigate public health consequences.

Health care providers are encouraged to:

- Promptly treat all patients diagnosed with gonorrhoea according to the Canadian STI Treatment Guidelines. Case finding and partner notification are critical strategies for maintaining control of gonococcal infections in Canada. Public Health is available to assist with partner notification and treatment of STIs.
- Obtain cultures to test for decreased susceptibility from any patients with suspected or documented gonorrhoea treatment failures. Clinicians should remain vigilant for treatment failures

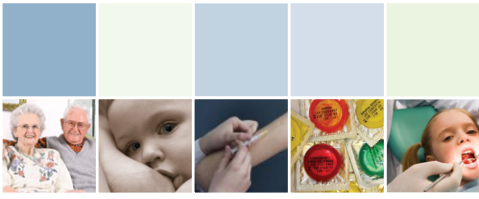
as evidenced by persistent symptoms or a positive followup test despite appropriate antibiotic treatment.

- Report any suspected treatment failure to Public Health as soon as possible. It is important that resistance is recognized early so that prompt and appropriate treatment of both the index case and their sexual partners can be undertaken, further limiting spread of infections within the community.

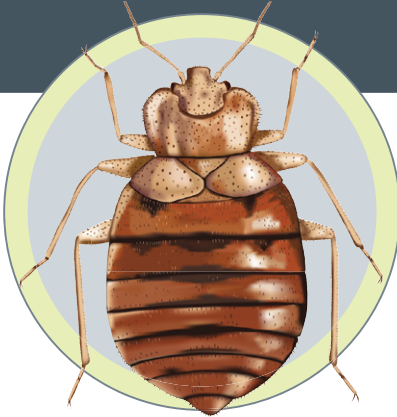
Treatment for gonorrhoea, chlamydia and syphilis are available free of charge with a prescription. For more information on STI testing, treatment and follow up please call Niagara Region Public Health, Sexual Health program at 905-688-3817.

Submitted by:  
Janice Jackson BScN, R.N. (EC)

**Reference**  
Morbidity and Mortality Weekly Report, July 8, 2011



## I think you might have... bed bugs



A patient displays several small, reddish bumps on his neck. He says that the bumps are very itchy, and that he thinks something is biting him during the night. You suspect bed bugs. The patient wonders how he got bed bugs, since he and his wife keep a clean home. He also questions why his wife doesn't have similar symptoms.

Bed bugs were common household pests until the early twentieth century with the advent of pesticides. However, increased international travel and misuse of pesticides has allowed for bed bugs to make a comeback.

Bed bugs are small, reddish-brown, wingless insects that feed on the blood

of humans and animals. As their name implies, bed bugs commonly reside in mattresses, box-springs, and bed frames. Bed bugs are nocturnal and the presence of carbon dioxide and heat triggers bed bugs to leave their hiding places and search for suitable hosts.

Bites generally occur on a person's head, neck and arms, although bed bugs will feed from any uncovered body areas.

Reactions to bed bugs vary from person to person. Approximately 30 per cent of individuals bitten are asymptomatic. Typical bed bug bites appear as small, circular bumps or wheals; these frequently occur in a line of three, and are colloquially termed "breakfast, lunch, and dinner". Bites are usually itchy, and scratching can lead to secondary bacterial skin infections. Given the overlap of bed bug symptoms with many other common skin conditions, such as scabies and allergic reactions, it is important to consider bed bug bites on your differential diagnosis. Bed bugs are not known to transmit blood borne infections.

Physicians can encourage patients with suspected or confirmed bed bug infestations to contact licensed pest control professionals. An integrated pest management approach, including structural exterminations and domestic chores (such as laundry, vacuuming, and removal of clutter), and communication between involved parties, is essential for combating bed bugs. Professional treatments can be expensive, but over-the-counter remedies (i.e., bug sprays/bombs) are largely ineffective, and may actually foster pesticide resistance in bed bugs, as well as potential health effects from exposure to chemicals.

Physicians can refer any patient questions related to eradication of bed bugs to the Environmental Health Division at Niagara Region Public Health 905-688-3762 ext. 7589. Additional information on bed bugs is also available at [www.bedbuginfo.ca](http://www.bedbuginfo.ca).

*Submitted by:*  
Gillian Thiessen, B.H.Sc., B.A.Sc., C.P.H.I.(C)

## Take Advantage of EatRight Ontario

Do your patients have healthy eating questions?

Would you like an easily accessible service that provides current, high-quality, consistent information?

Try EatRight Ontario (ERO).

ERO is a free service for both the public and health care professionals.

When your patients call, they talk with registered dietitians, backed by PEN -- dietitians of Canada's Practice-based Evidence in Nutrition. While user satisfaction with the service across the province is very high (greater than 90 per cent), your patients in Niagara may not know about the service. If you call, you

can get your questions answered, and also order free materials to distribute in your office.

### EatRight Ontario:

- Provides general nutrition guidance, including to those who are awaiting dietitian counselling
- Offers phone service in more than 100 languages
- Covers a wide range of topics, including weight loss, diabetes, infant feeding, grocery shopping, digestive complaints (constipation, gas), vegetarianism, sports nutrition and supplements

ERO offers several options to connect with a registered dietitian:

- Toll-free: 1-877-510-5102, 9:00 a.m. to 5:00 p.m., Monday to Friday.  
Evening hours:  
Tuesday and Thursday until 9:00 p.m.

Visit [www.eatrightontario.ca](http://www.eatrightontario.ca) to :

- post an e-mail question anytime (responses within three business days)
- find information on a wide variety of healthy eating topics, tips and recipes.

*Ref: ERO Health Unit/Stakeholder Report, Vol II, Oct 2009 through Mar 2010, and Vol IV, Oct 2010 through March 2011.*

*Submitted by: Kim Ouellette, RD*