



THE WORLD BANK



Evaluating Impact: Turning Promises into Evidence

Hypertension Prevention Within China Rural Health Project

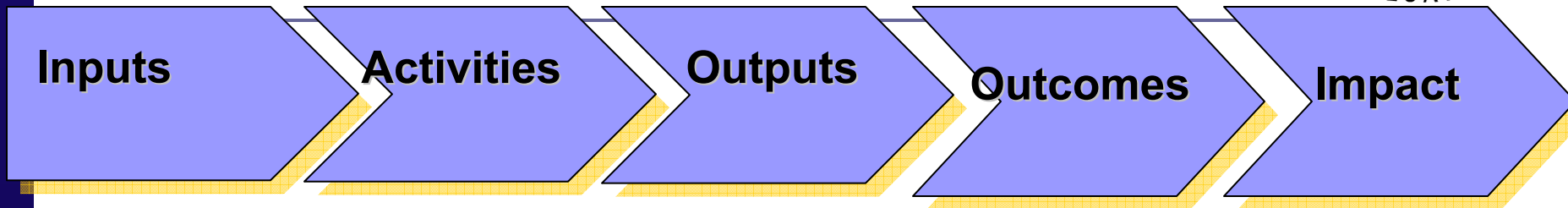
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1. Background

- ❑ Public health is one component of World Bank China rural health project
- ❑ Hypertension control is one of the interventions of PH component
- ❑ NCDs account for 80% of China's BOD. Estimated 160 million Chinese with hypertension
- ❑ The intervention focuses on two major activities:
 1. health education campaign (including efforts aimed at modifying behaviors associated with hypertension); variety of delivery modalities
 2. distribution of salt-measuring spoon to rural families to limit salt intake
- Counties submit proposals for design; most promising model(s) selected

2. Results Chain



Inputs

- Funding from central and local govt, WB, DFID
- Govt policy support
- Technical support from WB, WHO, national experts
- Health workers at different levels

Activities

- Development of HE toolkit for all the programs
- Distribution of measurement spoon for salt intake as well as an information package
- Provide HE program in schools, in working places and village clinics
- Development of HE media campaign

Outputs

- # people receiving HE training
- # households receiving measurement spoon
- # programs broadcasted on TV or media

Outcomes

- Change of dieting behavior
- Change of life style
- Knowledge of hypertension prevention

Impact

- Decrease of incidence rate of hypertension

3. Primary Research Questions

- What is the effect of the Health Education Program on Hypertension **knowledge** of the population
- What is the effect of the Health Education Program on hypertension-relevant **behavior**
- What is the effect of the distribution of the measurement spoon on the decrease of daily **salt intake**

4. Outcome Indicators

- % of families with an average daily salt intake $\leq 6g$
- Smoking rate
- % of the people have the sufficient knowledge about Hypertension.
- Prevalence of hypertension

5. Identification Strategy/Method

- ❑ Identification via randomization within project counties (not chosen randomly)
- ❑ Intervention at township level; focus on townships with baseline data
- ❑ Randomly assign townships to intervention and control groups, using block randomization
- ❑ Compare outcomes (or changes in outcomes) between intervention and control groups

6. Sample and data

- ▣ There are 40 project counties, each county has baseline (2008) household survey data for 5 townships (2 villages per township, 60 HHs per village)
- ▣ 2008 household data, with hypertension, risk factors, socioeconomic factors included
- ▣ Follow-up surveys (possibly larger samples) planned for 2011 and 2013

7. Time Frame/Work Plan

- ❑ The project starts in January 2009, closing date Dec. 31, 2013.
- ❑ Baseline survey has been done in July, 2008
- ❑ Mid of project and End of Project survey have been planned.

8. Sources of Financing

- ❑ World Bank Loan
- ❑ DFID Trust Fund
- ❑ Government contribution