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Community action against cardiovascular disease in Finland

Because of the common occurrence of heart disease and stroke in North Karelia, Finland, the people organized a petition demanding action against cardiovascular disease. A community-based programme of health education and promotion led to a significant improvement, and the experiences gained are being used as the basis for a national programme of the same kind.

In the 1920s and 1930s, Finland's public health problems were caused by infectious diseases and were associated with poverty, bad housing, and poor hygiene. Tuberculosis was a major killer, much feared by the public. Subsequently came the hardships of the Second World War and the post-war years.

In the 1950s and 1960s the standard of living improved and infectious diseases retreated. The welfare state provided curative and rehabilitative services for all. Yet something was wrong: statistics began to show high prevalences of chronic diseases. Noncommunicable diseases were found to be common among middle-aged people, and the major cause of serious illnesses and premature deaths. Of every ten such deaths, five were caused by cardiovascular diseases: the death rates from cardiovascular diseases for Finnish men were the highest in the world.

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It became clear that chronic diseases were not a natural consequence of aging, but pathological processes induced by risk factors related to new life-styles and changes in the environment. Nowhere was this more dramatically evident than in the county of North Karelia.

The North Karelia project

This project was started in 1972 in response to a petition from the community demanding action against cardiovascular diseases.

So many young families had lost their fathers because of heart attacks that young men commonly replied "not yet" when asked in surveys if they had experienced chest pains. Angina pectoris and nitroglycerine tablets came to be automatically associated with increasing age.

The common occurrence of atherosclerotic problems was revealed in initial field studies. The use of the mass media and health education materials was combined with community activities and the

promotion of personal contacts. In addition to the dissemination of knowledge, various techniques of persuasion were employed, practical skills were taught, social support was provided, and the value of certain environmental modifications was emphasized. The mass media were carefully

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employed so as to promote self-help in the achievement of desirable behavioural changes.

Public health officials were so encouraged by the results of their ten-year effort with adults that they widened their programme to cover children. Working on the principle that prevention should start in childhood, these officials aimed to teach young people to adopt life-styles that would ensure a healthy adult life.

Children in 40 schools are being taught to resist the pressures to start smoking or drinking; their teachers and families also participate in this project. Healthier ways of preparing meals are being taught and school diets are being modified. Children act out roles assisted by leaders chosen among themselves and guided by video programmes. So far the results of the youth activities have been good. To take but one example, the number of children beginning to smoke in the experimental schools is half that in other schools.

Community resources were mobilized to the greatest possible extent to support the preventive action. Both formal decision-making bodies and informal community groups were involved, such as the social services, schools, food producers, occupational groups, marketing agencies, voluntary organizations, and the mass media.

Several hundred carefully selected leaders of lay opinion from all parts of the county were trained to organize and support community participation. These leaders support and promote a healthy life-style and environmental changes related to their everyday work. They are continuously involved in disease prevention activities and work closely with the health care system.

As a result of the comprehensive intervention programme planned with the help of the World Health Organization and other agencies, healthier life-styles have been adopted and risk factors have been reduced. Smoking among men has decreased by more than 30% and fat consumption has been cut. Along with this, blood cholesterol levels have dropped and high blood pressure has become much less common.

During the past ten years, mortality caused by coronary heart disease has decreased by 20% among middle-aged men. This reduction has been the most marked in the world.

This project in North Karelia has been an example for the whole country, stimulating public discussion by political decision-makers and serving as the trigger for health promotion courses on national television. The government made a statement on national health policy in Parliament in the spring of 1985, emphasizing the need to prevent chronic diseases and to promote health in support of the global health-for-all campaign.

National action is needed in order to bring about many of the environmental changes that are desirable. This is especially true in food production and marketing, which are

very centralized. Among other requirements are the modification of agricultural policy, the promotion of smoke-free areas, the provision of more facilities for physical exercise, the restriction of alcohol consumption, and the improvement of traffic safety measures.

Environmental modifications can be achieved by increased counselling, training and community organization, often in response to increased motivation and community needs. But in many cases legislative and administrative action is needed. Good examples of this in Finland are the antismoking legislation and various administrative measures in food production.

The experience in North Karelia shows that determined and comprehensive action can greatly reduce mortality caused by cardiovascular disease and produce a general improvement in health, and that an intensive, well-conceived programme based on the community can favourably influence life-styles and reduce risk factors as well as disease rates. The project gives practical examples and provides methods, and is therefore of great potential value for any national strategy of disease prevention and health promotion. More information about it can be found in: *Community control of cardiovascular diseases. The North Karelia project* (Copenhagen, World Health Organization, Regional Office for Europe, 1981). □

Where doctors are most needed

Our self-chosen priorities of career, prestige, and specialization may not meet the real health needs of the world's poor.

A great religious teacher once castigated the establishment of his day for the social crime of "not entering themselves and of forbidding others to enter". How easy it is for us to withdraw into our professional fastnesses and to shoot broadsides at the unqualified substitutes who have arisen to fill the health vacuum largely caused by our default. May it not be said by commentators in the years ahead that Health for All was won despite and not because of the doctor's contribution?

It may be a far cry from white coats and ward rounds, but if mystics believe that God came to serve is it asking too much that the doctor follows his lead? This may be the only hope for the future care of most of the world's people as Health for All by the Year 2000 completes its countdown.

—T. E. Lankester. The people stand up, the doctor steps down. *British medical journal*, **293**: 378 (1986).