

The Finnish Experience

An insight into the Scottish Community Diet Project's Study Tour to the National Public Health Institute of Finland and North Karelia

September 2001

Helsinki and Joensuu

Introduction

The Finnish Experience, a tour of The National Public Health Institute of Finland and some public health initiatives in North Karelia was organised by the Scottish Community Diet Project (SCDP) in September 2001. Financed by the project's budget from the Health Department of the Scottish Executive, the Finnish Experience aimed to give three people working on inequalities in food and health in Scotland, as well as the Scottish Community Diet Project an understanding of the initiatives in Finland which had contributed to the reduction in high levels of heart disease.

The two funded places for community workers or volunteers were advertised to all community food projects on the SCDP's mailing list in June 2001 and an application process was set in motion. To be short-listed applicants had to both live and work (paid or unpaid) in one of Scotland's low-income communities, tackling the barriers to a healthy, varied and balanced diet. Applicants also had to demonstrate a commitment to sharing the experience both at local and national levels on their return. The SCDP was delighted by the response. In addition, a member of the SCDP Steering Group was invited to join the tour.

Three participants joined the seven-day tour. The tour was co-ordinated by SCDP's Networking and Communication Development Worker, Lucy Gillie. Prior to the study tour the participants met Dr Erkki Vartiainen, member of the Public Health Institute of Finland and seconded by the Scottish Executive to work with health boards and universities in Scotland, in Edinburgh for lunch and a chat about what they might expect on the study tour.

The participants and the co-ordinator flew to Finland and joined the North Karelia International Visitors Programme organised by the National Institute for Public Health in Finland (KTL) Department of Epidemiology and Health Promotion. The programme started in Helsinki at the headquarters of KTL with presentations about the work on public health in Finland. The programme then took participants to Joensuu in North Karelia, initially a pilot area, to see how public health policies were implemented in that area. The programme concluded at KTL in Helsinki to debrief. In addition to attending the programme participants from the SCDP spent a morning at a primary school in Helsinki and had a school lunch as well as the opportunity to talk informally with teachers and children.

This report summarises the tour and gives an insight into the participants' thoughts of each visit and what it inspired them to do on their return.

Why organise a study tour?

The Scottish Community Diet Project hoped that the tour would achieve the following purposes:

- ◆ Broaden participants' knowledge of public health initiatives outside Scotland.
- ◆ Examine the role of public health policy in changing the health of a nation.
- ◆ Help participants to make comparisons and identify areas for developing and improving their own roles.
- ◆ Compare and contrast the Finnish and Scottish approaches to health.
- ◆ Make available the participants' experience to others who work in the same field through a report.

About the Scottish Community Diet Project

The SCDP was set up in October 1996 as a result of recommendations in the Scottish Diet Action Plan published a few months earlier. It is funded by the Scottish Executive Health Department and operates under the auspices of the Scottish Consumer Council based in Glasgow.

The SCDP has the overriding aim of contributing to the government's national strategy to improve Scotland's diet and health, and the inequalities that exist within both, by increasing the effectiveness of those working within and with Scotland's low-income communities to improve access to a take-up of a healthy varied balanced diet.

With the network travel bursary the SCDP has co-ordinated other study tours to Canada, London and around Scotland.

The aim of the International Visitors Programme

The programme aimed to make participants familiar with the North Karelia Project – its beginnings, principles, practical implementation, evaluation, results and experiences as well as with related national and international developments. This took place through lectures, practical site visits and discussion. Through all this participants were expected to learn about theoretical and practical strategies of community programmes for disease prevention and health promotion.

Why find out about health in Finland?

Finland has an outstanding record on coronary heart disease, from which mortality in men aged 35-65 has dropped by about 65 per cent over the past thirty years. The decline in death rates has been greater than the corresponding decline in risk factors would predict.

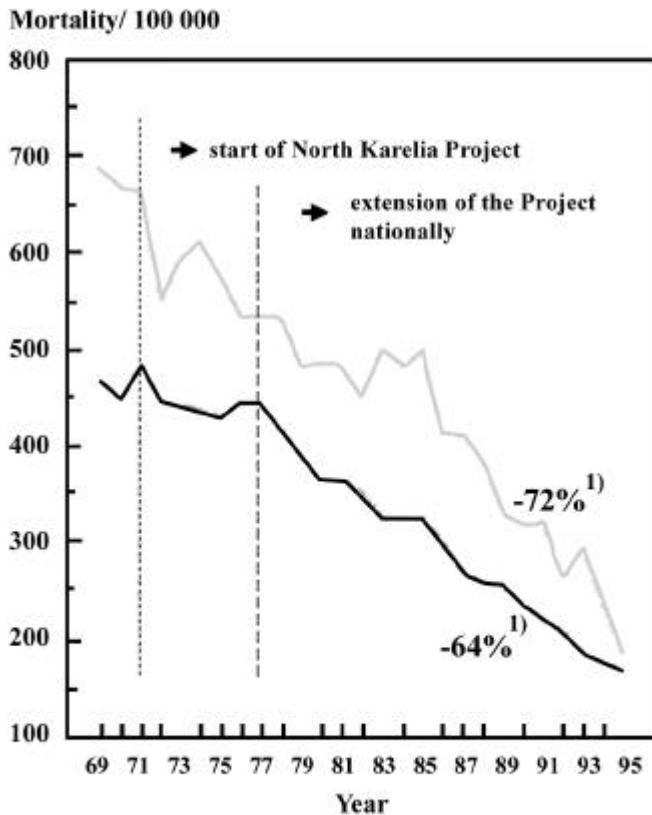
The North Karelia Project began in 1972 as a project to prevent cardiovascular disease among residents of this province of Eastern Finland near the Russian border. The Finnish Heart Association co-ordinated the initial discussions, which included community representatives, national experts, and several representatives of the World Health Organisation (WHO). Over time the project expanded to include other non-communicable diseases in addition to cardiovascular disease. The project has shown that high rates of heart disease are not inevitable and community-based projects guided by experts can reduce rates.

The project began following a petition from local residents who realised that their area had extremely high death rates due to cardiovascular disease. Several earlier epidemiological studies also prompted the start of the project.

The project maintains links with community organisations, county medical officers, doctors at local health centres, public health nurses, schools, voluntary organisations and many other individuals and groups (such as sports associations and farmers). Every public health doctor and nurse has been asked to help modify risk factors with their patients and clients; influential community members in various villages were trained to become project assistants; many health promotion initiatives have taken place at workplaces; national television broadcasts have targeted smoking and guidance about health; and national *quit and win* contests have been held to reduce smoking. Other initiatives have included cholesterol-lowering competitions in villages, schools and with youth projects.

Surveys have been conducted every five years (from 1972 to 1992) to evaluate the project. Results show (see graph) that over the long term, the project has been successful. The project also contributed to policy changes in such sectors as health, agriculture, and commerce throughout Finland. For example, the food industry collaborated with the project to promote low-fat dairy products, leaner sausages and reduce the salt content in a variety of processed foods. The project shows the possibility to make major changes to long-established lifestyles which are associated with heart disease. In 1972, some ninety per cent of the population used butter on their bread; in 1992 only fifteen per cent did so. Fruit and vegetable consumption increased from about twenty kg per person annually in 1972 to fifty kg in 1992. Smoking dropped dramatically among men but actually increased among women. The North Karelia Project has provided examples of approaches to training and dissemination for other groups interested in community-based health promotion.

Coronary heart disease mortality in all Finland and in the province of North Karelia 1969-1996 (men, aged 35-64)



1) Change in 1995 compared with the pre-programme level 1969-71
National Public Health Institute - KTL

Scotland, like Finland, suffers from high rates of coronary heart disease. Scotland and Finland also share a similar population covering a large land mass in Northern Europe. Many professionals working on food and health issues in Scotland have travelled to Finland to understand how the Finnish approach to changing food and health habits has contributed to a downward trend of the incidence of coronary heart disease. To the best of the SCDP's knowledge this is the first time community workers have been given the opportunity to see and comment on the Finnish approach.

Participants' experience and their views before the study tour

*At present I work for Roots and Fruits as a part-time **van driver** and **sales person**. I started this post on a voluntary basis and I enjoy working with people in the community and dealing with food issues. I also enjoy cooking, growing my own produce and I am generally interested in food and nutrition.*

I would like to go on this tour as I am interested in different cultures, backgrounds, diets and nutrition etc. I am hoping to do an open university course in the near future on diet and nutrition. This opportunity would help me in my own job with the Roots and Fruits project as well as the project itself which is community based and always willing to learn about healthy lifestyles.

Carole Sligo

*Although taking part on this study tour in a personal capacity I have been a **community health worker** for nine years, working with local volunteers on health issues. I have been involved with Ferguslie Women's Food Poverty Group, Food for Thought, producing information booklets, running food seminars, an access to shopping pilot, food diaries, food workers enquiry, Health on Wheels Initiative, Fresh Loaf group, establishment of community food retail enterprise partnership shop for Ferguslie Park, working with Renfrewshire Food Federation, establishment of mobile healthy eating service and have experience of local, national and global food poverty issues working with both voluntary and statutory agencies.*

I would use this opportunity to gather more information and knowledge of what other countries do to address food issues. I would hope to transfer relevant models of good practice and experience and utilise relevant materials or adapt these to tackle food poverty issues locally in Scotland.

Christine Reilly

***State Registered Dietitian** for more than twenty years - ten of those working within the community rather than in a clinical or hospital setting. Large part of this work is working with people to facilitate change whilst recognising the barriers to that change. For the past 4 years I have worked in food and health with the Health Promotion Unit of Lothian Health Board. Much of my present work is with groups of people - many of whom face problems of poor housing, issues of unemployment or low pay and have little in the way of local food shopping facilities. Providing good food for themselves and/or a family is often an issue which concerns them. Getting good quality food, at an affordable price, within a community can be very difficult, and my experience is that people often have to take the initiative themselves and set-up food co-ops or cooking skills classes. Having the option to make small changes to what you eat day in day out can make a big difference to your well being. I am also a **member of the SCDP's steering group**.*

For many years I have heard at lectures and conferences about how well Finland has done in reducing deaths from heart disease. I wondered if the experiences within the communities of Finland could work here to get over, or round, some of the barriers to change that we face. I want to share the knowledge I gain and my experiences in

Finland with both the health professionals with whom I work and the local people and groups I am involved with. I am interested in the involvement of the national and local government, what resources (money and people) were required in affecting the changes and what people think of the foods now available to them. How big is the change in eating habits - is it small enough to be reasonable to people or so big as to be difficult to replicate? I hope to be able to record some of the things I see as photographs so that the experiences can be seen by a large amount of people.

Moyra Burns

*I have worked to support and encourage networks of community food initiatives at Sustain: the alliance for better food and farming and at the Soil Association. Currently I am **Development Officer** for the Scottish Community Diet Project and I have undertaken to co-ordinate the study tour.*

I hope the opportunity to find out about the Finnish approach to food and health policy will help me communicate the study tour's participants' views of the Finnish Experience to the people of Scotland and more widely through this report.

Lucy Gillie

Programme

Friday 21 September

12.00 Lunch meeting with Dr Erkki Vartiainen on secondment from KTL to Borders Health Board (soon to be appointed Director of the Department of Epidemiology and Health Promotion at the National Public Health Institute of Finland) in Edinburgh, Scotland.

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Sunday 23 September

Fly from Glasgow International Airport at 11.40 - arrive Amsterdam 14.25 - depart Amsterdam 16.05 - arrive Helsinki Finland 19.35.

Monday 24 September

Spend the day in Helsinki at the National Public Health Institute Department of Epidemiology and Health Promotion. Attend formal lectures and discussions.

Tuesday 25 September

Spend the day in Helsinki at the National Public Health Institute Department of Epidemiology and Health Promotion. Catch the overnight train to Joensuu, North Karelia.

Wednesday 26 September

Visit places where public health policies have been implemented in North Karelia.

Thursday 27 September

More visits in North Karelia. Return to Helsinki in the evening by overnight train.

Friday 28 September

Visit to a primary school in Helsinki for a school meal and informal chat with teachers and children. In afternoon and evening collect information from the group for the study tour report.

Saturday 29 September

Check out of hotel in morning. Free morning. Depart Helsinki airport 16.40 - arrive Amsterdam 18.20 - depart 19.40 - arrive at Glasgow International 20.35.

The National Public Health Institute of Finland (KTL)

The SCDP study tour joined the International Visitors Programme of the National Public Health Institute (known in Finland as KTL) which started with two days of lectures at the Department of Epidemiology and Health Promotion.

The lectures were delivered to a group of participants representing a range of countries from India to Australia (see appendix for list). Professor Pekka Puska, pioneer of the North Karelia project and now based at the World Health Organisation introduced the two-day session. Lectures were given as formal presentations by academic researchers and health professionals, who had worked on heart disease issues mainly on behalf of KTL.

Presentations included:

- ◆ general description and main results of the North Karelia project
- ◆ risk factors: monitoring and trends
- ◆ disease rates: monitoring and trends in mortality and incidence
- ◆ monitoring and trends of health behaviour
- ◆ international MONICA project
- ◆ theory and practice in prevention
- ◆ smoking related activities and results
- ◆ diet-related activities and results
- ◆ hypertension-related activities and results
- ◆ diabetes-related activities and results
- ◆ youth projects
- ◆ description and experiences with various intervention methods and national programmes

Professor Pekka Puska stated that the key factors which make the North Karelia pilot a success are:

- ◆ communication through local papers, TV, radio
- ◆ leadership
- ◆ working with and taking into account the work of non-governmental organisations
- ◆ constant evaluation and monitoring

The Department of Epidemiology and Health Promotion at KTL is currently researching the following issues:

- ◆ smoking and anti-smoking activities
- ◆ nutrition
- ◆ foetal and childhood growth and obesity and type 2 diabetes in adult life
- ◆ psychosocial aspects of health screening.

What did participants think, feel and learn?

From the minute I arrived at KTL it was an education programme in motion. The contributions from many different disciplines involved in the programme was inspiring. The contribution of all the factors relating to the success of the North Karelia project were for me like part of the jigsaw that, when put together, contributed to the success of the project. I understood why we need consultation and implementation of new ideas in Scotland to improve diet and health. The international group of participants gave me an insight into how a health service is provided in other countries. I could see how each country managed the budget for health for different priority services. KTL seemed to be totally geared up to 'controlling' the nation's health. This appeared to be a struggle in the beginning but through perseverance and logging statistics, it seems as if they have improved the health in Finland. The care of one's self has been promoted endlessly with the co-operation of various networks and this message, along with supermarket chains supplying the produce needed, has provide the Finns with a drop in developing the risk issues associated with the main health problems that are prevalent in most of Europe. Scotland is now at the top of most of these tables. It remains to be seen if the appropriate authorities in Scotland would be able to match the results of the Finns. I felt that the Finns had a respect for the healthy eating message given out by the government. I do not feel in Scotland we have the same respect for Government-led healthy eating campaigns because people have become complacent about health issues, and if they do worry it's more about drugs and alcohol. In fact, it's not about having respect for the message but about having respect for one's self. How can the government in Scotland go about improving each individual's self worth. It seems to be an impossible task but the Finns have managed it so why can't we?

Carole

All the work undertaken by KTL was new to me. The information from the research could be of use to Scotland. Recognition that lifestyle is a major factor in the health of any country has to be given priority and resourced, so preventative work can be done and the costs to our medical services can be reduced overall. This would have a significant change on the quality of life for future generations of Scottish people.

Christine

I found out that most of the world's diseases were non-communicable and a third of all world deaths were due to cardiovascular disease. I was interested to find out that the Finns had introduced health education into the curriculum as a complete subject rather than an add-on to other subjects. The Finns are unable to decide on how to interpret a balanced diet graphically (they use a food circle, pyramid and food on a plate). In Scotland we use one interpretation, which is better, but we need to translate it into portions. The Finns measure cholesterol every five years! They have nutritional guidelines for school meals and most mass catering. Finns collect and use wild fruits, vegetables and mushrooms. I was impressed by the commitment of KTL but not impressed with how the information was communicated by the lecturers to the participants. There was too much overlap, busy slides, lack of discussion, a dry delivery and no provision for non-English speakers (of which there were at least three on the course). However all personnel were very friendly on a one-to-one level and flexible with arrangements. Also I was disappointed that there were no lay workers speaking and all speakers were 'professional', although that probably related to the 'professional visitors'

which made up the majority of the other participants on the International Visitors Programme. Very little mention of lay workers. The models used did not seem to have much community development worked into them – no mention of peer support, facilitation, ownership. The training programme of lay-workers had ceased, because of lack of time.

Moyra

Visits in North Karelia

The International Visitors Programme included a two-day tour of North Karelia where the pilot project to reduce heart disease commenced over twenty years ago. The time in North Karelia was mainly spent visiting key organisations and community resources which had played a role in the pilot project.

Visits included:

The Provincial Government

The Provincial Medical Officer gave an introduction to the Province of North Karelia and explained how the decentralised Finnish healthcare system operated in North Karelia.

The central hospital of North Karelia

A senior consultant from the cardiac unit showed the participants around the state-of-the-art cardiac ward. Participants had the opportunity to talk to a patient who had recently been admitted for surgery and nurses who were attached to the ward. It was noted that berry juice was provided for patients and hospital food contained a substantial amount of fruit and vegetables, prepared on site.

Karjalainen - the regional newspaper

The editor-in-chief of the newspaper explained that better health in North Karelia has been a good story that has run and run. The newspaper collaborated with KTL on health competitions. The editor-in-chief was also a fellow student with Professor Puska.

Martat - the housewives' non-governmental organisation

Two members of Martat gave a cookery demonstration and took part in an informal discussion about this non-governmental organisation for women to promote housekeeping and gardening amongst its membership of 65,000 and beyond. Martat is made up of local groups and the branch in Joensuu has a long history of working with KTL.

A fitness test in a local park

Local residents were invited to take part in a two km walking fitness test in the local park where pulse and heart rate were measured. Participants were given feedback on their fitness levels with recommendations to follow in order to achieve a healthier lifestyle and make improvements for the next test.

Pielisjoki - a secondary comprehensive school

The head teacher showed participants around the school to see the range of facilities available to school children, including computer rooms and sports hall. Participants had the opportunity to see children eating their school lunch and observed a home economics class.

A local health centre

Participants were given a tour of the health centre by the chief physician and chief nurse. The centre had facilities to carry out and process blood tests, undertake operations and also housed a small in-patient unit.

K – Kupiaseen Kiteella - a medium-sized store of a national supermarket chain.

The store owner and his son gave a presentation on their business. Participants were given the opportunity to ask questions and find out about in-store health promotion initiatives such as the annual heart week and blood pressure and cholesterol testing on certain days annually with the help of the local healthcare clinic. Blood pressure testing is free and the charge for cholesterol testing is small as it is subsidised. Organic food accounts for ten to twenty per cent of sales and is more expensive than other produce. Over a hundred products in the store carried the red heart logo to indicate a healthy option. It was clear there was a large range of full-fat and various low-fat dairy produce to choose from including more than 120 margarines and butters.

The agricultural centre for North Karelia and berry farm

A local berry farmer, who also worked as an advisor at the centre, explained about the good climate and soil for berry production and mushroom harvesting. Two hundred different mushrooms are grown in the area and many exported, primarily to Italy. Since the area has been encouraging berry production as an alternative to dairy farming, the army and other government institutions purchase berries in bulk from producers. Farmers have had successes and failures with berry production, the main problem being that the season is short. Plans for more berry products to be developed will add value to the harvest.

Elo Food - the food expertise centre

Employees at this food product development centre explained how they collaborate with KTL to develop products which are healthy options, such as margarines which can contribute to cholesterol reduction. The centre also produces products which are not considered to be a healthy option.

Additional visit organised by SCDP

In addition to the International Visitors Programme the SCDP organised an extra visit to a nearby primary school on the return trip to Helsinki. This visit was only attended by the four members of the SCDP study tour, and the smaller group allowed for a more informal visit. Participants met the head teacher and a number of English-speaking teachers and had the opportunity to talk at length and informally about food and health issues within the school. They also spent time in a maths lesson where they had the opportunity to ask children about their diets. The participants queued up for, and ate, a school lunch with children and teachers.



Primary school children serve themselves. There were two main course options and a salad available.

What did participants think, feel and learn?

The visits were a back-up to the information received from KTL. Although our hosts were more than hospitable the visits seemed to have a 'tiredness' about them. The project had been run for 25 years by KTL and now the local municipality had taken over the promotion of health issues. The visit to the school was most interesting, to see free school meal service. Children are the same the world over and although lots of salad and vegetables were supplied some of them chose either not to have them or only a little drop on their plates. I only saw one or two children in the whole school I would



Primary school boys choose and eat meat & potatoes

class as overweight. In Scottish schools I would expect to see 20 percent overweight. I wonder if this is because of the work of KTL or other factors such as genetic disposition, everyday exercise and pride in themselves. I am not being blasé as I know that the involvement of KTL has been a tremendous influence, but what of the community themselves? They have played such a major part in this and yet

the normal members of the public and their views have not been included in these visits. Do the public have an opinion or do they do what they are told? The majority of visits were to professional places - a school, hospital etc. - with access by only professional people. KTL might have got it right but the public did not seem to figure in their equation apart from being used to collect data from. I know that most of the data was collected from volunteers and it would be interesting to go back in five or ten years to see if the graphs continue to drop or if they rise as the Big Mac takes a hold of the country. Finland seems to be made up of small communities who have a pride in their country and themselves. This was a view which I thought was put forward by our visit with the cleanliness of public areas and the promotion of all sports. In Scotland there seem to have been a breakdown in all this. What has caused this? For me it still comes down to the individual and



Coke machine in secondary school situated near the dining hall

how their outlook can effect their whole-self. If in Scotland we could change the views of even a fifth of the population we could be on target to have a healthier nation.

I felt extremely privileged to be part of these visits. They have opened up a hunger for knowledge concerning promoting health issues in Scotland. It is an area of the work that I would feel to be a challenge but also a rewarding experience. (From small acorns large oaks grow.)

Carole



School children help themselves to water as they queue for their meal

The visits to North Karelia were in some ways too medical as they were based around hospitals and health centres. The health centre was similar to ones in Scotland but they have beds for long term



Carole has her blood pressure tested in the supermarket

elderly, psychiatric patients or addicts, as well as veterinary care. The visit to the school allowed us to see free school meals with low fat milk and water. The meals were funded by central government and adhered to national nutritional standards. In the supermarket blood pressure and cholesterol levels can be measured for a small fee and there were many margarines available which helped in reducing cholesterol levels. Martat' the non-



governmental women's organisation explained their role in teaching cooking skills to young women. Berry farming in North Karelia was presented as an alternative to dairy farming. As the climate is similar in Scotland this could be an option for Scottish farmers.

A wall of different types of margarines at the supermarket

I was disappointed that we did not get to meet any of the community lay leaders trained by KTL researchers to act on their behalf within local villages in North Karelia. I was impressed by the number of national organisations, NGO's and media working together to combat health problems. I was also interested by the youth programme for health in Finland with dietary guidelines and aims to reduce smoking. I enjoyed my visit to the primary school on the last day where we had the opportunity to eat a free school meal with the children and to get their views on the content I also felt that I learned



Kids eat with their teachers at the primary school

more facts about what it was like to live in Finland from an informal chat with the headmistress who highlighted problems of poverty, teenage pregnancy, under age smoking and eating habit disorders that exist in the junior school (7 to 13 years old boys and girls). I was concerned by the 'Quit and win' programme for reduction in smoking funded by the government lottery and revenue from slot machines. Funds had been used to give out cash prizes for all ages and I was unsure how this could be evaluated as surely they were replacing one addiction with another? Or is gambling safer and not a threat to health?

Christine

I learnt how the government localities and health care system was divided up into provinces and municipalities. North Karelia has a long history with Russia and there is a large border running through the area which divides Finnish and Russian Karelia. Each municipality is responsible for organising social and health care services for its own population. Services are funded in each municipality, with about twenty per cent of the budget coming from central government, and the rest from local taxes. Some people do have private health insurance. A health centre in Finland is an organisation not a building. It can have several stations including veterinary care. Each health centre is run by a management board which uses money according to local need but may not!



An illustration from the Martat promotional leaflet

I asked about local representation on these Boards and was assured that it existed but they were unable to give an example so suspect that only local 'professional' representation exists. Also interested in standards of care across municipalities as not sure how these are maintained. Not sure if this decentralised model of healthcare is better than in Scotland as all evidence

presented was either local to North Karelia or national. No comparison across provinces and municipalities. Very interesting to find out about the dietary programmes, reducing cholesterol levels, berry project and physical activity programme. Great collaboration with local, highly regarded newspaper with large circulation. It runs free campaigns and will also provide prizes. Very disappointed in Martat the non-governmental women's organisation, but perhaps that is because we were given a very formal cookery demonstration. Interested to see the physical activity test in the park in the evening when participants walked against the clock, got their heart rate measured by sophisticated machinery and were prescribed a course of exercise as a result. Not sure if this would translate to Scotland as might need a slightly less hands-on approach. Physical activity on prescription through a local GP for those with a cardiac problem evaluated very well in Midlothian but will have cost more than a walk in the park! Enjoyed the home economics class in the secondary school – much the same as Scotland. Some difference in type of food made (less fat, more fibre and less salt in Finland). Also local produce was used.



School children learn to cook a meal in an optional home economics class

The health centre was like a combination of our health centres and community hospitals. This area has a very young population especially those under ten years old and so seems geared up for them. Each health centre has a laboratory so quite complex result could be given quickly. Facilities for radiography, X ray, minor procedures and long term care of elderly. Would have liked to have met some local people on the Health Centre Board to ask them their thoughts of the system. The chief physician and chief nurse only highlighted the positive aspects. The visit to the supermarket was refreshing as we were not given a formal presentation but an unrehearsed talk by the store keeper's son who was the assistant manager. The supermarkets in Finland seemed to be involved with improving health, perhaps as a marketing strategy, but also collaborate once a year to help with blood pressure checks and cholesterol levels. Interesting to see percentage fat content clearly marked on produce, also the Finnish Heart Foundation and the Finnish Diabetic Association developed a 'heart logo' which was clearly stamped on certain foods. Fruit and vegetables seemed reasonable priced. Looking in shoppers baskets it was clear that fatty and sugary products were still



The range of milk available in a Finnish supermarket

bought. The berry farm and visit to the agricultural college highlighted the increase in berry production. The college is working with local producers and processors to develop more berry products. Local people also grow their own and freeze for use in the winter. We were told that 14.2kg of berries were consumed by each person per year. The Food Expertise College gives training and recommendations for best practice in product development but not sure to whom and it wasn't clear what else it did.

Moyra



***Moyra, Christine and Carole
at the berry farm***

General thoughts from the participants

◆ What did you think of the Finnish approach to health?

According to the statistics shown to us in this visit it appears the Finnish approach seems to have had the desired affect of combating the three main risk areas and public knowledge seems to be far greater about individual health than in Scotland. The Finns have an approach that to my mind is likened to a 'wholesome' attitude to healthy eating, sport, regular health checks, that appears to have been in situ for a number of years. I do not think this approach would travel to Scotland where I feel that the majority of individuals appear to have a Kamikaze approach to health. When they become ill they do something about it instead of listening to the advice of the Health Boards, Doctors, Nutritionists etc. and reducing cholesterol, blood pressure and smoking as they do in Finland.

Carole

I think the Finnish approach to health is very dictatorial, it is enforced from the top down, with little or no consultation with the people requiring this service. Finnish Health provision in many ways is only medically led. There is little or no opportunity for the community health agenda to be addressed – at least I saw no evidence of this.

Christine

Still appears to be 'top down' and very dictatorial – however it has undoubtedly made major improvements in health. Government through KTL has made an investment in improving health. This is measured by keeping mortality stats. I am interested in illness too and I will keep in touch with KTL to find out the results from their on-going dietary survey of 10,000 people. Mass catering guidelines were well accepted.

Moyra

◆ What can people in Scotland learn from this approach?

If people in Scotland were to learn anything from this approach, I feel it should be in the area of self care. Each person should be made aware of the seemingly simple measures that can be used to influence health i.e. not to smoke, take regular exercise and eat healthy food (especially fruit and vegetables). These are simple messages which the government have been trying to get across to the people of Scotland for years and yet disease rates are still rising. What is making these messages fail? I wish I knew, because knowing how to make people in Scotland listen to these messages and make changes means that Scotland could also boast the results of the North Karelia project. It is a long hard road to health and the old saying 'you can lead a horse to water but you can't make it drink' springs to mind. I think in Scotland if they said water was beer we would not have a problem. Catching the new generation of Scots while young could be a way forward. These are not easy tasks but the message needs to be spread at the community level and not simply issued by government. I feel the main issue at stake is the health and well being of future generations and that is an issue that needs

collaboration and understanding of different professional and community views in order to move forward.

Carole

Scotland has to recognise that lifestyle plays a major role in the health of its people, that certain legislation may be necessary to change the habits of a lifetime. Single agencies whether they be statutory or voluntary can not achieve this in isolation, but by working jointly to tackle the health problems that exist in Scotland with genuine health partnerships being formed between the above and local communities. By this I mean that communities have to be resourced as well as the agencies involved. Work should be undertaken in a manner that allows for consultation, participation and collaboration by everyone involved and not, as my experience to date has shown, 'tokenistic' and 'patronising'.

Christine

Perhaps our community development approach in food issues is a better model. Local communities started the push for the North Karelia project but are no longer the drivers (although may be willing passengers - no opportunity to assess). The Finnish Government have invested in health (both communicable and non-communicable disease models) in a way in which British governments have not. We in Scotland could buy more locally and be encouraged to support local produce. Huge opportunities to incorporate berries already grown in Scotland (as more berries grown here than in Finland) into local diet and so increase health in the long term. This would have to have Government backing but most importantly, local level interest and support – otherwise we would have 'berry medicine' and alienate people. Huge monitoring and treatment required of blood cholesterol and blood pressure if these are to be used as measurements to illustrate health gain. Perhaps we could have less intrusive and expensive methods of evaluation.

Moyra

◆ **Other thoughts**

The intensity of the programme visits was tiring. I felt that a little time to relax would have been advantageous in my assimilation of all the information provided by the visit. I can understand why it has to be intensive and again reiterate that I felt privileged to be here. The information provided before the visit was of great value and the skills and professionalism of my group members were an added bonus to the visit.

Carole

The Finnish study tour allowed me to network with other nationalities, to gain knowledge of health services in other countries (such as Australia, Wales and China). It allowed me to pass on my knowledge and experience of the community health approaches in operation in Scotland. It was interesting to be on the receiving end of a highly polished, well rehearsed presentation about health services in Finland rather than doing the presenting. My knowledge and perceptions of the North Karelia project prior to my visit were totally shattered. The community who were involved with the correct health statistics and then trained as health promoters on behalf of KTL were always reminded that they are not professionals in any form even after training. Why is training then

necessary? What does it consist of? Are these people being used? Would have liked more information on this.

Christine

Excellent food but also pies, sausages and sweets available. Fruit and vegetables seem cheaper – at least in supermarkets. Conscripted for 17 year olds. Also learnt about Finnish approach and great national pride from people who were not participants on the course or associated with KTL. This national pride manifests itself in support for Finnish food production even when it might be slightly more expensive. Finnish produce is clearly marked and easy to pick out in a supermarket, even if it is not pre-packed. During the 1990's recession school meal quality decreased as budgets were cut. Very packed programme usually starting early and finishing late and little time to linger. Feel like I have missed the opportunity to see the real North Karelia but managed glimpses from the bus. Although the biggest 'miss' for me was access to the local population, although appreciate that we were a large group (about 27). Also there may have been some language problems with older citizens who would have been more likely to speak Russian (than English) as a second language (though this would not be insurmountable). I also would have liked a perspective on how people see their health and the Government Interventions, not just the KTL medical model. Fantastic opportunity to meet other delegates from around the world with different interests and expertise. As usual, the group learnt a great deal from each other.

Moyra

Evaluation

The participants were asked on the last day to think about what the tour had inspired them to do, if anything, in their own community, work or personal life. The participants wrote down their three main ideas on post-it notes and ranked them in order of priority and how difficult they thought they would be to implement, on a matrix. All their personal ideas are collected together below.

An implementation matrix of participants' ideas as a result of the study tour:

	Easy to do	In between	Hard to do
High priority	<ul style="list-style-type: none"> ◆ <i>Find out my cholesterol, weight, blood pressure.</i> ◆ <i>Keep in touch with contacts made in Finland (KTL) and with other participants.</i> ◆ <i>Increase my own personal knowledge and participate in further courses.</i> 	<ul style="list-style-type: none"> ◆ <i>Eat more carbohydrate and lose weight.</i> ◆ <i>Let people know about what's happening in Finland (write report).</i> ◆ <i>Increase own level of personal fitness and health.</i> ◆ <i>Look to change diet with regards to milk and preparation.</i> 	<ul style="list-style-type: none"> ◆ <i>Travel more.</i>
Medium Priority	<ul style="list-style-type: none"> ◆ <i>Increase my exercise.</i> ◆ <i>Pass on knowledge information.</i> 	<ul style="list-style-type: none"> ◆ <i>Look at research carried out on Scottish health.</i> 	<ul style="list-style-type: none"> ◆ <i>Look in to why fruit and vegetable consumption is so low.</i> ◆ <i>Link food issues with physical activities.</i>
Low priority			

The participants were contacted to see what they thought of the study tour four months later and what effect it had had on their lives, work and personal development. Their comments show that on reflection the Finnish Experience was seen to be a positive and beneficial trip. In particular, the trip has assisted the participants to see Scotland's food and health policy agenda in a more positive light. It has also allowed participants to reflect on the difference in culture and the reality of transferring experiences from one country to another.

Very beneficial and enlightening. I found it interesting to see the Finnish health statistic results and experience as well as the difference in culture. It was all very relevant to my work and people who use Roots and Fruits are always asking me what the food was like in Finland and how the country is different. Now when I'm watching news items on health in Scotland, I can see how new policy initiatives could make long term changes. Feel much more positive about Scotland moving forward on health matters. I can see how awareness can be raised throughout society, especially by working with children at an early age.

Carole

It was incredibly interesting to see the Finnish approach to changes in diet and health. I didn't realise the reduction in heart disease had occurred because of a government-led initiative with what seemed like little input at a community level. Changes in eating habits have been ingrained over time. The lifestyle was so different. I'm still not sure if the changes made were a good thing or a bad thing, because we didn't get any straight answers about how this affected the poor and marginalised in society. Although it appeared that in Finland there was less of a gap between the richest and the poorest in society anyway.

Still disappointed that I didn't get to meet local people because I work with local people in the community which I live in. The head teacher at the Primary school talked very informally and frankly about the many problems with diet and health and educating children and I felt as if I was finding out what really goes on in Finland.

I feel that some changes made in Finland could be made in Scotland, mainly regarding produce production. I feel Scottish people should be eating Scottish produce. It's a great shame that so much of Scottish produce is exported or processed and packed out of Scotland.

We are more advanced in regard to support for community food initiatives. Community Food Initiatives provide services to communities which are in shopping deserts often created by local government. Mobile shops which go round and take on board community needs are incredibly innovative and we didn't see any of these community led solutions in Finland. We are at the right stage in the development to get realistic food partnership working, where the community and private sector can work with other agencies on a level playing field.

Christine

A very, very good thing to do and a great opportunity to see how people in another country have a different approach to life. Interesting to see an internationally renowned project close-up. Fascinating to see supermarkets, health centres and schools in Finland especially in North Karelia, first hand – I feel I found out so much more from the project than just by reading the published papers. I can see how working with retailers could work and can be more supportive of links being made here in Scotland with food manufactures and retailers. I still think Scotland has a long way to go and it will take more than just isolated community food and health project work to make the long term changes we saw in Finland. However with national co-ordination I can see how current pieces of work could be linked-up - so that small change in Scotland could be a reality.

Moyra

Feedback from the participants

The feedback from the participants showed overwhelmingly that the study tour was a very enjoyable experience and inspired participants to have many new ideas. Working closely for over a week, the participants clearly learned as much, if not more, from informal exchanges amongst themselves as from the actual organised visits.

The co-ordinator asked the participants to note down what they enjoyed, found interesting and what, if anything, they were going to take away with them. The responses are listed below.

All participants stated they found the study tour very interesting.

◆ Which part of the visit did you most enjoy?

Visit to the primary school in Helsinki for lunch on Friday 28 September. Meeting others on course. North Karelia.

Trip to the primary school in Helsinki on Friday. Meeting different nationalities, forming links for the future.

I enjoyed the visit to the primary school as I felt that this was not a staged visit. Also the friendliness and co-operation shown by the head mistress was like a breath of fresh air. Although all visits were friendly the one at this school was the most natural.

◆ Which part of the study tour did you find most useful?

Visiting the supermarket.

Speaking to nutritionists/dietitians who work with KTL – informally.

Hearing of WHO non-communicable disease programme.

Information about national and global health issues.

I found that the input of the medical and social information by KTL to be extremely informative.

◆ What are you going to take away with you?

That changing a nation's health is possible – but long term, perhaps one or two small changes at a local level can impact in national disease rates. That this requires a top-down resources approach from government and local implementation which relates to people in their own communities.

Is legislation necessary to tackle some health problems or are there other ways?

I am going to take with me a knowledge that things e.g. health issues can change. It needs lots of co-operation from many disciplines to make this happen.

◆ How could the study tour be improved?

Would have liked to tour Helsinki. An opportunity to meet with local people and, if so, in an informal setting. More discussion-based approach rather than didactic classes and lectures. An opportunity to hear from everyone on the course right at the beginning.

Time-tabling of programme too tight and formal, did not allow a full opportunity to have informal discussions with tutors and other students.

The tour could be improved by an introduction of some free time. All the info was delivered fast and furiously and I felt we could have had more breaks. I also feel that meeting non-professionals would have been advantageous.

Follow-on from the study tour in Scotland

Since the study tour participants have been asked to share their experiences, below are some of their engagements.

◆ Carole

Oct 2001 Roots and Fruits management committee

8 June 2002 Roots and Fruits open day

Informal talks with people who use the fruit and veg delivery service provided by Roots and Fruits.

◆ Christine

4 Dec 2001 Workshop at Rich Pickings SCDP conference

Informal talks to community groups including the Fresh Loaf group and Renfrewshire Food Federation. Also discussed the experience with the Healthy Eating Sub-Group co-ordinated by Have A Heart Paisley.

◆ Moyra

4 Dec 2001 Workshop at Rich Pickings SCDP conference

14 May 2002 Scottish Community Nutrition Group (branch of the British Dietetic Association)

A presentation to the Senior Management Team of Lothian NHS (date to be confirmed)

Spoken informally to projects such as the Edinburgh Community Food Initiative and other community projects including those funded by the health improvement fund.

◆ Lucy

4 Oct 2001 Presentation to the SCDP Steering Group

23 Oct 2001 Presentation to the Free School Meals Working Group

4 Dec 2001 Workshop at Rich Pickings SCDP conference

Relayed information on availability of Finnish produce in Finland to Steering Group for the local food sector research convened at the Health Education Board for Scotland.

Afterthoughts from the Scottish Community Diet Project

The participants did not have the opportunity to explore in detail how public health was delivered in other municipalities. Yet the participants were told Finland had the most decentralised healthcare system in the world.

The Finns are clearly engaged in achieving long-term goals. Many initiatives have been running for over thirty years or even longer, for example school meals with nutritional standards were put into place shortly after World War II.

Many different government departments and sectors of society have been working together for quite some time.

Organisation of the study tour

Planning how the time is spent is essential for a successful study tour. The project has found that it is often hard to recruit people to spend a substantial time away from home with a group of people that they don't know. The evaluation from this study tour and others shows that participants value the time they spend visiting and learning from other people and often comment that they would have liked to have spent more time on the study tour

This is the sixth study tour run by the SCDP. Reports on the other study tours are available on the SCDP website www.dietproject.org.uk or call 0141 226 5261 to order free copies. The project continues to learn from every study tour and plans to run more in the future – check the website for details.

Thank you

The SCDP are very grateful to the National Public Health Institute of Finland for making the very helpful arrangements which ensured that the study tour was successful. Carole, Christine, Moyra and Lucy are also grateful to the other participants on the course for making the tour such fun! Also thanks to Joan Brown who proofread this report.

More information relevant to this report

◆ Finnish organisations

National Public Health Institute for Finland (KTL)

This government institute carries the responsibility for researching, promoting and monitoring the health of the Finnish people. It also runs the International Visitors Programme to North Karelia (details of which can be found at www.ktl.fi/ilmoituksia/northkarelia.html) and publishes *The North Karelia Project - 20 Year Results and Experiences*, Puska, Tuomilehto, Nissinen and Vartiainen. This book is a useful starting point for more information on the North Karelia Project, available by e-mailing a request to the Institute (info@ktl.fi) or call +358 9 474 41.

Ministry of Social Affairs and Health

For a brochure on healthcare in Finland published by this Ministry visit www.vn.fi/stm/english/.

Finnish Heart Association

Founded in 1955 this non-governmental organisation runs a scheme which puts a heart symbol on healthy produce sold in Finland. For more information visit www.sydanliitto.fi/english

Martat

The home economics extension organisation run by housewives in Finland www.marttaliitto.fi or call +358 9 618 7411 for a brochure.

◆ Scottish organisations

The Scottish Community Diet Project (SCDP)

To find out more about the SCDP visit www.dietproject.org.uk or call 0141 226 5261 and order a free information pack. The project publishes Fare Choice, a quarterly newsletter, which can be downloaded from the SCDP website or call the project to be put on the mailing list.

The Chief Medical Officer (CMO) for Scotland

This is the Scottish Executive's principal medical adviser, and as such has direct access to Ministers of the Scottish Executive, and is also Head of the Scottish Medical Civil Service. The post has direct involvement in the development of health policy in Scotland, including prevention, health promotion, health protection and harm reduction. Find out more by visiting www.scotland.gov.uk/health/cmo/.

The Health Education Board for Scotland (HEBS)

HEBs communicates public health messages throughout Scotland and commissions research. For more information visit www.hebs.com or call 0131 536 5500.

The Food Standards Agency (FSA)

The FSA is committed to improving food safety and standards in Scotland and protecting the health of Scotland's population in relation to food. Visit www.food.gov.uk/scotland/ or call 01224 285 100 for more details.

Public Health Institute for Scotland

Its aim is to protect and improve the health of the people of Scotland by working with relevant agencies and organisations to increase our understanding of the determinants of health and ill-health. For more details and constituency health reports visit www.show.scot.nhs.uk/phis/ or call 0141 300 1010.

◆ Other organisations

World Health Organisation (WHO)

Pekka Puska, the pioneer of the North Karelia pilot project, currently works for the Department of Non-communicable Disease Prevention and Health Promotion at WHO. You can find out more about what they do by clicking on www.who.int/hpr or fax +41 22 791 4186 for a brochure. The MONICA Project run by WHO was established in the early 1980s in many centres around the world to MONITOR trends in Cardiovascular diseases, and to relate these to risk-factor changes in the population over a ten-year period. Both Scotland and Finland are involved in this project.

European Food Safety Authority

The primary responsibility of the authority is to provide independent scientific advice on all matters with a direct or indirect impact on food safety in the European Union. For more information visit www.efsa.eu.int as the authority has yet to find a location in Europe to base itself.

Quit and win

International Quit & Win is a smoking cessation competition for adults who have smoked for at least one year: click on www.quitandwin.org for more information about how to take part and the partner organisations involved.

Cardiovascular Health Practitioners' Institute

The Cardiovascular Health Practitioners' Institute is a training programme for professionals from US State Health Departments and the American Heart Association. Their website includes a presentation on the North Karelia project www.cvhpinstitute.org/nissinen/an2.htm.

Useful documents

Village competition as an innovative method for lowering population cholesterol

P. Puska, M. Isokääntä, V. Korpelaninen and E. Vartiainen *European Heart Journal Supplements* 1999

Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance

Prepared for the Finnish Diabetes Prevention Study Group and published in *The New England Journal of Medicine* Vol. 334 No. 18 May 3 2001 www.nejm.org

The North Karelia youth programmes

E. Vartiainen, K. Tossavainen, L. Viri, E. Niskanen and P. Puska published in the *Annals of New York Academy of Science*

Community-based non-communicable disease interventions: lessons from developed countries for developing ones

A. Nissinen, X Berrios and P. Puska published in *The Bulletin of the World Health Organisation* 2001

Prevention of non-communicable diseases through community-based integrated programmes

Prof P. Puska 1994 published by Countrywide Integrated Non-communicable Disease Intervention (CINDI) and WHO.

The East Finland berry and vegetable project: a health-related structural intervention programme

J. Kuusipalo, M. Mikkola, S. Moisio, P. Puska published in *Health Promotion* vol. 1 no. 3 Oxford University press 1986

The role of lay workers in community health education: experiences of the North Karelia Project

L. Neittaanmäki, K. Koskela, P. Puska and A. L. McAlister published in *Scand J Soc Med* 8: 1-7 1980

Nutrition In Finland

Published by the National Public Health Institute Finland (KTL)

Report from the study visit to Finland by Susan Deacon Minister for Health and Community Care January 2000

To be published by the Chief Medical Officer for Scotland

Review of dietary interventions in Finland, Norway and Sweden 1970-1995

Dr. G. Roos, Prof. M. E. J. Lean, Prof. A. Anderson published by the Department of Human Nutrition University of Glasgow

Please note the Scottish Community Diet Project holds copies the above documents.

Participants' contact details

Carole Sligo

c/o Roots and Fruits
82 High Street
Tranent
East Lothian EH33 1HH
Tel. 01875 616 337

Christine Reilly

c/o Tannahill Centre
76 Blackstoun Road
Paisley PA3 1NT
Tel. 0141 889 2455

Moyra Burns

Senior Health Promotion Specialist: Food & Health
NHS Lothian
Deaconess House
148 Pleasance
Edinburgh EH8 9RS
Tel. 0131 536 9416
e-mail moyra.burns@lhb.scot.nhs.uk

Lucy Gillie

Development Officer (Networking and Communication)
Scottish Community Diet Project
c/o Scottish Consumer Council
Royal Exchange House
100 Queen Street
Glasgow G1 3DN
Tel. 0141 226 5261
e-mail lgillie@scotconsumer.org.uk

Appendix

Participants on the International Visitors Programme Sept 2001

Ackland	Michael	Australia
Ahonen	Maarit	Finland
Al-Haddabi	Saleh Said	Sultanate of Oman
Al-Hinai Halima	Qalam	Sultanate of Oman
Aslan	Belgin	Wales
Bijoy	Joseph	Finland
Burns	Moyra	Scotland
Clarke	Margaret	Wales
Gillie	Lucy	Scotland
Haapamaki	Tanja	Finland
Hayretdinova	Tatyana	Russia
Heikkila	Katri	Finland
Jarvinen	Petrus	Finland
Katajavuori	Tuulia	Finland
Kilmenkova	Natalia	Russia
Kulathinal	Sangita	Finland
Lebedev	Anatoli	Russia
Mehta	Amita	India
Mowll	Patricia	Wales
Pantelejev	Vladimir	Russia
Prichard	David	Wales
Reilly	Christine	Scotland
Roberts	William	Wales
Sadl	Renata	Slovenia
Shao	Ruitai	Switzerland
Sligo	Carole	Scotland
Tichkova	Zoia	Russia