FOR THE RECORD

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Canada Pension Plan buys IMS Health

The economic value of health information was underscored by the Nov. 5 announcement that the Canada Pension Fund and the Investment Fund TPG Capital were purchasing IMS Health for \$5.2 billion.

The purchase “shows that the secondary use of health information is worth a lot of money and, arguably, the data has great economic value,” says Khaled El Emam, professor with the School of Information Technology and Engineering at the University of Ottawa in Ontario.

IMS Health, which has been in business for 55 years, is an international company with a presence in more than 100 countries, Paul Crotty, general manager of IHS Health Canada, told an Ottawa conference in November. In Canada, the company is a leading source of information for the health care and pharmaceutical industries.

Over the years, some Canadian physician organizations have expressed concern about the company’s prescription data mining operations. The Canadian Medical Association was granted intervenor status at an unsuccessful appeal of the federal Privacy Commissioner’s 2001 decision that physician prescribing information is not personal information. Only Quebec doctors can now opt out of having their prescription information sold by pharmacies to data mining firms such as IMS Health.

The IMS purchase is expected to be finalized by the first quarter of 2010, pending shareholder and regulatory approval.

Tom Brogan, president of Ottawa-based Brogan Inc., a Canadian competitor to IMS Health, acknowledged that the investment is probably a wise one for the Canadian Pension Plan

Investment Board as IMS is a well-managed company.

Secondary health information “can be an economic driver,” Brogan said, noting that the provincial and federal governments don’t themselves take advantage of the health-related databases that they compile.

Brogan says he is also intrigued by how the American market will react to the purchase of the world’s largest health data company by a Canadian government agency. The announcements did not break down the relative share of the two investors. — Ann Silver-sides, *CMAJ*

Bloom is off in Wild Rose Country

Alberta health care workers are being asked to forgo pay raises for the next two years in a bid to help balance the province’s books, which are in arrears by \$7 billion as a consequence of the recession and a drop in oil and gas prices.

But Alberta Medical Association President Dr. Chip Doig says that could be a hard sell among members, who “have not seen a drop in their business expenses.” Still, Doig says, the association will consult members before deciding whether to abandon the scheduled pay raises at the Premier’s request.

Alberta doctors are scheduled to receive a 4.5% increase in their pay envelopes in 2010, the final year of their current labour agreement with the province.

Doig says physicians have told him their costs are rising, and even with the pay increase, their take-home wages will be dropping.

Doctors prefer stability and a roll-back on the pay increases could affect the province’s appeal as a place to relocate, Doig added. “It might create further cynicism, further distress in the health care community.”

Tom Olsen, spokesman for Alberta Premier Ed Stelmach, says the premier has made it clear to unions that forgoing a wage increase is preferable to job losses. “His line has been jobs before salary increases and he will stick to that line.”

“There is a finite amount of money. That is just fact and how that money is dispersed is now a subject for negotiation,” Olsen said, adding that Stelmach “does not want there to be massive layoffs and he is doing everything he can to mitigate that.” — Ryan Tumilty, Edmonton, Alta.

Assault on salt

A major “population-based” assault on excessive salt intake should be launched by the governments of all nations in the Americas in a bid to prevent deaths and illness from hypertension, heart and kidney failure and stroke, an independent panel convened by the Pan American Health Organization urges.

“Governments are justified in intervening directly to reduce population-wide salt consumption because salt additives in food are so common,” states the expert panel, which was appointed in September to develop recommendations for lower salt consumption strategies. “People are unaware of how much salt they are eating in different foods and of the adverse effects on their health. Children are especially vulnerable.”

The panel’s *Policy Statement — Preventing cardiovascular disease in the Americas by reducing dietary salt intake* population-wide urges that standardized food labelling should become a requisite component of national salt reduction programs.

It also urges that governments “initiate collaboration with relevant domestic food industries to set gradually decreasing targets, with timelines, for salt levels according to food categories, by regulation or through economic incentives or disincentives with government oversight.”

Governments should also “regulate or otherwise encourage domestic and multinational food enterprise to adopt the lowest of a) best in class (salt content to match the lowest in the specific food category) and b) best in world for the national market (match the lowest salt content of the specific food produced by the company elsewhere in the world),” the report added.

Industry, meanwhile, should “institute reformulation schedules for a gradual and sustained reduction in the salt content of all existing salt-containing food products, restaurant and ready-made meals to contribute to achieving the internationally recommended target or national targets were applicable. Make all new food product formulations inherently low in salt.” The World Health Organization has set less than 5g/day/person (equivalent to 2000 mg of sodium) as a dietary salt intake target by 2020.

The policy statement also urges the development of national salt intake surveillance systems and various educational initiatives to promote awareness of the health benefits of low-salt diets. — Wayne Kondro, *CMAJ*

Alberta college issues report on whistle-blower

Some of Dr. John O'Connor's public statements about cancer incidence in Fort Chipewyan, Alberta, were “inaccurate or untruthful,” according to a College of Physicians and Surgeons of Alberta (CPSA) investigation report.

O'Connor received considerable media attention in 2006 after claiming that people in Fort Chipewyan, a community near the Alberta oilsands, were suffering elevated rates of cancer, including a rare type called bile-duct cancer. O'Connor, who now practises in Nova Scotia, has since become a vocal antagonist of the oilsands.

In 2007, three physicians working with Health Canada lodged a complaint against O'Connor with the CPSA. The physicians accused O'Connor of four things: obstructing investigations into cancer rates in Fort Chipewyan by the Alberta Cancer Board and Health

Canada, making statements that caused Fort Chipewyan residents to make lifestyle choices that weren't in their best interests, causing aboriginal communities to lose faith in public health officials, and making inaccurate or untruthful statements.

The CPSA conducted a two-year investigation and, as indicated in the Nov. 4 report, found that O'Connor: “failed to inform public health officials and the Alberta Cancer Board of the identities of and clinical circumstances of patients whom he'd diagnosed with various types of cancer in a timely manner”; “did not respond to multiple requests for information after he made public his concerns about the incidence of cancer in the community of Fort Chipewyan”; and “made a number of inaccurate or untruthful claims with respect to the number of patients with confirmed cancers and the ages of patients dying from cancer.”

As for the allegations that O'Connor statements resulted in harm to Fort Chipewyan residents and caused them to lose faith in public health officials, the report states that the CPSA “has insufficient evidence to prove or disprove them.”

The report concluded by stating that neither the CPSA nor the physicians who launched the complaint fault O'Connor for raising concerns about cancer rates in Fort Chipewyan based on his observations. Doctors are right to advocate for the communities in which they practise, the report states, but such advocacy should be fair and accurate. The report also states that “neither the CPSA nor the complainants were of the view that imposing a penalty or some other punishment on Dr. O'Connor met the public interest. However, these parties accept that making inaccurate statements or claims and failing to fulfill one's legal and ethical obligations, are not acceptable behaviors and needed, in this instance, to be declared as such.” — Roger Collier, *CMAJ*

Baby boom down under

Australia is experiencing a baby boom, with rates of fertility among women in their late 30s as high as they were during the

period after World War II, according to information released by the Australian Bureau of Statistics (www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyReleaseDate/FF9E15176D6887D8CA2568A9001393B2?OpenDocument).

The figures, released Nov. 11, show that 296 600 births occurred in Australia in 2008, a 4% increase from the year before. The fertility rate (the number of children women will likely bear during their reproductive years) was 1.97, compared to 1.73 in 2001, a rate that prompted fears of an eventual stagnation of the country's economy. If the rate continues to increase, as some experts predict, it will soon pass 2.0 for the first time since 1977.

There were 70.9 babies born per 1000 Australian women aged 35–39, the highest rate for that age range since 1948. The highest fertility rate was recorded among women aged 30–34, at 127.8 babies per 1000 women. Overall, women in their 30s accounted for 55% of the increase in births.

Younger women are having more children, too. In 2008, the fertility rate for women aged 20–24 increased for only the second time since 1990. Women aged 25–29 recorded the second highest fertility rate, at 105.8 babies per 1000 women.

Fertility rates remained stagnant for women aged 45–49, the only age group not to show an increased rate.

Some Australian demographers attribute the increase in fertility rates to strong economic conditions in the country, and say they expect the rates to keep rising for the next decade. — Roger Collier, *CMAJ*

Smoking rates declines stall

United States residents smoke less than they did a decade ago, but declines in smoking rates have stalled in recent years, according to statistics released by the Centers for Disease Control and Prevention (www.cdc.gov/mmwr/preview/mmwrhtml/mm5844a2.htm).

Ten years ago, about a quarter of Americans smoked. Today, that percentage has dropped to about 20%. But most of that decrease occurred more than five years ago. The smoking rate

in 2008 (20.6%) was only slightly lower than it was in 2004 (20.9%), according to the report, *Cigarette Smoking Among Adults and Trends in Smoking Cessation — United States, 2008*. These percentages are nowhere near the goal of a 12% smoking rate by 2010, as proposed in the Health People 2010 project, a nationwide health promotion and disease prevention plan established by the US Department of Health and Human Services.

In 2008, people with lower levels of education were found to smoke in far greater number than people with higher educations. Of those aged 25 or above with a general education development certificate, 41.3% smoked, and 27.5% of people with less than a high school diploma smoked. By contrast, only 5.7% of people with graduate degrees were smokers.

“Evidence-based programs known to be effective at reducing smoking should be intensified among groups with lower education, and health-care providers should take education level into account when communicating about smoking hazards and cessation to these patients,” the report states.

The rate of smoking among men, at 23.1%, was higher than among women, 18.3% of whom smoked in 2008. In terms of ethnic breakdown, Asians had the lowest rate of smoking (9.9%), while American Indians/Alaska natives had the highest (32.4%). Smoking was also more common among people liv-

ing below the poverty line (31.5%) than those living above it (19.6%).

Smoking rates were fairly consistent among adults aged 18–24 (21.4%), 25–44 (23.7%) and 45–64 (22.6%). But among adults aged 65 or above, only 9.3% smoked.

The figures in the report were based on data obtained from in-person interviews with 21 781 adults. — Roger Collier, *CMAJ*

New HIV cases declining

New cases of HIV infection have decreased by 17% since 2001, according to data in the *2009 AIDS Epidemic Update* (http://data.unaids.org/pub/Report/2009/2009_epidemic_update_en.pdf). The publication, a joint effort by the United Nations Programme on HIV/AIDS and the World Health Organization, states that international HIV prevention programs are making a difference.

“There is growing evidence of HIV prevention successes in diverse settings. In five countries where two recent national household surveys were conducted, HIV incidence is on the decline, with the drop in new infections being statistically significant in two countries (Dominican Republic and United Republic of Tanzania) and statistically significant among women in a third (Zambia),” states the report, released Nov. 24.

In sub-Saharan Africa, the number

of new infections has dropped about 15% over the past eight years. During the same period, infections have declined by nearly 25% in East Asia and by 10% in South and South East Asia. Although there was no decline in Eastern Europe, where the number of infections had been skyrocketing among intravenous drug users, the number of infections has stabilized.

Though rates of new infections are dropping, there are more people living with HIV today (about 33.4 million) than ever before because of life-extending antiretroviral therapies. The number of AIDS-related deaths has dropped by more than 10% in the past five years. “Antiretroviral therapy coverage rose from 7% in 2003 to 42% in 2008, with especially high coverage achieved in eastern and southern Africa,” stated the report.

The report also suggests that integrating HIV prevention and treatment programs with general health services is a top priority and would have a substantial positive impact. For example, nearly 50% of maternal deaths in Botswana and South Africa are due to HIV, which may be in part because of “AIDS isolation.” The report suggests that efforts should be made to create a unified health approach, bringing together programs for HIV prevention, maternal and child health and tuberculosis. — Roger Collier, *CMAJ*

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