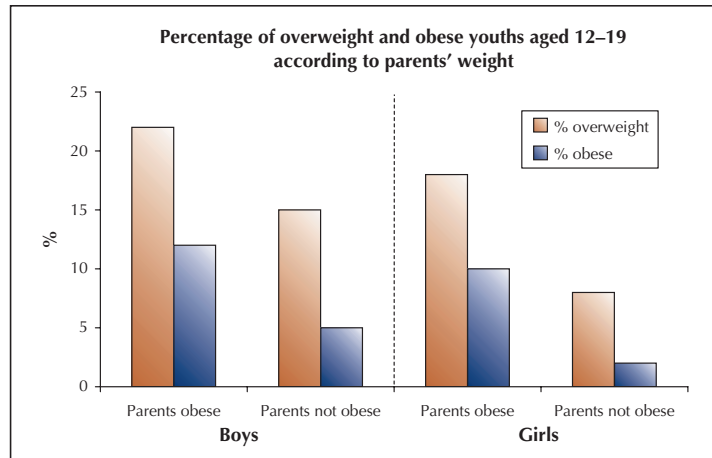


Factors contributing to obesity in adolescents

Having an obese parents or a parent who smokes are both associated with obesity in adolescents. According to the 2000/01 Canadian Community Health Survey, 5% of youth aged 12 to 19 years were considered obese. Boys were twice as likely to be obese as girls (6% and 3% respectively). In the same age group, 17% of boys and 10% of girls were overweight. Just over half (53%) of the girls perceived themselves as overweight, but were not.

Living with an obese parent increased the likelihood for an adolescent to be overweight or obese. Eighteen percent (18%) of girls with an obese parent were overweight and 10% were obese, while for boys the figures were 22% and 12% respectively.

There was also a relationship between the level of activity and prevalence of obesity in boys, but



not in girls. Surprisingly, moderately active boys were 1.63 times as likely to be obese, while inactive boys were 1.55 times as likely.

Age and having parents who smoke were also associated with obesity in boys, but not girls. Odds of being obese increased

by 11% with every year of age for boys aged 12 to 19 years, and boys with parents who smoked daily were 1.6 times as likely to be obese than those whose parents never smoked. — *Tara S. Chauhan*, Research, Policy and Planning, CMA

ELECTRONIC RECORDS

Albertans' health records go online despite concerns

Alberta is going ahead with its plan to place confidential patient information online for use by health care professionals, despite concerns about security and allegations of a hidden agenda.

Beginning in April, Albertans' demographic information, drug and allergy histories, and lab results will be posted online at the Alberta Electronic Health Record. Diagnostic imaging results, online prescriptions and referrals will be added later.

Emergency departments and a third of physicians should be on board by spring, with health centres and the remaining physicians logged on by 2005. The province says putting this information at the fingertips of doctors, nurses and pharmacists will speed up treatment and reduce errors.

But many opposition politicians allege the online record system provides information that could be used to further privatize health care. NDP leader Raj

Pannu predicts that Ralph Klein's Conservative government will eventually use the record of health system use in the database to bill people on a per-use basis.

But Alberta Health and Wellness dismisses this allegation. "It was never contemplated," says Todd Herron, an assistant deputy minister. "This is about getting the right types of surgery sooner. It's about doing business better."

Other opposition MPPs cite potential security risks of posting private information. (Although doctors can opt out of participating in the system, individual patients cannot.) But Herron says security was "front and centre" in all discussions. Health professionals can only access the Electronic Health Record by entering their user ID, PIN and another number that appears on their personal authenticator (an electronic device that looks like a key fob). The number on the authenticator is digitally synchronized with the

central computer and changes every 60 seconds.

The health professionals' credentials will determine what information he or she can access: a pharmacist has less access than a nurse, a nurse less than a doctor. The system also tracks all accessed records, making electronic audits quick and efficient.

Begun in 1997, the \$59-million database, which will contain information for 3 million patients, is unique in Canada and is believed to be the first of its kind in the world.

"We welcome it," says Alberta Medical Association (AMA) spokesperson Shannon Ruppnarain. "It's going to provide valuable pieces of information for physicians to provide better care. And it may help speed up the ability to treat patients."

In December, AMA members voted overwhelmingly in support (85%) of expanding computerized information technology. — *Bradford Mackay*, CMAJ