

Editorial

Dissemination reports are concise informative reports of health-related research supported by funds administered by the Food and Health Bureau, namely the *Health Services Research Fund* (HSRF) and the *Health and Health Services Research Fund* (HHSRF). In this edition, 10 dissemination reports of projects related to health economics, exercise and rehabilitation, neurology, and tobacco control are presented. In particular, three projects are highlighted due to their potentially significant findings, impact on health care delivery and practice, and/or contribution to health policy formulation in Hong Kong.

In Hong Kong, rates of obesity appear to be rising among children, with almost 20% of children at local schools classified as obese. One consequence of rising rates of overweight and obesity is the increasing incidence of type-2 diabetes mellitus in adults. McGhee et al¹ estimated the cost of diabetes in Hong Kong associated with excess body weight, and the likely changes in these costs over time under differing assumptions. Using local data wherever possible, the authors estimated that 1475 to 1648 deaths could be attributed to diabetes each year. The cost of health care for those with diabetes was HK\$2.1 billion in 2006 of which around \$1.8 billion was for inpatient care and the rest for outpatient care. The average annual cost per case was about HK\$5000 for those under 65 years of age and HK\$14 000 for those aged 65 years and over. The model developed in this project can be used to determine the impact on deaths in individuals under 65 years of age, life expectancy, years spent with diabetes, and health care costs with changes in levels of overweight or the impact of interventions to stem projected increases.

Cerebrovascular disease is the second most common cause of death and disease burden for those aged over 60 years worldwide. In Hong Kong, it is one of the three most common causes of hospital admissions, accounting for the largest number of bed days, and the most common cause for long-term residential care use, representing a considerable disease and disability burden for the local population. Woo et al² reviewed the recent trends in stroke incidence and mortality with respect to age group and gender with the aim of predicting the health and social care resources required for treating cerebrovascular disease in future years. The investigators found that, during the study period, there was a decline in both age-standardised stroke incidence and case fatality rate, which may reflect the impact of health promotion efforts, improved

socioeconomic circumstances, and improved hospital treatment. However, they cautioned that this may not necessarily translate into a reduction in demand for rehabilitation and long-term care services, as a result of the inevitable increase in the number of elderly people with population ageing.

The higher incidence of cerebrovascular disease in men compared with women showed that there was room for improvement in primary prevention in men.

Secondhand smoke (SHS) is a toxic mixture of carcinogens and other chemicals. Its impacts include cancers, chronic lung disease, heart disease, and stroke. There is increasing evidence that acute exposure to SHS can have immediate health effects particularly in those whose health is already compromised by chronic heart or lung disease. McGhee et al³ examined the health effects of the implementation of smoke-free policy in workplaces in Hong Kong. As expected, a reduction in hospital admissions and mortality from ischaemic heart disease (IHD) was found after implementation of the smoke-free policy in most workplaces in Hong Kong. This is in line with findings from around the world. The drop in admission rates for IHD in Hong Kong of about 9% was on the lower side compared with those in other countries, but Hong Kong had allowed exemptions from the smoke-free policy until mid-2009. Further analyses of future years' data will help to refine the precise benefit to health due to amendments to the ordinance.

A research impact evaluation was conducted 2 years after the project end date for the majority of studies reported in this supplement. Impact was reported through publications in peer reviewed journals, gain of additional qualifications for project team members, career advancement, additional research funding obtained, stimulation of other research groups to conduct related research, and impact on policy and health care practices through changes in behaviour of health care professionals and/or other decision makers.

We hope you will enjoy this selection of research dissemination reports. Electronic copies of these dissemination reports and the corresponding full reports can be downloaded individually from the Research Fund Secretariat website (<http://www.fhb.gov.hk/grants>). Researchers interested in the funds administered by the Food and Health Bureau also may visit the website for detailed information about application procedures.

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References

1. McGhee SM, Thomas GN, Schooling CM, Chau J, Wong LC. Economic burden of diabetes related to excess body weight in Hong Kong. *Hong Kong Med J* 2014;20(Suppl 3):5-7.
2. Woo J, Ho SC, Goggins W, Chau PH, Lo SV. Stroke incidence and mortality trends in Hong Kong: implications for public health education efforts and health resource utilisation. *Hong Kong Med J* 2014;20(Suppl 3):24-29.
3. McGhee SM, Wong CM, Schooling CM, et al. Smoke-free policies on population health outcomes. *Hong Kong Med J* 2014;20(Suppl 3):36-41.