

# FORUM GETS TO THE HEART OF THE MATTER



Senior delegates at the inaugural Beijing Forum on Chronic Disease

THE GEORGE INSTITUTE, CHINA HOSTED THE FIRST ANNUAL BEIJING FORUM ON THE PREVENTION AND MANAGEMENT OF CHRONIC DISEASE IN NOVEMBER 2009. THE FORUM PROMOTED FURTHER DEVELOPMENT OF CHRONIC DISEASE PREVENTION AND CONTROL IN CHINA, AND FACILITATED EXCHANGE OF INTERNATIONAL EXPERTISE. THE THEME OF THE FORUM WAS 'GLOBAL RESPONSES TO THE CHALLENGE OF CHRONIC DISEASES'.

Speaking at the Forum, Professor Stephen MacMahon, The George Institute, revealed the true impact of chronic disease specific to China. With over 350 million smokers, 39.8 million cases of diabetes, a rising obese adolescent population coupled with a considerable ageing population, China is already experiencing a pandemic of disease. Speaking on behalf of the Ministry of Health, China, Mr. Zhenglong Lei said the next 30 years is a critical period for public health and China has begun to adopt a number of approaches to combat chronic disease in the country.

Outlining the global approach for all of the eleven centres in developing countries across the world funded by the National Heart, Lung and Blood Institute (NHLBI) and UnitedHealth Group, Dr Richard Smith, Director, UnitedHealth Chronic Disease Initiative, said that in this sphere, there has been a lot of talk and very little action. The new centers have been designed to take action, integrate resources, and promote collaboration that will allow global initiatives to counter the challenges."



For more information about this event: <http://www.george.org.cn>

# FOCUS ON TRAINING AND EDUCATION

- > The China International Center for Chronic Disease Prevention supported Professor Yali Cong, Chair of Medical Ethics in Peking University Health Science Center, to be trained at Duke University Health System Institutional Review Board for four months from November 2008 to March 2009.
- > Beijing Health Research Lecture Series is a monthly seminar program that aims to bring up-to-date theories, perspectives, knowledge, and practices in the broadly defined health science, health policy, and healthcare fields to audiences in Beijing. It is co-hosted by The George Institute, China, Peking University Health Science Center, and the Sydney Medical School, the University of Sydney, and organised by the Center. If you would like to attend the series or present at the series, please contact the Center at [CD-Center@george.org.cn](mailto:CD-Center@george.org.cn).



Yali Cong (far left) with Yangfeng Wu (second from left) and Lijing Yan (far right) of The George Institute, China and John Falletta (second from right) of Duke University

## HOST ORGANISATION:

The George Institute, China

## INTERNATIONAL PARTNER INSTITUTIONS:

- Duke University, USA
- The George Institute for International Health, Australia
- The University of Sydney, Australia
- The University of Queensland, Australia
- Imperial College London, United Kingdom

## CHINESE PARTNER INSTITUTIONS (listed alphabetically by location):

- Peking University Health Science Center, Beijing
- Hebei Provincial Center for Disease Control and Prevention, Hebei
- The China Medical University, Liaoning
- Ningxia Medical University, Ningxia
- Xi'an Jiaotong University, Shaanxi
- Changzhi Medical College, Shanxi



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# CHINA HEALTH FOCUS

News from the China International Center for Chronic Disease Prevention

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ESTABLISHED OUT OF THE NEED FOR MORE APPROPRIATE, EFFECTIVE HEALTH POLICY AND RESEARCH FOR CHRONIC DISEASE, THE CHINA INTERNATIONAL CENTER FOR CHRONIC DISEASE PREVENTION WAS LAUNCHED IN BEIJING IN NOVEMBER 2009.



The Honorary Chair of the Governing Council of the new Center, Professor Qide Han, Vice-Chairman of the Standing Committee, China National People's Congress, addressed over 150 delegates at the launch of the China International Center for Chronic Disease Prevention. "In order to tackle the huge challenge of chronic disease, we must go beyond the stage of just realising the problem or talking about it, we must act now." For more information about this event: [www.george.org.cn](http://www.george.org.cn)

The Center promises to provide health solutions to the chronic disease challenge facing China, and has been built on a firm international partnership that brings the best in science, policy and leadership to the table.

Hosted by The George Institute, China the Center also boasts key global and local partners - Duke University, USA and Peking University Health Science Center as well as nine other partners (see back cover). Funded by the National Heart, Lung and Blood Institute (NHLBI) of the US National Institutes of Health and UnitedHealth Group, the Center is one of eleven new centres around the world fighting the rise of chronic disease in developing countries.

Overall, the goal is to support research that will generate the evidence required to inform policy decisions.

## ABOUT THE GEORGE INSTITUTE, CHINA

- > Has conducted some of the highest impact research projects in China on chronic disease and injury
- > Provides a unique combination of research expertise and clinical trial capabilities
- > Is part of a global organisation, with considerable reach and impact across the world.

## China International Center for Chronic Disease Prevention

### FLAGSHIP PROJECT: CHINA RURAL HEALTH INITIATIVE

RURAL CHINA IS HOME TO 700 MILLION CHINESE WITH A FAST GROWING BURDEN OF CHRONIC DISEASE. THE PROBLEM IS ESPECIALLY MARKED IN AREAS WHERE ACCESS TO BASIC HEALTH SERVICES IS DIFFICULT.

The China International Center for Chronic Disease Prevention recognises that the rural health of China is a significant priority for the nation. The China Rural Health Initiative - a unique, flagship project - has been developed to focus on addressing cardiovascular disease and other major health issues in rural China via a series of targeted healthcare projects that will have a practical and measurable impact on health outcomes in local communities.

With high rates of chronic disease in these areas, low-cost and sustainable primary care prevention and management is vital. The Center will identify strategies such as evidence-based and policy-relevant capacity building programs for village doctors, and salt reduction education programs, which will be suitable for rural China and potentially other resource-poor areas.

Since the major causes of chronic disease are widely known, the good news is that many of these conditions and deaths are preventable. Diabetes, obesity and

high blood pressure are all treatable conditions and provide opportunity for population-wide programs that will have a big impact on health.

#### SPOTLIGHT ON THE INITIATIVE

Using the best possible methodology to conduct such a large-scale study, researchers will engage with 100 or more villages from five regions in rural China, including Hebei Province, Liaoning Province, Ningxia Hui Autonomous Region, Shaanxi Province, and Shanxi Province. The first major intervention to be evaluated will be a primary care-based community program that will improve identification and medical management of individuals who are at high cardiovascular risk.

Researchers at the Center are currently developing a protocol to evaluate a Simplified Cardiovascular Disease Prevention and Management Package to be applied by the primary care providers in rural China. There is huge potential

for blood pressure lowering strategies for high-risk individuals, but little work has been done to test the feasibility of implementing such strategies in rural Chinese communities.

#### SENIOR HEALTH OFFICIALS FOCUS ON RURAL HEALTH

The Bureau of Disease Control and Prevention, China's Ministry of Health and The China International Center for Chronic Disease Prevention co-hosted a Health Policy Roundtable focused on China's Healthcare Reform and Chronic Disease Prevention in Rural Areas on 19 November 2009 in Beijing, in order to promote prevention and control of chronic diseases in China, and facilitate development of corresponding policies. A policy report based on the outcomes of the Health Policy Roundtable will be distributed to key stakeholders, including the Ministry of Health and the State Council. For more information about this event: [www.george.org.cn](http://www.george.org.cn)

#### CHINA RURAL HEALTH INITIATIVE GOES GLOBAL

Linking in with the extensive partner network of the new Center, the China Rural Health Initiative was presented as part of a workshop held at The University of Sydney in October 2009. The workshop Improving Healthcare in Rural China involved key investigators from the Center, who outlined plans for the China Rural Health Initiative. Delegates discussed potential collaborations with the wider Sydney research community, who expressed interest in developing joint research programs.

#### GLOBAL CENTRES UNITE

The China International Center for Chronic Disease Prevention is one of eleven centres worldwide and the only one in China funded to address the rise of chronic disease in developing countries. The consortium of centres have been launched in Argentina, Bangladesh, China, Guatemala, India-Bangalore, India-New Delhi, Kenya, Peru, South Africa, Tunisia, and along the US/Mexico border. The research goals of the centres span a range of activities tailored to regional needs and disease impact.

On 16-17 December 2009, Principal Investigators of the centers met at the National Heart, Lung and Blood Institute (NHLBI) in Bethesda, US. Dr. Yangfeng Wu, Dr. Lijing Yan, Shenshen Li, and Wuxiang Xie from Beijing attended the meeting, as well as Dr. Eric Peterson and Anne Bax from Duke University and Professor Bruce Neal from The George Institute. Investigators from each of the eleven centres discussed their progress and future plans.



#### WHAT'S IN SALT?

**SALT SUBSTITUTE:** 68% SODIUM CHLORIDE, 22% POTASSIUM CHLORIDE AND 10% MAGNESIUM SULFATE HEPTAHYDRATE

**SALT:** 100% SODIUM CHLORIDE

*Evidence shows that eating a low salt diet reduces blood pressure*



Dr. Xingshan Zhao (centre) from Beijing Jishuitan Hospital conducting fieldwork in Tibet

#### IMPROVING HEART HEALTH IN RURAL TIBET

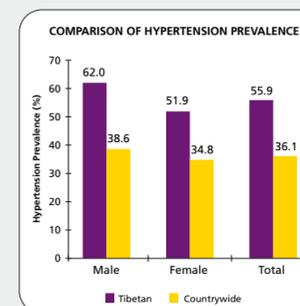
The Yangbajing Township in Dangxiong County, Tibet, is 4,300 metres above sea level, and in such conditions local families drink a large quantity of Tibetan butter tea with a lot of added salt. Probably due to the high altitude and the high salt intake, many of the population are living with high blood pressure and suffering from the chronic conditions it causes.

In collaboration with cardiologists from Beijing Jishuitan Hospital and the local Dangxiong County Hospital, researchers at the China International Center for Chronic Disease Prevention have started the first ever research program to assess the prevalence of high blood pressure in the area, and will evaluate the effects of a salt substitute and a low-dose diuretic.

Salt substitutes are used as a healthier alternative to salt. Containing less sodium chloride combined with potassium and magnesium, salt substitutes have been tested in other rural China communities

and have been demonstrated to reduce blood pressure levels compared to regular salt. High blood pressure is a leading cause of death the world over and widespread lowering of dietary sodium intake would produce huge health gains. Salt substitute is an ideal strategy for rural populations, as it is low cost and could essentially prevent stroke and other serious cardiovascular diseases.

As part of this project, researchers have obtained a health snapshot of the highland community via a health survey of 702 residents over 40 years of age. Recording information such as height, weight, blood pressure, socioeconomic details, as well as eating habits and disease history, they found that high blood pressure was more common in both men (68.1%) and women (50.5%), in this population, compared with national average levels. A key finding from the survey was that among those with high blood pressure, only 19% were



aware of their condition and only a small number (6%) were taking medication. Only one participant had their blood pressure under control.

Despite the high prevalence of high blood pressure in the township, the awareness, treatment and control of the condition was very low. Effective strategies are urgently required to address what is fast becoming a serious public health issue.