THIRD WHO REGIONAL TRAINING COURSE ON EPIDEMIOLOGY
AND COMMUNITY-BASED CONTROL OF CARDIOVASCULAR DISEASES

Beijing, People’s Republic of China
30 August - 18 September 1982

Manila, Philippines
November 1982
THIRD WHO REGIONAL TRAINING COURSE ON EPIDEMIOLOGY
AND COMMUNITY-BASED CONTROL OF CARDIOVASCULAR DISEASES

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Sponsored by the
WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR THE WESTERN PACIFIC
with the collaboration of the
MINISTRY OF PUBLIC HEALTH OF THE PEOPLE'S REPUBLIC OF CHINA
and the
CHINESE ACADEMY OF MEDICAL SCIENCES, BEIJING

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Manila, Philippines
NOTE

The views expressed in this report are those of the participants and members of the faculty of the training course and do not necessarily reflect the policies of the Organization.

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for governments of Member States in the Region and for the participants of the training course, which was held in Beijing, People's Republic of China from 30 August to 18 September 1982.
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1. INTRODUCTION

1.1 Background

The developments that have taken place in the Region since the first WHO Regional Seminar on Cardiovascular Diseases due to Infections, particularly Rheumatic Heart Disease, Manila, November 1968, and the second Regional Seminar on the Prevention and Control of Cardiovascular Diseases, Manila, April 1975, have been considerable and can now be better evaluated. The acceptance by the Regional Director of the need for regional courses in epidemiology and community-based control of cardiovascular diseases led to the holding of the first course in Wellington in 1978 and the second in Singapore in 1980.

The third regional course was held in Beijing, People's Republic of China in 1982. It came at a time when there is a much firmer data base of knowledge concerning the extent of cardiovascular disease problems within the Region and when community control is able to be considered in more practical terms. The broadening concepts of primary health care and the knowledge gained from some of the major intervention studies that have been or are being carried out in different parts of the world are making important contributions. The concepts of the comprehensive cardiovascular community control programmes (CCCCP) that are now being developed could provide a most valuable framework for real progress within the Western Pacific Region, if they are properly developed.

The appointment of a Regional Adviser in Cardiovascular Diseases in the WHO Regional Office for the Western Pacific, Manila, was an important step forward.

The report of the 1980 CVD epidemiology course contained the conclusion that there would be advantages in holding the third course in China. This course was held in Beijing from 30 August to 18 September 1982.

The advantages that can accrue to groups in the host country working in the field of cardiovascular diseases in epidemiology and biostatistics are real and for this reason the siting of the course is a matter requiring careful consideration by the Western Pacific Advisory Committee on Medical Research when making its recommendations to the Regional Director.

1.2 Objectives

The objectives of the present course were to enable the participants:

1) to understand the epidemiology and means of community-based control of cardiovascular diseases, with special reference to this Region;

2) to apply statistical methods to cardiovascular epidemiology;

3) to develop skills in order to prepare a research protocol for epidemiological studies of cardiovascular problems which could be developed on return to their own respective country;
to develop a prevention and control programme on cardiovascular disease, including health services research strategies for testing and evaluating of such activity.

1.3 Review of previous courses held in Wellington (1978) and Singapore (1980)

A questionnaire was circulated in June 1982 to all participants who had taken part in the first and second regional training courses.

They were asked to set out brief answers to questions relating to the benefits they had received and whether it had helped them in the development of further active involvement in fields of epidemiology and community prevention.

A summary of the results and some comments have been prepared by Dr S. Hatano who was not involved in the 1978 or 1980 courses (see Annex 1).

2. CONDUCT OF THE COURSE

2.1 Opening ceremony

The course was officially opened on 30 August 1982 by Professor Wu Jie-ping, Vice-President of the Chinese Academy of Medical Sciences, Beijing. Dr Zhou Min-jun, Deputy Director, Bureau of Sciences and Technology, Ministry of Public Health, was the main guest speaker at the opening ceremony held at the Meeting Hall of the Friendship Hotel, Beijing, the venue of the course. Professor Tao Shou-chi, Director of the Cardiovascular Institute and Fu Wai Hospital, Chinese Academy of Medical Sciences, acted as the Chairman of the opening session.

Dr Santiago V. Guzman, WHO Operational Officer, spoke on behalf of the WHO Regional Director, Dr Hiroshi Nakajima, Manila. Dr Pepe T.S. Tuitama, participant from Samoa, Professor R. Brand of the University of California, Berkely, and Dr Ian Prior, Course Director, gave the responses on behalf of the participants and faculty of the course.

The list of participants, observers, faculty and secretariat is given in Annex 2.

2.2 Planning of the course

The planning of the course programme had commenced in Singapore in 1980 and was continued by the members of the faculty in conjunction with the WHO Secretariat in the intervening period. The decision to hold the course over three weeks allowed provision for greater integration of the epidemiology and biostatistics sessions than was achieved in previous courses. Small group discussions within the class were used most effectively. These were used for retrospective reviews, exercises and
other topics. The three weeks of the course can be seen to fall into the following main areas:

First week: Introduction to epidemiology and biostatistics, including intervention studies and principles of community control

Second week: The strategies for control and preparation of protocols

Third week: Community intervention, presentation of protocols and smoking control programmes

2.3 Local arrangements

Professor Tao Shou-chi and his staff of the Cardiovascular Institute and Fu Wai Hospital, Chinese Academy of Medical Sciences; Dr Eric H.T. Goon, WHO Programme Coordinator, China, and staff of the WHO Regional Office in Manila; and officials in the Ministry of Public Health, Beijing, were responsible for the excellent local arrangements for the course.

The facilities of the Peking Friendship Hotel Meeting Hall were good and accommodation costs very reasonable.

2.4 Scientific visits

8 September - Visit to the Capital Iron and Steel Complex, Beijing

The main hospital was toured and their activities presented. There was emphasis on the baseline data on CVD among workers and the prevention and control programmes being undertaken as part of the major epidemiological programme of the Cardiovascular Institute and Fu Wai Hospital. The hospital is equipped with diagnostic and curative facilities for the workers up to the level of major general surgery. It serves a population of 60,000 workers. A health station was visited later in the afternoon. The health station is the peripheral unit which first looks into the health problems of the workers and members of their families. Emphasis was laid on prevention and control of communicable disease and maternal and child health. There are about twenty health stations in the whole Iron and Steel Complex.

11 September - Visit to Fu Wai Hospital

This is a cardiovascular institute affiliated with the Chinese Academy of Medical Sciences. It is a 320-bed hospital headed by Professor Tao Sho-chi. The clinical services of the hospital consist of departments of medicine, surgery, radiology, anaesthesiology and a traditional medicine unit. For scientific studies, the Institute has research laboratories in the departments of physiology and biochemistry, pathology, pharmacology and nuclear medicine. The department of medicine has modern diagnostic facilities, including 2-D echo and a cardiac catheterization laboratory. The development of a programme of epidemiology and biostatistics over recent years was initiated by Professor Wu Ying-kai when he was Director and has been very actively carried forward by Professor Tao Shou-chi, who took over as Director in 1981. The Cardiovascular Institute has responsibilities at national level in terms of coordinating particular projects, playing a lead in standardization and development of epidemiological methods, and in training of younger people in epidemiology, biostatistics and community control of cardiovascular diseases.
14 September - Visit to the Shijingshan People's Commune Health Centre

The group visited the health centre in Shijingshan People's Commune as part of the afternoon activity. This commune is the base for epidemiological studies by the Fu Wai Hospital. The centre is staffed by a lay director and a number of doctors. Chinese traditional medicine as well as western medicine is used for treatment. Barefoot doctors are also part of the staff of the centre which serves a commune of about 6000 population mostly in relation to prevention and sanitation as well as the usual treatment of ordinary ailments.

2.5 Social programme

This was a highlight of the stay in Beijing, since it included the opportunity, both for the visitors and local participants in the course, to visit a variety of places of considerable interest and historical significance.

A formal reception was given in honour of the participants by the Chinese Academy of Medical Sciences in the evening of 30 August. The group also visited the Great Wall, the Summer Palace, and other important places, including the tomb of Chairman Mao Tze-tung. The social programme also provided for some cultural exchanges, which fostered better working relationships during the course. The local hosts went to considerable length to help the visitors in more ways than one and the friendships developed in the group will help in future developments in the Region.

2.6 Teaching methods

The small group discussions within the lecture room during presentations and relating to particular questions were used more and appeared to offer some advantages, particularly for the epidemiology presentations and literature reviews.

The participants were provided with a range of materials relating to the topic presentations and particular points in these were identified for special study.

Overhead projectors were used for the majority of the presentations and have some advantages over slides.

2.7 Practical exercises

Exercises were undertaken in relation to age standardization, life table analysis, standardization of stroke criteria and sample size estimation in cross-sectional cohort and case control studies.

2.8 Films

Films were shown on the history of hypertension and on new perspectives in atherosclerosis as well as on the use of exercises in rehabilitation in the People's Republic of China.
2.9 Protocol development

A considerable effort was made by the faculty and participants in the aspect of the course as a learning exercise in protocol preparation. They were asked to develop protocols that addressed a certain critical question or questions relating to work in their country in this field of epidemiology and community control of cardiovascular diseases.

The headings recommended as a means of systematizing their outlines were:

1. aims, principal question(s) to be asked;
2. background and justification for study;
3. study design and selection of subjects and sampling procedures;
4. methods to be adopted for data collection and comparisons to be made;
5. sources of bias;
6. data collection and analysis plan;
7. facilities, equipment needs, budget and staffing.

Fourteen protocols were prepared by the participants, the standard of which was good. The topics put forward and groups involved are set out in Annex 4. Two participants developed a data analysis programme for studies they were involved with in their own countries and took advantage of advice from the faculty members relating to this. The protocols of some participants from the People's Republic of China were on a large scale and rather ambitious, and the long-term development of these will require considerable support and development if they are to be successful.

2.10 Smoking prevention and community control

Dr R. Masironi, Scientist, CVD Unit, WHO Headquarters, Geneva, and Professor S. Leeder of the University of Newcastle, Australia, joined the faculty during the third week of the course and were responsible for an excellent series of lectures on smoking prevention and community control techniques.

The participants' presentations related to smoking patterns in the Region and programmes that could be further developed, including a much greater commitment by national governments to developing national goals/strategies, including legislative measures. The WHO document Legislative action to combat world smoking epidemic (1982) by R. Roemer provided an excellent basis for these discussions.
3. EVALUATION

3.1 Choice of participants by countries

The quality of participants and observers was good, judging by their interest and understanding during the three weeks of the course.

The background, training and seniority varied considerably and efforts were made to cater for this by grouping the participants and observers in small groups and by using peers to help explain issues causing difficulties. The mixed background and training of the participants also had many advantages and helped to bind the group together.

3.2 Nomination of nonmedical scientists

The development of epidemiology and community control of cardiovascular diseases in the Region must make full provision for the inclusion of scientists who are working in the field as nonmedical epidemiologists or are training in this field and for medical biostatisticians working with epidemiologists who can play an important role, and this must now be recognized by the WHO Regional Office in Manila. Progress in some countries will only take place if biostatisticians can be encouraged to work in the field of cardiovascular disease control; their involvement in the training courses would have real advantages. Selection of an epidemiologist in training and a biostatistician from some group could allow data to be brought for discussion with the faculty members and could be used as a basis for practical exercises.

These new directions concerning selection for the course are included in the conclusions of this report (section 4).

3.3 Faculty evaluation

The programme was better planned than in previous courses and in general went very well.

It required the full efforts of the faculty and a number of changes were made to deal with particular issues raised. The introductory sessions were not basic enough for some candidates and will need to be strengthened in the next course to meet this acknowledged need of participants who are at different levels of understanding.

The development of protocols again formed an important feature of the course and is likely to have a number of advantages to the Region.

The balance of more formal presentations, exercises and protocol development flowed well and the majority of the participants applied themselves well to the ways of learning experiences that were provided.
3.4 Duration of the course

The faculty was asked whether the course should be three or two weeks' duration. It was felt that this could vary depending on the background and training of the participants expected to attend.

Discussion will continue with the faculty and the WHO Regional Office in Manila, and participants' responses will be considered. A case could be made for the three-week course when the majority of the participants have not had much involvement in the field. They would benefit considerably if the interchange and exchange of work and analysis programmes could be enhanced and developed in the Region. In general the balance of the course appeared reasonable. Weekly review sessions provided an excellent forum for favourable comments regarding aspects of each week's programme. The faculty members could then take these into account.

3.5 Participants evaluation questionnaire - Summary of key responses

Twenty-one participants and observers returned the unsigned questionnaire (see Annex 5).

A summary statement of certain of the questions is set out.

Course objectives

All felt the course had achieved the objectives set out.

Replies concerning lecture sessions

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Very Useful</th>
<th>Useful</th>
<th>Not useful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>13</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>14</td>
<td>5</td>
<td>2</td>
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<tr>
<td>Prevention</td>
<td>8</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Community control</td>
<td>7</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Smoking</td>
<td>7</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Practical work</td>
<td>8</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Protocol</td>
<td>11</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>

Other detailed answers from participants will be considered by the faculty in the planning of future courses.
4. CONCLUSIONS

4.1 It was considered that a further training course in epidemiology and community-based control of cardiovascular diseases should be planned for 1984.

4.2 Participants

It was considered that such training course should in future be also open to nonmedical graduates in training in epidemiology or biostatistics as there will be an increasing need for such persons in the multidisciplinary teams required for effective programmes in cardiovascular disease control. For example, it would be desirable for a country to send a pair of trainees consisting of one medically trained and one statistically trained participants, who could be expected to work together as a team on subsequent projects.

4.3 The provision of research and training fellowships in epidemiology, biostatistics and community control of cardiovascular diseases should be encouraged through WHO/Regional Office for the Western Pacific and other organizations. The selection of suitable candidates, the duration of training needed in overseas institutions, and their placement should be carefully considered if the greatest benefit is to be gained for the persons involved and their home country.

4.4 Efforts should be continued to gain support from non-WHO funding sources such as national heart foundations or national medical research councils for a limited number of observers as a way of widening support for the importance of training in the Region. This would also enhance collaboration in the Western Pacific Region of WHO.

4.5 Site of the proposed 1984 course

It was considered that Malaysia could be a suitable country for the next course if the Government and the WHO Regional Office would favourably consider this suggestion.

The Institute for Medical Research (IMR) in Kuala Lumpur might be a good site for the course; reasonable hostel or hotel accommodation is said to be available. As alternative site would be a centre in a rural area, which would have some advantages.

4.6 It was considered that certain advantages accrue to the host country both during and after the course, and it is important that the siting of the course should fit in with the general philosophy and strategies of the host country relating to epidemiology and community control of cardiovascular diseases as part of its overall programme oriented towards health for all in the year 2000.

The Beijing 1982 course has incorporated improvements developed by the faculty since 1978 and 1980 courses, taking into account the needs of the Region and some comments of the participants and the influence which the course has had on some participants in the previous courses.
It was considered that the faculty for the present course (Dr Prior, Dr Beaglehole, Dr Hatano and Professor Brand) should be asked to take part in the 1984 course and be given notice as soon as is reasonable.

4.8 It was considered that copies of this report should be circulated to all those who attended the two previous courses in Wellington, 1978 and Singapore, 1980 in addition to the normal distribution.
ANEX 1

FOLLOW-UP OF PARTICIPANTS OF PREVIOUS COURSES

An inquiry letter was sent to all the participants of the two previous courses in order to get feedback and information to help assess the effectiveness of the course (see questionnaire in Appendix 1). Ten participants out of 19 in the 1978 course and 10 participants out of 25 (21-WPR; 4-SEAR) in the 1980 course replied.

The answers are summarized in Table 1. Replies from the participants in the two previous courses are broadly similar. About one half of the participants are working in clinical medicine and the other half in epidemiology. Current involvement in epidemiology is determined by the type of work and it is clearly difficult for busy clinicians to initiate or carry out epidemiological studies which require time and manpower. One-third found the course to have been very useful and one-third acknowledged its usefulness. One did not reply. Three replied that it was useful, but two complained that pressures of work prevented them from being able to apply their interest and knowledge in epidemiology. One felt that the contents of the course were being learnt anyway during his career as an epidemiologist.

Table 1 - Summary of replies from participants

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Type of present work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mostly clinical</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>mostly epidemiology</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>administrative</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Current involvement in epidemiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>no</td>
<td>7</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Judgement of usefulness of the course in retrospect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>very useful</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>useful</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>useful but</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>not useful</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>no answer</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
A professor in clinical medicine felt the course to be a good introduction to epidemiology. A professor in public health appreciated the opportunity the course offered to broaden her contact with foreign researchers. The courses have been most appreciated by both clinicians and epidemiologists in training who are working actively in their own field and who have their own problems. The course was interesting and stimulating and helped them pinpoint their research interest, provided them with modern methodology, and gave community and preventive perspectives.

The course has an important role in exposing clinicians who work at a regional hospital or in a community, in helping them to make a community diagnosis, and supplying basic ideas for prevention. The majority, however, are frustrated with busy daily clinical services, which prohibit them from developing epidemiological studies. It is hoped, however, that this training in epidemiology would remain as a potential to revive and start some epidemiological work as soon as there appears an opportunity.

For participants with moderate training, the course provided the most benefit, consolidating their interest and thinking, offering wider perspectives and methodology and improving the quality of their research and prevention strategy. Although it may be premature to evaluate this aspect, promotion of international communication and exchange of ideas between investigators within the Region are other benefits of the course.

For a senior investigator, the course was still a good opportunity to be exposed to what is occurring in the Region and to meet investigators from other countries for possible future cooperation.

Participants with varying degrees of training will also benefit from the course. Selection of participants, however, needs to be carefully made. If they have no opportunity to develop their programme by using the knowledge gained during the course, the course may be largely wasted. It should, however, be noted that this is an early follow-up only and effects of education should be judged on long-term basis. It is clearly going to be of very real advantage to certain people. As the gradual spread and accumulation of epidemiological methodology and interest develop these participants can be expected to contribute as a core group to the development of community programmes in the Region.
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Manila  
Philippines

*Also Faculty Member/Lecturer.
TEACHING PROGRAMME

First week

Monday, 30 August

9:00 - 10:00 a.m.: Opening ceremony
10:00 - 11:30 a.m.: Overview of course and its development - I. Prior
11:30 - 12:30 a.m.: Introduction to epidemiology and biostatistics - R. Beaglehole
2:00 - 3:30 p.m.: The magnitude and nature of cardiovascular disease problems with special reference to the Western Pacific Region - R. Beaglehole
4:00 - 5:00 p.m.: Rates and age adjustment with illustrations from the Region - R. Brand

Tuesday, 31 August

8:30 - 10:00 a.m.: Natural history of cardiovascular disease in the Pacific
- coronary heart disease - R. Beaglehole
- stroke - S. Hatano
- hypertension - I. Prior
- rheumatic heart disease - S. Guzman
10:30 - 11:30 a.m.: Statistical methods. Strategies for different types of studies - R. Brand
11:30 - 12:30 a.m.: Current issues and controversies in epidemiology including use of registries
- coronary heart disease - R. Beaglehole
- hypertension
2:30 - 3:30 p.m.: Current issues and controversies in
- smoke - S. Hatano
- rheumatic fever and rheumatic heart disease - I. Prior
4:00 - 5:00 p.m.: Statistical methods for analysis of registry data. Introduction to life tables. Loss to follow-up effect on incidence. New cases and their outcome - R. Brand
Annex 3

Wednesday, 1 September

8:00 - 10:00 a.m. : Strategies for risk factor research
- R. Brand

10:00 - 11:30 a.m. : Epidemiological studies
  - cross sectional
  - cohort
  - case control
- R. Beaglehole

11:30 - 12:30 a.m. : Exercise. Regional data analysis of country mortality

2:30 - 3:30 p.m. : Sample size requirements

4.00 - 5:00 p.m. : Small group discussion. Exercise on adjustment

Thursday, 2 September

8:30 - 10:00 a.m. : Sampling size examples
- R. Brand

10:30 - 11:30 a.m. : Multifactoral studies
- R. Brand

11:30 - 12:30 a.m. : Regional data presentations by four groupings

2:30 - 3:30 p.m. : Design of epidemiological studies and priority questions for various countries in the Region

4:00 - 5:00 p.m. : Literature discussion

Friday, 3 September

8:30 - 10:00 a.m. : Presentation of priority questions in the Region
- R. Beaglehole

10:00 - 11:30 a.m. : Epidemiological studies in the People's Republic of China
- Tao Shou-chi

11:30 - 12:30 a.m. : County presentations

2:30 - 3:30 p.m. : Study design and protocol development

4:00 - 5:00 p.m. : Review of the week
Second week

Monday, 6 September

8:30 - 10:00 a.m. : Intervention studies, including clinical trials - R. Beaglehole

10:00 - 11:30 a.m. : Quantification of community control, including look at some quantification of screening vs community approach - R. Brand

11:30 - 12:30 a.m. : Exercise. Blood pressure measurement - I. Prior

2:30 - 3:30 p.m. : Exercise. Intervention individual variations - R. Brand

4:00 - 5:00 p.m. : Film. History of hypertension

Tuesday, 7 September

8:30 - 10:00 a.m. : Health services research, including clinical trials - R. Beaglehole

10:30 - 11:30 a.m. : Literature review - R. Beaglehole

11:30 - 12:30 a.m. : Attributable risk efficiency and effectiveness - R. Brand

2:30 - 3:30 p.m. : Protocol session. Statement of main questions

4:00 - 5:00 p.m. : Sample size for intervention studies - R. Brand

Wednesday, 8 September

8:30 - 10:00 a.m. : Community control of cardiovascular disease - R. Beaglehole

10:30 - 11:30 a.m. : Protocol presentation. Session 1

11:30 - 13:30 a.m. : Community-based control programme in the People's Republic of China - Wu Ying-kai

2:00 - 5:00 p.m. : Field trip. Visit to the capital Iron and Steel Complex
Annex 3

Thursday, 9 September

8:30 - 10:00 a.m. : Lifestyle and changes - R. Beaglehole
                  - S. Hatano

10:30 - 11:30 a.m. : Review of all exercises

11:30 - 12:30 a.m. : Protocol presentation. Session 2

2:30 - 3:30 p.m. : Protocol presentation. Session 3

4:00 - 5:00 p.m. : Primary health care and
                   - Professor
                   Chen Wen-chieh

Friday, 10 September

8:30 - 10:00 a.m. : Protocol presentation. Session 4

10:00 - 11:30 a.m. : Review of health education and health
                     promotion in the Region. Small group
discussions

11:30 - 12:30 a.m. : Participant presentations of work being
                     undertaken

2:30 - 4:00 p.m. : Review of week and Open forum

Third week

Monday, 13 September

8:30 - 10:00 a.m. : Primordial prevention - S. Leeder

10:30 - 11:30 a.m. : Participant presentations

11:30 - 12:30 a.m. : Multiple risk factor intervention - R. Brand

2:30 - 3:30 p.m. : Hypertension in the Region &
                   S. Pacific
                   Problems in assessment of trends
                   in risk factors in face of
                   interventions - R. Brand

4:00 - 5:00 p.m. : Major intervention trials - R. Beaglehole
                   Mild hypertension trial in Australia - S. Leeder
Tuesday, 14 September

8:30 - 10:00 a.m.  :  Rheumatic fever and rheumatic heart disease in the Region - S. Guzman
10:30 - 11:30 a.m. :  Protocol presentations by participants - I. Prior
2:00 - 5:00 p.m.  :  Field trip. Visit to the health centre of Shijingshan People's Commune and their community

Wednesday, 15 September

8:30 - 10:00 a.m. :  Protocol presentations
10:30 - 11:15 a.m. :  Criteria and end-points in CVD - R. Beaglehole
11:15 - 12:30 a.m. :  Protocol presentations - S. Hatano
2:30 - 3:30 p.m.  :  Protocol presentations
4:00 - 5:00 p.m.  :  Smoking prevention and control - S. Leeder
                         Harmful effects of smoking, CVD pathology and passive smoking - WHO position - R. Masironi
                         Moderator

Thursday, 16 September

8:30 - 10:00 a.m. :  Review of epidemiology of smoking patterns in the Region
10:30 - 11:30 a.m. :  Smoking cessation in high risk subjects - R. Beaglehole
11:30 - 12:30 a.m. :  Preparation of goals and strategies for smoking control by participants relating to their countries
                         Afternoon free

Friday, 17 September

8:30 - 9:00 a.m.  :  Final evaluation questionnaire
9:00 - 10:00 a.m. :  Review of the week
10:00 - 12:00 a.m. :  Review of course and faculty recommendations
12:00 - 12:30 a.m. :  Closing ceremony
ANNEX 4

PROTOCOL PRESENTATIONS

   - Dr Wu Xiqui
   Beijing, China

2. Why Australian aborigines seem to have a high prevalence of hypertension
   - Dr Robert Copeman
   Australia

3. Auckland coronary heart disease risk factor prevalence study
   - Dr Rodney T. Jackson
   New Zealand

4. Is smoking a risk factor of stroke in China?
   - Dr Zai Shangda
   Shanghai, China

5. Primary intervention of hypertension, stroke and ischaemic heart disease in the Capital Iron and Steel Complex area
   - Dr Zhang Xionggu
   Beijing, China

6. What is the pattern of occurrence of cerebrovascular diseases (stroke) in New Zealand?
   - Dr Ruth Bonita Beaglehole
   Auckland, New Zealand

7. What is the incidence rate of cardiovascular diseases in Samoa?
   - Dr Pepe T.S. Tuitama
   Western Samoa

8. What is the effect of the community cardiovascular disease programme in Singapore on morbidity and mortality of CHD and CVD?
   - Dr Chen Ai Ju
   Singapore

9. What is the magnitude of hypertension in Malaysia?
   - Dr Ng Tien Seng
   Malaysia
Annex 4

10. What is the relationship of the blood pressure intervention programme to stroke? The evaluation of a blood pressure intervention programme
   - Dr M. Fujii
   Japan

11. The MONICA project examining changing patterns of CHD and CVD in a Chinese community in Beijing to include CHD and stroke
   - Drs Yao Chung hua
   & Pan Ziaoquin
   Beijing, China
EVALUATION QUESTIONNAIRE

Please do not withhold your comments, the Faculty want honest criticism.

1. Do you remember the objectives of the course

   Yes  No

2. Did you achieve these objectives

   Yes  No

   If not, specify areas of failure

3. In future courses do you think the proportion of teaching strategic should be:

   LECTURES            PRACTICAL            GROUP DISCUSSION
   Reduce              Reduce              Reduce
   Same                Same                Same
   Increase            Increase            Increase

   TIME FOR PERSONAL STUDY      HANDOUTS
   Reduce              Reduce
   Same                Same
   Increase            Increase

4. Assessment of different broad sections of the course - please ring ranking number on scale 5 to 1

   Very useful | Useful | Not useful

   Epidemiology lectures

   Overall assessment

   Comment

   5  4  3  2  1

   Biostatistical lectures

   Overall assessment

   Comment

   5  4  3  2  1

   Prevention lectures

   Overall assessment

   Comment

   5  4  3  2  1
### Community control lectures

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### Smoking workshop

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5. **Practical work**

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### Protocol preparation

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What areas do you feel should have received more emphasis in practical work

- Simple statistics: Yes, No, Uncertain
- Literature discussions: Yes, No, Uncertain
- Epidemiological exercises such as work on screening and testing efficiency and effectiveness: Yes, No, Uncertain

### Other areas - spell out

6. **Other sessions**

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7. **General comments**

7.1 What was the most disappointing feature of this course?

7.2 What project or projects do you hope to commence or take part in in your country?
7.3 What difficulties do you expect?

7.4 Organization of meeting  Good  Average  Poor

Please set out comments that would help with organization of future courses.

8. Do you think future courses on epidemiology and the community-based control of cardiovascular diseases should be:

- 10 days
- 14 days
- 3 weeks

Comment

8.1 Are there biostatisticians in your country able to help with cardiovascular epidemiology?  Yes  No

Are they available to help you?  Yes  No

8.2 Are there biostatisticians who could take part in a special training course in statistics and data processing for cardiovascular epidemiological studies?

Yes  No  Don't know

List not more than three useful experiences during the last three weeks.

Please state why they were useful.

List not more than three unsatisfactory experiences during the last three weeks.

Please state why they were unsatisfactory.

Would you like to make any suggestion for the future conduct of this workshop?