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The North Karelia project



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Europrevent Geneva 15.4.2011

Greetings from Finland







History in Finland

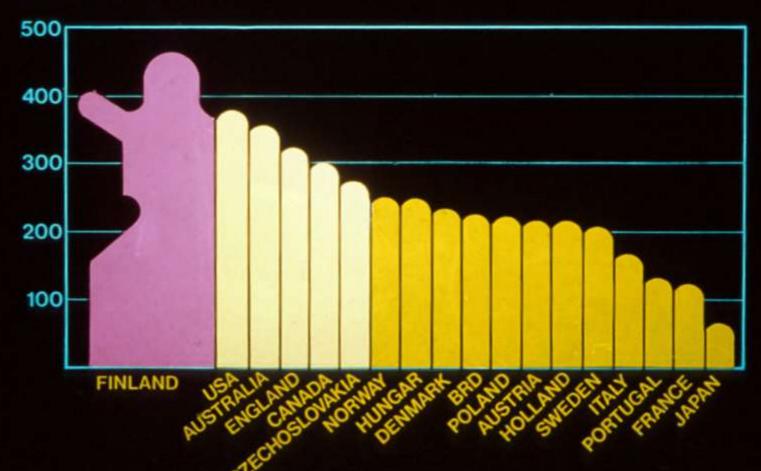
- Hardships of war and postwar years
- Increase in standard of living
 - Great increase in CVD
- Attention to extremely high CVD mortality
- Previous studies: East-West study (part of Seven Countries Study)



MORTALITY RATES OF ISCHAEMIC HEART DISEASE AMONG MEN IN SELECTED COUNTRIES



CHD mortality per 100.000 men in 1973





North Karelia Project Principles



- Due to the chronic nature of CVD, the potential for the control of the problem lies in <u>primary prevention</u>
- The risk factors were chosen on the basis of best available knowledge:
 - previous studies
 - collective international recommendations
 - epidemiological situation in North Karelia
- Chosen risk factors:
 - smoking
 - elevated serum cholesterol (diet)
 - elevated blood pressure (diet & treatment
- Community based approach to change lifestyles



Theory + hard work

- Theory:
 - ✓ Medical
 - ✓ Behavioural, social
- Hard work: practical and flexible work with the community



From Karelia to National Action



- First province of North Karelia as a pilot (5 years), then national action (1972–77)
- Continuation is North Karelia as national demonstration (1977–97)
- Good scientific evaluation to learn of the experience
- Comprehensive national action



Community-based project (pilot, demonstration, model)

National programme and policies



Evaluation / Monitoring



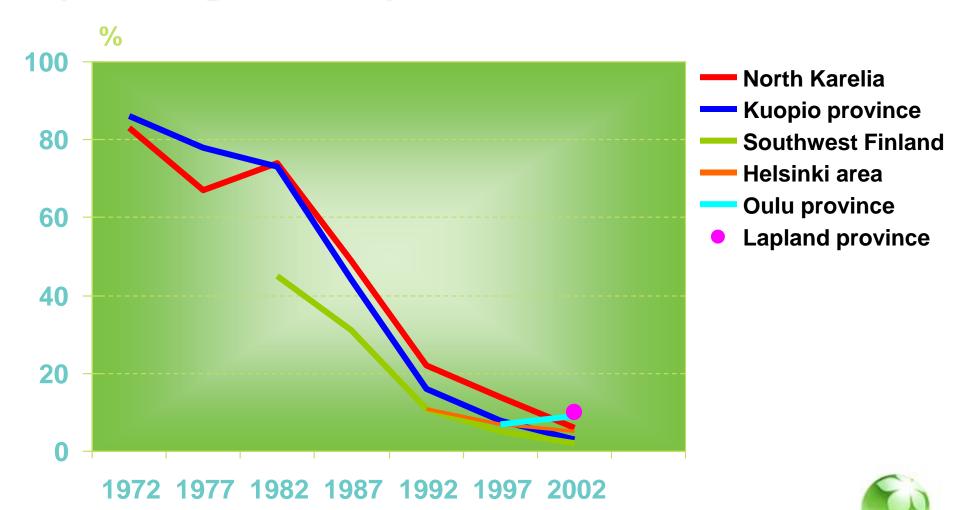
- North Karelia all Finland
- Monitoring systems
 - health behaviour
 - risk factors
 - nutrition
 - diseases, mortality



RESULTS

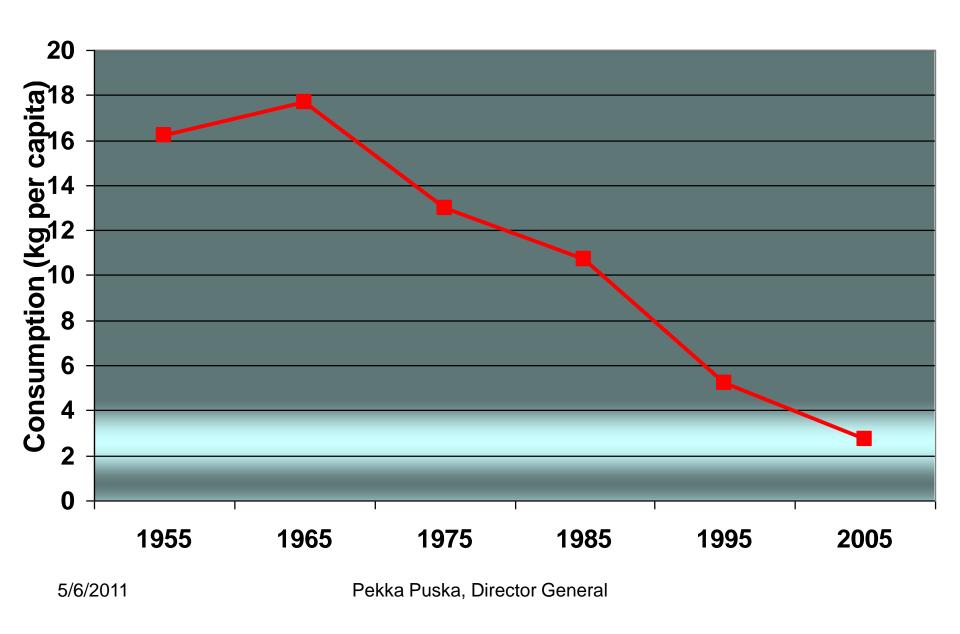


Use of Butter on Bread (men age 30–59)

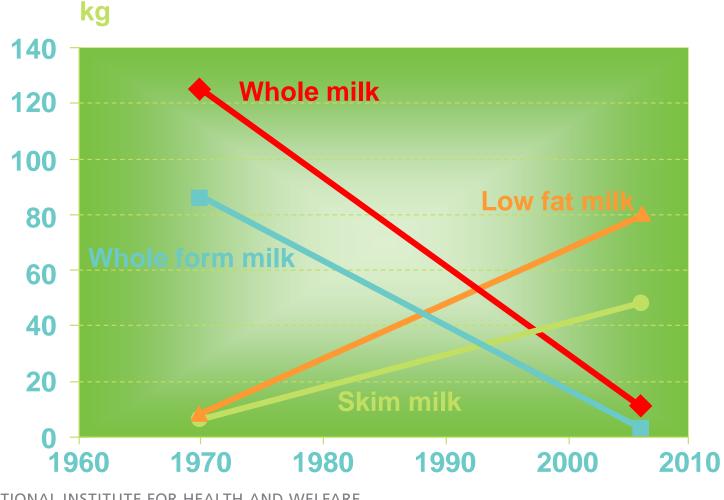


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Butter consumption per capita in Finland



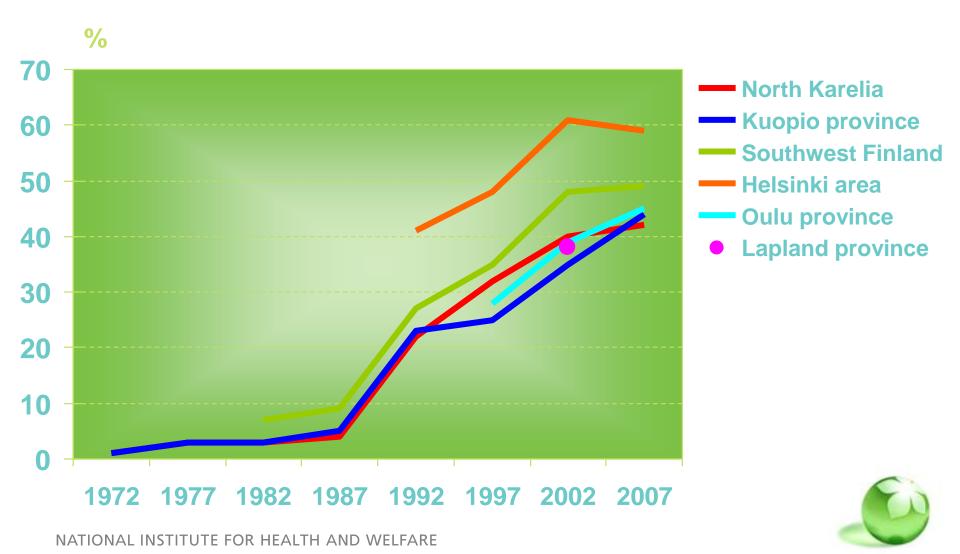
Milk Consumption in Finland in 1970 and 2006 (kg per capita)



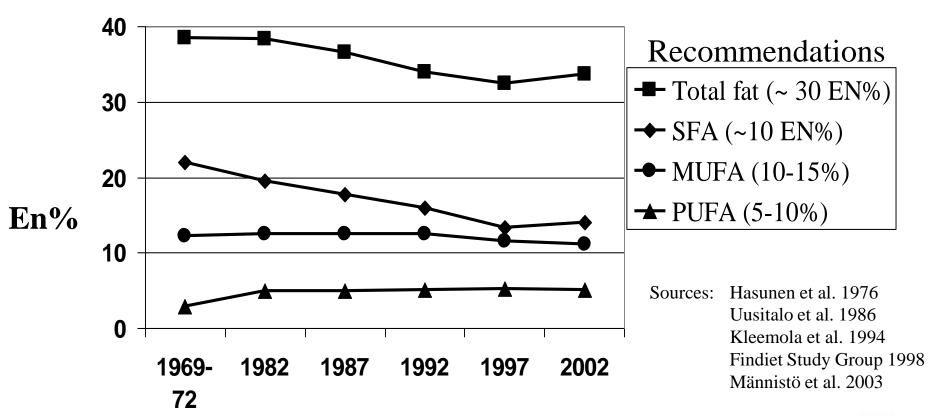


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Use of Vegetable Oil for Cooking (men age 30–59)



Fat Intake as Percentage of Energy in Finland

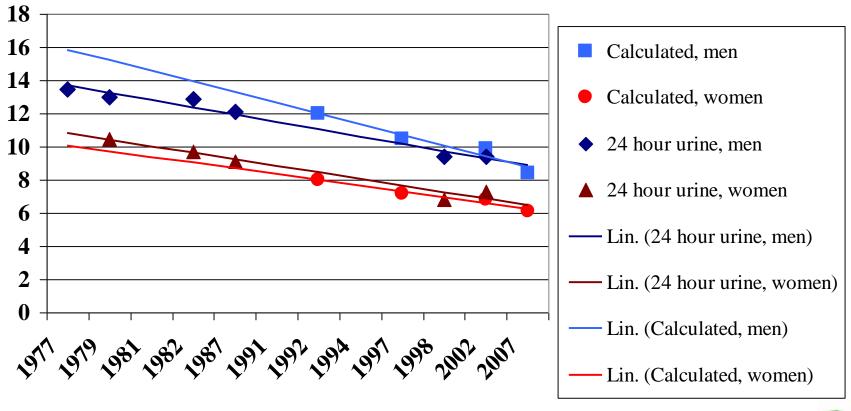


Year



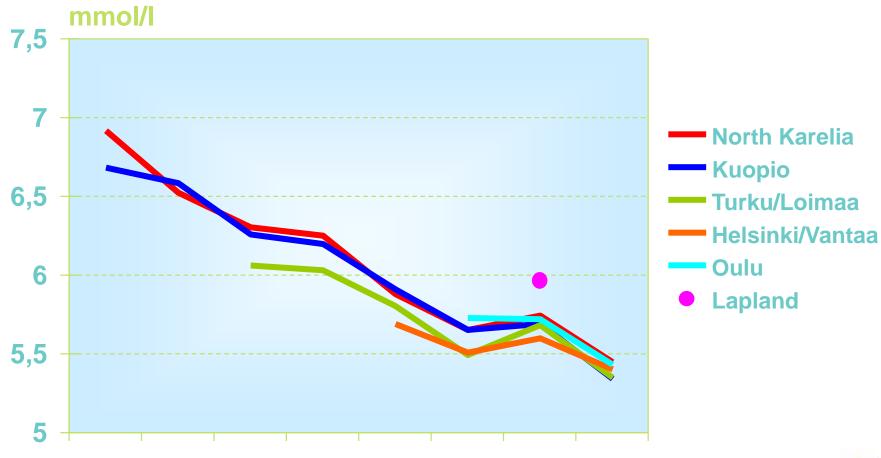


Salt intake in Finland 1977-2007 FinnDiet Study





Serum Cholesterol in Men Aged 30–59 Years



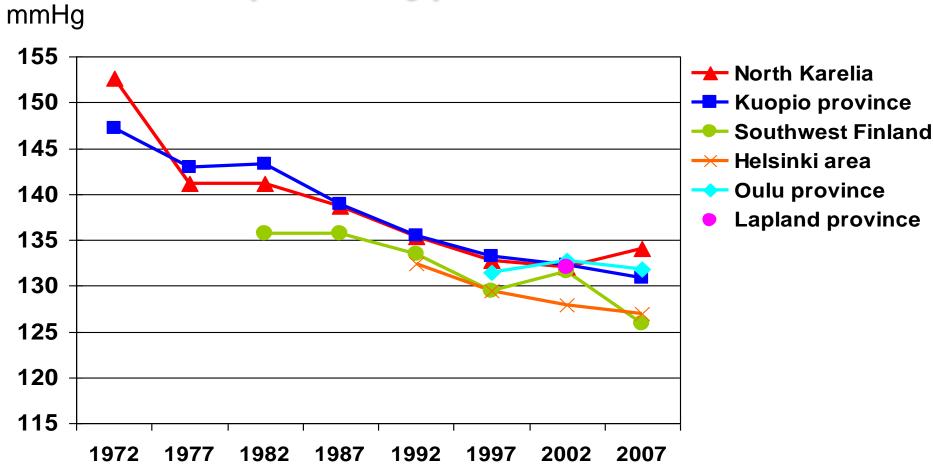
1972 1977 1982 1987 1992 1997 2002 2007

FINRISK Studies 1997 & 2002

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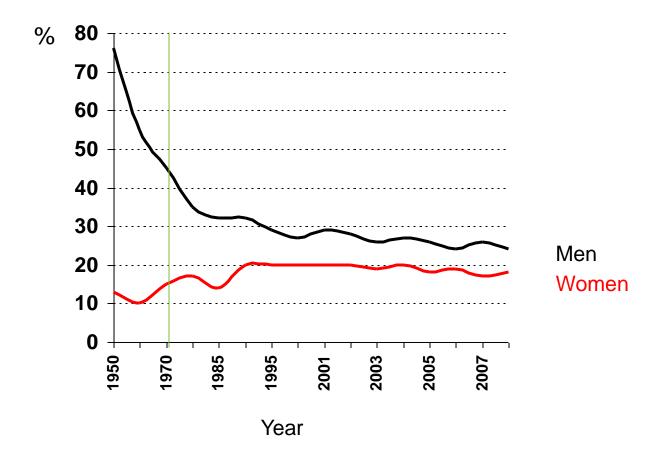
Systolic blood pressure in women (30–59 y)



North Karelia project evaluation and FINMONICA and the National FINRISK Studies 1972 - 2007

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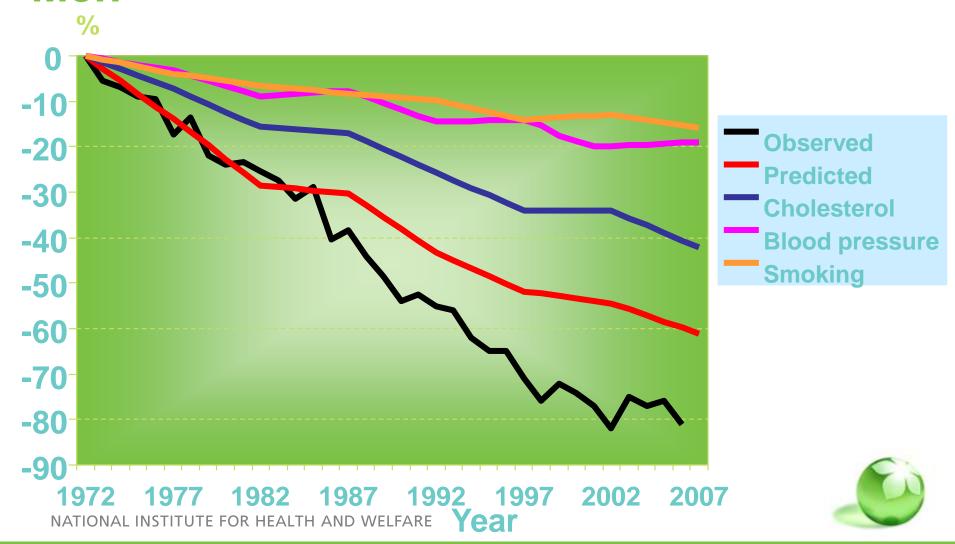
Daily smoking in Finland 1950-2008





Age-adjusted mortality rates of coronary heart disease in North Karelia and the whole of Finland among males aged start of the North Karelia Project 35-64 years from 1969 600 to 2006. extension of the Project nationally 500 North Karelia 400 300 Mortality per 200 100 000 All Finland population 100 - 80% Age-standadized to European population NATIONAL INSTITUTE FOR HEALTH AND WELFARE 2002 2005

Observed and Predicted Declines in Coronary Mortality in Eastern Finland, Men

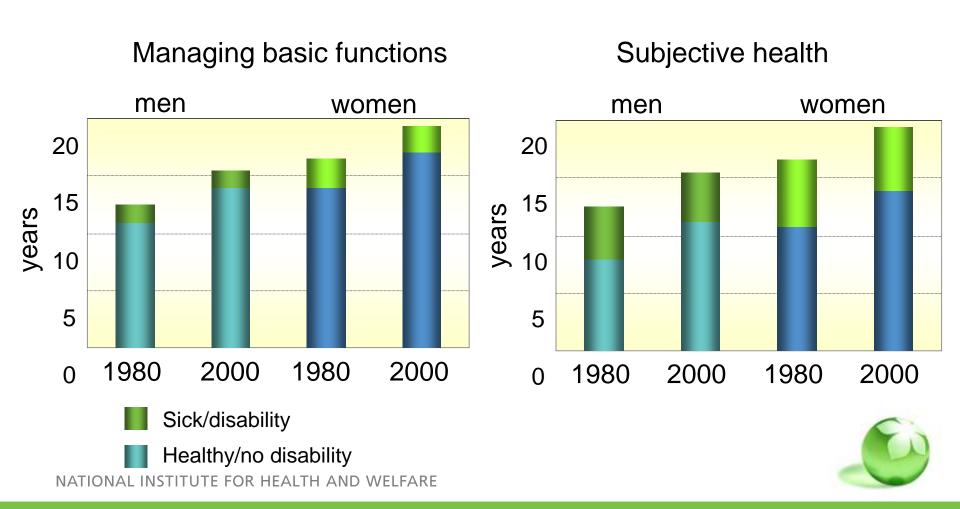


Mortality Changes in Finland from 1969–71 to 2006 (Men 35–64 Years, Age Adjusted)

	Rate (per 100.000)		Change from
	1969-71	2006	1969-71 to 2006
All causes	1323	583	- 56%
All cardiovascular	630	172	- 75%
Coronary heart disease	439	103	- 79%
All cancers	262	124	- 53%



Healthy and sick years of life expectancy of 65 year old Finns in 1980 and in 2000



From Karelia to National Action

Major Elements of Finnish National Action 1.

- Research & international research collaboration
- Health services (especially primary health care)
- North Karelia Project, other demonstration programmes
- Health Promotion Programmes (coalitions, NGO's, collaboration with media etc.)
- Schools, educational institutions



From Karelia to National Action

Major Elements of Finnish National Action 2.

- Industry, business collaboration
- Policy decisions, intersectoral collaboration, legislation
- Monitoring system: health behaviours, risk factors, nutrition, diseases, mortality
- International collaboration



Examples of intersectoral action

- Tobacco legislation & policy
- Nutrition development
- Interaction with the private sector
- NGO's



Development of Finnish Rapeseed Oil



Fruits and Vegetables – Supermarkets



Biscuit Example

- Leading Finnish biscuit manufacturer (LU Finland Ltd) has removed some 80.000 kg of SAFA by changing the fats used
- All trans fats removed
- Major change to rapesead oil



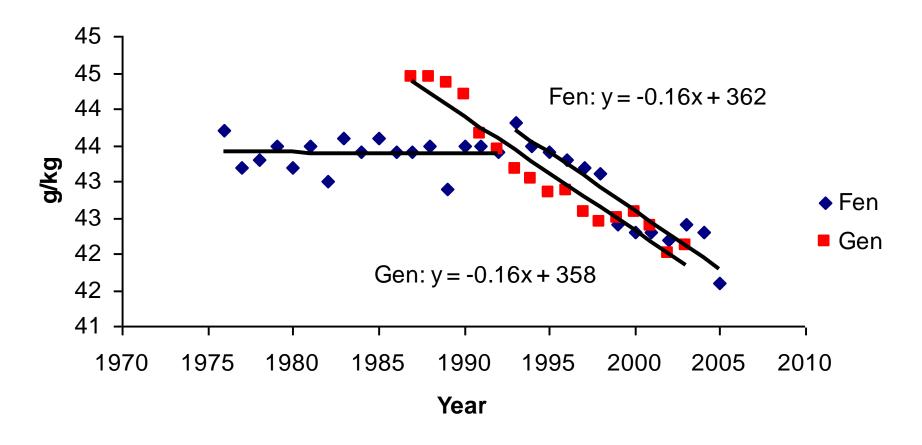
HK Example:

(One of the two main meat/sausage companies in Finland)

- Since 2007 annually:
 - 40.000 kg less salt
 - 10.000 kg less saturated fat in their products
- 87 of their products comply with the Heart Symbol criteria in their category



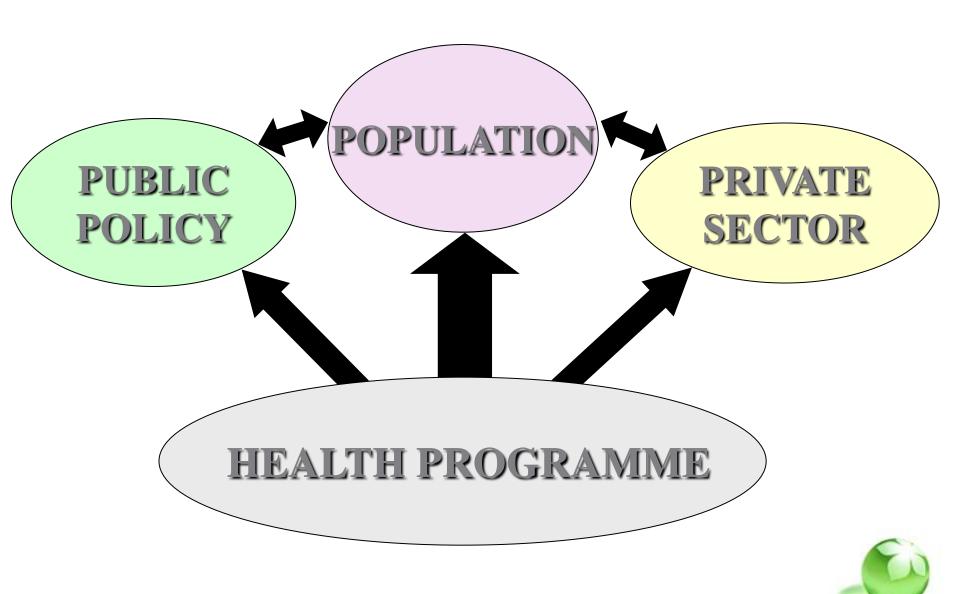
Change in fat content of Finnish cow milk



The Finnish Heart Symbol







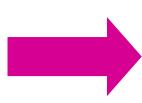
Social change

Broad change process among the population in interaction with respective policy decisions



FROM PRIORITIES TO IMPLEMENTATION

IDENTIFYING PRIORITIES



IMPLEMENTING THEM



Finland Has Shown



- Prevention of cardiovascular diseases is possible and pays off
- Population based prevention is the most cost effective and sustainable public health approach to CVD control
- Prevention calls for simple changes in some lifestyles (individual, family, community, national and global level action)
- Influencing diet and especially quality of fat is a key issue
- Many results of prevention occur surprisingly quickly (CVD, diabetes) and also at relatively late age
- Comprehensive action, broad collaboration with dedicated leadership and strong government policy support



The North Karelia/Finland experience

- Supports and has interacted much with the WHO NCD strategy:
 - Integrated prevention
 - Diet & physical activity strategy
 - -FCTL
- Looks forward to global upgrading of NCD prevention
 - –UN NCD Summit in September 2011 in New York

For succesful prevention

- Strong leadership combined with
- Good partnership
 - * * *
- > Do the right things
- Do enough of those



Thanks



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